



**Wrightington, Wigan and Leigh
NHS Foundation Trust
Annual Report and Accounts
1 April 2016 – 31 March 2017**

**Presented to Parliament pursuant to
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National Health Service Act 2006**

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Performance Report

This section provides information on the Trust, its main objectives and strategies and the principle risks it faces

Review of the Year

Welcome to the review of the year ended 31 March 2017. Once again, we are proud to report many impressive achievements which are described in this report.

Overview

It does not go unrecognised that last year was an extremely busy and pressurised time for everyone working in the NHS. This winter has been one of the most demanding ever for district general hospitals, and we are no exception here at Wrightington, Wigan and Leigh NHS Foundation Trust (WWL).

Despite this, thanks to the tremendous team at WWL, we have again been successful in our drive to deliver quality patient care by aiming to be in the top 10% of everything we do. There are many highlights from the year:

For our patients

- We have been the cleanest hospital nationally for three years running in the PLACE assessment
- We continued to be the best performing type 1 A&E in Greater Manchester
- We are 4th in country for performance against the two week 'Cancer referral to treatment' target (as of March 2017)
- We are the 6th best in the country for performance against 18 weeks 'referral to treatment' targets
- We were in the top 10% for cleanliness for wards and bathrooms in the National Picker Inpatient Survey 2016
- We introduced new 'Goodnight Always' Events which has greatly improved patient satisfaction
- We are 12th in the country in the 'Family and Friends' test and consistently achieve as the best Trust in Greater Manchester in the quality score in A&E
- We worked closely with partners in the Wigan Borough to improve health and care services for the residents of our borough
- We celebrated 'Wellfest' – Wigan's first ever Health and Wellbeing Festival
- We opened the 'Integrated Discharge Hub' to help our patients to be discharged more efficiently and effectively
- We opened a number of new facilities across the hospital sites, including the Age Well Unit, state of the art Cancer Care Centre, Post Critical Care Rehabilitation Unit, Bereavement Suite and new theatres and ward complex on the Wrightington Hospital site

For our staff

- We introduced a number of new initiatives with staff in mind, such as the 'WWL People Promise', 'Steps for Wellness' and the 'WWL Route Planner'
- We remain one of the best Trusts in the country to work for – according to our own staff
- We launched into the digital age with what has been independently described as the 'best HIS implementation' anywhere in the world
- We now have over 350 members of staff trained in quality improvement as the Trust's Quality Champions programme continues to thrive
 - There have been 150 improvement projects since the scheme started in 2012
 - A total of 47 members of staff have now achieved a Silver badge for sustained and measured quality improvement
 - And 13 members of staff have achieved Gold badges for projects that have been taken up regionally or nationally

The Board of Directors at WWL has focussed on the performance and strategic direction of the Trust all year and were particularly pleased to see:

- Financial turnaround - from significant challenges around October, everyone stepped up a gear and achieved fantastic end of year results, meeting all our targets triggering incentive and bonus payments via the Sustainability and Transformation Fund
- Performance – our ambition is to be in the top 10% for everything we do and this is reflected in excellent results for 18 weeks and cancer waiting, the staff opinion survey, the PLACE scores and Financial Use of Resources Rating
- Leadership of GM Orthopaedics - WWL are the service transformation lead for Greater Manchester orthopaedics and are leading a review into improving services across the county
- Partnership with Wigan Council - and other NHS partners to develop integrated health and care across the Borough
- We signed a two year block contract with Wigan Borough CCG that helps us plan better financially, and gives us the opportunity to transform things next year and for the future

I would like to conclude with a big thank you to so many people who have contributed to the success of this extraordinary organisation; to our partners across the health and care system who work closely with us to sustain the viability and excellence of all local health services; to our wonderful group of unpaid Governors who generously give their time in overseeing our Board and our strategy; to our team of staff and volunteers who continue to provide the most extraordinary and hugely appreciated one-on-one care to patients and their families when they are at their most vulnerable.

The NHS is a great institution worth fighting for and WWL tries to offer outstanding services and personal care to all.



A handwritten signature in black ink, appearing to read 'Andrew Foster', written in a cursive style.

Andrew Foster
Chief Executive

The Trust in Figures



89,477 A&E urgent care cases. 37,860 Inpatients.
382,379 Outpatient attendances.
40,980 Daycases. 2,802 Babies delivered.
There were 43,634 missed appointments.

The Trust employs 5,049 people.

There are 470 volunteers working across the Trust.

The Trust has 14,710 members and we recruited over 200 new members last year.



There were 407 formal complaints made through our Patient Advice and Liaison service (PALS).

Over 5,500 people follow the Trust on our Twitter account and over 4,000 people follow us on our Facebook account.



We spent £7.8m on capital schemes, of which £2.9m was spent on IT systems and £4.9m spent on a mixture of medical equipment and improvements to buildings.

We spent £800k per day on providing healthcare.



Statement of Purpose and Activities

Wrightington, Wigan and Leigh NHS Trust was formed in 2001 with the merger of Wrightington NHS Trust and Wigan & Leigh Health Services NHS Trust. Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) was established as an NHS Foundation Trust in December 2008 and is the provider of acute hospital services to the people of the Wigan Borough and surrounding areas. We provide district general hospital services for the local population of more than 318,000 and specialist services, such as orthopaedics and breast services, to a much wider regional, national and, even, international catchment area.

We employ 5049 members of staff, all of whom play their part in delivering high quality, safe and effective patient care from the following facilities:

- **Royal Albert Edward Infirmary** – our main district general hospital site, located in central Wigan, that hosts our Accident and Emergency Department
- **Wrightington Hospital** – a specialist centre of orthopaedic excellence
- **Leigh Infirmary** – an outpatient, diagnostic and treatment centre
- **Thomas Linacre Centre** – a dedicated outpatient centre in central Wigan

- **WWL Eye Unit** – a specialist ophthalmology unit based at Boston House in central Wigan.

We continue to demonstrate considerable success in improving quality. The 'Quality Accounts' section of this annual report provides much more detail on the ongoing quality improvements we are achieving.

Summary of Performance

Facts and Figures

For the period 1 April 2016 until 31 March 2017:

		2015/16	2016/17
Referrals	GP	83,215	86,680
	Other	87,050	86,253
	Total	170,265	172,933
Inpatients activity	Elective/Planned	7,333	7,463
	Day cases	41,274	40,980
	Non Elective	30,893	30,397
	Total	79,500	78,840
Outpatients	New appointments (attendances)	106,056	108,051
	Follow-up appointments (attendances)	285,012	274,328
	Total	391,068	382,379
Accident and Emergency	New attendances	86,506	85,321
	UnPlanned reattendance	3,575	4,155
	Total	90,081	89,477
Walk in Centre attendance	Total	45,528	43,345
Number of Beds - as at 31 March 2017	RAEI overnight beds	372	372
	RAEI daycase beds	67	60
	Wrightington overnight beds	52	62
	Wrightington daycase beds	57	53
	Leigh overnight beds	20	20
	Leigh daycase beds	51	50
	Intensive care for neonates	14	14
	Intensive care for paediatrics	2	2
	Intensive care Adults	22	19
	Maternity	28	28
	Boston House	12	4
	Private Patients wards	16	16
	Total	713	700

Awards Success 2016/17

During 2016/17, the Trust had amazing success in winning a number of national, regional and local awards, including:

International and National Award Wins

- **March 2016**
NHS England Friends and Family Test Awards – The Maternity ward won the FFT Champions of the Year
- **August 2016**
International Federation of Societies for Surgery of the Hand – Professor John Stanley of Specialist Services won the Pioneer in Hand Surgery award.
- **November 2016**
EHI (E-Health Insider) Awards – The Business Intelligence team won the Excellence in Healthcare Business Analytics award
- **December 2016**
NHS Finance Skills and Development Network – The Business Intelligence team won the Innovation Award.
- **February 2017**
ENT (Ear, Nose and Throat) UK – Professor Nirmal Kumar, Consultant ENT Surgeon and Director of Medical Education has been elected as President-Elect for ENT UK and will step into the role as President commencing in 2019.

Regional and Local Award Wins

- **April 2016**
IMS (Improving Medicine Safety) Awards – The Pharmacy Department won the Patient Engagement award
- **May 2016**
HSJ (Health Service Journal) Value in Healthcare Awards – The Projects team won the Estates award
- **June 2016**
Adult Learners Week North West Awards – Patient Safety won the First Steps to Employment in Health and Social Care award
- **October 2016**
Greater Manchester Clinical Research Awards – Fertility Services won the Best Debut award
- **October 2016**
Greater Manchester Clinical Research Awards – Linzi Heaton, Clinical Research Administration Assistant, won the Outstanding Contribution: Going Above and Beyond award
- **November 2016**
Healthcare Financial Management Association Northwest – The Finance Department won the Healthcare Financial Management Association (HFMA) Sue Rossen prize for the North West area
- **December 2016**
Macmillan Cancer Support – Janet Irvine, Lead Cancer Nurse, won the Henry Garnett Award

Highly Commended or Commended

- **June 2016**
HSJ Patient Safety Awards – Andrew Foster was highly commended for his Board leadership
Numerous departments and individuals from across the Trust were also shortlisted for these and many other awards.



Our Clinical and Quality Strategy

The Trust's vision, mission and strategy are encapsulated in the WWL Wheel. It outlines our priorities for the future and emphasises our commitment to quality, putting patients and our values at the heart of everything we do.

Our Vision, Mission and Strategy

Our vision:

To be in the top 10% of everything we do

Our mission:

To provide the best possible health care for all our patients

Our strategy:

To be safe, effective and caring.

The 'WWL' wheel has been developed as a visual aid for staff to demonstrate how the elements contained within the Trust's strategic framework link together: The 'WWL Wheel' assists us to communicate future plans and measure our performance. It recognises the importance of engaging with staff to help shape and achieve our aims and objectives.

Patients are at the centre of the 'WWL Wheel' which is reflective of patients being at the heart of everything we do.

Delivering a high quality service is our first priority. Our overarching strategy, to be safe, effective and caring, was introduced at Wrightington, Wigan and Leigh NHS Foundation Trust nine years ago:

Safe: which means it's our job to protect patients against harm;

Effective: which means it's our job to treat patients efficiently with good clinical outcomes;

Caring: which means it's our job to care compassionately for patients and to meet their personal needs.



Corporate Objectives for 2016-17

The Trust agreed a number of ambitious corporate objectives for 2016-17 designed to challenge the organisation and push for greater standards in performance and quality:

● Achieved ● Not achieved

- Be in the top 10% nationally for all performance league tables
 - *Ranked 1st in Greater Manchester, 12th in the Northern Region and 35th Nationally as a composite score of the 12 significant metrics we use as a benchmark. We are in the top 10% for 4 of these metrics*
- Jointly with Wigan Borough Clinical Commissioning Group (WBCCG), develop a locality-based transformational, integrated care and finance plan, including a 3-year financial plan for the Trust which meets Carter and sustainability fund requirements and is focused on patient benefits by Q2
- Establish a Vanguard Group with Salford Royal Foundation Trust (SRFT) by Q4 with clear plan, governance arrangements, tangible benefits for patients and new group members
- Develop a WWL GM devolution plan focused on patient benefits by the end of the year
- Implement HIS successfully by April 2017, within budget, delivering benefits and with mitigated risks to patient care
- Score at least 85% in the “staff would recommend WWL as a place to work” pulse check and survey question
 - *We have seen this score reduce from 80% to 70% during the year. The national staff survey benchmark shows that 72% of our staff would recommend WWL as a place to work, compared with an acute Trust national average of 62%.*
- Ensure that 100% of patient safety incidents triggering Duty of Candour requirements are notified within ten working days
 - *The CQC stated in their inspection report published in June 2016 that ‘the Trust had a strong process in place that met the requirements of the Duty of Candour Regulations’. However, an audit undertaken at the end of March 2017 highlighted inconsistencies regarding how this objective is evidenced. A look back exercise is now underway for 2016/17*

and Duty of Candour is being reviewed by Internal Audit during 2017/18.

- Reduce variation leading to unnecessary delay from patients admission to discharge by 50%
 - *Of the 10 key performance indicators used to measure this objective, 1 achieved the standard, 6 showed significant improvement and a further 3 did not achieve due to inaccuracy of data*
- Promote a culture of innovation incorporating an innovation ‘hub’ and access to a £200k fund targeted at improving value for patients within 24 months
- Design and accredit an asset-based programme of leadership and succession planning by Q3 which is aligned to the Vanguard and Locality Plans, promoting efficiencies, empowerment of staff, patients and service users.

Objectives delegated to Board Committees and included on Board Assurance Framework:

- Achieve Zero points on the NHS Improvement Compliance Framework
 - *The Trust has continued its excellent performance against all indicators on the NHSI Compliance Framework except for C Difficile which saw 3 cases above the agreed threshold of 19, and performance against the A&E 4 hour standard. At a time when the country has struggled to achieve the A&E target, WWL was the best performing A&E in Greater Manchester for Type 1 attendances for the 3rd consecutive year*
- Achieve a quarterly and full year FSRR of 3; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying balance by Q4
- Achieve HSMR of no more than 87 and SHMI of no more than 100
 - Mortality remains a principal risk for the Trust. A ‘Mortality Group’ has been established, chaired by the Medical Director and with external membership to support the joint working with other organisations to address SHMI in the Wigan Borough. One responsibility of the group will be to analyse the Trust’s mortality data and seek meaningful comparisons.

Key risks in 2016-17

At the beginning of 2016/17, as part of the planning process, the potential key risks were identified and mitigated against. The key risks included:

- Failure to meet all our performance and financial targets in full every month, leading to potential NHSI intervention
- Failure to negotiate a successful service model with neighbouring Trusts that would meet the requirements of the Healthier Together programme, resulting in loss of significant surgical services
- Failure to achieve the cost improvement target, resulting in a reduction in the capital investment plans going forward

Our Strategy Looking Forwards

As we move into 2017/18, the Trust has reviewed its forward strategy. The strategy has been set against 8 key measures within the new corporate objectives as described below:

Corporate Objectives

1. Deliver safe, high **Quality**, effective, evidence-based patient care
2. Have a safe and flexible **Workforce** that meets the needs of the service now and for the future
3. Improve levels of **Staff Engagement**, developing a culture of confidence and optimism where staff can directly influence change
4. Meet all national **Waiting Time Targets**
5. Achieve **2-Year Budget Stability**
6. Make the most of our **IT Investment** to improve quality and efficiency
7. Improve hospital services through **Partnership** with Wigan Council, Wigan CCG, Wigan GPs, Bridgewater, 5-Boroughs in order to best meet the needs of Wigan residents
8. Fully support **Standardised Hospital Care** across GM and play a lead provider role in standardising Orthopaedics

Principal risks in 2017-18

The principal risks to achieving the corporate objectives for the year are set out within our Board Assurance Framework. These include:

- Failure to achieve an improved benchmarked position for mortality

- Failure to stay under agency ceiling, impact of IR35 and associated impact on safe staffing levels
- Failure to meet the A&E 4 hour target (95%)
- Failure to deliver recurrent savings associated with transformation schemes
- Failure to achieve sustainability and transformation fund bonus and incentives
- Changes to commissioning arrangements in Greater Manchester may slow processes to improve hospital services through Partnership with Wigan locality commissioners and local provider partners in order to best meet the needs of Wigan residents
- Failure to agree what the portfolio of services looks like under the 'North West Sector' and to understand the co-dependences of services in the portfolio.

External Factors

In collaboration with our provider partners, WWL continues to play an active part in delivering the Wigan Borough Locality Plan to address the local challenges faced by increasing demographic demand and constrained resources, whilst at the same time, delivering care closer to home. The Wigan Integrated Care Organisation, Healthier Wigan Partnership, provides an opportunity for further, stronger collaboration between provider organisations to reduce demand and to deliver more joined up public services based upon place of residence.

WWL, together with Bolton NHS FT and Salford Royal NHS FT are working together as the North West Sector to implement the 'Healthier Together' initiative, which will see a single sector service for general surgery and subsequent changes in the clinical model as high risk surgery moves to the hub site at Salford. The sector is also collaborating on a number of other possible service changes which either mitigate the costs of centralisation, improve outcomes or address individual organisational resilience issues.

Theme 3 of the broader transformation programme resulting from Greater Manchester Devolution provides an overarching framework for further change to standardise acute and specialist services and this will impact on what will be delivered locally. As part of this programme, WWL has been appointed as the lead provider for MSK/Orthopaedics across Greater Manchester.

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 use the going concern basis in preparing the accounts.

Further details on going concerns can be found in the Financial Performance Report.

Performance Analysis

This section of this report provides a detailed overview of how the Trust has performed during 2016-17. The report is broken down into sections that reflect the divisions and service areas of the Trust.

Performance against relevant indicators and performance thresholds are set out in Section 3 of the Quality Account.

Quarterly performance reviews are held throughout the year with the four divisions of Medicine, Surgery, Specialist Services and Estates & Facilities, chaired by the Director of Operations and performance.

Division of Medicine

The Division of Medicine is a large multi-functional division comprising of four directorates based over three sites. The four directorates are:

- General Medicine
- Emergency Care which is subdivided into Unscheduled and Scheduled Care
- Elderly Care and Specialist Rehabilitation
- Clinical Governance.

We always strive to work collaboratively with all professions of staff in order to deliver the best possible care to our patients.

Unscheduled Care

Unfortunately, all acute hospital Trusts in the country continued to experience intense pressure across the urgent care system in 2016-17. This pressure led to an adverse impact upon us achieving the 95% 4 hour target. Despite this, our staff, as always, rose to the challenge and, whilst not achieving target, the brilliant news is that we are still the best performing Trust in Greater Manchester at 87.6%.

Last year, we saw a 10% increase in the number of people aged 75 and over attending A&E when compared to 2015-16. As a result, there was an impact on length of stay of patients on our wards of more than half a day during the year.

We introduced a number of initiatives last year to help us to deal with increased pressures. One initiative was the consolidation of the Integrated Discharge Team into one office and under new management. The improved ways of working resulted in consistently fewer patients on the medically fit for discharge list and fewer delayed transfers of care.

Integrated Community Services implemented a new clinical model. It is envisaged that in the coming year, this will soon result in fewer patients with ambulatory conditions being admitted into hospital as they will be cared for in community settings.

It is anticipated that the pressure on unscheduled care will continue, but we feel that, together with our partners across the health

economy, we will always strive to provide a safe and effective service for our patients.

Scheduled Care

Continuing the trend of the last few years, 2016-17 again saw an increase in referrals to many of our Scheduled Care services, with the largest of these increases being in the Gastroenterology and Endoscopy services. To keep pace with both the increased demand and national directives with regard to early diagnosis of certain conditions we were really pleased to have approved three significant investment projects within the service:

- We introduced a £1m joint decontamination facility on the Royal Albert Edward Infirmary site
- We expanded our services at the Hanover facility at Leigh Infirmary
- We also recruited an additional consultant.

As part of a project to reduce inappropriate referrals to specialist secondary care, the Scheduled Care Directorate worked with colleagues from Wigan Borough Clinical Commissioning Group to identify new referral pathways. This was to ensure that, where appropriate, patients are managed within the community, either by their GP or nurse practitioners. This has resulted in access times to specialist consultant led clinics being kept as low as possible. We are also pleased to report that new Cardiology and Respiratory patient pathways were also developed to improve both patient experience and clinical outcomes.

Rehabilitation & Elderly Care

We continued to grow again last year with the development of a new and innovative 7 day TIA (Transient Ischaemic Attack, also known as 'mini strokes') service. This was implemented in April 2017. Our elderly care consultants and community services continued to work alongside our colleagues in Bridgewater Community NHS Foundation Trust. This was to implement the Borough's Integrated Community Services project (ICS). This is a pro-active model of rapid response and active case

management to help prevent unnecessary hospital admissions. Therapy services activity continued to grow and an exciting pilot of introducing an advanced physiotherapy practitioner in A&E began with implementation expected in the next year.

There were some significant challenges in the year, including the continued uncertainty over the future of the Taylor Unit, Neuro Rehabilitation service, at Leigh. The directorate management team worked closely with the Human Resources department and staff to support the unit during this difficult period.

Clinical Governance

Clinical Governance is a specialty which looks at patient safety and improving the quality of the patient experience as well as clinical outcomes. Despite the operational challenges of 2016-17, our focus remains on keeping patients at the centre of all we do and to deliver safe, effective care, supported by robust governance structures. We saw a 60% increase in formal complaints for the year to date, compared with the same period the previous year. However, we continued, as always, to view all complaints positively and use them as opportunities for learning and improvement. We shared key learning points with staff individually, at specialty level and throughout the Medical division via governance meetings. This led to improvements to changes in practice, policy and education of staff. Following the introduction of new working practices we have significantly improved response rates, achieving an average of more than 95% of all complaints receiving a response within agreed timescales for the year to date.

We always encourage our staff to report incidents and near-misses and reporting improved again in 2016/17, with a 12% increase in incident reports. This demonstrated an open culture and provided us with further opportunities to identify risks to patients, improved safety and shared learning. Clinical engagement was critical to driving change and improvement and last year more nursing and medical staff underwent training to be able to investigate incidents and, more importantly, share the lessons and drive improvements in their own areas.



Division of Surgery

The Division of Surgery is another large division and a number of specialties sit within its remit:

- Anaesthetics
- Audiology
- Breast Unit
- Child Health
- Circulation Laboratory
- General Surgery
- Healthcare Operations
- Obstetrics and Gynaecology
- Intensive Care Unit/High Dependency Unit
- Education Panel
- Endoscopy
- Ear, Nose and Throat
- Theatres
- Maxillo Facial
- Urology.

The financial year 2016-17 was a challenging, but productive, year for the Division of Surgery and we are really pleased to report we witnessed a number of successes, developments and quality improvements.

Healthier Together through the North West Sector made slow but steady progress towards a single General Surgery service, with the development of models of care and common surgical pathways for high risk non-elective surgery. Elective High Risk surgery is being investigated, in line with the original principles of Healthier Together.

Further collaborative work was, and still is, being explored with Bolton NHS Foundation Trust for both Urology and Breast services, in order to identify areas where joint working can improve the services offered to our patients.

We continued to improve our services by seeing more patients in a shorter time. The Surgical Assessment Unit (SAU) continued to be successful in caring for acutely ill surgical patients, providing surgical reviews and early management plans. It also actively supported admission avoidance and patient flow by utilising the successful hot clinic and SAU pathways of care. We also continued to increase the number of patients who were able to have their surgical procedures as day cases, in order to reduce the number of overnight stays and also to help them to return home sooner.

PAWS (Pathology at Wigan and Salford) became part of the Surgical Division in 2016 and we have seen improved financial and quality performance. The fantastic, new Assisted Conception Unit (ACU) based at Wrightington Hospital saw a significant increase in NHS work and widened its scope by increasing availability for private patient services.

Service Developments

A major development last year was the introduction of a state of the art laparoscopic theatre on the RAEI site in June 2016, which replaced one of the older theatres. We carried out a replacement of the airflow system in another of our theatres which overall was the largest project carried out by us. In order to minimise a major disruption of the delivery of services, we increased the operating capacity at Leigh Infirmary and introduced three session days and weekend working on the RAEI site. We are really proud to state that patient care and access targets were maintained throughout and this due to the hard work and dedication of our staff.

Our Surgical Assessment Lounge (SAL) continued to offer a dedicated admissions area and it also cared for elective day case patients post-operatively. This helped us to increase the number of day case operations we offered and supported patients in returning home sooner after surgery.

The Obstetrics and Gynaecology Directorate has developed a specialist nurse-led service in gynaecology and early pregnancy assessment which provided nurse led scanning and additional support to the Gynaecology Team.

Critical Care continued to work on achieving the objectives of NHS England's service specification for Adult Critical Care. This year saw the commissioning and opening of a dedicated unit on the RAEI site for rehabilitation services for discharged patients.

Within the Ophthalmology service, the nurse led Age-related Macular Degeneration (AMD) injection service continued to grow, with Nurse Practitioners having carried out approximately 3,900 injections. This is clearly a quality service, with good outcomes. Our patients are very supportive and we receive excellent feedback.

Good news for our hearing impaired patients was that the Audiology team started to sell hearing aid support equipment, locally enabling patients to have a one stop shop.

Governance

Complaints management was further devolved to the divisional team. Performance improved and deadlines for responses improved even further. Robust systems were introduced to monitor lessons learnt and audit action plans.

We saw an improvement in divisional incident reporting, which has helped us to achieve an increased upload of incidents to the National Reporting and Learning system (NRLS). This provided assurance that safety is managed appropriately.

Patient Engagement scores remained consistently good, if static, as reported from both the inpatient and real time patient surveys results.

The CQC inspection actions were regularly monitored and delivered within deadlines.

Staff Engagement

We were actively involved in the pioneer staff engagement programme. Orrell Ward, Ophthalmology and Theatres all took part in delivering improvements in engagement scores.

We are delighted to report that we had so many successes in 2016/17:

- Theatres won the Trust 'Sharps and Needle Stick Trauma Awareness' award
- We successfully bid for maternity training safety funding - a £14,000 award received from the Health Education North West.
- Our infant feeding team achieved 3rd place in the British Journal of Medicine awards in the category of midwife/ peer supporter in improving breast feeding
- Infant feeding coordinator achieved a gold quality champion's award following the implementation of midwifery led tongue-tie clinic.

Service Redesigns and Redevelopments

There were a number of key developments last year within the specific services that make up

the Division of Surgery. Some of our successes and highlights include:

Breast – we saw a real growth in referrals again and we were pleased to have maintained our growth from the West Lancashire area. Increasing demand led to additional capacity being provided in the form of clinical and theatre sessions. Work was also on-going to bring the service closer to Bolton Foundation Trust. This helped us to facilitate service continuity and to reflect the collaboration efforts with the North West Sector of Healthier Together.

Colorectal – Straight-to-test (one stop for cancer patients) continued last year and was extremely successful, seeing increased referrals. The focus for the next year will be to increase training and education for the ward nurses to improve their knowledge and skills and improve patient experience.

ENT (Ear, Nose and Throat) – Focus continued on delivering the emergency casualty clinic service so patients were seen and treated more quickly minimising the need to go to theatre or be seen in outpatients.

Developments within ENT included:

- Work on pathways with the CCG to streamline patient flow. Now implemented across the locality
- GIRFT (Getting it Right First Time) meeting - January 2017. The service's work in ENT was benchmarked, and proved it is in keeping with national standards and was highly commended
- The Balance Clinic expanded following capital investment to enable speedier monitoring and reduce waiting times
- Many publications and presentations were made by the team nationally including promoting the multi-modality treatments offered through the One Airway Clinic and other studies including epidemiology of rhino-sinusitis.

Maxillo Facial – pressure on the paediatric general anaesthetic extractions of teeth across Greater Manchester led to a significantly increased work load. A sedation service was developed, thus avoiding unnecessary time in theatre and safety risks. The Trust appointed a locum consultant to lead the service and develop extended links with University of

Central Lancashire to provide training and extra capacity.

Ophthalmology – Although the number of referrals has not increased significantly the service had increased activity due to the nature of the treatment, this required multiple and on-going visits. Work continued with the CCG to look at the various pathways, especially in outpatients, in order to move more work into Leigh Infirmary and Primary Care.

Urology – The service has seen increasing referrals and developments which included service redesign, the development of a triage referral system to support outpatients and the establishment of a new cancer patients support group.

Pain – A service re-design was looked at with the CCG as the numbers and types of referrals had increased.

Women's Health – Following the introduction of the new Theatre 3 and new consultants, laparoscopic surgery interventions increased last year. An elective caesarean section list in general theatres was developed and is moving towards compliance with regional standards. In order to reduce admissions, service developments focused on the increased use of outpatient services. The gynaecology pelvic pain clinic was further supported in response to growing demand. We have upgraded the ambulatory gynaecology service in several areas and this has significantly reduced the day case rates.

We are delighted to report that further developments included:

- Relocation of Leigh Antenatal clinic providing an improved environment for women and antenatal clinic staff
- Creation of a birth choices clinic for women who have previously undergone caesarean sections
- Collaborative working across the Borough with Healthy Routes and the implementation of carbon monoxide monitoring for all women during the antenatal period to monitor smoking habits.
- Collaborative working to improve perinatal mental health amongst women
- Launch of the Baby Box project in March 2017, to improve information for baby safe-sleeping practices and reduce sudden unexpected death in infancy.

- Redesign and refurbishment of the maternity bereavement suite, which was officially opening by Lisa Nandy, MP for Wigan. Further work is in progress to improve the pathways for women and their families who have experienced fetal loss
- WWL is working with CCGs across Bolton, Salford and Wigan to be one of seven pilot pioneer sites across the UK from March 2017 for the personalised maternity care budget based on the recommendations of the Better Births maternity services review.

Research highlights included:

- Completed screening and recruitment to the ongoing trial into thyroid antibodies and miscarriage known as TABLET in December 2016
- AFFIRM trial was completed in December 2016, that aimed to reduce stillbirths by raising awareness of, and acting on, reduced fetal movement. It has significantly reduced the number of stillbirths
- The service was part of a PREMIUM Trial, where women are recruited for a trial being held at St Mary's Hospital in Manchester, regarding the effect of Metformin on endometrium before surgery for endometrial cancer.

There are now dedicated sessions for abdominal drains at the Planned Investigations Unit (PIU). This has prevented numerous admissions to Swinley Ward, freeing beds for emergency and elective cases.

The emergency stations on the labour ward won an excellence award in November and continued to improve.

Child Health

The Child Health service saw a number of changes both in terms of leadership as well as new and different ways of working during the year. We experienced an increase in demand for both acute and planned services in child health which led to a number of challenges for the team. As ever, we worked hard to introduce a number of initiatives to address this extra demand:

- We decreased the number of beds on Rainbow ward, which is our Children's surgical and medical ward, to meet the Royal College of Nursing guidelines on staffing

ratios and provide a safer and better patient experience

- We were pleased to report that we fully recruited to vacant nursing posts and additional new posts have been identified to support the nursing teams in training and development
- An additional speciality doctor was employed for peak hours of activity to support winter pressures in A&E
- We have future plans in place to recruit resident consultants to further ease the pressure, and help meet the college standards.

We are really pleased to report that staff on Rainbow ward worked hard during the year and reduced their reliance on agency staff, improved staff sickness rates, gained 100% compliance with tracheostomy training, increased restraint training for staff and achieved very high rates of shifts being covered by APLS trained nurses.

The neonatal unit had experienced high occupancy rates leading to the network suggesting a reconfiguration of cots. For the future, this will mean an increased nursing resource and work is ongoing to address this. For the past two years we have been successful in securing a training opportunity for an advanced neonatal nurse practitioner and this has proved to be of great benefit for our patients.

We were also pleased to see the development of an ADHD nurse specialist which led to improved patient satisfaction. This work is due for national presentation at the Royal College of Paediatrics and Child Health in 2017. We continue to work closely with the CCG and our partner agencies around service development and to try to alleviate the challenges around mental health.

Child health is a research active department and had participated in a number of portfolio studies as well as locally driven studies for which we were delighted to have received local and national recognition.

General Surgery

The Ambulatory Care Unit was enhanced with the development of 'hot clinics' within the Surgical Admissions Unit (SAU), which helped to reduce demand in A&E and helped to reduce unnecessary admissions. Hot clinics run 5 days

per week and take direct referrals from local GPs or from colleagues in A&E. It is hoped that this service will develop into a 7 day service in 2017/18. Considerable work is on-going in standardising pathways in preparation for a standardised service across the North West Sector of Healthier Together. We increased the number of speciality doctors and Trust Associate Specialists in order to extend the operation of hot clinics and ward rounds to weekends to ensure the best possible service for our patients.

Health Care Operations (HCO)

We have continued to provide administrative support across all three clinical divisions in order to deliver clinical services to patients. Some examples of our key work are as follows:

- Continued support for the HIS Programme and development of the EDMS (Electronic Document Management System) since its launch in June 2016
- Led task and finish groups for the relocation of health records and preservation of historical value health records on the Wrightington site, and for the removal of paper health records across the organisation post-implementation of the Hospital Information System
- Key player in the preparatory plans for the Patient Administration System upgrade. Scheduled for July/August 2017
- Continued to reduce temporary staffing and agency usage, resulting in financial efficiency savings and no agency staff in post.
- Supported the Inclusion & Diversity agenda with full engagement in relation to the Accessible Information Standard and future patient communications
- Provided ongoing support to the surgical division with the upgrade to theatres 3 and 4
- Worked with all divisions to facilitate the outpatient productivity programme and continued to reduce hospital cancellations,
- Developed a new outpatient productivity app
- Worked closely with theatre teams to improve theatre productivity.

Improved Patient Experience and Quality of Care

We continue to participate in all avenues of nurse recruitment and we were successful in both domestic and overseas recruitment and also with our strategy to retain experienced staff and encourage others to return to practice.

Surgery has several Quality Champions projects ongoing and has started to use Continuous Improvement Methodology to improve patient experience.

The senior nursing teams continued to support corporate initiatives; they embraced Always Events, Expected Date of Discharge and a range of key performance indicators, in order to monitor and introduce actions to improve patient care. Additionally, patient acuity and dependency is being audited continuously, together with monthly reports on safe staffing and triggers for action such as 'red flags'.

The staff on Orrell Ward facilitated the wedding of a patient who was on the end-of-life care pathway. The day was seen as a priority by the team and, as a result, a memorable event took place for the patient and their partner, their families and the staff who were fortunate to have been involved.

Rainbow Ward held a pantomime twice this year in conjunction with a charity called Starlight. It also secured the services of a children's hospital magician who visited every month – both activities were a huge success with the children (and staff). There were annual visits to Rainbow from sportsmen and women in the Borough. We have also been lucky to be included in 'Box 4 Kids', a charity that offers sick children the chance to watch a live football or rugby match in a hospitality box.



Specialist Services Division

The Specialist Services Division is a large division comprising of:

- Trauma and Orthopaedics
- Rheumatology
- Radiology
- Pharmacy
- Pathology
- Healthcare Operations
- Outpatients
- Sterile Service Decontamination Unit (K61)
- Oncology (Cancer Services)
- Dermatology and
- Medical Illustrations.

During 2016/17, we continued to put patients at the heart of all of our services by working and engaging with them to try to ensure they always received a positive experience. We are pleased to report that during the year we:

- Launched our own bone donation programme and bone bank
- Improved services for patients who suffer from arthritis as our early arthritis clinic established a system for the timely identification and treatment of patients suffering from inflammatory arthritis
- Helped our cancer patients with their health and wellbeing and individual needs with the launch of an electronic holistic needs assessment.

Our outpatient department was busy over the year and provided more than 50 extra clinics each month. Clinics were provided daily as well as at weekends and evenings to ensure our patients had access to the services they needed at a time which was suitable for them. Governance continued to be embedded throughout the division. The well-established divisional Quality Executive Committee, chaired by the Divisional Medical Director, continued to meet on a monthly basis. Their remit was to scrutinise, monitor and ensure improvements across a broad range of areas such as patient safety, patient experience and clinical effectiveness. The reporting of patient safety incidents and near misses continued to remain a real focus for us all.

Other areas of success we were proud of were:

- We continued to achieve more than 97% compliance with the Safety Thermometer

and 90% with the Nursing Clinical Indicators, which monitor a number of nursing measures to ensure safe, effective care

- We achieved more than 98% compliance throughout the year for patients who have a venous thromboembolism (VTE) assessment on admission to hospital
- We saw a 25% decrease in patients' falls over the year.

Patient safety was paramount in 2016/17 and we held our first Safety Summit. The purpose of the interactive workshop was to bring together all staff groups to review theatre safety processes. This was extremely successful and resulted in a number of pledges being made by all colleagues to ensure patient safety and improve their experience.

Other significant progress was made in:

- Implementing the National Safety Standards for Invasive Procedures (NatSSIPs)
- Developing local safety standards in Theatres, Radiology, Breast Screening and Dermatology.

Trauma and Orthopaedics

Last year, 2016-17, was a very challenging year for the Trauma and Orthopaedic directorate. Changes to the National Referral to Treatment (RTT) rules and the implementation of a community based orthopaedic triage model (MSK CATS), which was implemented in 2015, impacted upon patient waiting times.

We were thrilled to have moved into the new state of the art Phase One building at Wrightington in December 2015. Over the past year, working in the new development has proved to be a great boost to morale for staff and it also led to significantly improved patient experiences. However, the new building brought new challenges and we dealt with higher levels of activity and tackled a number of teething troubles with the new theatres.

Despite all of these difficulties, staff from all teams and disciplines pulled together to ensure patient activity was always safely maintained and patients received the best service possible. Further positives during the year have been:

- Following a successful Human Tissue Authority (HTA) inspection of the Wrightington Bone Bank, we were able to supply other Trusts with harvested bone
- We expanded our Increased Dependency Area (IDA) to five beds
- We gradually introduced increased medical cover on the Wrightington site with the daily on site presence of the Critical Care Outreach Team – this proved to have a significant, positive impact on patient safety.

In the coming year, we are committed to reviewing and amending processes, to drive access times down for our patients and to safely deliver the activity levels required to maintain financial viability.

Rheumatology

Last year, 2016-17, was a productive year for the Rheumatology service. We had a backlog of follow up appointments but staff worked really hard to reduce this. Work will continue to resolve this issue by the end of next year. Our staff remain extremely positive and dedicated to the continued improvement of services.

Last year we employed a new consultant and this helped the team to establish a new early arthritis service. This service enabled GPs to refer patients showing signs of early inflammatory arthritis to a dedicated one-stop clinic at Wrightington Hospital, ensuring early diagnosis and treatment. The service also established a new clinic for patients at risk of multiple falls.

We worked collaboratively with the Wigan Borough Clinical Commissioning Group (CCG) to redesign the Rheumatology outpatient service to offer support for both GPs and patients in the local community. In addition, the CCG implemented a shared care arrangement with local GPs to facilitate blood monitoring and prescribing in the community and we appointed a medicines management co-ordinator to support this.

Radiology

Last year, 2016-17, was a challenging year for Radiology. Demand for Diagnostic Imaging continued to grow and more people than ever had their imaging performed with us. We are

delighted to report that we still easily met the national six week standard for diagnostic tests. Despite the additional activity, the year saw an overall reduction in the time taken to provide reports on examinations and helped to reduce waiting times for our patients.

In conjunction with The Christie, we introduced a PET (Positron Emission Tomography) scanner on the Wigan Infirmary site. This type of scanner is used for investigating confirmed cases of cancer to determine how far it has spread and how well its responding to treatment. This is great news for some of our patients who will no longer have to travel to The Christie for their scans.

The coming year will see the installation of a new SPECT/CT Scanner (Single Photon Emission Computerised Tomography coupled to a standard CT scanner). This will allow more complex imaging for certain groups of patients and lead to faster diagnosis for specific conditions.

Outpatient Services

The outpatient teams across all areas of the organisation continued to work closely with all divisions and directorates to facilitate routine and additional outpatient clinics.

The introduction of a dedicated waiting area for dementia patients and their families/carers at the Thomas Linacre Centre (TLC) proved to be a great success. The dedicated area has walls displaying historic pictures of the local area, which is separate from the main waiting area, and allows both patients with dementia and their relatives/carers space, to wait in a calming environment.

The outpatient team at Wrightington Hospital worked closely with the pre-op team to ensure as many patients as possible were able to access our “one-stop” pre-op service for patients.

Dermatology

The Dermatology team continued to work closely with the CCG to redesign the service and offered clinical services in both the hospital and community settings.

The demand for Dermatology services continued to increase, but despite this the good

news is that the service continued to meet all performance and cancer targets.

We worked hard to try to recruit another substantive consultant and continued to work with local GPs, promoting education about the treatment of skin conditions that can be managed in the community.

Plastics

We continued to work closely with St Helens and Knowsley Teaching Hospitals NHS Trust (STHK). A plastics team provided by STHK worked within the Dermatology unit and gave a seamless pathway for skin cancer patients. This one-stop service was renewed and will continue to develop in the coming year. It is intended to progress our plastics service by increasing outpatient and theatre capacity both at Leigh and Wrightington, thereby improving the patient experience by having surgery closer to home.

Cancer Services and Oncology

We were absolutely thrilled to have one of our long serving and respected Consultants, Dr Andrew Wardman, officially open our Cancer Care Centre last year. The patients' sensory garden, adjacent to the centre, was opened by the retiring Mayor of Wigan, Councillor Phyllis Cullen. This was a fantastic day of celebration which was attended by a number of dignitaries, staff and patients. It was also an opportunity for us to receive much appreciated feedback from those who had already used our services when the centre first opened its doors to patients.

The opening of the Cancer Care Centre enabled us to extend our opening hours in consultation with our staff and patients and helped us treat the increase in the number of patients we are intending to treat in the coming months and years. We saw a rise in the number of haematology patients we are treating and have been able to start the repatriation of some lung cancer patients. We are really proud that we are the 4th best Trust in the country at achieving the two week cancer referral target (as at March 2017).

We moved forward with a number of government initiatives, including 'Living With & Beyond Cancer' and the Recovery Package. We worked more closely with our service users and our performance against the cancer targets remained high.



Estates and Facilities

The Estates and Facilities Division provided a range of services for WWL in 2016/17 which included:

- Catering
- Security
- Hotel Services
- Capital Design
- Medical Electronics
- Works
- Safety Management
- Energy and Waste Management
- Fire Safety
- Grounds Maintenance.

They provided a wide range of non-clinical support services to all sites and to both Wigan Borough CCG and the 5 Boroughs Partnership NHS Foundation Trust.

During last year we successfully supported the completion of the Wrightington Phase One new build. Following on from the success of the previous year's Patient Led Assessment for the Care Environment (PLACE), we further improved our performance in the 2016 assessments by being ranked sixth overall in the whole of England for the second year running, the highlight being achieving 100% for cleanliness for the third year in succession.

Whilst quality and safety are equally important, we fully recognised the need to provide a cost effective service and we utilised our estate as efficiently as possible. The Carter Review of efficiency identified Estates and Facilities as a key area of spend. We embraced the principles of this review and continued to work in conjunction with the Department of Health and Health Estates and Facilities Management Association (HEFMA) to ensure that overall costs are at, or below, the median benchmark level.

Capital Programme and Major Works

During the past 12 months we have invested a further £7.8m in capital developments, which we are delighted to say has benefited a number of key areas and projects:

- Medical Equipment
- Estate Development / Improvements
- Information Technology

- HIS (Health Information System)
- Business Intelligence Projects / Developments
- Endoscopy Reprocessing Facility
- Flood Defence Improvements
- Medical Equipment Replacements.

Operational Estates & Medical Electronics / Equipment Loan Store

The Operational Estates Team provided an emergency breakdown repair and planned preventative maintenance service and supported wider estates and facilities activity across the Trust sites.

We provided a technical, out of hours emergency on-call service for the built environment and associated engineering services.

The service supports specialist engineering systems such as boiler plant, specialist theatre ventilation, standby power generation, electrical distribution, domestic hot and cold water distribution, space heating, fire detection / alarm systems, building management systems (BMS), lift installations and medical gas pipeline systems.

We played a key part in ensuring that the patient environment is maintained at the highest level. This is audited annually as part of the PLACE assessments. In 2016 the score for condition, appearance and maintenance was 99.63%, which ranks the Trust as 1st in the whole of England. This is fantastic news for our patients as we are the cleanest hospital nationally.

Operational Estates play an important lead role in ensuring estate compliance, with key areas such as asbestos management, water management (Legionella / Pseudomonas) and other statutory compliance functions.

We performed detailed work on Medical Equipment Management on the RAM (Real Asset Management) equipment database, which now includes more than 20,000 items. The database is a keystone to managing a servicing, maintenance and breakdown repair service that was delivered to all clinical departments. The Department also includes a Medical Loan Store that services and maintains mattresses and infusion pumps.

Facilities Services

We saw further improvements in both the quality of service and efficiency of delivery. Notable successes and achievements were:

- In the 2016 PLACE assessment our patient food scores improved to 98.40%, which ranks us 6th in the whole of England.
- Improvements to frozen storage and cook-chill equipment will enable us to increase our accreditation to our cook-chill production in 2017-18
- By winning the tender to provide patient meals to Bolton NHS FT we increased our income.
- Porters continue to deliver high quality services, working closely with wards and the emergency floor, particularly during the very challenging period over Christmas and New Year.
- Transport Services made more than 275,000 staff journeys via shuttle bus between sites and car parks.
- Clinical areas were kept cleaner than our own ultra-high standards. These areas were scored 95% for cleanliness, against a national average of 92%. Facilities managers work closely with the Senior Infection Control Matron to deal with any areas of concern as soon as possible.
- To assist in the reduction of hospital acquired infections, the domestic response team regularly performed special decontamination processes to ensure positive deep cleans on the wards. Disposable curtains are fitted to all wards and high risk clinical areas.
- We continued to exhibit works of art from local artists and art groups, by engaging with community groups and schools. We exhibited artwork in the hospital corridors across the hospital sites thus improving the environment, promoting a holistic approach to our patients, visitors and promoting staff wellbeing.

Sustainability and Environmental Management

We continued to invest considerable resources in order to reduce the impact on our environment. By improving the design of new buildings and refurbishments achieved a “Very Good” score in the Building Research Establishment Environmental Assessment Model.

We continued to reduce our environmental impact through reducing energy related CO₂ emissions year-on-year. The Sustainability team continued to implement a strict regime of essential monitoring and targeting.

We saw greater demand on our Leigh catering and IT services, electricity consumption is projected to rise in 2017-18. However, in March 2017 the new Combined Heat and Power unit at Leigh was installed which will help with future costs and also provide greater electrical resilience – this we see financial savings as well as a reduction in CO₂ emissions.

We implemented a heating ring main at RAEI - also known as Heat Recovery - linking all plant rooms and enabling greater efficiency and resilience in the heating distribution system.

We removed old inefficient equipment and replaced it with highly efficient plate heat exchangers, thereby vastly improving our control of the heating circuits.

We installed LED lighting in various sites across the Trust. This is vastly superior to fluorescent lighting so it saves considerably on energy consumption and maintenance costs. This has also resulted in improved lighting levels and it has been suggested, contributed towards shortened patient recovery time due to environmental improvements.

Waste Management

Our objective for 2016/17 was to ensure the safe, compliant and sustainable management of waste and the disposal of such wastes across all sites, whilst maximising recycling in all areas.

Recycling drop-off points have been introduced throughout the Trust to further enhance our recycling performance by the segregation of cardboard, scrap metals, furniture and electrical waste.

We made improvements to the waste management infrastructure, such as waste compactors and collection bins, as well as holding areas for waste materials.

Last year, 2016-17, highlighted a need for improved equipment and machinery to maximise our recycling capacity. Schemes are underway for an additional external waste compound at RAEI and additional internal holding areas starting in 2017/18.

We continually provided support and advice to all departments with regard to their waste responsibilities, ensuring they have the necessary information, equipment and facilities to allow the safe handling, segregation and storage of waste. Regular waste audits were successful in helping to build a picture of disposal compliance and waste throughout the Trust

Security

We are delighted to report we recruited many new staff to the security team who are aligned to our Trust values of Safe, Effective, Caring and we were successful in being shortlisted for a number of prestigious awards.

We have been actively involved, first hand, in saving lives and supporting patient safety across hospital sites.

Going forward in to 2017, we will be having regular monthly meetings with Greater Manchester Police senior staff, together with nursing team members, to address crime reduction, violence and aggression, whilst also sharing information on individuals who may be of interest to the wider NHS and the Police.

Operation Connect in 2016 was the 3rd year of joint collaborative working with Greater Manchester Police, involving a number of operational police officers within our busy A&E Department over the festive period and the New Year. The project allowed our medical staff to have greater confidence in the security of their department and were able to report crime and issues directly to the police face-to-face. The feedback is that this was greatly appreciated by all staff, patient and visitors over this period.

Car Parking

While we felt the pressure relating to vehicle parking both from a staff and a visitor perspective across all sites improved mechanisms for management and improvements in the car parking infrastructure have led to reduced delays and better traffic management across all Trust sites.

We are pleased to report that last year we reduced the requirement for spaces leased from the local Council by 100 spaces, thus reducing costs by £50,000.

Sterile Services Decontamination Unit and Endoscopy Reprocessing Unit

SSDU/ERU continued to provide an efficient and effective decontamination and sterilisation service for five hospitals and numerous departments within both WWL and Salford Royal NHS Foundation Trust. The departments operated under the scope of the European Directive for Medical Devices ensuring the quality standard is maintained at all times resulting in safe patient care.

The focus in the last year was on building customer relationships, sourcing and responding to feedback from both staff and customers, improving staff engagement and the delivery of all aspects of the service, and achieving Key Performance Indicators without compromising quality.

Some of our key successes included:

- Improved sickness absence
- Achieved a favourable budget
- Reduced the trend in customer complaints and both internal and external non-conformances.
- Achieved the turn-around targets for 90% of the activity.

Service and Site Investment

During the year the Trust completed £7.8m of capital investments which have significantly improved services for both patients and staff. A summary of the capital investments undertaken in the year is provided in the table below. This capital expenditure means that we will have invested close to £70m in the service and site programme since its inception in 2011/12.

Capital Investment Scheme	Investment Benefits	£000k
Health Information Scheme (HIS)	The continued introduction of the HIS platform to the Trust providing rapid and seamless access to patient information (software and hardware).	2,946
Energy Efficiency Schemes	Continuation of the introduction of energy efficiency schemes which will reduce revenue costs, one at Leigh and one at Wigan.	1,162
Reconfiguration of Endoscopy	The adaption of the Christopher Home building for the decontamination of endoscopes adding resilience to the endoscopy service.	835
Replacement of CT Scanner	Replacement of a CT scanner which was failing on a regular basis adding dual resilience to the Wigan site.	698
Completion of Theatres upgrade	Completion to the upgrade and modernisation of the ventilation system in theatres on the Royal Edward Albert site.	327
Demolition of pathology	The demolition of the no longer used pathology laboratories and the creation of a car park adding much needed spaces on the Wigan site.	344
Other low value items		1,531
Total		7,843



Project Management Office (PMO)

The Service Transformation and Project Managers working within the PMO coordinate business improvement planning across the Trust, along with facilitating and monitoring the delivery of the Cost Improvement Programme (CIP) and supporting transformation programmes. The PMO report to the Director of Strategy and Planning and support programmes aligned to the Trust's strategy, developed in line with the Trust's vision, and focus on ensuring services remain safe, effective and caring. Working within the Trust, across the Wigan health and social care economy and Greater Manchester, the PMO provide expertise to enable teams to deliver efficient and effective co-ordinated care.

They actively supported the organisational values, placing patient focused improvement at the forefront of all we do. Within clinical and non-clinical settings we promoted innovation and creativity. Using coaching and engaging practices we developed and enhanced the resilience and skills of both teams and individuals. We engaged with the wider Wigan Borough health and social care providers as partners in care delivery.

There are four main areas of focus within the PMO:

- Business Planning
- Cost Improvement Programme (CIP)
- Service transformation
- Integrated working across the wider health & social care community within the Wigan Borough and Greater Manchester.

Business Planning

Working closely with the divisions, the PMO facilitated and supported their delivery of the 2016/17 business plans, with particular focus on the service changes required to ensure delivery. From October 2016 we worked closely with the operational and finance teams to develop plans for 2017/18 onwards, incorporating commissioner expectation and planned improvements made possible by Wigan Borough Locality Plan, Healthier Together and Greater Manchester Devolution. These plans were ratified by the Trust Board in December 2016 and used to inform the development of the Operational Plan submitted to NHS Improvement.

Given current government funding restraints across the NHS, the business plans ensured best use of taxpayer's money, including alternative ways to deliver services and reviewed the delivery of existing services, to ensure that we are making the best use of time and resources.

Cost Improvement Programme (CIP) Delivery

During 2016/17, the PMO supported the divisions to manage their CIP, being actively involved in identification, performance management and assessment of quality impact that the CIP schemes had on the services delivered to patients. With this support and despite the challenging financial environment, £10.6m of cost improvements have been delivered compared to a target of £13.8m.

New ways have been identified and implemented to engage and encourage all staff to identify and focus on ideas for savings in all areas of the Trust. A staff suggestion scheme called "Bright Ideas" has been developed by the PMO and implemented along with Staff Engagement. Bright Ideas enables all staff to submit saving ideas which will be reviewed by the PMO to identify their viability and, where appropriate, implementation supported.

Service Transformation

Supported by the Trust's continued coaching culture, the PMO has been able to engage, challenge and support staff to examine and redesign their services, whilst maintaining the needs of the patient at the heart of each improvement.

Through engagement of staff and patients, we continued to support significant improvements including Outpatient pathway redesign, Trauma triage development, implementation of our "Discharge to Assess" model, expansion of Ambulatory Care and implementing lessons learned from each improvement cycle.

The PMO has continued to work closely with Wigan Borough CCG, our patients, operational managers and clinicians to redesign speciality pathways within the out-patient services. During 2016/17 this has focussed on Urology, Cardiology, ENT, Respiratory and Rheumatology services. Work continues on the Pain Management pathway and further

specialities will be included as we move forward into 2017/18. The PMO has engaged, challenged and supported the Divisions in establishing new models of service delivery with the introduction of Discharge to Assess and the new Age Well Unit. These two new models of care have delivered both reduced admissions and reduced length of stay for patients. The Discharge to Assess project aims to help patients who need home support leave hospital earlier with assessments undertaken at home, and not in hospital. This has resulted in both admissions being avoided and, for patients that have been admitted, reduced length of stay. The Age Well Unit is currently at pilot stage and is a 14-bed facility specialising in the care of patients with acute medical conditions, who expect to be discharged within 72 hours of admission. The Unit addresses the patient's immediate medical concerns and provides quick and efficient care to help reduce the time that they are in the hospital.

The PMO has also supported the establishment of a Surgical Ambulatory facility – SAU Hot Clinic. Working in a similar way to the established medical model, surgical ambulatory provides patients diagnosis and treatment without the need for an overnight stay. The new service is performing very well with two to three admissions avoided daily.

A new interactive falls simulation training package was developed with PMO involvement. This training was nominated for a Trust Recognising Excellence Award.

Integration of services across the Wigan Borough and Greater Manchester

Transforming services to be more effective in meeting the needs of our population as described in the Wigan Borough Locality Plan, Healthier Together and wider Greater Manchester Devolution plans will require health and social care services to work in partnership. Bridgewater Community Healthcare NHS Foundation Trust, North West Boroughs Partnership NHS Foundation Trust, Wigan Council and GP Practices are working with Wigan Borough CCG and Council commissioners to plan and deliver integrated services across the Borough.

Working with colleagues to identify and plan pathways for services delivered across multiple acute partners, including Bolton NHS

Foundation Trust and Salford Royal NHS Foundation Trust, also enabled the PMO to ensure the most effective delivery of services for our population.

Along with managing projects and programmes directly, the PMO delivered expertise in change facilitation, business improvement and project management methodology across both the Trust and the health and social care economy. We were able to up-skill and enable teams and individuals to manage projects. We created resilience to change through coaching and staff development; we planned and facilitated large scale multi-organisation events and managed risk and dependencies across multiple programmes and projects, whilst supporting the organisation's business planning and cost improvement work and developed relationships with other provider partners to ensure the delivery of the CIP, Service Transformation and Locality Plans.

Preparing for Major Incidents

We need to be able to plan for and respond to, a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions, contaminated or infected patients, or a major transport or industry accident.

The Civil Contingencies Act (2004) requires NHS organisations to plan and prepare for such incidents, whilst maintaining safe services to patients. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). There are a set of NHS Core Standards for EPRR (issued by NHS England), against which the Trust has declared 'Substantial Compliance' and an action plan has been developed by the Emergency Preparedness, Resilience and Response Committee to ensure that the Trust becomes fully compliant by April 2017.

Preparedness, Resilience and Response

We worked towards preventing emergencies from occurring by identifying local high level risks (based on the National Risk Register) and put plans and processes in place which aim to reduce the likelihood or impact of these risks. We worked closely with our partner agencies in Wigan and Greater Manchester to identify local risks and to agree joint plans to provide a co-ordinated multi-agency response, for example the Greater Manchester Mass Casualty.

We have a Major Incident Plan which provides a generic management framework to respond to and recover from a significant emergency or major incident. We were not required to activate our Major Incident Plan this year, although the UK has experienced several major incidents and emergencies.

The Plan has been reviewed and tested through local and regional exercises to ensure that we can provide an effective and efficient response in the event of a major incident or emergency. We also learned from incidents, both local and national, to enhance our own local planning and response.

All senior managers are required to participate in annual training to rehearse their roles in the event a major incident or emergency. This year, Exercise Phoenix was used to test the

senior managers' and executives' responses to a series of business continuity scenarios. These included loss of staff through industrial action, loss of premises following severe winter weather and loss of the IT network. These exercises provided facilitated discussions on how they would deal with these types of incidents and cover a number of core competencies around EPRR for on-call senior managers and executives.

The Trust has continued to provide HealthWRAP – a 'Workshop to Raise Awareness around Prevent' in a healthcare setting training on induction. This training is mandatory for all NHS staff and aims to support staff in identifying and supporting vulnerable individuals from being radicalised. It is part of the UK's counter-terrorism strategy (CONTEST) that aims to reduce the risk we face from terrorism so that people can go about their lives freely and with confidence.

We maintained our decontamination facilities (for chemical, biological, radiological and nuclear contaminants), and purchased a new framed decontamination tent.

The Trust Business Continuity Plan provides a framework to enable us to respond to large scale localised incidents, for example, significant flooding or utility failure. The plan was reviewed and approved by the Trust Board in June, 2016. The implementation of this plan ensured minimum disruption to staff and patients and a timely return to 'business as usual' in the event of such an incident or emergency.

During 2016, there were several actual and cancelled periods of strike action by junior doctors. In order to prepare for these, we established an industrial action working group that looked at the potential impact of the action and identified how we would continue to provide 'business as usual' as far as was possible.

Work was also ongoing around developing a robust business continuity plan to mitigate the risk of disruption and maintain safe patient care in the event that the Hospital Information System (electronic patient records) is unavailable.

All divisions and departments also have a Business Continuity Plan which enables them to respond effectively to both local incidents

and together in response to larger scale major incidents. These plans were reviewed during 2016 and are regularly tested through exercises and activation.

Throughout 2016/17, we responded to several local planned and unplanned disruptions. These were managed by implementing local Business Continuity Plans and procedures. Such examples include IT outages, closing the Resuscitation Department for re-hosing work and extreme capacity issues. Operational planning and good communications prior to a planned disruption ensure minimum impact on both patients and staff. Through a robust debrief process, we continued to take note of lessons learned and good practice following each incident, whether planned or unplanned, to better prepare for future incidents.

Social, community and human rights issues

We recognise the need to forge strong links with the communities we serve so that we are responsive to feedback and can develop our services to meet current healthcare needs.

We are committed to meeting our obligations in respect of the human rights of our staff and patients, which is closely aligned both to the NHS constitution and our values. NHS trusts are public bodies, and so it is unlawful to act in any way incompatible with the European Convention on Human Rights unless required by primary legislation.

Trust policies are reviewed on a regular basis and all are subject to an equality impact assessment.

Patient and Public Engagement (PPE)

We are committed to working with patients, carers and the general public to develop and improve our services. Some of our activities are set out below with more information contained within the Quality Account section of this report.

Real Time Patient Feedback

Feedback from inpatients using the Real Time Patient Experience Survey is collected monthly. The surveys are undertaken by hospital volunteers and governors. The results are presented to the Board every month to monitor the corporate objective of 'more than 90% of inpatients reporting a positive patient experience'.

National Survey Results

We continually achieved excellent scores for cleanliness throughout the hospital. This places us in the top 20% (await results) of all Trusts in this area of assessment in the National Inpatient Survey for 2016 covering Inpatient Services.

The Family and Friends initiative is in its fourth year of implementation. Patients are asked "How likely are you to recommend our ward/A&E department to family and friends if they needed similar care or treatment?" We consistently scored more than 90% against the quality metric assessed by patients. The feedback from patients allows us to address any areas for improvement identified from the patient's experience. Two examples of improved practice include:

1. Consultant Business Cards for patients were designed to give to patients so they know who their Consultants are and can call them if they had any problems after leaving hospital.
2. A discharge wallet was designed to support patients around their discharge.

Service Redesign

Patients and carers attended the redesign of the Audiology Services – Hearing Aid process using the experience-based design technique. We asked the patients about their experience, drawing out the positive and the negative

elements with a view to bringing about changes that will lead to the establishment of a gold standard patient experience. Patients are now accompanied outside with the Audiologist when they first have their hearing aids fitted as they found it quite alarming when going out on their own due to the increase in noise levels.

Lay Involvement

The Volunteers and Lay Clinical Auditors were involved in "Keogh-Style" mini-inspections of the hospital and independently audited the Trust's 'Always Events'.

Lay representatives attended the Divisional Quality Executive Committees, Quality Champion Committee, Infection Control Committee, Service Transformation Board and Paediatric Clinical Cabinet.

Consultation with Local Groups and Key Stakeholders

We continue to work in partnership with key local stakeholders. The CCG Healthwatch, local voluntary groups such as Think Ahead, Age UK and the Local Authority worked in partnership with us on improving discharge. Some of improvement work implemented as part of the group is the Integrated Discharge Team, Discharge Wallet and GP discharge letters.

The Patient and Public Engagement Committee monitored progress against the patient and public engagement strategy. It is chaired by the Lead Governor and has representation from Healthwatch Wigan and Leigh and Age UK Wigan.

Voluntary Services

We currently have 470 volunteers registered on our Volunteers' database. During 2016/17, we recorded 70 volunteers as having finished or retired from volunteering and 114 new volunteers as having commenced their duties.

Volunteers' Long Service Awards

The Volunteers' Long Service Awards event was held on 9th June 2016 during Volunteers' Week. Our Chairman, Mr. Robert Armstrong presented the certificates and badges to our volunteers. We invited 26 volunteers to

Wrightington Conference Centre to receive their Long Service Awards:

- 10 volunteers received 5-year badges
- 10 volunteers received 10-year badges
- 4 volunteers received 15-year badges
- 1 volunteer received a 25-year badge
- 1 volunteer received a 40-year badge

During Volunteers' Week, we celebrated the valuable contribution our volunteers make to the Trust by sending each volunteer a personalised thank-you card. A thank-you message was also displayed on the screens across the Trust. The Trust's Communications team also celebrated and thanked the volunteers across the Trust's social media Twitter and Facebook platforms. As part of the national #iwill campaign, a case study of one of the Hospital Governors and Volunteers, Helen Ash, was published in the local press and on the Trust's website.

Help Desk Statistics

From April 2016 to March 2017, our seven Help Desks dealt with a total of 188,648 enquires. In addition, the hours covered by our Help Desk volunteers, calculated at a minimum NHS scale, provided a financial benefit of £10,369,840.

Fundraising

The volunteer fundraising groups are:

- Wrightington League of Hospital Friends
- Hospital Fundraisers (Three Wishes)

The Wrightington League of Friends raised approximately £49,000 during 2016 and spent £34,525 on the following items:

- A stress measuring device (£3,777)
- Cameras for one operating theatre (£7,630)
- Cameras & lights for a 2nd operating theatre (£22,083)
- A limb alignment device (£1,035).

Our Hospital Fundraisers donated £3,476.27 to the Nurse Advisor Fund for patient comforts.

Fundraising events included tombolas, family fun days and the Wrightington Wish Walk.



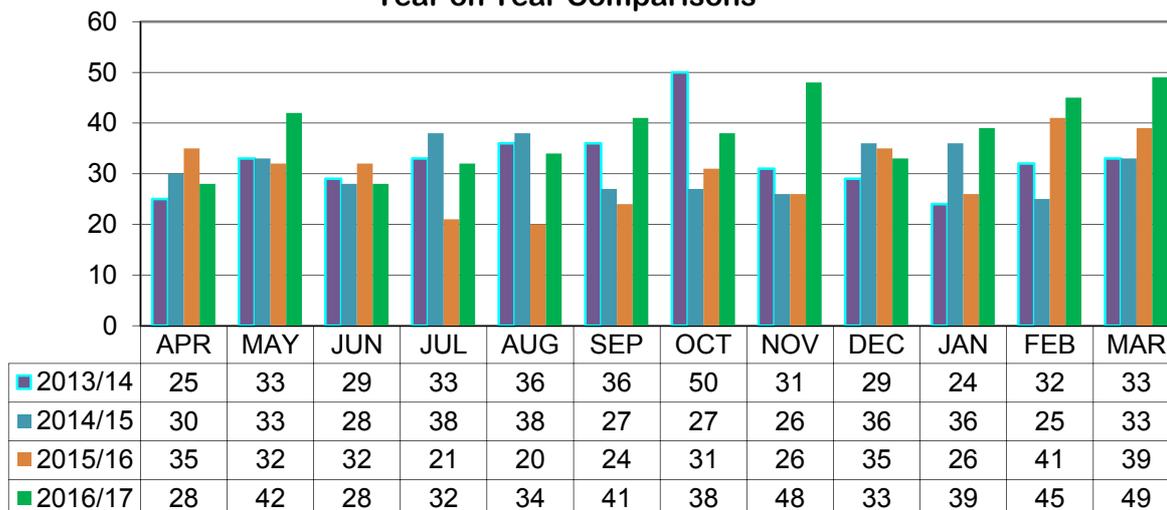
Patient Relations / Patient Advice and Liaison Service (PALS)

We welcomed the views of people who have experience of using our services. This important information concerning the services we offer provided us with vital insight into what we are doing well and what we need to improve. We endeavoured to make it easy to raise concerns

and the Patient Relations/PALS Service information is readily available on the web site, and in wards and clinic areas.

Reflecting on the last year the Patient Relations/PALS Department is in a position to report the number of formal complaints received as 457. The table below shows the number of complaints received over the last 4 years.

**Complaints Received
Year on Year Comparisons**



The following data is provided in line with the National Health Service Complaints (England) Regulations 2009.

- The number of formal complaints received - 457
- The number which were upheld - 457

- The Trust received 7 requests for files from The Parliamentary and Health Service Ombudsman (PHSO).

A summary of the subject matter of formal complaints is as follows:

Subject	KO41a Code	Total
Access to Treatment	KACC	7
Admissions & Discharges	KOADM	54
Appointments	KOAPPS	31
Clinical Treatment	KOCLIN	171
Commissioning	KOCOM	1
Communication	KOCOMS	57
Consent	KOCON	1
End of Life Care	KOEND	7
Facilities	KOFAC	0
Integrated Care	KOINT	0
Mortuary	KOMOR	0
Patient Care	KOPAT	32
Prescribing	KOPRES	11
Privacy and Dignity	KOPDW	1

Restraint	KORES	0
Staff Numbers	KOSTAF	2
Transport (Ambulances)	KOTRAN	1
Trust Administration/Policies/Procedures Including Patient Records	KOTRU	12
Values and Behaviours	KOVAL	42
Waiting Times	KOWAIT	23
Other	KOOTH	1

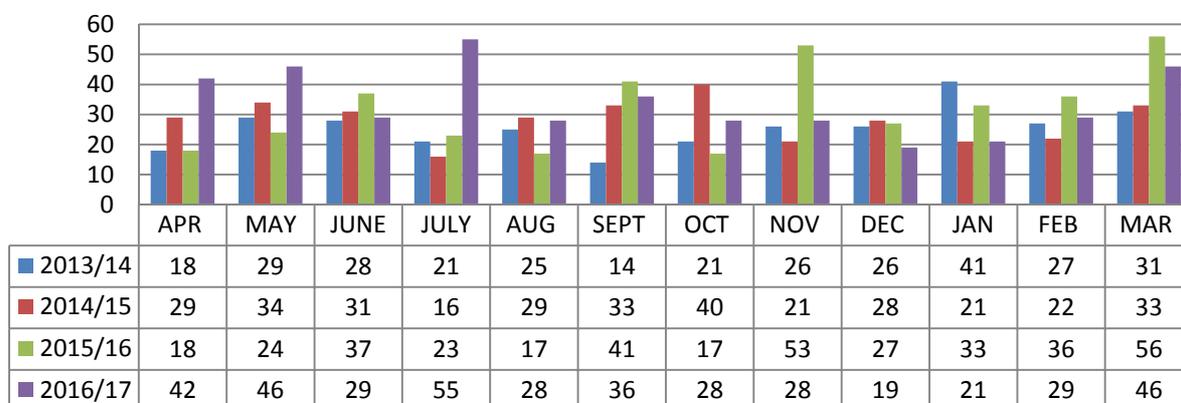
Learning from complaints is very important and we continued to work to improve the services we offer. Such learning is shared through the Safe Effective Care Report, Quality Accounts and the Patient Relations/PALS Service own Annual Report.

The PALS service has continued to engage in early resolution of concerns during the last year, taking forward a more proactive management of any concerns received within the Trust. Over the past four years the number of concerns dealt with has increased with a total of 407 concerns registered on the Datix Risk

Management System. This figure does not include the many other contacts made within the services from the e-mails; telephone enquiries and personal callers. Dealing with a concern entails immediate involvement of the Divisions to liaise and respond to concerns in real time and with early resolution. Providing the link between staff, patient, relative or carer, and offering the support to everyone involved leads to a greater degree of satisfaction to all concerned.

The table below shows the number of concerns dealt with in 2016-17.

Concerns Received Year on Year



All complaints and concerns are shared and reviewed on a weekly basis at the Executive Scrutiny Meetings. Patient Relations/PALS Service also facilitates opportunities to meet

complainants to discuss their concerns in an open and honest manner, in keeping with the Duty of Candour and the Being Open process.

Information Governance

Information Governance Toolkit Version 14 2016/17

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

We achieved 83% compliance with the Information Governance (IG) Toolkit assessment for 2016/17. There are forty five requirements in total which are scored at four levels of compliance ranging from level 0 to level 3. All requirements are mandated to achieve at least a level 2 or above if relevant. We obtained a satisfactory status as all forty four IG Toolkit requirements which are relevant to the Trust met the minimum Level 2 status or above.

Freedom of Information

We received 735 Freedom of Information requests from 1 April 2016 – 31 March 2017 which was a 23% increase on 2015/16. This equated to 6,799 questions.

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

Incident Reporting

The Information Governance Department has recorded 109 Information Governance incidents between 1 April 2016 and 31 March 2017. 4 of these incidents have been identified as a Serious Incident Requiring Investigation and have been reported to the Information Commissioner's Office (ICO) and NHS Digital via the Information Governance Reporting Tool. One of these incidents remains open with the ICO.

The incidents that occurred in 2016/17 relate to serious breaches of confidentiality and security where patient information has been shared inappropriately and in contravention of the Data Protection Act (DPA). Internal investigations have been undertaken by the Trust for all the incidents.

The ICO has not pursued any enforcement action or monetary penalty against the Trust for those incidents which have been closed in 2016/17. The IG Team works closely with Trust services to offer guidance and to support the implementation of remedial actions to address any shortfalls in controls where identified in order to manage risk. All IG incidents are reported onto the Trust incident management system, Datix which aligns with regulatory requirements.



Financial Performance Report

The Trust is reporting a trading surplus of £13.6m for the financial year ending 31st March 2017.

The trading position excludes the net impact of impairments, which amount to £15.5m for the year making the reported position a deficit of £1.9m.

Capital investment for the year totalled £7.8m and the Trust had a closing cash balance at the end of the year of £11.7m.

The Trust's Finance and Use of Resources Score was 1 and further details of this can be found in the Single Oversight Framework section below.

The following provides more detail on the key financial metrics:

Income

The Trust has generated £297.5m of income in the year, £15.5m more than planned.

Wigan Borough Clinical Commissioning Group (WBCCG) remains the largest commissioner of services from the Trust contributing 59% of the Trust's overall income.

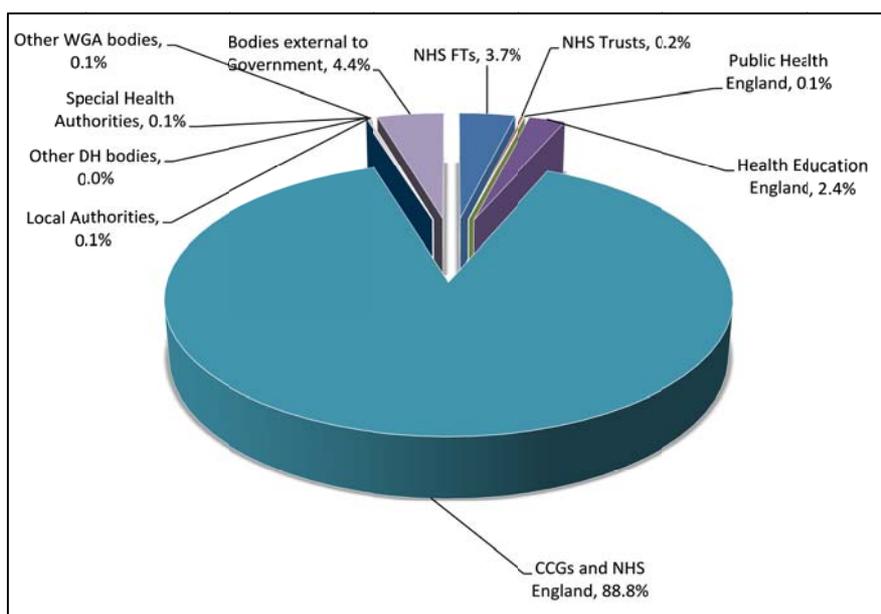
Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

The income received from providing goods and services for the NHS (Principle) is greater than the income from other sources (Non-principle) and the table below confirms that the Trust has met this requirement.

	2016/17	2015/16
	£000	£000
Non Principle Income	13,323	11,434
Total Income	297,493	270,784
Non-Princpal income as a % of all income	4.5%	4.2%

The following graph shows the split of the Trust's income by source; the majority of income is received from Government bodies with only 4.4% of income received from bodies outside of the Government.

Income by Source 2016/17



Clinical Income by Point of Delivery:

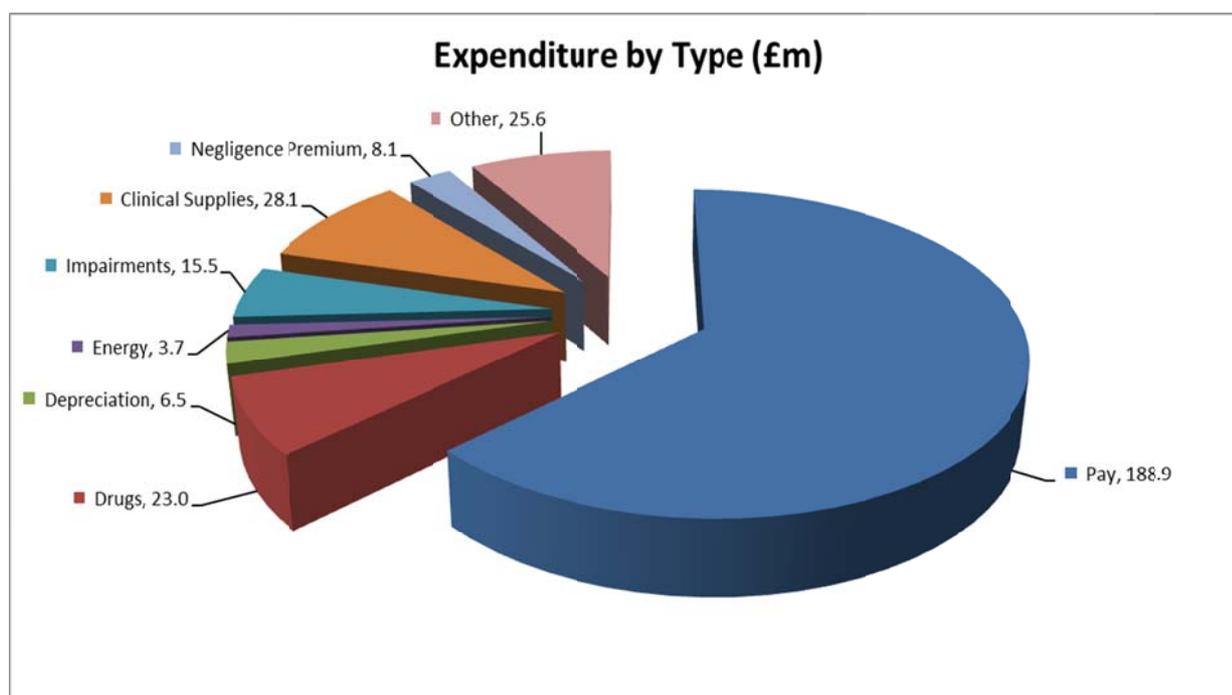
	2016/17 £000	2015/16 £000
Acute services		
Elective income	64,063	59,825
Non elective income	54,807	53,981
Outpatient income	50,853	49,640
A & E income	9,792	9,605
Other NHS clinical income*	71,436	70,147
Additional income		
Private patient income	2,372	2,406
Other clinical income**	1,825	1,065
Total income from activities	255,148	246,669

Expenditure

Total operating expenditure for the year was £295.9m (including impairments) an increase of £17.8m or 6.4% on last year. Pay was the largest expenditure item at £188.9m which is 64% of total expenditure and, within this figure, the amount spent on nursing staff remains the most significant at £67.2m.

£23m was spent on drugs which is an increase of £1.2m when compared to last year. Other notable expenditure items in the year are £28.1m in respect of clinical supplies, £8.1m clinical negligence insurance premiums, and £3.7m energy costs. Depreciation of £6.5m is included in the overall expenditure figure, a non-cash item reflecting the amortisation of the Trust's assets.

The following graph depicts the main categories within total reportable expenditure:



Cost Improvement Plans

The financial benefit derived from 'cost improvement plans' (CIP) is £10.6m in the year.

During the year the trust completed £7.8m of capital investments which have significantly improved services for both patients and staff.

A summary of the capital investments undertaken in the year is provided in the table below:

Capital Investment Programme

Capital Investment Scheme	Investment Benefits	£000k
Health Information Scheme (HIS)	The continued introduction of the HIS platform to the Trust providing rapid and seamless access to patient information (software and hardware).	2,946
Energy Efficiency Schemes	Continuation of the introduction of energy efficiency schemes which will reduce revenue costs, one at Leigh and one at Wigan.	1,162
Reconfiguration of Endoscopy	The adaption of the Christopher Home building for the decontamination of endoscopes adding resilience to the endoscopy service.	835
Replacement of CT Scanner	Replacement of a CT scanner which was failing on a regular basis adding dual resilience to the Wigan site.	698
Completion of Theatres upgrade	Completion to the upgrade and modernisation of the ventilation system in theatres on the Royal Edward Albert site.	327
Demolition of pathology	The demolition of the no longer used pathology laboratories and the creation of a car park adding much needed spaces on the Wigan site.	344
Other low value items		1,531
Total		7.843

Post Balance Sheet Events

In the opinion of the Directors of the Trust there are no post balance sheet events.

Going Concern

Based on all available evidence, the Directors of the Trust 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.

In giving this opinion, the Trust recognises the challenging environment and has identified those risks which will require careful management. The Board has approved the Trust's 2017/18 and 2018/19 Annual Plans which have been submitted to NHS

Improvement. Income and expenditure plans have been prepared using national guidance on tariff and inflationary factors with income based on agreements with commissioners. The Trust has been prudent in its assessment of efficiency targets, including cost improvement plans managed by a well-established Project Management Office, and believes that this forward plan provides a realistic assessment of the financial year ahead. Income and expenditure budgets have been set on robust and agreed principles, which mean that divisions should be able to provide high quality healthcare within the resources available, provided the cost saving targets are achieved.

Uncertainties exist in the current economic climate, however, these have been reduced by agreeing a number of contracts with Clinical Commissioning Groups, Local Authorities and NHS England for a further two years and these payments provide a reliable stream of funding

minimising the Trust's exposure to liquidity and financing problems. Cash flow statements have been prepared using planned income and expenditure and a full range of sensitivities, remodelled based on identified risks and reasonable mitigations which have been considered by the Board.

Taking the above into account, the directors believe that it is appropriate to prepare the accounts on a going concern basis.

Single Oversight Framework

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

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

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

The Single Oversight Framework applied from Q3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

At the time of preparing the Annual Report NHS Improvement has placed the Trust in segment 2.

This segmentation information is the Trust's position as at 7th April 2017. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and Use of Resources

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

Area	Metric	2016/17 Q3 Score	2016/17 Q4 Score
Financial Sustainability	Capital service capacity	2	1
	Liquidity	3	1
Financial Efficiency	I & E Margin	1	1
Financial Controls	Distance from financial plan	2	1
	Agency spend	2	2
Overall scoring		2	1

Metrics

Capital service capacity: Degree to which the Trust's generated income covers its financial obligations. This metric looks at how much financial headroom the Trust has over interest or other capital charges.

Liquidity: Days of operating costs held in cash or cash equivalent form. This metric assesses short term financial position, i.e. the Trust's ability to pay staff and suppliers in the immediate term.

I & E margin: Assesses operating efficiency independent of capital structure or other factors. This metric compares earnings before interest tax and depreciation/amortisation against income.

Distance from financial plan: Tracks the actual position of the Trust against its plan submitted to NHS Improvement at the start of the year.

Agency spend: Tracks the Trust's spend against its agency cap for the year.



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Accountability Report

The Trust Board

Our 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 service quality, corporate governance and promoting effective relations with the local community.

The Board is legally accountable for the services provided by us and key responsibilities include:

- setting the strategic direction, having taken account of the views of the Council of Governors
- ensuring services are safe, effective and caring
- ensuring robust governance arrangements are in place
- ensuring rigorous performance and risk management is in place
- ensuring compliance with our NHSI Licence and CQC registration
- ensuring it acts in accordance with its statutory duties laid down in its constitution

The Board of Directors is responsible for preparing the annual report and accounts. The directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy

In accordance with the requirement of schedule A (section A.1.2, B.1.4., and B.3.1) of the Code of Governance, the following provides information on the members of the Board, details of key committees including audit, nomination and nomination and remuneration committees and attendance rates:

Non-Executive Directors



Robert Armstrong
Chairman (Appointed 01/11/14, re-appointed in 2017 until 31/10/20)

Experience:

Robert has lived in Wigan for over 25 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.

Robert took up post as Chairman of the Trust on 1st November 2014. He also chairs the Council of Governors, Charitable Trust Board, Remuneration Committee. Nationally, Robert Chairs the Specialist Orthopaedic Alliance – a body representing hospitals undertaking specialist orthopaedic procedures.

On taking up the role of Chairman, Robert did not need to disclose any other significant commitments to the Council of Governors. Since joining WWL, Robert has become a Non-Executive Director of 'Belong' - a charitable organisation that provides high quality but affordable residential care for older people and has become a school governor at Britannia Bridge School, Ince.

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



Neil Turner
Deputy Chairman (Re-appointed 30/3/17 – 29/03/18)

Experience:

Neil brings a vast amount of knowledge to the Trust, having had extensive experience of working within public services at local and national government level.

Neil worked for some 30 years in the building industry. Starting as an Assistant Site Surveyor, he worked up through the ranks, becoming a Quantity Surveyor Manager, with a team of Surveyors working on a number of multi-million pound projects.

Neil was also Member of Parliament for Wigan for over 10 years and has campaigned nationally for improvements in health services and health funding within the Wigan constituency.



Christine Parker Stubbs
Senior Independent Director (Reappointed 11/03/15 – 10/03/18)

Experience:

Christine is an experienced IT Director and Director of Transformation in large commercial organisations and has been responsible for leading and delivering substantial business change and improvement through the implementation of technology.

Christine is an IT graduate and 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 chairs the Trust's IM&T Strategy Committee. Christine is currently Non Executive IT Director at a commercial Real Estate Investment, Development and Management Group with a portfolio of 3 million sq ft of industrial and office space. Christine is also Regional Director at Freeman Clarke and has a team of 7 IT Directors in the North West providing Part Time IT Director Services to SME's.

Christine lives in the Wigan area with her husband and 3 daughters.

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



Tony Warne
Non-Executive Director (Re-appointed 31/10/16 – 31/10/19)

Experience:

A Professor in Mental Healthcare and Pro Vice-Chancellor at the University of Salford, Tony is a registered nurse, nurse educator and researcher. Tony has worked in NHS mental health care services since 1975, both as a practitioner, and service manager. He left the NHS in 1995 to work at Manchester Metropolitan University, and then in 2006, was appointed Professor at the University of Salford.

The focus of his research interest is on inter-personal, intra-personal and extra-personal relationships, using a psychodynamic and managerialist analytical discourse. He has worked on and managed several multi-professional projects both within the university, but also with partners from other universities and from practice.

Tony has published extensively and is the Co-editor and author of the books *Using Patient Experience in Nurse Education* and *Creative Approaches to Health and Social Care Education*.

Tony was, until 2016, the Nurse representative on the Council of Deans for Health Executive Committee; he holds a number of positions on national nursing and nurse education committees. Tony chairs the Trust's Quality and Safety Committee.

Qualifications: Justice of the Peace (JP), Registered Mental Health Nurse (RMN), Master of Business Administration (MBA), Doctor of Philosophy (PhD)



Neil Campbell
Non-Executive Director (appointed 01/11/14 – 31/10/17)

Experience:

Neil has been the Group CEO of Alternative Futures Group since 2006, one of the top 100 charities and social businesses in the UK. He was previously CEO of NHS Argyll and Clyde, and before that CEO of NHS Grampian and Dumfries and Galloway Health Boards. On a voluntary basis Neil Chairs the UK arm of the Gambian-based Mental Charity Mobebe Gambia, and volunteers his time as a relationship counsellor with the Charity Marriage Care. Neil is a Non-Executive Director of Red Hazels Development Company Ltd.

Neil chairs the Workforce Committee of the Trust, is a member of the Finance and Investment Committee and the Audit Committee.

Qualifications: Masters in Health Research (MA) Ba in Health Studies, Diploma in Professional Studies in Nursing (DPSN) Registered General Nurse (RGN), Registered Mental Nurse (RMN) Diploma in couples therapy (DCT) Fellow of the Royal Society of Arts (FRSA)



Mick Guymer
Non- Executive Director (appointed
01/08/15 – 31/07/18)

Experience:

Mick, a resident of Wigan for over 25 years, is an accountant who has worked in the NHS for 40 years, the latter 20 years as Director of Finance.

Mick also spent nearly ten years as Project Director of a £500m PFI to re-develop the Central Manchester site and relocate the Manchester Children's Hospitals.

He is currently a member of the Department of Health Customer Board for Procurement and Supply, for which he is also the Chairman of the Northern Board.

Qualifications: Mick is a qualified accountant and a member of the Chartered Institute of Public Finance & Accountancy.



Carole Hudson CBE
Non- Executive Director (appointed
01/07/15 – 30/06/18)

Experience:

Carole has extensive experience working in Local Government where she was a Chief Executive and Director of Finance for 27 years. She is a qualified accountant and has managed multi million pound budgets and had responsibility for the delivery of large scale public sector infrastructure projects.

Carole has lived in the borough all her life. Carole chairs the Trust's Audit Committee.

Qualifications: Carole is a qualified accountant and a member of the Chartered Institute of Public Finance and Accountancy.



Jon Lloyd
Non- Executive Director (appointed
01/04/15 – 31/03/18)

Experience:

Until 2010, Jon was CEO of UK Coal Ltd, an organisation with 3,000 staff members. Jon has extensive experience in leading on large scale change programmes. He was previously Head of Group Property, Halifax Bank of Scotland and currently holds a portfolio of Non-Executive Director roles in both the commercial and public sector organisations.

Jon chairs the Trust's Finance and Investment Committee.

Qualifications: Jon is a long standing Fellow of the Royal Institution of Chartered Surveyors holding a Bachelor of Science in Urban Estate Management.

Executive Directors



Andrew Foster CBE
Chief Executive

Experience:

Andrew was appointed as Chief Executive in January 2007. Prior to this 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, 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; before that he was Chairman of West Lancashire NHS Trust and Non-Executive Director at Wrightington Hospital NHS Trust.

Andrew is a member of the national NHSI Improvement Faculty, and is the Chief Executive sponsor for the NHSI A&E Improvement Plan in the North of England. He also Chairs the Quest group of Foundation Trusts and the Greater Manchester Workforce Strategy Board.

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



Rob Forster
Director of Finance and Informatics /
Deputy Chief Executive

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. He was made Deputy Chief Executive in December 2014 and served as Acting Chief Executive for a period of 9 months during 2015 when the Chief Executive was on secondment.

After qualifying in Law, Rob 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 Italy and Switzerland.

Rob holds a Master's degree in Business Administration, and, since joining the NHS has been driven to combine the best innovation from both private and public sectors to deliver the highest quality care for patients, which ultimately provides best value for money for the NHS.

Rob has a keen interest in Social Responsibility, and has led the Trust's award winning initiatives to meet its corporate obligation both locally and nationally.

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



Dr Umesh Prabhu
Medical Director (left on 31 March 2017)

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. In 1992 he 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.

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 was appointed Acting Deputy CEO from 16/02/15 ending on 02/11/15.

From August 2016 Dr Umesh Prabhu was seconded to work for the Trust on overseas medical recruitment. He remained as Medical Director until his retirement on 31st March 2017 and during this period, his duties were covered between Dr Sanjay Arya and Mr Jawad Husain.

Qualifications: MBBS, DCH, FRCPCH.



Richard Mundon
Director of Strategy and Planning

Experience:

Richard is a very experienced public servant, spending the majority of his career in the health sector. He has a degree in biological sciences and is a qualified accountant. He spent 25 years in the Department of Health, joining in 1986, and worked in a wide variety of roles in Birmingham, London and Leeds, across a range of policy, management and corporate disciplines.

He has worked with Ministers, had multi billion pound budget responsibilities, led large change programmes, developed performance management and planning regimes and was head of profession for programme and project management. Amongst his many roles, he can list Project Manager on the 2000 NHS Plan and Director of Operations. Richard joined Wrightington, Wigan and Leigh NHS Foundation Trust in 2012 where he led projects on private patients, temporary staffing, back office functions and occupational health commercialisation.

He became Interim Director of Strategy and Planning in December 2014 and was appointed substantively to the post in August 2015.

Qualifications: BSc (Hons) Biological Sciences, ACMA, CGMA



Alison Balson
Workforce Director

Experience:

Alison has worked for the Trust since 2013 and as the Director of Workforce since 2015.

Alison has worked in a number of Human Resource functions within the public sector and has extensive experience in managing Human Resource services. She has worked in the NHS for over 15 years and is committed to demonstrating the link between staff engagement, organisational performance and patient satisfaction. Alison genuinely believes in partnership working and the need to work collegiately with trade union partners. She also chairs the Wigan Workforce Transformation Board, which is a key enabler to the delivery of the Borough's locality plan.

Alison is responsible for the delivery of the Trust's full range of HR services, including HR business support, learning and organisational development, staff engagement, occupational health and communications at the Trust.

Qualifications: MCIPD
MA in Human Resource Management
& Development



Mary Fleming
Director of Operations and Performance

Experience:

Mary joined the Trust in January 2008 as Divisional Manager for Surgical Specialties and was appointed Acting Director of Operations and Performance on the 1st August 2015.

Mary has a strong patient focused operational background with extensive experience in leading service improvement and innovation across a variety of clinical disciplines, including Medicine, Surgery and Diagnostic Specialties. Mary worked in the private sector before moving into healthcare and has worked in acute provider organisations across Greater Manchester and Yorkshire.

Mary studied Social History and Sociology and has a PGC in Managing Health and Social Care. Mary was incredibly proud to be nominated by the Trust, and listed as finalist by the North West Leadership Academy, in the category of NHS Emerging Leader of Year 2014 and was awarded the NHS Leadership Academy in Executive Healthcare Leadership in March 2015.

Mary is responsible for performance and the delivery of clinical services at the Trust.

Qualifications: PGC in Health and Social Care Management, NHS Leadership Academy Award in Executive Healthcare Leadership.



Pauline Law
Director of Nursing & Midwifery
Director of Infection Protection & Control

Experience:

Pauline joined the Trust in May 2012, on secondment as Deputy Director of Nursing from Salford Royal NHS Trust. She was appointed to the substantive post of Deputy Director of Nursing in May 2013 and took up the post of Director of Nursing at the Trust in January 2016.

Pauline has extensive nurse leadership, project management and operational management experience and has worked in the NHS for over 30 years. She has a strong community nursing background, having worked as a district nurse until 2004 when she moved into senior operational management and nurse leadership roles. Such roles have included project management for End of Life Care and Head of Community Adult Services. She moved back into a nurse leadership role at Salford Royal in 2011 prior to secondment to WWL in 2012.

Pauline studied nursing at Trafford School of Nursing before specialising in Community Nursing. Pauline completed her MBA in 2010 and has since completed the NHS Leadership Academy Senior Operational Management Programme and the Waiting in the Wings (for Aspiring Directors) Programme.

Pauline is the professional lead for Nursing, Midwifery and Governance across the Trust and is responsible for Infection Prevention and Control.

Qualifications: RGN, DN, MBA



Dr Sanjay Arya
Interim Joint Medical Director (August 2016 – March 2017)
Medical Director (from 1st April 2017)

Experience:

Dr Sanjay Arya joined the Trust in November 2000 as a Consultant Interventional Cardiologist, providing a high quality, evidence based and patient focussed comprehensive cardiac service. Sanjay's areas of interest are coronary artery disease, coronary intervention, heart failure, arrhythmia, syncope and cardiac assessment for non-cardiac surgery and professional footballers.

Sanjay is a keen teacher, dedicated to the teaching and training of doctors and other healthcare professionals. Sanjay was the Foundation Programme Director for seven years during which he raised the profile of doctor teaching and training at WWL. Dr Arya holds the position of Examiner for the Royal College of Physicians and at Manchester Medical School. He is Honorary Senior Lecturer at the University of Central Lancashire, Edge Hill University and the University of Liverpool. Sanjay has published several publications, delivered talks throughout the country, and is an active member of various cardiovascular organisations which aim to reduce the incidence and improve the management of cardiovascular disease.

Dr Arya has held the position of Medical Director for the Medicine Division since 2012. During this period Sanjay ensured high-quality care was provided for patients through various quality initiatives and via the implementation of

7 day working in the Trust. Sanjay is currently the Chair of the Emergency and Acute Medicine Group for the North West Sector under the Healthier Together initiative. He is working towards the provision of high quality standardised care across Bolton, Wigan and Salford hospitals. Dr Arya was the Chair of the North West England Heart Failure group during which he ensured patients with heart failure received high-quality care. Sanjay is the Vice Chairman of the British International Doctors Association, UK and was the Editor of the Journal of BIDA for six years until December 2016.

Sanjay has been working as Interim Joint Medical Director since August 2016, before being appointed to the substantive post of Medical Director in April 2017. Dr Arya's immediate priority would be to improve staff morale, provide safe, effective care to his patients and work towards making WWL a financially viable Trust.

Qualifications: MBBS (Hons), FRCP (London), FRCP (Glasgow)



Mr Jawad Husain
Interim Joint Medical Director (August 2016 – March 2017)

Experience:

Mr Husain trained in the Northwest. He has been a Consultant Urological Surgeon at WWL since July 2002. One of his key interests is the management of stone disease and offers all options for its treatment.

Jawad is Chair for the Surgical Implementation group for the 'Healthier Together' North West Sector. He is educational and clinical supervisor for the Foundation year surgical trainees, Core surgical trainees and specialist urology registrars. He is an honorary lecturer and examiner with Manchester University and is also Cancer Lead for the Urological Cancer, representing WWL at the Cancer Board in Greater Manchester. He is clinical advisor for the Parliamentary Health Service Ombudsman.

Mr Husain has been the Divisional Medical Director for the Surgical Division since 2012 and leads the Divisional Quality Executive Committee and Quality Champion for WWL.

Qualifications: FRCS(I). FRCS(Urol)

Balance of Board Membership

Our Board of Directors collectively considers that it is suitably composed with a balance of skills and experience appropriate to fulfil its function and operate within its Licence. (provision B.1.4).

During 2016/17 there have been changes in personnel for the Executive Director post of Medical Director with interim Acting Directors being appointed. Each of the Acting Directors was already working within the Trust, ensuring a smooth and effective transition from our own internal talent pool to enable continued support to the Board. The Trust has a robust plan in place for succession planning for Non-Executive Directors. During the year, the Board has continued to have the necessary balance of skills and experience. The Board comprises more Non-Executive Directors than Executive Directors in accordance with NHSI's best practice Code of Governance. More details of Board members are given earlier in this report.

Independence of Non-Executive Directors

Consideration is given to the independence criteria laid down in the NHS Foundation Trust Code of Governance (provision B.1.1) and all the Non-Executive Directors of the Board are considered to be independent.

Performance Evaluation and Decision Making

As required under Schedule A of the Code of Governance (A.1.1) the Board has resolved that certain powers and decisions may only be exercised or made by the Board; these powers and decisions are set out in the Schedule of Matters reserved for the Board of Directors. This details the roles and responsibilities of the Board, Council of Governors and Sub-Committees of the Board. The Foundation Trust has powers to delegate and make arrangements for delegation. The Standing Orders for the Practice and Procedure of the Board of Directors (Annex 8 of the Trust's Constitution) set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions by Delegation (Annex 8), the Board of Directors has the power to make arrangements on behalf of the Foundation Trust for the exercise of any of its powers by a

formally constituted committee of Directors or the Chief Executive, subject to such restrictions and conditions as the Board of Directors thinks fit.

The power which the Board of Directors has retained to itself within the Standing Orders may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two non-executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Board of Directors for ratification.

In accordance with the Code of Governance (B.6.1) the performance of the Executive Directors is evaluated by the Chief Executive, and that of the Chief Executive and Non-Executive Directors by the Chairman, on an annual basis. The outcomes of Executive Director appraisals are reported to a meeting of the Non-Executive Remuneration Committee. The Non-Executive Director Appraisal process is reported to the Council of Governors Nomination and Remunerations committee and in summary to a general meeting of the Council of Governors. 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. Other decisions reserved to the Council of Governors include approval of the appointment (by the non-executive Directors) of the Chief Executive, appointment and removal of the Foundation Trust's External Auditor, agreement on additional audit services to be provided by the External Auditor and deciding the remuneration and allowances and the other terms and conditions of office of the Non-executive Directors

Our 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. All Directors are required to comply with the requirements of the "fit and proper persons test" and have made an annual declaration of compliance in this regard.

Director Register of Interests

At each meeting of the Board of Directors, there is a standing item requiring all Executive and Non-Executive directors to make known any interest in relation to the agenda and any changes to their declared interests.

Members of the public can gain access to the Register of Director's Interests by writing to Trust Board Secretary, Wrightington, Wigan and Leigh NHS Foundation Trust, The Elms, Royal Albert Edward Infirmary, Wigan Lane, Wigan, WN1 2NN. Telephone 01942 822027.

Trust Board Attendance

Non-Executive Directors:	Attendance 2016-17
Mr Robert Armstrong, Chairman	10/11
Mr Neil Turner, Deputy Chairman	07/11
Mrs Christine Parker Stubbs , Senior Independent Director	09/11
Mrs Carole Hudson, Chair of Audit Committee	11/11
Mr Tony Warne	10/11
Mr Neil Campbell	10/11
Mr Jon Lloyd	07/11
Mr Mick Guymer	10/11
Executive Directors:	Attendance 2016-17
Mr Andrew Foster, Chief Executive	10/11
Mr Rob Forster, Director of Finance and Informatics / Deputy Chief Executive	11/11
Dr Umesh Prabhu, Medical Director	03/04
Mr Richard Mundon, Director of Strategy	11/11
Mrs Alison Balson, Director of Workforce	10/11
Mrs Mary Fleming, Director of Operations and Performance	09/11
Mrs Pauline Law, Director of Nursing	11/11
Dr Sanjay Arya, Interim Joint Medical Director	05/07
Mr Jawad Husain, Interim Joint Medical Director	05/07



Committees of the Board of Directors

During 2016-17 the Board had the following sub-committees:

- Nominations Committee
- Audit Committee
- Finance & Investment Committee
- Quality and Safety Committee
- Workforce Committee
- Information Management and Technology (IM&T) Strategy Committee

Review of system of effectiveness of internal controls

We have in place processes to conduct an annual review of the effectiveness of our system of internal controls. All sub-committees of the Board conduct an annual review of effectiveness. In addition, the Audit Committee received annual effectiveness reports from the Committees reporting into it. The annual governance statement provides more details on the internal controls; this is reported separately within the Annual Accounts.

Remuneration Committee

We have established a Remuneration Committee in accordance with the Code of Governance (B.2.10). Its responsibilities include consideration of matters pertinent to the nomination, remuneration and associated terms of service for Executive Directors (including the Chief Executive) and remuneration of senior managers/clinical leaders. During 2016-17 interim arrangements were established by the committee for interim director posts and for the permanent appointment of a new Medical Director from April 2017 (as described earlier in this report).

Attendance during 2016-17 is given below for the following committees:

Remuneration Committee	Attendance 2016/17
Mr Robert Armstrong (Chair)	2/2
Mr Neil Turner	1/2
Mr Tony Warne	2/2
Mrs Christine Parker Stubbs	1/2
Mr Neil Campbell	1/2
Mr Jon Lloyd	2/2
Mrs Carole Hudson	1/2
Mr Mick Guymer	1/2

Audit Committee	Attendance 2016/17
Mrs Carole Hudson	07/07
Mr Neil Turner	05/07
Mr Neil Campbell	04/07
Mr Mick Guymer	07/07

The Audit Committee

Overview

The role of the Audit Committee is to provide independent assurance to the Board and Governors on the effectiveness of the governance processes, risk management systems and internal controls on which the Board places reliance for achieving its corporate objectives and in meeting its fiduciary responsibilities.

The process of gaining assurance is particularly important at the present time when hospitals and the whole healthcare system is going through enormous change and reform. The independent testing of the Board Assurance Framework is a key part of the work of the Audit Committee in order to ensure that risks are properly identified and that action plans are prepared and implemented to close gaps in assurance.

The Committee

The Committee is open to all Non-Executive Directors (except for the Trust Chair) The Committee has met on seven occasions in 2016-17. The members of the Committee for 2016-17 and their attendance are as described on the table on page 76.

Terms of Reference

The terms of reference for the Audit Committee were reviewed and updated in March 2017.

The Audit Committee is supported by the Board Secretary and by the attendance of the Internal Auditors, Counter Fraud Specialist and the External Auditors to the Trust. Executive Directors are invited to attend the meetings to report on governance, risk management and statutory and regulatory reporting. Other officers of the Trust are invited to attend to deal with specific matters under consideration.

Work of the Audit Committee 2016/17

The following areas of work have been subject to review in 2016/17

- Information asset governance
- Information Governance toolkit
- Information asset owners
- Key financial systems
- Payroll system

- Budget control and financial reporting
- Cost overruns on theatres 3 & 4
- Stress test on Going Concern
- Children's Safeguarding non compliance with mandatory training and data recording
- Safeguarding non compliance with duty of care for 16-18 years
- Lessons learned from complaints
- Clinical audit progress
- Charitable funds account
- Losses and compensations
- Audit of reference costs
- Gifts and hospitality policy compliance
- Control of stock by Estates Department
- Nursing hand overs
- Learning from HIS and gaps in procedures
- Review of Service Level Agreements
- Review of Kirkup maternity services plan and implementation
- Review of compliance with WHO safe surgery checklist
- Disposal of medical equipment policy and procedures
- IT disposal policy
- Lease agreements register for assets
- Laser safety compliance
- Nurse Revalidation
- Supplier contract management
- Training compliance for counter fraud reporting
- Review of risk register
- Risks of cybercrime and mitigation
- Patient safety risks out of hours cover Wrightington
- Reviewing the work and the findings of the External Auditor, assessing the effectiveness of the external audit process and the quality of service provided

Risks and Issues arising from the work of the Audit Committee

There are a number of risks which have been considered as part of the work of the Audit Committee, and in the Annual Audit that could impact on the financial statements of the Trust. These include:

- Those associated with the implementation of the CCG 5 Year Plan and the Locality Plan and, in particular, the changes to services commissioned from the hospital and the subsequent impact on future income streams, including the potential for disputes and further arbitration

- Those associated with the implementation of the HIS System and joint work has been carried out with the IMT Committee on outstanding risks
- The assumptions made in respect of valuations of property and disposals and their treatment in the accounts
- That the implementation and impact of GM revised commissioning proposals are not fully risk assessed in terms of impact on WWL
- Capital Expenditure and the assurance that the new assets are valued correctly and that depreciation charges commence at the correct time
- Financial reporting to keep the Board informed on how the Trust will meet the challenges of Carter targets and make the required efficiency gains.

Internal Audit

Merseyside Internal Audit Agency (MIAA) carry out our internal audit function. The Audit Committee and the Director of Finance work with MIAA to agree the Internal Audit Plan and key performance indicators for assessing their performance and effectiveness.

MIAA provide the Trust with benchmarking data, updates on Trust assurance frameworks and briefing notes on a range of current issues. In particular MIAA provide good briefing sessions for Chairs of Audit Committees, Governors and staff.

Anti - Fraud

The local anti-fraud function is very important in identifying and preventing fraud and operational risks to the Trust. The Trust has a zero tolerance policy in respect of fraud, corruption and bribery and investigations are carried out if evidence supports this. The Trust has a mandatory training eLearning anti-fraud module which has been rolled out across the Trust and all staff are required to pass this bi-annually.

The Local Anti-Fraud Specialist (LAFS) works regularly with staff and management in identifying areas of potential fraud risk and co-ordinates this work with external partners. The LAFS has provided an updated policy for the Trust on fraud corruption; bribery and a response plan in line with NHS protect recommendations.

External Audit

A key aspect of the Audit Committee's work is to consider significant issues in relation to financial statements and compliance. As part of the preparation for the audit of financial statements, our external auditor, Deloitte, undertook a risk assessment and identified a number of key risks, including:

- Valuation of land and buildings
- Recognition of NHS and Non NHS income and associated fraud risk
- Fraud risk from management override of controls.

The Audit Committee discussed the risks identified and agreed they reflected the more significant issues faced by the Trust relevant to the financial statements.

The contract with Deloitte was extended, with the approval of Governors, in January 2016 until May 2017. This allowed the Trust to adopt the new National Framework for the Appointment of External Auditors in May 2016 and to take account of the implications of Vanguard. A formal tender process for the appointment of new Auditors commenced in January 2017 and concluded in April 2017, utilising the new National Framework. Deloitte were appointed as the Trust's external auditors.

From time to time, the Trust may require additional services from the external auditor, which sit outside the external audit contract. Such ad hoc non-audit services will always be discussed, in advance, with the Director of Finance and awarded in line with the Trust's Standing Financial Instructions. The value of non-audit services carried out by Deloitte for 2016/17 was £8,000 plus VAT.

Looking Forward

The Committee work plan, Internal Audit plan for 2017-18 and the Clinical Audit Programme subject to CQC, was agreed in March 2017. This will take account of areas of risk identified and will cover all changes required by statutory and regulatory requirements.



Quality Governance Reporting

The Trust has structures and processes in place at and below Trust Board level which enables the Board to assure the quality of care it provides. Maintaining an effective quality governance system supports the Trust's compliance against national standards. The Trust is committed to the continuous improvement of these systems and achieving compliance against NHS Improvements Well Led Framework.

The Board Assurance Framework for 2016/17 included monitoring of key quality indicators, including reducing mortality figures, and aiming to be in the top 10% of Trusts for all performance targets.

The Trust Board approved a new quality strategy in April 2014 linked to the key quality drivers to be safe, effective and caring. The Trust Board approved a new Quality Strategy in March 2017, which aims to continually reduce avoidable harm over the next four years.

The Quality Account section of this report provides information on how the Trust has performed against a wide range of quality indicators aimed at improving the experience of patients who use services. Part 2 of the Quality Account provides details of the Trust's performance against key healthcare targets, the monitoring arrangements for improving quality and the Trust's performance against Commissioning for Quality and Innovation (CQUIN) and Care Quality Commission standards. Partnership arrangements with key stakeholders are also described.

The Annual Accounts section of this report includes Annual Governance Statement (AGS). 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.

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.

Statement of Accounts Preparation

The Directors can confirm that the accounts have been prepared under directions issued by NHS Improvement, 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 2016/17 and NHS Improvement Code of Governance. During the 2016/17 reporting period the Trust did not make any political or charitable donations.

Accounting policies for pensions and other retirement benefits are set out in the note to the accounts and details of senior employees' remuneration can be found in the remuneration report.

The Trust complies with the cost allocation and charging guidance issued by HM Treasury, the Better Payment Practice Code and performance against this can be found on page 248 of the Annual Accounts Section of this report.

Details of the income and expenditure analysis can be found on page 54 and 55 under the Financial Performance Report section.

Working with the Council of Governors

Role and Responsibilities

The Council of Governors (CoG) is an essential part of the governance of the Trust, playing a number of roles and holding key responsibilities.

Governors play a vital role in linking the Trust to its members – making sure that the interests of patients, public, staff members and local partner organisations are taken into account when decisions are made. Governors are responsible for the development and monitoring of a Membership Development Strategy which is reviewed periodically.

CoG has specific responsibility for the appointment of the Chairman, Non-Executive Directors and the Trust's External Auditors. It also approves the appointment of the Chief Executive and the remuneration and terms of office of the Chairman and Non-Executive Directors.

CoG receives the Trust's Annual Report and Accounts and supports the Trust in an advisory capacity by commenting on forward plans and the longer-term strategic direction of the Trust.

Terms of Office and Attendance

CoG consists of the Chairman of the Trust and 28 elected or appointed Governors. These include: 16 public governors drawn from four constituency areas of Wigan, Leigh, Makerfield and rest of England and Wales; five staff governors covering medical and dental, nursing, midwifery, and all other staff, plus seven appointed Governors from key partner agencies. The Trust received authorisation as a Foundation Trust on 1 December 2008. Details of our Governors' terms of office and attendance at meetings as required by Schedule A of the Code of Governance (section A.5.3) are given overleaf:

Public Governors	Public Constituency	Term of Office	Attendance at Governors Meetings 2016/17
Bill Anderton	Wigan	2019	3/5
Helen Ash	Makerfield	2018	5/5
Leslie Chamberlain (appointed January 2017)	Makerfield	2019	2/2
Elaina Dinerstein (Stood down Jun 16)	Eng & Wales	2018	1/1
Kathryn Drury	Makerfield	2017	2/5
Tom Frost	Eng & Wales	2018	2/5
Bill Greenwood OBE	Wigan	2018	4/5
Pauline Gregory (Lead Governor)	Wigan	2019	5/5
Gordon Jackson (Retired Sept 16)	Leigh	2016	0/2
Mustapha Koriba	Eng & Wales	2019	3/4
James Lee	Makerfield	2019	5/5
Fred Lever (Resigned Dec 16)	Makerfield	2018	3/3
Lisa Lymath (appointed January 2017)	Eng & Wales	2019	2/2
Maggie Skilling	Wigan	2018	5/5
Linda Sykes	Leigh	2019	5/5
Corinne Taylor Smith	Leigh	2017	1/5
David Thompson	Eng & Wales	2018	5/5
Geoff Vaughan	Leigh	2018	2/5
Mavis Welsh	Leigh	2019	2/4
Sadly, Bill Baker, who had represented Rest of England and Wales since September 2011, was ill and passed away during the year and was therefore unable to attend any meetings of the Council of Governors.			

Staff Governors	Staff Constituency	Term of Office	Attendance at Governor Meetings 2016 /17
Tim Board	Medical and Dental	2018	2/5
Marie Hart	Nursing and Midwifery	2018	3/5
Diane Lawrenson	Nursing and Midwifery	2018	2/5
Andy Savage	All Other Staff	2017	4/5
James Yates	All Other Staff	2018	4/5

Nominated Governors	Constituency	Term of Office	Attendance 2016/17
Jean Heyes – WWL Staff Side Committee	Partnership Organisation	2017	2/5
Reg Nash - Age UK Wigan Borough	Partnership Organisation	2018	2/5
Dr Louise Sell - North West Boroughs Healthcare NHS Foundation Trust.	Partnership Organisation	2019	2/5
Dr S Shah - Wigan Local Medical Committee	Partnership Organisation	2016	4/5
Cllr Fred Walker - Wigan Council	Partnership Organisation	2017	4/5
Dr Gen Wong – Wigan Borough CCG	Partnership Organisation	2019	0/5

Governor Elections

Between June and September 2016 the Electoral Reform Services conducted the Governor election process on our behalf. Elections were held to fill the following vacant seats:

- Public: Wigan 2 Seats
- Public: Leigh 2 Seats
- Public: Makerfield 1 Seat
- Public: Rest of England & Wales 1 Seat

An elections information event took place on the 22 July 2016 providing information to members and the public to generate interest in encouraging members to consider standing for election.

The 2016 elections were publicised in the Membership Newsletter and also to staff on global email. News Brief and posters were displayed in the Trust. All public seats were contested and good turnouts were recorded, in line with previous elections.

The election results were announced by the Lead Governor at the Trust's Annual Public Meeting held on Thursday 22 September 2016.

New Governors are required to attend induction training to help them understand and fulfil their roles; in addition there is a buddy system in place linking experienced Governors with new appointees.

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 Edward Infirmary, Wigan Lane, Wigan, WN1 1AH. Tel: 01942 822027.

Working with the Board of Directors

CoG holds five formal meetings each year including the Annual Public Meeting in September; three of these meetings are jointly held with the Trust Board in accordance with the Code of Governance (E.1.5.). The Chief Executive is invited to all meetings and provides a regular report on our performance. All formal CoG meetings are open to the public. Governors also hold informal meetings between formal CoG meetings to help plan and prepare

future activity. Directors attend CoG meetings to present on their personal portfolios. Executive and Non-Executive Directors combine with Governors to undertake combined patient safety walkabouts using appreciative enquiry techniques to gain assurance on the quality and safety of the services we provide.

The Governors have received presentations and held discussions on a number of topics including: Greater Manchester Health and Social Care Devolution (Devo Manc), Vanguard, Budget 2016/17, HIS, Access to Appointments and Cardiology Services. The group have also held discussions on issues such as the Locality Plan, Annual Report and Accounts, Trust finances and the Trust Board Effectiveness Review.

Governors continue to attend internal meetings of the Trust to give a Governor perspective. There are Governor Representatives on 18 internal Trust committees including; the Service and Site Investment Committee, Quality and Safety Committee and Divisional Quality Executive Committees.

Two Governors also attend the Wigan Leader's Engagement Group, offering input into the development of proposals around engagement and consultation relating to Wigan's health and social care integration and transformation plans.

Governors are invited to observe Trust Board meetings and provision is made for questions to be asked.

Working with Members and the Public

The Council of Governors canvass the opinion of the Trust's members and the general public in accordance with the Code of Governance (B.5.6) through a variety of communication networks. The views of members and the public have been taken into account in the formulation of the Trust's forward plan and future strategy through engagement on service redesign initiatives. Some examples include members commenting on the Annual Report, Quality Accounts, Rheumatology Services, feedback on the Membership Magazine and effectiveness of discharge arrangements. The Governors produce a members' newsletter twice a year to keep members informed of what is happening at the Trust and forthcoming developments.

Governors continue to support the Real Time Patient Experience (RTPE) surveys on a monthly basis. Those who undertake this have reported this as a valuable exercise in getting an insight into patient experience. If any issues arise, Governors report these immediately to ward staff or the patient engagement team to ensure any issues are addressed in a timely manner. Governors have also continued to support the Friends and Family test by encouraging patients to complete feedback cards.

Council of Governor Sub-Committees

The Council of Governors has a number of established subcommittees to support fulfilment of their duties. These are

- Communications
- Engagement
- Nomination and Remuneration
- External Auditor Appointment.

Communications Sub-Committee

This committee oversaw the production of two membership newsletters during the year. This magazine for members acts as an excellent medium for Governors to inform the membership of their activities as Governors and the key happenings around the Trust.

External Auditor Sub Group

The sub group undertook a review of the external auditor contract; CoG made the decision that the External Audit service should be tendered using the new national NHS Shared Business Services framework. This work commenced in November 2016 and in April 2017 a new contract was awarded.

Engagement Committee

The Engagement committee reviews key areas of Trust performance relating to patient experience, including review of action plans to address improvements from the national patient survey programme.

Nomination and Remuneration Sub-Committee

The Council of Governors' Nomination and Remuneration Committee has met on four occasions during the reporting period. During 2016/17, the Committee oversaw the reappointment process for the Chairman and Non-Executive Directors; oversaw the appraisal process for the Non-Executive Directors; approved the appointment of Interim Vice Chair, all such conclusions were recommended to CoG for approval.

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

Member	Constituency	Attendance
Robert Armstrong	Chairman	3/3
Carol Hudson	Interim Vice Chair	1/1
Helen Hand	Trust Board Secretary	1/1
Andrea Arkwright	Head of Engagement	3/3
Pauline Gregory	Elected: Wigan Public	4/4
Jean Heyes	Appointed: Staff Side	1/4
Tom Frost	Elected: England and Wales Public	4/4
Bill Greenwood	Elected, Wigan Public	3/4
Gordon Jackson	Elected: Leigh Public	1/1
Reg Nash	Appointed: Age UK Wigan	2/4
Helen Ash	Appointed: Makerfield	3/3
Linda Sykes	Appointed: Leigh Public	3/3
Dave Nunns	Assistant Trust Board Secretary	1/1

Membership

There is a robust plan to continue to maintain a steady increase in our public membership, especially around the younger age group whilst maintaining staff members.

The current membership figures are as follows:

Total Public Members – 10,303

This table gives a breakdown of membership by public constituency:

Public	Wigan	Leigh	Makerfield	Out of Borough
Total Males	981	679	820	822
Total Females	1,462	1,131	1,125	1,074
Not Given	511	323	391	984
Total Membership	2,954	2,133	2,336	2,880

Total Staff Members – 4,407

This table gives a breakdown of membership by staff constituency:

Staff	Medical and Dental	Nursing and Midwifery	All Other Staff	Total Figures
Total Males	229	62	557	848
Total Females	70	1,123	2,366	3,559
Total Membership	299	1,185	2,923	4,407

Total Membership – 14,710

Membership Strategy

The Membership Development Strategy was revised during 2014. The recruitment target is to increase the public membership by 200 members a year up to 2017, whilst maintaining the staff membership. Key emphasis is on sustaining engagement with the existing membership.

The Membership Development Manager supports the Council of Governors in recruiting and maintaining the membership. Governors have been actively involved in recruiting new members.

A review of the current Membership Development Strategy has been initiated and a task and finish group established. An initial

review of the current strategy and comparison with other Foundation Trusts has been undertaken. Positive discussions have taken place around to need to increase awareness of membership and the benefits of membership, greater clarity on the role and purpose of CoG in relation to members and improving two-way dialogue with members. This work aims to conclude in 2017-18.

Contacting Governors

Members wishing to contact Governors of the Trust can do so by contacting the Membership Office on free-phone 0800 0731477.

How to Become a Member

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 us 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 us for at least 12 months, unless they choose to opt out. The public and staff membership classes are shown in the tables on the previous page.

Maintaining a Representative Membership

In accordance with the Code of Governance (E.1.6) membership profiling has been conducted independently by Electoral Reform Services on behalf of the Trust and this has shown that we have a representative membership. Further information about membership engagement can be found in the Patient and Public Engagement section of this report.

Events for Members

Members were invited to the annual public and members meeting where keynote speakers were Sanjay Arya, Joint Acting Medical Director and Cardiology Consultant, who gave an excellent presentation around WWL's 7 Day Working; and Nayyar Naqvi Cardiology Consultant who gave a compassionate presentation on WWL's Cardiology Services. An information market place was also available on the evening.



Remuneration Report

Remuneration and pension entitlements of senior managers.

Annual Statement from the Chairman of the Trust's Remuneration Committee

I am pleased to present the Director's Remuneration Report for the financial year 2016/17 on behalf of the Trust's two remuneration committees. The Remuneration Committee is established by the Board of Directors, with primary regard to Executive Directors and the Nomination and Remuneration Committee is established by the Council of Governors, with regards to Non-Executive Directors. All decisions on pay and conditions for Executive Directors and Non-Executive Directors are determined by the appropriate committee, both of which have documented and approved terms of reference.

In accordance with requirements we have divided this Remuneration Report into the following parts:

- The senior managers' Remuneration Policy, and
- The Annual Report on Remuneration includes details about senior managers' remuneration.

Major Decisions on Remuneration

The Trust's remuneration committees aim to ensure that Non-Executive and Executive Directors' remuneration is set appropriately, taking into account relevant market conditions. The committees fulfil their responsibilities and report directly to the Board of Directors or Council of Governors.

During 2016/17 there was no change to the Chief Executive Officer or Executive Director pay scales. The Medical Director remained on a personal spot salary, which was not aligned to the consultant contract. Benchmarking took place to ensure salaries were comparable to other similar sized NHS Acute Trusts.

Increases in pay for Executive Directors were aligned to progress through pay-scale subject to achieving set performance criteria. New Executive Directors were appointed onto existing Executive Director pay-scales. The Trust complied with need to report pay to NHS England regarding salaries above the Prime Ministers salary.

During the course of the year the Trust recruited to the post of Medical Director (commencing 1st April 2017); the Remuneration Committee considered and approved the remuneration for the new Medical Director. As the new Medical Director will retain clinical workload, payment is aligned to the Consultant Contract with managerial allowance.



Robert Armstrong

Robert Armstrong, Chairman
31st May 2016

Non-Executive Director Remuneration

The Chairman and non-executive directors of the Trust are appointed by the Council of Governors and are remunerated in accordance with terms and conditions approved by the Council of Governors.

Details of salaries and allowances paid to the Chairman and non-executive directors during 2015/16 and 2016/17 are provided below. The information included in this table is subject to audit. These allowances are not pensionable remuneration.

Non-Executive Director Remuneration

Element	Policy
Fee payable	A 'spot fee' which is reviewed annually. The setting of that fee and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Percentage uplift (cost-of-living increase)	Reviewed annually by the CoG Nominations and Remuneration Committee taking into consideration national pay awards and financial implications.
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll.
Pension contributions	Non-Executive Directors do not have access to the NHS Pension scheme.
Other remuneration	None

Executive Director Remuneration

The Chief Executive and executive directors hold permanent Trust contracts with standard NHS terms and conditions aligned to Agenda for Change. The Chief Executive has a six month notice period, other Executive Directors three months. The Remuneration Committee aims to ensure the executive Board members are fairly rewarded having proper regard to the Trust's circumstances and linked to national advice such as uplift for directors.

Directors do not receive any bonus-related payments. Details of the salaries and allowances of the Chief Executive and other executive directors during 2015/16 and 2016/17 are shown below. Details of the pension benefits of the Chief Executive and other executive directors are also shown on page 83. The information in these tables is subject to audit.

The Trust has no outstanding equal pay claims to date and generic job descriptions have been developed, ensuring current and future compliance with equal pay requirements. Past and present employees are covered by the provisions of the NHS Pension Scheme.

Executive Director Remuneration

Element	Policy
Salary	The Trust uses Executive Director Pay Scales which are reviewed annually. There is a specific Finance Director's Pay Scale In 2016/17 the Medical Director received a 'spot' salary. The setting of the salary and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll.
Annual performance related bonuses	No performance related bonuses are paid for directors.
Long-term performance related bonuses	No long term performance related bonuses are paid.
Pension-related benefits	Executive directors and service directors can access the NHS Pension scheme.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration Committee taking into consideration, national pay awards and financial implications.

Senior Managers Remuneration Policy

Service Contract Obligations

The contracts of employment for all senior managers are substantive (permanent), continuation of which is subject to regular and rigorous review of performance. Such contracts contain a notice period of three months, with the exception of the Chief Executive Officer which is six months.

Policy on Payment for Loss of Office

All senior managers contracts contain a notice period of three months, with the exception of the Chief Executive Officer which is six months. In relation to loss of office; if this is on the grounds of redundancy, then this would be calculated in line with agenda for change methodology and consistent with NHS redundancy terms and maximum caps. Loss of office on the grounds of gross misconduct will result in a dismissal without payment of notice.

Statement of Consideration of Employment Conditions Elsewhere

In setting the remuneration policy for senior managers, consideration was given to the pay and conditions of employees on Agenda for Change. In determining non-incremental pay uplift for Executive Directors and other senior managers consideration is given to any national pay award decisions. The remuneration for Executive Directors is reviewed annually based on benchmark data and the same performance criteria that applies for incremental pay progression for all Agenda for Change staff, as set out in the Trust Pay Progression Policy. This policy was completed in partnership with Staff Side and approved by the Partnership Council.

Annual Report on Remuneration

Salaries and benefits 2016/17

	Salary (bands of £5,000)	Taxable Benefits (to the nearest £100)	Pension related benefits (bands of £2,500)	Total bands of £5,000
Andrew Foster - Chief Executive	200 - 205	0	17.5 - 20.0	220 - 225
Robert Forster - Director of Finance and Informatics	170 - 175	7,300	32.5 - 35.0	210 - 215
Pauline Law - Director of Nursing	110 - 115	0	95.0 - 97.5	205 - 210
Richard Mundon - Director of Strategy and Planning	110 - 115	6,100	25.0 - 27.5	140 - 145
Mary Fleming – Director of Performance	110 - 115	0	85.0 - 87.5	195 - 200
Alison Balson - Director of Workforce	100 - 105	8,500	20.0 - 22.5	130 - 135
Umesh Prabhu - Medical Director 01.04.16 to 31.07.16	55 - 60	0	0	55 - 60
Jawad Husain - Acting Medical Director 01.08.16 to 31.03.17*	155 - 160	0	52.5 - 55.0	210 - 215
Sanjay Arya - Acting Medical Director 01.08.16 to 31.03.17*	160 -165	0	65.0 - 67.5	230 - 235
Robert Armstrong – Chairman	45 - 50	0	0	45 - 50
John Lloyd – Non Executive Director	10 - 15	0	0	10 - 15
Neil Turner – Non Executive Director	15 - 20	0	0	15 - 20
Anthony Warne – Non Executive Director	10 - 15	0	0	10 - 15
Christine Parker Stubbs - Non Executive Director	15 - 20	0	0	15 - 20
Neil Campbell - Non Executive Director	10 - 15	0	0	10 - 15
Mick Guymer - Non Executive Director	10 - 15	0	0	10 - 15
Carole Hudson - Non Executive Director	15 - 20	0	0	15 - 20

*The above Directors costs include remuneration for clinical duties that are not part of their management role these amounts are £149k in respect of J Husain and £156k in respect of S Arya.

All of the above Directors were in post for the 12 month period to 31st March 2017 except where indicated.

No annual performance or long term performance related bonuses were paid during the period. Taxable benefits relate to car lease contributions.

Salaries and benefits 2015/16

	Salary (bands of £5,000)	Taxable Benefits (to the nearest £100)	Pension related benefits (bands of £2,500) Restated	Total bands of £5,000 Restated
Robert Armstrong – Chairman	45 - 50	0	0	45 - 50
Andrew Foster – Chief Executive*	100 - 105	0	30.0 - 32.5	135 - 140
Robert Forster – Acting Chief Executive from 1.04.15 to 01.11.15	110 -115	0	72.5 - 75.0	185 - 190
Robert Forster – Director of Finance and Informatics/Deputy Chief Executive from 02.11.15	60 - 65	0	50.0 - 52.5	110 - 115
Richard Mundon – Director of Strategy and Planning	100 - 105	7,500	35.0 - 37.5	145 - 150
Pauline Jones – Director of Nursing from 01.04.15 to 31.01.16	100 - 105	0	22.5 - 25.0	125 - 130
Pauline Law – Acting Director of Nursing from 01.06.15 to 30.09.15	30 - 35	0	20.0 - 22.5	50 - 55
Pauline Law – Acting Director of Nursing from 16.01.16 to 31.03.16	20 - 25	0	10.0 - 12.5	30 - 35
Fiona Noden - Director of Operations and Performance from 01.04.15 to 02.08.16	40 - 45	0	20.0 - 22.5	60 - 65
Mary Fleming – Acting Director of Performance from 01.08.15 to 31.03.16	65 - 70	0	47.5 - 50.0	115 - 120
Alison Balson – Director of Workforce	95 - 100	0	0	95 - 100
Umesh Prabhu - Medical Director	180 - 185	0	105.0 - 107.5	290 - 295
Carolyn Wood – Acting Director of Finance from 17.08.15 to 02.11.15	20 - 25	0	15.0 - 17.5	35 - 40
Geoff Bean - Non-Executive Director from 01.04.15 to 31.07.15	5 -10	0	0	5 - 10
Robert Collinson - Non-Executive Director from 01.04.15 to 31.07.15	0 - 5	0	0	0 - 5
Neil Turner - Non-Executive Director	15 - 20	0	0	15 - 20
Christine Parker Stubbs - Non-Executive Director	15 - 20	0	0	15 - 20
Anthony Warne - Non-Executive Director	10 - 15	0	0	10 - 15
Neil Campbell – Non-Executive Director	10 - 15	0	0	10 - 15
Jonathan Lloyd – Non Executive Director	10 - 15	0	0	10 - 15
Michael Guymer – Non Executive Director from 01.08.15	5 - 10	0	0	5 - 10
Carole Hudson – Non Executive Director from 01.07.15	10 - 15	0	0	10 - 15

All of the above Directors were in post for the 12 month period to 31st March 2016 except where indicated.

During the period 1st April 2015 to 14th November 2015 Andrew Foster, Chief Executive was seconded to the Heart of England NHS Foundation Trust as interim Chief Executive for 4 days per week. His salary in the above table excludes the element of salary recharged to the Heart of England NHS Foundation Trust.

Robert Foster, Director of Finance and Informatics was appointed as Acting Chief Executive following Andrew Foster's secondment to the Heart of England NHS Foundation Trust.

No annual performance or long term performance related bonuses were paid during the period.

Taxable benefits relate to car lease contributions. No senior manager in the current or previous financial year has received a payment for loss of office.

Pension related benefits have been calculated using the HMRC method prior year comparatives have been restated to reflect this methodology.

(1) Previously pension benefit was stated as 2.5- 5.0 and total remuneration as 105 - 110

(2) Previously pension benefit was stated as 7.5 - 10.0 and total remuneration as 120 – 125

(3) Previously pension benefit was stated as 7.5 - 10.0 and total remuneration as 65 – 70

(4) Previously pension benefit was stated as 2.5 - 5.0 and total remuneration as 120 – 125

(5) Previously pension benefit was stated as 0 - 2.5 and total remuneration as 100 – 105

(6) Previously pension benefit was stated as 2.5 - 5.0 and total remuneration as 35 - 40

(7) Previously pension benefit was stated as 2.5 - 5.0 and total remuneration as 20 - 25

(8) Previously pension benefit was stated as 0 - 2.5 and total remuneration as 40 - 45

(9) Previously pension benefit was stated as 2.5 - 5.0 and total remuneration as 65 - 70

(10) Previously pension benefit was stated as 5.0 - 7.5 and total remuneration as 190 - 195

(11) Previously pension benefit was stated as 0 -2.5 and total remuneration as 20 - 25

Pension entitlements year ended 31st March 2017

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 as at 31st March 2017 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31st March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 31st March 2017	Cash Equivalent Transfer Value at 31st March 2016	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Andrew Foster - Chief Executive	0 - 2.5	0 - 2.5	25 - 30	75 - 80	0	0	0
Robert Forster - Director of Finance and Informatics	2.5 - 5.0	0	20 - 25	0	228	196	32
Pauline Law - Director of Nursing	2.5 - 5.0	12.5 - 15.0	35 - 40	110 - 115	773	654	119
Richard Mundon - Director of Strategy and Planning	0 - 2.5	0	5 - 10	0	112	86	26
Mary Fleming - Director of Performance	2.5 - 5.0	7.5 - 10.0	25 - 30	75 - 80	484	397	87
Alison Balson - Director of Workforce	0 - 2.5	0	5 - 10	10 - 15	87	72	15
Umesh Prabhu - Medical Director	0	0	75 - 80	225 - 230	0	0	0
Jawad Hussain - Acting Medical Director	2.5 - 5.0	7.5 - 10.0	45 - 50	135 - 140	929	827	68
Sanjay Arya - Acting Medical Director	2.5 - 5.0	10.0 - 12.5	50 - 55	150 - 155	1,023	877	97

Pension entitlements year ended 31st March 2016

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 as at 31 st March 2016 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 st March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 31 st March 2016	Cash Equivalent Transfer Value at 31st March 2015	Real increase in Cash Equivalent Transfer Value As Restated
	£000	£000	£000	£000	£000	£000	£000
Andrew Foster – Chief Executive	2.5 - 5	7.5 - 10	20 - 25	70 - 75	0	0	0
Robert Forster - Acting Chief Executive (1)	7.5 - 10	0	15 - 20	0	196	120	75
Richard Mundon - Director of Strategy & Planning (2)	2.5 - 5	0	5 - 10	0	86	56	30
Pauline Jones - Director of Nursing (3)	0 - 2.5	2.5 - 5	25 - 30	75 - 80	539	492	34
Pauline Law – Acting Director of Nursing (4)	0 - 2.5	5.0 - 7.5	30 - 35	95 - 100	654	558	48
Fiona Noden - Director of Operations and Performance (5)	0 - 2.5	0 - 2.5	40 - 45	115 - 120	715	654	18
Mary Fleming – Acting Director of Performance (6)	2.5 - 5	7.5 - 10	20 - 25	65 - 70	397	315	52
Umesh Prabhu - Medical Director	5 - 7.5	15 - 17.5	75 - 80	225 - 230	0	1,629	0
Carolyn Wood – Acting Director of Finance (7)	0 - 2.5	0 - 2.5	20 - 25	55 - 60	298	226	17

The real increase in cash equivalent transfer values (CETV) had previously been calculated by excluding employee's contribution. This calculation has been corrected and year end comparatives restated.

- | | |
|---|---|
| (1) CETV movement was previously stated as £53k | (5) CETV movement was previously stated as £13k |
| (2) CETV movement was previously stated as £21k | (6) CETV movement was previously stated as £37k |
| (3) CETV movement was previously stated as £24k | (7) CETV movement was previously stated as £12k |
| (4) CETV movement was previously stated as £13k | |

Non-Executive Directors do not receive pensionable remuneration; there will be no entries in respect of 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 does not include 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.

During the period there were no compensation payments made to former senior managers nor any amounts payable to third parties for the services of a senior manager

Directors' and Governors' expenses

The total number of governors in office as at 31st March 2017 was 8

The total number of Directors in office as at 31st March 2017 was 9

Expenses paid to directors include all business expenses arising from the normal course of business of the Trust and are paid in accordance with the Trust's policy.

The total amount of expenses reimbursed to nine Directors during the year was £5,847 (14, £9,236 in 2015/16).

The total amount of expenses reimbursed to eight Governors during the year was £2,568 (11, £709 in 2015/16).

Hutton Review of Fair Pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. In this context the median is defined as the total remuneration of the staff member who lies 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* of Wrightington, Wigan and Leigh NHS Foundation Trust in the financial year 2016/17 was £235k-£240k (2015/16 £180k - £185k). This was 9.77 times (2015/16, 7.3 times) the median remuneration of the workforce, which was £24,304 (2015/16, £24,063). The salary of the highest paid Director includes salary payments for work undertaken in performing clinical sessions.

In 2016/17, 1 employee received remuneration in excess of the highest paid director (2015/16 16 employees). Their remuneration in 2016/17 was £249k (2015/16, £180k to £252k).

Total remuneration includes salary, non-consolidated performance-related pay, if applicable, and benefits-in-kind. It does not include severance payments, employer pension contributions or the cash equivalent transfer value of pensions.

As in previous years, temporary agency staffs are excluded from the calculations. The calculation methodology is kept the same so that the 2016/17 results are comparable with those in previous years.

	Financial Year 2016/17	Financial Year 2015/16
Band of highest paid director's remuneration (£'000)	235 - 240	180 - 185
Median total (£)	24,304	24,063
Ratio	9.77	7.36



Signed:

Date: 31st May 2017

Andrew Foster, Chief Executive

Pearl Suite



The Pearl Suite

—•—
*Maternity Unit,
Wigan Infirmary*

*Officially opened by
Lisa Nandy MP*

14th October 2016

Staff Report

The Workforce Directorate have had to mix proactive and reactive skills in another challenging year to respond and support the Trust's Corporate Objectives and operational requirements. Our People Strategy was developed into the WWL People Promise this year, with three core elements:

1. Go Engage, The WWL Way – we will do our best to make your working life enjoyable
2. WWL Route Planner – we will help you to be the best you can be
3. Steps 4 Wellness – we will look after you and your health

We continued to embed our strategy across the organisation with the work plan this year reflecting its themes. To support our People Promise pledge to look after our staff, we allocated every member of staff with two hours' time off to spend on something they felt would improve their wellbeing. This acknowledged their dedication to maintain patient care during the considerable and sustained operational pressures they have experienced throughout the course of the year.

Internally there has been a strong focus on recruitment and retention due to the national shortages of both medical and nursing staff. These shortages have impacted upon WWL, specifically in relation to Emergency Care specialty doctors, Care of the Elderly consultants and Theatre nursing staff, where the financial impact has been particularly significant, due to the increased usage of agency staff in these areas to maintain safe staffing levels.

In response to the vacancies and the financial challenges, we have worked with the divisions to reduce agency costs by designing improved control mechanisms and exploring alternative workforce models. In recognition of this vital piece of work, monthly temporary staffing reviews, with oversight from the Executive Director of Workforce, have also been established.

The 'People Promise' also directly links to some of the external work we have been collaborating with this year, specifically in relation to the Wigan Borough Locality Workforce Plan and workforce transformation agenda. The plan has been through significant development this year and themes of work, which embrace the need for borough-wide collaboration and development, have been defined in relation to culture and engagement; education and

leadership; and workforce models. This work will continue to be a major priority as it forms one of the themes of work within the Greater Manchester Strategic plan around transforming health and social care. Other GM collaborative work such as Workforce Streamlining commenced this year, and will continue into 2017/18.

We have also continued to work with our staff side colleagues on key pieces of work, such as reviewing and redrafting the Pay Progression Policy, continuing to develop our mediation team, who support informal conflict resolution, and piloting a new 'HR consultancy' model of investigations to reach swifter outcomes for our staff involved within employee relations matters. We have also consistently engaged with our Junior Doctor cohort to support and advise during the negotiations, industrial action and implementation of their new terms and conditions.

Focus on Staff Engagement and Health and Well Being

We recognised from our staff engagement pulse surveys in July and October that our workforce was under extreme pressure, was going through significant change with the implementation of HIS; there has been additional uncertainty for staff through ongoing regional developments such as Healthier Together.

WWL has, for the last few years, been on a positive trajectory in relation to the national staff survey, having one of the most engaged workforces in the NHS. This year, we remain in the top 20% for the majority of key findings and for overall engagement; there are some areas for development, which we predicted from the pulse survey and for which we have plans in place.

Last year we continued to engage staff at local levels within their teams, through our staff engagement 'pioneer teams' programme. Now into its 6th cohort, 58 teams have been through the programme, which features a comprehensive staff engagement diagnostic survey and a staff engagement toolkit. Teams that have taken part in the programme have made improvements in their engagement with the highest improvement at 13%.

2016 has been the year for launching our "Steps 4 Wellness" health and wellbeing

programme for staff, as part of the WWL “People Promise”, a proactive approach to prevention and reduction of burnout and sickness absence. Services are offered around 4 key themes: mental health, physical health, healthy choices and keeping social.

New services for staff this year include:

- Critical Incident Stress Management (CISM) service to manage trauma stress reactions to critical incidents
- Mental health awareness courses for staff and managers
- Resilience stress management course
- Six week mindfulness programme
- Physical activity campaigns (“Lose Weight, Feel Great”, body MOTs, mile walks, the “WWL Step Challenge”, to name but a few)
- Healthy eating campaigns (e.g. Slimming World recipes and meals in the restaurants)
- Staff societies (book club and walking club).

The new services have all demonstrated evidence for the health and wellbeing CQUIN 2016/17. Steps 4 Wellness was officially launched during “Wellfest” in September 2016 – a marquee event, as part of a Borough-wide initiative, inviting staff to learn more about health and wellbeing support services and to promote healthy lifestyles. We continue to respond to staff needs and feedback and held a Steps 4 Wellness focus group in December 2016. Further new services will be made available into 2017.

We will continue to build on our work by actively sustaining positive staff engagement, and importantly, focusing on staff health and wellbeing. We believe that continuing with this approach will be beneficial for our staff’s future health and that these measures will contribute to a reduction in sickness absence, reduced Agency costs, and improve the quality of care provided to our patients.

Focus on Recruitment

We responded energetically this year to the challenges around sustaining our workforce, in particular our nursing population, by hosting a large scale recruitment event in June 2016. The event was extremely successful with more than 500 visitors attending throughout the day and 92 interviews taking place. We made 71 talent pool offers, which have been converted throughout the year into new members of the

WWL family. The day was so successful it is likely to become an annual event.

Based on the results of the recruitment event, we have focused on attracting nursing staff locally and nationally, including supporting a cohort of pre-degree nurses via Wigan and Leigh college. The Trust will also be participating in the new Nurse Associate programme with 18 candidates commencing this year. International nursing currently remains on the back burner in light of new NMC requirements around both European and international candidates being required to pass the English Language Test; the long lead-in time from interview to post, and the new immigration surcharge, all which are likely to reduce the return on our investment. We have, however, been able to maintain our retention stability in light of these challenges.

Specialities such as Care of the Elderly and Emergency Medicine have had a proactive focus this year, which will hopefully provide us with the much needed stability for these teams as we move to the new financial year. Senior HR and divisional management teams have explored and tested alternative workforce models, whilst on going recruitment into medical vacancies has continued.

Medical HR colleagues supported senior medical colleagues with an overseas learn, earn and return recruitment campaign in India as the programmes go from strength-to-strength. The Trust has also increased the number of North West Trusts it supports as a lead employer for these overseas doctors, whilst they visit the UK to enhance their skills under the “learn, earn and return” programme.

These initiatives in 2016/17, alongside the implementation and impact of the new Junior Doctors’ Terms and Conditions, have meant a very busy and sustained increase in work for the recruitment teams this year.

Focus on Widening Access to Employment and Development

WWL have been offering Apprenticeship programmes to staff members for several years with more than 350 people completing an apprentice in the last 5 years in a range of areas such as business admin, customer service and healthcare. In May 2017, the launch of the Apprenticeship Levy provides WWL with a great opportunity to deliver a wider

range of apprenticeship programmes for existing staff and also to recruit new staff into specific Apprenticeship roles.

Working in close partnership with Skills for Health, Job Centre Plus and Wigan and Leigh College and building on the resounding success of the previous programmes, the Trust were proud to launch its fourth Pre-Employment Programme in November 2016. The programme is designed to support local people back into local jobs. 90% of programme participants secure employment at the end of the programme and really add value to our teams at WWL.

WWL continue to work with schools and Further Education Institutions to promote career opportunities within the NHS enabling work-based placements for young people enrolled on education programmes such as the newly developed pre degree nursing programme. To complement and further promote these opportunities WWL are hosting a Recruitment and Careers Event in June 2017.

These programmes enable WWL, as one of the largest local employers, to develop our public health and corporate social responsibility agenda within the community.

Focus on Leadership Development

Leadership development and coaching are key priorities for WWL, supporting existing and aspiring leaders at all levels to develop their skills, style and behaviour. As an accredited centre with the Chartered Management Institute (CMI) we are able to design and deliver our own in-house leadership programmes and qualifications from level 3 to level 7. We take a values-based approach to leadership development, ensuring that our senior, middle and first-line managers have the required knowledge and skills and can demonstrate the right behaviours, with quality and patient care at the centre of everything they do.

Internally and externally we have sign-posted more than 250 staff to leadership programmes to develop their leadership style and behaviours either through our suite of internally accredited programmes or by accessing leadership development opportunities through the NHS Leadership Academy.

We have developed the Leadership Values Questionnaire (LVQ), which ensures that all our senior staff have access to a 360 degree feedback appraisal, enabling them to reflect on

how their staff, peers and managers see their leadership performance against the behaviours and values we expect at WWL.

As an accredited CMI centre we are also able to provide in-house coaching and mentoring qualifications. More than 40 coaches have been trained internally to support staff in a variety of ways, including coaching support for new managers, programme participants and teams experiencing transformational change. In addition, around 50 managers and staff have undertaken one module of the full certificate programme, enabling them to develop their coaching skills in every day practice.

In 2016, we have re-launched the Level 7 leadership programme – Leading in a Strategic Context and opened this up to leaders across the Wigan locality and wider NHS so that leaders gain a more system-wide perspective of leadership in the 21st century.

We have also worked collaboratively with our colleagues across the Wigan Borough health and social care economy to develop a shared leadership behaviours framework with three key areas; Connecting the System, Working with Others and Smart Working. We are piloting a 'Be Wigan Locality Leaders' programme with 30 leaders from across the five organisations who are working on some of the key projects aligned to the locality plan, focussing on improving outcomes for the Wigan residents we serve. The programme takes an asset-based approach to development for these leaders and we are already starting to see some examples of excellent collaboration.

Board Composition

The Trust Board has 7 Executive Directors and 8 Non-Executive Directors including the Chairman as at 31 December 2016. Of the Executive Directors 3 are Female and 4 are Male. Of the Non-Executive Directors 2 are Female and 6 are Male. More information on the Board members can be found in the Directors' Report.

Positive about Disability

As a certificated "Disability Confident" employer of several years' standing, the Trust has continued use and review of Recruitment and Selection Policy in accordance with our Inclusion and Diversity agenda, as well as the

recent implementation of online training to support Recruiting Managers. The Trust has continued to use and review of the Attendance Management Policy in accordance with our Inclusion and Diversity agenda together with specific guidelines and support materials developed for those managing staff living with a disability. The Trust aims to remove barriers to the development and progression of disabled staff.

The Trust has reviewed the previous CPD policy to develop a revised Learning Policy with associate Equality Impact Assessment completed.

Keeping our Workforce Up to Date

We continue to provide robust internal communication through Team Brief, News Brief, Team meetings, Focus Groups for those with protected characteristics, comms cells, PDRs, corporate communications, news boards. The Health and Safety Team undertake a rolling programme of Health and Safety Support Visits which are designed to provide Managers with advice and guidance on compliance with health and safety matters, with the overall aim of maintaining staff health, safety and welfare while at work.

Consulting our Workforce and Encouraging Involvement

The Trust has monthly policy development groups where policies and procedures are monitored and reviewed in partnership. Trust Partnership Council meets bi-monthly to approve policies and discuss key partnership and staffing issues. The Local Negotiating Council provides an opportunity for senior managers and medical staff representatives to meet to discuss and review issues related to medical staff and their terms and conditions. The Trust regularly consults with its employees on health and safety matters via the Occupational Safety and Health Committee and Divisional Health and Safety Groups. Team Brief informs staff of our performance and encourages their involvement, for example, staff were asked to participate in our '7 days no delays' initiative.

Health and Safety Performance and Occupational Health

The Health and Safety Team produce a Trust-wide Health and Safety Performance Report on

a quarterly basis, which is received by the Trust's Occupational Health and Safety Committee. Similar reports are produced for Divisions to discuss at their Divisional Health and Safety Groups. These Performance Reports should be analysed and where necessary actions plans developed to improve performance against identified weakness. The Health and Safety Team also produces an Annual Report which is received by the Quality and Safety Committee.

The Occupational Health and Staff Well Being service has continued to provide a full range of management and self-referral supportive services including counselling and physiotherapy, vaccination programmes and health promotion to improve and enhance staff health as well as assist managers in effectively managing sickness absence. The service also works in partnership with Lancashire Teaching Hospitals and Bolton NHS Foundation Trusts as part of a joint venture to provide occupational health services to their staff and other regional organisations.

Countering Fraud and Corruption

The Trust has a Fraud, Corruption and Bribery Policy and Response plan as per NHS Protects template (June 2015). This policy is cross referenced with other key Trust documents, such as the Code of Conduct, Standing Financial Instructions, Disciplinary Police and Gifts and Hospitality Policy, which means staff are aware of the Trust's full policy arrangements for anti-fraud work. The Fraud, Corruption and Bribery Policy and Response plan's effectiveness is regularly tested and evaluated by the Trust's Local Anti-Fraud Specialist to ensure the outputs are effective in measuring levels of staff awareness, which has led to improvements being made.

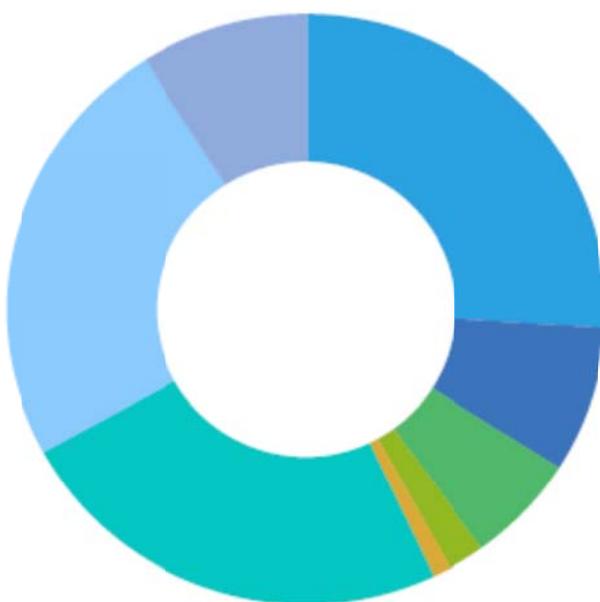
The Trust's ELearning fraud module which is mandatory to all staff on a bi-annual basis has resulted in 2016/17 of 97% staff being compliant. The local anti-fraud specialist is a regular attendee at Audit Committee meetings to report on any investigatory work into reported and suspected incidents of fraud and to provide an update on the on-going programme of proactive work to prevent potential fraud. The counter fraud work plan is agreed with the Director of Finance and approved by the Audit Committee.

Our Workforce Profile

Breakdown of workforce by gender as at 31st December 2016 (Headcount)

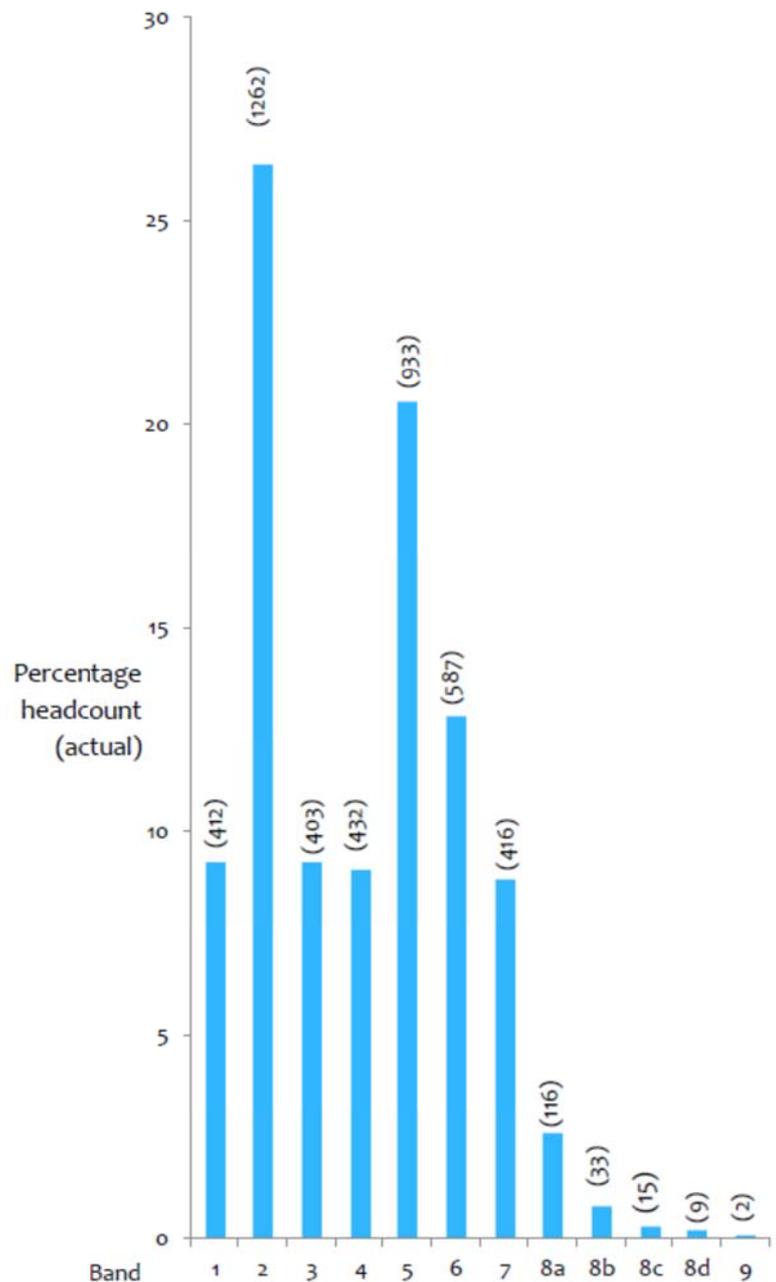
Classification	Female	Male	Total
Directors	3	4	7
Other Senior Mgrs (Band 8a and above)	119	56	175
Employees	3914	953	4867
Total	4036	1013	5049

Our Workforce



- Nursing and Midwifery Registered 26%
- Medical and Dental 8%
- Allied Health Professionals 6%
- Scientific, Technical and Professional 2%
- Healthcare Scientists 1%
- Additional Clinical Services 24%
- Administrative and Clerical 24%
- Estates and Ancillary 9%

NHS Agenda for Change Banding Pay Scale



Staff Survey Report 2016

Overall the 2016 Staff Survey results paint a very positive picture: 81% of our survey results were above average, with the majority in the top 20% for Acute Trusts, 6% were average and 13% were below average. We came joint 5th nationally in the Acute sector for staff recommending the Trust as a place to work, a reflection on the significant work on staff engagement and wellbeing that has continued over the last 12 months. We are proud that for the fifth consecutive year WWL has sustained its position in the top 20% for overall staff engagement in the Acute Sector.

36% of staff responded to this year's survey. This response rate is consistent with our 2015 response rate (35%). The response rate is, however, below average compared with other Acute Trusts in England. This is likely due to the distribution of WWL's own staff engagement pulse survey which is issued to a quarter of staff every quarter of the year. However, the quarterly pulse survey has been of significant value to WWL over the three years. Our use of the pulse surveys has enabled us to anticipate areas where results have improved or declined, with actions already in place to implement a response before publication of the National Staff Survey results. Many Trusts do not have access to this type of staff feedback and rely solely on the National staff survey. The quarterly pulse surveys and associated actions have been integral to shaping our organisational culture, helping us become one of the best NHS Trusts to work for in the country.

INTRODUCTION TO THE
GO ENGAGE MODEL:
NICOLE FERGUSON, CPsychol
HEAD OF STAFF ENGAGEMENT
WWL NHS FOUNDATION TRUST

Go Eng

Wrightington, Wigan and Leigh NHS Foundation Trust



Summary of performance

Response rate				
	2015	2016		WWL improvement/ deterioration
	WWL	WWL	Acute Trust Average	
Response Rate	36%	35%	43%	1% decrease

Top 5 ranking scores				
	2015	2016		WWL improvement/ deterioration
	WWL	WWL	Acute Trust Average	
KF16. Percentage of staff working extra hours (<i>the lower the score the better</i>)	62%	61%	72%	1% decrease
KF10. Support from immediate managers	3.96	3.92	3.73	0.04 decrease
KF4. Staff motivation at work	4.14	4.07	3.94	0.07 decrease
KF20. Percentage of staff experiencing discrimination at work in the last 12 months (<i>the lower the score the better</i>)	8%	5%	11%	3% decrease
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.29	4.25	3.96	0.04 decrease

Bottom 5 ranking scores				
	2015	2016		WWL improvement/ deterioration
	WWL	WWL	Acute Trust Average	
KF3. Percentage of staff agreeing that their role makes a difference to patients/service users	95%	89%	90%	6% decrease
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	85%	89%	90%	4% increase
KF13. Quality of non-mandatory training, learning or development	4.18	4.04	4.05	0.14 decrease
KF7. Percentage of staff able to contribute towards improvements at work	78%	69%	70%	9% decrease
KF12. Quality of appraisals	3.21	3.08	3.11	0.13 decrease

WWL's own staff engagement Pulse Survey has enabled the Trust to analyse engagement trends every three months across the year of 2016, and identify what has enabled staff engagement. The results indicate that certain enablers of staff engagement began to deteriorate from July 2016, such as "Clarity", "Mindset" and "Personal Development". These themes were also identified within the National Staff Survey results six months later.

Whilst there are still many positives within the National Staff Survey results, there are indications of challenges to engagement and morale identified within the national survey and our internal pulse surveys. A number of items have been approved by the Trust's Workforce Committee to progress in response to these.

What has become increasingly clear, is that we need to take a more proactive and engaging approach in developing and sharing the Trust's strategic narrative with our workforce. The role of line managers is crucial, as they are most likely to influence our front line staff on a day-to-day basis. Over the next month or so, we will be working to creatively design our strategic narrative, involving staff and sharing a journey with them that builds shared goals and commitment.

Another area of concern relates to personal development and appraisal. This was anticipated from the pulse surveys and we launched the new Route Planner and its associated appraisal framework in March 2017.

The final main theme for development relates to incident reporting. Again, the commitment to Talksafe by the Trust Board in February and the impending launch of the quality strategy should address this.

Future Priorities and Targets

There are many positives still to take from the staff survey, with 20 of the 32 key findings scoring in the top 20% nationally

and only 4 below average. Whilst there are areas that have declined in this year's survey, our use of the pulse surveys has enabled us to anticipate this, with actions ready to implement in response:

Aim	Action	Target	Measured by
To enhance staff sense of purpose about their role and the difference it makes to patients	Define our future journey strategic narrative, focusing on what we can control and building on our strengths, shaping a courageous and motivating 2020 vision. Equip line managers with the tools to inspire, empower and support their staff with the journey we are all on.	Significant improvement in KF3. Significant improvement in Clarity and Mindset	National staff survey, Pulse survey
To improve communication between senior management and staff	Launch of a new intranet that enhances digital internal communication methodologies with easier access to staff.	Significant improvement in KF6, from 40%. Significant improvement in Clarity	National Staff Survey Pulse Survey
To improve staff involvement in improvements at WWL	Interactive staff engagement events (online and face to face)	Significant improvement in KF7 Significant improvement in Influence	National Staff Survey Pulse survey
To improve staff satisfaction with personal development opportunities	Launch of the WWL "Route Planner" for staff providing career pathways and learning opportunities.	Significant improvement in KF13 Significant improvement in Personal Development	National Staff Survey Pulse survey
To improve quality of appraisals	Introduction of new appraisal "My Route Plan" which is person centred in approach, focusing on the assets of each member of staff.	Significant improvement in KF12 Significant improvement in Personal Development	National Staff Survey Pulse Survey
To improve safety culture for incident reporting	Introduction of Talksafe safety conversations methodology	Significant improvement in KF29	National Staff Survey



R.A.E.I.

HAVE YOUR SAY

Really good experience

OK price - all present

Play my role around IT

Like the survey

SEARCHED
LAMES LOANER

Play my role around IT

Like the survey

SEARCHED
LAMES LOANER

Play my role around IT

Like the survey

	2016/17	2015/16
Staff sickness absence		
	Number	Number
Total days lost	41,599	38,363
Total staff years	4,313	4,200
Average working days lost (per WTE)	10	9

Employee Costs

	Permanent £000	Other £000	2016/17 Total £000	2015/16 Total £000
Salaries and wages	149,764	1,363	151,127	146,535
Social security costs	14,045	0	14,045	10,646
Employer's contributions to NHS pensions	16,267	0	16,267	15,776
Agency/contract staff	0	9,115	9,115	9,897
Total staff costs	180,076	10,478	190,554	182,854
Costs capitalised as part of assets	1,392	450	1,842	1,942

Average number of employees (WTE basis)

	Permanent Number	Other Number	2016/17 Total Number	2015/16 Total Number
Medical and dental	458	5	463	447
Administration and estates	1,056	0	1,056	1,003
Healthcare assistants and other support staff	552	0	552	546
Nursing, midwifery and health visiting staff	1,758	0	1,758	1,735
Scientific, therapeutic and technical staff	590	0	590	564
Agency and contract staff	0	71	71	89
Bank staff	0	93	93	79
Other	10	0	10	15
Total average numbers	4,424	169	4,593	4,478
Number of employees (WTE) engaged on capital projects	33	7	40	40

**Reporting of compensation schemes - exit packages
2016/17**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	0	5	5
£10,001 - £25,000	0	8	8
£25,001 - £50,000	0	3	3
Total number of exit packages by type	0	16	16
Total resource cost (£)	£0	£281,000	£281,000

During 2016/17 the Trust's exit packages were a Treasury approved Mutually Agreed Severance Scheme.

**Reporting of compensation schemes - exit packages
2015/16**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	0	3	3
£10,001 - £25,000	0	3	3
£25,001 - £50,000	0	2	2
£100,001 - £150,000	1	0	1
Total number of exit packages by type	1	8	9
Total resource cost (£)	£56,000	£130,000	£186,000

During 2015/16 the Trust's exit packages were in line with Agenda for Change contractual terms and conditions or a Treasury approved Mutually Agreed Severance Scheme.

Reporting of high paid off-payroll arrangements earning more than £220 per day

Off payroll engagements as at 31st March 2017 lasting longer than six months

No. that have existed for less than one year at the time of reporting	4
No. that have existed for between one and two years at the time of reporting	4
No. that have existed for between two and three years at the time of reporting	3
No. that have existed for four or more years at the time of reporting	1

Off-payroll engagements reaching six months in duration between 1 April 2016 and 31 March 2017

No. of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	4
No. of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National insurance obligations	4
No. for whom assurance has been received	2
No. for whom assurance has not been received	2

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

Off-payroll engagements of board members, and/or senior officials with significant financial responsibility between 1 April 2016 and 31 March 2017

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
No. of individuals deemed board members and/or senior officials with significant financial responsibility during the financial year, both off payroll and on payroll engagements.	17

During the year, two senior managers were paid more than £142,500. In both cases, benchmark salary information for comparative jobs within the NHS was considered at the time of appointment and it was concluded that the remuneration agreed was appropriate and reasonable for the current post holders.



Signed

Date 31 May 2017

Andrew Foster, Chief Executive



Compliance with the code of governance provisions

Wrightington, Wigan and Leigh NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Audit Committee has reviewed the Trust's performance against this Code and can confirm that the Trust has complied with the revised NHS Improvement Code of Governance 2014.

Single Oversight Framework

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

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

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

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Area	Metric	2016/17 Q3 Score	2016/17 Q4 Score
Financial Sustainability	Capital service capacity	2	1
	Liquidity	3	1
Financial Efficiency	I & E Margin	1	1
Financial Controls	Distance from financial plan	2	1
	Agency spend	2	2
Overall scoring		2	1

Statement of Accounting Officers' Responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Wrightington, Wigan and Leigh NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Direction which require Wrightington, Wigan and Leigh NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wrightington, Wigan and Leigh NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the

accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



A handwritten signature in black ink, appearing to read 'Andrew Foster', written in a cursive style.

Andrew Foster
Chief Executive

31 May 2017



Annual Governance Statement

01.04.2016 – 31.03.2017

1. SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets, for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level, rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Wrightington, Wigan and Leigh NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Wrightington, Wigan and Leigh NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

3. CAPACITY TO HANDLE RISK

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

Leadership arrangements for risk management are documented in the Risk Management Strategy, and further supported by the Board Assurance Framework and individual job descriptions. The Strategy outlines the Trust's approach to risk, the accountability arrangements, including responsibilities of the Board and its sub-committees, Executive Directors and all employees. Active leadership

from managers at all levels to ensure risk management is a fundamental part of an integrated approach to quality, corporate and clinical governance, performance management and assurance. The Trust's Risk and Environmental Management Committee (REMC) is chaired by the Director of Strategy and Planning, and receives all risks scoring 15 and above. The Trust Board and sub-committees receive and score the risks to achieving the Trust's corporate objectives outlined on the Board Assurance Framework.

All members of staff joining the Trust are required to attend a mandatory induction and undertake e-learning training covering key elements of risk management within two months of their appointment. This is further supplemented by local induction. The training is designed to provide an awareness and understanding of the Risk Management Strategy, process and practical experience of completing risk assessment paperwork. Additional training is provided to all levels of staff, covering areas such as fire safety, health and safety, moving and handling, resuscitation and first aid. The Trust has provided Chartered Institute of Environmental Health (CIEH) Health and Safety in the Workplace (Level 2 and Level 3) training during 2016/17.

There are a number of ways in which the organisation seeks to learn from good practice. The Trust holds an annual Clinical Audit Conference and regular 'Grand Rounds' for doctors to discuss specific topics highlighting best practice.

4. THE RISK AND CONTROL FRAMEWORK

4.1 Key Elements of the Risk Management Strategy

The Trust has an effective governance structure described within its Risk Management Strategy which is endorsed by the Trust Board. The Trust utilises the '5 steps to risk assessment': identify the hazards; decide who may be harmed and how; evaluate the risk and agree necessary precautions; record and communicate findings; review and revise. There are specific risk assessment requirements for particular types of risks. The Trust utilises the following 5x5 risk matrix to determine a risk score. Risks are identified from risk assessments and analysis of data

from other intelligence sources, including concerns, incidents and near misses, serious incidents, never events, formal and informal complaints, litigation cases or clinical audits. Divisional risks resulting in a risk assessment scoring 15 or more will be presented at the Risk and Environmental Management Committee (REMC) for discussion; the content and risk score will be scrutinised and agreed at REMC and where the risk score remains at 15 or above, it will be transferred onto the Corporate Risk Register. If the risk score reduces to 14 or lower then it must be transferred onto the relevant Divisional Risk Register.

Risks awarded a risk score of 15-25 will be managed by Divisional Directors of Performance and equivalent Heads of Service and will be scrutinised monthly at the Risk and Environmental Management Committee (REMC). Any risks that score between 20 and 25 for a three month period will be escalated to the relevant sub-committee of the Trust Board using the 'Corporate Risk Escalation Template' (Appendix 5). 'Corporate Risk Escalation' is a standing agenda item at REMC and the relevant sub-committee of the Trust Board. In exceptional circumstances, an escalated corporate risk may have the potential to affect long term viability of the Trust.

The Board Assurance Framework (BAF) contains risks associated with the Trust's annually agreed strategic objectives which have the potential to affect its need to maintain long term viability. This includes the delivery of developing national and local priorities. BAF risks are monitored at the appropriate sub-committee of the Board and a summary of these risks are monitored and reviewed on a monthly basis at Executive Communications Cell. The Trust is currently reviewing its methodology to assess risk appetite for 2017-18 and aims to identify risk appetite against each of the Trust's principal risks outlined on the Board Assurance Framework.

4.2 Quality Governance Arrangements

The Trust has the correct combination of structures and processes in place at and below Board level which enables the Trust Board to assure the quality of care it provides. Maintaining an effective quality governance system supports the Trust's compliance against national standards. The Trust is committed to the continuous improvement of these systems

and achieving compliance against NHS Improvements Well Led Framework for Governance. The key Trust quality governance committee is the Quality and Safety Committee, a sub-committee of the Trust Board chaired by a Non-Executive Director. This scrutiny committee requests assurance that high standards of care are provided by the Trust and ensures that there are adequate and appropriate governance structures, processes and controls in place across the organisation. Reporting sub-groups include Safeguarding, Medicines Management, Infection Control and Health and Safety. The Quality and Safety Committee also reviews the minutes of divisional Quality Executive Committees as part of a rolling programme of 'deep dives'.

The Trust developed a revised Quality Strategy for 2014/17 which was approved in April 2014. This strategy identified a number of quality goals under the Trust's overarching strategy to be safe, effective and caring. These goals were agreed in consultation with internal and external stakeholders. Annual priorities relevant to the three year quality goals were agreed and published in the Trust's Quality Account. A new Quality Strategy 2017/21 was approved at Trust Board in April 2017.

An important element of achieving high quality care is to ensure that the workforce within the organisation has the capacity and capability to deliver improvement. The establishment of a Quality Faculty within the Trust commenced at the beginning of 2012 and, to date over 400 staff from all parts of the organisation have voluntarily signed up to be quality champions. Staff have attended the Trust's in-house Quality Improvement Methods training programme or training provided by partner organisations such as AQuA and NHS QUEST. The overarching aim of the Quality Faculty is to involve and encourage staff to participate in improving services for patients. Staff are recognised for the improvements achieved by awarding of bronze, silver and gold badges. There are a number of projects underway by Quality Champions who provide the driving force and resource to energise the Trust's quality plans and ensure the principles are embedded at ward and team level. The Quality Champions Committee chaired by the Chief Executive and attended by the Executive Directors monitors the progress of the Quality Champions projects to achieve improvements and most importantly sustainability.

Quality of performance information is assessed at Divisional and Corporate levels through the Quality Executive Committee structures and Divisional Quarterly performance reviews. Information data quality is reviewed by the Data Quality Committee.

4.3 Assurance on Compliance with CQC Registration Requirements

The Foundation Trust is registered with the Care Quality Commission (CQC) to provide care, treatment and support, without compliance conditions. The Trust had a CQC inspection in December 2015 and received the final reports in June 2016.

The Trust has maintained regular contact with its CQC Compliance Inspectors and attends quarterly engagement meetings with the CQC. This considers a range of sources of assurance to understand compliance with the Fundamental Standards. The Trust's Quality and Safety Committee receives an annual report for one Fundamental Standard at each meeting. This is reflected on the Committee work-plan. Wards and Departments complete position statements against the Care Quality Commission Key Lines of Enquiry (KLOE) under Safe, Effective, Caring, Responsive and Well-Led. A priority of 2017/18 is to ensure that a process is developed to ensure that the position statements are reviewed and actions are taken where appropriate.

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

4.4 Managing Risk to Data Security

The Information Governance work programme and performance against the national Information Governance Toolkit is closely monitored by the Caldicott Committee, chaired by the Medical Director, the Trust's Caldicott Guardian. In terms of information risk, the Director of Finance is the nominated Board lead for information risk and the Senior Information Risk Owner (SIRO) for the Trust who attends the Caldicott Committee.

4.5 Organisation's Major Risks

The organisation's major risks are included on the Board Assurance Framework and included the following for 2016/17:

- Failure to meet all our performance and financial targets in full every month, leading to potential NHSI intervention
- Failure to negotiate a successful service model with neighbouring Trusts that would meet the requirements of the 'Healthier Together' programme, resulting in loss of significant surgical services
- Failure to achieve the cost improvement target, resulting in a reduction in the capital investment plans going forward.

The organisations major risks for 2017/18 include:

- Failure to achieve an improved benchmarked position for mortality
- Failure to stay under agency ceiling, impact of IR35 and associated impact on safe staffing levels
- Failure to meet the A&E 4 hour target (95%)
- Failure to deliver recurrent savings associated with transformation schemes
- Failure to achieve sustainability and transformation fund bonus and incentives.

4.6 Principal Risks to Compliance with the NHS Foundation Trust Licence condition 4 (FT Governance) and actions identified to mitigate these risks.

The Trust does not currently have principal risks to compliance with NHS Foundation Trust Licence Condition 4 (FT Governance) in relation to the effectiveness of the governance structures, the responsibilities of directors and subcommittees, reporting lines and accountabilities between the board, its subcommittees and the executive team; the submission of timely and accurate information to assess risks to compliance with the Trust's licence and the degree of rigour of oversight the Board has over the Trust's performance.

4.7 Corporate Governance Statement

It is essential that the Trust has the correct combination of structures and processes in place at and below Board level which enables the Trust Board to assure the quality of care it provides. The Trust is committed to the continuous improvement of these structures and processes.

In August 2013, Deloitte undertook a Trust Board and Sub-Committee Governance Review and a review against the Monitor Quality

Governance Framework (reports finalised October 2013). The actions taken by the Trust in response to these reviews were subject to an MIAA internal audit in May 2015. Also in 2015, the Trust had a CQC inspection focussing significantly on the well-led domain (report finalised in June 2016) and a Deloitte Review of Board Effectiveness (report finalised in January 2016). The Trust is undertaking a self-assessment against the requirements of NHS Improvements Well-Led Framework, followed by the commissioning of an external assessment in 2017.

Further information has been provided within this statement that demonstrates the Trust's ability to assure itself on the validity of its Corporate Governance Statement required under the NHS Foundation Trust Condition 4(8)(b).

4.8 Risk Management Embedded in Organisation Activity

Risk Management is embedded in the activity of the organisation; for example, equality impact assessments are integrated into core business. Control measures are in place to ensure compliance with the Trust's obligations under equality, diversity and human rights legislation.

The Trust continues to demonstrate compliance with the General and Specific Duties of the Public Sector Equality Duty (PSED) on an annual basis through publishing relevant equality information as part of its Annual Inclusion and Diversity Monitoring Report. The Trust also undertakes an assessment of current performance against the criteria stated in the National Equality Delivery System (EDS2) on an annual basis. The Trust has continued to review and assess performance in collaboration with staff and local stakeholders, using this framework as well as identifying priorities going forward.

Progress against the Trust's EDS Action Plan and Equality Objectives is monitored by the Inclusion and Diversity Steering Group on a quarterly basis and is overseen by the Trust's Workforce Committee. An Inclusion & Diversity Operational Group meets bi-monthly and take a lead role in supporting the delivery of the Equality Delivery System action plan.

From 1 April 2015 all NHS organisations were required to demonstrate through the nine point

Workforce Race Equality Standard (WRES) metric how they are addressing race equality issues in a range of staffing areas. This standard has been fully embedded within current practice.

The Trust is working closely with Wigan Borough Clinical Commissioning Group to implement the Accessible Information Standard.

During 2016/17, the Trust continued to undertake equality analysis (equality impact assessments) on all policies and practices (to ensure that any new or existing policies and practices do not disadvantage any group or individual).

A further example of how risk management is embedded into the activity of the organisation is incident reporting. This is opening encouraged at the Trust and a 'just culture' is promoted. The Trust is in the top 10% of Trusts in relation to patient safety incidents reported to the National Reporting and Learning System (NRLS) and reports higher than average numbers of near misses. The Trusts approach to incident management is outlined in the Trust's Incident Reporting Policy. Serious incident and never event identification and investigation is undertaken by Executive Scrutiny Committee chaired by the Trust Director of Nursing.

4.9 Public Stakeholders Involvement in Managing Risks

Key stakeholders, including patients, the Trust's public and staff membership, Wigan Borough Clinical Commissioning Group, Wigan Council Health and Wellbeing Board, Wigan Council Positive People Scrutiny Committee, Wigan Local Safeguarding Children and Adults Board and Healthwatch Wigan are engaged on service developments and changes. The Trust is also working across the local health economy including engagement with Wigan Borough CCG's Locality Plan on the delivery of integrated care pathways.

There is lay representation on a wide range of key committees in the Trust, including representation from the Foundation Trust Council of Governor members on the Quality Champions and Quality and Safety Committees, Engagement Committee, Workforce Committee, Service and PLACE assessment visits. PLACE is the system for assessing the quality of the patient

environment. The assessments involve local people joining teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. The Trust recognises that risk management is a two way process between healthcare providers across the health economy.

Issues raised through the Trust's risk management processes that impact on partner organisations e.g. Wigan Borough CCG would be discussed in the appropriate forum, so that action can be agreed. Governors established a Community Engagement Committee which is focusing on building relationships with Patient Participation Groups in GP Practices to support its wider engagement with the public.

4.10 Other Matters

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

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

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

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

The Trust has robust arrangements in place for setting financial objectives and targets. These arrangements include ensuring the financial plan is achievable; ensuring the delivery of efficiency requirements; compliance with its terms of authorisation; and the co-ordination of

financial objectives with corporate objectives as approved by the Board of Directors:

- Objectives are approved and monitored through a number of channels
- Approval of annual budgets by the Board of Directors
- Official acceptance of annual budgets by delegated budget holders
- Monthly reporting to the Trust Board, via its sub-committees, on key performance indicators, covering quality and safety, finance, and human resources targets
- Scrutiny of Divisional performance against objectives at sub-Board Committees
- Regular Divisional Performance Reviews
- Reporting to NHS Improvement and compliance with terms of authorisation
- Service transformation managed by a Programme Management Office
- In year cost pressures are rigorously reviewed and challenged, and alternatives for avoiding cost pressures are always considered
- Robust assessment process for business cases, including:
 - Peer review
 - Impact on quality and care
 - Option appraisal
 - Timed benefits
 - Multi-layered approval
 - Post audit appraisal
- The Trust also participates in initiatives to ensure value for money for example:
 - Value for money is an important component of the internal and external audit plans that provides assurance to the Trust regarding processes that are in place to ensure effective use of resources
 - On-going benchmarking and tenders of operations occur throughout the year to ensure competitiveness of service
 - The Trust utilises numerous data sources in order to undertake comparative analysis. This analytics either provides assurances or helps identify opportunities for improvement in care provision
 - Service Line Reporting is used by Divisional managers to seek to improve financial performance
 - The Carter recommendations are being reviewed and assessed to determine possible further efficiency opportunities
 - CQUIN's are negotiated and signed off by Clinical, Operational and Finance

Executive directors and operational leads are assigned for each scheme

- An on-line intelligence tool allowing individual budget holders to see their performance.

The Trust's Finance Department has outsourced its transactional processing to NHS Shared Business Services (NHS SBS) for which there is a contract in place which clearly outlines roles and responsibilities of both organisations. The Trust regularly reviews Key Performance Indicators against targets and meets regularly with NHS SBS to discuss any issues or concerns.

NHS SBS have processes and procedures in place which are compliant with Central Government standards as outlined in the Information Assurance Maturity Model and the NHS IG Assurance Framework and provide annual updates on the testing of controls and operations within its shared business facilities in the form of an ISAE3402 report.

6. INFORMATION GOVERNANCE

The Information Governance work programme and performance against the national Information Governance Toolkit is closely monitored by the Caldicott Committee, chaired by the Medical Director, who is the Caldicott Guardian. In terms of information risk, the Director of Finance is the nominated Board lead for information risk and the Senior Information Risk Owner (SIRO) for the Trust who attends the Information Governance Committee. The Trust achieved a satisfactory score for the Information Governance Toolkit 2016/17 with a score of 81%.

The Information Governance Department has recorded 109 Information Governance incidents between 1 April 2016 and 31 March 2017. 4 of these incidents have been identified as a Serious Incidents Requiring Investigation (Level 2) and have been reported to the Information Commissioner's Office (ICO) and NHS Digital via the Information Governance Reporting Tool. One of these incidents remains open with the ICO. The incidents occurring in 2016/17 relate to serious breaches of confidentiality and security where patient information has been shared inappropriately and in contravention of the Data Protection Act (DPA). Internal investigations have been undertaken by the Trust for all the incidents. The ICO has not

pursued any enforcement action or monetary penalty against the Trust for those incidents which have been closed in 2016/17. The Information Governance Team works closely with Trust services to offer guidance and to support the implementation of remedial actions to address any shortfalls in controls where identified in order to manage risk. All Information Governance incidents are reported onto the Trust incident management system, Datix which aligns with regulatory requirements.

7. ANNUAL QUALITY REPORT

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

7.1 Governance and Leadership

The mission of the Trust is to provide the best quality health care for all patients that we serve. Our vision is to be in the top 10% for all that we do. The Trust has reviewed its objectives and re-emphasised its commitment to the Quality and Safety Agenda. The Trust is committed to improving quality and safety by adopting a 'Just Culture' and achieving a continual reduction in harm. Trust values are incorporated within the Trust Mission, Vision and Strategy. The WWL Wheel has been designed as a framework to assist with the communication of future plans and measuring performance. The Quality Report presents a balanced view of areas of good performance and areas requiring improvement.

7.2 The Role of Policies and Plans in Ensuring Quality of Care Provided

It is essential that the Trust has policies and procedures in place to ensure that the services and care provided is safe and in accordance with best practice. A consultation process is undertaken for policies or procedures which are then approved by a relevant committee or group. The policy or procedure is ratified by the Policy Approval and Ratification Committee (PARC) which has the responsibility of seeking

assurance that correct processes have been followed and that the documents meet the Trust's format requirements. All policies and procedures are notified to staff via the Trust News Web Page and are available on the Trust intranet.

The Trust recognises that all the decisions, whether clinical, managerial or financial; should be based on information which is of the highest quality. The Trust introduced a Data Quality Strategy 2014/17 in April 2014. A Data Quality Committee, chaired by the Director of Operations and Performance, has been established to monitor data quality standards. This committee reports to a sub-committee of the Trust Board.

7.3 Systems and Processes

Clinical quality improvements are monitored at the Clinical Advisory Board and Professional Advisory Board. Escalation arrangements include referral to the Quality and Safety Committee and on to Trust Board.

The Clinical Audit and Effectiveness Committee monitors an annual corporate clinical audit programme and progress against the Trust's Clinical Audit and Effectiveness Strategy. Systems and processes for Clinical Audit are monitored by the Audit Committee.

Complaints, serious incidents, clinical negligence claims, employee liability claims and inquests are monitored weekly, by the Executive Scrutiny Committee. Membership includes the Director of Nursing, Deputy Director of Nursing, Medical Director, Responsible Officer, Trust Board Secretary and governance and assurance team members. Investigations and action plans following serious incidents are reviewed and monitored by the Trust's SIRC Panel. Membership includes the Wigan Borough Clinical Commissioning Group and a Trust Governor. A recent Learning from Mistakes league report has been issued and the Trust was rated as outstanding for its levels of openness and transparency and came 6th out of 230 Trusts.

A quarterly 'Safe Effective and Caring' (SEC) report is received by the Quality and Safety Committee and the Trust commissioners. Quality information is also reported within the quarterly Monitor returns, signed off by the Trust Board. Each Division has a quality

dashboard that is monitored at Divisional Quality Executive Committee meetings. The Audit Committee work plan includes presentations on the quality dashboards from each Division.

In 2013/14 a reviewed approach to quality impact assessments (QIA) for cost improvement programme projects was introduced. Every QIA is signed off by the Medical Director and the Director of Nursing.

Following the publication of the Francis, Keogh and Berwick reports, the Trust established an internal inspection team including clinical and non-clinical staff, lay members and governor representatives.

The Trust plans to hold its next internal inspection in June 2017 to review those areas not rated as 'good' or 'outstanding' by the Care Quality Committee during their inspection in December 2015.

7.4 People and Skills

In 2016 the Trust was sustaining high levels of staff engagement for the first half of the year, until July 2016 when there were some significant declines on a number of engagement measures. most notably the engagement enablers for trust, work relationships, resources, mind-set, personal development, perceived fairness and recognition, engagement feelings of dedication, focus and energy and engagement behaviours of persistence, discretionary effort and adaptability. This decline plateaued in October 2016, but, despite this decline, the overall scores remained moderate to positive. The pulse survey assisted to pre-empt the outcomes of the National Staff Survey which took place from October to December 2016. The results, published in March 2017, also indicated a number of declines, particularly in relation to staff influence, recognition and development, reducing the gap between the Trust scores and the national average for the majority of items.

Staff engagement activity had continued to be delivered at full momentum in 2016 and included the implementation of the following:

- "Steps 4 Wellness" health and wellbeing programme/campaign launched at "Wellfest" in September 2016 which included the introduction of mental health awareness training, resilience stress

management open courses, six week mindfulness programmes, a critical incident stress management service to support staff following trauma, new staff societies such as a running club and book club, physical health programmes (WWL step challenge, lose weight feel great, body MOTs, slimming world)

- Delivery of staff events such as the Recognising Excellence Awards, WWL Euro five-a-side football tournament and NHS games
- Staff engagement organisational development work to support organisational and cultural change (e.g. implementation of the new health information system (HIS), delivery of a wellbeing improvement plan in Accident and Emergency)
- Staff engagement listening events and forums to gather staff ideas, feedback, contributions and influence (such as junior doctors' forums, admin and clerical focus group, HIS graffiti walls, bright ideas scheme)
- Initiation of the development of a new staff intranet and app, transforming internal communications within the Trust (to be delivered 2017)
- Launch of the WWL People Promise
- Sixth cohort of pioneer teams programme, with 58 teams participating to date.

The Trust continues to share its in-house developed staff engagement programme, "Go Engage", with external organisations, which includes a licence to an online "Xopa" platform that surveys staff and statistically analyses data for trends and hot spots. Trust managers are also able to receive training in access to "Xopa" to enable them to stay connected to staff engagement results each quarter.

The Trust has seen a number of challenges this year in the form of organisational change (internal and external), increased patient demands and financial pressure, which have added to pressure on staff and, as a result, impacted culture. The pulse survey has enabled the Trust to identify this six months ahead of the national staff survey results, which has meant improvement plans have already been developed and continue to be implemented. The aim is to ensure that engagement does not continue to decline further and begins to make a recovery, leading the Trust from a place of "good" results to "great" results once again by the end of 2017.

The Trust will continue to build on staff engagement and wellbeing plans to ensure the delivery of positive outcomes for staff, organisational performance and ultimately the quality of care provided to patients.

7.5 Data Use and Reporting

It is the responsibility of all Trust staff to ensure timely and accurate capture of information to ensure high standards of data quality as defined in the Data Quality Policy. Information plays a key role in the management of patient care and provides the source for operational and management reporting across the organisation. Data accuracy is monitored by the Data Quality Committee via the annual audit plan where assurance or remediation plans are agreed and monitored.

The Trust uses a specific application for monitoring and managing its elective waiting lists. The application is visible to all clinical services in order for them to validate their own waiting list information as well as the Trusts Business Intelligence team who monitor performance and compliance at an organisation level.

8. REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Maintaining and reviewing the effectiveness of the system of internal control has been undertaken with consideration of the following:

- The Board Assurance Framework provides evidence of the process of the effectiveness of controls that manages the principal risks to the organisation
- The Board of Directors, Audit Committee, Quality and Safety Committee and the Risk and Environmental Management Committee and Executive Scrutiny Committee advise me on the implications of the results of my review of the effectiveness of the system of internal control. These committees also advise outside agencies in relation to serious events
- All the relevant committees within the corporate governance structure have a timetable of meetings and a reporting structure to enable issues to be escalated
- The Trust Board monitors and reviews the Board Assurance Framework on a monthly basis. Responsibility for reviewing risks noted on the BAF was devolved to the Finance and Investment Committee, Workforce Committee, IM&T Strategy Committee, Quality and Safety Committee and Trust Board
- Safe Effective and Caring (SEC) Report published quarterly by Governance and Assurance is presented to the Quality and Safety Committee providing assurance to the Board of Directors on effective risk controls
- The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives
- The Audit Committee reviews the Trust's performance against NHS Improvement's Foundation Trust Code of Governance (2014)
- Clinical Audit processes are a key element of maintaining and reviewing the effectiveness of the system of internal control. The Trust has an annual Corporate Clinical Audit Programme and Audit Committee regularly review clinical audit processes by receiving an annual self-assessment against national clinical audit standards and quarterly and annual clinical audit reports
- Internal Audit (IA) reviews the Board Assurance Framework and the effectiveness of the system of internal control as part of the internal audit work to assist in the review of effectiveness. Internal Audit reviewed the Trust's Assurance Framework and

concluded the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board. Four Internal Audits undertaken in 2016/17 were given limited assurance; Laser Safety; Safeguarding Adults; WHO Safe Surgery Checklist and Kirkup Action Plan. Management actions have been put in place to address the issues raised in each of these areas and follow up reviews by Internal Audit have demonstrated good progress against action plans to improve systems and control in line with agreed timeframes

- The Head of Internal Audit Opinion for 2016/17 is that "Significant Assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently".

9. CONCLUSION

My review confirms that Wrightington, Wigan and Leigh NHS Foundation Trust has sound systems of internal control with no significant internal control issues having been identified in this report.



Andrew Foster
Chief Executive

31 May 2017





Quality Accounts



What is a Quality Account?

All providers of NHS Services in England are required to produce an Annual Quality Account. The purpose of a Quality Account is to inform the public about the quality of services delivered by the Trust. Quality Accounts enable NHS Trusts to demonstrate commitment to continuous, evidence based quality improvement and to explain progress to the public. This is the Trust's ninth Quality Account.

Part 1:

Statement from the Chief Executive

Welcome to our ninth Quality Account. This is a critically important document for us as it was nine years ago that we chose to pursue Quality as the overarching strategy for our services. We use the Darzi definition of Quality – Safe, Effective and Caring – as the basis of our corporate and divisional plans and as the basis for measuring and reporting on our progress in reducing avoidable harm and improving quality. This is also the sixth year that we have used the WWL Wheel as a simple, visual reminder to strengthen awareness of ‘Safe, Effective and Caring’ and of our quality strategy amongst staff. We continue to actively participate as a member of NHS QUEST; (a network for Foundation Trusts who wish to focus on improving quality and safety) working collaboratively with other member organisations to reduce avoidable harms in hospital.

Welcome to our ninth Quality Account. This is a critically important document for us as it was nine years ago that we chose to pursue Quality as the overarching strategy for our services. We use the Darzi definition of Quality – Safe, Effective and Caring – as the basis of our corporate and divisional plans and as the basis for measuring and reporting on our progress in reducing avoidable harm and improving quality. This is also the sixth year that we have used the WWL Wheel as a simple, visual reminder to strengthen awareness of ‘Safe, Effective and Caring’ and of our quality strategy amongst staff. We continue to actively participate as a member of NHS QUEST; (a network for Foundation Trusts who wish to focus on improving quality and safety) working collaboratively with other member organisations to reduce avoidable harms in hospital.

As with previous Quality Accounts, we have given considerable priority to collecting and reporting facts and data to monitor our progress. These show that 2016/17 was the first year for some time that we have seen some results slip backwards, despite the enormous efforts of so many excellent staff. Why is this? In my opinion there are two major contributory factors. Firstly, we have now had six years of austerity in the public sector and the effects of repeated annual savings’ plans in the NHS and reduced funding for Social Care have really begun to bite. Secondly, alongside funding pressures we see a continued rise in demand for our services with ever more and sicker patients using our systems. This leads to overcrowding and extended waiting, both of which are a significant risk to patient safety.

On infection control, for example, after 25 months with none, we have had three cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia infection. And after many consecutive years of reduction we have seen a rise to 21 cases of Clostridium difficile compared to 12 the previous year. It must be pointed out though that only three of these cases were the result of lapses of care in the hospital, the rest being acquired outside hospital and diagnosed after admission. We also recorded 12 cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA) and 36 E Coli bacteraemia compared to 4 and 6 respectively in 2015/16.

Another key quality measure is Hospital Standardised Mortality Ratio (HSMR) and,

again, this has slipped backwards for the first time in several years. The most up to date HSMR figure for 2016/17 is 112 to December 2016. To corroborate the data provided by Dr Foster, over the last eight years our absolute numbers of deaths in hospital has risen from 1122 in 2015/16 to 1340 in 2016/17, a rise of 19%.

This report contains many more facts and figures and I encourage you to study the range of quality initiatives and measures that are in place to improve quality and reduce avoidable harm. Here are some headlines:

Safe

- We had 15 serious and moderate falls in hospital, compared to 15 the previous year
- There was one Central Line infection, and zero the previous year
- There has been one incident that met the criteria for a Never Event in 2016/17 and none in 2015/16
- There were no cases of Ventilator Associated Pneumonia compared to one in 2015/16

Effective

- We concluded our £13m investment in the new Hospital Information System, which went live in the summer. Although there are still teething problems, the move to the new system was exceedingly smooth and will bring huge benefits in years to come
- As a joint venture with The Christie, a new PET (Positron Emission Tomography) scanner came into service at RAEI, further reducing the need for Wigan residents to travel across Manchester
- We successfully achieved all the national targets except for four hour waits in A&E, although we were still the best performing Trust in Greater Manchester.

Caring

- In the national patient survey we had 24 scores significantly better than other Trusts who utilise Picker for their national inpatient survey (87 Trusts) and none significantly worse
- In the annual Patient Led Assessments of the Care Environment (PLACE) survey we were the cleanest hospital in the NHS for the third year in a row and our overall scores were the sixth best in the NHS
- Our national staff survey results have fallen back a little from the high of 2015 but we are

still in the top 20% of Trusts for 20 of the 32 measures

- This year we increased the number of Quality Champions to 349, each being trained in techniques of quality improvement before taking on leadership of 143 tasks or projects since the programme started.

In June 2016, the Care Quality Commission (CQC) issued an overall 'Good' rating for the Trust following its inspection in December 2015. Whilst the Trust was particularly pleased with the 'Outstanding' rating for both End of Life Care and for services at the Thomas Linacre Centre, we were disappointed with some other ratings. The full table of ratings is shown in section 2.2 under "What others say about WWL".

The Trust reported 31 serious incidents in 2016/17, in comparison with 22 in 2015/16. The Trust received 457 formal complaints in 2016/17 compared to 362 in 2015/16. We were pleased to note an increase in incident reporting rates with 11,538 Datix incident reports submitted in 2016-17 in comparison with 10,546 in 2015/16. This increase enabled the Trust to maintain its position in the top 10% of Trusts reporting incidents to the National Learning and Reporting System.

We continue to have one of the best A&E departments in the country and for several years it has been the top performer in Greater Manchester. However, we had a very difficult Christmas and January exacerbated by an outbreak of norovirus, both in the Trust and in many local care homes. Our system became overwhelmed for many weeks and our performance dipped to 87.61% for the 4-hour standard. We apologise to patients who experienced extensive waiting at that time.

Over the years that we have been publishing Quality Accounts, we have aimed to build a strong safety culture all the way from the Board to the level of our front line staff, who deals directly with patients. We want strong leaders and managers at every level in the organisation, who are committed to quality and safety and who promote a strong and vibrant energy and sense of belonging. Culture is one of the hardest things to change and also one of the most difficult to measure but three of our programmes – Harm-Free Wards, Quality Champions and Always Events, seem to be making a clear and noticeable difference.

It is pleasing to note that we won 10 national and regional awards in 2016/17. My congratulations go to the following teams and individuals:

- Maternity Services: Champions of the Year (NHS England Friends and Family Test Awards),
- Professor John Stanley, Hand Surgeon: Pioneer in Hand Surgery (International Federation of Societies for Surgery of the Hand Awards),
- Business Intelligence Team: Innovation Awards (E-Health Insider),
- Pharmacy Team: Patient Engagement Award (Improving Medicine Safety Awards),
- Wrightington Phase 1 Projects Team: Estates Award (Health Service Journal Value in Healthcare),
- Patient Safety Team: First Steps to Employment in Health and Social Care Award (Adult Learners Week North West Awards),
- Fertility Services – Best Debut Award (Greater Manchester Clinical Research Awards),
- Linzi Heaton, Clinical Research Administration Assistant: Outstanding Contribution Award (Greater Manchester Clinical Research Awards),
- Finance Team: Sue Rossen Prize for the North West (Healthcare Financial Management Association North West Awards);
- Janet Irvine, Lead Cancer Nurse: Henry Garnett Award (Macmillian Cancer Support).

Two of our consultants were also recipients of Clinical Excellence Awards in December 2016; Professor Nirmal Kumar, Consultant ENT Surgeon, received a Gold Award, while Dr Sanjay Arya, Medical Director, attained a Silver Award. Professor Nirmal Kumar has also been elected as President-Elect for ENT UK and will commence this role in 2019.

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



Andrew Foster
Chief Executive

31 May 2017



Part 2:

Priorities for Improvement and Statements of Assurances from the Board

Part 2.1: Priorities for Improvement in 2017/18

This is the 'look forward' section of the Trust's Quality Account. In April 2017 we were delighted to launch our Quality Strategy 2017/21 outlining the framework to improve quality over the next three years. Additionally the Sign Up to Safety campaign was launched in 2014 and action is ongoing. Outlined below is information on the focus of our new Quality Strategy 2017/21, how this is directly linked to Sign Up to Safety and the improvements we plan to undertake over the next three years.

Quality Strategy 2017/21

Our new Quality Strategy 2017/21 will set the direction of travel for the next four years. The aim of the strategy is:

WWL (Wrightington Wigan and Leigh NHS Foundation Trust) will move towards zero avoidable harm through continual reduction by April 2021, increasing staff and patient satisfaction

This strategy, although new, continues on the same direction as previous Quality Strategies by maintaining the focus on our overarching strategy to be safe, effective and caring.

Over the last three years there has been an improvement in our harm free care. We consistently achieve 99% harm free care measured by the NHS Safety Thermometer. There has also been reductions in harm from falls and hospital acquired pressure ulcers. There are core themes that we will continue to work towards as well as new themes to ensure that the strategy fits into the wider local and national agenda of bringing care closer to home and ensuring care is co-designed with our patients. Our Quality Account will operationalise the strategy and will provide the necessary structure to ensure that the aim is being achieved.

Nationally and locally the landscape that we, and more widely the NHS and social care, are operating in has changed beyond recognition over the last three years with a focus on financially viable services, Greater Manchester Devolution and working in much closer partnerships as part of the Wigan locality plan.

To achieve the aim of moving towards zero avoidable harm by 2021 through continual reduction we will focus on 5 key primary drivers:

1. Excellence in Clinical Care,
2. Engagement and Networking,
3. Quality Improvement,
4. Measuring and Monitoring of Safety,
5. Culture.



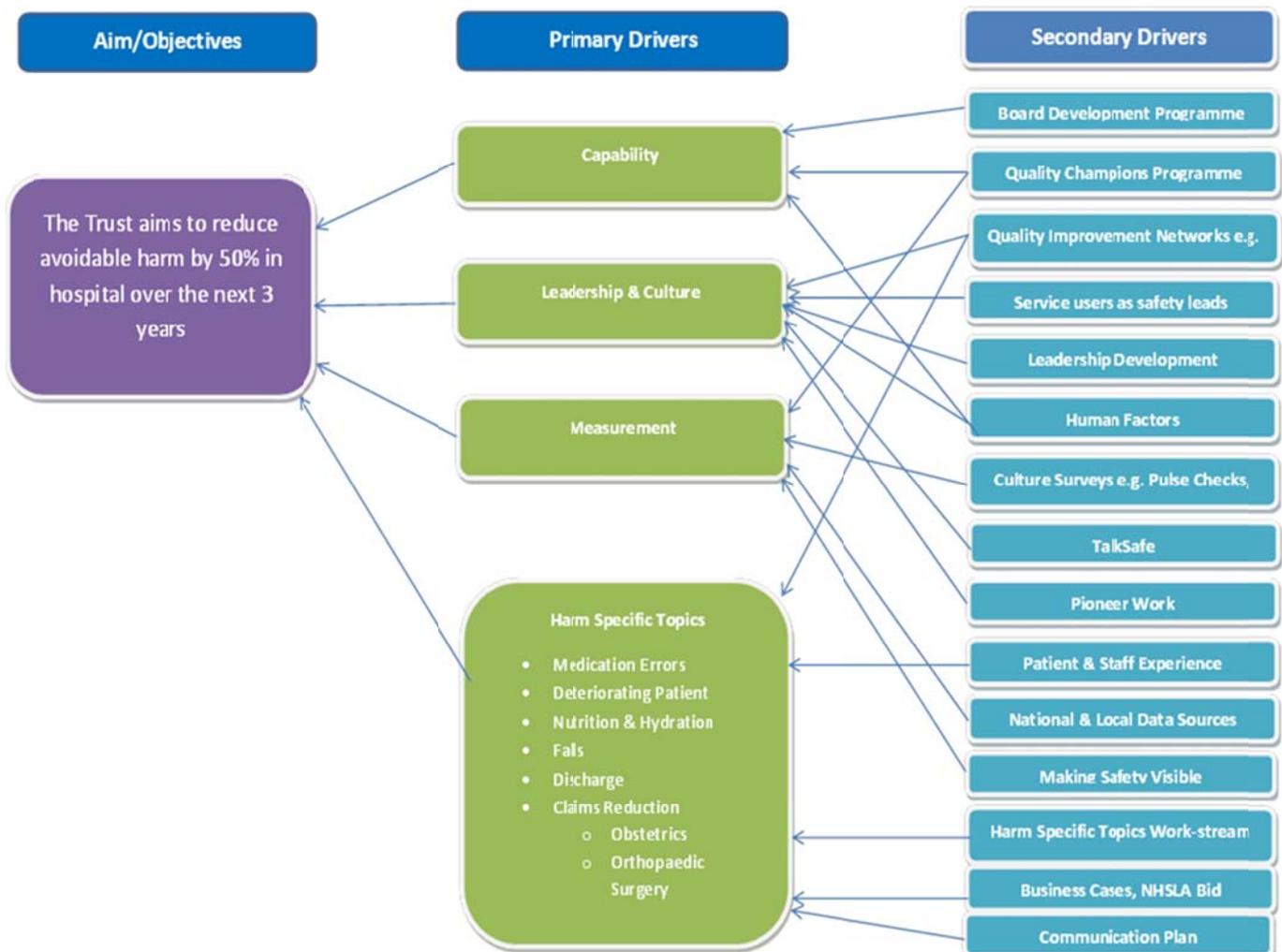


Participation in the National Sign Up to Safety Campaign

The aim of the national Sign Up to Safety Campaign is to deliver harm-free care for every patient, every time, everywhere. The campaign champions openness and honesty, and supports everyone to improve the safety of patients. The campaign has a three year objective to reduce avoidable harms by 50% and save 6,000 lives over three years.

We 'signed up to safety' in August 2014, committing to the development of an improvement plan which was submitted in January 2015. Our improvement plan built on the Trust's Quality Strategy 2014/17 and brought together existing quality and safety initiatives that are underway.

The diagram below summarises our Sign up to Safety Improvement Plan. Further detail in relation to a number of the initiatives included in the plan is described in this Quality Account. The Sign up to Safety aims and objectives are now embedded into the 2017/21 Quality Strategy to allow us to continue to pursue the aim of progressively moving towards zero avoidable harm.



Quality Priorities for 2017/18

Our safe, effective and caring strategy is the basis for the corporate and divisional plans, as well as being the basis for measuring and reporting on progress in reducing avoidable harm and improving quality. We have experienced local successes and challenges in achieving the Trust's safe, effective and caring strategy over the previous year which are outlined throughout this Quality Account.

We have agreed a number of annual priorities for 2017/18 which support the Trust's Quality Strategy 2017/21 and consider some of our challenges. The annual priorities were agreed following consultation with staff and stakeholders, including Governors, Wigan Borough Clinical Commissioning Group and Healthwatch.

The quality priorities, the rationale for selection and how we plan to monitor and report progress are outlined below. All quality priorities have a timescale for achievement by the 31st March 2017 and progress to achieve them is monitored by our Quality and Safety Committee.

Safe

Priority 1:	To improve our benchmarked position for mortality [HSMR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital-Level Mortality Indicator)].
Rationale:	<p>A quality priority to reach a Hospital Standardised Mortality Ratio (HSMR) of no more than 85 before rebasing and Summary Hospital level Mortality Indicator (SHMI) of no more than 100 was not achieved in 2016/17.</p> <p>Our HSMR for 2016/17 to December 2016 is 112. HSMR just for the month of December 2016 was 110. This was an improvement in comparison to the proceeding five months; however had the 7th highest HSMR out of the eight acute NHS Trusts in Greater Manchester. Our SHMI is 114 for a rolling 12 months from October 2015 to September 2016. The Trust has the highest SHMI in comparison with peers in Greater Manchester.</p>
Monitoring:	Mortality Group, chaired by the Medical Director is responsible for monitoring the actions and initiatives in relation to this priority.
Reporting:	Trust Board Performance Report; Team Brief.

Priority 2:	To complete a venous thromboembolism (VTE) risk assessment for 95% of patients admitted to hospital.
Rationale:	We did not achieve this priority during 2016/17; compliance has improved to 89% at the end of March 2017. Our Governors selected this indicator as their Locally Determined Indicator for 2016/17 meaning that the indicator is subject to an external review of data quality.
Monitoring:	Thrombosis Committee is responsible for monitoring compliance to achieve this priority.
Reporting:	Trust Board Performance Report; Team Brief.

Priority 3:	To reduce the numbers of falls resulting in moderate harm and serious harm.
Rationale:	At the end of March 2017 there had been 2 falls resulting in serious harm and 14 falls resulting in moderate harm. The Trust aims to reduce this by focussing on a number of initiatives which include work related to multiple fallers.
Monitoring:	Harm Free Care Board is responsible for monitoring the work undertaken by the Falls Improvement Group and progress to reduce harm from falls.
Reporting:	Trust Board Performance Report; Ward Falls Dashboards.

Effective

Priority 1:	95% of patients prescribed treatment dose anticoagulation have the correct dose prescribed and have it administered appropriately
Rationale:	Anticoagulation is a high risk medicine that can result in patient harm if not administered correctly. We did not achieve this priority during 2016/17; however, the establishment of an NHS QUEST 'Clinical Community' to improve anticoagulation management will support us to move forward during 2017/18. NHS QUEST is a network for Foundation Trusts who wish to focus on improving quality and safety.
Monitoring:	The monitoring of this priority will be undertaken as part of the Trust's participation in the NHS QUEST 'Clinical Community'.
Reporting:	NHS QUEST 'Clinical Community' progress reports to Medicine Management Committee.

Priority 2:	To achieve 100% compliance with the identification of a deteriorating patient, appropriate frequency observations and escalation of the deteriorating patient.
Rationale:	We aim to identify on every occasion a patient whose condition is deteriorating, to observe and take every necessary action to attempt to alleviate the deterioration. Early recognition of the deteriorating patient reduces the patient's morbidity and mortality rate, allowing appropriate treatment to commence in a timely manner. We have demonstrated significant improvements for this priority during 2016/17; however, further work is required to consistently achieve 100% compliance.
Monitoring:	The Critical Care Outreach Team (CCOT) undertakes monthly audits of compliance. The results are monitored by the MEWS (Modified Early Warning Score) Task and Finish Group.
Reporting:	MEWS Dashboard.

Priority 3:	To achieve an improvement in the results of an audit reviewing the compliance with requirements for Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR).
Rationale:	An audit of DNACPR documentation was undertaken in November 2016. A Task and Finish Group chaired by our Director of Nursing was established to renew the audit results and agree actions required.
Monitoring:	The DNACPR Task and Finish Group actions are monitored by Corporate Quality Executive Committee.
Reporting:	Clinical Audit Report.

Caring

Priority 1:	To achieve improved benchmarked position for patients being given notice of when discharge would be.
Rationale:	The National Patient Survey 2016 results have highlighted many positive elements of patient experience. Unfortunately one question with declining results relates to patients being given notice of when discharge would be. We will continue to focus on discharge in 2017/18 and improvements to patient experience.
Monitoring:	Real Time Patient Surveys are undertaken monthly by our lay auditors and the results are reported to Trust Board.
Reporting:	Trust Board.

Priority 2:	To achieve 90% of patients reporting that they were involved as much as they wanted to be in decisions about care, treatment and discharge from hospital.
Rationale:	We have demonstrated some improvement for this priority during 2016/17; however, further work is required to achieve 90% compliance by the end of 2017/18.
Monitoring:	Real Time Patient Surveys are undertaken monthly by lay auditors and the results are reported to Trust Board.
Reporting:	Trust Board Performance Report; Team Brief.

Priority 3:	To develop a ward accreditation scheme.
Rationale:	The ward accreditation scheme is part of developing the CREWS Quality Improvement Framework. It will address variations between wards to ensure Caring, Responsive, Effective, Well led and Safe Care (CREWS) is evidenced within inpatient ward areas and will provide a kite mark of high quality and performance for the ward.
Monitoring:	Corporate Quality Executive Committee (QEC) is responsible for monitoring the development and implementation of a ward accreditation scheme.
Reporting:	Corporate QEC



Part 2.2:

Statements of Assurances from the Board

We are required to include formal statements of assurances from the Trust Board which are nationally requested to give information to the public. These statements are common across all NHS Quality Accounts.

Review of Services

During 2016/17 Wrightington, Wigan and Leigh NHS Foundation Trust provided and/or sub-contracted 67 relevant health services as defined in the Trust's Terms of Authorisation as a Foundation Trust.

The Trust has reviewed all the data available to them on quality of care in all 67 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 90.6% of the total income generated from the provision of relevant health services by the Trust for 2016/17.

Participation in Clinical Audits

During 2016/17, there were 20 National Clinical Audits and 6 National Confidential Enquiries covered relevant health services that the Trust provides.

During that period the Trust participated in 80% National Clinical Audits and 100% National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in. In addition, the Trust participated in a further 14 National Audits (Non-NCAPOP) recommended by HQIP.

The National Clinical Audits and National Confidential enquiries that the Trust was eligible to participate in during 2016/17 are listed in **Appendix A**.

The National Clinical Audits and National Confidential Enquiries that the Trust participated in, for which data collection was completed during 2016/17, are listed in **Appendix A** alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The reports of 10 of National Clinical Audits were reviewed by the provider in 2016/17 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Trusts are required to include this statement in their Quality Account to demonstrate that the Trust has considered the quality of care across all the services delivered across WWL for inclusion in this Quality Account, rather than focusing on just one or two areas.

Audit	Trust Actions
National Rheumatoid Arthritis Audit	The Trust has set up an early Rheumatoid Arthritis clinic. This will be further audited to review its effectiveness.
Emergency Laparotomy Audit (NELA)	The report indicated that an assessment of mortality risk should be made explicit to the patient and recorded clearly on the consent form and in the notes. The Theatre booking form is being updated to include space for the P-Possum score (a risk prediction score). The service plan to introduce a no-score, no-booking policy.
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE UK)	The Trust reviews individual cases as they arise. This will continue on an ongoing basis.
National Cardiac Arrest Audit (NCAA)	Quarterly reports are received and regular reviews are undertaken by Resuscitation Officers. Reports are distributed to all Trust staff and periodic updates are given at audit meetings to create awareness amongst staff.
National Joint Registry (NJR)	Regular updates are provided at audit meetings where areas for improvement are highlighted. The Trust was more than 95% compliant this year.
National Heart Failure	This year the audit results demonstrated an improvement in comparison to previous reports.
End of Life Care	<p>The Trust has taken or will take the following actions in response to this audit:</p> <ul style="list-style-type: none"> • Four Palliative Care study days and an induction programme to be introduced, • A strategy will be developed and implemented for symptom control at end of life care, • Pro-active individual feedback to health care professionals on the completion of Individual Plan of Care (IPOC), • Review of IPOC documentation by Wigan Borough End of Life and Palliative Care Steering Group, • Implementation of documentation to support Advanced Care Planning, • Implementation of communication training programme.
Asthma (paediatric and adult) care in emergency departments	The Trust has taken the following actions: Education sessions have been provided on peak flow oxygen therapy and will be included in future teaching sessions.
National Paediatric Diabetes audit	Results have shown a significant improvement and the Trust is doing very well for the top target group. Sensor augmented pumps contribute to this. FY1 doctors to further audit sensor augmented pumps.
Cataract Surgery	All relevant Consultants regularly audit their own outcomes. When comparing to the figures from the National Audit, Surgeons within WWL are comparing well or have higher success rates than the National Average

The reports of 188 Local Clinical Audits were reviewed by the provider in 2016/17. A selection of these audits is outlined below and the Trust has taken or intends to take the following actions to improve the quality of healthcare provided:

Audit	Trust Actions
Sepsis Improvement in the Emergency Care Centre	<p>The Trust has undertaken the following actions in response to this audit:</p> <ul style="list-style-type: none"> • Formation of sepsis improvement group, • Introduction of “STEPS for Sepsis” framework, • Identification of problems surrounding data capture and coding, • Real time monthly audits in Accident and Emergency (A&E), • Sepsis book in Resus and Pit Stop, • Identification of named Triage nurse, • Audit of patients who breached the one hour anti-biotic target, • Drive on education and improving awareness, • Allocation of Nurse for sepsis on each shift, • Promotion of education and screening in doctors’ induction week, • Improved communication between medical and nursing staff in relation to administration of antibiotics, • Improved accessibility of screening tools, • Identification of Trust sepsis leads, • Development of sepsis dashboard.
Re-audit of Hyperglycaemia in Acute Coronary Syndrome (ACS)	<p>The Trust has undertaken the following actions in response to this audit:</p> <ul style="list-style-type: none"> • Present re-audit findings at appropriate teaching sessions to educate staff, • Encourage use of cardiac chest pain biochemistry bundle, • Enlist the help of ACS specialist nurse to identify hyperglycaemic patients, • The guidelines for hypoglycaemia in Acute Coronary Syndrome are being reviewed.
Safeguarding Adults – Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)	<p>The Trust overall showed a good understanding of the principles of MCA and DoLS. However, some areas had demonstrated a reduction in compliance.</p> <p>The Trust’s Safeguarding Team has carried out a number of training and awareness sessions across the Trust following the completion of this audit.</p> <p>Further unannounced audits have been undertaken and these have again showed a marked improvement in compliance.</p>
Outcome Measure Audit of Patients Following Prosthetic Rehabilitation	<p>The outcome measures used were specific to lower limb amputee patients and suitable for use in clinical practice. They demonstrated that prosthetic rehabilitation achieves improvements in prosthetic mobility and functional activities. These improvements benefit our patients’ independence, physical health and psychological wellbeing.</p>
Audit of Termination of Pregnancy (TOP) Service at Leigh Infirmary	<p>The patient information leaflet in relation to TOP has been updated and documentation for use in the TOP clinic has been improved.</p>

National clinical audits are primarily funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP). Although National Clinical Audits are not mandatory, organisations are strongly encouraged to participate in those that relate to the services they deliver. It is mandatory to publish participation in National Clinical Audits in a Trust’s Quality Account. A high level of participation provides a level of assurance that quality is taken seriously by the Trust and that participation is a requirement for clinical teams and individual clinicians as a means of monitoring and improving their practice. Local Clinical Audit is also important in measuring and benchmarking clinical practice against agreed standards of good professional practice.

Research

Participation in Clinical Research

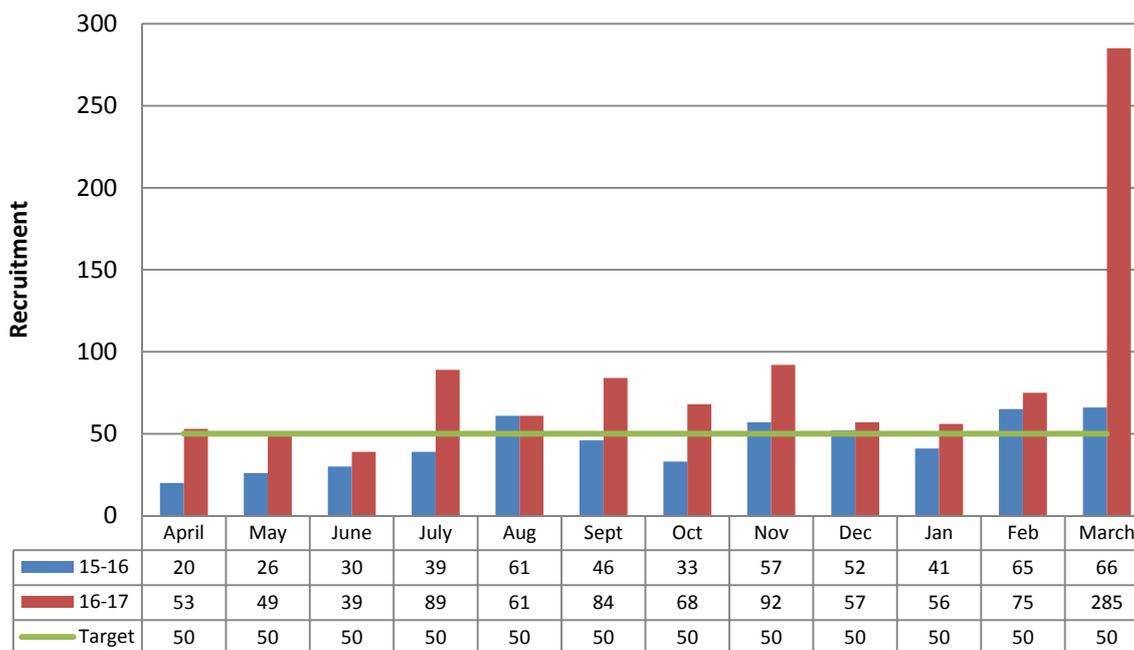
The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2016/17 who were recruited during this period to participate in research (approved by a research ethics committee registered and

adopted onto the 'National Institute for Health Research (NIHR) Portfolio') was 1,008; an average of 84 patients per month.

Patient Recruitment 2016/17

The following chart illustrates target recruitment versus actual recruitment to research studies in 2016/17.

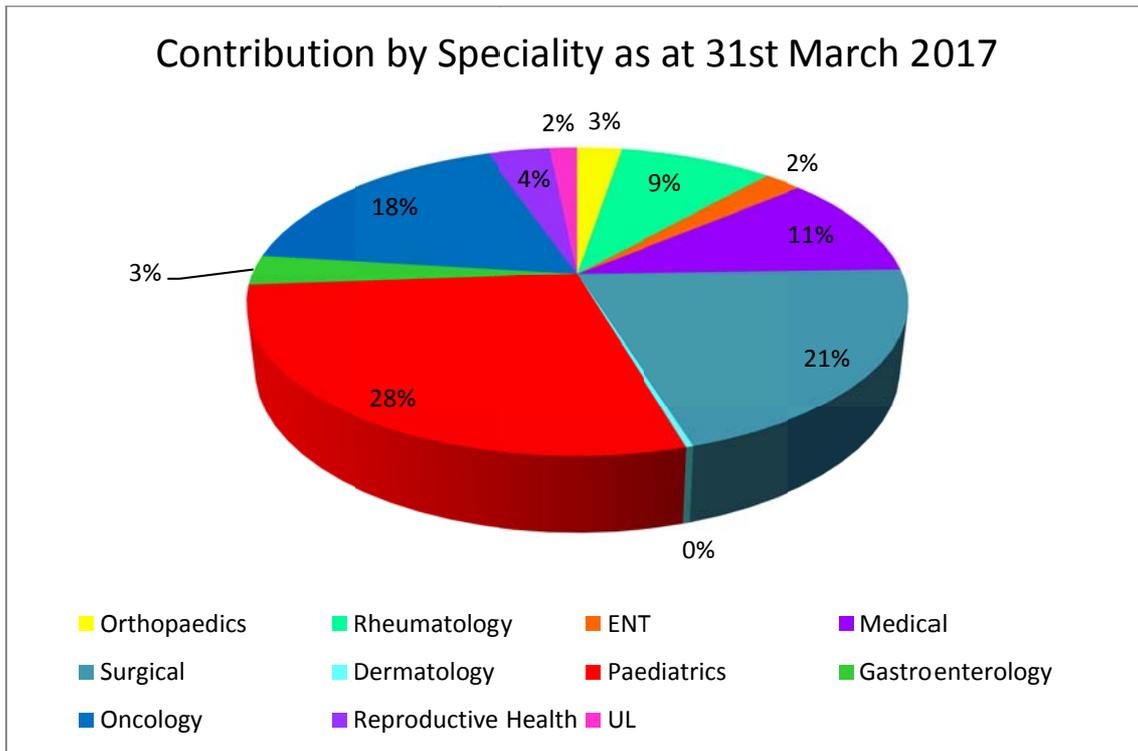
NIHR Performance YTD



Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff are continually updated about the latest treatments. Active participation in research leads to improved patient outcomes.

The Trust was involved in conducting 103 NIHR Portfolio clinical research studies and 212 Non Portfolio studies in a variety of specialities during the year 2016/17. The chart below illustrates recruitment into National Institute for Health Research registered studies between 1st April 2016 and 31st March 2017.

Contribution by Speciality as at 31st March 2017



It is globally recognised that a commitment to clinical research leads to better outcomes for patients. An example of this has been our growing involvement in research associated with fertility. The new fertility centre at Wrightington Hospital is attracting significant interest from both patients and innovators and the Trust has been recognised at a regional award ceremony for its success in attracting international research projects for the benefit of our patient population.

The Trust's five-year research strategy aims to include all clinical staff in research. Each year the Research Department has identified a clinical area for promoting and supporting research. This has proved successful and areas of interest have greatly increased with strong recruitment in the following clinical specialities:

Rheumatology, Cardiology, Diabetes, Surgery, Respiratory, Paediatrics, Obstetrics, Cancer, Ear Nose and Throat (ENT), Gastroenterology, Dermatology, Musculo-skeletal and Infection Control, Fertility and Ophthalmology.

Training and Development opportunities are provided by the Research Department to support staff in conducting quality research studies in a safe and effective manner. All staff that support research activity within the Trust are trained in Good Clinical Practice (GCP) which is an international quality standard

transposed into legally required regulations for clinical trials involving human subjects.

The development of our Research Patient Public Involvement (PPI) group within the Trust influences the way that research is planned. They help to identify which research questions are important.

By influencing the way research is carried out we aim to improve the experience of people who take part.

Publications have resulted from both our engagement in NIHR Portfolio research and Trust supported research, which has secured Ethical Approval.

It is important that we continue to support both pilot studies in preparation for larger research projects and smaller research studies which do not qualify for adoption onto the NIHR Portfolio because they do not require access to a funding stream. This shows our commitment to transparency and our strong desire to improve patient outcomes and experience across the NHS.

The clinical research team supports all clinical teams conducting research studies, ensuring the safe care of patients and adherence to the European Directive, Good Clinical Practice guidelines and data collection standards. As a result of this expert support, the larger clinical

community within the Trust is in a position to conduct a wide variety of clinical research which will, ultimately, provide better access to research for our patients.

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' refers to research that has received a favourable opinion from a Research Ethics Committee within the National Research Ethics Service (NRES). Trusts must keep a local record of research projects.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of the Trust's income for 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between Wrightington, Wigan and Leigh NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2016/17 and the following 12 month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>

In 2016/17 the Trust received £5,666k in relation to CQUINS in comparison with £5,763k in 2015/16. The Trust had nine CQUIN schemes in 2016/17 which were as follows:

1. National Schemes
 - a. Staff and patient health and well-being
 - b. Sepsis Screening and treatment
 - c. Reductions in antibiotic consumption
2. Local Schemes
 - a. Discharge improvement
 - b. Nutrition and hydration
 - c. Falls
 - d. Promoting healthy lifestyles
 - e. Paediatric diabetes
 - f. Cancer referral waiting times

Particular improvements are evident in relation to sepsis screening and treatment. Sustained work by the lead clinical staff produced significant and sustained improvements. This was achieved through on-going training, new systems, regular audit and feedback and closer working relationships across teams. In relation to staff health and well-being a large number of schemes were introduced including weight loss challenges, team sports events

and access to a wide range of support services including physiotherapy and counselling.

In relation to the local schemes both the nutrition and hydration and falls schemes encompassed large amounts of work and were linked to wider improvement plans within the Trust. In relation to cancer referral waiting times there was a significant improvement for patients waiting less than 14 days for their first appointment.

In 2017/18 the Trust will have a new CQUIN requirement which will be linked to health and well-being, proactive and safe discharge, reducing the impact of serious infections, reducing mental health attendances at accident and emergency, introducing an advice and guidance service for GPs and ensuring all appropriate outpatient services can be accessed through the national e-referral system.

The CQUIN payment framework aims to embed quality at the heart of commissioner-provider discussions and indicates that the Trust is actively engaged in quality improvements with our commissioners. Achievement of the CQUIN quality goals impacts on income received by the Trust.

What others say about WWL

Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission and its current registration status is registration without compliance conditions.

The Care Quality Commission (CQC) has not taken enforcement action against the Trust during 2016/17.

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

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) were inspected by the CQC, as part of their comprehensive inspection program, in December 2015. The reports were published by the CQC on 22 June 2016. The Trust is proud that 87% of its services received either 'outstanding' or 'good', the two highest ratings. This is a magnificent result and follows on from the Trust being named as the Health Service Journal's (HSJ) best provider Trust in the country in November 2014. It is thanks to the hard work, professionalism and dedication of all staff. The overall rating for WWL was 'good'.

In the inspection report, the CQC notes a positive caring culture throughout the organisation and praises staff for being not only caring but also committed, compassionate and proud of their services and of the Trust. The staff were noted to be open and friendly, going out of their way to help and support

patients. The report also comments on the good standard of cleanliness throughout the Trust and the high level of compliance with regard to infection control standards.

The report highlighted the Trust's End of Life Care services and services at the Thomas Linacre Centre, both of which received the highest rating of 'outstanding'. It was also a great credit to staff at Wrightington Hospital and Boston House which were rated 'good' in every area reviewed by the CQC (Safe, Effective, Caring, Responsive and Well-led).

The Trust welcomes constructive criticism and inevitably the inspection did identify some areas where it can improve. Action plans are in place to address these. The majority of the actions are now complete.

Trust Chairman, Robert Armstrong said "I am really pleased to see that almost the entire Trust was rated as 'outstanding' or 'good'. This is a great tribute to our hard working staff."

Andrew Foster, Trust Chief Executive, said "We are pleased to see that the CQC rated the majority of our services as either 'good' or 'outstanding' but we truly believe as a Board that our Trust and our staff are outstanding. We will continue on our improvement journey, whose success is evidenced by numerous national indicators and benchmarks to ensure that our patients continue to receive safe, effective and compassionate care."

The CQC inspected our various sites and actions were required for all, with the exception of the Thomas Linacre Centre.

1. CQC Quality Report - (June 2016) Trust

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Trust-wide	Good	Requires Improvement	Good	Good	Good	Good

CQC Quality Report - (June 2016) Royal Albert Edward Infirmary

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Children & young people	Requires Improvement	Inadequate	Good	Good	Good	Requires Improvement
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Outstanding	Good	Good	Outstanding	Outstanding	Good
Maternity and gynaecology	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Medical care	Good	Requires Improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Good	Not Assessed	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Urgent and emergency services	Good	Requires Improvement	Good	Good	Good	Good

CQC Quality Report - (June 2016) Leigh Infirmary

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Maternity and gynaecology	Good	Good	Requires Improvement	Good	Good	Good
Medical care	Good	Requires Improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Good	Not Assessed	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good

CQC Quality Report - (June 2016) Thomas Linacre Centre

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Outpatients and diagnostic imaging	Outstanding	Good	Not Assessed	Good	Outstanding	Good

CQC Quality Report - (June 2016) Wigan Health Centre Boston House

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good

CQC Quality Report - (June 2016) Wilmslow Health Centre

Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Outpatients and diagnostic imaging	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed

CQC Quality Report - (June 2016) Wrightington Hospital						
Core Service	Core Service Rating	1. Safe	2. Effective	3. Caring	4. Responsive	5. Well led
Outpatients and diagnostic imaging	Good	Good	Not Assessed	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good

Detailed below is the progress being made with the actions included in the CQC reports:

CQC Quality Report	Must Action		Should Action	
	Completed	In Progress - On Target	Completed	In Progress - On Target
CQC Quality Report - (June 2016) Leigh Infirmary	3	1	7	0
CQC Quality Report - (June 2016) Royal Albert Edward Infirmary	8	2	40	3
CQC Quality Report - (June 2016) Wigan Health Centre Boston House	0	0	3	0
CQC Quality Report - (June 2016) Wrightington Hospital	0	0	4	0
Total	11	3	54	3
Total Percentage	78.57 %	21.43 %	94.74 %	5.26 %

Of the 71 actions, as at the end of 2016/17, 65 actions have been completed, making 91.5% of the actions completed. The Trust has a robust system for managing the CQC actions. Progress is overseen by the Trust's Quality and Safety Committee.

All NHS Trusts are required to register with the Care Quality Commission. The CQC undertakes checks to ensure that Trusts are meeting the Fundamental Standards and Key Lines of Enquiry (KLOE) under safe, effective, caring, responsive and well-led. If the CQC has concerns that providers are non-compliant there are a wide range of enforcement powers that it can utilise which include issuing a warning notice and suspending or cancelling registration.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

-which included the patient's valid NHS number was:

- *99.9% for admitted patient care,*
- *98.5% for outpatient care, and*
- *99.0% for accident and emergency care.*

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

- *100% for admitted patient care,*
- *100% for outpatient care, and*
- *100% for accident and emergency care.*

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a Trust to the patient's General Practitioner (GP).

Information Governance Toolkit Attainment Levels

The Trust's Information Governance Assessment Report overall score for 2016/17 was 81% and was graded green (a satisfactory submission).

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The Information Governance Toolkit is a performance tool produced by the Department of Health (DH) and now hosted by NHS Digital. It draws together the legal rules and central guidance related to Information Governance and presents them in one place as a set of Information Governance requirements.

Clinical Coding Error Rate

The Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. (The Audit Commission is no longer in existence). The Trust commissioned an external audit in November 2016 for assurance of the clinical coding quality. The error rates reported in the audit for diagnoses and treatments coding (clinical coding) were:

- Primary Diagnosis incorrect 2.5%
- Secondary Diagnosis incorrect 2.74%
- Primary Procedures Incorrect 3.68%
- Secondary Procedures Incorrect 2.8%

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

Statement on relevance of Data Quality and your actions to improve your Data Quality

The Trust will be taking the following actions to improve data quality:

The Trust has a Data Quality Policy outlining the roles and responsibilities for recording good quality data. In order to ensure that the policy is adhered to the Data Quality Committee oversee an annual audit programme whereby data is audited for accuracy, timeliness of data entry, confidence in the source of the data and validation of the use of the data. A kite mark is then applied to the appropriate reports where this data is displayed showing the data quality rating. Where the quality of data is identified as needing improvement an action plan is put in place to address the recommendations.

The Data Quality Team undertake regular service reviews within the Divisions to provide advice and guidance on the accurate recording of patient activity to ensure that any changes to service provision are accurately reflected contemporaneously.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust Board is required to sign a 'Statement of Directors' Responsibilities in respect of the Quality Report part of which is to confirm that data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.



Part 2.3: Reporting against core indicators

We are required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

For each indicator, the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods, is presented in the table below. In addition, where the required data is made available by NHS Digital, a comparison is made of the numbers, percentages, values, scores or rates of each of the NHS Trusts indicators with:

- a) National average for the same, and;
- b) Those NHS Trusts with highest and lowest for the same.

We are required to include formal narrative outlining reasons why the data is as described and any actions to improve the data.

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Mortality				
(a) <i>The value and banding of the summary hospital-level mortality indicator (“SHMI”) for the Trust for the reporting period; and</i>	October 2014 - September 2015	Value:1.115, Banding : 1	Value: 1.004	Best: THE WHITTINGTON HOSPITAL NHS TRUST (RKE): Value:0.690 , Banding: 3
				Worst: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RVW) : Value: 1.177 , Banding: 1
	October 2015 - September 2016	Value:1.142, Banding : 1	Value: 1.003	Best: THE WHITTINGTON HOSPITAL NHS TRUST (RKE): Value:0.652 , Banding: 3
				Worst: WYE VALLEY NHS TRUST (RLQ) : Value: 1.164 , Banding: 1
(b) <i>The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period.</i>	October 2014 - September 2015	28.6%	26.6%	Best: THE WHITTINGTON HOSPITAL NHS TRUST (RKE) : Value:0.189%
				Worst: IMPERIAL COLLEGE HEALTHCARE NHS TRUST (RYJ) : Value: 53.5%
	October 2015 - September 2016	31.0%	29.7%	Best: THE WHITTINGTON HOSPITAL NHS TRUST (RKE) : Value :0.4%
				Worst: GEORGE ELIOT HOSPITAL NHS TRUST (RLT) : Value: 56.3%
Assurance Statement				
<i>The Trust considers that this data is as described for the following reasons:</i>				
<p>The Summary Hospital-Level Mortality Indicator (“SHMI”) includes deaths out of hospital. The Trust recognises the benchmarked position for SHMI and is undertaking a number of actions to understand this position.</p> <p><i>The Trust intends to take the following actions to improve these indicators and, so the quality of its services, by:</i></p> <p>Mortality remains a principal risk for the Trust. The Trust has been undertaking a joint project with Wigan Borough Clinical Commissioning Group to review deaths within 30 days of discharge. A Mortality Group has been established, chaired by the Medical Director and attended by external organisations to support collaborative working to address SHMI in the Wigan Borough. One responsibility of the group will be to analyse the Trust’s mortality data and seek meaningful comparisons.</p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Patient Reported Outcome Measures Scores (PROMs)				
<i>The Trust's patient reported outcome measures scores during the reporting period for - i) groin hernia surgery;</i>	April 2014 - March 2015	0.074	0.084	Best: POOLE HOSPITAL NHS FOUNDATION TRUST (RD3): Value: 1.54 Worst: LEWISHAM AND GREENWICH NHS TRUST (RJ2): Value: 0.00
	April 2015 - March 2016 (Provisional)	0.079	0.087	Best: BMI - THE SOMERFIELD HOSPITAL (NT438): Value: 0.157 Worst: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RVW): Value: 0.021
	April 2014 - March 2015	n/a	0.094	Best: BUCKINGHAMSHIRE HEALTHCARE NHS TRUST (RXQ): Value: 0.15 Worst: ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (RJ7) : Value: -0.009
				Best: MID YORKSHIRE HOSPITALS NHS TRUST (RXF): Value: 0.149 Worst: SURREY AND SUSSEX HEALTHCARE NHS TRUST (RTP) : Value: 0.018
April 2015 - March 2016 (Provisional)	n/a	0.095		
<i>ii) hip replacement surgery;</i>	April 2014 - March 2015	0.453	0.436	Best: SPIRE CLARE PARK HOSPITAL (NT345): Value: 0.52 Worst: WALSALL HEALTHCARE NHS TRUST (RBK) : Value: 0.33
				Best: NORTH DOWNS HOSPITAL (NVC11): Value: 0.510 Worst: WALSALL HEALTHCARE NHS TRUST (RBK) : Value: 0.32
	April 2015 - March 2016 (Provisional)	0.443	0.438	
April 2014 - March 2015	0.305	0.314	Best: NUFFIELD HEALTH, CAMBRIDGE HOSPITAL (NT209) :	

				Value: 0.42
				Worst: SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9) : Value: 0.204
	April 2015 - March 2016 (Provisional)	0.314	0.320	Best: SHEPTON MALLET NHS TREATMENT CENTRE (NTPH1) : Value: 0.398
				Worst: HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST(RQX) : Value: 0.198

Assurance Statement

The Trust considers that this data is as described for the following reasons:

The data is validated and published by Patient Related Outcome Measures (PROM's).

The Trust has taken the following actions to improve this indicator and, so the quality of its services, by:

A new system has been implemented in pre-op and has improved the participation for the Hip and Knee PROMs.

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Hospital Readmission				
<i>The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust during the reporting period: aged 0-15</i>	April 2010 - March 2011	7.73	10.31	Best: Epsom & St Helier University Hospitals NHS Trust (RVR): 6.41
				Worst: Royal Wolverhampton Hospitals NHS Trust (RL4): 14.11
	April 2011 - March 2012	7.95	10.23	Best: Epsom & St Helier University Hospitals NHS Trust (RVR): 6.4
				Worst: Royal Wolverhampton Hospitals NHS Trust (RL4): 14.94
<i>The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital which forms part of the Trust during the reporting period: aged 16 or over</i>	April 2010 - March 2011	12.71	11.55	Best: Shrewsbury and Telford Hospital NHS Trust (RXW): 9.20
				Worst: Heart of England NHS Foundation Trust (RR1): 14.06
	April 2011 - March 2012	12.40	11.56	Best: Norfolk and Norwich University Hospital NHS Foundation Trust (RM1): 9:34
				Worst: Epsom & St Helier University Hospitals NHS Trust (RVR): 13.80
Comments: Large Acute Trusts Only. No New data - Future releases suspended pending review				
Assurance Statement				
<i>The Trust considers that this data is as described for the following reasons:</i>				
<p>Readmission rates in children reduced slightly this year, but remained broadly static and significantly better than the national average. Over the past 12 months focus on community clinics has supported this reduction. The adult rates increased slightly this year, but remained static and were better than the national average. It has been noted that attendances from patient over the age of 75 years old to Accident and Emergency has increased by 9% and this cohort often require multiple attendances.</p>				
<i>The Trust has taken the following actions to improve this indicator and so the quality of services by:</i>				
<p>As the Wigan Health economy has a large proportion of elderly population (especially 75+) then avoidance of readmissions has focussed on working closely with the community teams and in Care Homes to manage conditions out of the acute site. This includes the ICS (Integrated Community Services) and Social care teams focussing on the local provision of services. Other teams such as the Alcohol Service, has acute nursing teams working in A&E and picking up the frequent attenders before they are admitted to an acute bed.</p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Responsiveness to Personal Needs				
<i>The Trust's responsiveness to the personal needs of its patients during the reporting period</i>	National Inpatient Survey 2014 - 2015	66.90%	68.90%	Best: The Royal Marsden NHS Foundation Trust (RPY) : Value: 86.1%
				Worst: Croydon Health Services NHS Trust (RJ6): Value: 59.1%
	National Inpatient Survey 2015 - 2016	69.20%	69.60%	Best: The Royal Marsden NHS Foundation Trust (RPY) : Value: 86.2%
				Worst: Croydon Health Services NHS Trust (RJ6): Value: 58.9%
Assurance Statement				
<i>The Trust considers that this data is as described for the following reasons:</i>				
<p>The Trust has performed slightly below national average for patients reporting that their personal needs are responded to</p> <p><i>The Trust has taken the following actions to improve this score to the quality of its services by:</i> The Trust continues to respond to the National Survey by making improvements in patient care based on the results. There have been a number of improvements made during the last 12 months including some detailed work around patient discharge by integration of Health and Social Care and the development of the Integrated Discharge Team (IDT), who work across all areas in the Trust at the point of admission. All patients are provided with an Expected Date of Discharge, and the IDT provide support and advice during Consultant and Grand Ward Rounds. All patients are advised of the Consultant who is providing their treatment and care. Following the introduction of the admission pack an additional discharge wallet has been introduced to all inpatient areas which provides specific information regarding discharge and community services. Both these information resources are provided to the patient at admission. There will be continued focused work ensuring that the Always Events and the Goodnight Always Events continue to be embedded and provided reinforcement across the organisation. There will also be the development of the always discharge events which will be launched later this year</p> <p><i>The Trust has taken the following actions to improve this score to the quality of its services by:</i></p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Friends and Family Test (Staff)				
<i>The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.</i>	National NHS Staff Survey 2015	79%	69%	Best: Northumbria Healthcare NHS Foundation Trust (RTF) : Value: 85%
				Worst: Worst: Isle of Wight NHS Trust (acute sector) (R1F1) : Value: 46%
	National NHS Staff Survey 2016	76%	70.00%	Best: : Royal Devon and Exeter NHS Foundation Trust (RH8), West Suffolk NHS Foundation Trust (RGR) Value: 85%
				Worst: Isle of Wight NHS Trust (acute sector) (R1F1) : Value: 49%
Assurance Statement				
<i>The Trust considers that this data is as described for the following reasons:</i>				
<p>The Trust has performed better than the national average for staff recommending the Trust to friends and family as a place to be treated. The Trust has also scored above average for staff recommending the Trust as a place to work. The results have declined marginally by 3% since 2015; however, this is a statically insignificant change.</p> <p>The Trust has been able to achieve this position by regularly acting on staff feedback. The Trust distributes its own staff engagement Pulse Survey which is issued to a quarter of staff every quarter of the year. The quarterly pulse survey has been of significant value to WWL over the last three years. It has enabled the Trust to act quickly on the issues identified, ensuring that we are always aware of trends and new issues. The quarterly pulse surveys and associated actions have been integral to shaping the organisational culture.</p> <p>Whilst the staff Friends and Family Test has shown an insignificant decline, the results of the quarterly Pulse Survey over the last year do indicate a decline in the results for a number of enabling factors such as staff recognition, trust, work relationships, resources, mindset, personal development and perceived fairness. Staff feelings around dedication, focus and energy levels and behaviours around persistence, discretionary effort and adaptability have also declined in this period. Despite these shifts in staff engagement, results are still moderate to positive and the majority of staff still recommend the Trust as a place to be treated.</p> <p><i>The Trust intends to take the following actions to improve this percentage and, so the quality of its services, by:</i></p> <p>The Pulse Survey identifies that a number of factors that enable engagement have declined during 2016. The Trust will act on these areas responsively. Further investment in health and well-being initiatives (via the Steps 4 Wellness Programme) aims to improve staff wellbeing, morale, resilience and energy levels and includes a number of initiatives associated with mental, physical and social wellbeing, and healthy choices. Other key areas of focus will be to fully embed WWL's "People Promise", investing in engagement tools such as a new intranet and staff app, internal communications, focus groups, staff forums, recognition programmes, leadership development, staff events and driving engagement locally through the pioneer teams programme.</p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Venous Thromboembolism				
<i>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.</i>	April to June 2016	96.22%	95.73%	Best: BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST (RY2), CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (RT1), SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (RWN) : Value: 100%
				Worst: HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST (RWA) : Value: 80.61%
	July to September 2016	86.15%	95.51%	Best: BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST (RY2), CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (RT1), SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (RWN) : Value: 100%
				Worst: IPSWICH HOSPITAL NHS TRUST (RGQ) : Value: 72.14%
Assurance Statement				
<i>The Trust considers that this data is as described for the following reasons:</i>				
<p>A new Trust Electronic Patient Record system was introduced in July 2016 changing the way data was recorded. There were issues around completion of the correct medical forms by medical staff and problems with data analysis. Compliance from April 2016 to March 2017 is 87.17%.</p>				
<p><i>The Trust has taken the following actions to improve this percentage and so the quality of its services by:</i></p> <p>There has been a Trust-wide initiative to highlight the correct documents that doctors are required to complete when patients are admitted as inpatients. We have reviewed ward areas to make sure that day case wards and paediatric units are not incorrectly counted in our target figures. We have also corrected errors in the retrieval of VTE data from the electronic system.</p>				
<p>Our figures have improved on recent audits and we are above 90% across the three divisions. However there is still room for improvement and we continue with staff education to try and achieve our target.</p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Clostridium difficile (C. difficile)				
<i>The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.</i>	April 2014 - March 2015	16.3	15.1	Best: Alder Hey Children's (RBS), Birmingham Children's Hospital (RQ3), Birmingham Women's (RLU), Moorfields Eye Hospital (RP6): 0.00 Worst: The Royal Marsden (RPY) :62.2
	April 2015 - March 2016	7.9	14.9	Best: Birmingham Children's Hospital (RQ3), Birmingham Women's (RLU), Liverpool Womens (REP), Moorfields Eye Hospital (RP6), The Robert Jones and Agnes Hunt Orthopaedic Hospital (RL1): 0.00 Worst: The Royal Marsden (RPY) :66.0
Assurance Statement				
<p><i>The Trust considers that this data is as described for the following reasons:</i></p> <p>The Trust has performed well against other Trusts in relation to C. difficile per 1,000,000 bed days within the Greater Manchester region in 2016/17 and was second best performer with a rate of 14.2. (N.B. National comparison data at time of printing was not available)</p> <p>The Trust has continued to make clinical assurances to avert any 'Lapse's in Care' regarding CDT cases and has continued to reduce the number of "Lapse's in Care". This has been supported with improvement in technology, methodology and data collection, resulting in a more accurate reflection of activity.</p> <p><i>The Trust intends to take the following actions to improve this percentage and so the quality of its services by:</i></p> <p>The Trust intends to continue with the current actions to improve on this rate and support the quality of services by continuing to undertake individual C. difficile "Post Infection Reviews- PIR's", which will assist to identify any learning points to prevent future C.difficile cases.</p>				

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
Patient Safety Incidents				
<i>The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.</i>	October 2015 - March 2016	3990 Incidents Reported (Rate per 1000 bed days 52.32%) / 64 serious incidents (1.6%)	655,193 Incidents Reported (Median national reporting rate per 1000 bed days 39.31%) / 2642 serious incidents (0.4%)	Best acute non-specialist Trust: Wye Valley NHS Trust (RLQ) Incidents Reported (Rate per 1000 bed days 75.91%) / 7 serious incidents (0.2%) Worst acute non-specialist Trust: Medway NHS Foundation Trust (RPA) 1499 Incidents Reported (Rate per 1000 bed days 14.77%) / 26 serious incidents (1.8%)
	April 2016-September 2016	4209 Incidents Reported (Rate per 1000 bed days 55.29%) / 21 serious incidents (0.5%)	673,865 Incidents Reported (Median national reporting rate per 1000 bed days 40.02%) / 2516 serious incidents (0.5%)	Best acute non-specialist Trust Northern Devon Healthcare Trust (PBZ) 3620 Incidents Reported (Rate per 1000 bed days 71.81%) / 30 serious incidents (0.8%) Worst acute non-specialist Trust Luton and Dunstable University Hospital NHS Foundation Trust (RC9) 2305 Incidents Reported (Rate per 1000 bed days 21.15%) / 6 serious incidents (0.3%)

Assurance Statement

The Trust considers that this data is as described for the following reasons:

In relation to reporting Patient Safety Incidents to the National Reporting and Learning System (NRLS), the Trust has made significant progress in year.

Previously the Trust benchmarked 137th out of 140 acute Trusts, improving to 37th out of 137 acute non-specialist Trusts in 2015/16. The NRLS reports published in April 2016 identified the Trust as 26th out of 136 acute non-specialist Trusts in April 2016 (top 25%). By the October 2016 report, the Trust had made further improvements, becoming 13th out of 136 acute non-specialist Trusts, (top 10% of reporters.) The latest NRLS report published in April 2017 demonstrated that the Trust remains in the top

10% of reporters for the period from the 1st April 2016 to the 30th September 2016 at 14th out of 136 acute non-specialist Trusts.

The Trust intends to take the following actions to improve this indicator further and so the quality of services:

The Trust is currently below the national average for reporting to submission timescales. Actions to ensure daily uploads to NRLS have commenced and were tested with success during March 2017.

The Trust was proud to be a finalist for the Health Service Journal (HSJ) Awards 2016 for "Reporting, Escalation and Learning from Reported Incidents". The Trust has been shortlisted for two HSJ Patient Safety Awards; "Clinical Governance and Risk Management" and "Best Organisation". The awards are due to be announced in July 2017.



Part 3:

Other Information

Part 3.1: Review of Quality Performance

This section of the Quality Account provides information on our quality performance during 2016/17. Performance against the priorities identified in our previous quality account and performance against the relevant indicators and performance thresholds set out in NHS Improvement's Risk Assessment Framework and Single Oversight Framework are outlined. We are proud of a number of initiatives which contribute to strengthening quality governance systems. An update on progress to embed these initiatives is also included in this section.

Performance against priorities identified for improvement in 2016/17

We agreed a number of priorities for improvement in 2016/17 published in last year's Quality Account. These were selected following the development of our Quality Strategy 2017/21 in conjunction with internal and external stakeholders.

Safe

Priority 1:	To reduce the number of falls by 10%.
Where we were in 2015/16	This was a quality priority in 2015/16 and remained a priority for 2016/17. The Trust did not achieve the ambitious target to reduce falls by 10% by the end of 2015/16.
Where we are at the end of 2016/17	<p>We have achieved a reduction in the number of falls in 2016/17 in comparison with 2015/16. There were 969 falls in 2015/16 and 960 falls in 2016/17. We achieved a reduction in falls resulting in serious harm from 5 in 2015/16 to 2 in 2016/17.</p> <p>We were delighted to successfully achieve the falls CQUIN in 2016/17. A ward level dashboard has been developed. The falls risk assessment has been updated to reflect current NICE guidance. A referral form to the clinical lead for falls for inpatients that have fallen twice or more is currently being trialled. A Falls Summit was held in September 2016 providing an opportunity for acute, community and primary care staff to come together and identify shared challenges. As a direct result of this summit, work has started with community partners to ensure that the communication flow for patients who attend hospital and those who are discharged is improved to provide correct information. The Falls Improvement Group continues to focus on the Trust-wide falls improvement plan. We have four volunteer patient companions. A new process to review patients care for those who have suffered moderate, serious or catastrophic harm has been developed. Ward staff present the investigation to the Director of Nursing to ensure that the ward/department owns any improvements that are required to decrease the risk of recurrence.</p> <p>The focus for 2017/18 is to continue to reduce the level of harm caused by inpatient falls.</p>
Priority 2:	To complete a venous thromboembolism (VTE) risk assessment for 95% of patients admitted to hospital.
Where we were in 2015/16	An improvement in the completion of VTE risk assessments were identified as a priority at the end of 2015/16.
Where we are at the end of 2016/17	<p>Benchmarking for VTE risk assessments is outlined in Section 2.3. We have not achieved 95% compliance due to unforeseen complications following the introduction of HIS (the Trust's Electronic Patient Record). We undertook a risk assessment that scored highly enough to be on the corporate risk register and was monitored at the Risk Environmental Management Committee (REMC). Issues have now been resolved. Our Governors selected this indicator as their Locally Determined Indicator for 2016/17 meaning that the indicator is subject to an external review of data quality. This priority remains one of our quality priorities for 2017/18 outlined in this Quality Account (Section 2).</p> <p>Compliance from April 2016 to March 2017 is 87.17%</p>
Priority 3:	To reach a Hospital Standardised Mortality Ratio (HSMR) of no more than 85 before rebasing and Summary Hospital level Mortality Indicator (SHMI) of no more than 100.
Where we were in 2015/16	This was a quality priority for the Trust in 2015/16 and remained a priority for 2016/17. HSMR year to February 2016 (data is three months behind) was 92.3 and within expected range when benchmarked against other organisations. The latest SHMI data available at the end of 2015/16 was 111.45 (October 2014 – September 2015).

<p>Where we are at the end of 2016/17</p>	<p>The Trust has not achieved this quality priority in 2016/17. Our HSMR for 2016/17 to December 2016 is 112. HSMR just for the month of December 2016 was 110. This was an improvement in comparison to the proceeding five months; however had the 7th highest HSMR out of the eight acute NHS Trusts in Greater Manchester. Our SHMI is 114 for a rolling 12 months from October 2015 to September 2016. The Trust has the highest SHMI in comparison with peers in Greater Manchester.</p> <p>Mortality will continue to be a Trust priority for 2017/18. A number of initiatives are underway which include a joint project with Wigan Borough Clinical Commissioning Group to review deaths within 30 days of discharge and benchmarking against national guidance on learning from deaths, published by the National Quality Board in March 2017.</p>
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Effective

Priority 1:	To achieve 100% compliance with the identification of a deteriorating patient, appropriate frequency of observations and escalation of the deteriorating patient.
Where we were in 2015/16	<p>The Trust aims to identify on every occasion a patient whose condition is deteriorating, to observe and take every necessary action to attempt to alleviate the deterioration.</p> <p>Monthly audits of compliance were undertaken by the Critical Care Team (CCOT). In February 2016, the audit results demonstrated that completion of the Modified Early Warning Score (MEWS) algorithm was 94%; however, completion of observations was 62%.</p>
Where we are at the end of 2016/17	<p>A Task and Finish Group was established during 2016/17, chaired by the Director of Nursing. Despite achieving 100% compliance for MEWS during selected months during the year, the group continues to monitor the audit results and aims to achieve consistent achievement of compliance.</p> <p>This priority remains one of the Trusts quality priorities for 2017/18 outlined in this Quality Account (Section 2).</p>

Priority 2:	To achieve 95% of patients who have correct anti-coagulation treatment prescribed and administered at the correct time, 24 hours after admission (NHS QUEST)
Where we were in 2015/16	<p>This priority was identified at the end of 2015/16. Anticoagulation is a high risk medication that can result in patient harm if not administered correctly. The Trust had had a number of incidents related to anticoagulation.</p>
Where we are at the end of 2016/17	<p>The Trust has not achieved this priority in 2016/17. Monitoring of this priority is undertaken as part of the Trust's participation in the NHS QUEST 'Clinical Community' that has been established to improve anticoagulation management. NHS QUEST is a network for Foundation Trusts who wish to focus on improving quality and safety. The 'Clinical Community' has struggled to identify a joint aim and this has in part been due to engagement from all the trusts in the community. This priority remains one of the Trust's quality priorities for 2017/18 outlined in this Quality Account (Section 2).</p>

Priority 3:	To achieve a 50% reduction in delays in discharge
Where we were in 2015/16	<p>The Trust Board selected this priority at the end of 2015/16 as a corporate objective for 2016/17. The Trust's Business Intelligence Team then identified a framework to measure compliance. The indicators in this framework are outlined below.</p>
Where we are at the end of 2016/17	<p>The Corporate Objective states the following: "To reduce variation leading to unnecessary delay for patient admission to discharge by 50%." 10 key performance indicators have been established and progress monitored on a monthly basis in the "10 small steps to Big improvement" Team Forum. Progress against each indicator is as follows, according to available data:</p> <ol style="list-style-type: none"> 16 A&E breaches per day: The number of patients in the past 3 months waiting beyond 4 hours in A&E for a decision has averaged 44.5 per day. Several improvement work streams aimed at reducing unnecessary waits improving patient outcomes and Staff experience are underway. Not achieved 30 minutes from decision to admit from A&E to patient arriving on ward: This is not currently measured to an accurate level and is set as a target. Not measurable.

	<p>3. 97% of patients on the right ward: An average of 93.5% of patients was admitted to their speciality specific ward in the last 3 months Not achieved</p> <p>4. 1.0 day between Assessment for being sent and Integrated Discharge Team assessment of patient: there has been a positive month on month reduction in delays. In the last 3 months the average wait was 1.67 days. Not achieved</p> <p>5. 1 hour between Request for Medicine and Medication being dispatched: Current performance 4.8 hours (data being checked for accuracy) Not achieved</p> <p>6. 15 medically optimised patients per day: There is currently no electronic means of measuring this data; therefore, it does not form part of the dashboard to date. Assurance is provided by WWL having the lowest number of reportable “Delayed Transfers of Care” in Greater Manchester. Not achieved; however the Trust benchmarks positively for Delayed Transfers.</p> <p>7. 5 or fewer patients having their elective procedure cancelled on the day of the operation: On average 8.6 patients have been cancelled in the last 3 months, primarily due to bed pressures. Not achieved.</p> <p>8. 10 patients per day leaving the wards before 10.30am on their day of discharge. An average of 7.6 patients left a ward before 10.30am in the last 3 months. Not achieved; however, the position has improved.</p> <p>9. The number of patients discharged at weekends to be 80% of the weekly rate: This fluctuates; however, generally the numbers have marginally increased in December 2016 and January 2017 correlating with Consultant presence at the weekend. The average for the last 3 months is 77.1%. Not achieved; however, the position has improved.</p> <p>10. Reduce spend on private patient transport to less than £25,000 per month: Average cost for private patient transport over the last 3 months is £11,750. Achieved.</p>
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Priority 4:	To recruit a further 100 clinical staff as dementia champions.
Where we were in 2015/16	At the end of 2015/16 the Trust had 250 trained Dementia Champions.
Where we are at the end of 2016/17	At the end of March 2017 70 Dementia Champions had been recruited and trained during the year taking the Trust total to 320. In April 2017 a further 40 were trained.

Priority 5:	To create a comprehensive register of all of the Trust’s electronic information assets with details of the name and role of the responsible individual.
Where we were in 2015/16	This was a quality priority for 2015/16 and it was identified that further work was required during 2016/17. A simplified Information Asset Owner approach had been established. The Trust is required to have an information asset register that includes all assets that comprise or hold personal data, with a clearly identified accountable individual. The Trust had a register but it required a significant review.
Where we are at the end of 2016/17	We have made great progress with the Information Asset Owner programme in 2016/2017. The Trust currently has 25 Information Assets Owners and 44 Information Asset Administrators. 270 clinical systems have been identified and 121 of those have agreed ownership. The remaining 149 systems have identified owners however those individuals have yet to confirm that the system is their responsibility. The Trust anticipates that this piece of work will be completed by September 2017.

Caring

Priority 1:	To achieve an improved benchmarked position for patients reporting that they have been bothered by noise at night.
Where we were in 2015/16	The 2015 National Patient Survey results indicated that the Trust scored worse than other Trusts for patients reporting that they were bothered by noise at night (43.8%). 'Goodnight Always' events were introduced in late 2015 to reduce the unnecessary noise at night and promote a good night's sleep for patients.
Where we are at the end of 2016/17	We are delighted that this priority was achieved in 2016/17. The results of the National Inpatient Survey 2016 demonstrated that 34.2% of patients reported being bothered by noise at night. We continue to consider how to improve this further with initiatives such as posters to encourage patients to turn off or put their mobile devices to silent after 11pm and information about prevention of noise at night in the new Welcome Booklet available on all wards.

Priority 2:	To achieve 90% of patients reporting that they were involved as much as they wanted to be in decisions about discharge from hospital.
Where we were in 2015/16	During 2015/16 66.63% of patients reported that they were involved as much as they wanted to be about their discharge from hospital.
Where we are at the end of 2016/17	During 2016/17 63.8% of patients reported that they were involved as much as they wanted to be about their discharge from hospital. This priority has not been achieved; however, there has been an improvement. Work has been undertaken to address patients being involved in decisions about their discharge which includes the launch of a new discharge wallet and specific discharge assistants to support patients on the wards. 'Calling cards' provided to patients following discussions about their discharge have just been introduced. We were pleased to meet the requirements of a local CQUIN for 'expected date of discharge'.

Priority 3:	To achieve 90% of patients reporting that they were aware of which Consultant was treating them.
Where we were in 2015/16	During 2015/16 84.26% of patients reported that they were aware of which Consultant was treating them.
Where we are at the end of 2016/17	During 2016/17 87.2% of patients reporting that they were aware of which Consultant was treating them.

Priority 4:	To achieve 100% of notifiable patient safety incidents triggering Duty of Candour requirements acknowledged to relevant person (informing them that the incident has occurred or is suspected to have occurred) within 10 working days of the incident being reported.
Where we were in 2015/16	The Trust Board selected this as a corporate objective for 2016/17. A culture of openness is essential to improve patient safety, experience and service quality. The Trust aims to ensure that the responsibilities outlined in regulations for Duty of Candour are undertaken, enhanced and monitored at a senior level within the organisation. Implementation of Duty of Candour has been a priority since the introduction of the regulation in November 2014. The Trust had held a number of training sessions for staff, developed a 'resource page' on the Trust intranet and produced a video providing clarity on the requirements to meet the

	regulations.
Where we are at the end of 2016/17	The CQC stated in their inspection report published in June 2016 that 'the Trust had a strong process in place that met the requirements of the Duty of Candour Regulations'. However, an audit undertaken at the end of March 2017 highlighted inconsistencies regarding how this objective is evidenced. A look back exercise is now underway for 2016/17 and Duty of Candour is being reviewed by Internal Audit during 2017/18.



Performance against the relevant indicators and performance thresholds set out in NHS Improvement's Risk Assessment Framework and Single Oversight Framework

The Trust selected a number of key indicators monitored under its strategy to be safe, effective and caring for the last three years and reported to the Trust Board within the monthly performance reports. These indicators include those set out in NHS Improvement's Risk Assessment Framework and Single Oversight Framework. The Single Oversight Framework replaced the Risk Assessment Framework in November 2016.

Safe

Key

	Performing on or above target
	Performing below trajectory; robust recovery plan required
	Failed target or significant risk of failure
↑	Improved position
↓	Worsening position
↔	Steady position

Indicator	2014/15		2015/16		2016/17	
Infection Control						
Infection Control: Clostridium difficile (<i>C.difficile</i>)	25 Threshold 32	↑	12 Threshold 19	↑	22 Threshold 19	↓
Infection Control: Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia	1 Threshold 0	↔	0	↑	3	↓
<p>C.difficile</p> <p>Our C. difficile trajectory set by the Department of Health was 19 for 2016/17. We continue to undertake individual patient reviews collaboratively with our commissioners to identify potential 'Lapses in Care' and key learning or trends. This year 3 'Lapses in Care' were identified:</p> <ul style="list-style-type: none"> • Lack of patient isolation • Lack of communication causing delayed isolation • Prescribing outside Antibiotic Policy. <p>MRSA Bacteraemia</p> <p>We had 3 MRSA Bacteraemia during 2016/17. We are reviewing vessel health care in line with the new National Institute of Clinical Excellence (NICE) guidelines.</p> <p>Data Source: National Health Protection Agency data collection, as governed by standard national definitions.</p>						

Hospital Standardised Mortality Ratios (HSMR)

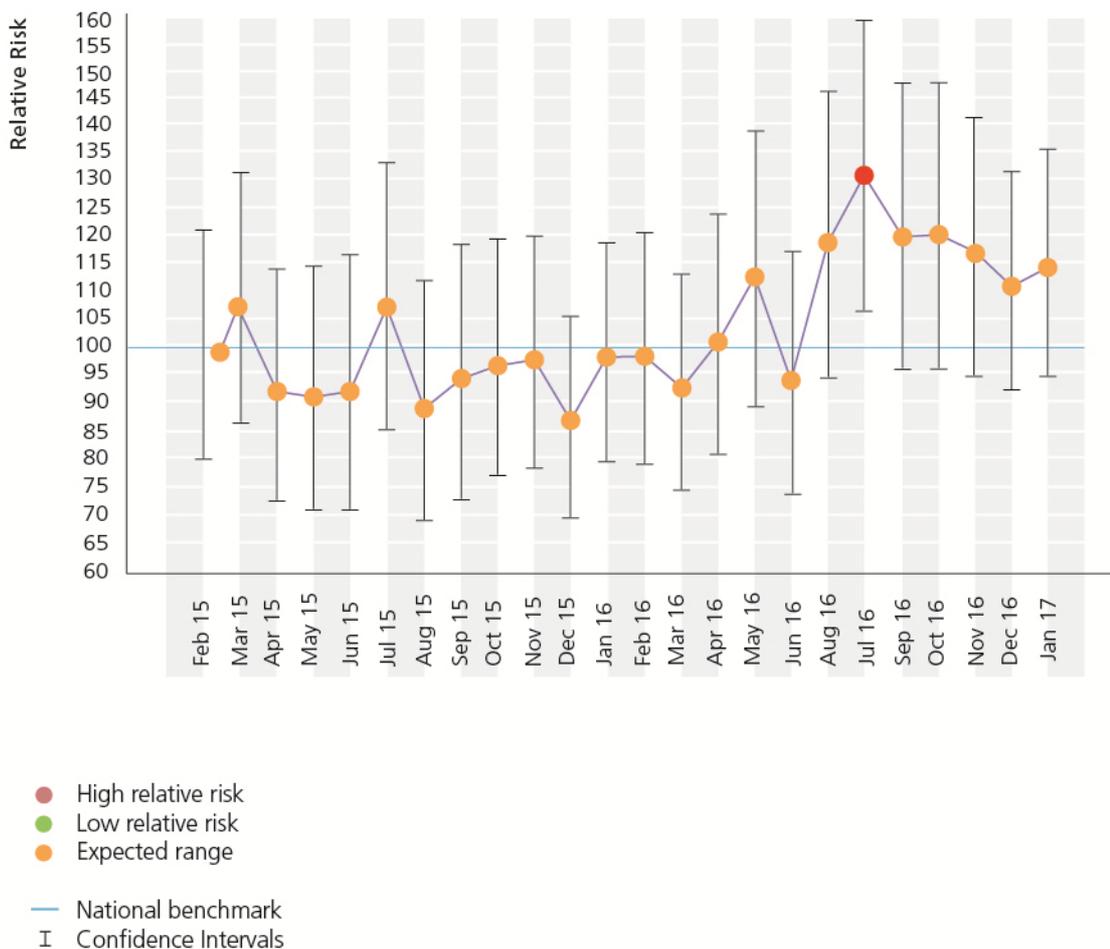


Table: HSMR from February 2015 to January 2017.

Hospital Standardised Mortality Ratios (HSMR) is a statistical way of comparing mortality ratios between hospitals. In order to compare hospitals in different areas with different populations and varying specialty work, the methodology looks at how many people are expected to die in hospital due to their condition and then compares this figure against how many people actually die. Mortality remains a principal risk for the Trust. A Mortality Group has been established, chaired by the Medical Director and attended by external organisations to support collaborative working. One responsibility of the group will be to analyse the Trust’s mortality data and seek meaningful comparisons.

Data Source: Dr Foster intelligence sourced from national commissioning datasets as governed by standard national definitions.

Never Event

Number of Incidents Reported as Never Events (Threshold = 0)	6	↓	0	↑	1	↓
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In 2016/17, one serious incident was categorised as a ‘Never Event’ under the definition “bed rails entrapment” which resulted in low harm to the patient. A comprehensive action plan was developed and is being monitored via the Trust’s Serious Incidents Requiring Investigation (SIRI) Panel chaired by the Trust’s Director of Nursing. Membership includes a Governor and representatives from Wigan Borough Clinical Commissioning Group (CCG).

Data Source: Datix Risk Management System. ‘Never Events’ are governed by standard national definitions.

Human Resources

Temporary Staffing – Threshold N/A	14/15 £14,178,009	↑	15/16 £14,626,255	↑	16/17 £14,331,510	↓
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Spend on Temporary Staffing year to date (April 2016 to March 2017) is £14,332k. The in-month spends for March 2017 increased by £276k from £1,068k in February 2017 to £1,344k in March 2017.

Agency spend continues to be a 'hot spot' and year to date spend at Month 12 stands at £5,972k. Our NHS Improvement (NHSI) Agency Ceiling was set at £5,482K and will remain at this level in 2017/18. Agency was the highest spend in Month 12 at £615k and accounted for 45.76% of spend. It is noted that Agency spend has increased by £248k from £367k in February 2017. The second highest spend in Month 12 was Bank NHS Professionals (NHSP) at £291k (21.65% of spend).

Compared to the 2015/16 financial year, total temporary spends have decreased from £14,626k to £14,332k (reduction of £294k). Agency spend has reduced from £7,162k to £5,972 (a decrease of £1,190k), however, this is offset by increases in 'Add Sessions' and Bank NHSP which have increased by £785k and £391k respectively.

We continue to examine temporary staffing costs on a monthly basis. A temporary staffing meeting is now established to convene on a monthly basis with executive oversight and attendance. Within this meeting both temporary and agency spend is considered and appropriate response and strategies are defined. An update is also provided to our Workforce Committee for further discussion and oversight. In response to NHSP use, the Senior Nurse Management Team have completed an examination of nurse staffing across the Trust and E-rostering assessment. A Standardisation of Nursing Hours and E-rostering consultation is underway which we hope will result in a reduction in temporary spend. 'Hard to fill' vacancies have continued, as in most Trusts, to cause the highest spend in relation to medical agency. This is inclusive of Emergency Medicine, Dermatology and Care of the Elderly. Recruitment strategies to reduce temporary/agency spend have included an assessment of alternative workforce models during 2016/17 with pilots progressed for Senior Allied Health Professionals (AHPs) and Pharmacists within Accident and Emergency (A&E) and consideration of nurse consultants. Gaps in Emergency Medicine middle grades have had some success as has Consultant recruitment with Care of the Elderly. We are launching a new Information Technology (IT) authorisation model for medical agency recruitment which will ensure stronger controls and appropriate senior oversight and authorisation.

An internal medical bank has also been launched. The large scale recruitment event in June 2016 was successful and is to be repeated in 2017. Over 70 offers of employment were made during the event with new recruits joining a talent pool. Throughout 2016/17 new starters commenced as vacancies were available or candidates obtained relevant qualifications.

We continue to respond to the requirements of NHSI and Agency Cap guidelines, the enforcement of the HMRC regulations in respect to IR35, and to explore within networks where best practice and workforce solutions have reduced spend in other Trusts.

Data source: Trust Oracle Ledger

Effective

Key

	Performing on or above target
	Performing below trajectory; robust recovery plan required
	Failed target or significant risk of failure
↑	Improved position
↓	Worsening position
↔	Steady position

Indicator	2014/15		2015/16		2016/17	
Accident and Emergency (A&E)						
Total time in A&E: Less than 4hrs (Threshold- Monitor 95%)	94.7%	↓	95.08%	↑	87.61%	↓
<p>A&E 4 hour performance has declined in this financial year in line with the national overall drop of 7%; however, we remained the top performing Type 1 A&E in Greater Manchester. Length of stay for our Medicine division at Royal Albert Edward Infirmary has increased by 2 days and is an indicator of the acuity of patients admitted to hospital. This was reflected in A&E attendances where there has been a 9% rise in patients over the age of 75 years old as the population demographics within the locality changes. This increasing elderly population has further stretched the community resources such as Care Homes, and coupled with reducing Nursing Homes beds. The location of our Integrated Discharge Team (IDT) on site and internal discharge processes resulted in us having the lowest DTOC (Delayed Transfer of Care) rates in Greater Manchester.</p> <p>During 2016/17 there was an increase in attendances from Preston post codes to Wigan which accounted for 3 to 4 beds being occupied by Preston patients throughout this period. From December 2016 to February 2017 outbreaks of Norovirus and Influenza resulted in bed closures both in hospital and in the community. At one stage in early January 2017, 3 wards and up to 10 Care Homes were closed.</p> <p>Future work to respond to the changes in A&E attendances includes co-location of GP practices on site and reviewing internal processes.</p> <p>Data Source: Management Systems Services (MSS), as governed by national standard definitions.</p>						

Indicator	2014/15		2015/16		2016/17	
Cancer Waits						
Cancer 62-Day Waits for first treatment - from urgent GP referral (Threshold 85%)	91.25%*	↑*	88.85%	↓*	90.59%	↑*
	92.13%**	↑**	91.3%	↓**	93.21%	↑**
Cancer 62-Day Waits for first treatment - from NHS Cancer Screening Service Referral (Threshold 90%)	99.54%*	↑*	97.25	↓*	100%	↑*
	99.54%**	↑**	97.01%	↓**	99.75%	↑**
Cancer 31-Day Wait for second or subsequent treatment – surgery (Threshold 94%)	100%	↔	100%	↔	99.19%	↓
Cancer 31-Day Wait for second or subsequent treatment – drug treatments (Threshold 98%)	100%	↔	100%	↔	99.34%	↓

Cancer 31-Day Wait from diagnosis to treatment (Threshold 96%)	99.03%	↓	99.08%	↑	99.57%	↑
Cancer 2-week –all cancers (Threshold 93%)	98.28%	↓	98.14%	↓	98.16%	↑
Cancer 2-week - breast symptoms (Threshold 93%)	95.66%	↓	96.67%	↑	96.31%	↓

Please note where there are two percentages for one year, one represents * after repatriation and one represents ** before repatriation. After repatriation are Greater Manchester agreed figures. Before repatriation are nationally reported figures. Greater Manchester has an integrated cancer system. A breach re-allocation policy has been agreed by all Trusts. When a breach has occurred and the pathway has involved more than one Trust, rather than sharing the breach, the whole breach can be re-allocated to one Trust if the agreed timescales for transfer or treatment have not been met.

The Trust has continued to achieve all performance indicators for cancer care throughout 2016/17 despite being a very challenging year for Cancer Services nationally. The Trust has increased compliance for all 62 day pathways. More patients are being treated within 62 days, just over 90% of GP referred patients which is 8% higher than the national average and 100% of patients that come through the national screening programmes. There has been a 15% increase in suspected cancer referrals from GPs; however, the Trust has maintained performance against the 2 week wait for first appointment target. The Trust continues to work closely with partner organisations in Greater Manchester, the Greater Manchester Cancer pathway boards and the Cancer Vanguard. The Trust has clinical representation from consultants and specialist cancer nurses on all the pathway boards working collaboratively with colleagues in the tertiary centres to improve patient outcomes and their experience.

Data Source: National Open Exeter System, as governed by standard national definitions.

Indicator	2014/15	2015/16	2016/17
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Referral to Treatment (RTT)

Referral to treatment time, 18 weeks in aggregate, incomplete pathways (Threshold 92%)	97.1%	↑	96.9%	↓	95.75	↓
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From October 2015 Trusts are monitored on incomplete pathways for RTT (RTT waiting times for patients whose RTT clock is running at the end of the month). The Trust continues to exceed the threshold.

Data Source: Patient Administration System (PAS), as governed by standard national definitions.

Indicator	2014/15	2015/16	2016/17
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Access to Healthcare for People with a Learning Disability

Compliance with requirements regarding access to healthcare for people with a learning difficulty	Achieved	↔	Achieved	↔	Achieved	↔
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The Trust has continued to be compliant with requirements regarding access to healthcare for people with a learning disability

Indicator	2014/15	2015/16	2016/17
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Community Care

Community care – referral to treatment information completeness (Threshold 50%)	66.69%	↑	67.1%	↑	66.7%	
Community care- referral information	95.57%	↑	95.1%	↓	95.7%	

completeness (Threshold 50%)					
Community care – activity information completeness (Threshold 50%)	97.91%	↓	97.8%	↓	97.0%
<p>The data above represents the Trusts year end position. The Trust has continued to consistently perform above the threshold for these indicators for the past three years. Data Source: Electronic Patient Record (EPR) system, as governed by standard national definitions.</p>					

Caring

Key

	Performing on or above target
	Performing below trajectory; robust recovery plan required
	Failed target or significant risk of failure
↑	Improved position
↓	Worsening position
↔	Steady position

Indicator	2014/15		2015/16		2016/17	
Selected Real Time Feedback Indicators						
Feedback scores – Real Time Patient Survey (Threshold >90%)	92.39%	↑	92.49	↑	92.17%	↓
Feedback scores – Real Time Patient Survey – Pain Control (Threshold >90%)	93.5%	↓	96.00	↑	95.75	↓
Feedback scores – Real Time Patient Survey – Worries and Fears (Threshold >90%)	90.5%	↑	92.75	↑	93.04%	↑
<p>During 2016/17 the average score of the Real Time Survey is 92.17% (March 2017) which has shown a slight decrease of 0.32% in comparison with the average score for 2015/16. There has been a slight improvement of 0.29% in the score for the Worries and Fears question during 2016/17 and a slight decrease of 0.25% in the pain control question.</p> <p>Data Source: Real Time Patient Feedback Surveys as at March 2017.</p>						

Complaints, Patient Advice and Liaison Service and the Ombudsman

Patient Relations and Patient Advice and Liaison Service (PALS) are dedicated to enhancing the patient, carer and relative's experience. We welcome complaints and concerns to ensure that continuous improvement to Trust services takes place and to improve experience through lessons learned.

The department continues to work closely with the Divisions to promote a positive patient experience and to actively encourage a swift response to concerns which may be received by letter, e-mail, telephone or visitor to PALS, providing resolution in real time.

All complaints and concerns are shared at the Trust's Executive Scrutiny Committee which is held on a weekly basis. The more complex and serious complaints are reviewed and discussed in detail to ensure that a prompt decision is

made regarding the progression of these complaints and, where appropriate, instigation of a concise or comprehensive investigation. These meetings also provide the opportunity to triangulate information with previous incidents and possible claims.

Statistical information in respect of complaints and concerns is collected and monitored to identify trends. The Trust continues to share its statistical information from formal complaints nationally (KO41a) which is required on a quarterly basis. This includes information on the Subject of Complaint, the Services Area (in-patient; out-patient; A&E and Maternity), amongst other information for each individual site under the responsibility of the Trust.

As a Trust we welcome complaints to learn and reflect on how we work and to make the appropriate improvements. The following outlines actions taken and lessons learned from a sample of complaints received.

Complaints Theme and Brief Summary	Actions Taken and Lessons Learned
<p>Patient Experience</p> <p><i>The decision to close the Pharmacy at Thomas Linacre Centre (TLC) and the provision of inadequate information documented on the prescription causing problems with Community Pharmacies</i></p>	<p>The closure of the TLC Pharmacy was a decision taken by the Trust to improve patient choice and enable the majority of medications to be obtained from a community based Pharmacy. Feedback has been provided to the medical staff on their prescribing. This is to ensure that prescriptions are legible and contain enough detail for other Pharmacies to supply medication without confusion.</p>
<p>Values and Behaviours</p> <p><i>A patient was very unhappy with the attitude displayed by a member of staff when attending for clinic as they arrived on time for the running of the clinic but were refused to be seen as the clinic was closing within the hour.</i></p>	<p>An explanation of the system used has been shared. An apology has been provided in relation to the lack of information available to explain clinic times and how they work. There has been a change in the system including the opening of an extra room to see patients to provide additional support and new notices have been displayed to provide patients with further information.</p>
<p>Clinical Treatment</p> <p><i>Patient underwent a procedure but later was re-admitted with</i></p>	<p>Following this complaint the Consultant in charge of the patient's care has written and published a case study to highlight a rare condition following this procedure to be used as part of an</p>

<i>complications.</i>	education package.
Medication Error <i>Patient received medication that was not compliant with the current medication which led to the patient having a setback in treatment.</i>	The doctor concerned has discussed this complaint with their Consultant and has reflected on the error. They have provided a statement to the Consultant in charge of the patient's care and in future will liaise with the Pharmacy Department.
Protocols and Procedures <i>Failure in system for the Theatre schedules as patient was a 'short-notice' addition, which led to patient being cancelled, having fasted all day.</i>	Improvements for theatre scheduling are under consideration and processes are being reviewed to ensure that operating lists continue to be planned as far in advance as possible. Any changes within 24 hours must be communicated verbally through the respective operating team in order to support patient needs and amend any resource requirements. Efficiency and planning is now discussed and monitored daily at a communication cell.
Values and Behaviours <i>The manner in which information regarding the discharge from clinic was provided as per the Access Policy following missed appointments.</i>	Staff member invited is attending the Trust's 'Caring for our Customers' training course. Patients and relatives are now made aware of the process for discharging from clinic following missed appointments. Data pertaining to missed appointments is to be displayed within the clinic on a monthly basis and the process of discharge is to be highlighted to ensure this is clearer to patients.

Improvement Plans as a result of complaints referred to the Parliamentary Health Service Ombudsman

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

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

During 2016/17 the PHSO requested information regarding 5 complaints. Of these, 3 were partially upheld, 1 was not upheld, and 1

remains under investigation. These cases relate to 2014, 2015 and 2016.

We are currently preparing action plans for 2 of the partially upheld complaints and 1 required no action plan in respect of the PHSO recommendations. No financial redress has been awarded in respect of these cases.

Patient Experience

The Trust has continually achieved excellent scores for cleanliness throughout placing the hospitals in the top 20% of Trusts who utilise Picker to co-ordinate their national inpatient surveys (87 Trusts). The latest National Inpatient Survey results are due for publication in early summer 2017.

The Patient and Public Engagement Team continue to obtain feedback from inpatients using the Real Time Patient Experience Survey. The surveys are undertaken by our hospital volunteers and governors. The results are presented to the Trust Board every month to

monitor the corporate objective of over 90% of a positive patient experience. As a result of this monitoring there has been significant improvement in “do you know which Consultants treating you?” Results of the outcome of the real times surveys are located in the patient engagement section of the Trust’s Annual Report.

Patient and Public Engagement

Patients, Carers and Governors attended an event to assist with the redesign of Audiology Hearing Aid Service. They spoke about their experience, drawing out the positive and the negative elements of their care with a view to bringing changes that will lead to the establishment of a gold standard patient experience. Initiatives implemented in response to feedback include improvement to the information both written and verbally about the patients’ first experience of having a hearing aid fitted and going outside with their hearing aids in.

The Patient and Public Engagement Team attended the first Wigan Pride Event in 2016 to engage with the LGBT (Lesbian, Gay Bisexual and Transgender) Community to explore their experience of accessing and using Trust Services. Overall, the majority of the public who completed a survey said that the services they received were excellent. The public commented that the staff were excellent, very friendly and very supportive and they were made to feel at ease. The public also spoke highly of how clean the hospital was. The community did comment that the seating in Accident and Emergency was uncomfortable. New seating in Accident and Emergency has been installed to meet certain criteria such as being bolted to the floor and meeting infection control standards.

The patient and public engagement campaign on “Shared Decision Making – Ask 3 Questions” continues to be successful engaging with over 180,000 patients, public and staff through various touch points. The campaign informs and empowers patients to be involved in decisions about their care and treatment.

The Trust values the contribution of lay representatives who attend the Divisional Quality Executive Committees, Quality Champion Committee, Discharge Improvement Committee, Children’s Clinical Cabinet, Infection Control Committee and Patient-Led Assessments of the Care environment (PLACE) assessment, to give the patients’ perspective.

The Trust has a Patient and Public Engagement Committee. The Committee’s remit is to ensure that patient and public engagement remains integral to the Trust. The Committee is chaired by the Lead Governor with representation from Governor’s key local stakeholder agencies.

The Trust will continue with all the initiatives and activities described. Achieving a positive patient experience remains a key priority for the Trust.

Consultation with Local Groups and Partnerships

The CCG, Healthwatch Wigan and Leigh, local voluntary groups such as Think Ahead and the Local Authority work in partnership with the Trust on the Improving Discharge Committee. Some of the improvement work implemented as part of the group is the establishment of the Integrated Discharge Team, Introduction of the Discharge Wallet and improvements to discharge letters.

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Part 3.2 Quality Initiatives

The Trust has introduced a number of initiatives to strengthen quality governance systems and improve the care, treatment and support provided to patients across the organisation. A summary of progress during 2016/17 is outlined below.

Staff Engagement the WWL Way

In 2016 we were sustaining high levels of staff engagement for the first half of the year, until July 2016 when there were some significant declines on a number of engagement measures. Most notably these were the engagement enablers for trust, work relationships, resources, mind-set, personal development, perceived fairness and recognition, engagement feelings of dedication, focus and energy and engagement behaviours of persistence, discretionary effort and adaptability. This decline plateaued in October 2016, but despite this decline, the overall scores remained moderate to positive. The pulse survey assisted to pre-empt the outcomes of the National Staff Survey which took place from October to December 2016. The results, published in March 2017 also indicated a number of declines, particularly in relation to staff influence, recognition and development, reducing the gap between the Trust scores and the national average for the majority of items. WWL now ranks 10th out of 98 Acute Trusts for overall staff engagement within the NHS, compared to achieving the top 10% position in 2015.

Staff engagement activity had continued to be delivered at full momentum in 2016 and included the implementation of the following:

- “Steps 4 Wellness” health and wellbeing programme/campaign launched at “Wellfest” in September 2016 which included the introduction of mental health awareness training, resilience stress management open courses, six week mindfulness programmes, a critical incident stress management service to support staff following trauma, new staff societies such as a running club and book club and physical health programmes (WWL step challenge, lose weight feel great, body MOTs, slimming world);
- Delivery of staff events such as the Recognising Excellence Awards, WWL Euro five-a-side football tournament and NHS games;

- Staff engagement organisational development work to support organisational and cultural change (e.g. implementation of the new health information system (HIS), delivery of a wellbeing improvement plan in Accident and Emergency)
- Staff engagement listening events and forums to gather staff ideas, feedback, contributions and influence (such as junior doctors forums, admin and clerical focus group, HIS graffiti walls, bright ideas scheme)
- Initiation of the development of a new staff intranet and app, transforming internal communications within the Trust (to be delivered 2017)
- Launch of the WWL People Promise
- Sixth cohort of pioneer teams programme, with 58 teams participating to date.

We continue to share its in-house developed staff engagement programme, “Go Engage”, with external organisations, which includes a licence to an online “Xopa” platform that surveys staff and statistically analyses data for trends and hot spots. Trust managers are also able to receive training in access to “Xopa” to enable them to stay connected to staff engagement results each quarter.

We have seen a number of challenges this year in the form of organisational change (internal and external), increased patient demands and financial pressure, which have added to pressure on staff and, as a result, impacted culture. The pulse survey has enabled the Trust to identify this six months ahead of the national staff survey results, which has meant improvement plans have already been developed and continue to be implemented. The aim is to ensure that engagement does not continue to decline further and begins to make a recovery, leading the Trust from a place of “good” results to “great” results once again by the end of 2017. The Trust will continue to build on staff engagement and wellbeing plans to ensure the delivery of positive outcomes for staff, organisational

performance and ultimately the quality of care provided to patients.

Continued Recruitment and Development of the Quality Faculty

Our Quality Faculty has continued to grow during 2016/17 and there are now over 350 Quality Champions representing a wide range of disciplines and departments, working on or have completed 143 improvement projects.

All Quality Champions who complete the training programme and commence an improvement project are awarded a bronze badge. Silver and gold badges are awarded to those Champions who sustain their improvements and disseminate them to other organisations. In 2016, 9 silver and 6 gold awards were awarded, taking the total to 47 silver champions and 13 gold champions.

Four courses of training in quality improvement methods have been delivered during 2016/17. Several other NHS organisations have shown interest in The Quality Champions' programme including the Countess of Chester Hospital NHS Foundation Trust who has delivered a version of Quality Champions for several years. They are seeking to understand how they can develop the culture to support and sustain the programme. Birmingham Community NHS Foundation Trust have adopted the programme.

During 2016/17 the programme continues to engage with a range of disciplines including Business Intelligence, Information Technology and a wide range of clinical disciplines. Finance and understanding the cost benefits of improving quality has become an integral part of the programme. To date, cost benefits have been realised in excess of £2 million. These have been realised through decreased length of stay, reduced financial penalties and achievement of best practice tariff.

This year has been the first year that we have delivered a bespoke quality improvement methodology training programme for Foundation Year One Doctors. This has been evaluated well by attendees. A number of the Junior Doctors have been offered support from Consultants to progress their quality improvement projects.

We held our inaugural Quality Champions Conference in September 2016 where the new silver and gold quality champions were awarded their badges. At this event quality champions were invited to present their work in a presentation or poster display. A number of individuals external to the organisation attended the event with nationally recognised key note speakers.

During 2017/18 four further cohorts are planned in addition to supporting a further programme for junior doctors.

Implementing Recommendations from the Kirkup Report

The Kirkup report was published March 2015 subsequent to an independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust. The report made 44 recommendations, 18 recommendations for Morecombe Bay Trust and 26 recommendations for the wider NHS, aimed at ensuring the failings were properly recognised and acted upon.

In light of these recommendations WWL maternity and neonatal services developed an action plan to provide the evidence and assurance in regard to the service provision for women, children and families.

A review of the Trust Kirkup action plan and supporting evidence was conducted by Mersey Internal audit agency (MIAA) to provide additional assurance in accordance with the requirements of the 2015/16 Internal Audit Plan, as approved by the Audit Committee. The overall objective of

the review was to confirm whether processes relating to the Kirkup action plan were sufficiently robust within WWL.

The action plan was monitored through the internal governance process of the Trust and scrutinised by the Quality and Safety Committee until completion and assurance against all of the recommendations had been achieved. This action plan will be revisited later in the year to ensure that all of the recommendations are still compliant and embedded within the organisation.

Leadership Quality and Safety Rounds

During 2016/17 nine leadership safety rounds took place. Executive and Non-Executive members of the Trust Board and Trust Governors visited wards and departments and held conversations with groups of staff about patient safety using an “appreciative inquiry” approach. Areas visited included Astley, Orrell, Taylor and Shevington Wards and the Thomas Linacre Centre. 23 staff participated in the visits in total. In all, 38 safety rounds have taken place using this approach since 2012, involving many different disciplines across four Trust sites. During 2017/18 a further 12 visits are planned.

Always Events

The ‘Always’ events are our commitment to improving the delivery of patient and family centred care. The first 10 Always Events were launched in January 2014. The ‘Always’ events are embedded within our Safe, Effective and Caring culture. The regular weekly snap shot audits and the quarterly whole hospital site audits have continued to demonstrate stability and improvement. ‘Goodnight Always’ events and ‘Do Not Attempt Cardio-Pulmonary Resuscitation Always’ events have also been introduced.

The HELPLine

The HELPLine continues to be a useful method of communication for families and loved ones to be able to contact a senior

nurse when they need to discuss aspects of their loved one’s care. It is intended to be a way of escalating concerns that families may feel haven’t been addressed adequately by ward or department staff. HELPLine is a mobile phone that is carried on a rota basis between all operational divisions. The number of calls has decreased significantly during this financial year, partly as a result of removing the contact number from outpatient documentation. The HELPLine was established for inpatients and their relatives to contact a senior nurse with concerns to be addressed whilst the patient is in hospital.

Commissioner Quality Visits

NHS Wigan Borough Clinical Commissioning Group (CCG) has undertaken one unannounced Commissioner Quality Visit in 2016/17 to determine the experiences and views of the patients, relatives, carers and staff on services provided by Taylor Ward at Leigh Infirmary. The Commissioner’s reports following their visits are reviewed by the Trust’s Quality and Safety Committee. Agreed actions are monitored by Commissioners at the Joint Quality Safety and Safeguarding Committee attended by representatives from the Trust and the CCG.

The Trust welcomes the unannounced visits by the CCG and the collaborative approach taken by the CCG to improve patient and staff experience.

In March 2017 the CCG held focus groups with Theatre staff at the Royal Albert Edward Infirmary and Wrightington Theatres to understand staff perception on the current position of safety in the Trust’s operating theatres.

TalkSafe

TalkSafe is a programme that is focused on changing the safety culture of an organisation through structured conversations. TalkSafe has a 20 year proven history within the aviation, chemical engineering and engineering sectors.

Conversations focus on safety, both safe and unsafe practice, and the potential consequences of these actions. TalkSafe uses a coaching style focused on behaviour, actions and consequences. It is designed to act at the level prior to incidents or near misses, and focuses on organisational and system factors in addition to individual behaviours. The programme is a gateway to human factors and is focused at all levels of staff.

TalkSafe was introduced into WWL in October 2014. The Trust's Medical Admission Unit (MAU) and Lowton Wards were chosen as the pilot areas. The programme has trained over 40 TalkSafe champions. There is continued evidence on MAU and Lowton that the safety culture is changing and that there is a reduction in moderate/severe harm incidents and an increase in no/low harm incidents, which demonstrates that a mature safety culture has been sustained.

The programme has been extended to wards A and B, Wrightington Hospital. Theatres at Wrightington Hospital have also begun to engage with the programme.



Appendix A

National Clinical Audits and National Confidential Enquiries

The National Clinical Audits and National Confidential Enquiries that the Trust participated in during 2016/17 are as follows:

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Eligible to participate Y/N	Participated	Number eligible	Actual submissions
Acute Pancreatitis	Yes	Yes	5	80%
Mental Health	Yes	Yes	5	100%
Chronic Neurodisability	Yes	Yes	5	40%
Young People's Mental Health	Yes	Yes	Study Still Open	N/A
Cancer in Children, Teens and Young Adults	Yes	Yes	Study Still Open	N/A
Non-Invasive Ventilation	Yes	Yes	5	60%
National Audits (NCAPOP – n = 20)	Eligible	Participated	Number eligible	Actual submissions %
Acute Coronary Syndrome (MINAP)	Yes	Yes	Figures not yet available	N/A
Coronary Angioplasty/Percutaneous Coronary Intervention	Yes	Yes	Figures not yet available	N/A
National Heart Failure	Yes	Yes	Figures not yet available.	100%
Bowel Cancer	Yes	Yes	All cancer audits reported by Oncology Department services	
Head and Neck Cancer	Yes	Yes		
Lung Cancer	Yes	Yes		
National Prostate Cancer	Yes	Yes		
Oesophago-gastric Cancer (NAOGC)	Yes	Yes		
Diabetes (Adult) (NADIA)	Yes	Yes	65	100%
Diabetes (Paediatric) NPDA	Yes	Yes	152	100%
Falls and Fragility Fractures (FFAP)	Yes	Yes	Audit has been deferred until April 2017	
Inflammatory Bowel Disease (IBD)	Yes	No	Not participated due to increased workload and lack of resources	
Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	No	Trust intends to begin participation	
Maternal, New-born and Infant Clinical Outcome Programme (MBRRACE)	Yes	Yes	17	100%
National Audit of Dementia	Yes	Yes	52	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	127	100%

National Joint Registry	Yes	Yes	3138	100%
National Ophthalmology Audit	Yes	Yes	Figures not yet available	
Neonatal Intensive Care (NNAP)	Yes	Yes	270	100%
Sentinel Stroke National Audit Programme	Yes	Yes	347	100%
Non-NCAPOP	Eligible	Participated	Number eligible	Actual Audit Submissions %
Adult Asthma	Yes		10	100%
Asthma (paediatric and adult) care in emergency departments	Yes		80	100%
Case Mix Programme (CMP) (ICNARC)	Yes	Yes	632	100%
Elective Surgery (National PROMS Programme)	Yes	Yes	Reported by other department	
Endocrine and Thyroid National Audit	Yes	Yes	Voluntary by individual Surgeon	
Major Trauma Audit	Yes	Yes	146	Figures not yet available
National Cardiac Arrest Audit	Yes	Yes	94	100%
National Chronic Obstructive Pulmonary Disease (COPD)	Yes*	No	Selected Trusts only for current year	
National Comparative Audit of Blood Transfusion – Audit of Patient Blood Management in Scheduled surgery	Yes	Yes	27	100%
Paediatric Pneumonia	Yes	Yes	Data entry closes end of April 2017	N/A
Percutaneous Nephrolithotomy (PCNL)	Yes	Yes	9	100%
Severe Sepsis and Septic Shock – Care in Emergency Departments	Yes	Yes	99	100%
Stress Urinary Incontinence Audit	Yes	Yes	26	100%
UK Cystic Fibrosis Registry	Yes	Yes	Young patients are transitioned to Wythenshawe Hospital – 26A other CF patients submitted	

Note: The figures above represent the information provided to the Clinical Audit Department by the relevant audit leads/departments. Data collection for some of the audits extends beyond the date of this report therefore the figures contained within the report may not correspond with the actual validated figures published in the final audit reports.

Annex



Annex A:

Statements from Overview and Scrutiny Committee and Clinical Commissioning Group

This section outlines the comments received from stakeholders on this Quality Account prior to publication.

Wigan Borough Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group response to Wrightington Wigan and Leigh NHS Foundation Trust Quality Account 2016/17

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the 2016/17 Quality Account for Wrightington, Wigan and Leigh NHS Foundation Trust.

The CCG has worked closely with the Trust throughout 2016/17 in what has been a challenging year for the Trust and the wider NHS to gain assurances that services are safe, effective and personalised to patients.

The Care Quality Commission (CQC) Quality Report; published on the 22nd June 2016 rated the Trust overall as 'Good'. The report highlighted a number of areas of good practice; however it also identified areas where the Trust was required to make improvements; this included the Paediatric Inpatient Service. A comprehensive improvement plan was agreed with the CQC and continues to be monitored by both the CQC and the CCG.

In respect of the 2016/17 quality priorities the CCG notes that the majority of objectives were not achieved. However, progress was made in a number of areas including the recruitment of an additional 70 Dementia Champions, improvements to the discharge process and a reduction in the number of patients reporting they were disturbed by noise at night.

A significant concern for the CCG is the increase in the Hospital Standardised Mortality Ratio and the Summary Hospital Mortality Index. The CCG continues to work closely with the Trust on this agenda; we are aware that the Trust has established a Mortality Review Group to oversee the implementation of the National Quality Boards 'National Guidance on Learning from Deaths' (March 2017). The CCG will

continue to support the Trust in its efforts to reduce mortality rates.

Despite the challenging climate there have been a number of successes in 2016/17. Examples include the continued recruitment and development of the Quality Faculty and significant progress in the reporting of Patient Safety Incidents to the National Reporting and Learning Service.

The CCG supports the quality priorities identified for 2017/18 and welcomes the continued focus on Venous Thromboembolism Prevention and Anticoagulation Treatment, Falls Prevention and Early Recognition and Escalation of the Deteriorating Patient. The proposed introduction of a ward accreditation scheme and initiatives to improve compliance with the Do Not Attempt Cardio Pulmonary Resuscitation guidance are also welcomed.

The CCG will continue to work with the Trust during the coming year to build on the progress made and to provide support to initiatives that will improve the quality of care and outcomes for the resident population of the Wigan Borough.

Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group

Healthwatch Wigan and Leigh

Healthwatch Wigan and Leigh Response to WWL Quality Accounts

Healthwatch Wigan and Leigh welcomes the opportunity to comment on this Annual Quality Account (as seen in draft and with incomplete data). We recognise that Quality Account reports are a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public for the quality of services they provide. We fully support these reports as a means for providers to review their services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.

Healthwatch Wigan and Leigh share the aspiration of making the NHS more patient-focussed and placing the patient's experience at the centre of health and social care. An essential part of this is making sure the collective voice of the people of Wigan and Leigh is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision.

Therefore, our focus is that Healthwatch Wigan and Leigh works with its partners in the health and social care sector to engage patients and service users effectively and to ensure that their views are listened to and acted upon. We look forward to continuing to work alongside Wigan, Wrightington and Leigh Foundation Trust to ensure that the voice and experience of patients and the public is heard throughout the provision of services.

We congratulate the Trust on the awards it has gained through the hard work and dedication of teams and individuals over the last 12 months and its increasing endeavours through research and clinical developments to be a learning organisation. We welcome the Trust's initiative for junior doctors to be involved in projects to improve quality of service.

Healthwatch Wigan and Leigh works closely with the Trust and commissioners in respect to the Improving Discharge Committee. Though hospital discharge is Caring Priority 1, the qualitative data and feedback from patients we have recorded illustrates this is still an area that requires improvement. Therefore, Healthwatch

will be monitoring quality and safety issues related to this area of service and continue working with the Trust, particularly in relation to achieving 90% of patients reporting that they were involved in decisions about their care, treatment and discharge from hospital.

We recognise the value of benchmarking against other Trusts as means of monitoring progress. Though it would be useful for Wrightington, Wigan and Leigh to indicate which statistical quartile they are placed in with respect to services and delivery.

Healthwatch notes the new safe, effective and caring priorities for 2017/18 particularly falls reduction, development of a ward accreditation scheme and that the 'right patient is placed in the right ward'. We expect the Trust to achieve these and the priorities it set itself for 2016/17 which it has retained as a framework for improvement across the Trust.

Overall, Healthwatch Wigan and Leigh commends the Trust on the many areas where, through hard work and dedication of staff, quality improvements and outcomes have been demonstrated and a positive cultural change is evolving. However, from our qualitative data obtained through engagement with patients there are still areas for improvement and we will continue to work with the Trust to ensure patient-centred care remains at the core of everything it does.

Cynthia Horrocks, Chair, Healthwatch Wigan and Leigh

Health and Social Care Scrutiny Committee

Comments were sought from Overview and Scrutiny Committee, however, none were received.

Annex B:

Statement of Directors' Responsibilities in respect of the Quality Report

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

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that the NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and supporting guidance;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2016 to May 2017
 - Papers relating to Quality reported to the Board over the period April 2016 to May 2017
 - Feedback from commissioners dated 03/05/2017
 - Feedback from governors dated 07/03/2017
 - Feedback from local Healthwatch dated 08/05/2017
 - Feedback from Overview and Scrutiny Committee (not received)
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations, dated 2015/2016
 - The 2016 national patient survey (embargoed until end of May 2017 therefore the Trust has been unable to reference in this report)
 - The 2016 national staff survey 07/03/2017
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2016/17
 - CQC inspection report dated 22/06/2016
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- The performance information reported in the Quality Account is reliable and accurate ;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and;
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board



Robert Armstrong
Chairman

31 May 2017



Andrew Foster
Chief Executive

31 May 2017

Annex C:

How to provide feedback on the account

Feedback on the content of this report and suggestions for the content of future reports can be provided by calling the Foundation Trust Freephone Number 0800 073 1477 or by emailing:

foundationstrust@wwl.nhs.uk

Annex D:

External Auditors Limited
Assurance Report

Independent auditor's report to the Council of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust to perform an independent assurance engagement in respect of Wrightington, Wigan and Leigh NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Wrightington, Wigan and Leigh NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wrightington, Wigan and Leigh NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Wrightington, Wigan and Leigh NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- Percentage of patients with a total discharge time in A&E of 4 hours or less from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2016/17 Detailed requirements for external assurance for quality reports for Foundation Trusts; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

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

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents listed below:

- Board minutes for the period April 2016 to March 2017;
- papers relating to quality reported to the Board over the period April 2016 to March 2017;
- feedback from Commissioners, dated 3 May 2017;
- feedback from local HealthWatch dated 08/05/2017;
- the 2016 national patient survey dated January 2017;
- the 2016 national staff survey dated 07/03/2017
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations dated 2015/16;
- Care Quality Commission inspection report dated 22/06/2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2017.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

The annualised 18 week referral to treatment indicator is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target. We have tested a sample of 50 pathways.

We identified the following errors:

- In 4 cases the start date recorded on the system was different to the start date recorded in the patient notes;
- For 10 of the pathways sampled we were unable to reconcile the case data to the reported performance data.

Our procedures included testing a risk based sample of cases, and so the error rates identified from that sample cannot directly be extrapolated to the population as a whole.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway" indicator for the year ended 31 March 2017. We are unable to quantify the effect of these errors on the reported indicator.

Qualified Conclusion

Based on the results of our procedures, except for the matters set out in the Basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in the respective responsibilities of the directors and auditors section of this limited assurance report; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual'.

Deloitte LLP

Deloitte LLP

Chartered Accountants
Leeds
31 May 2017

Annex E:

Glossary of Terms

AAGL

When established in 1971, AAGL was known as the American Association of Gynecologic Laparoscopists. The organization eventually dropped its full name, and became known simply as the AAGL, along with the phrase “Advancing Minimally Invasive Gynecology Worldwide.”

Acute

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

A&E

Accident and Emergency Department, also known as Emergency Department, based on the Royal Albert Edward Infirmary site.

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.

Age Well Unit

Launched in November 2016, this is a new service providing quick and effective care aimed at reducing the time spent in hospital for patients who may benefit from a more personalised multi-disciplinary assessment. The Age Well unit, which consists of 14 beds, seven male and seven female is based at RAEI.

Always Event

The Always Events are the Trust’s commitment to improving the delivery of patient and family centred care. The first 10 Always Events were launched in January 2014 following concerns raised by complaints and incidents. The Always Events are embedded within our Safe, Effective, Caring culture. ‘Goodnight’ Always Events and Do Not Attempt Cardio-Pulmonary Resuscitation Always Events have also been introduced. Always events are everybody’s responsibility and should always happen 100% of the time.

Annual Governance Statement

This is a key feature of the organisation’s annual report and accounts. It demonstrates publicly the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how we have monitored and evaluated the effectiveness of our governance arrangements. It is intended to bring together into one place in the annual

report all disclosures relating to governance, risk and control.

Arterial

This is of or relating to an artery or arteries.

Assisted Conception

Assisted conception means using reproductive technology to increase the chances of pregnancy.

Being Open framework

Being open provides a best practice framework for all healthcare organisations to create an environment where patients, their carers, healthcare professionals and managers all feel supported when things go wrong and have the confidence to act appropriately.

Board of Directors

The Board of Directors at WWL: sets the overall strategic direction of the Trust; monitors our performance against objectives; provides financial stewardship financial control and financial planning; through clinical governance, ensures that we provide high quality, effective and patient-focused services; ensures high standards of corporate governance and personal conduct.

The Board is made up of:

- Non-Executive Directors (NEDs). These are paid part time appointments. NEDs bring independence, external perspectives and skills to strategy development. They help to hold the executive to account and offer scrutiny and challenge.
- Executive Team / Executive Directors. These are full time Directors of the Trust. The executive team takes the lead role in developing and implementing strategic proposals, monitoring performance and feeding back to the wider Board of Directors.

Board Assurance Framework (BAF)

Is an essential tool for the Board of WWL and is reviewed at every meeting of the Trust Board. The BAF brings together in one place all of the relevant information on the risks to the board’s strategic objectives.

Cardiology

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

Carter / Carter Review / Carter Report

Lord Carter led a review into NHS productivity and efficiency, which reported in 2016. Implementing the recommendations could help end variations in quality of care and finances that cost the NHS billions.

Chemical Pathology

Chemical Pathology is the branch of pathology dealing with the biochemical basis of disease and the use of biochemical tests for screening, diagnosis, prognosis and management.

Chemotherapy

This is the treatment of disease by the use of chemical substances, especially the treatment of cancer by cytotoxic and other drugs.

CIP (Cost Improvement Programme)

These are a vital part of NHS Trust finances to deliver savings and reduce costs.

Clostridium difficile (C diff / CDT)

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

Clinical Commissioning Groups (CCGs)

These are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. For WWL, Wigan Borough Clinical Commissioning Group (WBCCG) is the main commissioner of services.

Colorectal

This is relating to or affecting the colon and the rectum.

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.

Governors provide the link between the Trust and the local community enabling the Trust to gather views from local people and feedback what is happening in the Trust. This predominantly elected body represents service users, carers, the public, staff and other

interested parties. People on this council are called Governors. Together, they:

- Represent the interests of our members and partner organisations
- Give recommendations on our long-term strategy
- Provide advice and support to the Board of Directors, which is responsible for the overall management of the Trust.
- Appoint the Chair and the Non-Executive Directors of the Board of Directors.

CPE (Carbapenemase Producing Enterobacteriaceae)

Carbapenem-resistant enterobacteriaceae (CRE) or Carbapenemase-producing Enterobacteriaceae (CPE), are gram-negative bacteria that are nearly resistant to the carbapenem class of antibiotics, considered the "drug of last resort" for such infections. Enterobacteriaceae are common commensals and infectious agents.

CQC

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health. It was established in 2009 to regulate and inspect health and social care services in England.

CQUIN

The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

Dermatology

This is the branch of medicine concerned with the diagnosis and treatment of skin disorders.

Devolution / Greater Manchester Devolution / Greater Manchester Health and Social Care Devolution / Devo Manc

Various forms of Devo, GM Devo etc are used throughout, see below for Greater Manchester Devolution.

Diabetes

This is a metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood.

Discharge to Assess

Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home', 'step down'.

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf>

Duty of Candour

Introduced as part of the Health and Social Care Act 2008 this regulation aims to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment.

The regulation also sets out some specific requirements that providers such as WWL must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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.

Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. The test helps service providers, such as the Trust, and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS.

FSRR

Financial Services Risk and Regulation

General Surgery

General surgery is a surgical specialty that focuses on abdominal contents including oesophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts.

Greater Manchester Devolution

Devolution is the transfer of certain powers and responsibilities from national government to a particular geographical region i.e. Greater Manchester. In 2016 Greater Manchester was the first region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. The Trust is one of 37 members of the Greater Manchester Health and Social Care Strategic Partnership – along with all NHS and Local Authority organisations across the region.

Gynaecology

This is the branch of physiology and medicine that deals with the functions and diseases specific to women and girls, especially those affecting the reproductive system.

Healthier Together

Healthier Together has been looking at how patients will receive health and care in the future. The Healthier Together programme is a key part of the wider programme for health and social care reform across Greater Manchester. Clinically led by health and social care professionals, the programme aims to provide the best health and care for the people of Greater Manchester.

HIS

Hospital Information System.

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.

Hot Clinics

The hot clinic is a consultant run surgical clinic where GP or A&E referrals are evaluated.

HSJ

This is Health Service Journal, a national health care publication.

Hyperemesis

This is severe or prolonged vomiting.

IM&T

Information Management and Technology

Integrated Care Organisation

An Integrated Care Organisation, combining acute and community services, will focus on excellent care, locally managed, for our populations. In Wigan, it will integrate some services that are currently run by WWL, Wigan Council, WBCCG, 5 Boroughs Partnership and Bridgewater.

Integrated Community Services / Integrated Community Nursing and Therapy

Community based nurses, other health professionals and social workers are now working together as part of a new, single team across Wigan, Ashton and Leigh to improve care and support for patients.

The Integrated Community Service (ICS) brings together NHS staff based in the community with local council health and adult social care staff to provide support to patients in their place of residence.

When under development, this service was known as Integrated Community Nursing and Therapy.

Integrated Discharge Team

The Integrated Discharge Team is made up of a group of professionals from both Social Care and Health who are co-located at Wigan Hospital and collaboratively work together to ensure the safe and timely discharge of patients from the Trust.

Information Governance

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

Kirkup action plan (Morecambe Bay)

Dr Bill Kirkup led the investigations into failings at the maternity unit of Morecambe Bay NHS Trust. The investigation made recommendations for all NHS providers, WWL have developed an action plan for the implementation of these recommendations.

Laparoscopy

Laparoscopy is a surgery that uses a thin, lighted tube put through a cut (incision) in the belly to look at the abdominal organs or the female pelvic organs. Laparoscopy is used to find problems such as cysts, adhesions, fibroids, and infection. Tissue samples can be taken for biopsy through the tube (laparoscope).

LEAN

Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

Legionella

This is the bacterium which causes legionnaires' disease, flourishing in air conditioning and central heating systems.

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.

Locality Plans / Wigan Borough Locality Plan

A core element of Greater Manchester Devolution; each Borough in Greater Manchester is required to have a plan that details how the health and care system will be transformed to deliver improved health outcomes within a financially sustainable resource base.

Wigan's Locality Plan is called "Further, Faster Towards 2020"

<https://www.wiganleadership.com/storage/app/media/Wigan%20Council/Wigan%20Locality%20Plan%20Exec%20Summary.pdf>

LUSCS

This is a lower uterine segment caesarean section.

Magnetic Resonance Scanning

This is a medical imaging technique used in radiology to image the anatomy and the physiological processes of the body in both health and disease.

Max Fax

Oral and Maxillofacial Surgery is a specialty that deals with conditions affecting the head and neck.

Mch

The Master of Surgery (Latin: Magister Chirurgiae) is an advanced qualification in surgery.

MDT (Multi-Disciplinary Team)

This is a meeting of a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

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.

MSK CATS

Musculoskeletal Clinical Assessment / Treatment Service. The service assesses patients with disorders and injuries of the bones and muscles (orthopaedics). The aim of the clinic is to assess patients and determine the most appropriate course of action to manage and improve their symptoms.

National Inpatient Survey

NHS Inpatient Survey was developed by the Picker Institute in 2002 and forms part of the CQC National Survey Programme. The survey asks patients about their experiences of communications with doctors and nurses, hospital cleanliness, hospital food and discharge arrangements.

Never events

Never Events are a particular type of serious incident that meet all the following criteria: wholly preventable; has the potential to cause serious patient harm or death; There is evidence that the category of Never Event has

occurred in the past; occurrence of the Never Event is easily recognised and clearly defined.

NHS England (NHSE)

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

NHS Improvement (NHSI)

NHS Improvement 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 NHS Improvement'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.

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 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.

Wrightington, Wigan and Leigh is an NHS Foundation Trust, and so are close partners such as Bolton NHS Foundation Trust and Salford Royal NHS Foundation Trust.

NICE

National Institute for Health Care Excellence is a statutory agency which provides national guidance and advice to improve health and social care

North West Sector

Under Healthier Together proposals; hospitals in Bolton, Salford and Wigan will work together on transformation plans to reform emergency medicine and abdominal surgery. This geographical footprint is called the North West Sector.

Obstetrics

This is the branch of medicine and surgery concerned with childbirth and the care of women giving birth.

Oncology

This is the study and treatment of tumours.

Ophthalmology

This is the branch of medicine concerned with the study and treatment of disorders and diseases of the eye.

Orthopaedics

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

Paediatrics

This is the branch of medicine dealing with children and their diseases.

PAWS

This stands for Pathology at Wigan and Salford, a joint service between the two Trusts.

PCR (Polymerase Chain Reaction)

The polymerase chain reaction (PCR) is a technology in molecular biology used to amplify a single copy or a few copies of a piece of DNA across several orders of magnitude, generating thousands to millions of copies of a particular DNA sequence.

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.

PLACE (Patient Led Assessments of the Care Environment)

This is the system for assessing the quality of the patient environment. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care. The assessments enable local people to go into hospitals, as part of teams, to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

Pseudomonas

This is a bacterium of a genus that occurs in soil and detritus, including a number that are pathogens of plants or animals.

Quality / Quality Strategy

In terms of quality improvement in healthcare, quality is about learning what you are doing and doing it better <http://www.qihub.scot.nhs.uk/qi-basics/quality-improvement-glossary-of-terms.aspx#Q>

Radiology

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

RCOG

This is the Royal College of Obstetricians and Gynaecologists.

Real Time Patient Experience Survey

The Real Time Survey is a regular survey of inpatients on our medical, surgical and postnatal wards. It runs alongside the Friends and Family Test as one of the main ways for the Trust to gather regular patient feedback. WWL has a dedicated team of volunteers who visit the wards each week to interview patients. The volunteers carry out face to face interviews with patients.

Rheumatology

This is the study of rheumatism, arthritis, and other disorders of the joints, muscles, and ligaments.

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.

Seven Day Services

This is an initiative to make routine hospital services available 7 days a week.

SPR (Specialist Registrar)

A Specialist Registrar or SpR is a doctor who is receiving advanced training in a specialist field of medicine in order eventually to become a consultant.

Specialist Orthopaedic Alliance

Is a partnership of five hospital trusts that have specialisms within Orthopaedics. The Specialist Orthopaedic Alliance is leading the vanguard activity to establish a National Orthopaedic Alliance

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.

Surgical Assessment Lounge (SAL)

SAL is the elective admissions lounge for all surgical patients at WWL. Patients admitted for day case surgery will also return to SAL after their operation before being discharged.

Surgical Assessment Unit (SAU)

This is an 8 bed unit on the Orrell Ward at RAEI. Patients are transferred to this unit for assessment by doctors from the Surgical team. The unit is run by a senior nurse and a care support worker.

Sustainability and Transformation plans (STP)

The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.

Wigan is part of the Greater Manchester area where Greater Manchester Health and Social Care Devolution is responsible for the Greater Manchester Strategic Plan.

Ultrasound

This is sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.

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.

Vascular

This is relating to, affecting, or consisting of a vessel or vessels, especially those that carry blood.

Vanguard

In 2015 NHS England announced a programme for new models of care focussing on integration, this scheme is called Vanguard. WWL successfully applied with SRFT to be a vanguard project.

Venous Thromboembolism (VTE)

This is the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT. If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE. VTE Assessment is an international patient safety issue and a clinical priority for the NHS in England. It has been selected by Governors as the Locally Determined Indicator in the 2016/17 Quality Account.

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.

The background of the cover is a photograph of a modern building with a mix of white, red brick, and dark grey brick. The sky is blue with scattered white clouds. A large purple rounded rectangle is centered on the page, containing the text 'Annual Accounts' in white. The building has several windows, some with white awnings, and a dark grey horizontal band runs across the middle of the facade.

Annual Accounts



**Wrightington, Wigan and Leigh
NHS Foundation Trust Annual
Accounts for the Year Ended 31
March 2017**

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

Opinion on financial statements of Wrightington, Wigan and Leigh NHS Foundation Trust

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2017 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

The financial statements that we have audited comprise:

- the Trust Statement of Comprehensive Income;
- the Trust Statement of Financial Position;
- the Trust Statement of Cash Flow;
- the Trust Statement of Changes in Taxpayers' Equity;
- the Statement of Accounting Policies; and
- the related notes 1 to 27.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Summary of our audit approach

Key risks	<p>The key risks that we identified in the current year were:</p> <ul style="list-style-type: none">• <i>Revenue recognition in respect of Payment By Results (PbR) revenues and Sustainability and Transformation Fund (STF) income</i>• <i>Accounting for Property valuations</i> <p>Within this report, any new risks are identified with  and any risks which are the same as the prior year identified with .</p>
Materiality	<p>The materiality that we used in the current year for the Trust was £5.95m which was determined on the basis of 2% of operating income.</p>
Scoping	<p>All testing of the Trust was performed by the main audit engagement team performed at the Trust's administrative offices in Wigan, led by the audit partner.</p>

Significant changes in our approach

In 2015/16 we used 1.2% of operating income as the basis for materiality. We reassessed the percentage used to 2% of operating income in the context of our cumulative knowledge and understanding of the audit risks faced by the Trust for this year.

Going concern

We have reviewed the Accounting Officer's statement on page 232 that the Trust is a going concern.

We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Independence

We are required to comply with the Code of Audit Practice and Financial Reporting Council's Ethical Standards for Auditors, and confirm that we are independent of the Trust and we have fulfilled our other ethical responsibilities in accordance with those standards.

We confirm that we are independent of the Trust and we have fulfilled our other ethical responsibilities in accordance with those standards. We also confirm we have not provided any of the prohibited non-audit services referred to in those standards.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.

Revenue recognition in respect of PbR revenues and STF income

Risk description



As described in note 1, Accounting Policies, the Trust recognises NHS revenue on an accrual basis based on the average speciality cost. We have identified recognition of clinical revenue as a key risk due to:

- the complexity of the payment by results regime (PbR), in particular in determining the level of over-performance revenue to recognise;
- the judgemental nature of provisions for disputes with commissioners

(CCGs), including in respect of outstanding over-performance income for quarter 4; and

- the challenges experienced across the sector in 2016/17 in recovering income and increases in debtor aging.

In addition, we have identified the earning of Sustainability and Transformation funding (STF) as a risk due to it being contingent upon the delivery of operational and financial targets.

Details of the Trust's income are shown in note 2 and note 3 to the financial statements. Receivables shown in note 16 to the financial statements.

This risk is discussed by the Audit Committee on page 78.

How the scope of our audit responded to the risk



We have documented and walked through the key control processes governing the agreement of CCG contracts; the negotiation of quarterly settlements throughout the year; the participation in the agreement of balances exercise and the negotiation of the year end position.

We have investigated a sample of disagreements identified through the agreement of balances exercise.

We have identified and made enquiries regarding material open items not addressed either through the flex and freeze process in the year or the negotiation of the year end deal and tested these for recoverability.

We have assessed the level of STF income accrued at the year-end on the basis of year end performance and considered whether the Trust has achieved the STF criteria at the year end and, therefore, whether the final quarter of STF should be recognised where the final quarter sum is material. In addition, we have also considered the results of our quality accounts work on the key operational indicators relevant to the STF and agreed the balance of STF monies earned to correspondence with NHS Improvement.

Key observations



We consider the PbR income recognised from CCGs and STF to be appropriate based on the Trust's patient activity and reported performance against the operational targets agreed with the Commissioners. We also consider the receivables balance in the Trust's Statement of Financial Position at 31 March 2017 to be appropriate.

Property valuation

Risk description



As described in note 1, Accounting Policies and note 1.4, Accounting judgements and key sources of estimation uncertainty, there are significant judgements in the modern equivalent asset valuation for providing the same services but from an optimised (smaller) physical footprint.

Land and Buildings assets within Property, Plant and Equipment are valued using the modern equivalent use - alternative site (MEAV – AS) valuation method.

During the year the Trust revisited the underlying assumptions upon which the modern equivalent asset was based and, in particular, revisited assumptions around consolidation of services onto fewer sites.

As at 31 March 2016 the Trust held Land and Building that had been valued at a net book value of £147.7m. The Trust undertook a revaluation exercise based upon new and revised, assumptions; this is shown in note 11. The revaluation was performed for the Land and Buildings held at 1 April 2016 and an indexation exercise was performed to assess the value at 31 March 2017.

As a result of this valuation, a £4.0m revaluation gain offset by at £28.5m impairment was recognised, resulting in a reported valuation of Land and buildings of £125.9m as at 31 March 2017. These movements are disclosed in note 11.1 to the Financial Statements. The movements are recognised in comprehensive income in the Statement of Comprehensive Income (£13.0m impairment and £4.0m revaluation) and £15.0m within Note 4 Operating expenses.

The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs and the remaining life of the assets) which can be subject to material changes in value.

This risk is discussed by the Audit Committee on page 78.

How the scope of our audit responded to the risk



We documented and walked through the controls covering: the approval of the MEAV – AS assumptions; the issuing of instructions to the valuer; receipt and review of the valuation report; and posting of the resulting valuation to both the Fixed Asset Register and General Ledger.

Our valuations specialists reviewed the valuation report prepared for the Trust to confirm whether the methodology and assumptions used appeared reasonable and in line with industry standards.

We challenged management's assumption that an alternative, lower value, site could be used in calculating a Modern Equivalent Asset value by reviewing and critically evaluating whether the alternatives considered would be viable given the nature of the Trust's activities. We tested a sample of postings to the fixed asset register and general ledger to check the revaluation has been reflected in both the control records and the financial statements correctly.

We reviewed the disclosures in the financial statements for transparency and accuracy.

Key observations



We consider the assumptions for the valuation method to be reasonable. We consider the valuation of property to be appropriate in all material respects.

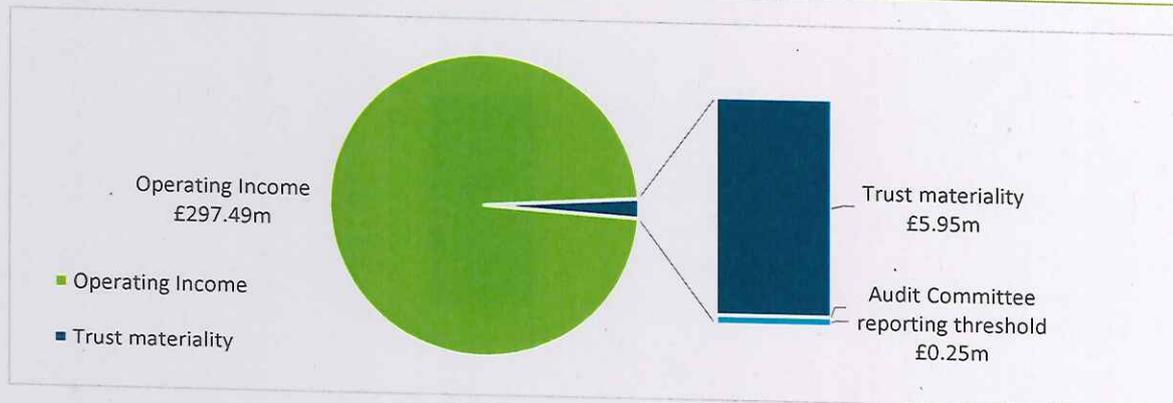
These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Trust materiality	£5.95m (2016: £2.64m)
Basis for determining materiality	2% of operating income (2016: 1.2% of operating income) We reassessed the percentage used in the context of our cumulative knowledge and understanding of the audit risks at the Trust and our assessment of those risks for this year as well as the materiality's adopted for other major teaching hospitals nationally. This level of materiality represents an increase from that used in the prior year and is in line with the basis adopted across other Foundation Trusts within our portfolio who exhibit similar levels of risk.
Rationale for the benchmark applied	Operating Income was chosen as a benchmark as the Trust is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £250k (2016: £250k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the Trust and its environment, including internal control, and assessing the risks of material misstatement.

The Trust's charitable fund subsidiary (Three Wishes) is not material and therefore is not consolidated into the Trust accounts.

The audit team integrated Deloitte specialists bringing specific skills and experience in IT and property valuation.

All testing of the Trust was performed by the main audit engagement team performed at the Trust's administrative offices in Wigan, led by the audit partner.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or

We confirm that we have not identified any such inconsistencies or misleading statements.

- otherwise misleading.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed.

Respective responsibilities of Accounting Officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and International Standards on Auditing (UK and Ireland). We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Council of Governors and Board of Directors of Wrightington, Wigan and Leigh NHS Foundation Trust (together "the Boards"), as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to Council of the Governors and the Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.



Paul Thomson ACA (Senior statutory auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Leeds, United Kingdom
31 May 2017

Foreword to the accounts

Wrightington, Wigan and Leigh NHS Foundation Trust

These accounts, for the year ended 31 March 2017, have been prepared by Wrightington, Wigan and Leigh NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.



A handwritten signature in black ink, which appears to read 'Andrew Foster'.

Andrew Foster
Chief Executive

31 May 2017

Wrightington, Wigan and Leigh NHS Foundation Trust - Annual Accounts 2016/17

Statement of Comprehensive Income

	Note	2016/17 £000	2015/16 £000
Operating income from patient care activities	2	255,148	246,669
Other operating income	3	42,345	24,115
Total operating income from continuing operations		297,493	270,784
Operating expenses	4	(295,914)	(278,105)
Operating surplus/(deficit) from continuing operations		1,579	(7,321)
Finance costs			
Finance income	7	39	53
Finance expenses	8	(476)	(457)
PDC dividends payable		(3,792)	(4,096)
Net finance costs		(4,229)	(4,500)
Gains/(Losses) on Disposal of Assets*	9	750	(8)
(Deficit) for the year**		(1,900)	(11,829)
Other comprehensive income			
Will not be reclassified to income and expenditure			
Impairments		(13,051)	(1,764)
Revaluations		3,935	1,686
Total comprehensive (expense) for the year		(11,016)	(11,907)

*The loss on disposal of assets of £8k in the prior year was previously reported under other operating income.

** The Trust's trading position excludes net impairments of £15,467k (£6,927k, 2015/16) which are technical in nature and are excluded by the regulator in determining the organisational trading position. A reconciliation of these amounts can be found in Note 27.

Wrightington, Wigan and Leigh NHS Foundation Trust - Annual Accounts 2016/17

Statement of Financial Position

	Note	31 March 2017 £000	31 March 2016 £000
Non-current assets			
Intangible assets	10	2,413	3,606
Property, plant and equipment	11	148,658	170,610
Trade and other receivables	16	169	425
Total non-current assets		151,240	174,641
Current assets			
Inventories	15	4,121	3,887
Trade and other receivables	16	25,230	12,123
Non-current assets for sale		0	3,035
Cash and cash equivalents	17	11,669	10,268
Total current assets		41,020	29,313
Current liabilities			
Trade and other payables	18	(28,711)	(27,275)
Other liabilities	19	(1,535)	(2,331)
Borrowings	20	(4,420)	(2,241)
Provisions	21	(329)	(1,027)
Total current liabilities		(34,995)	(32,874)
Total assets less current liabilities		157,265	171,080
Non-current liabilities			
Other liabilities	19	(300)	(300)
Borrowings	20	(25,819)	(28,952)
Provisions	21	(3,154)	(2,820)
Total non-current liabilities		(29,273)	(32,072)
Total assets employed		127,992	139,008
Financed by			
Public dividend capital		95,806	95,806
Revaluation reserve		22,823	32,410
Income and expenditure reserve		9,363	10,792
Total taxpayers' equity		127,992	139,008

The primary financial statements on pages 2 to 5 and the notes on pages 6 to 46 were approved by the Board of Directors and authorised for issue on 31 May 2017 and signed on its behalf by Andrew Foster, Chief Executive.



Signed
Andrew Foster, Chief Executive

31 May 2017

Wrightington, Wigan and Leigh NHS Foundation Trust - Annual Accounts 2016/17

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016	95,806	32,410	10,792	139,008
(Deficit) for the year			(1,900)	(1,900)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		(64)	64	0
Other transfers between reserves	0	(407)	407	0
Impairments		(13,051)		(13,051)
Revaluations		3,935		3,935
Taxpayers' equity at 31 March 2017	95,806	22,823	9,363	127,992

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2015	95,088	33,038	22,071	150,197
(Deficit) for the year	0	0	(11,829)	(11,829)
Other transfers between reserves	0	(550)	550	0
Impairments	0	(1,764)	0	(1,764)
Revaluations	0	1,686	0	1,686
Public dividend capital received	718	0	0	718
Taxpayers' equity at 31 March 2016	95,806	32,410	10,792	139,008

Statement of Cash Flows

	Note	2016/17 £000	2015/16 £000
Cash flows from operating activities			
Operating surplus/(deficit)		1,579	(7,321)
Non-cash income and expense			
Depreciation and amortisation	4	6,479	5,963
Impairments and reversals of impairments	3, 4	15,467	6,926
Income recognised in respect of capital donations (cash and non-cash)	3	(63)	(472)
(Increase) in receivables and other assets		(12,556)	(1,417)
(Increase) in inventories		(234)	(98)
Increase in payables and other liabilities		339	8,728
(Decrease) in provisions		(386)	(3,220)
Other movements in operating cash flows		0	0
Net cash generated from operating activities		10,625	9,089
Cash flows from investing activities			
Interest received		42	55
Purchase of intangible assets		(103)	(488)
Purchase of property, plant, equipment and investment property		(7,443)	(15,411)
Sales of property, plant, equipment and investment property		3,784	97
Receipt of cash donations to purchase capital assets		0	289
Net cash generated (used in) financing activities		(3,720)	(15,458)
Cash flows from financing activities			
Public dividend capital received		0	718
Loans received		1,287	5,849
Loans paid		(2,240)	(132)
Other interest paid		(461)	(403)
PDC dividend paid		(4,090)	(4,010)
Net cash generated (used in)/from financing activities		(5,504)	2,022
Increase/(decrease) in cash and cash equivalents		1,401	(4,347)
Cash and cash equivalents at 1 April		10,268	14,615
Cash and cash equivalents at 31 March	17	11,669	10,268

Recognised gains and losses on disposal of assets were previously reported in operating income and expenditure respectively. These are now presented outside operating surplus/(deficit).

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRoM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and intangible assets.

The financial statements and associated notes have been prepared in accordance with International Financial Reporting Standards (IFRS) and International Financial Reporting Interpretation Committee (IFRIC) interpretations as endorsed by the European Union, and those parts of the Companies Act 2006 applicable to companies reporting under IFRS.

The financial statements are presented in Pounds Sterling, rounded to the nearest thousand.

1.2 Going concern

After making enquiries, the Trust's directors have a reasonable expectation that the Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these financial statements.

1.3 Joint operations accounting

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to assets, and obligations for liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

1.4 Accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates, and underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

The following are the areas of critical judgements that management have made in the process of applying the entity's accounting policies.

Segmental reporting

In line with IFRS 8 Operating Segments, the Board of Directors, as Chief Decision Maker, has assessed that the Trust continues to report its Annual Accounts on the basis that it operates in the healthcare segment only. The accompanying financial statements have consequently been prepared under one single operating segment.

Consolidation of Charity

Wrightington, Wigan and Leigh NHS Foundation Trust is the corporate trustee to Wrightington, Wigan and Leigh Health Services Charity (also known as Three Wishes). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary.

The Trust has reviewed the value of Charity fund balances at 31 March 2017 and does not consider these to be of a significant value to require consolidation into the Trust accounts.

The following are key sources of estimation uncertainty at the end of the reporting period that present significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year.

Asset valuation and lives

The value and remaining useful lives of land and building assets are estimated by Cushman and Wakefield (formerly DTZ Debenham Tie Leung Ltd). Valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property.

During the year the Trust has revalued its estate using the modern equivalent asset - alternative site methodology on the grounds that this is deemed to be a more suitable valuation methodology.

The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at cost less any accumulated depreciation. Where assets are of low value and/or have short useful economic lives, these are carried at depreciated historical cost as this is not considered to be materially different from fair value.

An item of property, plant and equipment which is surplus and is not being used to deliver services with no plan to bring it back into use is valued at fair value under IFRS 13 Fair Value Measurement, if it does not meet the requirements of IAS 40 Investment Property or IFRS 5 Non-current assets held for sale.

Software licences are depreciated over the shorter of the term of the licence and the useful economic life.

The total value of intangible and tangible fixed assets as at 31 March 2017 is £151m.

Interests in other entities and joint arrangements

Reporting bodies are required to assess whether they have interests in subsidiaries, associates, joint ventures or joint operations, prior to accounting for and disclosing these arrangements according to the relevant accounting standards. This assessment involves making judgements and assumptions about the nature of collaborative working arrangements, including whether or not the Trust has control over those arrangements per IFRS 10 Consolidated Financial Statements.

The Trust has assessed its existing contracts and collaborative arrangements for 2016/17, and has determined that the only arrangements which would fall within the scope of IFRS 10, IFRS 11 Joint Arrangements or IFRS 12 Disclosure of Interests in Other Entities, are the Trust's subsidiary charity and three joint operations (Note 13).

Estimation uncertainty

The following are sources of estimation uncertainty that are not currently judged to cause a significant risk of material adjustment to the carrying amount of assets and liabilities within the next financial year:

- provisions such as those for employer and public liability legal claims
- provision for impaired receivables, including 22.94% of accrued Injury Cost Recovery (ICR) income to reflect the average value of claims withdrawn as advised to the Department of Health by the Compensation Recovery Unit

- employee benefits in respect of annual leave entitlement not taken at the end of the year, for which an accrual is calculated on a sample of Trust employees
- partially completed spells.

1.5 Consolidation

Wrightington, Wigan and Leigh NHS Foundation Trust is the corporate trustee to Wrightington, Wigan and Leigh Health Services Charity (also known as Three Wishes). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Generally Accepted Accounting Principles (UK GAAP). On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the foundation trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Where the fund balances held by the Charity are deemed to be of a significant value to require consolidation, then those balances will be consolidated into the Trust Accounts.

There is no consolidation for 2016/17.

1.6 Income

Recognition

Income in respect of services provided is recognised when and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale of contract.

Partially completed spells

The Trust recognises income for incomplete patient spells. Patients admitted before 31 March but not discharged before midnight 31 March are accounted for on the basis of average length of stay for the admitting speciality minus the patient's length of stay at midnight 31 March.

1.7 Expenditure on goods and services

Expenditure on goods and services is recognised when and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of assets such as property, plant and equipment or stock.

1.8 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

National Employment Savings Trust (NEST)

NEST is a defined contribution pension scheme that was created as part of the government’s workplace pensions reforms under the Pensions Act 2008. NEST Corporation is the Trustee body that has overall responsibility for running NEST. It is a non-departmental public body (NDPB) operating at arm’s length from government, and it reports to Parliament through the Secretary of State for Work and Pensions.

This alternative scheme is a defined contribution scheme, provided under the Trust’s ‘automatic enrolment’ duties for a small number of employees who are excluded from actively contributing to the NHS pension scheme. Under a defined contribution plan, an entity pays fixed contributions to a separate entity (a fund)

and has no obligation to pay further contributions if the fund does not hold sufficient assets to pay employee benefits.

The Trust is legally required to make a minimum contribution for opted-in employees who earn more than the qualifying earnings threshold, and the cost to the Trust of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. That is, employer's pension costs of contributions are charged to operating expenditure as and when they become due.

1.9 Current / non-current classification

Assets and liabilities are classified as current if they are expected to be realised within, or where they have a maturity of less than, 12 months from the Statement of Financial Position date. All other assets and liabilities are classified as non-current.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets re-classified as Held for Sale are measured at the lower of their carrying amount or fair value less costs to sell.

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 Fair Value Measurement, if it does not meet the requirements of IAS40 Investment Property or IFRS5 Non-current assets held for sale.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset

- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset
- the Trust can measure reliably the expenses attributable to the asset during development.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Expected useful economic lives are as follows.

Development expenditure	5 years
Software	5 years

1.11 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Property, plant and equipment assets are capitalised if they are capable of being used for a period which exceeds one year and they:

- individually have a cost of at least £5,000; or
- collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, ward or unit.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Thereafter revaluations of property and land are carried out as mandated by a qualified valuer who is a member of the Royal Institute of Chartered Surveyors and in accordance with the appropriate sections of the Practice Statement ("PS") and United Kingdom Practice Statements contained within the RICS Valuation Standards. The valuations are carried out as follows.

- Interim every 3 years
- Full valuation every 5 years

Where management conclude that the book value no longer reflects fair value a separate independent valuation will be commissioned.

All revalued assets are measured at fair value.

- Specialised buildings used for the Trust's services or for administrative purposes are stated in the Statement Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and any subsequent accumulated impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of Financial position date. Fair values are determined by using a depreciated replacement cost, modern equivalent asset – alternative site approach.
- Land and non-specialised buildings – market value for existing use.

The carrying value of other existing assets will be written off over their remaining useful lives, and are carried at depreciated historic cost as this is not considered to be materially different from fair value.

The accounting entries for revaluation gains and losses are detailed below.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 Fair Value Measurement, if it does not meet the requirements of IAS40 Investment Property or IFRS5 Non-current assets held for sale.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated at the point it becomes classified as Held for Sale. Assets in the course of construction are not depreciated until the assets are brought into use. Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by a qualified valuer recognised in accordance with RICS.

Property, plant and equipment is depreciated over the following useful lives.

- Buildings excluding dwellings 6 to 90 years
- Dwellings 26 to 54 years

Equipment is depreciated over the following useful lives.

- Engineering plant and equipment 5 to 15 years
- Vehicles 5 years
- Furniture 10 years
- Office and IT equipment 5 years
- Soft furnishings 7 years
- Medical and other equipment 5 to 15 years
- Mainframe-type IT installations 5 years
- Software – internally developed 5 to 10 years

Revaluation gains and losses

At each reporting period end, the Trust checks whether there is any indication that any of its property plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenditure, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenditure.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of:

- the impairment charged to operating expenses; and
- the balance in the revaluation reserve attributable to that asset before impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that give rise to the loss are reversed. Reversals are recognised in operating expenses to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Assets under construction

Assets under construction are measured at cost of construction as at the 31 March. Assets are reclassified to the appropriate category when they are brought into use.

De-recognition

Assets intended for disposal are reclassified as Held for Sale once all of the following criteria are met.

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
- The sale must be highly probable, i.e.:
 - i. management are committed to a plan to sell the asset
 - ii. an active programme has begun to find a buyer and complete the sale
 - iii. the asset is being actively marketed at a reasonable price
 - iv. the sale is expected to be completed within 12 months of the date of classification as Held for Sale
 - v. the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as Held for Sale and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.12 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method and the weighted average cost method.

1.14 Trade receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, which usually equates to invoice total, less provision for impairment. A provision for impairment of trade receivables is estimated when there is objective evidence that the Foundation Trust will not be able to collect amounts due.

1.15 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.16 Trade payables

Trade payables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method which usually equates to invoice value.

1.17 Financial instruments

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent that, performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

The only category of financial assets held by the Trust is 'loans and receivables'.

The only category of financial liabilities held by the Trust is 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise cash and cash equivalents, and part of NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. For short term receivables amortised cost usually equates to invoice value.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. For short term payables, amortised cost equates to invoice value. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs.

The Trust's Independent Trust Financing Facility loans are included in other financial liabilities, but are not measured at amortised cost. They are measured at historic cost, as directed by HM Treasury FReM.

Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the provision for impaired receivables.

Impairments of receivables

At each period end the Trust individually reviews receivables for recoverability. Following this review impairment is made for those receivables where there is reasonable uncertainty of obtaining settlement.

1.18 Leases

Finance leases

The Trust does not have any finance leases.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

In applying IFRIC 4 - Determining whether an Arrangement Contains a Lease, collectively significant rental arrangements that do not have the legal status of a lease but convey the right to use an asset for payment are accounted for under the Trust's lease policy, where fulfilment of the arrangement is dependent on the use of specific assets.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.19 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates in real terms of -2.70% for short-term provisions; -1.95% for medium term provisions and -0.80% for long term provisions, (-1.55%, -1.00% and 0.80% 2015/16).

For post-employment benefits including early retirement provisions and injury benefit provisions the HM Treasury's pension discount rate of 0.24% in real terms (1.37% 2015/16) is used.

1.20 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed in Note 21.1 but is not recognised in the Trust's accounts.

1.21 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.22 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in Note 22 where an inflow of economic benefits is probable. Contingent liabilities are not recognised, but are disclosed in Note 22, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.23 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust including any subsequent investment by the Department of Health in the Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Service (GBS) and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment occur as a result of the audit of the annual accounts.

1.24 Value added tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.25 Corporation tax

As an NHS foundation trust, Wrightington, Wigan and Leigh NHS Foundation Trust is specifically exempted from corporation tax through the Corporation Tax Act 2010. The Act provides that HM Treasury may dis-apply this exemption only through an order via a statutory instrument (secondary legislation). Such an order could only apply to activities which are deemed commercial, and arguably much of the Trust's other operating income is ancillary to the provision of healthcare, rather than being commercial in nature. No such order has been approved by a resolution of the House of Commons. There is, therefore, no corporation tax liability in respect of the current financial year.

1.26 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts (Note 17.1) in accordance with the requirements of HM Treasury's FReM.

1.27 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The note on losses and special payments (Note 25) is compiled directly from the Trust's losses and special payments register which reports on an accruals basis with the exception of provisions for future losses.

1.28 Accounting standards and amendments issued but not yet adopted in the FT ARM

The effective date of the following standards are disclosed after the standards' names; these amendments or new standards are not yet adopted by the European Union (EU) or within the FReM, and are therefore not applicable to 2016/17 accounts.

IAS 7 Cash flow statements: [amendment] (2018/19) – this amendment is likely to have an impact on the disclosures relating to changes in liabilities arising from financing activities, both cash and non-cash flow related.

IFRS 9 Financial Instruments: [new standard] (2018/19) - this new standard is likely to have a non-material impact on the Trust's accounts. It is intended to eventually replace IAS 39 Financial Instruments: Recognition and Measurement, which currently sets out the requirements for the recognition and measurement of financial instruments.

IFRS 14 Regulatory Deferral Accounts: [new standard] (2016/17) – this new standard is not applicable to Department of Health group bodies. Not yet EU endorsed*.

IFRS 15 Revenue from contracts with customers: [new standard] (2017/18) – this new standard is not likely to have an impact on how the Trust recognises income but may have some impact on disclosures.

IFRS 16 Leases: [new standard] (2019/20) – this new standard is likely to have an impact on how the Trust accounts for and discloses information in relation to its lease arrangements.

IFRS - International Financial Reporting Standards

**The European Financial Reporting Advisory Group recommended in October 2015 that the standard should not be endorsed as it is unlikely to be adopted by many EU countries.*

Note 2 Operating income from patient care activities

Note 2.1 Income from patient care activities (by nature)

	2016/17 £000	2015/16 £000
Acute services		
Elective income	64,063	59,825
Non elective income	54,807	53,981
Outpatient income	50,853	49,640
A & E income	9,792	9,605
Other NHS clinical income*	71,434	70,147
Additional income		
Private patient income	2,373	2,406
Other clinical income**	1,826	1,065
Total income from activities	255,148	246,669

* Other NHS clinical income includes income in respect of maternity outpatients, diagnostic imaging, breast screening, audiology, outpatients, chemotherapy, palliative care and community services.

** Other clinical income relates largely to income from the Compensation Recovery Unit (CRU) for third party injury claims.

Note 2.2 Income from patient care activities (by source)

Income from patient care activities received from:	2016/17 £000	2015/16 £000
CCGs and NHS England	249,108	241,115
Local Authorities	67	281
NHS foundation trusts	1,774	379
NHS other	0	182
Non NHS: private patients	2,373	2,406
Non NHS: overseas patients (chargeable to patient)	84	34
NHS injury scheme (CRU)***	1,255	1,065
Non NHS: other	487	1,207
Total income from activities	255,148	246,669

***NHS injury scheme income is subject to a provision for doubtful debts of 22.94% (21.99%, 2015/16) to reflect expected rates of collection.

Note 2.3 Overseas visitors	2016/17	2015/16
	£000	£000
Income recognised this year	84	34
Cash payments received in-year	17	15
Amounts added to provision for impairment of receivables	6	54
Amounts written off in-year	27	0

Note 3 Other operating income	2016/17	2015/16
	£000	£000
Research and development	1,096	672
Education and training	8,030	7,291
Receipt of capital grants and donations	63	482
Charitable and other contributions to expenditure	80	62
Non-patient care services to other bodies	6,672	4,060
Rental revenue from operating leases	153	109
Sustainability and transformation fund income*	13,493	0
Income in respect of staff costs where accounted on gross basis	3,104	2,738
Other income**	9,654	8,701
Total other operating income	42,345	24,115

*Sustainability and transformation fund income relates to the Trust's share from the national Sustainability and Transformation Fund created in 2016/17 to support a balanced aggregate financial position for NHS providers.

**Other income of £9.7m (£8.7m, 2015/16) includes car parking income, catering income, pharmacy income, staff accommodation rental and other miscellaneous income recharged to other NHS bodies.

Reversal of impairments previously credited to income are now netted off against the impairment charge in operating expenditure and prior year comparatives have been restated to reflect this change.

Note 3.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2016/17	2015/16
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	251,520	243,198
Income from services not designated as commissioner requested services	3,628	3,471
Total	255,148	246,669

Note 4 Operating expenses

	2016/17 £000	2015/16 £000
Services from NHS foundation trusts	1,815	1,465
Services from NHS trusts	75	51
Services from CCGs and NHS England	4	0
Services from other NHS bodies	0	5
Purchase of healthcare from non NHS bodies	786	654
Employee expenses - executive directors	1,452	1,286
Employee expenses - non-executive directors	166	169
Employee expenses - staff	178,096	169,680
Employee expenses - temporary staff	9,115	9,897
Supplies and services - clinical	28,100	27,697
Supplies and services - general	4,527	5,024
Establishment	1,701	2,608
Transport	1,504	1,444
Premises	12,800	12,923
Increase/(decrease) in provision for impairment of receivables	106	247
Increase/(decrease) in other provisions	(91)	0
Change in provisions discount rate(s)	216	54
Drug costs (non-inventory)	3,554	5,480
Drug costs (inventory consumed)	19,496	16,322
Rentals under operating leases	1,496	1,758
Depreciation on property, plant and equipment	5,725	5,253
Amortisation on intangible assets	754	710
Impairments*	15,467	6,926
Audit fees payable to the external auditor		
audit services - statutory audit	40	50
other auditor remuneration - see Note 4.1	28	37
Internal audit and local counter fraud services	156	155
Clinical negligence	8,100	7,000
Legal fees	383	443
Training, courses and conferences	427	825
Patient travel	36	39
Redundancy and other mutually agreed resignation schemes	81	579
Insurance	412	390
Losses, ex gratia & special payments**	(988)	1,056
Other	375	(2,122)
Total	295,914	278,105

*Reversal of impairments previously credited to income are netted off against the impairment charge in operating expenditure and prior year comparatives have been reinstated to reflect this change.

Recognised gains and losses on disposal of assets were previously reported in operating income and expenditure respectively. These are now presented outside operating surplus/(deficit) and prior year comparatives have been restated to reflect this change.

** Losses, ex gratia & special payments includes the settlement of an insurance claim in respect of theatre consignment stock (£1m) which was damaged as a result of a flood during 2015/16.

Note 4.1 Other auditor remuneration	2016/17	2015/16
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	18	19
All assurance services not falling within the above	10	18
Total	28	37

Note 4.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2016/17 or 2015/16.

Note 4.3 Better payment practice code (BPPC)

The better payment practice code gives NHS organisations a target of paying 95% of invoices within agreed payment terms or in 30 days where there are no terms agreed.

Performance for the financial year against this target is contained in the table below.

	2016/17		2015/16	
	Number	£000	Number	£000
Non-NHS				
Trade invoices paid in the period	65,061	141,400	65,926	97,850
Trade invoices paid within target	60,371	133,582	62,900	91,709
Percentage of trade invoices paid within target	92.8%	94.5%	95.4%	93.7%
NHS				
Trade invoices paid in the period	2,472	20,156	2,321	20,237
Trade invoices paid within target	2,093	15,324	1,999	12,098
Percentage of trade invoices paid within target	84.7%	76.0%	86.1%	59.8%
Total				
Trade invoices paid in the period	67,533	161,556	68,247	118,087
Trade invoices paid within target	62,464	148,906	64,899	103,807
Percentage of trade invoices paid within target	92.5%	92.2%	95.1%	87.9%

Note 5 Employee benefits	2016/17	2015/16
	Total	Total
	£000	£000
Salaries and wages	151,127	146,535
Social security costs	14,045	10,646
Employer's contributions to NHS pensions	16,267	15,776
Temporary staff	9,115	9,897
Total staff costs	190,554	182,854
Costs capitalised as part of assets	1,842	1,942

A further analysis of staff costs can be found in the remuneration section of the Annual Report.

Note 5.1 Retirements due to ill-health

During 2016/17 there were 3 early retirements from the Trust agreed on the grounds of ill-health (9, 2015/16). The estimated additional pension liabilities of these ill-health retirements is £37k (£336k, 2015/16).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 5.2 Executive directors' and non-executive directors' remuneration and other benefits

	2016/17	2015/16
	£000	£000
Salary	1,191	946
Employer's pension contributions	146	120
Taxable benefits	22	7
Total	1,359	1,073
Non-executive directors' remuneration *	152	152
Total	1,511	1,225
The total number of directors accruing benefits under the NHS Pension Scheme	9	6

* Non-executive directors are not members of the NHS Pension Scheme.

Further details of directors' remuneration can be found in the remuneration section of the Annual Report.

Note 5.3 Employee benefits

An accrual in respect of annual leave entitlement carried forward at the Statement of Financial Position date of £0.5m has been provided for within the accounts (£0.8m, 2015/16). There were no other employee benefits during the year.

Note 6 Operating leases

Note 6.1 Wrightington, Wigan and Leigh NHS Foundation Trust as a lessee

	2016/17 £000	2015/16 £000
Operating lease expense		
Minimum lease payments	1,496	1,558
Contingent rents	0	200
Total	1,496	1,758
	31 March 2017 £000	31 March 2016 £000
Future minimum lease payments due:		
- not later than one year;	116	480
- later than one year and not later than five years;	2,959	1,255
- later than five years.	589	284
Total	3,664	2,019

The Trust leases various premises, primarily to accommodate administrative functions, under operating leases at market rates, for periods up to 20 years.

The Trust also leases equipment and vehicles for periods not exceeding 7 years.

Leased equipment chiefly comprises complex medical equipment used in the delivery of healthcare. The majority of vehicle leases are rolling 'monthly hire' arrangements for transport between Trust sites.

Where applicable, break clauses in the Trust's lease contracts have been taken into account in the calculation of future minimum lease payments.

Note 6.2 Wrightington, Wigan and Leigh NHS Foundation Trust as a lessor

	2016/17 £000	2015/16 £000
Operating lease revenue		
Minimum lease receipts	153	109
Total	153	109
	31 March 2017 £000	31 March 2016 £000
Future minimum lease receipts due:		
- not later than one year;	198	109
- later than one year and not later than five years;	243	217
- later than five years.	0	0
Total	441	326

The Trust leases areas of its Cancer Care Unit to The Christie NHS Foundation Trust.

Note 7 Finance income	2016/17 £000	2015/16 £000
Interest on bank accounts	39	53
Total	<u>39</u>	<u>53</u>
Note 8 Finance expenses	2016/17 £000	2015/16 £000
Interest expense		
Loans from the Department of Health	454	435
Total interest expense	<u>454</u>	<u>435</u>
Other finance costs - unwinding of discount	22	22
Total	<u>476</u>	<u>457</u>
Note 9 Other gains/(losses)	2016/17 £000	2015/16 £000
Gain/(loss) on disposal of assets held for sale	750	(8)
Total	<u>750</u>	<u>(8)</u>

The gain on disposal of assets held for sale relates to the sale of land of hospital sites.

Note 10 Intangible assets

Note 10.1 Intangible assets - 2016/17

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation/gross cost at 1 April 2016	13,588	982	542	15,112
Additions	103	0	0	103
Reclassifications	0	0	(542)	(542)
Gross cost at 31 March 2017	13,691	982	0	14,673
Amortisation at 1 April 2016	10,721	785	0	11,506
Provided during the year	702	52	0	754
Amortisation at 31 March 2017	11,423	837	0	12,260
Net book value at 31 March 2017	2,268	145	0	2,413
Net book value at 1 April 2016	2,867	197	542	3,606

A number of items of intangible assets have been reclassified during the year to property plant and equipment (Note 11.1).

Note 10.2 Intangible assets - 2015/16

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation/gross cost at 1 April 2015	13,311	982	585	14,878
Additions	531	0	(43)	488
Impairments	(164)	0	0	(164)
Reclassifications	(90)	0	0	(90)
Valuation/gross cost at 31 March 2016	13,588	982	542	15,112
Amortisation at 1 April 2015	10,071	732	0	10,803
Provided during the year	657	53	0	710
Impairments	(7)	0	0	(7)
Amortisation at 31 March 2016	10,721	785	0	11,506
Net book value at 31 March 2016	2,867	197	542	3,606
Net book value at 1 April 2015	3,240	250	585	4,075

Note 10.3 Intangible assets financing 2016/17

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Net book value at 31 March 2017				
Purchased	2,268	145	0	2,413
NBV total at 31 March 2017	2,268	145	0	2,413

Note 10.4 Intangible assets financing 2015/16

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Net book value 31 March 2016				
Purchased	2,860	197	542	3,599
Donated and government grant funded	7	0	0	7
NBV total at 31 March 2016	2,867	197	542	3,606

Economic life of intangible assets

Development expenditure	up to 5 years
Software	up to 5 years

Note 11 Property, plant and equipment

Note 11.1 Property, plant and equipment - 2016/17

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2016	13,922	130,470	3,274	5,390	47,854	281	15,069	623	216,883
Additions	0	2,708	0	574	1,461	0	3,069	2	7,814
Impairments	(7,710)	(21,595)	(104)	0	0	0	0	0	(29,409)
Reversals of impairments	0	889	0	0	0	0	0	0	889
Reclassifications	0	152	0	(5,507)	(164)	0	6,067	(6)	542
Revaluations	1,132	2,803	0	0	0	0	0	0	3,935
Disposals/derecognition	0	0	0	0	(6)	0	0	0	(6)
Valuation/gross cost at 31 March 2017	7,344	115,427	3,170	457	49,145	281	24,205	619	200,648
Accumulated depreciation at 1 April 2016	0	978	1	0	33,604	186	11,299	205	46,273
Provided during the year		2,233	87	0	1,748	23	1,587	47	5,725
Impairments	0	0	(2)	0	0	0	0	0	(2)
Disposals/ derecognition	0	0	0	0	(6)	0	0	0	(6)
Accumulated depreciation at 31 March 2017	0	3,211	86	0	35,346	209	12,886	252	51,990
Net book value at 31 March 2017	7,344	112,216	3,084	457	13,799	72	11,319	367	148,658
Net book value at 1 April 2016	13,922	129,492	3,273	5,390	14,250	95	3,770	418	170,610

A number of items of intangible assets have been reclassified during the year to property, plant and equipment (Note 10.1).

Note 11.2 Property, plant and equipment - 2015/16

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2015	13,906	117,970	3,233	14,208	49,184	262	14,746	458	213,967
Additions - purchased/ leased/ grants/ donations	0	2,827	0	10,373	1,015	19	472	130	14,836
		(12,513)							(15,292)
Impairments	0	3	0	0	(2,403)	0	(376)	0	(92)
Reversals of impairments	0	1,574	22	0	0	0	0	0	1,596
Reclassifications	0	18,961	0	(19,191)	58	0	227	35	90
Revaluations	16	1,651	19	0	0	0	0	0	1,686
Valuation/gross cost at 31 March 2016	13,922	130,470	3,274	5,390	47,854	281	15,069	623	216,883
Accumulated depreciation at 1 April 2015	0	2,733	79	0	32,586	176	10,440	169	46,183
Provided during the year	0	2,585	80	0	1,625	10	917	36	5,253
Impairments	0	(4,340)	(158)	0	(607)	0	(58)	0	(5,163)
Accumulated depreciation at 31 March 2016	0	978	1	0	33,604	186	11,299	205	46,273
Net book value at 31 March 2016	13,922	129,492	3,273	5,390	14,250	95	3,770	418	170,610
Net book value at 1 April 2015	13,906	115,237	3,154	14,208	16,598	86	4,306	289	167,784

A number of items of intangible assets were reclassified during the year to property, plant and equipment (Note 10.2).

Note 11.3 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construc tion £000	Plant & machin ery £000	Transp ort equipm ent £000	Informa tion technol ogy £000	Furnit ure & fittin gs £000	Total £000
Owned	7,344	110,593	3,084	457	13,172	72	11,226	367	146,315
Donated	0	1,623	0	0	627	0	93	0	2,343
NBV total at 31 March 2017	7,344	112,216	3,084	457	13,799	72	11,319	367	148,658

Note 11.4 Property, plant and equipment financing - 2015/16

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construc tion £000	Plant & machin ery £000	Transp ort equipm ent £000	Informa tion technol ogy £000	Furnit ure & fittin gs £000	Total £000
Owned	13,922	128,004	3,273	5,390	13,589	95	3,647	418	168,338
Donated	0	1,488	0	0	661	0	123	0	2,272
NBV total at 31 March 2016	13,922	129,492	3,273	5,390	14,250	95	3,770	418	170,610

Note 12 Revaluations of property, plant and equipment

The value and remaining useful lives of land and building assets are estimated by Cushman and Wakefield. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property.

During the year the Trust revalued its estate using the modern equivalent asset - alternative site methodology on the grounds that this is deemed to be a more suitable valuation.

The overall effect of the revaluation has been a decrease in the value of land and buildings of £24.6m.

Assets revalued have been written down to their recoverable amount within the Statement of Financial Position, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for that asset and, thereafter, to expenditure - impairment of property plant and equipment. Increases in value have been credited to the revaluation reserve unless circumstances arose whereby a reversal of an impairment was necessary. In these circumstances this has been netted off against impairments in expenditure.

The lives of equipment assets are estimated on historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at its cost less any accumulated depreciation and any impairment losses. Where assets are of low value and/or have short useful economic lives, these are carried at depreciated historical cost as a proxy for current value.

Note 13 Asset Lives

The following table discloses the range of remaining economic lives of assets.

	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	0	88
Dwellings	12	50
Plant and machinery	0	13
Vehicles	0	4
Information technology	0	9
Furniture and fittings	0	10
Soft furnishings	0	6
Equipment	0	13

Note 14 Disclosure of interests in other entities

The Trust has determined that, in addition to its subsidiary charity, it has interests in three joint operations. Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to assets, and obligations for liabilities relating to the arrangement. The Trust therefore includes within its financial statements its share of the assets, liabilities, income and expenses relating to its joint operations.

The Trust's joint operations are detailed below.

The Trust does not attribute levels of risk significantly above 'business as usual' with these arrangements, as the operators are all partner NHS bodies, working together within the same healthcare operating environment. In practical terms, this translates to longstanding related party relationships based in contracts and transactions, collaborative working, shared objectives and common policies.

The Trust's joint operations are detailed below.

Pathology at Wigan & Salford (PAWS)

The Trust works collaboratively with Salford Royal NHS Foundation Trust to provide pathology services to both trusts. The intention of the arrangement is to reduce running costs through centralisation and provide resilience in each trust's pathology services. The majority of activity is carried out at a Salford site, with an essential services laboratory remaining at the Trust's Wigan site.

The Trust retains the rights to assets contributed at the start of the arrangement, and new equipment is split between both trusts when purchased. As the 'host' partner, Salford Royal NHS Foundation Trust retains the obligation to pay the majority of suppliers' invoices, recharging Wrightington, Wigan and Leigh NHS Foundation Trust for its share of PAWS-related expenditure (£7.3m in year and £7.2m, 2015/16). The Trust also receives a share of PAWS income, primarily from the provision of pathology tests (£4.0m in year and £4.0m, 2015/16).

Sterile Services Decontamination Unit (SSDU)

In this joint working arrangement with Salford Royal NHS Foundation Trust, both trusts receive sterile services, which chiefly involves the decontamination of surgical instruments. The arrangement is similar to PAWS in that the trusts intend to reduce running costs through centralisation, provide resilience in each organisation's sterile services, and create income through selling services to other providers in the local health economy. The majority of activity is carried out at a site in Bolton with a small service retained at the Trust's Leigh site.

The Trust retains the rights to assets contributed to the arrangement. As the 'host' partner, Wrightington, Wigan and Leigh NHS Foundation Trust retains the obligation to pay the majority of suppliers' invoices, recharging Salford Royal NHS Foundation Trust, for its share of SSDU-related expenditure. The Trust's share of expenditure in 2016/17 totals £2.12m (£2.1m, 2015/16).

Well Being Partners

This arrangement was created in 2014/15 and is jointly operated by Wrightington, Wigan and Leigh NHS Foundation Trust (the 'host' operator), Lancashire Teaching Hospitals NHS Foundation Trust and Bolton NHS Foundation Trust. The collaboration was designed to provide resilience to each of the three operators' occupational health services and to create income through selling services to other bodies. The activity is carried out at all three trusts' sites with additional outreach clinics. The Trust's share of income in 2016/17 totals £0.3m and expenditure £0.8m (£0.3m and £0.7m, 2015/16).

Note 15 Inventories	31 March 2017	31 March 2016
	£000	£000
Drugs	955	1,187
Consumables	3,014	2,505
Energy	74	58
Other	78	137
Total inventories	4,121	3,887

Inventories recognised in expenses for the year were £38,036k (£30,214k, 2015/16).

Note 16 Trade and other receivables

	31 March 2017	31 March 2016
	£000	£000
Current		
Trade receivables due from NHS bodies	6,434	5,446
Receivables due from NHS charities	48	33
Other receivables due from related parties	281	177
Provision for impaired receivables	(718)	(642)
Prepayments (non-PFI)	2,775	2,106
Accrued income*	10,742	605
Interest receivable	2	5
PDC dividend receivable	362	64
VAT receivable	521	337
Other receivables	4,783	3,992
Total current trade and other receivables	25,230	12,123
Non-current		
Provision for impaired receivables	(41)	(44)
Other receivables	210	469
Total non-current trade and other receivables	169	425

The carrying amounts of trade and other receivables approximates to the fair value.

*The increase in accrued income at the end of the year relates to income due from NHS England in respect of sustainability and transformation funding.

Note 16.1 Provision for impairment of receivables	31 March 2017 £000	31 March 2016 £000
At 1 April	686	505
Increase in provision	106	247
Amounts utilised	(33)	(66)
Unused amounts reversed	0	0
At 31 March	<u>759</u>	<u>686</u>

Note 16.2 Analysis of impaired receivables

Ageing of impaired receivables	31 March 2017 £000	31 March 2016 £000
0-30 days	16	7
30-60 days	0	12
60-90 days	0	7
90-180 days	1	60
Over 180 days	262	193
Total	<u>279</u>	<u>279</u>

The above ageing of impaired receivables table does not include a provision of £480k (£407k, 2015/16) against the NHS Injury Compensation Recovery Scheme, since this is not deemed to be a financial instrument.

Ageing of non-impaired receivables past their due date	31 March 2017 £000	31 March 2016 £000
0-30 days	14,698	5,370
30-60 days	1,581	517
60-90 days	201	343
90-180 days	1,334	547
Over 180 days	1,458	1,477
Total	<u>19,272</u>	<u>8,254</u>

The above table does not include non instrument debtors including amounts pertaining to the NHS Injury Compensation Recovery Scheme.

Note 17 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2016/17 £000	2015/16 £000
At 1 April	10,268	14,615
Net change in year	1,401	(4,347)
At 31 March	11,669	10,268
Broken down into		
Cash at commercial banks and in hand	11	10
Cash with the Government Banking Service	11,658	10,258
Total cash and cash equivalents	11,669	10,268

Note 17.1 Third party assets held by the NHS foundation trust

During the year the Trust held cash relating to monies held on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts. The Trust also holds in the normal course of business consignment inventories which comprise orthopaedic prosthesis. These are held on Trust premises and still owned by the supplier. The Trust is only obliged to pay for these assets when they are used or expire.

	31 March 2017 £000	31 March 2016 £000
Monies held on behalf of patients	5	6
Consignment inventories	933	825
Total third party assets	938	831

Note 18 Trade and other payables	31 March 2017 £000	31 March 2016 £000
Current		
NHS trade payables	2,495	1,440
Amounts due to other related parties	0	74
Other trade payables	4,243	4,572
Capital payables	2,993	2,685
Social security costs	2,104	1,722
Other taxes payable	1,569	1,492
Other payables	2,971	2,605
Accruals	12,336	12,685
Total current trade and other payables	28,711	27,275

Prior year comparatives in the above table have been restated to reclassify payables previously recorded as accruals (£3.6m).

Note 21 Provisions

	Other legal claims £000	Other £000	Total £000
At 1 April 2016	1,854	1,993	3,847
Change in the discount rate	187	29	216
Arising during the year	855	180	1,035
Utilised during the year	(199)	(393)	(592)
Reversed unused	(206)	(839)	(1,045)
Unwinding of discount	22	0	22
At 31 March 2017	2,513	970	3,483
Expected timing of cash flows:			
- not later than one year;	126	203	329
- later than one year and not later than five years;	653	323	976
- later than five years.	1,734	444	2,178
Total	2,513	970	3,483

Legal provisions of £2.5m are made up of employer's and public liability claims £0.2m (£0.2m, 2015/16) for which there is also a corresponding contingent liability of £0.1m declared in Note 22, and £2.3m for the cost of permanent injury retirements (£1.7m, 2015/16).

The amount provided for employer's / public liability claims are based on actuarial assessments received from the National Health Service Litigation Authority (NHSLA) as to their value and anticipated payment date.

Other provisions include costs associated with a Treasury approved Mutually Agreed Severance Scheme £0.1m (£0.5m, 2015/16), and £0.8m (£0.9m, 2015/16) in respect of pathology service staffing changes jointly agreed with Salford Royal NHS Foundation Trust.

Note 21.1 Clinical negligence liabilities

At 31 March 2017, £134,790k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Wrightington, Wigan and Leigh NHS Foundation Trust (£120,942k, 31 March 2016).

Note 22 Contingent assets and liabilities

	31 March 2017 £000	31 March 2016 £000
Value of contingent liabilities		
NHS Litigation Authority legal claims	(89)	(97)
Gross value of contingent liabilities	<u>(89)</u>	<u>(97)</u>
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	<u>(89)</u>	<u>(97)</u>

Contingent liabilities relate to employers and public liability claims.

Note 23 Contractual capital commitments

	31 March 2017 £000	31 March 2016 £000
Property, plant and equipment	2,600	3,700
Total	<u>2,600</u>	<u>3,700</u>

Contractual capital commitments mainly relate to committed expenditure in respect of the Trust's Health Information System.

Note 24 Financial instruments

Note 24.1 Financial risk management

Liquidity risk

The Trust's net operating costs are incurred under annual service level agreements/contracts with Clinical Commissioning Groups (CCGs) which are financed from resources voted annually by Parliament. The Trust receives such income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. Monthly payments are received from CCGs based on an annual service level agreement; this arrangement reduces liquidity risk.

The Trust actively mitigates liquidity risk by daily cash management procedures and by keeping all cash balances in an appropriately liquid form. Liquidity is monitored by the Board on a monthly basis through the calculation of the Use of Resources Metric as required by NHS Improvement and by the review of cash flow forecasts for the year.

The Trust has two loans financed by the Independent Trust Financing Facility. A 7 year loan for £13.5m at 0.66% fixed interest rate and a 25 year loan for £16.5m at 2.24% fixed interest rate. Repayments on the loans commenced in December 2016 and are repaid over the period of the loans. Repayments are built into the Trust's cash flow plans for the year and there is no risk that a number of significant borrowings could become repayable at one time and cause unplanned cash pressures.

The Trust has drawn down four public sector energy efficiency loans totalling £2.6m with Salix Finance Limited. These loans are interest-free and have been invested in energy-efficiency saving schemes. The savings from these schemes are matched to loan repayments and there is therefore no risk that these borrowings will cause unplanned cash pressures.

The loan repayment schedule is contained within the maturity of financial liabilities table on page 41.

Interest rate risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest other than the Trust's bank accounts which earn interest at a floating rate. The Trust is not exposed to significant interest rate risk.

Credit risk

The main source of income for the Trust is from CCGs in respect of healthcare services provided under agreements. The credit risk associated with such customers is very low.

Cash required for day to day operational purposes is held within the Trust's Government Banking Services (GBS) account. This service has minimal credit risk as balances are regularly swept into and held by the Bank of England.

The Trust regularly reviews debtor balances, and has a comprehensive system in place for pursuing past due debt. Non-NHS customers represent a small proportion of income, and the Trust is not exposed to significant credit risk in this regard.

The carrying amount of financial assets represents the maximum credit exposure. Therefore, the maximum exposure to credit risk at the Statement of Financial Position date was £19m (£8m 2015/16), being the total of the carrying amount of financial assets excluding cash.

There are no amounts held as collateral against these balances.

An analysis of aged and impaired receivables is disclosed in Note 16.2.

The movement in the provision for impaired receivables during the year is disclosed in Note 16.1. Of those assets which require a provision for their impairment, £279k (£279k, 2015/16) are impaired financial assets.

There are no (£0k, 2015/16) financial assets that would otherwise be past due or impaired whose terms have been renegotiated.

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations and therefore has low exposure to currency rate fluctuations.

Note 24.2 Financial assets

**Loans and
receivables
£000**

Assets as per SoFP as at 31 March 2017

Trade and other receivables excluding non financial assets	19,679
Cash and cash equivalents at bank and in hand	11,669
Total at 31 March 2017	<u>31,348</u>

**Loans and
receivables
£000**

Assets as per SoFP as at 31 March 2016

Trade and other receivables excluding non financial assets	8,078
Cash and cash equivalents at bank and in hand	10,268
Total at 31 March 2016	<u>18,346</u>

Note 24.3 Financial liabilities	Other financial liabilities £000
Liabilities as per SoFP as at 31 March 2017	
Borrowings excluding finance lease and PFI liabilities	30,239
Trade and other payables excluding non financial liabilities	22,494
Provisions under contract	741
Total at 31 March 2017	53,474

Liabilities as per SoFP as at 31 March 2016	Other financial liabilities £000
Borrowings excluding finance lease and PFI liabilities	31,193
Trade and other payables excluding non financial liabilities	21,756
Provisions under contract	1,994
Total at 31 March 2016	54,943

Note 24.4 Maturity of financial liabilities

	31 March 2017 £000
In one year or less	27,017
In more than one year but not more than two years	4,524
In more than two years but not more than five years	8,560
In more than five years	13,373
Total	53,474

Fair value of financial instruments

The Trust has two loans with the Department of Health. The carrying value of this borrowings liability is considered to approximate to fair value, the interest rate not being significantly different from market rate. All other financial assets and liabilities have carrying values which are not significantly different from their fair values.

Note 25 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise.

The Trust incurred the following losses and special payments during the financial year.

	2016/17		2015/16	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	2	22	2	0
Bad debts and claims abandoned	113	33	53	1
Stores losses and damage to property*	1	(1,017)	11	1,112
Total losses	116	(962)	66	1,113
Special payments				
Ex-gratia payments	34	75	29	123
Total special payments	34	75	29	123
Total losses and special payments	150	(887)	95	1,236
Compensation payments received		2		4

* Includes the settlement of an insurance claim in respect of theatre consignment stock (£1m) which was damaged as a result of a flood during 2015/16.

Note 26 Related party transactions

Wrightington, Wigan and Leigh NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement (NHSI) (formerly Monitor, the Regulator of NHS Foundation Trusts and NHS Trust Development Authority), does not prepare group accounts; instead, NHSI prepares NHS Foundation Trust Consolidated Accounts, for further consolidation into the Whole of Government Accounts. NHSI has powers to control NHS Foundation Trusts, but its results are not incorporated within the consolidated accounts, and it cannot be considered to be the parent undertaking for Foundation Trusts. Although there are a number of consolidation steps between the Trust's accounts and Whole of Government Accounts, the Trust's ultimate parent is HM Government.

Whole of Government Accounts bodies

All bodies within the scope of the Whole of Government Accounts (WGA) are considered to be related parties as they fall under the common control of HM Government and Parliament. The Trust's related parties therefore include other trusts, foundation trusts, clinical commissioning groups, local authorities, central government departments, executive agencies, non departmental public bodies (NDPBs), trading funds and public corporations.

During the year, the Trust has had a number of transactions with WGA bodies. Where the total transactions with a given counterparty are collectively significant, they are listed below. The requirement to disclose a breakdown of payables and receivables due from/to the entities within the Whole of Government Account boundary has been removed from the Treasury Financial Reporting Manual and therefore these balances have been removed for 2016/17.

During the year none of the Board members or members of the key management staff have undertaken any material transactions with Wrightington, Wigan and Leigh NHS Foundation Trust.

Related party relationships primarily based on income from the counterparty (healthcare services)

	2016/17		2015/16	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Health Education England	7,265	6	6,908	5
NHS Blackpool CCG	1,051	0	1,118	0
NHS Blackburn with Darwen CCG	1,015	0	653	0
NHS Bolton CCG	6,127	0	5,704	0
NHS Bury CCG	1,267	0	1,113	0
NHS Chorley and South Ribble CCG	6,422	0	4,782	0
NHS Cumbria CCG	4,549	0	4,229	0
NHS East Lancashire CCG	2,239	0	1,872	0
NHS England	31,362	8	15,457	0
NHS Fylde & Wyre CCG	1,253	0	1,323	0
NHS Greater Preston CCG	1,581	0	1,134	0
NHS Heywood, Middleton and Rochdale CCG	1,344	0	1,115	0
NHS Lancashire North CCG	1,283	0	1,023	0
NHS Salford CCG	2,025	0	1,848	0
NHS Southport and Formby CCG	1,508	0	1,274	0
NHS St Helens CCG	5,601	0	5,672	0
NHS Tameside and Glossop CCG	1,283	0	1,335	0
NHS Warrington CCG	1,750	0	1,547	0
NHS West Lancashire CCG	8,897	0	8,175	0
NHS Wigan Borough CCG	176,528	31	175,414	0

Other related party relationships primarily based on income from the counterparty (non healthcare services)

	2016/17		2015/16	
	Income £000	Expenditure £000	Income £000	Expenditure £000
5 Boroughs Partnership NHS Foundation Trust	1,119	444	1,414	367
Central Manchester University Hospitals NHS Foundation Trust	963	191	808	152
Lancashire Teaching Hospitals NHS Foundation Trust	684	397	654	552
Salford Royal NHS Foundation Trust	1,925	755	3,780	608
The Christie NHS Foundation Trust	3,440	424	2,830	419

These relationships are based on the supply of non-healthcare services and ancillary to other bodies, such as staffing, commercial trials, premises leasing, research and development, education and catering services.

Related party relationships primarily based on expenditure with the counterparty

	2016/17		2015/16	
	Income £000	Expenditure £000	Income £000	Expenditure £000
HM Revenue & Customs	0	14,045	337	10,646
NHS Pension Scheme	0	16,267	0	15,776
Wigan Metropolitan Borough	79	334	376	0
NHS Blood and Transplant	0	957	0	963
NHS Professionals	3	4,412	4	2,736
NHS Litigation Authority	165	8,285	0	7,233

In addition to the above, the Trust made PDC dividend payments to the Department of Health totalling £4.0m (£4.0m, 2015/16), and is reporting a year-end PDC receivable totalling £0.4m (£0.06m, 2015/16).

In addition to WGA bodies, the Trust has a related party relationship with NHS Shared Business Services (SBS). The Trust has recorded expenditure with SBS of £436k (£453k, 2015/16).

No related party debts have been written off by the Trust in 2016/17.

Future commitments with related parties

A number of commissioning organisations are expected to pay the Trust for the provision of healthcare in the next financial year. Contract values with these commissioning organisations for 2017/18 are listed below.

Related party	£000
Cheshire and Merseyside Commissioning Hub	9,642
NHS Bolton CCG	5,279
NHS Chorley and South Ribble CCG	5,234
NHS St Helens CCG	5,755
NHS West Lancashire CCG	8,882
NHS Wigan Borough CCG	182,000

Charitable related parties

Wrightington, Wigan and Leigh Health Services Charity (charitable fund with registered charity number 1048659) is a subsidiary of the Trust and therefore a related party. The Trust is the Charity's Corporate Trustee which means that the Trust's Board of Directors is charged with the governance of the Charity. The Charity's sole activity is the funding of charitable capital and revenue items for the benefit of our patients and staff.

The Charity's balance as at 31 March 2017 was £1,386k (£1,545k 2015/16) with net outgoing resources before transfers of £173k (£5k 2015/16).

During the year the Charity incurred expenditure of £366k (£534k 2015/16) in respect of goods and services for which the Trust was the beneficiary.

Other related parties

Aside from the Trust's Charity, the Trust has no subsidiaries or associates. The Trust has interests in 3 joint operations with related parties as disclosed in Note 14.

Key management personnel

During the financial year under review, no member of either the Board or senior management team, and no other party closely related to these individuals, has undertaken any material transactions with Wrightington, Wigan and Leigh NHS Foundation Trust.

One Non-Executive Director has a family member working for Wigan Metropolitan Borough Council (Wigan MBC) and Bridgewater Community Health Services NHS Foundation Trust. The Trust has entered into a number of transactions with both Wigan MBC (net income £126k) and Bridgewater Community Health Services NHS Foundation Trust (net income £630k) and these are all considered to be "at arms length".

One Non-Executive Director is a Director of North West Procurement Development which is hosted by Central Manchester University Hospitals NHS Foundation Trust. No material transactions were incurred by the Trust during the year in respect of the North West Procurement Development.

Key management personnel are identified as Executive Directors and Non-Executive Directors of the Trust. Details of their remuneration and other benefits can be found in Note 5.2 and the remuneration section of the Annual Report.

27 Reconciliation of deficit to trading position

	2016/17	2015/16
	£000	£000
Surplus/Deficit for the year	(1,900)	(11,829)
Net impairments arising in the year	15,467	6,927
Trading (deficit)/surplus	<u>13,567</u>	<u>(4,902)</u>

Impairments included within operating income and expenditure relate to changes in asset values. These costs are technical in nature and are excluded from the trading position.

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