

# Annual Report and Accounts 1 April 2014 – 31 March 2015





**Wrightington, Wigan and Leigh  
NHS Foundation Trust  
Annual Report and Accounts  
1 April 2014 –  
31 March 2015**

**Presented to Parliament  
pursuant to Schedule 7,  
paragraph 25 (4) (a) of the  
National Health Service  
Act 2006**



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- 4 Service quality remains a key factor that influences patient choice when selecting a care provider and it is therefore vital to our ongoing success as a Trust.

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## An introduction to Wrightington, Wigan and Leigh NHS Foundation Trust

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There are over 4,857 members of staff all of whom play their part in delivering high quality, safe and effective patient care from across all our facilities.

## <sup>6</sup> Profile

Wrightington, Wigan and Leigh NHS Foundation Trust is the provider of acute hospital services to the people of the Wigan Borough and surrounding area.

## Overview

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) provide district general hospital services for the local population of over 318,000 and specialist orthopaedic services to a much wider regional, national and international catchment area.

There are over 4,857 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 & 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 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.

## Mission, Vision and Strategy

Service quality remains a key factor that influences patient choice when selecting a care provider and it is therefore vital to our ongoing success as a Trust. Following discussions with staff, our Council of Governors and patients, we have adopted a mission, vision and strategy that reflect our strong commitment to quality:

### Mission

To provide the best quality healthcare for our patients.

### Vision

To be in the top 10 per cent for everything we do.

### Strategy

To be safe, effective and caring. Patient safety always remains our highest priority of all.

## Facts and Figures

<b>Number of Referrals</b>	
From GPs	78,713
From Other sources	85,353
<b>Total</b>	<b>164,036</b>

### Inpatients

Elective/planned activity	7,849
Day cases	7,849
Non-elective admissions	30,913
<b>Total</b>	<b>78,639</b>

### Outpatient Attendances

New appointments	136,004
Follow-up appointments	360,140
<b>Total</b>	<b>496,144</b>

### Accident and Emergency Attendances

New patients	84,649
Unplanned re-attendance	3,668
<b>Total</b>	<b>88,317</b>

### Walk-in Centre Attendances

<b>Total</b>	<b>44,325</b>
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### Number of beds (as at 31 March 2015)

Royal Albert Edward Infirmary (RAEI)	
Inpatient	456
Royal Albert Edward Infirmary (RAEI)	
Critical Care	37
Wrightington Hospital	113
Leigh Infirmary	86
Boston House	12
<b>Total</b>	<b>704</b>

## <sup>8</sup> Awards Success

During 2014-2015, the Trust had amazing success in winning a number of national, regional and local awards.

## National Award Wins

### May 2014

National Continence Care Awards – The Wigan Continence Care Team (A collaboration with Bridgewater Community Healthcare NHS Foundation Trust) won in the Continence Care Team category.

### June 2014

Healthcare People Management Association (HPMA) Awards – Staff Engagement won in the Appreciate category.

### June 2014

Healthcare People Management Association (HPMA) Awards – Staff Engagement was also the overall winner from all category winners.

### July 2014

National Conference for Seven Day Working - The Trust's 7-Day Working Team won a Best in Communication category.

### October 2014

Information Skills Development (ISD) Network – Business Intelligence won the Innovation award for the development of the Trust's 18 Week dashboard system.

### October 2014

E-Health Insider (EHI) – Business Intelligence won for their re-design of the Trust's Performance Report.

### November 2014

All Party Parliamentary Awards for Maternity – The Maternity Integrated Health Services Team won in the Best Service aimed at addressing health inequalities category.

### November 2014

HSJ Awards – The Trust won the very prestigious Provider Trust of the Year award.

### November 2014

HSJ Awards – The Trust's Social Responsibility Group won in the Environmental and Social Sustainability category.

### November 2014

HSJ Awards – The Trust's Quality and Safety Champions Programme won in the Patient Safety category.

### November 2014

Healthcare Financial Management Association (HFMA) Awards – The Trust's Finance Department won the Accounts Team of the Year category.

### December 2014

Health Care Supply Association (HCSA) Awards – Our Procurement Team won National Procurement and Supply Chain Team of the Year award.

### March 2015

RCM (Midwifery) Awards – The Maternity Department won for the integration of breastfeeding peer-support within their service.

### March 2015

Patient Experience Network (PEN) National Awards – The Staff Engagement Team won in the Staff Engagement/Improving Staff Experience category for 'The WWL Way'.

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The Trust was shortlisted for four HSJ 2014 Award categories and won three, including the very prestigious Provider Trust of the Year Award.



## Regional and Local Award Wins

### June 2014

Hospital Caterers Association (NW) – The Trust's multi-award winning Catering Team was awarded "Team of the Year" for their work on staff engagement.

### June 2014

Hospital Caterers Association (NW) – Sharon Buckley from the Catering Team won the Diamond Caterer category.

### June 2014

Hospital Caterers Association (NW) – Stephen Riley from the Catering Team won the Rose Bowl Award Contribution.

### October 2014

Greater Manchester Clinical Research Awards – Our Clinical Research Team won the award for 'Research Impact' for Rheumatology research.

### April 2014

Hospital Caterers Association (HCA) – The Catering Department was highly commended in the Team of the Year category.

### May 2014

National Continence Care Awards – Jennifer Davies, Consultant Obstetrician and Gynaecologist was highly commended in the Clinical Leadership category.

### November 2014

The Association for Healthcare Communications and Marketing (AHCM) – Corporate Communications were highly commended in the Innovation category for their Team Brief approach incorporating video and social media.

Numerous departments and individuals from across the Trust were also shortlisted for these and many other awards.

## Individual Awards / Recognition

### April 2014

Health Service Journal (HSJ) Top 50 Chief Executives – Andrew Foster was named in the list of Top 50 NHS Chief Executives in the country.

### June 2014

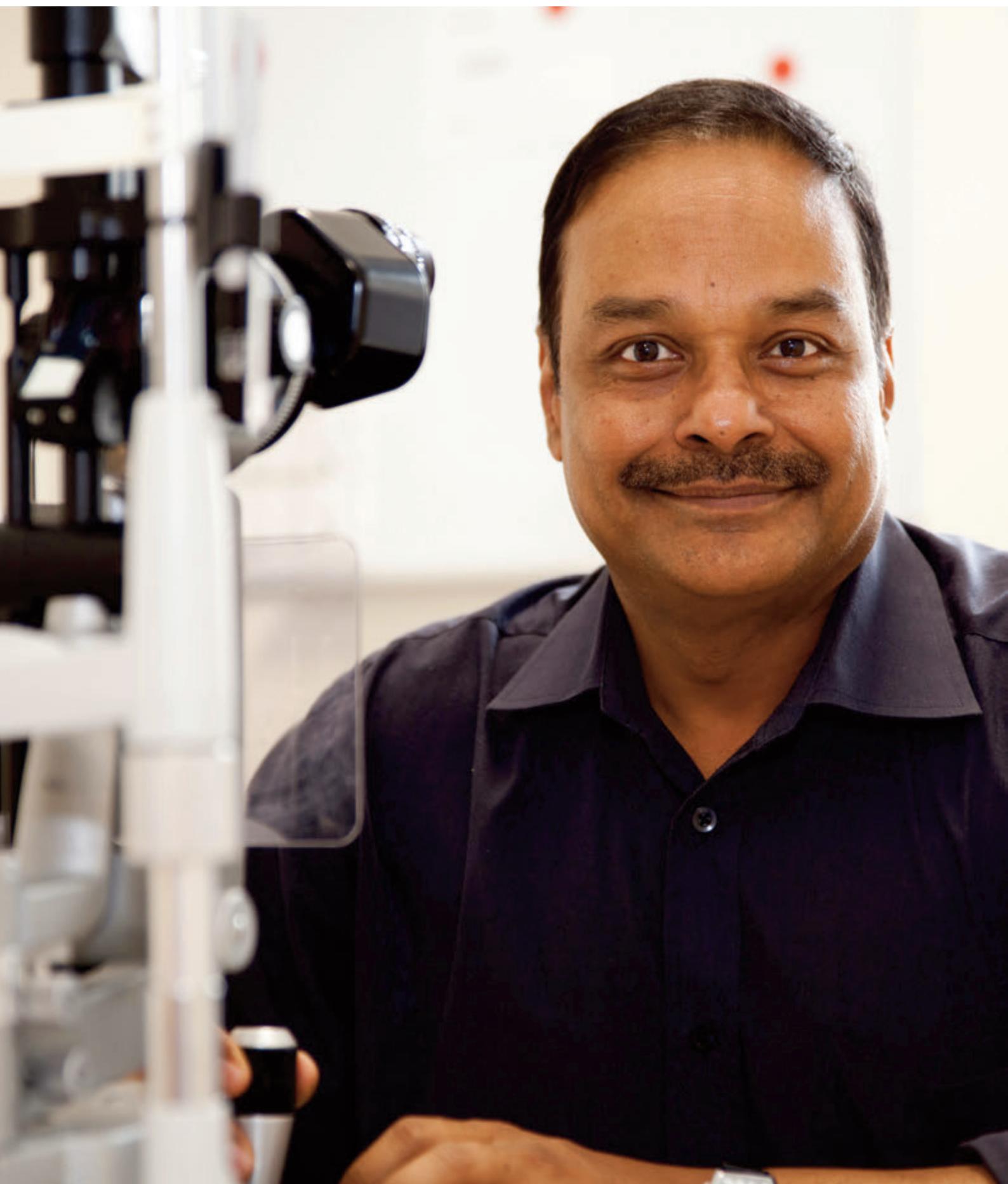
Healthcare People Management Association (HPMA) Awards – Andrew Foster was awarded a Life Time Achievement Award.

### November 2014

HSJ / BMJ Black, Minority and Ethnic (BME) Pioneers – Umesh Prabhu named for the second year in the list of BME Pioneers.

### March 2015

Health Service Journal (HSJ) Top 50 Chief Executives – Andrew Foster was named in the list of Top 50 NHS Chief Executives in the country.



- <sup>14</sup> This report attempts to paint a balanced picture of an organisation, of which it has much to be proud of, but also one in which things have to improve.

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## Chairman and Chief Executive's Statement

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We have continued to improve  
on most of our main measures of  
Quality, and met most of our  
performance targets.

## <sup>16</sup> Review of the Year

Welcome to our Annual Report after another turbulent year in the economically challenged and politically charged environment of the NHS.

We have had some striking successes, including winning the 2014 Health Service Journal Provider Trust of The Year Award and thirteen other national awards (see page 9). We have continued to improve on most of our main measures of Quality, and met most of our performance targets. The only important exception was in Accident and Emergency where we achieved (94.6%) of patients seen and treated within four hours against the national standard of 95%. For the first time in recent years we did not achieve our main financial target of a £3m trading surplus, recording instead a small deficit of £0.8m.

Our overall strategy is summarised in the WWL Wheel (see page 22), which shows patients at the heart of everything, and our core ambition of Quality, defined as Safe Effective and Caring.

Despite the difficult environment, the Trust has continued its overall pattern of steady improvement and this can be seen in some of the many highlights of the year:

#### Safe

- On infection control we had just (1) MRSA blood stream infection in the whole year.
- We had (25) cases of Clostridium Difficile compared to 26 the previous year.
- We had (11) serious falls in hospital, compared to 19 the previous year.
- There were (zero) cases of Ventilator Associated Pneumonia, the same as 2013-14.
- There were (zero) cases of Central Line Infection compared to one the previous year.

#### Effective

- Our Hospital Standardised Mortality Ratio (HSMR) was 96.9 April to December 2014, and fell again to [87.3 up to Aug 2014] and the number of deaths in hospital was down (4%) on 2013-14.
- We missed our budget surplus of £3m but achieved a Continuity of Services Risk rating of 3, the second highest score possible, and invested a record £27m in capital expenditure.
- We successfully achieved all of the national targets for waiting times.

#### Caring

- In the national patient survey we performed significantly better on seven questions and significantly worse in two.
- In the 2014 national PLACE survey we did exceptionally well coming 5th out of all Trusts in England and notably, achieving the highest score for cleanliness of any hospital.
- In the national staff survey, 80% of staff agreed that “care of patients is my organisation’s top priority” compared to 71% the previous year and a national average of 67%.

- It also showed that 78% of staff would “recommend my organisation as a place to work” compared to 66% who felt this the previous year and a national average of 55%.
- There was an extraordinary event in November 2014 when a photograph of a dying patient being granted a final wish to meet her horse for the last time became international news. The photograph became the most looked at image on Facebook of all time with around 50 million viewings.

Most Annual Reports sound as though they are describing perfect organisations who enjoy nothing but successes and triumphs. The world is not like that and 2014 saw a number of failures and errors in our hospitals. This report attempts to paint a balanced picture of an organisation, of which it has much to be proud, but also one in which things have sometimes gone wrong, sometimes seriously. Our vision is to be in the top 10% for everything we do and on many occasions we achieve that, but I will describe some of the main challenges we have had during 2014/15.

Our December 2014 CQC Risk Rating is only Band 3 where Band 5 is the highest. The five areas of elevated risk were:

- Never Events Incidence
- Potential under-reporting of patient safety incidents
- In-Hospital Mortality – Vascular conditions and procedures (we are disputing this assessment)
- SSNAP (Sentinel Stroke National Audit Programme) Domain 2: Overall team-centred rating score for key stroke unit indicator
- Emergency readmissions with an overnight stay following an emergency admission

We reported six incidents as Never Events during the year, five relating to retained items. In three cases it was retained swabs; the other two were a retained guide wire and retained guide pegs. One related to the commencement of wrong site surgery which was ceased before completion and surgery commenced on the correct site. Fortunately, none of these patients came to serious harm but the pattern is of significant concern and we commissioned an external expert review to attempt to improve our systems.

We have one of the best A&E departments in the country and up to mid-December we were the best performing department in Greater Manchester and the only one to be achieving the 95% target. From early December we were overwhelmed for several weeks and our overall performance dipped to (94%) for the 4-hour target. We apologise to patients who experienced extensive waiting at that time.

I would like to pay a particular tribute to two groups of people. First, our Quality Champions about whom you can read more on page 177. These are 227 members of staff of all disciplines, who have been trained in quality improvement and are working on no less than 59 projects. No other Trust has such a fantastic and enthusiastic resource for improvement. Second, the Trust won twenty five national, regional and individual awards this year (see page 9). Congratulations to the Midwifery, IT, Continence Care, Catering, Staff Engagement, 7-day working, Clinical Research, Social Responsibility, Quality Champions, Business Intelligence, Maternity, Corporate Communications, Procurement and Finance departments.

During this year we have spent £27m on capital projects as part of our long term investment programme. The main areas of expenditure have been the new pathology laboratory and cancer care unit at Wigan, the cardiology department at Leigh, the new Hospital Building and Assisted Conception Unit at Wrightington, and further upgrading of IT systems and medical equipment.

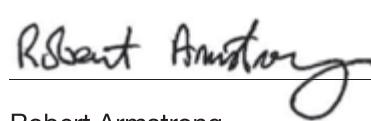
Our top challenge was, and will continue to be, economic. Our turnover is £268m, and in 2014/15 we had a huge savings target of £12.5m. We have a similar figure for 2015/16 and thereafter the challenge is set to get even tougher. This means a sustained programme to shrink the size of the hospital and there are encouraging signs that better management of patients in the community is beginning to reduce the numbers coming to hospital.

These are challenging times for everybody and I would like to conclude this review by expressing my heartfelt thanks to three very important groups. Firstly, I thank our GPs and other colleagues in commissioning who have worked in close partnership to protect the viability of your NHS Hospitals during times of austerity.

Secondly, I thank our unpaid Governors who generously contribute their time in overseeing our Board and our strategy. Finally, I thank our staff and volunteers who continue to provide that most excellent human quality of care, despite these demanding times.

A handwritten signature in black ink, appearing to read "Rob Forster".

Rob Forster  
Acting Chief Executive

A handwritten signature in black ink, appearing to read "Robert Armstrong".

Robert Armstrong  
Chairman

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<sup>19</sup> Strategic Report

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Our vision is to be in the top 10% for everything we do. In order to realise this vision it is essential that a culture of continuous quality improvement becomes embedded in the organisation and that we build on the capacity and capability of our staff to deliver this.

<sup>20</sup> Our Clinical and Quality Strategy

The Trust's vision, mission and strategy are encapsulated in the WWL Wheel.

The WWL Wheel (see overleaf) 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 is to be in the top 10% for everything we do. In order to realise this vision it is essential that a culture of continuous quality improvement becomes embedded in the organisation and that we build on the capacity and capability of our staff to deliver this.

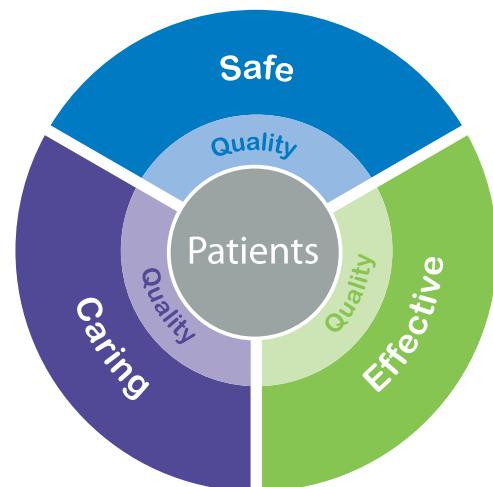
The WWL Wheel has been developed to provide a visual representation of our objectives which all staff will recognise and relate to. Whatever our job, delivering a high quality service is our first priority. Service quality is the single most important factor for patients when they are choosing where to go for care and treatment and is therefore critical to the success of the Trust.

- Our Mission is to provide the best possible health care for all our patients.
- Our Vision is to be in the top 10% of everything we do.
- Our strategy is to be safe, effective and caring.

The WWL Wheel is designed to make our strategy simple and easy to understand. It is about what we do and how we do it. It has been designed as a lasting framework which will help us to communicate our future plans and measure our performance. It recognises the importance of engaging with staff to help shape and achieve our aims and objectives. It gives us a simple framework to support staff development so everyone can understand how they can play their part in achieving the Trust's aims and objectives.

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### Our strategy for quality




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### Our strategy for quality

At the centre of the WWL Wheel is our strategy for quality which is to be:

#### **Safe**

It's our job to protect patients against harm in the hospital.



#### **Effective**

It's our job to treat patients efficiently with good clinical outcomes.



#### **Caring**

It's our job to care compassionately for patients and to meet their personal needs.



More details of our approach to improving quality is covered within the Director's Report and the Quality Report sections of this document.

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## The WWL Wheel



## Compassion in Action



Mrs Marsh was granted her final wish to see her horse for one last time.

## Quality Governance Reporting

During 2014/15 the Trust has had arrangements in place to govern service quality. These arrangements include having regard to Monitor's quality governance framework. Following an external review by Deloitte, an improvement plan was established to further enhance the Trust's performance against the framework. A review of the action plan was conducted in March 2015 by the Trust's internal auditors.

The Board Assurance Framework for 2014/15 included monitoring of key quality indicators, including reducing mortality figures, aiming to be in the top 10% of Trusts for patient opinion surveys and maintaining CQC registration without conditions.

The Trust launched a new quality strategy in April 2014 linked to the key quality drivers of safe, effective and caring. Later in this report, information is provided from Divisions and Departments on initiatives undertaken to bring about quality improvements during the year.

Within the annual accounts section of this report there is an Annual Governance Statement (AGS) on page 2 of this report. This statement sets out the steps that have been put in place to assure the Board that the governance arrangements for maintaining a sound system of internal control are in place. Section 4.3 of the AGS outlines the processes in place for the quality governance arrangements. In addition, the Trust's Quality Accounts for 2014/15 is a separate section of this report that goes into much more detail on how the Trust has performed against a wide range of quality indicators aimed at improving the experience of patients who use our services.

Part 2 of the Quality Accounts provides details of the Trust's performance against key healthcare targets, the monitoring arrangements for improving quality and the Trust's performance against Commissioning for Quality and Innovation (CQUIN) and the CQC targets. Our partnership arrangements with key stakeholders are also described.

## Quality Champion Committee

During 2014/5 the Quality Champion committee continued to receive presentations on progress of the myriad of quality projects taking place in the Trust. The Quality Faculty is made up of Quality Champions from a range of disciplines who champion the vision and lead on quality initiatives.

The Quality Champion Committee reports to the Quality and Safety Committee via minutes and reports detailing the progress of quality champion projects that have led to improvement in patient care.

## <sup>24</sup> Our Corporate Objectives for 2014/2017

At the start of the financial year, the Trust Board set out its corporate strategy for 2014/15 and longer term strategy to 2017.

## Annual Corporate Objectives 2014/2015

### Performance

Score zero points on the Monitor Risk Assessment Framework in each month and a Continuity of Services Risk Rating (CSRR) of 3 in each quarter and for the year.

### Innovation

Invest at least £300k by 1 April 2015 in new projects identified as having at least a two to one payback, measured in finance and/or the equivalent in quality. To commence the establishment of an innovation hub.

### Leadership

Put 60 staff (including 10 Ward Managers) through external or internal senior Leadership Training by 1 April 2015.

### Information

Complete the procurement of a Health Information System (HIS) and commence implementation for completion over 3-5 years. The new HIS will incorporate paper-light patient information and administration systems for A&E, EPR referral letters, and case notes for outpatient clinics. These are to be the platform for (a) integration with other health and social care organisations (b) direct patient access to records (c) actively prompting staff and patients to monitor health and follow agreed clinical pathways.

### Staff engagement

Score an average of at least 70% positive in the pulse check scores.

### Investment

Maintain a financially balanced 10 year investment plan and meet milestones in the 2014-15 investment programme including completion of: the new Cancer Unit and Essential Services Laboratory; commencement of building of new clinical offices, new assisted conception unit and Wrightington Phase 1 (subject to viable business cases).

### Partnership

Continue implementation of Wigan Integration Max with a 10% reduction in acute bed numbers and 15% reduction in hospital outpatient appointments.

### Safe

Achieve HSMR of no more than 87 (before rebasing) and SHMI of no more than 100.

### Effective

Be in the top 10% of Trusts for Patient Reported Outcome Measures (PROM) / Advancing Quality (AQ) scores.

### Caring

Be in the top 10% of similar Trusts for patient opinion surveys.

## Corporate Strategic Objectives 2014/2017

### Performance

To be in the top 10% nationally for all performance league tables, e.g. A&E, access and infection rates.

### Innovation

To provide funding of at least £300k per year and host an Innovation Hub running new projects with high quality/financial payback.

### Leadership

To have at least 25% of our clinical and managerial leaders trained internally or externally at advanced level in Leadership.

### Information

To have completed our journey to an Electronic Patient Information system shared with health and social care partners. This will enable safe, secure electronic access to patient records for authorised carers as well as patients themselves. The Trust will become progressively paper free.

### Staff engagement

To continuously improve staff engagement and score an average of at least 80% positive in the quarterly pulse check scores.

### Investment

To complete all developments in the Capital Plan up to 2017, on time and on budget.

### Partnership

To have implemented Wigan Integration Max with a 30% reduction in acute bed numbers and 50% reduction in hospital outpatient appointments.

### Safe

To reach 83 for HSMR and 100 for SHMI and move progressively towards zero defined serious harms per year (Never Events, MRSA, C Diff, MSSA, E Coli, Pressure Ulcers, Serious Falls, Ventilator Associated Pneumonia; Central Line Infections).

### Effective

To be in the top 10% of Trusts from PROMs and AQ scores and to maintain a Continuity of Service Risk Rating of at least 3 in each quarter.

### Caring

To be the most caring Trust in the country.

## Key Risks in 2015–2016

The key risks identified from the Corporate Objectives during 2015/16 included:

### Failure

To meet all of our performance and financial targets in full every month leading to potential Monitor 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.



<sup>28</sup> Our Strategy Looking  
Forwards

As we move into 2015 the Trust has reviewed its forward strategy both for the next financial year and for the longer term.

## Annual Corporate Objectives 2015–2016

The strategy has been set against 7 key measures within the new corporate objectives as described below:

### **Performance**

To achieve at least a 5% improvement on all Safe, Effective and Caring metrics, where possible, compared to 2014/15 performance.

### **Innovation**

For 2015/16 ensure all staff are fully engaged with the HIS implementation programme and that all service lines have the opportunity to provide innovation ideas at least twice a year.

### **Leadership**

To have 100% Band 7+ staff completing the Leadership Values Questionnaire prior to the 2015/16 PDR cascade.

### **Information**

To reduce the overall number of Information Commissioner Office complaints by 5% and to have a live Borough wide dashboard in place by Q3.

### **Staff engagement**

To score an average of at least 75% positive in the pulse check scores.

### **Investment**

To agree a financially balanced capital investment plan for 2015/16 and spend within 15% of plan. To complete Wrightington Phase 1 by February 2016.

### **Partnership**

To have developed a viable North West Sector single service implementation plan by Q3, including balanced activity assumptions and to agree Wigan-wide integrated care assumptions by Q2.

## Corporate Strategic Objectives 2015–2018

The 7 key measures of our success in the longer term strategy to 2018 remain under the same themes and are described below:

### **Performance**

To be in the top 10% nationally for all performance league tables:

#### **For Safe**

This means for HSMR; SHMI; Safety Thermometer; Cancer 2 Week Wait; 18 Week Referral to Treatment; and PLACE

#### **For Effective**

This means for A&E 4 Hour waiting; Diagnostic 6 week wait; Continuity of Service Rating (CSR)

#### **For Caring**

This means for Friends and Family Assessment; National Patient Survey results; and National Staff Survey (Staff Engagement).

### **Innovation**

To invest at least £300k each year in new projects identified as having at least a two to one payback measured in finance and/or the equivalent in quality. To operate an innovation hub.

### **Leadership**

To have year on year 10% improvement in leaders living the values of WWL, measured by the Leadership Values Questionnaire (LVQ) and achieved through coaching, leadership programmes and talent management.

### **Information**

To develop a Borough wide dashboard of key information on quality, safety and performance. To continue to take steps to keep information safe.

### **Staff engagement**

To continuously improve staff engagement, energy and well-being increasing the positive pulse check score year on year.

### **Investment**

To complete all developments in the Capital Plan up to 2018, on time and on budget.

### **Partnership**

To collaborate with partner organisation in delivering on key strategic issues, such as integrated care and Greater Manchester devolution and to develop a sector based single service proposition in response to Healthier Together.

## Key Risks in 2015/2016

The key organisational risks for the year are set out within our Board Assurance Framework. These include:

### Failure

To meet all Monitor Compliance Framework targets resulting in risk to Licensing.

### Failure

To achieve the cost improvement target resulting in non-achievement of the planned surplus for further investment.

### Failure

To have developed a viable North West Sector single service implementation plan by December 2015, including balanced activity assumptions and to agree Wigan-wide integrated care assumptions by September 2015.

### External Factors

We continue to face the challenge of changes in local and regional commissioning plans by Wigan Borough CCG and the Greater Manchester Devolution programme. The challenge from the Healthier Together programme remains, which could see a potential reduction in the number of District General Hospitals providing a full range of acute and emergency surgical services in favour of regional specialist centres. However we are continuing to collaborate with Salford Royal and Bolton NHS Foundation Trusts on a North West sector solution to meet the standards set by Healthier Together.

In addition during 2014/15 we have built on our record for successful collaborative working and in addition to the joint venture with Salford Royal for Pathology and Sterile Services we have worked with Liverpool Women's Hospital to jointly provide Assisted Conception Services at Wrightington Hospital and with The Christie Hospital on enhanced cancer care services, The Christie at Wigan. We continue to have successful partnership working with Bridgewater Community NHS Foundation Trust and The Five Borough Partnership NHS Foundation Trust.

## Service and Site Investment

During the past 12 months, the Trust will have invested £18 million into Service and Site Investment projects. This capital expenditure means that the Trust would have invested close to £50 million in the Service and Site programme since its inception in 2011/12.

This investment is already significantly enhancing quality and experience for our patients, visitors and staff. We have now completed a number of high-profile developments and are working on other developments as summarised below.

### Wigan Site

- Our new Cancer Care Centre and Essential Service Pathology Laboratory
- Essential upgrade to the utility service infrastructure across the whole site
- Opening of the new Clinical Decision Ward.

### Wrightington Site

- Business case approved for the new £18 million Wrightington Phase one development, which will provide:
  - Two new 28 bed wards.
  - 4 new theatres and recovery area.
  - New admissions area.The construction of this exciting new development is now well under way and will open by the end of 2015/16.
- Assisted Conception Unit was completed in partnership with our colleagues from the Liverpool Women's Hospital NHS Foundation Trust
- Site rationalisation projects, to remove redundant building stock from the Wrightington site, have continued through the year and this programme will continue through the whole of 2015/16.

### Leigh Site

- The new Cardiology Outpatient suite was completed in March 2015.
- Site rationalisation projects to remove redundant building stock from the Leigh Infirmary site have continued through the year and this programme will continue through the whole of 2015/16.
- The project team are continuing to work towards the delivery of the development control plan.

Once completed, the Service and Site Investment Programme will place the Trust at the forefront of hospital services in the North West of England.









LEIGH  
INFIRMARY

HANOVER  
DIAGNOSTIC AND  
TREATMENT CENTRE

Wrightington, Wigan and Leigh  
NHS Foundation Trust







## <sup>38</sup> Performance from our Business Units

The Trust has continued its overall pattern of steady improvement, and this can be seen through the performance of our Business Units.

## Specialist Services

### Summary

2014/15 has been an interesting year for the Division, there has been major investment with the introduction of two new orthopaedic theatres on the Wrightington site and a second static MRI scanner opened on the Wigan site.

The financial position of the division is below expectations primarily driven by reduced orthopaedic activity. However, a major overhaul of process (which had become over loaded) has taken place within the speciality and this has resulted in significantly better results towards the latter end of the year. Great efforts have been made to reduce the number of orthopaedic patients who have been waiting longer than 18 weeks for their surgery, virtually eradicating the 18 week backlog.

Elsewhere within the Division initial teething troubles with the two joint projects run with Salford Royal Foundation Trust (Pathology and Decontamination) have been resolved and the projects are now delivering a high quality service to both Trusts. Within Radiology, 'Lean' project management techniques have been employed to improve efficiencies allowing the department to keep-up with the ever increasing demand for diagnostics.

### Trauma and Orthopaedics

2014/15 has been a very positive year for Trauma & Orthopaedics. The speciality has consistently achieved all 18 week referral to treatment targets since March 2014 resulting in significantly improved patient satisfaction. The average wait for an outpatient consultation with an orthopaedic surgeon has reduced to 6 weeks, and we now offer patients a pre-operative assessment on the same day as being listed for surgery to avoid the need to return for another appointment. We are looking forward to moving into a brand new, state of the art building in Winter 2015, following its approval by the Trust Board in the Summer.

### Rheumatology

2014/15 has been a challenging year for the Rheumatology Service. Despite this, the department has consistently high staff engagement scores, and has improved its performance against the 18 week referral to treatment targets. Staff within rheumatology are extremely positive, and dedicated to continued improvement of services.

### Radiology

Demand for Radiology examinations continues to increase year on year. Despite this, and as a result of innovative working, waiting times both for access to diagnostics and reports continue to fall.

### Outpatient Services

A major review of the Outpatient facility on the Wrightington site has greatly improved process and also the physical environment. This has improved the start times for clinical, reduced waiting times and bottle necks in patient flow. Patients are now being offered pre-operation assessment on the same day as their outpatient appointment which means less return journeys for patients and faster access times for day of operation.

The Thomas Linacre Centre (TLC) has continued to react to the demands for high quality accommodation. Innovative reconfiguration has facilitated the opening in October 2014 of a welcoming Macmillan Information Centre near to the main entrance.

The outpatient teams have continued to facilitate extra clinics for the divisions – bringing further income into the trust. (approx. 460 extra clinics between April 2014 – January 2015).

The team have been working in partnership with the CCG with a view to relocating Leigh Outpatients into the Leigh Lift building; with careful reconfiguration this should provide a purpose built pleasant environment for patients and staff. More orthopaedic clinics are now established on the Leigh site as part of the 'winning back the work' initiative.

The nursing team at TLC, working closely with the surgical team, have ensured the one-stop breast clinics have been a success and patients are treated in the right place with speedy diagnosis and access to all relevant support services.

## Specialist Services cont.

### Dermatology

This has been a challenging year for the dermatology team; there has been significant service redesign over the past 18 months. The team have pulled together ensuring all targets are met: the access times, Did Not Attend (DNA) rate and new to follow up ratio compare favourably with neighbouring trusts. Nurse led clinics are in place which allow the medical team to see more complex cases.

The CCG's decision to go to tender has caused a degree of uncertainty but the team are determined to work with all interested parties to ensure a second to none dermatology service for the local population.

### Plastics

WWL works closely with the St Helens & Knowsley Trust. A plastics consultant provided by STKH works within the dermatology unit giving a seamless pathway for skin cancer patients. This one stop service will be developed further in the coming year. It is the intention to progress the WWL plastics service by increasing outpatient and theatre capacity and improving the patient experience by having surgery closer to home.

### Cancer Services and Oncology

This is an exciting time for us as the new Cancer Care Centre welcomed its first patient on the 12 January 2015. Although there have been a few teething troubles, the feedback from patients and their families has been extremely positive.

Continued achievement of all 62 day pathway targets and COSD (Cancer Outcomes and Services Dataset) conformity. WWL was placed 3rd in the North West in NCRS (National Cancer Registration Service) NW publication. This year sees two new exciting projects in collaboration with Macmillan including Living With and Beyond Cancer and e-Holistic Needs Assessment. This year's plans for Cancer Peer Review are underway with all tumour sites being internally validated.

We have continued to 'performance manage' our cancer services across the Trust: patients continue to receive very short waiting times, well within targets.

## Medicine

### Summary

2014/15 has been another extremely busy year for the Medical Division with a number of key successes and developments, some of these successes and challenges are described below.

### Unscheduled Care

Due to the continual pressures on the urgent care system, there were various initiatives implemented during 2014/15 designed to help improve patient flow and increase the availability of beds for those patients being admitted through A&E.

These initiatives included improving the discharge process through better information to patients; matron assessment of discharged patients with dementia; improvements to the Discharge Lounge by enhancing portering and Pharmacy resources, and expanding the discharge co-ordinator team. Additionally, improvements to the Ambulatory Assessment Area and implementation of Acute Physician in-reach into A&E has helped reduce unnecessary admissions.

Following a very busy start to 2014 in A&E, which was expected, the pressure unusually continued through to July. Between July and December however, performance against the four hour waiting time target was outstanding, making us the best performing Trust in Greater Manchester. Since the end of December there have been significant periods of time when the pressures on the unscheduled care system have been overwhelming, which has been mirrored across the country.

### Scheduled Care

The overall focus for the outpatient aspects of the services that sit in the Scheduled Care Directorate has been to reduce the number of follow up appointments, convert follow-up slots to create new capacity and subsequently reduce access times from referral to first appointment in order to strengthen the position of the services when patients are selecting their appointment on the Choose and Book system.

This strategy has been largely successful and as a consequence we have seen an increase in market share in some of the services. In addition, the backlog of follow up appointments has been significantly reduced although in some of the services this is still a challenge.

## **Medicine cont.**

### **Scheduled Care cont.**

The Clinical Haematology Service has had three substantive Consultants in post since November 2014 which has meant that after several years the service can run without the support of Agency Locums or visiting Consultants. This is a great achievement and means that each Consultant can focus on specific areas of the service; improvements in the efficiency and effectiveness of the service are already becoming apparent.

Business Cases for the recruitment of additional substantive Consultant posts in the Gastroenterology and Cardiology services were approved at the end of 2014. Gastroenterology in particular has struggled in recent years with meeting demand for both endoscopy and outpatient activity and as a consequence has relied heavily on Agency Locum Consultants; more recently the Cardiology service has relied on Locum appointments due to the reduction in working hours of some of the existing Consultants.

Both the Diabetes and Respiratory services have received notification from the CCG that they are to go through a tender/re-design process, the details of which remain unclear. The uncertainty caused by this process is making it difficult to plan for the future, particularly in Diabetes, where additional medical staffing is required to maintain the current service but we are unable to recruit until we know what the future service will be. This situation is also making it difficult to manage the on-going growth in demand for endocrinology appointments as the Consultants in Diabetes also provide this service.

The Endo-bronchial Ultrasound service has continued to grow and plans are in place for another Consultant to train to undertake these procedures.

For the last two years the Sleep Apnoea Service has continued to grow and further expansion of the existing Unit at Leigh is required to facilitate additional clinics. This service attracts out of area referrals which is something that we welcome and would like to encourage further.

Cardiology has, once again, performed well in terms of activity and income over the last year; the re-location of the Cardiology Unit at Leigh was completed at the end of March 2015 and will provide additional capacity for cardio-respiratory procedures.

### **Rehabilitation & Elderly Care**

The Directorate has expanded this year to include the Trust's Chaplaincy & Spiritual Care Team and also its Mortuary and Bereavement service.

Taylor ward at Leigh Infirmary is now part of the newly formed Greater Manchester Neuro-rehabilitation Operational Delivery Network and discussions continue regarding a longer-term base for the unit. The Directorate has also utilised winter resilience funding to establish Community Hospital Beds at Westwood Lodge Nursing Home in Wigan in partnership with Meridian Healthcare Limited. The aim of these beds is to support the discharge of adults who are medically stable but not yet able to manage in their own home environment and those patients who require additional support or assessment prior to their transfer to a final discharge destination, but are not clinically appropriate for secondary care.

The Elderly Care consultants continue to work alongside our community teams to implement a pro-active model of case management and advanced care planning to help prevent unnecessary hospital admissions and facilitate patients and families to discuss end of life choices.

### **Clinical Governance**

2014/15 has seen sustained improvements in a number of key governance areas. The number of formal complaints received has reduced by 23% during the year to date, compared with the same period last year. This demonstrates the opportunities taken for learning from complaints, through changes in practice, policy and education of staff and an increase in reported concerns which are dealt with and put right as they occur.

Patients and their carers are encouraged to ask questions and raise any issues they may have and our improved Patient Experience scores support that the promotion of an open culture is reaping benefits for our patients. Incident reporting has improved, again demonstrating an open culture and providing us with further opportunities to identify risks to patients, improving safety and sharing learning. Clinical engagement has been key in this process and this year more nursing and medical staff have undergone training to be able to investigate incidents and, more importantly, share the lessons and drive improvements in their areas.

## Surgery

### Summary

2014/15 has been another extremely productive year for the Surgical Division with a number of key successes and developments throughout.

In this year we have seen more patients in a shorter time overall. We have continued our trend to move as much work as possible out of the acute theatres and ward beds through use of theatres at Leigh, increasing our day case rates as well as moving some work that was previously performed in theatres into an outpatient setting.

The Division expanded this year with the inclusion of the Healthcare Operations Directorate which primarily look after the booking and preparation of appointments.

The Division put forward a team to be involved in the first staff engagement pioneer work resulting in an improvement in the staff survey results. A number of measures ensued, including the development of communication cells, improved team brief and Divisional and team objectives.

The Division has nominated the first ward to be part of the second stream of pioneer teams with a staff engagement champion supporting this work.

We have also seen the arrival of a number of new consultants replacing those that have now retired.

### Service Developments

The major capital development this year has seen work start on a new state of the art Assisted Conception Unit which was fully commissioned and ready to receive patients in March this year.

Another capital project provided Swinley Ward with a Hyperemesis Room which, as well as helping in admission avoidance, also provides a place of privacy and dignity for bereaved parents.

We have also secured internal funding from our own Dragon's Den to implement a state of the art Laparoscopic theatre which will be used by all our specialities and will help facilitate technical developments in this area of surgery. The planned start date for this will be in the autumn 2015.

The Surgical Admission Lounge (SAL) has been vital in supporting elective care and the 18 week pathway.

### Service Developments cont.

We have seen an increase in utilisation of SAL in caring for post-operative patients and opening hours have been extended to accommodate this. This has kept our elective activity going without cancelling patients due to lack of beds at RAEI. Care at SAL has been of a high standard, as commented on by many satisfied patients.

Our Surgical Assessment Unit (SAU) on Orrell Ward is now well established and is being proactively utilised to reduce pressure on A&E for surgical non-elective patients. As a result of discussions with our local GPs there is now a process for them to have direct access to the on-call consultant. This ensures that referrals are appropriate. Advice can be given and if necessary arrangements made for patients to attend our 'hot' clinics.

In addition, we also hold a review clinic which has helped reduce wound-related follow ups through A&E as well as admission avoidance, for patients that again may have been admitted as an emergency.

In addition to this, the Trust has recently 'ring-fenced' some acute surgical beds to help facilitate the flow of acutely ill surgical patients at all times.

We have also appointed four junior doctor assistants whose main role is to take pressure off our junior doctors to prioritise their patient care. Within theatres, we have halved our spend on temporary staff by improving our processes and recruiting more staff.

Quality remains one of our top objectives; this has been recognised nationally within our gynaecology service in which we received the winning entry for the category of Continence Care Team in the inaugural Continence Care Awards. In addition to this Jenny Davies was also highly commended in the clinical leadership category.

At our own Recognising Excellence Awards, Gynaecology also won awards within the Caring category as well as being winners of the overall Foundation Award for a patient pathway to reduce wound infection in women undergoing caesarean section. This new pathway saw infection rates fall from 14% to less than 2% in 18 months.

The Endoscopy Service has made improvements this year, recently culminating in achieving Joint Advisory Group accreditation for the Leigh site.

## Surgery cont.

### Service Developments cont.

This is as a result of us meeting all the necessary key clinical indicators as well as having low waiting times for our routine and surveillance patients. The accommodation at Leigh was described as exemplary. Plans are now being developed to improve the facilities on the Royal Albert Edward site but this will require a significant capital investment

Our Breast service is also being nationally and internationally acknowledged as a beacon site as our length of stay is the envy of all, averaging at 0.61 days with 93% of patients going home on the day. Within the year there has been a significant investment in maternity staffing and the purchase of state of the art Cardiotocograph machines to monitor women in labour.

### Service Redesigns and Redevelopments

There have been a number of developments this year within the specific services that make-up the Division, some of the highlights include:

**ENT (Ear, Nose and Throat), has introduced a number of one stop clinics in:**

#### Airway Service

Providing a service for patients with cough, asthma and allergic nasal problems involving combined assessments by chest physician, ENT and specialist asthma nurse.

#### Head and Neck Cancer Clinic

Patients with suspected cancer are seen and assessed with tests including immediate reporting of needle biopsy.

#### Balance Clinic

Patients with dizziness and balance disorders are seen in a consultant-led clinic supported by balance physiotherapists for rehabilitation treatment without requiring multiple clinic appointments or drug treatment.

#### Salivary Gland Clinic

This is a tertiary level service provided for the assessment or treatment of patients with recurrent salivary gland swelling and stones. The service includes ultrasound scanning and minimally invasive surgery.

#### Max Fax

We are currently piloting a multi-disciplinary Oral-facial MDT (multi-disciplinary team) clinic providing a MDT facial pain one stop clinic run by oral surgery and anaesthetics with support from ENT.

### Ophthalmology

In addition to the treatment of Age-related macular degeneration (AMD) through the injection of a drug into the eye we now offer a service to Diabetic Macular Oedema (DMO) and Retinal Vein Occlusion (RVO) patients which is having a positive impact on our patients who suffer with these diseases, significantly improving their vision. This is a double success story in that almost 50% of the work is administered following the introduction of a nurse-led service, enabling us to treat more of our patients quicker. This has been so successful that we are currently training a 2nd practitioner.

### Gynaecology

The Women's Health Unit at Leigh is now well established. Since opening, the service has been able to expand on the number of service lines it is able to provide as a one stop facility. In addition to this there have been a number of other service re-designs made to improve our patients' experience, these include: increase in nurse-led clinics, development of Bulkamid clinic for the outpatient treatment of stress incontinence.

### Child Health and Obstetrics

Introduction of Midwife led Frenulotomy clinic for tongue tied babies. Three Midwives achieved International Board Certified Lactation Consultant status.

### Colorectal Surgery

This year we introduce the PTNS (Percutaneous tibial nerve stimulation) at Leigh for the treatment of faecal incontinence.

### General Surgery

Introduction of a one stop community hernia clinic within a GP practice in Leigh that allows patients to be diagnosed, have their pre-operative assessment and leave with a date for surgery in the one visit.

### Urology

In addition to the clinics held within the Richmond Urology Unit at Leigh, including the new one stop clinics, the Urology team now offer evening clinics at the opposite end of the Trust at Wrightington.

### Endoscopy

Later this year two of our nurses will complete their training and will be able to scope patients independently. This will give us more capacity to see our patients even sooner.

## Surgery cont.

### Healthcare Operations

In April 2014 the Healthcare Operations Directorate moved into the Surgical Division from Specialist Services. From here we have continued to develop and improve our services to support our clinical colleagues in all divisions whilst retaining a patient centric focus.

The Directorate continues to oversee the management of health records within the organisation and this year has received a number of awards, in conjunction with the IM&T (Information Management & Technology) Department, for the innovative approach taken to manage the filter and destruction of eligible health records. This resulted in improved document storage facilities and avoidance of potential multi-million pound expenditure to relocate the health records storage facilities.

As the Trust moves towards a paper light approach and the introduction of a new hospital clinical information system, Healthcare Operations has been a key stakeholder in the pilot projects to deliver referral letters in an electronic format for use in the out-patient clinic areas within Gynaecology.

Healthcare Operations continues to support other patient centred projects across the organisation including a successful Quality Champions initiative to improve the letters and information our patients receive to confirm their hospital appointments. In addition, our text appointment reminder service has been extended to include interactive voice reminders which allow patients to contact directly our Appointment Centre to cancel or rearrange their appointments. Patients can now also visit our website and complete an on-line contact form to request amendments to appointments.

Further developments in our call centre technology have resulted in improved call handling for patients ringing to book appointments. More patients are able to get through to us first time and in some instances 50% fewer calls are abandoned than previously.

The Directorate has been at the forefront of the introduction of an electronic booking system for the Endoscopy Department. The improvements made to the booking processes in Endoscopy have helped the Trust secure Joint Advisory Group (JAG) accreditation for the Endoscopy Unit based in the prestigious Hanover Centre at Leigh Infirmary. The major development in Endoscopy has been the state-of-the-art facilities at the award winning Hanover Unit at Leigh Infirmary.

The new department has received fantastic feedback from patients, staff and commissioners and provides excellent facilities which exceed the high standards set by the Joint Advisory Group (JAG) – the national body for endoscopy in England. We hope to receive formal JAG accreditation later this year. There has been increasing demand on endoscopy services, but a number of new initiatives have managed to reduce overall waiting times for patients. For example, those with suspected oesophageal or gastric cancers can now attend a one stop service for Endoscopic Ultrasound and Needle Biopsy, which is an important test for many conditions including accurate staging of those with oesophageal cancers. This means that patients no longer need to travel long distances for this test.

### Improved Patient Experience and Quality of Care

The Division has continued to be actively involved in developing strategies to improve patient safety and have seen a number of key senior staff participating in the Keogh Style inspections to support this. Feedback from our patients has steadily increased throughout the year with an excellent report in December showing an improvement in all but 2 out of 13 questions.

2014/15 saw the Division continue to strengthen its governance arrangements with the introduction of a Complaints Review Panel and a review of its risk management processes. An improvement in complaints management has seen an increase in the number of meetings held and an increased focus on early resolution. The Division has introduced a number of measures to share and feedback on incidents reported and has seen an improvement in the reporting culture with more staff, including doctors, actively reporting incidents and near misses.

We have to mention as part of the review for this year, Orrell Ward staff and Sister Gail Taylor who together epitomised the length our staff will go to for our patients; they all came together to enable the wishes of a dying patient to see her horse whom she had raised from a foal one last time before she died. This took multidisciplinary planning and involvement of the patient's closest relatives. This act of compassion afforded great comfort and care to the patient and her immediate family. Due to the nature of ensuing media attention this focussed attention on care of the dying and will have positive effects on care for many other patients and families on a similar pathway both in the UK and many countries across the world.

## Estates and Facilities

### Summary

The Division continues to provide a wide range of non-clinical support services to all sites and, via Service Level Agreements, to both Wigan Borough CCG and 5 Boroughs Partnership NHS Foundation Trust. We have also successfully supported the implementation of the Trust's Service and Site Investments during the last year. Building upon the success of last year's first Patient Led Assessment for the Care Environment (PLACE) we have further improved our performance in the 2014 assessment with the Trust being ranked overall fifth in the whole of England, the highlight being one of only two Trusts to score 100% for cleanliness.

### Capital Programme and Major Works

Significant projects which have commenced or been completed during the last year include:

- Completion of RAEI new Cancer Care Centre and Pathology Essential Services Laboratory (ESL).
- Health and Safety/fire upgrade works across all sites.
- Investment in Carbon Trust Energy schemes.
- Clinical Decision ward remodelling.
- RAEI Electrical Infrastructure upgrade.
- Wrightington Assisted Conception Unit.
- Wrightington Phase 1 Development.
- Leigh Cardiology department relocation.
- Site rationalisation projects.

### Operational Estates and Security Services

The Operational Estates Team provides an emergency breakdown repair and planned preventative maintenance service across the Trust in addition to supporting wider Estates and Facilities activities across the Trust sites.

The Operational Estates Management structure provides both site and functional focus into key areas such as the 'front of house' patient, staff and visitor environment, specialist engineering systems such as boiler plant, theatre ventilation, standby power generation, electrical distribution, domestic hot and cold water distribution, space heating, fire detection/alarm systems and medical gas systems, asbestos management, water management (Legionella/Pseudomonas) and CQC/statutory compliance functions. Medical Equipment Management has seen the team continue detailed work upon the (RAM) equipment database, which now includes over 16,500 items.

The data base is a keystone to ensuring servicing, maintenance and breakdown repair service delivery to all clinical departments across the Trust. The department also includes a Medical Loan Store that services the likes of mattresses and infusion pumps. The Security and Car Parks team provides a service across all sites. The service entered a new 3+2 year contract in August 2014 after a tender undertaken within the SBS (Shared Business Service) framework.

This has led to increased Security presence within the RAEI A&E whilst maintaining the existing services at Leigh, TLC and Wrightington sites. The service has also amalgamated to include the night watch services at SSDU (Sterile Services Decontamination Unit) and Leigh Data Centre.

This year has seen further improvements to car parking and access at Leigh Infirmary for patients and visitors, and new control systems are in place at Wigan & Freckleton Street that provide greater availability of spaces for patients and visitors. The prudent use of Parking Charge Notices is enabling greater control of our limited parking availability by the team. Priority for the next year is to improve car parking at the Wrightington site and the installation of appropriate systems has already begun.

### Facilities Services

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

STS (Support Training and Services Ltd) accreditation for the new sandwich production facility at Leigh. This has led to an increase in sandwich production with orders from Salford and Lancashire Teaching Hospitals, and increased sales through our own retail facilities. This has doubled production, which was the aim when the facility was built 12 months ago.

Dennis Murphy, a porter at RAEI, gaining employee of the year at the Trust Excellence awards. This reflects well on all our porters who have built on the good work with the bereavement team and responding to the increasing demands from the emergency floor. Compliance with compulsory training, Performance Development Review (PDR) and Basic Life Support has been much improved with our Deputy Hotel Services Manager being trained as a cascade trainer.

## Estates and Facilities cont.

### Facilities Services cont.

The Trust's Catering team have taken over the running of the former RVS shops at RAEI, TLC and Leigh. These new enhanced facilities have utilised the existing staff and many of the volunteers who were happy to work for the Trust direct. Early indications are that these new facilities will bring additional income to support patient services within the Trust

The standard of cleanliness within the organisation's clinical areas are monitored and audited and is currently exceeding the National Cleaning Standards of 92% being in excess of 95%. Our monthly audit scores are displayed at the entrances of our wards. On a rare occasion where a ward or clinical area fails to meet the minimum National Cleaning Standards the Senior Infection Control Matron and Facilities Manager inspect the area to ensure the area has been brought back to standard. The scores are reported to the Trust Board on a monthly basis

The Domestic team have implemented a number of improvements to support the reduction in hospital acquired infections which include a Hydrogen Peroxide Fogging Facility in which all CDT (Clostridium Difficile) and PCR (polymerase chain reaction) positive terminal cleans are concluded with the HPV decontamination process, disposable curtains fitted to all wards and high risk clinical areas and the establishment of a Specialist Domestic Team who undertake a second enhanced clean to all medicine wards.

The introduction of an Arts Exhibition was organised with a guest artist and local artists displaying artwork in the Hospital corridors on the RAEI site as part of Art for Health.

### Sustainability and Environmental Management

We continue to invest considerable resources towards ensuring the reduction in our environmental impact within the local environment. The design of new buildings and refurbishments aims to achieve 'Excellent' or 'Very Good' in the BREEAM assessment tool (Building Research Establishment Environmental Assessment) as well as satisfying HTM 07-07 – Sustainable Health and Social Care buildings. We have continued to reduce our environmental impact through reducing energy related CO<sub>2</sub> emissions year-on-year. The team continues in our on-going goal to achieve ISO14001 accreditation. Although the process is taking longer than originally anticipated we are making good progress and believe accreditation will be achieved towards the end of 2015.

Our participation within the Trust Social Responsibilities Group has helped enormously towards achieving this goal and the team were an integral part of the Trust achievement of the HSJ Improving Environmental and Social Sustainability award within 2014.

### Waste Minimisation

Our objective is to reduce waste output in all areas. We have introduced recycling drop-off points throughout the Trust to further aid our recycling performance relating to segregation of cardboard, scrap metals, woods and electrical waste. Our recycling tonnage continues to increase across the Trust sites enabling us to significantly reduce the costs of waste disposal. Improvements to the waste management infrastructure, such as waste compactors and collection bins, as well as holding areas for waste materials, form part of the continuing capital investments into the Trust sites that have aided the continual reduction of the volumes of waste disposed.

The internally set objective, to reduce waste costs bi-annually compared to the previous years, has been achieved continually for the past 3 years. Overall costs for clinical waste have remained relatively static (modest decrease), whilst costs for domestic waste have reduced by about 15% compared to previous years due to reduced tonnages disposed of.

The introduction of regular waste audits across the Trust is proving successful and will continue into 2015. These are helping to build a picture of the Trust Waste throughput, and enabling the team to target resources towards waste minimisation where it is required most. The introduction of a Dangerous Goods Safety Advisor (DGSA) within the Trust has further enhanced the understanding of waste materials produced and increased control will be achieved as a result of this.

### Energy / Utility Management

The Trust Energy / Environmental Manager continues to implement a strict regime of monitoring and targeting across the Trust sites. This is essential as we continue to see a marked increase in costs for electricity provision and a levelling out of the prices for gas for 2015/16 against this current year.

Leigh's electrical energy consumption continues to grow, with increased use of the Data Centre and Hanover buildings, although other sites consumption remains relatively static alongside gas consumption.

## **Estates and Facilities cont.**

### **Energy / Utility Management cont.**

Increases to the electrical consumption highlight the need for greater control of this utility which has led to the Trust looking to introduce Combined Heat and Power (CHP) across the Leigh and Wigan sites within 2015/16, for commissioning in May 2016. A Business case is being drawn up for the implementation of these CHP plants, to be delivered through the Carbon Energy Fund (CEF).

The project will see alterations to RAEI in the way of de-steaming the site, new energy efficient boilers, a Combined Heat and Power electrical generation unit, new building management controls and Solar photo voltaic units to provide renewable energy.

## **Human Resources**

### **Summary**

It's been an exciting year for the HR directorate, with significant workforce achievements.

Internally we have been successful in rapidly expanding our occupational health services, as well as maturing our HR business partner relations with frontline services. This year we have also developed a 'People Strategy' which enables the HR directorate to continually improve its support offer to all WWL staff, in the firm belief that 'If we get it right for our staff, we get it right for our patients'.

Externally our highlight has been winning the prestigious HPMA (Healthcare People Management Association) 2014 national awards for both 'Staff Engagement' and 'Overall Winner' categories. This recognition illustrates the continuing progress we have made in helping our staff to achieve better services for our patients.

### **Focus on Staff Engagement and Health and Well Being**

This year we have continued to engage staff at local levels within their teams, through our staff engagement 'pioneer teams' programme. Twenty teams have been through the programme which now features a comprehensive staff engagement diagnostic survey and a staff engagement toolkit. Teams that have taken part on the programme have on average made a 7% improvement in their staff engagement scores, with some improving as much as 25%.

At a Trust wide level WWL has significantly improved on a number of engagement measures over the last 12 months including improved working relationships. A key highlight was WWL reaching the top 10% of NHS Trusts for staff recommending us as a place to work.

We have continued to take a progressive approach to the health and wellbeing of our staff, working with them to integrate this attitude into their day to day activities, to help create a positive and healthy working environment. A range of health promotion activities have continued to support and improve staff health and wellbeing, centring on prevention and the reduction of sickness absence. Part of the Trust's approach includes targeted activities, and to make links to more of a preventative approach. 'Mindfulness', 'Mediation' and a 'First Day Absence Programme' have all been commissioned, as well as an Annual Health check Scheme, open to staff and their family and friends.

## Human Resources cont.

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

Following significant expansion to our nursing workforce to support improved care, recruiting these additional nursing staff has been something of a challenge in recent years. However, three international recruitment projects in addition to our usual domestic recruitment campaigns have seen a significant improvement in our position as the 2014-15 year draws to a close. We are looking forward to the 2015-16 year in a much stronger position in terms of nursing staff in post, driving down temporary staffing costs.

2014-2015 saw WWL investing in a new online recruitment system which has also contributed to our recruitment successes. In total, an average of 32.2 days has been saved in the recruitment process when comparing the previous manual process to the new online system. This equates to sizeable financial savings up to the point of a conditional offer being made, as well as the time and cost of pre-employment checks.

WWL and Edge Hill University have been successful in an application to join the GMC's list of official sponsors. This will enable the Trust to sponsor overseas Doctors to come to work and study directly on an International Training Fellowship, rather than through the MTI (Medical Training Initiative) programme linked with the various Royal Colleges. This is expected to appeal to overseas Doctors as a less complicated and more attractive route to obtaining their GMC Registration and therefore be a valuable recruitment option to utilise in difficult to fill specialties.

### Focus on Widening Access to Employment and Development

We have continued to work with our local Council and Skills for Health to provide supported work placements for the long-term unemployed and will be implementing supported internships for job seekers with learning disabilities later in the year. We work hard to provide access to work opportunities and to ensure that our workforce reflects the local population.

Our Equality Delivery System Action Plan this year included roadshow events and competitions to increase awareness of protected groups.

Building on the success of last year's focus group for staff from black and minority ethnic backgrounds (BME), we held a focus group for staff living with a disability. A further BME Focus Group session is planned for early in 2015. Feedback from these groups, alongside partnerships with Greater Manchester Police, has further improved equity and participation and will continue to inform our actions to promote a positive working environment.

In January 2013, we signed up to the Apprenticeship Promise, and through this have agreed to actively promote opportunities for progression to staff in bands 1-4 who successfully complete apprenticeships, as well as offering staff without a level 2 qualification the opportunity to undertake an Apprenticeship. Since January 2010 the Trust has enrolled 287 apprentices from our existing workforce across all sites, including 50 internal apprentices enrolled in July 2014 to complete programmes in 2015/17. In addition, 13 staff commenced the functional maths and English skills programmes, with some going on to complete Apprenticeships. In November 2013, the Trust held a event to recognise the success of 89 candidates who completed their Apprenticeships in 2013.

In October 2014, we were proud to be selected as one of only three NHS organisations to pilot a Skills Club, which provides vocational taster programmes for children aged 14-16. This programme aims to close the gap in educational achievement between disadvantaged children and their peers and provides a blended learning approach in increased confidence and self-esteem. In 2013, working in close partnership with Skills for Health, Job Centre Plus and Wigan and Leigh College, the Trust piloted a Pre-Employment Programme in the borough. The programme is designed to get local people back into local jobs. Building on the resounding success of this programme a further programme has been launched in 2014. 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

Coaching and leadership skills continue to be delivered and learned across all staff levels and professions at WWL. We are working with our senior, middle and first-line managers to ensure that they have the required knowledge and skills and can demonstrate the right behaviours to be the best leaders possible, with quality and patient care at the centre of everything they do. Internally and externally we have signposted over 150 staff to leadership programmes to

improve their leadership style and behaviours. The advancements in 'working relationships' we discussed in the staff engagement section are likely to stem from training our leaders to improve their performance and team culture. This year we have also introduced the Leadership Values Questionnaire (LVQ) which ensures that all our senior staff receives a 360 degree appraisal, which enables them to reflect on how their staff, peers and managers see their leadership performance against the behaviours and values we expect at WWL. Over 20 coaches have been trained internally to help staff to grow and enhance their LVQ scores year on year.

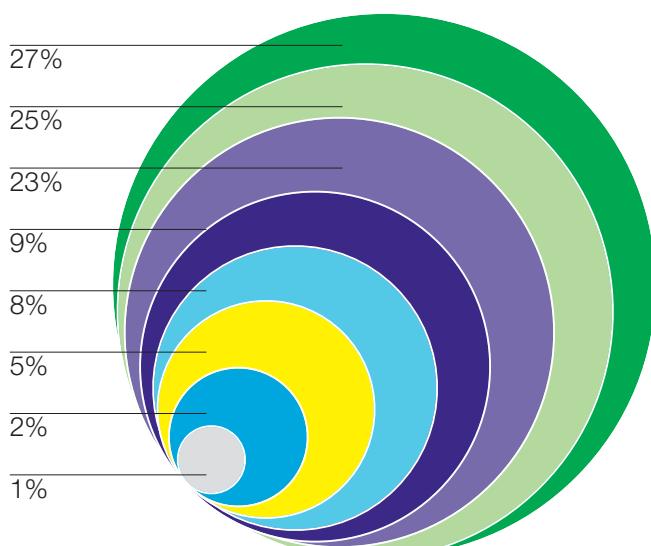
### Board Composition

The Trust Board has seven Executive Directors and eight Non-Executive Directors including the Chairman. Between April and January there were five male and two Female Directors, however from February this changed to four male and three females. There were six male and two female Non-Executive Director members during 2014/15. More information on the Board members can be found in the Directors Report.

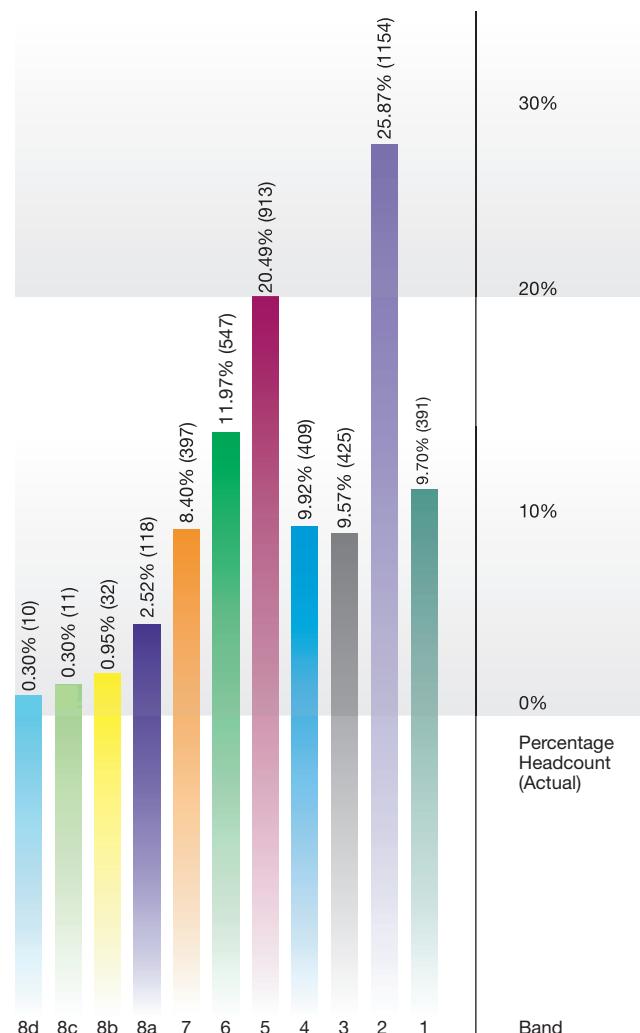
### Headcount

	All staff excludes senior managers	Senior Managers	Total Code GO*
Female	3906	13	3919
Male	940	16	956
Total	4846	29	4875

### Our Workforce Profile



### NHS Agenda for Change Banding Pay Scale



- Scientific, Technical and Professional
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillaries
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered

## Staff Survey Report 2014

Overall the 2014 Staff Survey results paint a very positive picture. 93.2% of our survey results were above average, and we came 4th out of 138 Acute Trusts for overall levels of staff engagement, which reflects the significant work on staff engagement that has continued over the last 12 months. We are proud that for the fourth consecutive year WWL has significantly improved its performance in the national staff survey.

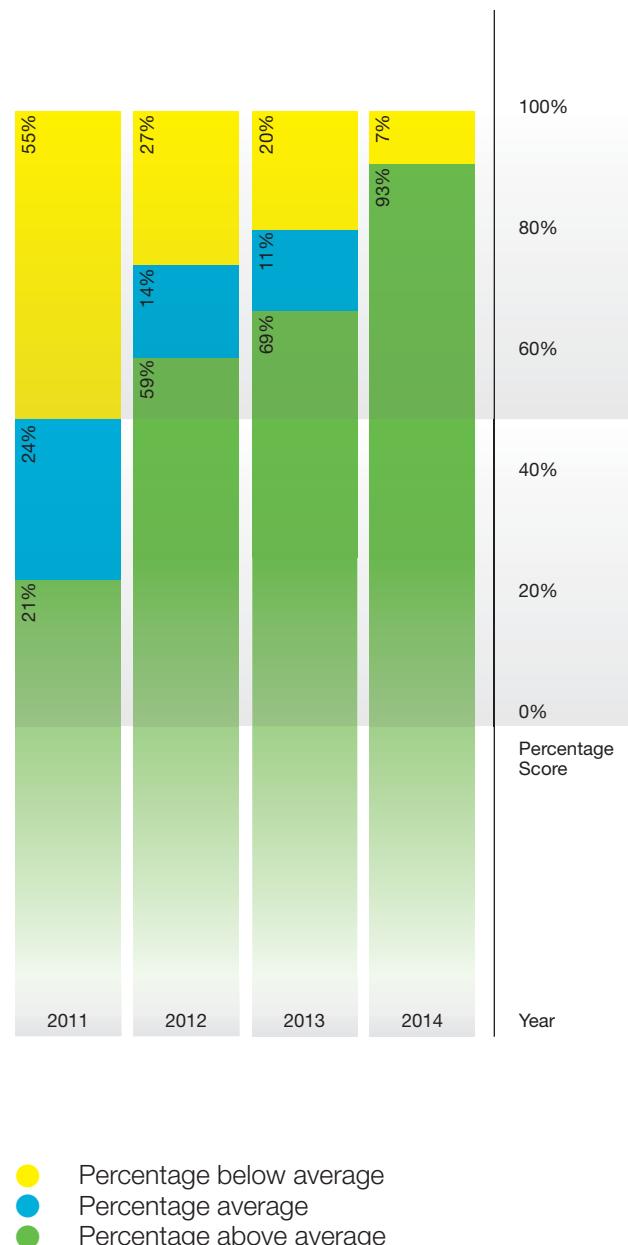
36% of staff responded to this year's survey. This response rate has deteriorated in comparison with our 2013 response rate (48%) and the response rate is below average compared with other Acute Trusts in England. It seems 2014 Survey response rates have deteriorated nationally, and Quality Health have suggested this may be linked to the introduction of the quarterly Friends & Family test. WWL introduced their own staff engagement survey in 2014, which is issued to a quarter of staff every quarter of the year. The introduction of this survey may have impacted on response rates, with staff being asked to complete the quarterly engagement survey in addition to the National Staff Survey. Our five highest scoring staff survey items relative to other Acute Trusts in England:

<b>Staff job satisfaction</b>	Trust score 3.83 Acute average 3.60
<b>Work pressure felt by staff</b>	Trust score 2.80 Acute average 3.07
<b>Staff Motivation at work</b>	Trust score 4.08 Acute average 3.86
<b>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</b>	Trust score 17% Acute average 23%
<b>Support from immediate managers</b>	Trust score 3.88 Acute average 3.65

There are only two Key Findings for which Wrightington, Wigan and Leigh NHS Foundation Trust compares least favourably with other Acute Trusts in England:

<b>Percentage of staff experiencing physical violence from staff in last 12 months</b>	Trust score 4% Acute average 3%
<b>Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months</b>	Trust score 16% Acute average 14%

### WWL NHS Foundation Trust's Yearly Scores on the NHS National Staff Survey



## Staff Survey Report 2014 cont.

These two areas of concern from the 2014 results, relating to staff on staff violence and patient to staff violence will now be taken forward. Staff on staff violence is a recurring trend and the publicity and actions taken in response to the 2013 results have not yielded any further quantitate information. Actions are currently being explored by the HR Team in response to the 2014 staff on staff violence results. Patient to staff violence results also requires further scrutiny and this will be undertaken in partnership with the Patient and Staff Safety Team.

Our third and fourth lowest items whilst scoring above the national average, will also act as areas for targeted improvement in the year ahead:

### Percentage

Reporting errors, near misses or incidents witnessed in the last month.

### Percentage

Agreeing that their role makes a difference to patients.

There are five key findings where staff experience has improved since the 2013 survey:

Support from immediate managers	2014 Trust score 3.88 2013 Trust score 3.63
Staff Job Satisfaction	2014 Trust score 3.83 2013 Trust score 3.66
Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	2014 Trust score 20% 2013 Trust score 27%
Percentage of staff reporting good communication between senior management and staff	2014 Trust score 42% 2013 Trust score 31%
Staff motivation at work	2014 Trust score 4.08 2013 Trust score 3.92

It is highlighted that there were no areas where staff experience had deteriorated since the 2013 survey which is extremely positive feedback.

## Future Priorities and Targets

It is highlighted that there is much to celebrate in the 2014 survey results and we have commenced communication of these results to our staff.

The HR Directorate has prepared and circulated Divisional reports for discussion within Divisional Management Teams. This information will be used in conjuncture with the Pulse Check Feedback to support the local staff engagement actions plans.

An analysis of the staff survey results by equality group will also be undertaken to identify any specific themes and 'hotspots'. This analysis is valuable and has informed previous actions such as holding Focus Group sessions with Black and Minority Ethnic and staff living with a disability. Equality related actions from the 2014 staff survey results will be incorporated into the Equality Delivery System Action plan.

The introduction of WWL's own staff engagement pulse check survey has enabled the Trust to analyse engagement trends across the year of 2014, and identify what has enabled staff engagement. The results indicate that the improvements in staff engagement seen in 2014 can be linked in particular to staff feeling trusted and empowered in their workplace, and supportive working relationships with managers and colleagues.

Although engagement has continued to improve throughout the year, the pulse survey also identifies that energy levels amongst staff have fractionally declined. To ensure that the Trust is able to sustain high levels of engagement into 2015, an analysis of the risk of staff burnout and measures to address is also required.

## Project Management Office (PMO)

The Service Transformation and Project Managers working within the PMO, coordinate efforts from across the Trust and the wider Wigan Borough to deliver a Cost Improvement Programme (CIP). They provide expertise to enable teams to enhance quality through improvement, in line with the Trust's vision and strategy, thereby ensuring that services remain safe, effective and caring.

### Organisational Values

The PMO team has actively supported the organisational values by placing patient focused quality improvement at the fore of all we do. Using coaching and engaging practices we develop and enhance the resilience and skills of both teams and individuals, within clinical and nonclinical settings, promoting innovation and creativity, learning and developing as a team, from all we have done. We recognise the wider health and social care providers as partners in our care delivery and have actively strived to create a web of connective care across Wigan Borough.

There are three main areas of focus within the PMO:

- Cost Improvement Programme (CIP)
- Service transformation
- Integration of services across wider community within Wigan Borough

### Cost Improvement Programme (CIP) Delivery

During 2014/15, the PMO supported the divisions to manage their CIP, by being actively involved in identification, performance management and assessment of quality impact the CIP schemes have on the services delivered to patients. Through this process, the PMO has worked with the divisions to facilitate their delivery of a forecast of £11.9m against a CIP target of £12.51m.

### Service Transformation

Supported by the Trust's development towards a coaching culture, during 2014/15, the PMO has been able to engage, challenge and support staff to examine their services and redesign them, whilst maintaining focus on the needs of the patient. Through engagement of staff and patients we continued to support significant sustainable improvements including:

#### Integrated Hospital Discharge Team

A multi-provider team has been set up to improve the quality of discharge planning and patient experience.

### Service Transformation cont.

With members from the Trust, Bridgewater Community Healthcare NHS Foundation Trust, 5 Boroughs Partnership and Wigan Council, we are able to provide co-ordinated health and social care assessments, planning and care delivery.

#### Community Based Beds

The PMO has worked with the Division of Medicine to facilitate the commissioning of 20 community beds, provided in partnership by the Trust and Meridian Healthcare Limited, to enable the discharge of adults from acute hospital beds at Royal Albert Edward Infirmary (RAEI), who are medically stable but not yet able to manage in their own home environment, and those requiring additional assessment prior to their transfer to a final discharge destination.

#### Ambulatory Assessment Area (AAA)

Supported the remodelling of our ambulatory care pathway by the Division of Medicine, for those people requiring urgent rather than emergency care and created a multidisciplinary alternative to A&E for many people. The AAA also provides direct contact between the GP and acute care physician, enabling discussion of an individual's symptoms or needs, advice and support, and agreement of ongoing care, which may result in the person not requiring a hospital attendance or admission.

### Integration of services across Wigan Borough

Transforming services to be more responsive to our population's needs required a partnership with our other provider colleagues in Bridgewater Community Healthcare NHS Foundation Trust, 5 Boroughs Partnership, Wigan Council and GP Practices. To deliver this the PMO worked across the whole health economy, supporting strategy development, actively engaging in the development of new integrated services from ideas to delivery, and active programme management as required.

One such programme was the Integrated Neighbourhood Teams (INT). Each week a multidisciplinary team led by the GP reviews a group of patients aged 65 or over, identified by a risk stratification tool, who are the most frequent users of healthcare services. These people may be offered more intensive support via the INT and a plan of health and social care support will be developed with the individual. This work has contributed to a reduction in attendance at A&E for this cohort of patients by 43% and a fall of 48% in emergency admissions and went on to win the HSJ Award for Managing Long Term Conditions.

## Project Management Office (PMO) cont.

### Integration of services across Wigan Borough cont.

Along with managing projects and programmes directly, the PMO delivered expertise in 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 themselves, create resilience to change through coaching and staff development, plan and facilitate large scale multi-organisation events and managed risk and dependencies across multiple programmes and project.

## 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, to contaminated or infected patients, or a major transport or industry accident.

The Civil Contingencies Act (2004) requires NHS organisations and providers of NHS funded care, 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), and the Trust has declared 'Substantial Compliance', and an action plan has been developed to ensure that the Trust becomes fully complaint by April 2015.

### Preparedness, resilience and response

The Trust works towards preventing emergencies from occurring by identifying local high level risks and putting plans and processes in place which aim to reduce the likelihood or impact of these risks. We also continue to work closely with 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 Wigan Multi-Agency Flood Plan. We are actively represented on a variety of local and regional emergency planning and response forums including Wigan Resilience Forum and Wigan Health Economy Resilience Group.

We have a Major Incident Plan which provides a generic management framework to respond to and recover from an emergency or major incident. We have not been required to activate the Major Incident Plan this year, although the UK has experienced several major incidents and emergencies. This includes the flooding in July in the south east of England, causing significant disruption to travel and electricity supplies, a military jet escorted a Qatar airplane to Manchester Airport with a possible bomb device on board, and in Glasgow, six people were killed and 8 injured by an out-of-control bin lorry.

The Plan has been 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 learn from incidents, both local and national, to enhance our own local planning and response.

## Preparing for Major Incidents cont.

### Preparedness, resilience and response cont.

All staff are encouraged to attend training sessions to practice their roles in the event a major incident or emergency. In June, Exercise Phoenix enabled A&E staff to test their local response to a major incident. This was a terrorist attack scenario whereby a number of ‘fictitious’ patients presented at A&E following the incident and A&E enacted how they would deal with the casualties from the scenario. In December, Exercise Trident, a train crash scenario, used live hospital data at the time (i.e. staffing, patients, etc.) to test the Trust’s full major incident response through receiving over 80 casualties.

There is a requirement that all executives and senior managers are competent in their roles as Incident Managers and as such, all received a full day training around the key knowledge and skills that they are required to have in relation to emergency planning and business continuity.

During 2014 – 2015, the Trust commenced the roll-out of HealthWRAP – a Workshop to Raise Awareness around Prevent in a healthcare setting. 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.

In August, for the third year running, we participated in Wigan Resilience Week, organised by Wigan Council, to raise public awareness around planning and responding to emergencies. There were multi-agency responders present, including the emergency services, utility suppliers and voluntary agencies. In the event of an incident involving chemical, biological, radiological or nuclear (CBRN) substances, we have a duty to provide facilities to decontaminate affected patients. To facilitate this, we have a decontamination tent, and a number of decontamination suits that are used to protect those staff undertaking the decontamination process. The decontamination tent was erected in the town centre, and several volunteers could be seen walking up and down the streets in their decontamination suits. There was a great deal of public interest in the event and it raised awareness around CBRN incidents and our response to these.

The Trust is also required to provide facilities to care for a potential or actual Ebola patient and these facilities have been tested through the presentation of suspected, though not confirmed, cases arriving at A&E.

This year, the Trust has also been required to develop a Lockdown plan. This outlines how the Trust will facilitate the lockdown of a ward or area in order to maintain patient and staff safety. This may be due to a variety of reasons, for example, a contaminated patient in A&E or localised flooding on a ward.

The Trust Business Continuity Plan was approved in June 2014. This provides a framework to enable the Trust to respond to large scale localised incidents e.g. significant flooding, utility failure. All divisions and departments also have a business continuity plan in place which enables them to respond effectively to both local incidents and together in response to larger scale major incidents. These plans were reviewed during 2014 and they are regularly tested through exercises and activation. The implementation of business continuity plans ensures minimum disruption to staff and patients and a timely return to ‘business as usual’ in the event of such an incident or emergency.

Throughout 2014 – 2015, the Trust has responded to several local incidents that have occurred on Trust premises. These incidents are not managed by implementing the Trust Major Incident Plan, but through business continuity planning and response. Such examples include telecoms outages, extreme capacity issues and IT interface issues. The Trust continues to take forward lessons learned and good practice following each incident to better prepare for future incidents.



56 Financial Performance Report

The Trust is reporting a trading deficit of £(0.8)m for the Financial year ending 31st March 2015.

The Trust is reporting a trading deficit of £(0.8)m for the financial year ending 31 March 2015. The trading position excludes impairments, which amount to £8.5m for the year making the reported position a deficit of £(9.3)m. Capital investment for the year totalled £27m which is £5.1m more than planned primarily as the construction work on the orthopaedic theatres and wards on the Wrightington site is progressing ahead of schedule.

The cash balance at the year-end is £14.6m which is £7.7m lower than planned, a direct result of the trading position and accelerated capital spend. The Trust's Continuity of Services Rating (CSR) is a 3. This is the metric used by Monitor to assess a Foundation Trust's financial stability. The measurement is from 1 to 4 with 4 being the highest rating achievable. The following provides more detail on the key financial metrics:

#### Income

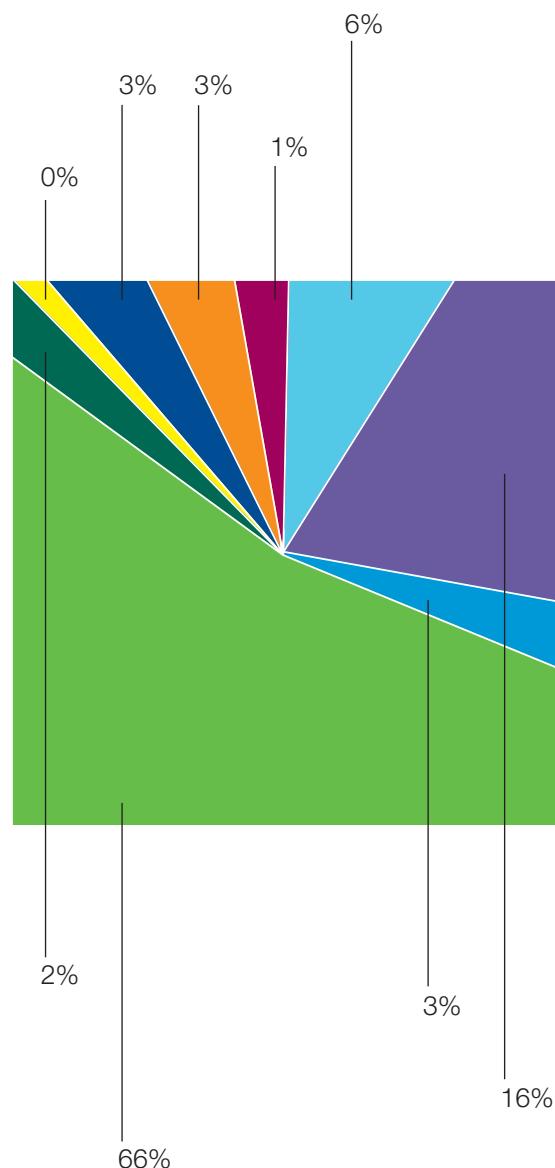
The Trust has generated £268.2m of income in the year, £8.2m more than planned. Attendances at the Trust's Accident and Emergency department were over plan; a reflection of the pressure experienced by the department during the year. Wigan Borough Clinical Commissioning Group (WBCCG) remains the largest commissioner of services from the Trust generating 66% 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.

	Year-end 2014/15 £'000	Year-end 2013/14 £'000
Non-principle income	11,901	8,800
Total income	268,198	262,465
<b>Non-principal income as a % of all income</b>	<b>4.4%</b>	<b>3.3%</b>

#### Income by Source Year-end 2014-15



- Business with NHS Trusts
- Business with NHS Foundation Trusts
- Business with bodies external to Government
- Business with others
- Business with NHS England
- Business with Heath Education England
- Business with Wigan CCG
- Business with West Lancashire CCG
- Business with other CCG

**Financial Performance Report** cont**Clinical Income by Point of Delivery**

	2014/15 £'000	2013/14 £'000
<b>Income from commissioner requested services:</b>		
Elective income	60,514	57,979
Non elective income	47,255	51,170
Outpatient income	47,194	46,236
A&E income	8,598	8,214
Other NHS clinical income	78,795	77,745
<b>Income from non-commissioner requested services:</b>		
Private patient income	2,359	2,388
Other clinical income	1,865	1,459
<b>Total income from activities</b>	<b>246,580</b>	<b>245,191</b>

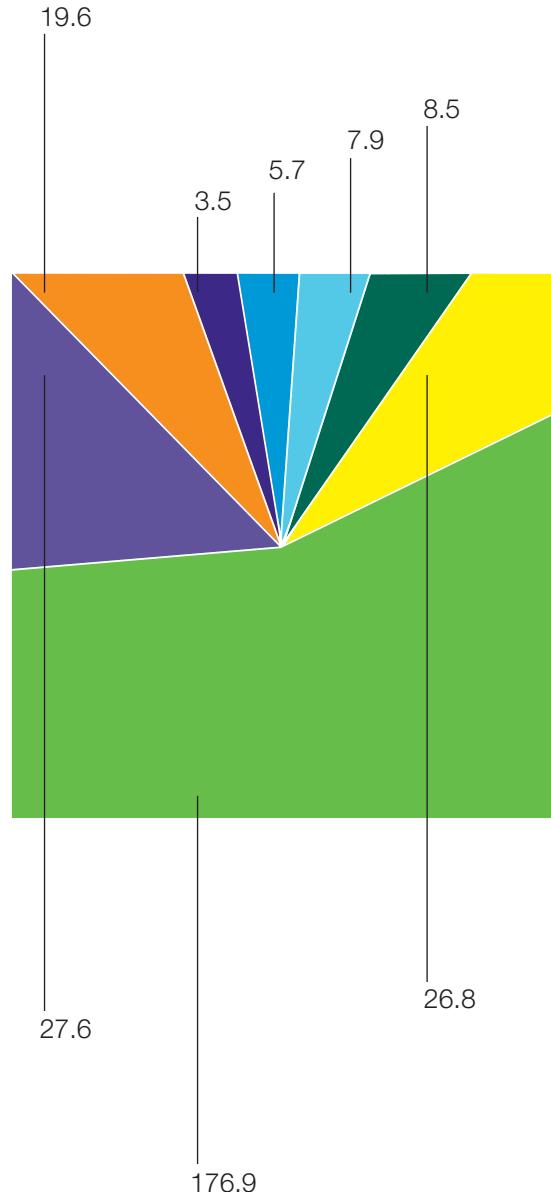
**Expenditure**

Total expenditure is £277.5m (including impairments) which is an increase of £9.2m or 3% on last year. Pay is the largest expenditure item at £176.9m which is 64% of total expenditure and within this figure the amount spent on nursing staff remains the most significant at £62.9m.

£19.6m was spent on drugs which is an increase of £1.8m on last year. Other notable expenditure items in the year are £5.7m spend on the Trust's clinical negligence insurance premium and £3.5m on energy. Depreciation of £7.9m is included in the overall expenditure figure, a non-cash item reflecting the amortisation of the Trust's assets. The chart depicts the main categories within total reportable expenditure.

**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.

**Expenditure by Type (£m)**

- Clinical Supplies
- Drugs
- Energy
- Negligence Premium
- Depreciation
- Impairments
- Other
- Pay

## Financial Performance Report cont

### Other Measures

The financial benefit derived from 'cost improvement plans' (CiP) is £11.9m in the year which is slightly behind plan by £0.6m. £27m was spent on capital items during the year, mainly due to the acceleration of construction work on the new orthopaedic theatres and wards on the Trust's Wrightington site. A more detailed breakdown of capital spend can be found below. The final cash balance at the year-end is £14.6m versus a plan of £22.3m; this includes the full year's loan drawdown. The reduced cash balance is driven by trading performance, delayed land sale, and accelerated capital spend.

### Capital investment programme

During the year the trust completed £27m of capital investments which have improved services for both patients and staff. A summary of the capital investments undertaken in the year is provided in the table opposite:

### Post balance sheet events

In the opinion of the Directors of the Trust there are no post balance sheet events. This Strategic report has been reviewed and approved by the Board of Directors.



  
Rob Forster  
Acting Chief Executive  
27 May 2015

Capital Investment scheme	Investment Benefits	Value £000
Assisted Conception Unit	2A partnership between The Hewitt Fertility Centre, part of Liverpool Women's NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust. The new unit provides state-of-the-art facilities for diagnosing and treating fertility problems.	1,700
Development of Wrightington Site	£18m Orthopaedic Centre development consisting of 4 theatres, two new wards and a new admissions area.	9,900
Pathology Essential Services Laboratory and Cancer Care Centre	Development of new Pathology Laboratory and Cancer Care Centre. The new pathology laboratory is for services undertaken as part of the joint collaborative working arrangement with Salford Royal NHS Foundation Trust and the Cancer Care Centre is for services undertaken in conjunction with The Christie NHS Foundation Trust.	4,000
Purchase of medical equipment	Replacement of old equipment with new to modernise services including a Cardiac Catheter Laboratory upgrade.	3,200
Information Technology	Hardware and software additions improving clinical and corporate information and services which include a Health Information System.	4,200
Site repairs and maintenance	General improvements to buildings, services and public areas.	900
Other service developments	Improved facilities for patients.	3,100
<b>Total</b>		<b>27,000</b>

- 60 The Trust is committed to working with patients, carers and the general public to develop and improve our services.

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## Directors Report

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Some of our activities are set out below and more information is also contained within the Quality Accounts section of this report.

<sup>62</sup> Patient and Public Engagement (PPE)

Feedback from inpatients using the Real Time Patient Experience Survey is collected monthly.

## 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 'over 90% of in-patients reporting a positive patient experience'.

## National Survey Results

We have continually achieved excellent scores for cleanliness throughout the hospital. This places us in the top 20% of all Trusts in this area of assessment in the National Patient Survey Programme for 2014 covering In-patient and Accident and Emergency Services.

The Family and Friends initiative is in its second 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?' The Trust has consistently scored over 98% against the quality metric assessed by patients. The feedback from patients allows the Trust to address any areas for improvement identified from the patient's experience. An example being the availability of refreshments for relatives accompanying patients being treated in the A&E Department.

## Service Redesign

Over 60 patients and Carers attended the redesign of the Cataract Surgery pathway: 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 have also been engaged in several focus groups to come up with ideas of improvement from the outcomes of the National Inpatient Survey and National Cancer Survey. Key projects that were taken forward including the introduction of the Always Events initiative, improvements to the discharge pathway and patient discharge lounge facilities.

## Lay Involvement

The Volunteers and Lay Clinical Auditors have been involved in 'Keogh-Style' mini inspections of the hospital and independently audit the Trust's 'always events'. Lay representatives attend the Divisional Quality Executive Committees, Quality Champion Committee, Infection Control Committee, and Bereavement Committee.

## Consultation with Local Groups and Key Stakeholders

We continue to work in partnership with key local stakeholders. We supported a Young Peoples' Event in partnership with the Wigan Youth Zone in an attempt to raise awareness amongst young people about inclusion and diversity and how everyone is unique.

We worked in partnership with patients, public and local actors in the making of the Trust's Disability Awareness DVD. The video is being used extensively in staff training to underline the importance of disability and to promote our values of patient-centred compassion, respect, dignity and care.

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

One of the most significant consultations during the year was the Healthier Together proposals. The Trust engaged with members of the public and our staff in a wide range of locations and venues to ensure that they were aware of the proposal and had an opportunity to make their views known. At the end of the consultation period Wigan Borough was the noted as having the highest number of respondents across Greater Manchester.

## Improving Patient Information

The Trust has a robust Lay Reader Panel who provide feedback on patient information leaflets to ensure that they are patient friendly.

## **Voluntary Services**

We currently have 483 volunteers registered on our Volunteers database. During 2014/15, we carried out a full audit of our database to ensure that all our data about our volunteers is accurate and up to date. As a result of this audit, we recorded 126 volunteers as having finished or retired from volunteering and 55 new volunteers as having commenced their duties in 2014/15.

### **Volunteers' Long Service Awards**

The Volunteers' Long Service Awards event was held on 20 October 2014. Our former Chairman, Les Higgins presented the certificates and badges to our volunteers. We invited 38 volunteers to Wrightington Conference Centre to receive their Long Service Awards:

- 20 volunteers received 5-year badges
- 12 volunteers received 10-year badges
- 5 volunteers received 15-year badges
- 1 volunteer received a 20-year badge

### **Help Desk Statistics**

From April 2014 to March 2015, our six Help Desks dealt with a total of 123,847 enquires. In addition, the hours covered by our Help Desk volunteers calculated at the minimum rate provided a financial benefit of £193,596.

### **Fundraising**

The volunteer fundraising groups are:

- Wigan League of Hospital Friends
- Wrightington League of Hospital Friends
- Hospital Fundraisers

The Wrightington League of Friends donated £38,194.55 (unaudited figure) for the funding of various items, training and research:

- £10 M&S vouchers for patients in hospital on Christmas Day.
- Boxes of chocolates for patients in hospital on Easter Sunday.
- Chairs for visitors in Ward 5.
- A Haemoglobin Monitoring machine.
- Funding for research of homeopathic treatment by Dr Chattopadhyay of Rheumatoid Arthritis.
- Agreed to provide around £9,000 towards an Ultrasound machine for Dr Chattopadhyay.
- Agreed to provide around £14,000 towards the cost of a new Hydrotherapy pool.
- Bursaries of £700 were given to nursing staff at the hospital to further their training.
- Donation of £1,000 was given to the Cancer Hospital in India.

Our Hospital Fundraisers donated £2,728 to the Nurses' Directorate fund for patient comforts, which was used to purchase items, such as:

- 144 courtesy packs for Bereavement services

## Patient Relations

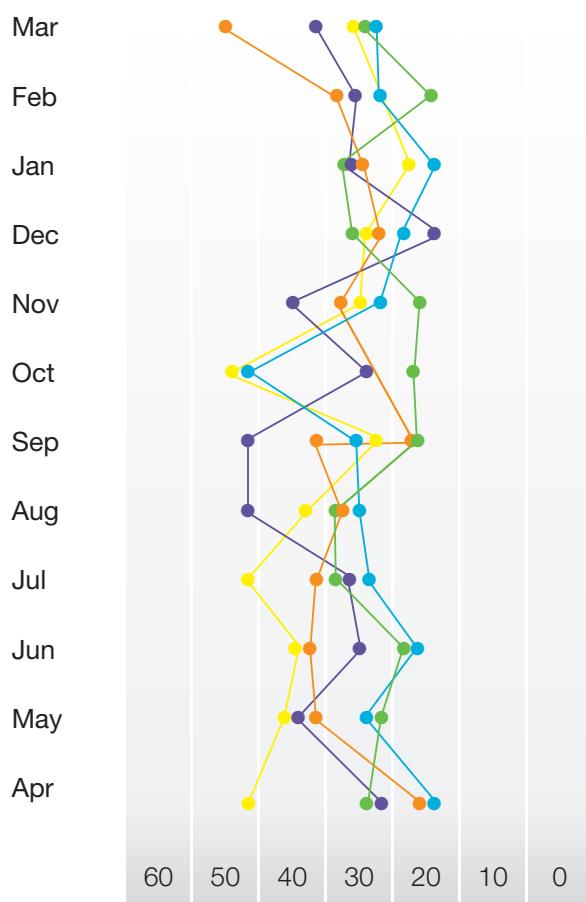
### Patient Advice and Liaison Service (PALS)

We welcome the views of people who have experience of using our services. This important information concerning the services we offer provides us with vital insight into what we are doing well and what we need to improve.

We endeavour 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 are in a position to report a fall in the number of formal complaints by 2%. The table below shows the number of complaints received over the last five years.

**Complaints Received Table**



	2010/11	2011/12	2012/13	2013/14	2014/15
Apr	30	26	50	25	30
May	43	40	44	33	33
Jun	35	42	43	29	28
Jul	38	40	50	33	38
Aug	50	39	42	36	38
Sep	50	41	31	36	27
Oct	33	27	53	50	27
Nov	45	38	33	31	26
Dec	22	22	34	29	36
Jan	36	44	41	24	36
Feb	38	38	29	32	24
Mar	41	54	36	33	33

## Patient Relations cont

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

- The number of formal complaints received - 376
- The number which were upheld - 375
- The Trust received 13 requests for files from The Parliamentary and Health Service Ombudsman (PHSO)

A summary of the subject matter of formal complaints is:

Subject	KO41a Code	Total
Admissions, discharge and transfer arrangements	01	30
Aids and appliances, equipment, premises (including access)	02	5
Appointments, delay/cancellation (outpatient)	03	18
Appointments, delay/cancellation (inpatient)	04	8
Attitude of staff	07	24
All aspects of clinical treatment	08	249
Communication/information to patients (written and oral)	09	31
Consent to treatment	10	1
Patients privacy and dignity	12	1
Personal records (including medical and/or complaints)	17	7
Failure to follow agreed procedure	18	1
Patients status	19	1
Hotel Services	24	1

Learning from complaints is very important and we continue to work to improve the services we offer, providing assurance of our learning.

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 and highlighting the 2% reduction in formal complaints. This entails immediate involvement of the Divisions to liaise and respond to concerns in real time. By providing the link between staff, patient, relative or carer, and offering the support to everyone involved this leads to a greater degree of satisfaction to all concerned.

Serious or more complex complaints are monitored and discussed on a weekly basis with 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 12 2014/15

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 87% compliance with the Information Governance (IG) Toolkit assessment for 2014/15. There are forty five requirements in total which are scored at four levels of compliance ranging from level 0 to level 3. All 45 requirements are mandated to achieve at least a level 2 or above. We obtained a satisfactory status as all forty five IG Toolkit requirements met the minimum Level 2 status or above.

### Freedom of Information

We received 527 Freedom of Information requests from 1 April 2014 – 31 March 2015. This equated to 7,868 questions.

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

### Incident reporting

The Information Governance Department has recorded 25 Information Governance incidents between 1 April 2014 and 31 March 2015. 4 of these incidents have been identified as a Serious Incident Requiring Investigation and have been reported to the Information Commissioner's Office and the Health and Social Care Information Centre.

## <sup>68</sup> The Trust Board

Our Board of Directors operates according to the highest corporate governance standards.

## The Trust Board

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 management is in place
- Ensuring compliance with our Monitor Licence
- Ensuring it acts in accordance with its statutory duties laid down in its constitution

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 information provides information on the members of the Board, details of key committees including audit, nomination and nomination and remuneration committees and attendance:

## Non Executive Directors



**Leslie Higgins**  
Chairman

Reappointed 1/11/11  
Retired from post 31/10/14

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

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

Les chaired the Trust Board, the Council of Governors, Charitable Trust Board and Remunerations Committee. He is also involved in the development of local strategic policies through his membership of the Wigan Borough Partnership Board, the Wigan Health and Wellbeing Board and the Quality, Innovation, Productivity and Prevention (QIPP) Board.

During his time as Chairman Les had no other significant commitments.

**Qualifications**  
Diploma in Public Administration.

## Non Executive Directors cont



**Robert Armstrong**  
**Chairman**

Non-Executive Director to 31/10/14  
then appointed Chairman 1/11/14

Robert has lived in Wigan for 18 years since moving from Carlisle.

He joined the Post Office in 1973 as a telecommunications engineer then moved into management and senior management positions in BT. His experience covers; business development, customer service and business improvement. He specifically led projects in the creation of joint ventures in Europe and the USA, always championing the “customer-led” approach. His final position in BT saw him lead business improvement projects using LEAN methodologies.

Robert took up post as Chairman of the Trust on 1st November 2014. He also chairs the Finance and Investment Committee, Council of Governors, Charitable Trust Board, Remuneration committee and has also chaired the Shared Services Board.

Robert is a school governor at Britannia Bridge School, in Ince. On taking up the role of Chairman, Robert did not need to disclose any other significant commitments to the Council of Governors.

### Qualifications

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



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

Reappointed 1/12/11  
Left post 31/3/14

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

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

Louise chairs the Quality & Safety Committee within the Trust.

### Qualifications

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



**Geoff Bean**  
**Audit Chair**

Reappointed 1/08/11  
to 31/07/15

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

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

Geoff Chairs the Trust's Audit Committee.

#### **Qualifications**

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



**Robert Collinson**  
**Non-Executive Director**

Reappointed 1/08/11  
to 31/07/15

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

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

#### **Qualifications**

LLB First Class Honours - Lancaster University (1984).  
BCL (Masters degree in Law) Balliol College - University of Oxford (1985).

Solicitors Final Examinations, passed with honours - The College of Law (1986).

Qualified as a solicitor 1988.

## Non Executive Directors cont



**Neil Turner**  
Non-Executive Director

Reappointed 30/3/14  
to 29/03/17



**Christine Parker Stubbs**  
Non-Executive Director

Reappointed 11/03/15  
to 10/03/18

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

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

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

Christine lives in the Wigan area with her young family.

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



**Tony Warne**  
**Non-Executive Director**

Appointed 1/11/13  
to 31/10/16



**Neil Campbell**  
**Non-Executive Director**

Appointed 1/11/14  
to 31/10/17

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A Professor in Mental Health Care, Head of School, School of Nursing, Midwifery & Social Work and Associate Dean Research & Innovation for the College of Health and Social Care at the University of Salford. The School is one of the largest in the UK, with some 5,000 students undertaking a range of programmes in nursing, social work, social policy, midwifery, psychotherapy, sociology, and criminology.

Tony 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 is also the Nurse representative on the Council of Deans for Health Executive Committee, and hold a number of positions on national nursing and nurse education committees.

**Qualifications**  
JP, RMN, MBA, PhD

Neil has been CEO of Alternative Futures 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 Board. Neil has worked at Director-level in the North West NHS with extensive experience of partnership working between NHS, Social Care and 3rd sector.

**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).

## Executive Directors



**Andrew Foster**  
Chief Executive

Seconded to  
Heart of England 16.2.15



**Rob Forster**  
Acting Chief Executive

from 16/02/15

Andrew was appointed as Chief Executive in January 2007 after a short secondment as Human Resources Director at Blackpool, Fylde and Wyre NHS Trust. Before that he spent five years as the NHS Director of Human Resources (Workforce Director General) at the Department of Health, with principal responsibility for implementing the workforce expansion and HR systems modernisation set out in the NHS Plan. This notably included the creation of the first ever NHS HR Strategy (the HR in the NHS Plan), the negotiation and implementation of the new Consultant Contract and Agenda for Change, three year pay deals and EU Working Time Directive compliance.

Previously, he spent two years as part time Policy Director (HR) at the NHS Confederation. Andrew was also the Chairman of Wrightington, Wigan and Leigh NHS Trust from 1996 to 2001 and before that Chairman of West Lancashire NHS Trust and Non-Executive Director at Wrightington Hospital NHS Trust.

On 16/02/15 Andrew took up a secondment to become the Acting Chief Executive at the Heart of England NHS Foundation Trust for a period of 6 months.

### Qualifications

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

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

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

Rob became the Acting Chief Executive on 16 February 2015.

### Qualifications

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



**Dr Umesh Prabhu**  
Medical Director



**Pauline Jones**  
Director of Nursing

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Dr Umesh Prabhu joined the Trust in early 2010 from the Pennine Acute Hospitals NHS Trust where he held the position of Consultant Paediatrician based at Fairfield General Hospital. After his graduation in India, he trained in Paediatrics at Oxford, Edinburgh and Leeds, and in 1992 was appointed as a Consultant Paediatrician to the Bury NHS Trust. After six years as lead clinician in Paediatrics, Dr Prabhu was appointed as Medical Director where he conducted an audit of all medico-legal cases and complaints.

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

With a strong belief that protecting patients and supporting doctors and nurses are two sides of the same coin, his commitment to improving services centred on patients and their experience will greatly assist WWL in its clinical development strategy.

Dr Prabhu was appointed acting Deputy CEO from 16 February 2015

**Qualifications**  
MBBS, DCH, FRCPCH.

Pauline trained at Wigan and Leigh School of Nursing where she soon became a ward sister in acute medicine. Pauline left the organisation in the mid 1980s to assist her parents in setting up a residential care home for people with learning disabilities. She continued to work with them on a voluntary basis for a number of years.

Pauline chose to specialise in nursing the elderly and gained a specialist degree in this field. She went on to enjoy a variety of senior nursing and operational management positions across Greater Manchester and Merseyside before returning to the Trust in 2009 as Deputy Director of Nursing.

Pauline is very proud to be leading nursing in the hospitals where she trained and where she and her close family live. She strives to ensure all patients receive safe and effective care. She was appointed as Director of Nursing in June 2013.

**Qualifications**  
RGN, BA Hons. Healthcare Studies

## Executive Directors cont



**Fiona Noden**  
Director of Operations & Performance

Fiona initially joined the Trust in April 2010 as Deputy Director of Operations, she was appointed Interim Director of Operations & Performance in June 2012, and substantively to the post in February 2013.

Fiona has extensive experience in managing a range of clinical and diagnostic services, and prior to joining the Trust, was Director of Operations for Diagnostics and Clinical Support Services at Salford Royal NHS Foundation Trust. Fiona qualified as a Radiographer and has held a variety of clinical Radiography posts before moving into operational management.

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

**Qualifications**  
Registered Diagnostic Radiographer  
PGC in Health & Social Care Management



**Richard Mundon**  
Acting Director of Strategy

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 working 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 Acting Director of Strategy and Planning in December 2014.

**Qualifications**  
BSc (Hons) Biological Sciences ACMA CGMA



**Alison Balson**  
Acting Director of HR and  
Organisational Development

Alison joined the Trust in November 2013 as Deputy Director of HR, and was appointed Acting Director of HR & Organisational Development in February 2015.

Alison has extensive experience in managing HR services and has worked in the NHS since 2001.

Alison is responsible for the delivery of HR, training and education, organisational development, occupational health and corporate communications services at the Trust.

#### Qualifications

MCIPD

MA in Human Resource Management & Development



**Mike Pye**  
Acting Director of Finance

Mike is an experienced Director of Finance who has held such substantive roles at Liverpool Women's Hospital and Glasgow Children's Hospital where he was Director of Finance and IM&T as well as Acting Chief Executive. Mike left the NHS in 1999 to run his own freelance business providing financial services to the NHS.

Mike qualified as an accountant with St Helens MBC and held various posts culminating in the Education Department Finance Officer role prior to joining the NHS in 1989 as Senior Assistant Regional Treasurer (Strategic Financial Planning) with the then North Western Regional Health Authority. He moved to Liverpool Health Authority as Deputy DoF in 1990 and was seconded to the Liverpool Women's Hospital in 1991 prior to being appointed the Trust DoF in 1992.

Mike has held several Interim DoF roles since 1999 including at Wigan's Community Arm taking it to Trust status (as Bridgewater) in 2010. Mike has most recently worked for WWL as the Finance lead for the Service and Site Investment Programme between 2012 and 2014. He became the Acting Director of Finance in February 2015.

#### Qualifications

CIPFA Accountant  
LLB Bachelor of Law

## Executive Directors cont



**Jon Lenney**  
**Director of Human Resources and  
Organisational Development**

Left post 31/01/15

Jon Lenney was appointed Director of Human Resources and Organisational Development at WWL in October 2010. Jon has a strong commitment to staff engagement and to workforce and leadership development. He has worked in the NHS since 1986 in a variety of different settings within the Human Resources and Organisational Development fields and comes to the Trust with 16 years experience as an Executive Director.

From March 2007 he worked for North West Ambulance Service NHS Trust as Director of Organisational Development and led on the Trust's application to become an NHS Foundation Trust. Prior to this, Jon was Director of Human Resources at University Hospital of Morecambe Bay NHS Trust between 1998 and 2007.

Jon left the Trust on 31 January 2015 to join Pennine Acute Hospitals Trust as Director of HR & OD.

### Qualifications

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



**Silas Nicholls**  
**Director of Strategy and Planning/  
Deputy CEO**

Left post 14/12/14

Silas joined the Trust in October 2010 as Director of Strategy and Planning arriving from his previous role as Director of Operations and Performance at the Clatterbridge Centre for Oncology NHS Foundation Trust. Silas became the Deputy Chief Executive in April 2014.

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

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

Silas left the Trust on 14 December 2014 to take up a new Director role at South Manchester Hospital.

### Qualifications

Silas holds a Law Degree as well as a Master's Degree in Business Administration.

## Trust Code of Governance

### 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 Board of Directors and Council of Governors of the Trust are committed to the principles of good corporate governance. The Audit Committee has reviewed the Trust's performance against this Code and can confirm that the Trust has complied with the revised Monitor Code of Governance 2014.

### Balance of board membership

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

During 2014/15 there have been changes in personnel of Executive Director posts for Strategy and Planning, Human Resources & Organisational Development, Finance and IM&T and the Chief Executive with interim Acting Directors being appointed. Each of the Acting Directors have worked within the Trust, ensuring a smooth and effective transition to continue to provide the necessary level of support to the Board. The Trust has a robust plan in place for succession planning for Non-Executive Directors. During the year, the new Chairman and an Non-Executive Director were appointed, to ensure that the Board continues to have the necessary balance of skills and experience. These appointments have secured the balance of the Board to have more Non-Executive Directors than Executive Directors in accordance with Monitor'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 have 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, and the Chairman by the Senior Independent Director 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.

**Trust Code of Governance** cont**Performance evaluation and decision making** cont

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.

The Trust commissioned Deloitte PLC to undertake an external review of its compliance with the Monitor Board Governance Assurance Framework and Quality Assurance Framework, as recommended in the Code of Governance (B.6.2).

This work was commissioned with the approval of the Council of Governors as additional non-financial audit work. In response to the report, improvement plans to further enhance our Board governance and quality governance arrangements were developed and have been monitored throughout the 2014/15. In addition an audit of the embeddedness of the improvement plans has been undertaken by the Mersey Internal Audit Agency, which provided significant assurance. Looking forward the Board has commissioned Deloitte to undertake further Board development following the changes to the composition of the Board which will begin in September 2015.

**Director Register of Interests****Performance evaluation and decision making** cont

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:

Helen Hand, Trust Board Secretary  
Wrightington, Wigan and Leigh NHS Foundation Trust,  
The Elms, Royal Albert Edward Infirmary  
Wigan Lane, Wigan, WN1 2NN.  
Telephone: 01942 822027  
Email: helen.hand@wwl.nhs.uk

**Trust Board attendance**

Non-Executive Directors	Attendance 2014/15
Les Higgins	06/07
Louise Barnes	10/12
Geoff Bean	11/12
Robert Armstrong	11/12
Robert Collinson	11/12
Neil Turner	10/12
Christine Parker Stubbs	09/12
Tony Warne	10/12
Neil Campbell	05/05

Executive Directors	Attendance 2014/15
Andrew Foster	08/10
Dr Umesh Prabhu	11/12
Jon Lenney	10/10
Silas Nicholls	06/08
Rob Forster	11/12
Pauline Jones	10/12
Fiona Noden	11/12
Richard Mundon	04/04
Alison Balson	02/02



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## Committees of the Board of Directors

During 2014/15 the Board had the following sub-committees:

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

## Committees of the Board of Directors

### 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 Patient Engagement, Clinical Audit, Information Governance and Corporate Communications Committees. The annual governance statement provides more details on the internal controls that 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 2014/15 interim arrangements were established by the committee for acting director posts as described earlier in this report.

### Remuneration Committee attendance

Remuneration Committee	Attendance 2014/15
Les Higgins (Chair 2014)	2/2
Robert Armstrong (Chair 2015)	3/3
Louise Barnes	2/3
Geoff Bean	2/3
Robert Collinson	2/3
Neil Turner	3/3
Christine Parker Stubbs	1/3
Neil Campbell	1/1

## The Audit Committee

### Overview

The committee's role is to provide independent assurance to the Board on the effectiveness of the governance processes, risk management systems and internal controls on which the Board places reliance for achieving its corporate objectives.

### The Committee

The Committee is open to all non-executive directors (except the Trust Chair) but has had a core membership of four within the year. The Committee met on seven occasions in 2014/15. The members of the Committee and their attendance are shown below:

Committee Member	Attendance 2014/15
Geoff Bean	7/7
Robert Collinson	6/7
Neil Turner	7/7
Robert Armstrong	3/4
Neil Campbell	2/3

In last year's report we drew attention to the fact that, in 2014/15 and 2015/16, three of the four core members, including the Committee Chairman, would either become ineligible or would be leaving the Trust. The Governors recruited Neil Campbell in 2014/15, Carole Hudson will join in early 2015/16 to replace the Committee Chairman and a third replacement is planned soon afterwards. A short period of handover is envisaged for the new Committee Chair and an induction programme is planned for new members.

The Committee's authority and responsibilities are contained in its terms of reference which are reviewed each year, refreshed as necessary and presented for approval by the Board. The Committee has conducted a review of its effectiveness which will be reported to the Board in June.

## The Audit Committee cont

### The Committee cont

The Committee is supported by the Board Secretary and by attendance of our internal auditors, counter fraud specialist and our external auditors. In addition several Executive Directors routinely attend the meeting along with relevant managers concerned with governance, risk management and statutory and regulatory reporting. Other managers who work at a Trust or Divisional level are invited to attend to provide explanations and assurance on matters as required. This year these have included Procurement Processes; Corporate information Strategy; Confidentiality Audits; and Pharmacy Expenditure and Stock Control; plus presentations on their Quality Management Dashboards from the three Clinical Divisions.

### The work of the Committee in 2014/15

Key areas of activity included:

- Reviewing the Annual Report (including the Quality Accounts) and Financial Statements before submission to the Board.
- Reviewing the Accounting Policies used in the Annual Accounts.
- Reviewing disclosure statements particularly the Annual Governance Statement, the Head of Internal Audit Opinion, the External Audit Opinion and the Statement of Compliance with Monitor Code of Governance.
- Considering and supporting the directors' assessment that the Trust can continue as a 'going concern'.
- Reviewing the processes for development and updating the Board Assurance Framework and Corporate Risk Register.
- Review of the CQC Compliance Framework processes and the CQC declarations.
- Review of the quarterly Monitor Governance Reports and the validation processes.
- Reviewing the Clinical Audit strategy document; the proposed annual audit programme; interim progress reports; Clinical Audit annual report.
- Reviewing the adequacy of the policies and procedures relating to fraud and corruption.
- Considering the work of Internal Audit, including review of the findings of 16 new audit reports for 2014/15 and 22 follow-up reports. Of the new reports six were rated as only giving 'limited assurance', details are included in the Annual Governance Statement. In addition we reviewed reports tracking implementation of the recommendations made in the audit reports; approved the 2015/16 audit programme; and discussed benchmarking reports provided by the internal auditors.

### The work of the Committee in 2014/15 cont

- Reviewing the work and findings of the External Auditor, assessing the effectiveness of the external audit process and the quality of services provided. Received briefings on technical issues, health economy developments and regulatory and statutory requirements.
- Scrutinising Governance Committees minutes.
- Reviewing the Losses and Special Payments Reports and the Tender Waiver Reports.
- Reviewing Gifts and Hospitality Registers to ensure compliance with the Trust's Standards of Business Conduct.

The Committee has also considered the statement which is required of the Board under the Code of Governance that the 'annual report taken as a whole is fair, balanced and understandable'. The committee has drawn its assurance from its work throughout the year and its review of the Annual Report and Accounts, including the Quality Accounts. Additionally, the Trust uses lay readers to assess the reports and seeks stakeholder comments on the reports. In the opinion of the committee the annual report and accounts do provide a fair, balanced and understandable statement.

### Risks and issues

There are certain risks which are considered in the annual audit that if they materialised could impact upon the fair presentation of the financial statements of the Trust.

These include:

- NHS revenue recognition. Because of the size and complexity of payment by results, target based payments and potential payment disputes, this is an area which the external auditors consider closely.
- Property valuations. The Trust held land and property assets which were valued at £132 million at the year end. It is therefore essential that the assumptions which have been used in updating the valuation of the assets are valid.
- Accounting for capital expenditure. The Trust has a large ongoing capital investment programme. In 2014/15 the Trust made capital expenditure of £27 million. The auditors seek to ensure that the new assets are valued correctly and that depreciation charges commence at the correct time. As existing assets are replaced or refurbished it is necessary to ensure that these are correctly accounted for.

## The Audit Committee cont

### Risks and issues cont

There are a variety of local, regional and national health sector developments in progress which will impact on the health care provided by the Trust. The Trust continues to review the strategic and operational implications of these developments on a regular basis. The Trust recognises the need for change in the models of healthcare provision, and is working with healthcare organisations and the local authority to try to ensure that the outcome of any potential changes do not put safety or quality of care at risk for patients. By attendance at scrutiny committees and board meetings, the Committee monitors the processes used by the Board to make decisions on these important strategic matters.

### Internal Audit

Our Internal Audit function is carried out by Merseyside Internal Audit Agency (MIAA). The Audit Committee and the Director of Finance, agree with MIAA the key performance indicators for assessing their performance and the Committee monitor these throughout the year. The effectiveness of the Internal Auditors is reviewed annually.

During the year, in addition to their programme of internal audit work, MIAA have provided the Committee with useful benchmarking and comparison data on subjects including trust assurance frameworks and the format and use of gifts and hospitality registers. MIAA provided briefing notes on current issues and developments and hosted training and networking sessions to which governors, directors and staff were invited.

### Anti-Fraud

The local Anti-Fraud function is important in identifying and preventing risks to the Trust. The Trust has a zero tolerance policy and when potential fraud or other losses to the Trust are supported by evidence, the Trust supports prosecution and/or restitution as appropriate. Awareness training provided in the Trust by the local anti-fraud specialist (LAFS) is utilising a variety of media to improve effectiveness. During this year we have introduced a mandatory training e-module required to be completed by all staff. The LAFS is involved with staff and management throughout the Trust in identifying potential areas of risk and coordinates strongly with external partners.

Regarding overseas visitors the Trust has continued to work with the Department of Health, the Home Office and other local partners and national agencies to ensure cost recovery for services provided.

### Raising Concerns

The Trust continues to promote awareness of its 'Raising Concerns' policy (previously the Whistleblowing policy). The Trust reiterates its support for staff who are prepared to identify areas of concerns and sees this as an essential part of its drive for improved safety and quality of care for our patients. During the year the Trust has started to analyse the concerns raised between several categories and whether raised via the Human Resources department or via Anti-Fraud.

### External Audit

After a full tendering process in 2010 Deloitte were appointed by the Governors as the Trust's External Auditor for an initial three year period which was extended as allowed under the contract for a further two years to 2014/15. Recognising the significant changes in executive and non-executive directors during the year, along with the health economy restructuring proposals facing the Trust, the Governors appointed a Task and Finish Group (T&FG) to advise on whether to carry out a full tender for appointment of the external auditors or to extend Deloitte's contract for a further year, under an approved procurement framework. The T&FG met the Deloitte partner and senior manager and after robustly reviewing the potential benefits/risks which might accrue to the Trust, they recommended to the full Council of Governors a one year extension for the 2015/16 audit. A formal tender will be carried out later this year for the period beyond 2015/16.

The value of non-audit services provided by Deloitte was (£12,000) and is not considered material. The Committee believes that the independence of the Auditor has not been impaired by Deloitte carrying out these services.

## The Audit Committee cont

### Looking Forward

The Committee work plan for 2015/16 includes those changes recommended during 2014/15 and will be flexible to accommodate further improvements and for changes made necessary by statutory and regulatory requirements.

The Internal Audit Programme of work for 2015/16 includes around thirty audits covering: clinical quality; financial systems; IM&T; performance; workforce; and governance, risk and legality. During the coming year a predominantly new Audit Committee will be able to bring the benefits of a fresh approach and continue to improve the Committee's performance. The Committee would like to thank the members of the different scrutiny and governance committees for their contribution to the Trust.

I personally wish to thank the non-executive members of the Audit Committee, and the executives, managers and staff who have attended and provided reports to the Committee, for their commitment and hard work in improving the design and effectiveness of the risk and governance processes.

It has been my privilege to work with dedicated people in an organisation which is not afraid of change and is committed to continuous improvement of quality and safety in its healthcare services.

### 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 Monitor, the independent Regulator for Foundation Trusts, as required by Paragraph 24 and 25 of Schedule 7 to the National Health Service Act, in accordance with the NHS Annual Reporting Manual 2014/15 and Monitor Code of Governance. During the 2014/15 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 on page 98 of the remuneration report.



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A handwritten signature in black ink, appearing to read "Geoff Bean".

Geoff Bean  
Chair of the Audit Committee



<sup>88</sup> Working with the  
Council of Governors

The Trust is accountable  
to the members through  
a Council of Governors  
(CoG).

## Working with the Council of Governors

### Role and responsibilities

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

The Council of Governors approve the appointment of the Chief Executive and the remuneration and terms of office of the Chairman and Non-Executive Directors. The CoG receives our Annual Report and Accounts and comments on our forward plans. The Council of Governors supports us in an advisory capacity, communicating the views and comments of the wider membership community to the Board of Directors. In addition, the Council of Governors advises on the longer-term strategic direction of the Trust.

### Terms of office and attendance

The Council consists of the Chairman of the Trust and 28 elected or appointed Governors. The Trust received authorisation as a Foundation Trust on 1 December 2008. Details of our Governors' terms of office and attendance at meetings as required by Schedule A of the Code of Governance (section A.5.3) as follows:

Public Governors	Public Constituency	Office Term	Attended 2014/15
Bill Greenwood OBE	Wigan	2015	7/9
Pauline Gregory	Wigan	2016	7/9
Maggie Skilling	Wigan	2015	7/9
Mr Bill Anderton	Wigan	2016	6/9
Mr Bob Horrocks	Leigh	2014	2/6
Anne D Vernengo	Leigh	2015	5/9
Gordon Jackson	Leigh	2016	7/9
Linda Sykes	Leigh	2016	7/9
Corinne Taylor Smith	Leigh	2017	2/3
Glenys Shepherd	Makerfield	2014	1/6
Mr James Lee	Makerfield	2016	8/9
Margaret Hughes	Makerfield	2015	6/9
Kathryn Lowe	Makerfield	2017	2/3
Fred Lever	Makerfield	2015	8/9
Sandra Morrow	Eng & Wales	2014	1/6
Vincent France	Eng & Wales	2015	1/9
Tom Frost	Eng & Wales	2015	5/9
Bill Baker	Eng & Wales	2017	2/9
Beth Taylor	Eng & Wales	2017	2/3

Staff Governors	Staff Constituency	Office Term	Attended 2013/14
Nick Flatt	Medical Dental	2015	7/9
Susan Shalders	Nursing and midwifery	2014	1/6
Maxine Callaghan	Nursing and midwifery	2017	1/3
Julie Ann Cook	Nursing and Midwifery	2015	1/9
Geoff Conway	Other Staff	2014	0/6
Christine Swann	Other Staff	2015	5/9
Andy Savage	Other Staff	2017	3/3

Nominated Governors	Constituency	Office Term	Attended 2013/14
Dr D Trivedi	Partnership Organisation	2016	1/9
Wigan Borough CCG			
Dr S Shah	Partnership Organisation	2016	5/9
Wigan Local Medical Committee			
Clr Fred Walker	Partnership Organisation	2017	5/5
Wigan Council			
Jean Heyes	Partnership Organisation	2017	2/9
Wrightington and Leigh Staff Side Committee			
Jim Maloney	Partnership Organisation	2017	6/9
Age UK Wigan			
Ann Foley	Partnership Organisation	2015	0/9
University of Central Lancashire			
Donna Sandiford	Partnership Organisation	2017	1/9
Five Boroughs Partnership NHS Trust			

## Working with the Council of Governors cont

### Governor Elections

Between June and September 2014 the Electoral Reform Services conducted the Governor election process on our behalf. The election results were announced at the Trust's Annual Public Meeting held on Thursday 18th September 2014.

### Governor register of interests

Members of the public can gain access to the Register of Director's Interests by writing to:

Helen Hand, Trust Board Secretary  
Wrightington, Wigan and Leigh NHS Foundation Trust,  
The Elms, Royal Albert Edward Infirmary  
Wigan Lane, Wigan, WN1 2NN.  
Telephone: 01942 822027  
Email: helen.hand@wwl.nhs.uk

### Working with the Board of Directors

Members of the Board of Directors meet regularly with the Council of Governors 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 Council of Governor meetings are open to the public. Governors also hold informal meetings between formal Board meetings. Directors attend meetings of the Council of Governors to present on their personal portfolios. Executive and Non-Executive Directors combine with Governors to undertake combined patient safety walkabouts using appreciate enquiry techniques to gain assurance on the quality and safety of the services we provide.

The Governors have met with the Trust Board to discuss key issues and challenges facing us: they are involved in many committees including the Service and Site Investment Committee and Quality and Safety Committee. Governors are invited to observe Trust Board meetings and provision is made for questions to be asked. The Board also meet jointly with the Council of Governors twice a year.

### Working with Members and the Public

The Council of Governors canvass the opinion of the Trust's members and the public in accordance with the Code of Governance (B.5.6) through regular communication networks. The implications for the Trust of the Healthier Together programme, has been a key focus of member and public engagement by the Governors. During the summer of 2014 Governors canvassed the opinion of the membership on the proposals.

As a result of this concerted effort by Governors, Wigan residents achieved the highest response rates to the public consultation across the Greater Manchester area. 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, come examples being cardiology services, ophthalmology services and cancer services.

### 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
- Strategy

### 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.

### Strategy Committee

The Strategy committee actively engaged in a series of key strategic issues during the year including the annual plan, quality account, service and site investment plan and membership development.

### 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.

## Working with the Council of Governors cont

### Nomination and Remuneration Sub-Committee

The Council of Governors' Nomination and Remuneration Committee has met on 6 occasions during the reporting period. During 2014/15, the Committee oversaw the appraisal process for the Chairman, and Non-Executive Directors for recommendation to, and approval by, the Council of Governors. The committee also reviewed the succession plans for Non-Executive Directors on the Board and appointed the new Chairman, Mr Robert Armstrong from 1/11/14 and Non-Executive Directors Mr Neil Campbell from 1/11/14 and Mr Jon Lloyd who takes up his post from 1/4/15.

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

Member	Constituency	Attendance
Les Higgins	Chairman to 31/10/14	2/2
Neil Turner	Acting Chair of Panel 16/4/14	1/1
Robert Armstrong	Chairman from 1/11/14	4/4
Margaret Hughes	Elected: Makerfield Public	5/6
Jean Heyes	Appointed: Staff Side	3/6
Tom Frost	Elected: England and Wales Public	5/6
Bill Greenwood	Elected: Wigan Public	6/6
Gordon Jackson	Elected: Leigh Public	4/6
James Maloney	Appointed Age UK Wigan from 1/7/14	2/4
Keith Cunliffe	Appointed Governor Wigan MBC until 30/6/14	1/2

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## Membership

There is a robust plan to continue to develop and maintain a steady increase in our public membership, whilst maintaining staff members.

## Membership

The current membership figures are as follows:

### Total Public Members 7,497

This table gives a breakdown of membership by public constituency:

	Wigan	Leigh	Maker-field	Out of Borough
Total Males	910	648	740	615
Total Females	1,372	1,099	1,060	840
Not Given	75	29	49	64
<b>Total Membership</b>	<b>2,357</b>	<b>1,776</b>	<b>1,849</b>	<b>1,519</b>

This table gives a breakdown of membership by staff constituency:

	Med-ical / Dental	Nurs-ing / Mid-wifery	Other Staff	Total Figures
Total Males	214	60	517	791
Total Females	74	1,106	2,280	3,460
<b>Total Membership</b>	<b>303</b>	<b>1,166</b>	<b>2,797</b>	<b>4,251</b>

## 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.

## 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 twelve months, unless they chose 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 the Electoral Reform Service on our behalf and this has showed us to 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 key note speaker Dr Umesh Prabhu, spoke about his passion for providing high quality care to patients, reducing harm and the importance of being open and honest with patients when things do go wrong. An information market place was also provided show casing the services provided by the Trust and offering health and well being advice to members.





Members were invited to the annual public and members meeting, where an information market place was also provided showing casing the services provided by the Trust and offering health and well being advice to members.

## <sup>96</sup> Regulatory Ratings Report

During 2014/15 the Trust maintained a green governance risk rating throughout the year, an improvement on 2013/14.

## Regulatory Ratings Report

During 2014/15 the Trust maintained a green governance risk rating throughout the year, an improvement on 2013/14. The end of year position saw the Continuity of Service Risk Rating achieve a 3, against a plan of 4, significantly contributed to by the fact that the planned land sale did not occur. Unconditional registration with the CQC was maintained throughout the year.

2013/14 Under the Compliance Framework	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	3	3	3		
Governance Rating	●	●	●		
2013/14 Under the Risk Assessment Framework	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Risk Rating				3	4
Governance Rating				●	●
2014/15	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Risk Rating	4	3	4	4	3
Governance Rating	●	●	●	●	●

- Green rating for risk
- Amber rating for risk

Q4 ratings for 14/15 are subject to Monitor confirmation in June 2015.



A handwritten signature in black ink, appearing to read "Rob Forster".

Rob Forster  
Acting Chief Executive

**Remuneration Report**

	Salary	Taxable Benefits	Pension related benefits	Total bands of £5,000
Les Higgins Chairman to 31.10.14	25-30	0	0	25-30
Robert Armstrong Chairman from 1.11.15	30-35	0	0	25-30
Andrew Foster Chief Executive*	165-170	0	0	165-170
Rob Forster Acting Chief Executive from 16.2.15	15-20	2,800	0	20-25
Silas Nicholls Director of Strategy & Planning/Deputy Chief Executive to 14.12.14	90-95	3,600	0	95-100
Richard Mundon Director of Strategy & Planning from 15.12.14	25-30	0	0	25-30
Robert Forster Director of Finance & Informatics/Deputy Chief Executive from 15.12.14 to 15.2.15	20-25	0	0	20-25
Robert Forster Director of Finance & Informatics to 14.12.14	85-90	0	0	85-90
Mike Pye Acting Director of Finance from 23.2.15	10-15	0	0	10-15
Pauline Jones Director of Nursing	115-120	0	0	115-120
Fiona Noden Director of Operations & Performance	115-120	0	0	115-120
Jonathan Lenney Director of Human Resources & Organisational Development to 31.1.15	100-105	5,100	0	105-110
Alison Balson Acting Director of Human Resources from 1.2.15	10-15	0	0	10-15
Umesh Prabhu Medical Director	175-180	0	0	175-180
Robert Armstrong Non Executive Director to 31.10.14	0-5	0	0	0-5
Louise Barnes Non-Executive Director	15-20	0	0	20-25
Geoff Bean Non-Executive Director	15-20	0	0	15-20
Robert Collinson Non-Executive Director	10-15	0	0	10-15
Neil Turner Non-Executive Director	10-15	0	0	10-15
Christine Parker Stubbs Non-Executive Director	10-15	0	0	10-15
Anthony Warne Non-Executive Director	10-15	0	0	10-15
Neil Campbell Non-Executive Director from 1.11.14	5-10	0	0	5-10

All of the Directors were in post for the 12 month period to 31st March 2015 except where indicated. During February 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.

Rob Forster, Director of Finance and Informatics became the Deputy Chief Executive following the resignation of Silas Nicholls. He was subsequently 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 in kind relate to lease cars acquired under the Trust's salary sacrifice scheme. No senior manager in the current or previous financial year has received a payment for loss of office.

**Salaries and benefits 2014/15**

	Salary	Taxable Benefits	Annual bonus payments	Performance related bonuses	Pension related benefits	Total £000's
Les Higgins Chairman	45-50	0	0	0	0	45-50
Andrew Foster Chief Executive	175-180	0	0	0	0-2.5	175-180
Silas Nicholls Director of Strategy and Planning/ Deputy Chief Executive	130-135	2,200	0	0	2.5-5.0	135-140
Rob Forster Director of Finance & Informatics	115-120	7,300	0	0	0-2.5	120-125
Pauline Jones Director of Nursing	110-115	0	0	0	0-2.5	115-120
Fiona Noden Director of Operations & Performance	110-115	0	0	0	0-2.5	110-115
Jonathan Lenney Director of Human Resources & Organisational Development	115-120	5,600	0	0	0-2.5	120-125
Umesh Prabhu Medical Director	170-175	0	0	0	0-2.5	170-175
Louise Barnes Non-Executive Director	15-20	0	0	0	0	15-20
Geoff Bean Non-Executive Director	15-20	0	0	0	0	15-20
Robert Collinson Non-Executive Director	10-15	0	0	0	0	10-15
Robert Armstrong Non-Executive Director	15-20	0	0	0	0	15-20
Neil Turner Non-Executive Director	10-15	0	0	0	0	10-15
Christine Parker Stubbs Non-Executive Director	10-15	0	0	0	0	10-15
Anthony Warne Non-Executive Director in post from 1.11.13	5-10	0	0	0	0	5-10

Salary: Bands of £5,000  
 Taxable Benefits: To the nearest £100  
 Pension related benefits: Bands of £2,500

All of the above Directors were in post for the 12 month period to 31 March 2015 except where indicated.  
 No annual performance or long term performance related bonuses were paid during the period. Taxable benefits in kind relate to lease cars acquired under the Trust's salary sacrifice scheme. No senior manager in the current or previous financial year has received a payment for loss of office.

**Pension Entitlements 2014/15**

	Real increase in pension at age 60 £000	Real increase in pension lump sum at age 60 £000	Total Accrued pension at age 60 as at 31.3.2015 £000	Lump sum at age 60 related to accrued pension at 31.3.2015 £000	Cash Equivalent Transfer Value at 31.3.2015 £000	Cash Equivalent Transfer Value at 31.3.2015 £000	Real increase in Cash Equivalent Transfer Value £000
Andrew Foster Chief Executive	2.5-3.0	7.5-10.0	15-20	55-60	0	361	0
Rob Forster Acting Chief Executive	2.5-5.0	0-2.5	10-15	0-5	120	89	20
Silas Nicholls Director of Strategy & Planning/Deputy Chief Executive	0-2.5	1.5-2.0	15-20	50-55	252	233	6
Richard Mundon Director of Planning	0-2.5	0-2.5	2.5-5.0	0-2.5	56	35	4
Pauline Jones Director of Nursing	0-2.5	5.0-7.5	20-25	70-75	492	430	35
Fiona Noden Director of Performance and Operations	0-2.5	5.0-7.5	35-40	110-115	654	586	36
Jonathan Lenney Director of Human Resources & Organisational Development	0-2.5	5.0-7.5	40-45	130-135	792	701	42
Umesh Prabhu Medical Director	0-2.5	2.5-5.0	65-70	205-210	1,629	1,514	51

Real Increase Pension: Bands of £2,500  
Accrued Pension: Bands of £5,000  
Lump Sum: Bands of £5,000

**Pension benefits 2014/15**

	Real increase in pension at age 60 £000	Real increase in pension lump sum at age 60 £000	Total Accrued pension at age 60 as at 31.3.2015 £000	Lump sum at age 60 related to accrued pension at 31.3.2015 £000	Cash Equivalent Transfer Value at 31.3.2015 £000	Cash Equivalent Transfer Value at 31.3.2015 £000	Real increase in Cash Equivalent Transfer Value £000
Andrew Foster Chief Executive*	2.5-5.0	7.5-10	15-20	45-50	361	284	50
Silas Nicholls Director of Strategy & Planning/Deputy Chief Executive	2.5-5	7.5-10	15-20	45-50	233	182	34
Rob Forster Director of Finance & Informatics	0-2.5	0-2.5	5-10	0-5	89	63	12
Pauline Jones Director of Nursing	0-2.5	5-7.5	20-25	65-70	430	359	37
Fiona Noden Director of Performance and Operations	0-2.5	2.5-5.0	30-35	100-105	586	541	19
Jonathan Lenney Director of Human Resources & Organisational Development	0-2.5	5-7.5	35-40	115-120	701	625	44
Umesh Prabhu Medical Director	0-2.5	0-2.5	65-70	200-205	1,514	1,426	40

Real Increase Pension: Bands of £2,500  
Accrued Pension: Bands of £5,000  
Lump Sum: Bands of £5,000

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

\*The above pension figures for 2014-15 have been revised following notification from NHS Pension Agency of an amendment to the figures provided in 2013-14.

## Pension benefits 2014/15 cont

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the institute and Faculty of Actuaries.

### Real Increase in CETV

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

### Remuneration Sub Committee

Director's salaries (excluding Non-Executive Directors) are determined by the Trusts Remuneration Committee, the membership consisting of the Chairman and all the Non Executive Directors. The policy of the committee is to motivate and reward executive directors fairly, individually and collectively to recruit and retain high quality people, ensuring a clear link between pay increases and the achievement of individual key tasks and overall corporate performance.

The purpose of the Committee is to consider the remuneration and terms of service, including any performance related elements and the provision of other benefits, for executive members of the Trust Board. The Committee will review individual director's performance against agreed measurement factors for key tasks approved by the Trust Board. In addition they advise the Chairman on any termination arrangements for the Chief Executive, and advise the Chief Executive on any termination arrangements, other than the contractual 12 week period of notice, for executive board members.

The benefits in kind shown are in relation to non-cash benefits as a contribution towards the leased vehicle scheme as part of the executives' remuneration. During the period there were no compensation payments made to former senior managers nor any amounts payable to third parties for the services of a senior manager

Independence of Non-Executive Directors is established in accordance with the Monitor NHS Foundation Trust Code of Governance (2014), provision A.3.1.

### Directors' and Governors' Expenses

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 fourteen Directors during the year was £15,745 (12, £16,943 in 2014/15).

The total amount of expenses reimbursed to eight Governors during the year was £1,406 (9, £1,053 in 2014/15).

**Pension benefits 2014/15 cont****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 2014/15 was £175k to £180k (2012/13 £175k to £180k). This was 7.5 times (2012/13 7.5 times) the median remuneration of the workforce, which was £23,768 (2012/13 £23,825).

In 2014/15, 10 employees received remuneration in excess of the highest paid director (2012/13 4 employees). Their remuneration in 2014/15 ranged from £177k to £226k (2012/13 £193k to £234k).

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.

The year on year change in the ratio is considered negligible.

As in previous years, temporary agency staff are excluded from the calculations. The calculation methodology is kept the same so that the 2014/15 results are comparable with those in previous years.

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

Off payroll engagements as at 31 March 2015 lasting longer than six months

Number that have existed for less than one year at the time of reporting	1
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Number that have existed for between one and two years at the time of reporting	3
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Number that have existed for between three and four years at the time of reporting	2
--	---

Off-payroll engagements reaching six months in duration between 1 April 2014 and 31 March 2015.

Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	1
---	---

Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National insurance obligations	1
--	---

Number for whom assurance has been requested	1
--	---

Number for whom assurance has been received	1
---	---

	Financial Year 2014/15	Financial Year 2013/14
Band of highest paid Director's remuneration (£'000)	175-180	175-180
Median total (£)	23,768	23,825
Ratio	7.47	7.45

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.

The Trust does not currently seek assurance direct from individuals who are contracted through an employment agency on the basis that these organisations have existing arrangements in place for ensuring appropriate deductions are made for the individual and therefore these have been identified as low risk.

Off-payroll engagements of board members, and/or senior officials with significant financial responsibility between 1 April 2014 and 31 March 2015

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	1
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Number of individuals deemed board members and/or senior officials with significant financial responsibility during the financial year, both off payroll and on payroll engagements.	21
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During February 2015 Andrew Foster, Chief Executive was seconded to the Heart of England NHS Foundation Trust as interim Chief Executive for four days per week.

Robert Foster, Director of Finance and Informatics/ Deputy Chief Executive was subsequently appointed as Acting Chief Executive. An interim Director of Finance – Mike Pye has been appointed to cover the length of these temporary arrangements which are expected to last 26 weeks.

Mike is an experienced ex NHS Director of Finance and Chief Executive Officer who has worked with the Trust for 2 years on various projects and was appointed as interim Finance Director. As Mike is a self-employed contractor, his appointment is paid on an approved contract basis and not through the employee payroll.




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Rob Forster  
Acting Chief Executive

## <sup>106</sup> Glossary of Terms

**Acute**

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

**Acute care**

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

**Agenda for Change**

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

**Bulkamid**

This is a treatment option for patients suffering from stress incontinence.

**Cardiology**

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

**Clostridium difficile (C diff)**

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

**Council of Governors**

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

**CQUIN**

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

**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.

**Frenulotomy**

Frenulotomy is the removal of a frenulum, a small fold of tissue that prevents an organ in the body from moving too far.

**Gastroenterology**

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

**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.

**Hyperemesis**

Severe or prolonged vomiting.

**IM&T**

Information Management and Technology.

**Information Governance**

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

**Information Technology (IT)**

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

**League of Friends**

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

**LEAN**

Lean can be described as a process for identifying the least wasteful way to provide maximum value to our patients. It is a management philosophy, using a set of tools which can be applied across all activities of an organisation. Lean thinking seeks to streamline the patient journey and make it safer, helping staff to eliminate waste of all kinds and to treat more patients with existing resources. It was originally developed by manufacturing companies such as Toyota, but it is now being successfully applied in service organisations including hospitals across the world.

**Monitor**

Monitor is the independent regulator of NHS Foundation Trusts. The organisation was established in January 2004 to authorise and regulate NHS Foundation Trusts. It is independent of central government and directly accountable to Parliament. There are three main strands to Monitor's work:

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

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

Staphylococcus aureus (SA) is a common type of bacteria that live harmlessly, as a colonisation, in the nose or on the skin of around 25-30% of people. It is important to remember that MRSA rarely causes problems for fit and healthy people. Many people carry MRSA without knowing it and never experience any ill effects. (These people are said to be colonised with MRSA rather than being infected with it). In most cases, MRSA only poses a threat when it has the opportunity to get inside the body and cause an infection; this is called a bacteraemia.

**MEWS**

The modified early warning score (MEWS) is a simple guide used by hospital nursing & medical staff to quickly determine the degree of illness of a patient.

**NHS Foundation Trusts**

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

**Orthopaedics**

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

**Pathology**

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

**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.

**QIPP**

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

**Radiology**

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

**Secondary Care**

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

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

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

### **Staff Side**

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

### **Urology**

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

### **WRVS**

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

### **WWL Wheel**

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

<sup>110</sup> Welcome to our seventh Quality Account. This document is crucial to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) as our entire strategy is centred on Quality.

## 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.

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<sup>111</sup> Wrightington, Wigan and Leigh  
NHS Foundation Trust  
Quality Accounts  
1 April 2014 – 31 March 2015

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As with previous Quality Accounts, we have given considerable priority to collecting and reporting facts and data to monitor our progress, and 2014/15 was another year in which we have continued to make good progress at all levels.

<sup>112</sup> Part 1.

## Statement from the Chief Executive.

Our vision is to be in the top 10% of everything we do, with a strategy of Safe, Effective and Caring healthcare delivery to achieve this, which is in fact the Darzi definition of quality.

## Part 1. Statement from the Chief Executive

Welcome to our seventh Quality Account. This document is crucial to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) as our entire strategy is centred on Quality.

Our vision is to be in the top 10% of everything we do, with a strategy of Safe, Effective and Caring healthcare delivery to achieve this, which is in fact the Darzi definition of quality. The values and objectives are captured within the now fully organisationally and culturally embedded 'WWL Wheel', and this gives a visual and concise representation of the values based organisation we strive to be.

As an active member of NHS Quest we continue our quest to collaboratively eliminate avoidable harm and drive best practice.

We have had a successful year, culminating in the award of the Health Service Journal (HSJ) Patient Safety award for our nationally recognised Quality Champions project (this in addition to HSJ Awards for Improving Environmental and Social Responsibility and the prestigious Provider Trust of the Year). However, we remain a far from perfect organisation, and our aim is open candour for staff and patients to tell us where we may be going wrong or can do better in order to continue our improving quality trajectory, to become the benchmark for Quality within the NHS and beyond.

As with previous Quality Accounts, we have given considerable priority to collecting and reporting facts and data to monitor our progress. 2014/15 was another year in which we have continued to make good progress at all levels, ranging from nationally published measures such as infection rates down to our monthly report on avoidable serious harms.

On infection control, our number of post 48 hour Methicillin Resistant Staphylococcus Aureus (MRSA) at year end was 1. We also recorded 9 cases of Methicillin Sensitive Staphylococcus Aureus (MSSA) and 17 Ecoli bacteraemia compared to 3 and 25 respectively in 2013/14. The Trust reported 25 cases of Clostridium Difficile against its threshold of 32.

Another key quality measure is Hospital Standardised Mortality Ratio (HSMR). The latest data up to December 2014 reports the Trust HSMR as 96.6. According to Dr Foster, there were 23 less deaths recorded in the Trust's hospitals than were statistically expected over the last 8 months.

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 highlights:

### Safe

- We had 11 serious falls in hospital, compared to 26 the previous year.
- There were 0 cases of Ventilator Associated Pneumonia.
- There were no 0 Central Line infections, compared to 1 in the previous year.

### Effective

- In year we achieved our performance targets and a Continuity of Services Risk Rating (CSR) of 3.
- We successfully achieved all the national targets for waiting times.

### Caring

- Overall 85% of patients taking part in the national survey rated the care delivered by WWL 7+ out of 10, which is an improvement of 5% when compared to the 2013 survey.
- The national patient survey showed that 99% of patients felt that our wards and departments are clean. 96% rated the bathrooms and toilets as clean, which was a 2% improvement on the 2013 score.
- Our national staff survey showed that 80% of staff say that 'care of patients is my organisation's top priority' compared to 71% the previous year.
- It also showed that 78% of staff would 'recommend my organisation as a place to work' compared to 66% who felt this the previous year.
- This year we increased the number of Quality Champions to 259, each being trained in techniques of quality improvement and then taking on leadership of 69 tasks or projects.

The improvements and successes that have happened during 2014/15 do not dilute the fact that the organisation continues to require improvement and recognises that no avoidable patient harm is acceptable. Failures have arisen during the year which have been investigated with the key to embedding the lessons learnt.

The Trust has reported 6 incidents as 'never events' during 2014/15. The incidents were escalated rapidly and reported to Wigan Clinical Commissioning Group, Care Quality Commission and Monitor. Comprehensive Root Cause Analysis investigations were undertaken and action plans have been implemented. One incident remains under investigation. The Trust Board commissioned an external review by Professor Brian Toft OBE, an eminent name in safety. We are implementing a number of actions to address the recommendations in his report.

WWL had four visits from the Care Quality Commission (CQC), between November 2012 and September 2013, three of them unannounced. The first two visits discovered some failings in our medicines management procedures in parts of the hospital. This galvanised a major focused response to tackle the shortcomings that had been found. The final two CQC visits found no further problems and confirmed that we had resolved the earlier issues. The Trust has not been visited by the CQC during 2014/15; however, Wigan Borough Clinical Commissioning Group has undertaken a series of quality visits. Details of these visits are outlined in the Quality Account.

We have one of the best Accident and Emergency departments in the country and for the year to Christmas it was the best performing department in Greater Manchester and second in the whole North West. However, we had a very difficult start to 2015 when our system became overwhelmed for a few weeks and our first quarter performance dipped for the 4-hour standard. We apologise to patients who experienced extensive waiting at that time. However we slowly improved in February and March and were one of just three Trusts in Greater Manchester to achieve the 95% target for Quarter 4.

Like all Trusts in the former NHS North West area, we participate in the Advancing Quality initiative which measures a bundle of quality indicators for Heart Attack, Heart Failure, Hip Replacement, Knee Replacement, Pneumonia and Stroke. We were pleased to score very highly in all of these measures and we won an award for Best Performing Trust at the Advancing Quality Awards. Results from the national staff survey have shown another significant improvement and more details are in the Annual Report.

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 deal directly with patients. At every level in the organisation, we want strong leaders and managers, 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 'The WWL Way' seem to be making a clear and noticeable difference. It is pleasing to note that we won ten national and regional awards and my congratulations go to the teams in cardiology, respiratory medicine, stroke care, hip and knee replacement, catering, estates, facilities, finance, Human Resources and Midwifery.

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



A handwritten signature in black ink, appearing to read "Rob Forster".

Rob Forster  
Acting Chief Executive



<sup>116</sup> Part 2.

Priorities for Improvement  
and Statements of  
Assurances from the  
Board.

## **Part 2.1. Priorities for Improvement in 2015/16**

This is the ‘look forward’ section of the Trust’s Quality Account. In April 2014 the Trust launched a Quality Strategy 2014/17 with goals for improvement over the next three years. Sign Up to Safety was also launched in 2014. Outlined below are the three year quality goals, information about the Trust’s Sign Up to Safety Improvement Plan and the improvements that the Trust plans to undertake over the next year.

The rationale for why these annual improvements have been chosen and how progress will be monitored and reported is described.

## Quality Strategy 2014/17

The purpose of the Trust's Quality Strategy 2014/17 is to support the achievement of the Trust's overarching strategy to be safe, effective and caring, and the three year corporate objectives for 2014/17 agreed by the Trust Board.

The Quality Strategy 2014/17 outlines a number of quality goals for improvement over a three year period. These goals were identified in consultation with internal and external stakeholders. These quality goals reflect the Trust's corporate objectives and the vision to be in the top 10% of everything we do. The Quality Strategy goals for 2014/17 are:

### Safe

- **To reduce avoidable harms**

The Trust aims to move progressively towards zero avoidable harms in hospital over the next three years.

- **To reduce mortality**

The Trust aims to reach a Hospital-Standardised Mortality Ratio (HSMR) of 83 by 2017 and a Summary Hospital-Level Mortality Indicator (SHMI) of no more than 100 over the next three years.

### Effective

- **To improve patient clinical outcomes for planned treatments**

The Trust aims to be in the top 10% of Trusts for Patient Reported Outcome Measures (PROMS) and Advancing Quality Scores, indicators of positive patient outcomes.

- **To improve the recognition of and response to the acutely unwell patient**

The Trust identifies specific areas of concern annually and includes these priorities in the Quality Account.

- **To improve nutrition management**

The Trust identifies specific areas of concern annually and includes these priorities in the Quality Account.

- **To improve discharge arrangements for patients**

The Trust identifies specific areas of concern annually and includes these priorities in the Quality Account.

### Caring

- **To be recognised as the most caring Trust in the country by 2017**

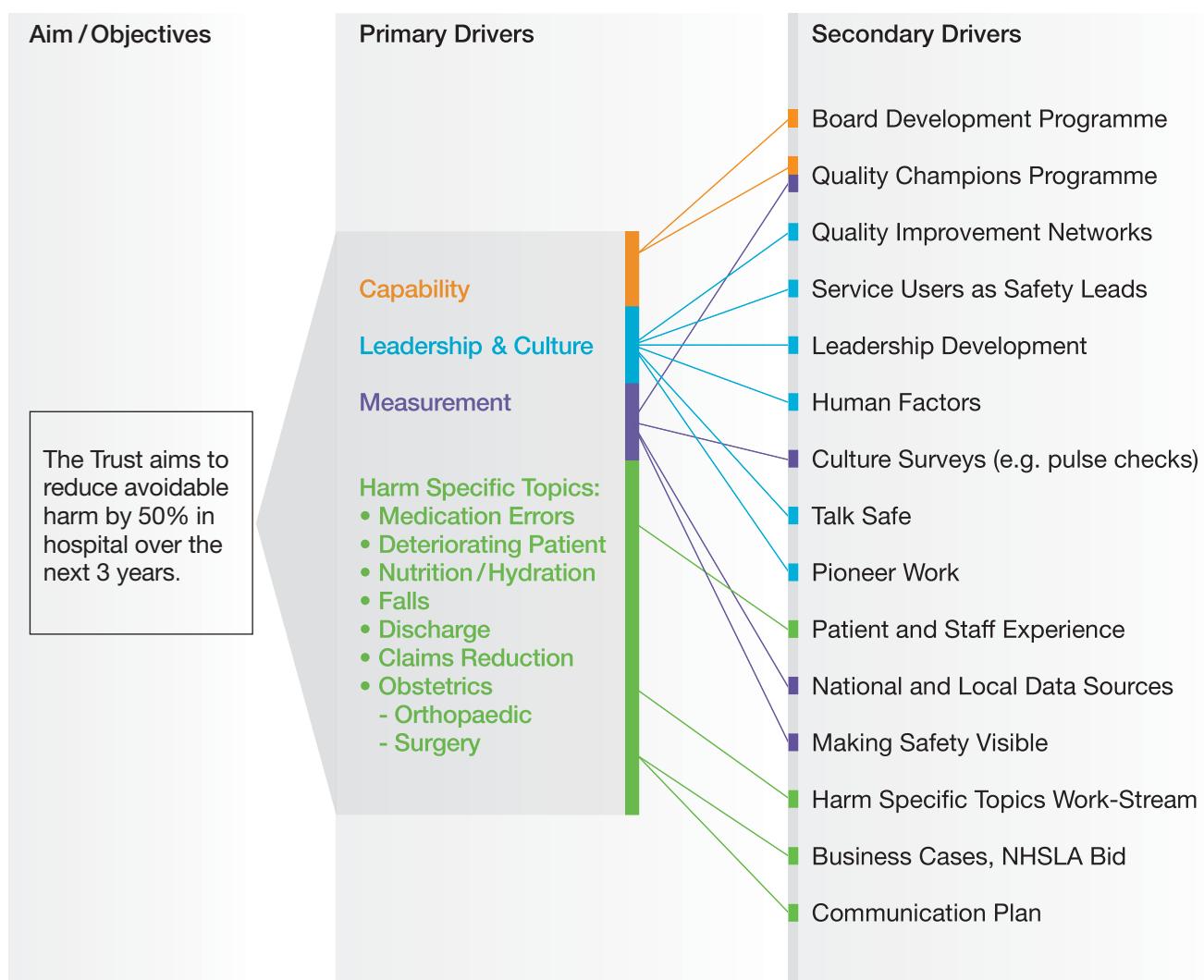
The Trust aims to be in the top 10% of similar Trusts for patient opinion surveys. The Trust will also identify specific areas of concerns identified by patient feedback for annual improvement and include these priorities in the Quality Account.

## 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 harm by 50% and save 6000 lives over the three years.

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

The diagram below summarises the Trust's Sign Up to Safety Improvement Plan. Detail about a number of the initiatives included in the plan is described in this Quality Account.



## **Quality Priorities for 2015/16**

The Trust's safe, effective and caring strategy is the basis for our corporate and divisional plans and the basis for measuring and reporting on the Trust's progress in reducing avoidable harm and improving quality. The Trust has experienced local successes and challenges to achieving the Trust's safe, effective and caring strategy over the previous year which are outlined throughout this quality account.

The Trust has agreed a number of annual quality priorities for 2015/16 which support the Trust's Quality Strategy 2014/17, Sign Up to Safety Improvement Plan and considers some of the Trust's challenges.

The quality priorities, the rationale for their selection and how the Trust plans to monitor and report progress are outlined opposite:

**Safe**

Priority 1	To reduce the number of falls by 10%.	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.
Rationale	<p>The Trust is consistently achieving over 98% of harm free care in hospital measured by the safety thermometer. The Trust has significantly reduced harm from falls but has agreed to focus on reduction in the number of falls. Falls is one of the harm specific focuses in the Trust's Sign Up to Safety Improvement plan.</p> <p>The number of falls per 1000 bed days at the end of 2014/15 was 5.8.</p>	Rationale	<p>The latest data available demonstrates that the Trust's HSMR up to December 2014 is 96.6 and a SHMI from July 2013 to June 2014 is 109.3. In April 2014 the Trust committed to achieving an HSMR of 83 and a SHMI of 100 within three years.</p> <p>A focus for 2015/16 will be to improve SHMI for weekend admissions. For some time there has been an understanding that services in the NHS are less good at the weekend and there have been various reports about this. Lower staffing levels and fewer services being available are evident to anyone who walks through a hospital or visits a General Practitioner (GP) during the course of a weekend. Higher mortality (death) rates over the course of a weekend have been linked with this.</p>
Monitoring	The Harm Free Care Board is responsible for monitoring progress to reduce the number of falls.		
Reporting	Harm Free Care Board Trust Board: Monthly Performance Report.		
Priority 2	To implement the medicines safety thermometer in all relevant areas.		
Rationale	There have been challenges preventing the implementation of the medicines safety thermometer in 2014/15; however, the Trust is committed to continue this rollout and integrate the medicine safety audits undertaken by the Pharmacy Department. Reducing medicine errors is one of the Trust's harm specific focuses in the Sign Up to Safety Improvement Plan.		<p>The NHS has committed to moving to 7-day working. This is a long term plan. The Trust has increased the numbers of doctors and services available at the weekend. The commitment to changing how healthcare is provided at weekends remains clear but the Trust aims to move to a 7-day service.</p>
Monitoring	The Harm Free Care Board is responsible for monitoring implementation progress to roll out the medicines safety thermometer to all relevant inpatient areas.	Monitoring	<p>The Trust regularly reviews HSMR and SHMI data provided by Dr Foster Intelligence, a provider of healthcare information monitoring the performance of the NHS. The Trust undertakes a weekly review of all deaths and circulates the findings to clinicians and managers.</p>
Reporting	Harm Free Care Board. Medicines Management Strategy Board.	Reporting	Trust Board: Monthly Board Performance Report. Monthly Team Brief.

## Quality Priorities for 2015/16 cont

### Effective

Priority 1	To undertake an investigation following all cardiac arrests from admission to event to identify areas for learning.	Priority 3	To review patient discharges that are planned to occur after 8pm to ensure it is safe and appropriate for the patient to be discharged.
Rationale	A significant amount of work has been undertaken during 2014/15 but there is more to do and the Trust's work with NHS Quest, a quality improvement network for Foundation Trusts, continues. Management of the deteriorating patient is on the Trust's harm specific focuses in the Sign Up to Safety Improvement Plan. It was also highlighted as a theme in the Trust's annual summary of deaths occurring in hospital.	Rationale	Discharge is one of the Trust's specific focuses in the Sign Up to Safety Improvement Plan. It is also a theme from incidents, complaints and the Trust's internal inspections. External stakeholders have requested that this remains a focus for the Trust in 2015/16.
Monitoring	The Trust is participating in an NHS QUEST project. NHS QUEST support Foundation Trusts to find the ways of improving so that they can provide the best care possible for their patients. Milestones and targets to demonstrate improvement will be established as part of the NHS QUEST project.	Monitoring	A proforma will be completed for discharges after 8p.m. prior to the patient's discharge to review the following: <ul style="list-style-type: none"> <li>• Confirmation of agreement from patient and relatives or carers.</li> <li>• Time confirmed for transport arrangements</li> <li>• Destination of patient being discharged. If 'home' confirmation of adequate provisions, such as food and heating. If nursing or residential home, confirmation of acceptance after 8pm.</li> <li>• Confirmation that the patient adequately dressed?</li> <li>• Confirmation the patient has had food/drink/relevant medications before discharge.</li> </ul>
Reporting	Deteriorating Patient Group.	Reporting	Discharge Improvement Group.
Priority 2	To achieve 95% of patients weighed on admission.		
Rationale	The latest audit data (September 2014) demonstrated that 70% of patients were being weighed on admission. Nutritional management is one of the Trust's harm specific focuses in the Sign Up to Safety Improvement Plan.		
Monitoring	Clinical Audits will be undertaken to monitor the progress to achieve this.		
Reporting	Nutrition Group.		

Priority 4	To complete 10 'Dementia Friendly' ward environments in 2015/16.	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.
Rationale	<p>The inclusion of a priority related to the care of patients with Dementia as proposed at the Trust's Quality and Safety Committee and by stakeholders at an engagement event in February 2015. The Trust's Dementia Strategy was approved by the Trust Board in 2014. To compliment this strategy the Trust has developed a Dementia Friendly Design Strategy in conjunction with the Dementia Strategy Group which includes representatives from Nursing, Governors, Dementia Champions, Communications and Estates and Facilities.</p> <p>The Design Strategy incorporates a range of features which will be incorporated into all of the Trusts inpatient ward areas over the course of the next two years during our annual deep clean programme of works.</p> <p>There are 24 ward areas in total and the Trust plans to complete 10 of these in 2015/16 and the remainder by the end of 2016/17.</p>	Rationale	<p>The Trust is required to submit a self-assessment against the requirements of the 'Information Governance Toolkit', an online system which enables NHS organisations and partners to assess themselves against the Department of Health Information Governance policies and standards. One of the requirements is that 'there is an information asset register that includes all assets that comprise or hold personal data, with a clearly identified accountable individual'. The Trust has an information asset register but it requires a significant review.</p>
Monitoring	Estates and Facilities Reports to the Dementia Strategy Group.	Monitoring	<p>Monthly report to the Trust's Senior Information Risk Owner (SIRO).</p> <p>Monthly reports to Information Management and Technology (IM&amp;T) Deep Dive.</p>
Reporting	Dementia Strategy Group.	Reporting	<p>Bi-monthly reports to the Information Governance Committee. Appropriate information to be included in the Information Governance annual return.</p>

## Quality Priorities for 2015/16 cont

### Caring

Priority 1	To be in the top 10% of Trusts for the Friends and Family Test.	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.
Rationale	This is a corporate objective for 2015/16. The Family and Friends Test initiative was launched in April 2013. The NHS Friends and Family Test asks patients how likely they are to recommend the Trust to friends and family if they needed similar care and treatment. Responses can be collated to produce an overall quality score for Inpatients, Accident and Emergency, and Maternity. External stakeholders have requested that this quality score must be reported with response rates. We have achieved an overall quality score of 97% and also addressed any issues raised to improve the patient experience. Friends and Family Champions support and promote the friends and family cards with patients. The Trust response rates at the end of 2015 were Accident and Emergency 31.76% against a target of 20% and for inpatients 40.63% against a target of 40%.	Rationale	Patients responding to the Trust's real time patient experience surveys are reporting that they do not always feel involved in decisions about their discharge. In 2014/15 58.7% of patients responding to real time patient experience surveys' reported that they were involved in decisions about their discharge. Improving this experience for patients is a priority for 2015/16.
Monitoring	Performance Report.	Monitoring	Real Time Patient Experience Survey; Corporate Clinical Audit Programme 2015/16: Always Event audit undertaken by Lay Auditors.
Reporting	Trust Board.	Reporting	Trust Board: Monthly Performance Report. Engagement Committee.
Priority 3	To achieve 90% of patients reporting that they were aware of which consultant was treating them.	Rationale	Patients responding to the Trust's real time patient experience surveys are reporting that they do not always know who is responsible for their care and treatment. In 2014/15, 77.2% of patients responding to the real time patient experience surveys reported that they knew which consultant was currently treating them. A new welcome pack is being developed for 2015/16 which will include a prompt card giving the name of the Consultant who is responsible for the patient's care.
Monitoring	Real Time Patient Experience Surveys; Corporate Clinical Audit Programme 2015/16: Always Event audit undertaken by Lay Auditors.	Monitoring	Real Time Patient Experience Surveys; Corporate Clinical Audit Programme 2015/16: Always Event audit undertaken by Lay Auditors.
Reporting	Trust Board: Monthly Performance Report. Engagement Committee.	Reporting	Trust Board: Monthly Performance Report. Engagement Committee.



<sup>126</sup> Part 2.2.

## Statement of Assurances from the Board

The Trust is required to include 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.

## Part 2.2. Statements of Assurances from the Board

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### Review of Services

During 2014/15 the Trust provided and/or subcontracted 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 2014/15 represents 92% of the total income generated from the provision of relevant health services by the Trust for 2014/15.

## Participation in Clinical Audits

During 2014/15, there were 22 National Clinical Audits and 4 National Confidential Enquiries covered relevant health services that the Trust provides. In addition the Trust participated in a further 9 National Audits (Non-NCAPOP) recommended by HQIP.

During that period the Trust participated in 95% National Clinical Audits and 100% National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential enquiries that the Trust was eligible to participate in during 2014/15 are listed in Appendix A.

The National Clinical Audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2014/15 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 12 of National Clinical Audits were reviewed by the provider in 2014/15 and the Trust intends to take the following actions (see overleaf) to improve the quality of healthcare provided:

**National clinical audits**

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.

**Statement of Assurance**

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.

## Participation in Clinical Audits cont

Clinical Audit	Trust Actions
National Tracheostomy Study	Actions to be agreed.
Lower Limb Amputation	Actions to be agreed.
National Chronic Obstructive Pulmonary Disease (COPD) (Organisational)	The Trust is performing well with the exception of one or two areas where improvements are required. The Respiratory unit is reviewing the actions required to work towards the implementation of a 7 day service.
Prostate Cancer	The report has been reviewed at the Cancer Clinical Conference. Plans are in place to increase amount of data collected to be reviewed monthly.
National Pleural Procedures	The report has been presented at the Medicine Audit Meeting. Results highlighted good practice and areas for improvement. A plural procedure checklist is being developed. Ongoing teaching for trainee doctors and nursing staff on chest drain management is in place.
National Emergency Laparotomy Audit (NELA) (Organisational Questionnaire report)	There are plans to participate in further study reviewing enhanced peri-operative care for high risk patients (EPOCH). An 'emergency laparotomy boarding card' is in development.
National Inflammatory Bowel Disease (IBD) audit	Actions to be agreed.
The Falls and Fragility Fracture Audit Programme (FFFAP)	An information leaflet for patients is in development. The call bells will be replaced to ensure they are within patient reach following each consultation. Trust policy will be reviewed to include a Delirium assessment.
National Neonatal Audit Programme (NNAP)	Changes have been implemented in retinopathy of screening to introduce a revised process for capturing eligible babies with assistance from the Outreach Team. Discussions take place with the Obstetric Team regarding reaching standards for giving antenatal steroids. There are also improvements planned in relation to improving documentation.
National Paediatric Diabetes Audit	The Trust is reviewing the recording of eye screening results and improved recording of foot examination from clinic letters.
National Joint Registry (NJR)	Awareness sessions have been held in speciality audit meetings which have led to further improvements in the completion of NJR forms by clinicians.
Paediatric Asthma	The Trust now delivers a paediatric asthma clinic and an enhanced paediatric nurse led clinic at a designated General Practitioner (GP) Practice. Educational leaflets have been produced which include Asthma Management Plan; Respiratory/Asthma Control Test for Children; How to use blue Aero chamber with mouthpiece and pressured meter dose inhaler; How to use spacer with mouthpiece and pressured meter dose inhaler.

The reports of 263 local clinical audits were reviewed by the provider in 2014/15. 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:

Clinical Audit	Trust Actions
Injuries in Non-Mobile Children	An 'Injuries in Non-Mobile Children Policy' was developed following two serious case reviews (SCR). The Trust undertook an audit of the proforma and implemented amendments to improve its use .
Head Injury for Patients taking Warfarin	Head injury can be a common presentation for patients in Accident and Emergency. Head injury for patients taking warfarin/anticoagulants is can result in a poor outcome. An audit was undertaken to discover whether or not appropriate procedures were delivered and compliant with NICE guidelines. A pro-forma has been introduced for head injury and patient discharge.
Nasogastric Tube Safety	The National Patient Safety Agency (NPSA) reviewed reports of 21 deaths and 79 cases of harm due to feeding into lungs through misplaced nasogastric tubes from September 2005 to March 2010. The primary factor leading to harm was misinterpretation of x-rays. An audit has been undertaken to assess performance on adherence to nasogastric tube safety standards and guidelines. Staff have been encouraged to complete an e-learning module on nasogastric tube x-ray interpretation. Handbooks for trainee doctors including local guidelines on correct placement of nasogastric tubes have been developed. An annual teaching session on correct placement of nasogastric tubes has been included into the FY1/FY2 teaching schedule.
Urinary Catheter Passport Audit	The Urinary Catheter Passport was devised by the Catheter Care Group approximately 18 months ago to improve the documentation for WWL patients with an indwelling catheter. The aim of the passport was to provide the patients with a "Patient Held" document that provided written information on catheter care. This ensures an accurate record can be kept that includes the reason why the catheter was inserted and the plan for when it is to be removed. Staff have been asked to ensure patients are informed to bring their passport to each catheter change. Catheter care e-learning module will emphasise the importance of the passport in the update.
Management of Decompensated Cirrhosis	Over the last 20 years there has been an increase in Chronic Liver Disease (Alcohol/Obesity/Hepatitis B and C), an increase in hospital admissions with complications of liver disease and high mortality rate and cause of premature death. An 2013 NCEPOD report highlighted concerns about suboptimal care of patients in hospital with cirrhosis. Less than half of the patients who died from Alcohol Related Liver Disease received 'good care'. Avoidable deaths were identified. A care bundle for liver patients is now available to staff on the Trust's intranet. It will be publicised to all trainee doctors (via teaching at induction) and senior medical colleagues on the Medical Assessment Unit.

## Participation in Clinical Audits cont

### Local Clinical Audits cont

Clinical Audit	Trust Actions
Re-admission after Fractured Neck of Femur	The purpose of this audit was to evaluate the reasons for re-admissions following fractured neck of femur and to plan further action to prevent future re-admissions. A new pathway has been introduced and which will be re-audited.
Re-audit of Faecal Specimen Transit Times	A baseline audit was undertaken due to transport delays that were highlighted by the Coroner at two Coroners inquests. Failure to deliver specimens to the laboratory reception was a contributory factor, particularly at weekends and bank holidays. There has been awareness and further education for all staff in relation to delivery of samples in timely fashion. A specimen's log book was instituted at the laboratory reception. Ongoing rapid cycle audits are undertaken demonstrating that there has been a significant fall in rates of delayed samples.
Local Implementation of Sonographic Classification for Thyroid Cancer	An audit was undertaken to assess Trust's performance against British Thyroid Association (BTA) guidelines. Following implementation of a standard reporting proforma (after 1st cycle) improvements were shown to be significant in improving compliance with reporting of U-classification, Lymphadenopathy and nodule composition as well as marginal improvements in most other BTA guidance.
Safe Handover Saves Lives – A Quality Improvement Rapid Cycle Change Model of Audit	Safe handover is an essential pre-requisite for good patient care. Changing patterns of work and full shift rotas have become standard. There is greater cross-over between specialties including both resident and non-resident staff. Improvements include Surgical Division handover shared drive generated with real time updating; access to all doctors of all grades in Ear Nose and Throat (ENT), Urology, Vascular and General Surgery; a designated time and place for handover and education on induction for trainees. Actions taken have shown a vast improvement in the quality of handover.
World Health Organisation (WHO) Surgical Checklist	The WHO surgical checklist must be completed for every patient undergoing a procedure in theatre. Following an audit the electronic completion of the checklist was introduced which has led to a 100% completion rate.

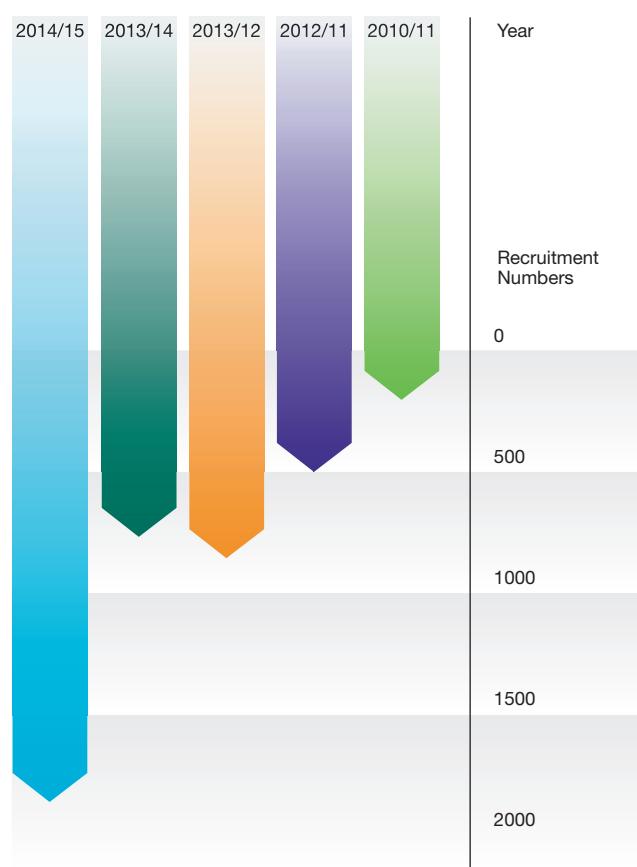
Audit Actions are monitored at monthly audit meetings as well as at Divisional Quality Executive meetings. Actions are signed off as complete (on the audit database) when feedback is relayed back to the audit department by those responsible for implementing the actions.

## Research

### Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in the 2014/15 that were recruited during that period to participate in research approved by a research ethics committee registered and adopted onto the 'National Institute for Health Research (NIHR) Portfolio' was 2054 an average of 171 patients per month. The graph below demonstrates actual recruitment to research trials over a 5 year period. The Trust has once again exceeded the recruitment target of 480 set by the NIHR for 2014/15.

### Comparison of research recruitment to research trials 2010/2015



**■** 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.

## Research cont

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 keep themselves updated about the latest treatment possibilities and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 189 clinical research studies in a variety of specialities during the year 2014/15. Our engagement with clinical research demonstrates commitment to rigorous investigation and offering the latest medical treatments and techniques.

The improvement in patient health outcomes in the Trust demonstrates that a commitment to clinical research leads to better outcomes for patients. An exercise in collaboration with Oxford University has taken place to help us understand how meningococcal disease is carried amongst teenagers. Teenagers are at increased risk of meningococcal disease and although the disease can be serious the germ itself is carried in the back of the throat without causing any symptoms in about one in five teenagers. The research will allow us to understand how vaccines can protect people against this disease.

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
- Stroke
- Paediatrics
- Obstetrics
- Cancer
- Ear Nose and Throat (ENT)
- Gastroenterology
- Dermatology
- Musculo-skeletal and Infection

This year the Trust has identified Elderly Care and Dementia as an area of interest to further develop its research portfolio.

Training and Development opportunities are provided by the Research Department to support staff in conducting quality research studies in a safe and effective manner.

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.

## Goals Agreed With Commissioners

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

A proportion of the Trust's income for 2014/15 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.

In 2014/15 the Trust received 445,450,641 in CQUIN funding representing 98.56% of the total available which equates £5,530,008.

The main areas covered by the 2014/15 scheme were:

- The National Friends and Family Test
- Care for patients with dementia and their carers
- Reduction in pressure ulcers
- Reduction in admissions for Chronic Obstructive Pulmonary Disease (COPD)
- Improvements in care for patients with Acute Kidney Injury (AKI)
- Improvements in care for deteriorating patients
- Improvements in care for patients with learning disabilities
- Seven day working
- The new hospital information system

There were also two other schemes for services commissioned by NHS England:

- Review of data collection for screening services (Breast Screening and Diabetic Eye Screening)
- Participation in multidisciplinary team (MDT) arrangements for specialist orthopaedics

With the exception of the national schemes which focused on specific areas (items 1 and 2 in the list above) and scheme 7 which was very specific the CQINS were designed to reflect areas of priority by the Commissioners (Wigan Borough CCG) and the Trust.

The schemes were also designed (where possible) to promote collaborative working with other providers; the pressure ulcer scheme was particularly effective at this and a multi-disciplinary approach is now taken with the Trust supporting community providers and nursing homes to reduce incidence of pressure ulcers.

A number of the 2014/15 schemes performed particularly well; these included:

- Friends and family test where not only did the Trust achieve all the response rate targets, but also received consistently positive outcomes.
- The dementia scheme which covers both care of patients with dementia but also their carers
- The pressure ulcer reduction scheme
- An improvement in care for patients with acute kidney injury (and prevention)

A number of the schemes will continue during 2015/16 although they will transfer to key performance indicators.

The 2015/16 schemes will cover the following areas:

- Dementia care and training
- Acute kidney injury care
- Sepsis care
- Unscheduled care admission information
- Mortality improvements
- Discharge summary improvements

**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 (CQC) and its current registration status, at the end of 2014/15, is registration without compliance conditions.

The Care Quality Commission has not taken enforcement action against the Trust during 2014/15.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The Trust's CQC Intelligent Monitoring Report in December 2014 outlined the following risks:

#### Risk Level

Elevated	Indicator
Elevated	Never Events Incidence
	Potential under-reporting of patient safety incidents.
Elevated	In-Hospital Mortality – Vascular conditions and procedures.
Elevated	SSNAP Domain 2: Overall team-centred rating score for key stroke unit indicator.
Elevated	Emergency readmissions with an overnight stay following an emergency admission (November 12 – October 13).

The CQC Intelligent Monitoring Tool is utilised by compliance inspectors to identify areas of care that require further investigation and assists them to determine their programme of inspection. The Trust has implemented actions to address the above risks.

All NHS Trusts are required to register with the Care Quality Commission. The CQC undertakes checks to ensure that Trusts are meeting the Essential Standards for Quality and Safety. 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 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.8% for admitted patient care;
- 99.9% for outpatient care; and
- 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.

## Information Governance Toolkit Attainment Levels

The Trust's Information Governance Assessment Report overall score for 2014/15 was 87% and was graded a satisfactory submission.

### Clinical Coding Error Rate

The Trust was not subject to a Payment by Results clinical coding audit during 2014/15 by the Audit Commission. However the Trust did undertake an Internal Audit for the purpose of the Information Governance Toolkit, the error rates reported for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnosis incorrect 3.5%
- Secondary Diagnoses incorrect 1.88%
- Primary Procedures Incorrect 3%
- Secondary Procedures Incorrect 5.93%

## 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 Committee with responsibilities for ensuring that data standards are maintained and it governs the audit plan to ensure data is accurate, complete and is obtained from a reliable source. The data quality audits recommend a data quality kite mark rating which provides assurance in terms of accuracy of information. Recommendations are provided and associated action plans where findings show that data quality could be improved.

The Data Quality Committee also has responsibilities for reviewing the data submitted as part of the Quality Accounts to ensure that the data has been submitted by responsible data owners, that the data source is credible and that the data quality is accurate.

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 the Health and Social Care Information Centre (HSCIC). 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 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.

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.

<sup>136</sup> Part 2.3.

## Reporting Against Core Indicators

Since 2012/13 NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by the Health and Social Care Information Centre (HSCIC).

### **Part 2.3. Reporting against core indicators**

Since 2012/13 NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by the Health and Social Care Information Centre (HSCIC).

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 overleaf.

In addition, where the required data is made available by the HSCIC, 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.

**Reporting against core indicators** cont**Mortality**

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period; and	April 2013 to March 2014	Value 1.0770 Banding 2	Value 1.0001	Best: The Whittington Hospital NHS Foundation Trust (RKE): Value 0.5390 Banding 3  Worst: Blackpool Teaching Hospitals NHS Foundation Trust (RXL): Value 1.1970 Banding 1
	July 2013 to June 2014	Value 1.0932 Banding 2	Value 0.9983	Best: The Whittington Hospital NHS Foundation Trust (RKE): Value: 0.5407 Banding 3  Worst: Medway NHS Foundation Trust (RPA): Value 1.1982 Banding 1
(b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period.	April 2013 to March 2014	23.2%	23.6	Best: The Whittington Hospital NHS Foundation Trust (RKE): 0%  Worst: Salford Hospitals NHS Foundation Trust (RM3): 48.5%
	July 2013 to June 2014	25.0%	24.6%	Best: The Whittington Hospitals NHS Foundation Trust (RKE): 0%  Worst: Salford Hospitals NHS Foundation Trust (RM3): 29.00%

### **Assurance Statement**

The Trust considers that this data is as described for the following reasons: The mortality data for the Trust benchmarks less positively for SHMI than HSMR. The Trust intends to take the following actions to improve these indicators and, so the quality of its services, by:

The Trust continually strives to improve mortality relates and this is reflected by the inclusion to improve mortality in the Trust's quality priorities for 2015/6 outlined in part 2.1 of the Quality Account.

**Reporting against core indicators** cont**Patient Reported Outcome Measures Scores**

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
The Trust's patient reported outcome measures scores during the reporting period for (i) groin hernia surgery.	April 2012 to March 2013	0.054	0.085	Best: BMI – The Foscote Hospital (NT415): 0.157  Worst: Boston West Hospital (NVC27): 0.015
	April 2013 to April 2014	0.100	0.085	Best: The Foscote Hospital (NT415): 0.139  Worst: North Downs Hospital (NVC11): 0.008
The Trust's patient reported outcome measures scores during the reporting period for (ii) varicose vein surgery.	April 2012 to March 2013	n/a	0.093	Best: Doncaster & Bassetlaw Hospitals NHS Foundation Trust (RP5): 0.175  Worst: The Kings College Hospital NHS Foundation Trust (RJZ): 0.023
	April 2013 to April 2014	n/a	0.093	Best: Wye Valley NHS (RLQ): 0.15  Worst: Imperial College Healthcare NHS Trust (RYJ): 0.02

**Patient Reported Outcome Measures Scores cont**

<b>Indicator</b>	<b>Reporting Periods</b>	<b>Trust Performance</b>	<b>National Average</b>	<b>Benchmarking</b>
The Trust's patient reported outcome measures scores during the reporting period for (iii) hip replacement surgery.	April 2012 to March 2013	0.440	0.438	Best: Oaks Hospital (NVC13): 0.543  Worst: The Whittington Hospital NHS Foundation Trust (RKE): 0.319
	April 2013 to April 2014	0.439	0.436	Best: BMI – The Park Hospital (NT427): 0.545  Worst: Royal Liverpool and Broadgreen University Hospitals NHS Trust (RQ6): 0.342
The Trust's patient reported outcome measures scores during the reporting period for (iv) knee replacement surgery.	April 2012 to March 2013	0.319	0.319	Best: Spire Fylde Coast Hospital (NT347): 0.409  Worst: West Middlesex University Hospital NHS Trust (RFW): 0.195
	April 2013 to April 2014	0.309	0.323	Best: Nuffield Health, Cambridge Hospital (NT209): 0.416  Worst: Homerton University Hospital NHS Foundation Trust (RQX): 0.215

**Assurance Statement**

The Trust considers that this data is as described for the following reason: The data is validated and published by Patient Related Outcome Measures (PROM's) and is accessible via the Health and Social Care Information Centre (HSCIC).

The Trust has taken the following actions to improve this indicator and, so the quality of its services, by: The data collection process within the pre-operative assessment clinics has been realigned to increase participation rates.

**Hospital Readmission**

<b>Indicator</b>	<b>Reporting Periods</b>	<b>Trust Performance</b>	<b>National Average</b>	<b>Benchmarking</b>
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.	April 2010 to 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 to April 2012	7.95	10.23	Best: Epsom & St Helier University Hospitals NHS Trust (RVR): 6.4  Worst: Royal Wolverhampton Hospitals NHS Trust (RL4): 14.95
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.	April 2010 to 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 to April 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

### **Assurance Statement**

The Trust considers that this data is as described for the following reasons: Due to the high profile of readmissions and the potential high cost penalties associated with not achieving the targets, analysis of data, implementation of improvements and development of an electronic application has ensured that the Trust has undertaken a comprehensive and robust response. This represents the latest available data from the Health and Social Care Information Centre (HSCIC).

The Trust has taken the following actions to improve this indicator and so the quality of services by:  
A project group led by the Team Leader of the Access to Community Services Team acting as project manager has implemented numerous initiatives which together aim to reduce the overall number of readmissions. Work to focus on high re-attending patients is a priority to understand the reasons for readmission and development of care plans which could redirect patients to other more appropriate community services.

Hospital readmissions within 28 days of being discharged from hospital for all age groups (excluding private patients and well babies) for 2013/14 was 6.51%. For 2014/15 it is 6.49%.

### Responsiveness to Personal Needs

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
The Trust's responsiveness to the personal needs of its patients during the reporting period.	National Inpatient Survey 2012-2013	75.9	76.5	Best: Queen Victoria Hospital NHS Foundation Trust (RPC): 88.2  Worst: Croydon Health Services NHS Trust (RJ6): 68.0
	National Inpatient Survey 2013-2014	75.5	76.9	Best: The Royal Marsden NHS Foundation Trust (RPY): 87  Worst: Croydon Health Services NHS Trust (RJ6): 67.1

### Assurance Statement

The Trust considers that this data is as described for the following reasons: The Trust has performed slightly below national average for patients reporting that their personal needs are responded to.

The Trust has taken the following actions to improve this score to the quality of its services by: 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: White boards behind the patients beds with information regarding 'Expected date of Discharge' and the name of the consultant treating them; new patient admission packs are being trialled and the Always Events in particular are continuing to be embedded across the organisation.

### Friends and Family Test (Staff)

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
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.	National NHS Staff Survey 2013	64.91%	64.50%	Best: Salford Royal NHS Foundation Trust (RM3): 88.51%  Worst: Mid Yorkshire Hospitals NHS Trust (RXF): 39.57%
	National NHS Staff Survey 2014	78.00%	65.00%	Best: Frimley Park Hospital NHS Foundation Trust (RDU): 89%  Worst: Royal Cornwall Hospitals NHS Trust (REF): 38%

### Assurance Statement

The Trust considers that this data is as described for the following reasons: In the 2014 Staff Survey 78% of staff would recommend the Trust as a provider of care to their friends and family. This places the Trust significantly above average compared with other Acute Trusts (65%). We have also seen an improvement from the 2013 results when we scored 64.91%.

The Trust intends to take the following actions to improve this percentage and, so the quality of its services, by: The Trust welcomes this positive feedback from staff and we hope to see further improvements in our 2015 score through our ongoing staff engagement programme outlined in the 'Quality Initiatives' section.

**Venous Thromboembolism**

<b>Indicator</b>	<b>Reporting Periods</b>	<b>Trust Performance</b>	<b>National Average</b>	<b>Benchmarking</b>
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	October 2013 – December 2013	96.75%	95.77%	<p>Best:            Bridgewater Community Healthcare NHS Foundation Trust (RY2), Queen Victoria Hospital NHS Foundation Trust (RPC), Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RBB) and South Essex Partnership University NHS Foundation Trust (RWN): 100%</p> <p>Worst:            North Cumbria University Hospitals NHS Trust (RNL): 77.70%</p>

**Venus Thomboembolism cont**

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
The percentage of patients who were admitted to hospital and who were risk assessed for venus thromboembolism during the reporting period.	October 2014 – December 2014	96.00%	96.00%	<p>Best:            Best: Bridgewater Community Healthcare NHS Trust (Ry2), Queen Victoria Hospital NHS Foundation Trust (Rpc), Royal National Hospital For Rheumatic Diseases NHS Foundation Trust (Rbb), South Essex Partnership University NHS Foundation Trust (Rwn), The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (Ri1), Blackpool Teaching Hospitals NHS Foundation Trust (Rxl), Basildon and Thurrock University Hospitals NHS Foundation Trust (Rdd), Derbyshire Community Health Services NHS Trust (Ry8), Royal National Orthopaedic Hospital NHS Trust (Ran):100%</p> <p>Worst:            Cambridge University Hospitals NHS Foundation Trust (RGT): 81%</p>

**Assurance Statement**

The Trust considers that this data is as described for the following reasons: The Trust has performed in line with the national average. The Trust has taken the following actions to improve this percentage and so the quality of its services by: improving the reporting processes to evidence completion of a risk assessment. Root Cause Analysis is undertaken for all patients who develop a Venus Thomboembolism in hospital.

**Clostridium Difficile (C. Difficile)**

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
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.	April 2012 – March 2013	23.4	17.3	Best: Alder Hey Children's (RBS), Birmingham Women's (RLU), Liverpool Women's (REP), Moorfields Eye Hospital (RP6) & Queen Victoria Hospital (RPC): 0.00  Worst: North Tees & Hartlepool (RVW): 30.8
	April 2013 – March 2014	21.4	14.7	Best: Birmingham Women's (RLU), Moorfields Eye Hospital (RP6), Royal National Hospital for Rheumatic Diseases (RBB); 0.00  Worst: University College London Hospitals (RRV): 37.1

**Assurance Statement**

The Trust considers that this data is as described for the following reasons: The data describes an improved rate per 100,000 bed days of C.Difficile infection which has continued to improve year on year. The Trust has worked hard to not only reduce individual C.Difficile cases but also to increase operational throughput capacity, these two processes in conjunction have reduced C.Difficile rates per 100,000 bed days.

The Trust intends to take the following actions to improve this rate and so the quality of services by: The Trust will continue efforts to coordinate appropriate patient discharge and continued operational throughput to prevent to prevent healthcare acquired infection such as C.Difficile.

## Patient Safety Incidents

Indicator	Reporting Periods	Trust Performance	National Average	Benchmarking
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.	Oct 2013 – March 2014	Incidents Reported 1048 (Rate per 1000 Bed days 13.8) / 22 Serious Incidents (2%)	550,463 Incidents Reported / 2978 Serious Incidents (0.5%)	Best: Dorset County Hospitals NHS Foundation Trust (RBD): 301 Incidents Reported (Rate per 1000 bed days 5.8) / 0 Serious Incidents (0%)  Worst: Lewisham and Greenwich NHS Trust (RJ2): 4915 Incidents Reported (Rate per 1000 bed days 31.5) / 17 Serious Incidents (0.3%)
	April 2014 – Sept 2014	2664 Incidents Reported (Rate per 1000 Bed Days 35.11) / 19 Serious Incidents (0.7%)	587,483 Incidents Reported / 2851 Serious Incidents (0.5%)	Best: Doncaster & Bassetlaw Hospitals NHS Foundation Trust (RP5): Incidents Reported 35 (Rate per 1000 bed days 0.24) / 29 Serious Incidents (82.9%)  Worst: Northern Devon Health-care NHS Foundation Trust (RBZ) Incidents Reported 3795 (Rate per 1000 bed days 74.96)/55 Serious Incidents (1.4%)

## Assurance Statement

The Trust considers that this data is as described for the following reasons: During 2014-15 the Trust had a Care Quality Commission elevated red risk for the 'potential under-reporting of patient safety incidents' reported to the National Learning and Reporting System. The Trust has had a reasonably low rate of incidents resulting in severe harm or death, however, it has recognised that actions were required to increase reporting rates for patient safety incidents. These actions taken have reflected in the improvement in number of incidents reported per 100 bed days from 13.8 for October 2013 - March 2014 to 35.11 for April 2014 to September 2014.

The Trust intends to take the following actions to improve these indicators: Despite the relatively low rate of incidents resulting in severe harm or death, the Trust strives to continue to improve the Trust's benchmarked position by communicating the importance of incident reporting and understanding barriers to reporting incidents and near misses.

The Trust has reviewed the process for uploading incidents to the National Reporting and Learning System and visited Stockport NHS Foundation Trust who benchmark well against other NHS Organisations.

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## Other Information

### **Part 3.1. Review of Quality Performance**

The Trust had a successful year at the Health Service Journal (HSJ) awards winning a Patient Safety Award for our nationally recognised Quality Champions project in addition to the HJS awards for Improving Environmental and Social Responsibility and the prestigious Provider Trust of the Year.

This section of the Quality Account provides information on the Trust's quality performance during 2014/15. Performance against the priorities identified in the Trust's previous quality account and performance against the relevant indicators and performance thresholds set out in Monitors Risk Assessment Framework are outlined. The Trust has introduced a number of initiatives to strengthen quality governance systems. An update on progress to embed these initiatives is also included in this section.

## Performance against priorities identified for improvement in 2014/15

The Trust agreed a number of priorities for improvement in 2014/15 that were published in last year's Quality Account. These were selected following the development of the Trust's Quality Strategy in conjunction with internal and external stakeholders.

### Safe

Priority 1	To attain and maintain 98% of inpatients experiencing harm free care in hospital.	Priority 3	To implement the medicines safety thermometer to all relevant inpatient areas.
Where we were in 2013/14	95% of our patients did not experience harm in hospital (new harms) from falls, blood clots, pressure ulcers or urine infections (for patients with a urinary catheter in place). The Trust aim for 2014/15 was to move towards 98% of patients experiencing harm free care in hospital.	Where we were in 2013/14	A pilot of the Medicines Safety Thermometer had commenced on ten wards and the Trust planned to roll this out across the Trust during 2014/15.
Where we are at the end of 2014/15	The Trust has sustained 98% harm free care. The median is 99.32% of patients experiencing harm free care whilst an inpatient.	Where we are at the end of 2014/15	The Medicines Safety Thermometer is now embedded on the 10 pilot wards. There have been technical challenges with implementing the Medicines Safety Thermometer to all relevant inpatient areas. These challenges have now been resolved. 'Haelo', an Innovation and Improvement Science Centre, based in Salford and owned by Salford partners, including Salford NHS Foundation Trust have led the pilot. 'Haelo' are in discussion with the Trust regarding how to integrate the point prevalence medicines audit that is undertaken on all wards each week by pharmacy to reduce duplication of data collection. The point prevalence survey is a robust method data collection and has been used successfully to demonstrate improvement in medicines management practice.
Priority 2	To reach an HSMR (Hospital Standardised Mortality Ratio) of no more than 87 before rebasing and Summary Hospital-Level Mortality Indicator (SHMI) of no more than 100.		
Where we were in 2013/14	Data for the calendar year 2013 for HSMR was 100.58. SHMI for time period was 110.92.		
Where we are at the end of 2014/15	The latest data available demonstrates that the Trust's HSMR up to December 2014 is 96.6 and SHMI from July 2013 to June 2014 is 109.3. During the year there were some alterations in HSMR calculation with Dr Foster moving from HIS (Health Information Statistics) data to HES (Hospital Episode Statistics) data. This was widely trialled but had little practical effect.  Despite 23 less deaths recorded in the Trust's hospitals than were statistically expected over the last 8 months SHMI is at a disappointing 109.3. SHMI data is behind the HSMR data and the actual deaths with regards to time period.		



**Effective**

Priority 1	To improve the management of the deteriorating patient with a focus on sepsis and cardiac arrest.	Where we are at the end of 2014/15	Following the NHS Quest Launch event Cardiac Arrest data was reviewed using coding to establish our cardiac arrest baseline. This was cross referenced with the resuscitation data and fed back at the Trust's inaugural Quest meeting.
Where we were in 2013/14	A group of staff had been identified to work with NHS Quest on the deteriorating patients work stream. On-call handover work had commenced with the Critical Care Outreach Team (CCOT), a consultant lead and junior doctors. A new Modified Early Warning System (MEWS) chart was introduced and fluid input/output booklets had been embedded in practice. High flow oxygen machines for ward use, led and supported by CCOT were introduced. A Commissioning for Innovation and Improvement target (CQUIN) for Sepsis training was achieved.	From this three wards were identified to roll out NHS Quest improvement work. If successful, this work will be rolled out Trust wide. A further ward has since been added. The focus of our work has included huddles, handover, sick patient alerts (on white boards) and effective ward round/patient review. On-call Medical Handover has improved immensely. The Consultant of the day leads the handover from night staff to day staff with the on-coming Registrar. All members of the team are to attend the meeting, including the Critical Care Outreach Team (CCOT) and bed managers. Cardiac arrest team roles are allocated so everyone is aware of their station at the arrest. An attendance and allocation list is kept and the consultants ensure the juniors attend. Duties are allocated and concerns are managed. A poster with improvement data has been submitted and accepted at the National Acute Care Physician Conference. CCOT continue to collect attendance records.	Langtree Ward has changed handover to include MEWS scores on handover, therefore identifying the sickest patients requiring action. Lowton ward has commenced whiteboard huddles at various intervals over the day to identify and update on the sickest patients and action any outstanding tasks. Aspull Ward is initiating set ward rounds to allow better attendance by shift leader and improve communication and patient flow.

On Shevington Ward work was initiated by a Trainee Doctor in relation to a 'job book' to improve communication and track actions. This 'job book' documented any procedures, investigation, referrals etc. that needed following up. Following a change in placement this initiative will be re-launched.

Where we are at the end of 2014/15	<p>Compliance with MEWS requirements is audited monthly. This is a spot audit of 10 patients. 489 staff have received acute illness management training which includes MEWS, Sepsis and Competency Observations (Cobs) up to end of December 2014. Additionally 149 staff have been trained in Acute Kidney Injury. A Sepsis Nurse is in post and focusing on early recognition and management. This nurse audits compliance with screening requirements and adherence to Sepsis 6.</p> <p>Bespoke sepsis sessions are provided to raise awareness. Accident and Emergency have identified one of the Advanced Practitioners to take the sepsis pathway forward.</p> <p>It has been agreed at the Trust meeting to undertake a rapid review following all cardiac arrests from admission to event to identify areas for learning.</p>	Where we are at the end of 2014/15	<p>Audits in July 2013 and November 2013 demonstrated just over 50% compliance with the weighing of patients on admission. A further audit in September 2014 in the Division of Medicine demonstrates improvement from 50% to 70% compliance with weighing patients on admission.</p> <p>Staff education was identified as a theme for improving nutrition and hydration for inpatients. A staff Development Day held in May 2014 included 'The Hidden Harm' presentation - unintentional significant weight loss presentation, workshop and lunchtime stall. Themes and barriers were identified at this event and these have been actioned in the appropriate divisions and departments.</p>
Priority 2	To prevent unacceptable levels of unplanned weight loss for inpatients	Where we were in 2013/14	<p>A recurrent theme from incidents, complaints and claims has been unplanned weight loss in hospital. It was decided to implement a strategy to increase staff's awareness of unintended weight loss. Audits identified that patients are not weighed consistently on admission and during their admission. The aim was to ensure that 95% of patients are weighed on admission; this will allow us to understand whether the patient has suffered any weight loss whilst an inpatient.</p> <p>Further nutrition and hydration study days have been well attended. 230 staff across the organisation have attended the study days across different disciplines. Snacks are available at all times on the wards, finger foods have been implemented on Standish Ward to encourage patients with dementia to eat. Always Events promote that food and drinks are available and hourly rounding checks ensure that patients are comfortable and their needs are addressed including nutrition and hydration.</p> <p>Work is continuing in achieving 95% of patients being weighed on admission. There have been difficulties with weighing patients who are immobile as they require a weighing bed and there is not always a weighing bed available. As beds are replaced more weighing beds are being purchased. All wards have now got appropriate scales to weigh patients.</p>

The nutrition and hydration group are addressing the issues preventing patients being weighed 95% of the time on admission.

**Effective cont**

<b>Priority 3</b>	100% of patients to receive an expected date of discharge.	<b>Priority 4</b>	To improve patient clinical outcomes for planned treatments
Where we were in 2013/14	In November 2013 a baseline audit was undertaken prior to the introduction of the Trust's Always Events. 45% of patients reported that they had received an expected date of discharge. 48% of staff reported that they had provided the patient with an expected date of discharge. This priority excludes patients receiving day surgery procedures.	Where we were in 2013/14	All NHS patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery are invited to fill in PROMs (Patient Reported Outcome Measures) questionnaires. Patients are asked about their health and quality of life before they have an operation, and about their health and the effectiveness of the operation afterwards. This helps the Trust to measure and improve the quality of its care.
Where we are at the end of 2014/15	An Always Events Audit Report in September 2014 outlined that an average of 61% of patients over 17 weeks stated that they had been given an expected date of discharge. An average of 85% of staff over 11 weeks stated that they informed patients on admission what their expected date of discharge is and what it means. The Trust purchased new quality boards for all wards.  From the 29th September 2014 the new Matron check list commenced which incorporates confirmation of expected date of discharge for all patients. An Always Audit Report in February 2015 outlined an average of 73.16 of patients over 9 weeks stated that they had been given an expected date of discharge. An average of 94% of staff over 9 weeks stated that they informed patients on admission what their expected date of discharge is and what it means. The last weekly audit undertaken demonstrated 100% for patients and staff.	The participation rate of completed PROMs questionnaires in the preoperative assessment clinic for patients listed for a hip replacement was 81%.  For patients who were listed for a knee replacement, the participation rate for completed PROMs questionnaires was 84%. There is only data available for quarters 3 and 4 for the participation rate of patients completing a groin hernia PROMs questionnaire in the pre-operative assessment clinic. The participation rate was 69%.	Advancing Quality aims to give patients a better experience of the NHS by making sure every patient admitted to a North West hospital is given the same high standard of care. The Trust aims to be in the top 10% for PROMs and Advancing Quality Scores. Advancing Quality works with clinicians to provide NHS Trusts with a set of quality standards which define and measure good clinical practice. Compliance against those standards is measured.  The Trust participation focuses on the following areas: heart attack, heart failure, hip and knee surgery, pneumonia and stroke

Where we are at the end of 2014/15	<p>From April 2014 to January 2015 the participation rate of completed PROMs questionnaires in the preoperative assessment clinic for patients listed for a hip replacement is 93% (81% in 2013-14). For patients who were listed for a knee replacement, the participation rate for completed PROMs questionnaires is 93% (84% in 2013/14). The participation of patients completing the groin hernia repair PROMs questionnaire rate is 73% (69% in 2013-14).</p> <p>The participation rate of completed PROMs questionnaires in the preoperative assessment clinic for patients listed for a hip replacement is 93%. Patients who were listed for a knee replacement, the participation rate for completed PROMs questionnaires is 93%. The participation of patients completing the groin hernia repair PROMs questionnaire rate is 73%.</p> <p>There are 22 Acute Trusts participating in AQ. Last year we won awards for being first in Heart Failure, and third in Acute Myocardial Infarction (AMI) and Pneumonia. Although pneumonia is below threshold, due to calculations undertaken by AQ, this threshold calculated by AQ is higher than that of all other Trusts. The 'Appropriate Care Score' for pneumonia in December 2014 was 93.33%.</p> <p>Hip and knee continues to perform well against threshold.</p> <p>AQ was the driver behind the promotion of smoking cessation in the medical divisions. Ascertaining smoking status and offering help is now an increasing part of the admission process. This is reflected in an increasing number of referrals to the smoking cessation team.</p>	Where we are at the end of 2014/15	Stroke performance should improve over the coming months as more patients are taken directly to Manchester by ambulance.
		Admission to a stroke unit within four hours is a significant challenge.  The last external audit was in February 2015. The Trust awaits the written report, but the verbal feedback was positive. There were no major discrepancies in data quality, just two minor ones for stroke and one for hip and knee.	

## Caring

Priority 1	To be in the top 10% of Trusts for patient opinion surveys	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 2013/14	The Trust Board aimed for the Trust to be recognised as the most caring Trust in the country. Patient feedback is a crucial indicator of whether the Trust is progressing towards achieving this. The Trust did not report on whether it had been successful in achieving the top 10% of Trusts for patient feedback.	Where we were in 2013/14	Patients responding to the Trust's real time patient surveys were reporting that they do not always feel involved in decisions about their discharge. In 2013/14 57.4% of patients responding to real time patient experience surveys, reported that they were involved in decisions about their discharge.
Where we are at the end of 2014/15	<p>The Care Quality Commission (CQC) National Survey 2013 results published on the CQC website in April 2014 demonstrated that overall view of in-patient services (patients feeling they had a good experience) was rated as 8/10 and the highest scoring trust received a score of 9/10. The Trust is rated 'average' against all other trusts and not in the top 20%. Overall views and experiences including respect and dignity, views on quality of care, overall view of inpatient services and provision of complaints information scored 5.3/10 again rated as 'average'. The Accident and Emergency Department scored 9/10 rated as 'above average'. The CQC National Survey 2014 results are due for publication shortly. The Trust performs well for the Friends and Family Test Quality Score but not so well for response rate.</p> <p>The Trust commissioned Picker Institute Europe to undertake the 2014 national Inpatient Survey. In February 2015 Picker published a report comparing the results of 78 Trusts who commissioned the organisation to undertake the inpatient survey. The report highlighted that 85% of patients rated our care 7+ out of 10 compared to 80% in 2013 and 78% in 2012. The Inpatient Survey 2014 results are due to be published on the Care Quality Commission website on the 21st May 2015.</p>	Where we are at the end of 2014/15	In 2014/15 on average 58.7% of patients responding to real time patient experience survey, reported that they were involved as much as they wanted to be in decisions about their discharge. This remains a priority for the Trust to address in 2015/16.
Priority 3	To achieve 90% of patients reporting that they were aware of which consultant was treating them.	Where we were in 2013/14	Patients responding to the Trust's real time patient surveys were reporting that they do not always know who is responsible for their care and treatment. From August 2013 to March 2014 74.6% of patients responding to real time patient experience surveys reported that they knew which consultant was currently treating them.
Where we are at the end of 2014/15	During the year 2014/15, on average 77.15% of patients reported that they were aware if which consultant was treating them. We have seen a steady improvement in this score achieved in 2014/15 as a result of the focus of the "Always Events".		



## Safe

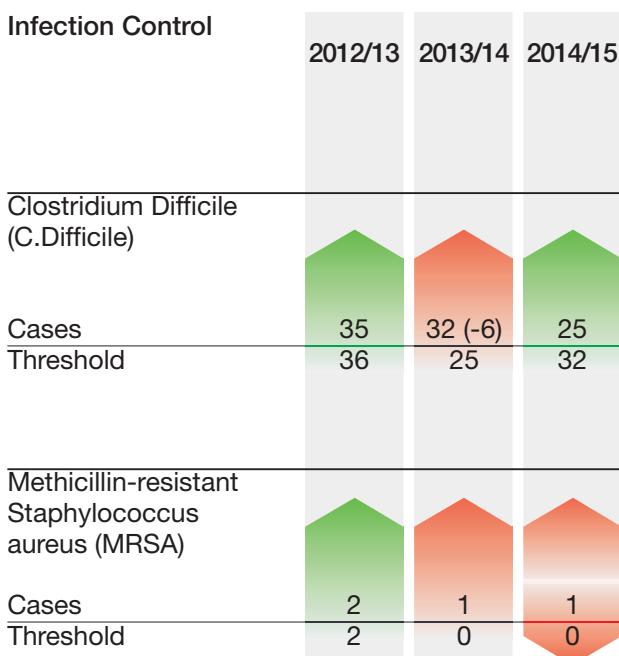
### Performance against the relevant indicators and performance thresholds set out in Monitor's Risk Assessment Framework

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 Monitor's Risk Assessment Framework.

Monitor's Risk Assessment Framework replaced the Compliance Framework in October 2013 and sets out Monitor's approach to overseeing NHS Foundation Trusts' compliance with the governance and continuity of service requirements of the Foundation Trust licence.

The Trust trajectory for C.Difficile 2014/15 was agreed by the Department of Health at 32. To date the Trust has identified 25 cases of C.Difficile Infection. A Total Health Economy Root Cause Analysis (RCA) was performed for each individual case of C.Difficile Infection to identify any learning that may prevent any future infections. Following the individual RCA investigations, three lapses in care were identified which needed remedial action. One related to prompt isolation, one related to the prescription of an antibiotic course of medication that was not on the formulary and one was due to an asymptomatic carrier. The Trust has introduced corrective measure to address the lapses in care of which are within Trust control.

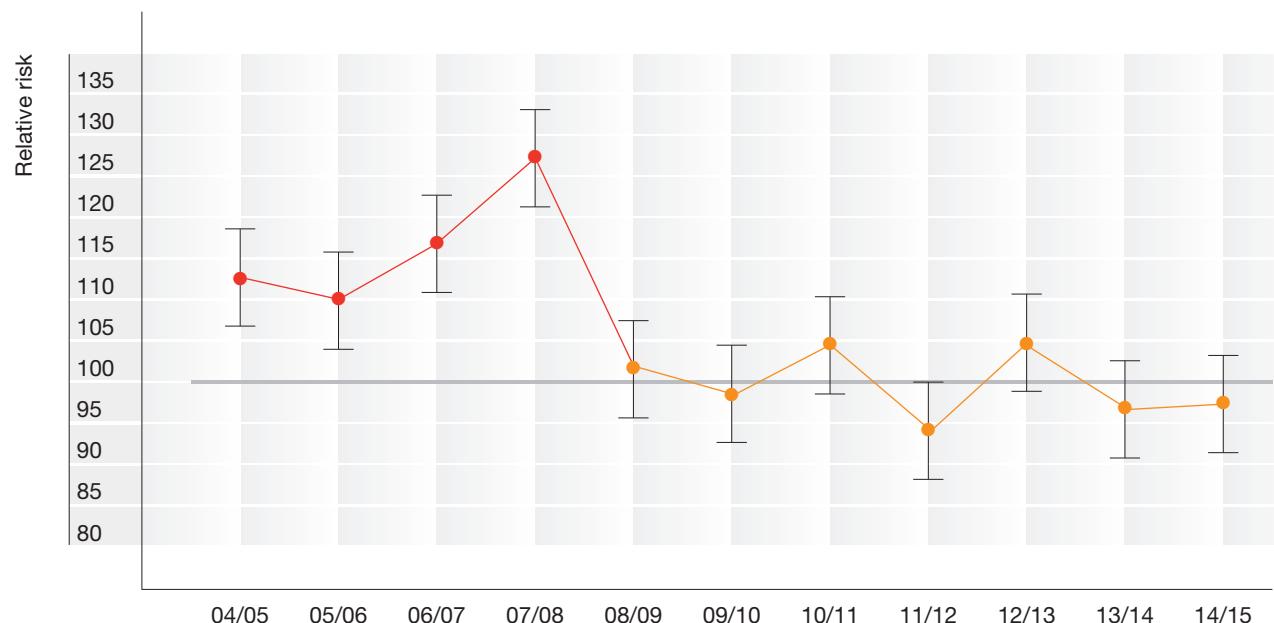
MRSA: The Trust has identified one MRSA bacteraemia post-48 hours from admission. This was classed as unavoidable, due to the nature of the patient's condition. The CCG reassigned one further case of MRSA bacteraemia as community contributable due to the infection incubation period.



Data Source:  
National Health Protection Agency data collection, as governed by standard national definitions.

- On or above target
- Below trajectory; robust recovery plan required
- Failed target or significant risk of failure
  
- ▲ Improved position
- ▼ Worsening position
- ▬ Steady position

### Hospital Standardised Mortality Ratios (HSMR)



Data Source:  
Dr Foster Intelligence sourced from national commissioning datasets as governed by standard national definitions.

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 speciality 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 actively die.

- high relative risk
- low relative risk
- expected range
- national benchmark
- █ confidence intervals



There have been 6 incidents reported as never events during 2014/15. The incidents were escalated rapidly and reported to Wigan Clinical Commissioning Group, Care Quality Commission and Monitor. Comprehensive Root Cause Analysis investigations were undertaken and action plans have been implemented. One incident remains under investigation. The six incidents reported as Never Events during 2014/15 related to retained foreign objects and wrong site surgery.

The Trust Board commissioned an external review of five of the incidents reported as never events that have occurred at the Trust since 2012. This review was undertaken by Professor Brian Toft, OBE, BA (Hons), Dip Comp Sci (Cantab), LLM, PhD, ICDDS Dipl, FIIRSM, Hon FICPEM, FRSA; Principal, Risk Partnerships; Professor Emeritus of Patient Safety Coventry University; Professor of Patient Safety Brighton and Sussex Medical School.

#### Professor Brian Toft's Executive Summary was as follows:

The starting point for the Trust and Reviewer is that patient safety is paramount. As a result, as issues have come to light during the review the Trust have started to put in place the necessary processes to support the recommendations made by the author of this report.

Five patients who attended Wrightington, Wigan and Leigh NHS Foundation Trust (Trust) for their health-care needs between 19th December 2012 and 29th August 2014 unintentionally suffered serious adverse incidents (SUI) later classified by the Trust as 'Never Events'. Although remedial actions were taken quickly following each of the 'Never Events' it became a matter of concern to the senior management of the Trust that such serious untoward incidents had continued to occur. Therefore Dr Umesh Prabhu,

Medical Director of the Trust, decided to commission this External Review of the Root Cause Analysis Investigation Reports produced following those SUI's to ascertain if any additional lessons might be drawn.

For an SUI to be characterised as a 'Never Event' national guidance or national safety recommendations must have been published, which if implemented, would have prevented the serious adverse incident from taking place. Or, putting it another way, a serious untoward incident can only be classed as a 'Never Event' where the national guidance or safety recommendations issued have not been implemented by Trust concerned and that is the reason for the SUI occurring.

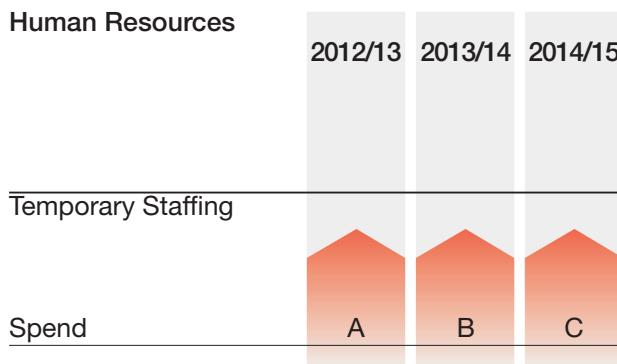
Therefore as no national guidance or safety recommendations have been published with respect to the circumstances surrounding two of the SUI's at the Trust they should not have been classified as 'Never Events'.

While the circumstances surrounding a third SUI were misinterpreted by the investigators as meeting the criteria and definition of a 'Never Event' when they did not. Hence only two of the five SUI's which occurred at the Trust should have been categorised as 'Never Events'.

In addition, this External Review has not found any evidence to suggest that a patient safety problem exists within the Trusts Operating Theatre complexes. However, where there appears to be room for improvement recommendations have been in those respects. Recommendations have also been formulated for consideration by NHS England.

Finally it should be noted that Systems Theory and human fallibility predict that in an open sociotechnical system, such as healthcare, regardless of what precautions are taken there is always the possibility that a serious untoward incident could occur. Thus, when implemented, the recommendations made in this report, will help to reduce the risk of patients experiencing serious untoward incidents. However, what they cannot do is guarantee that such events will not recur.

The Trust is implementing a number of actions to address the recommendations outlined in Professor Toft's report. These actions include the revision of the Trust's Surgical Count Policy and a review of the training provided to staff undertaking investigations.



A - £12,190,316

B - £12,300,719

C - £14,178,009

Spend on temporary staff in 2014/15 was £14,178,009 which is £1,877,290 over the prior year. During 2014/15 the highest Divisional spend was within Medicine at £5,217,098 followed by Surgery at £3,370,771; Specialist Services at £3,237,741; Estates and Facilities at £978,978; and Joint Services at £597,570. The corporate areas accounted for the balance.

Agency was the highest category of spend during 2014/15 at £8,740,477 followed by Bank NHSP at £2,763,276; Overtime at £1,452,266; Zero Hours at £635,641; and Locum at £351,153. The balance was made up of internal bank and cost per case.

After being relatively stable for two years, temporary spend has increased significantly. The largest increase was in Medicine Division at £1,598,094. The Trust received winter funding to implement additional initiatives over the period from October 2014 to March 2015. The funding was given at short notice and necessitated the hiring of temporary staff. The funding level for 15/16 has been requested at the start of the year to enable better planning.

Data Source:  
Trust Oracle General Ledger, governed by standard national

- high relative risk
- low relative risk
- expected range
- national benchmark
- █ confidence intervals

164

## Effective

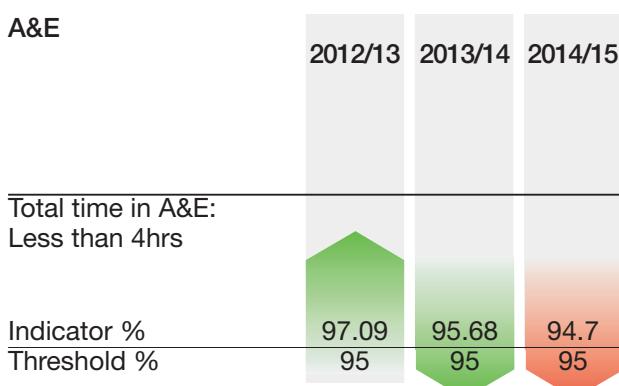
2014 commenced with an unusually long period of severe patient flow pressures which extended well into Quarter 1 of 2014/15.

June was the only month in Quarter 1 of 2014/15 when the 95% 4 hour wait target was achieved. Consequently the Trust failed the Monitor target for this quarter.

Throughout the summer period the Trust improved significantly, achieving the Quarter 2 Monitor 95% target at 95.82% and by November 2014 was the highest performing Trust in Greater Manchester.

Nationally however, major Accident and Emergency pressures impacted on all Trusts in December 2014 resulting in the Trust failing the Monitor target in Quarter 3 achieving 93.76%. Despite an improved performance during January 2015, the Trust was still not achieving the 95% target. The Trust's Quarter 4 performance at the end of March 2015 was 95.77%

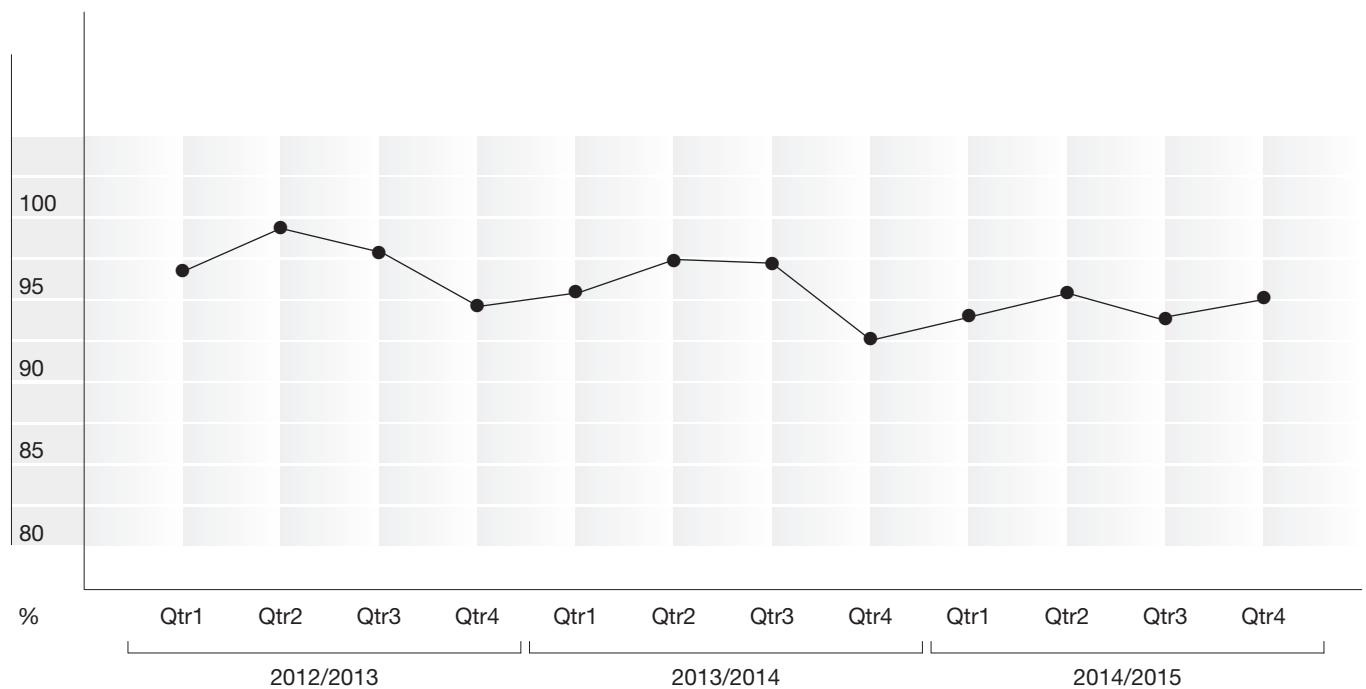
Data below represents the Trust's year end position



- On or above target
- Below trajectory; robust recovery plan required
- Failed target or significant risk of failure

- ▲ Improved position
- ▼ Worsening position
- ▬ Steady position

**A&E - Total time in A&E: Less than 4 hour  
From Performance report**



Data Source:  
Management Systems Services (MSS) System,  
as governed by standard national definitions.

**Cancer Waits**

2012/13 2013/14 2014/15

62 Day Waits for first treatment from urgent GP referral

After repatriation %  
Before repatriation %

Threshold %

91.70  
92.23  
8590.33  
91.75  
8591.25  
92.13  
85

62 Day Waits for first treatment from NHS Cancer Screening Service Referral

After repatriation %

Before repatriation %

Threshold %

97.91  
99.65  
9099.46  
99.20  
9099.54  
99.54  
90

31 Day Wait for second or subsequent treatment – surgery

%  
Threshold %

100  
94100  
94100  
94

31 Day Wait for second or subsequent treatment – drug

%  
Threshold %

100  
9899.68  
98100  
98

31 Day Wait from diagnosis to treatment

%  
Threshold %

98.77  
9899.70  
9899.03  
98

2012/13 2013/14 2014/15

Cancer 2 week – all cancers

%  
Threshold %

98.76  
9398.66  
9398.28  
93

Cancer 2 week - breast symptoms

%  
Threshold %

96.24  
9396.44  
9395.66  
93

The data above represents the Trusts year end position.

■ On or above target  
■ Below trajectory; robust recovery plan required  
■ Failed target or significant risk of failure

▲ Improved position  
▼ Worsening position  
■ Steady position

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 2014/15 despite being a very challenging year for Cancer Services nationally. In January 2015 the Trust's new Cancer Care Suite opened delivering chemotherapy under the Christie @ Wigan brand. The aim is to provide more treatments closer to home for Wigan patients.

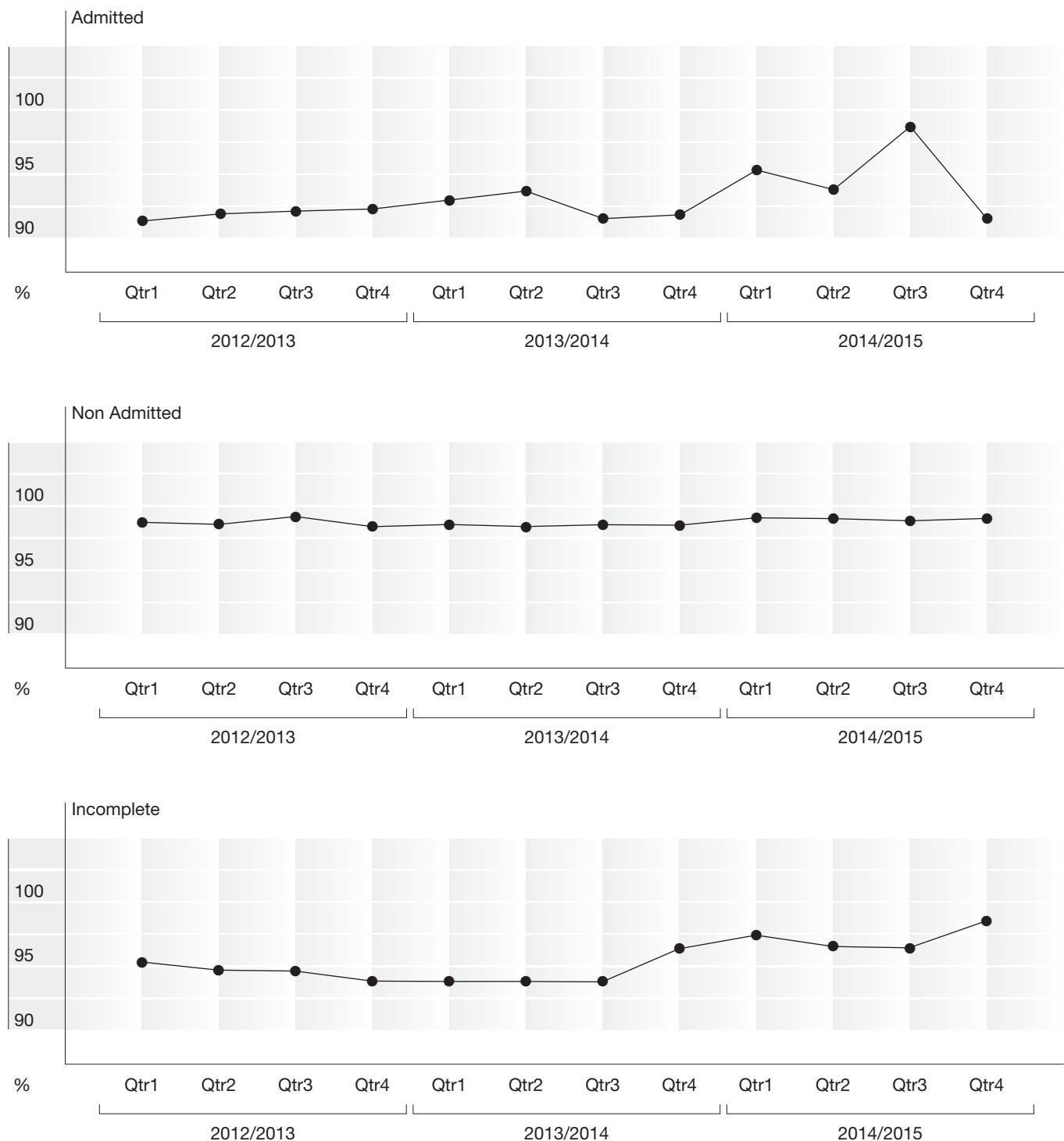
The Trust continues to work closely with partner organisations in Greater Manchester and the Manchester Cancer pathway boards. There are twenty different pathway boards all working on different disease sites, for example, breast cancer, lung cancer and colorectal cancer. The Trust has clinical representation from consultants and specialist cancer nurses on all the pathway boards to further enhance the transition for patients being treated at specialist centres and working collaboratively to improve the patient experience.

Data Source:  
National Open Exeter System, as governed by standard national definitions

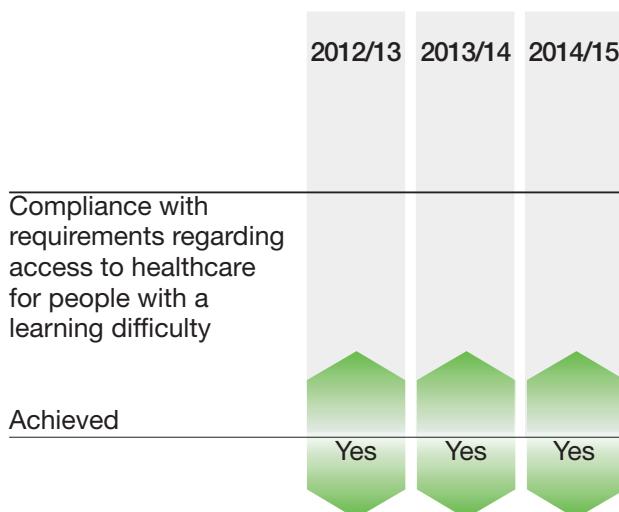


The data above represents the Trusts year end position.

The Referral to Treatment (RTT) targets are the minimum standards Trusts are expected to provide for patients referred to the Trust on an 18 week pathway. There are five specific specialties experiencing either an increase in referrals or a reduction in capacity. These specialties are monitored closely on a performance dashboard and by operational groups. Overall WWL continues to improve its performance against all three indicators and exceed national standards.

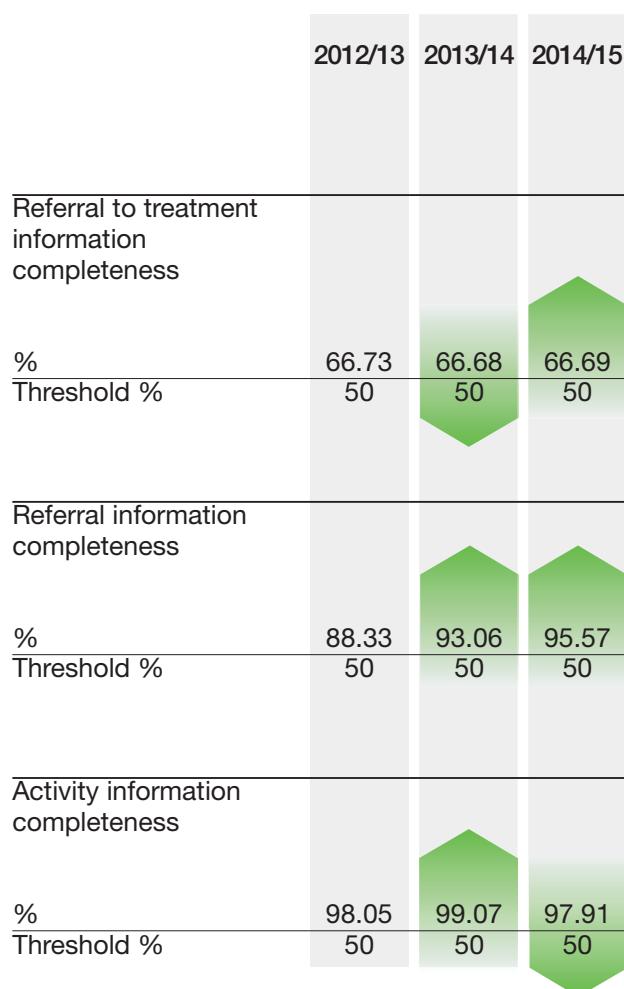
**Referral to Treatment (RTT)**

### Access to healthcare for people with a learning disability



The Trust is compliant with requirements regarding access to Healthcare for people with a Learning Disability. The Trust is represented on Wigan Learning Disability Partnership Board and is actively involved in the Health sub group of this board, and works in close collaboration with its partners within the community. Orientation tours of Thomas Linacre Outpatient Department for people with a learning disability commenced in April 2014

### Community Care



The data above represents the Trust's year end position. The Trust has continued to consistently perform above threshold for these indicators for the last three years.

Data Source:  
Electronic Patient Record (EPR) system, as governed by standard national definitions.

- On or above target
- Below trajectory; robust recovery plan required
- Failed target or significant risk of failure
  
- ▲ Improved position
- ▼ Worsening position
- ▬ Steady position

**Financial Risk Rating and Continuity of Services  
Risk Rating (CSR)**



Monitor exercises a range of powers granted by Parliament which include setting and enforcing a framework of rules which is implemented, in part, through issuing licences to NHS-funded providers. This licence stipulates the specific conditions that the NHS provider must meet to continue to operate including those in respect of the continuity of services ratio. The purpose of this measure is to identify any significant risks to the financial sustainability of the Foundation Trust which would endanger the delivery of key services.

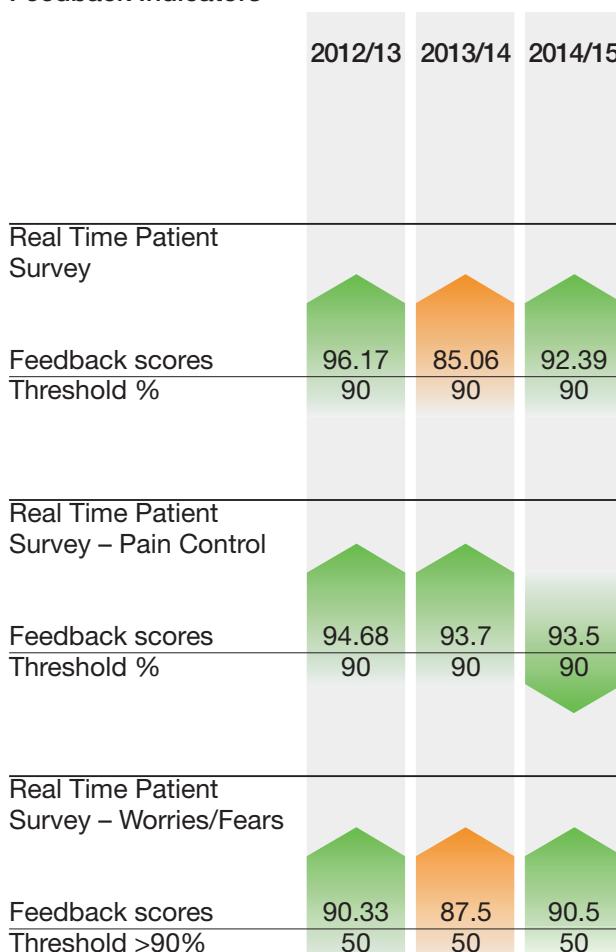
The ratio assesses two common measures of financial robustness: liquidity and capital servicing capacity. The Trust achieved a ratio of 3 during the year ended 2014/15. This ratio is calculated using the Monitor's pre-defined methodology and all figures used to calculate the ratio are derived from the Trust Annual Accounts.

Data source:  
Figures from the Trust Oracle General Ledger, subject to Monitor's calculation methodology, as governed by standard national definitions.

## Caring

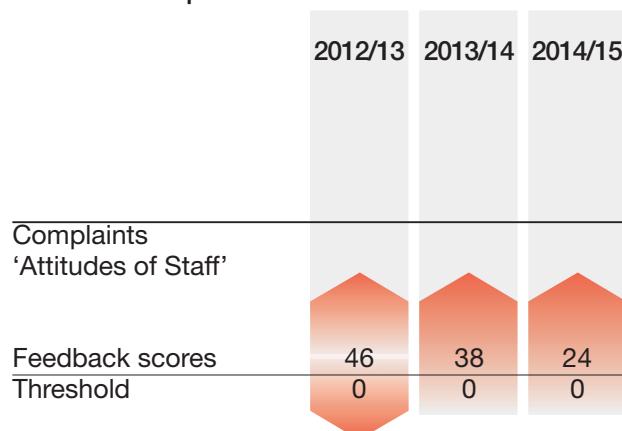
The results for patients responding that they think hospital staff did everything they could to help control their pain are similar in 2014/15 to 2013/14. This may be due to having maintained training for staff on pain control. There has been continued improvement in patients informing the Trust that they find someone to talk to about their worries and fears. This could be due to hourly rounding on the wards continuing.

### Selected Real Time Feedback Indicators



Data source:  
Real Time Patient Survey Data, questions consistent with NHS National Patient Survey.

### Selected Complaints



Data Source: Datix Risk Management System, consistent with standard national definitions.

The Caring for Customers programme was launched last year. It is designed for both clinical and non-clinical staff and supersedes the Impact Programme. The new programme offers learning from case studies of patient care experience both locally and nationally, to help Trust staff optimise their customer practice.

The new course content includes:

- A review of WWL Trust values and how enacting them helps provide benefits to patient care.
- Reflection on the Robert Francis Report and a review of the learning points and overall themes relating to the poor care at Mid-Staffordshire Trust.
- Patient comments and observations from the Trust internal inspections are discussed.
- The WWL Empathy and Bereavement Video assists staff to reflect on providing compassionate care.
- The Trust Always Events are discussed.
- A board game is played, which allows staff to discuss customer care in clinical situations and determine appropriate actions to deal with them.

The feedback for the new course has been extremely positive.

- On or above target
- Below trajectory; robust recovery plan required
- Failed target or significant risk of failure
- ▲ Improved position
- ▼ Worsening position
- ▬ Steady position

## 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. The Trust welcomes complaints and concerns to ensure that continuous improvements to Trust services take place and to ensure that lessons are learned.

The Department continues to work closely with clinical services to promote a positive patient experience and to actively encourage a speedy response to concerns that are received through the different media, including letter, e-mail, telephone or personal caller.

Complex and serious complaints are escalated to the Trust's Executive Scrutiny Committee held on a weekly basis. This ensures prompt decision making regarding the progression of these complaints and, where appropriate, instigation of investigations through the Root Cause Analysis process. 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 (KO41) which includes information on Subject of complaint, and the Services Area (in-patient; out-patient; A&E and Maternity). It is imperative that complaints are used positively to learn and reflect on how we work and to make the appropriate improvements.

This table outlines actions taken and lessons learned from a sample of complaints received:

Complaint	Actions Taken and Lessons Learned
0514-8936 Delay in Diagnosis	This case was discussed and is used at a teaching session for junior doctors. The session now includes why the doctors should look for a blood clot in thigh and calves as a differential diagnosis for patients presenting with leg and knee pains.
0414-8862 Concerns about management of care	Following the identification of a delay in pain relief at triage, there is now Patient Group Directive (PGD) training for triage nurses in progress. In the interim, until the staff are fully compliant, all staff have been reminded that they should escalate to a doctor to ensure that patients do not wait unnecessarily for pain relief.
0414-8885 Delay before receiving treatment/Communication	Following a problem with a District Nurse referral during a Bank Holiday an information document has been produced to ensure ward staff are aware of the process of making referral to the District Nurses during a bank holiday. This has also been discussed at ward level and the information document has been added to wards 5 Point Communication folder.

### **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 in 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 public service and informs public policy.

During 2014/15 the PHSO requested information regarding 13 complaints. Four were not upheld; three have investigations underway and six are requests for records at this time. One case relates to 2011 and nine of the cases relate to 2013. The Trust is currently monitoring 1 improvement plan arising from a complaint that was partially upheld by the PHSO.

### **Patient Experience**

The Trust has continually achieved excellent scores for cleanliness throughout the hospital, placing us in the top 20% of all Trusts in this area of assessment in the National Inpatient surveys 2013/14

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 Board every month to monitor the corporate objective of over 90% of a positive patient experience. As a result of this monitoring we have seen significant improvement in patients being involved as much as they have wanted in decisions about their care and treatment. Results of the outcome of the real times surveys can be found in the patient engagement section of the Trust's Annual Report.

### **Patient and Public Engagement**

Patients, Carers and Governors attended an event to help redesign Cataract Services. Patients, Carers and Governors spoke about their experience, drawing out the positive and the negative elements of their care with a view to bringing about changes that will lead to the establishment of a gold standard patient experience. Initiatives implemented in response to feedback include improved communication in the patient information leaflets and improved information on the patient white-boards regarding which member of staff is assigned to their care.

We also value the contribution of lay representatives who attend the Divisional Quality Executive Committees, Quality Champions Committee, Discharge Improvement Committee, and PLACE assessment, to provide the patients' perspective.

The Trust has a Patient and Public Engagement Committee whose 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 Governors and key local stakeholder agencies.

### **Looking forward**

In addition to continuing with all the initiatives and activities described, achieving a positive patient experience remains a key element for the Trust. A patient and public engagement campaign on Shared Decision Making - Ask 3 Questions - will be undertaken this year. This will inform and empower patients to be involved in decision about their care and treatment.

### **Consultation with Local Groups and Partnerships**

The Trust continues to work in partnership with our local partners. A Youth Event in partnership with the Wigan Youth Zone, Wigan Borough and Wigan Clinical Commissioning Group took place in July, to raise awareness amongst young people about the range of support for young carers, careers, health and inclusion and diversity with young people. The intended outcome from the event was to support young people to achieve an insight to the wide variety of job roles in the NHS and how "everyone is unique" when it comes to equality and diversity.

Other projects during the year include:

- Engagement with the local Leigh Asylum Seekers and Refugees (LASARs) to ask them what their experiences were like when accessing and using the hospital services. The members of the public we engaged with were from countries such as India, China, Republic of the Congo and Bangladesh. Everyone said they received a positive experience of using the hospital services.
- Engagement with our local Gypsies and Travellers to find out what their experiences were like when accessing and using the hospital services. The members of the public we engaged with made us very welcome on the camp. Everyone we spoke to said that they received a very positive experience when using the services of the hospital.



<sup>176</sup> 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.

## 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 2014/15 is outlined below.

### Staff Engagement the WWL Way

In June 2014 the Trust won first prize in the Healthcare People Management Association's "Appreciate Champion" Award for the work achieved in Staff Engagement. In addition, they also won the overall winner award.

'The WWL Way', the Hospital Trust's pioneering staff engagement partnership approach has gone from strength to strength over the last 12 months, achieving real improvements in culture, staff engagement and performance. The Trust's staff engagement pathway model, developed in-house, has assisted both the organisation and individual teams with a measurable framework to continually diagnose and understand the cause and effect of staff engagement. As a result, teams have on average improved levels of engagement by 7% and as much as 25% over 6 months. WWL now ranks 4th out of 138 Acute Trusts on the overall engagement score for the National Staff Survey 2014, and has outperformed other NHS Trusts on over 90% of measures. WWL has been recognised as a Trust demonstrating best practice in staff engagement and are beginning to collaborate with other NHS organisations to share their learning.

The Trust aims to continue to build upon and innovate staff engagement, strengthening its links with Health and Well-Being initiatives. There were several Trust-wide staff engagement events scheduled throughout 2014 including staff feedback video pods, a summer sporting event, listening events, amongst others. In addition, the Staff Engagement Pioneer Teams 26 week Programme continues into cohort 3 and 4 for 2015, enabling even more teams to apply the "WWL Way" staff engagement toolkit and embed staff engagement locally and self-sufficiently.

### Continued Recruitment and Development of the Quality Faculty

The Trust's Quality Faculty has continued to grow during 2014/15 and there are now approximately 259 Quality Champions representing a wide range of disciplines and departments, working on approximately 69 live improvement projects.

Two courses of training in quality improvement methods have been delivered during 2014 and approximately 60 Quality Champions have attended these. 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 2014, 13 silver and 1 gold awards were made.

The Quality Champions' programme has received national recognition and was successful in winning the Health Service Journal Award for Patient Safety in 2014. Plans are in place to continue to sustain and build the Quality Faculty in 2015/16 by offering a broader range of training programmes with the aim of involving more junior staff.

### Implementing Recommendations from the Francis Report

In September 2014 the Trust published its annual progress update in response to the recommendations outlined in the Francis Report. This can be located on the Trust's website. The Trust undertook a comprehensive review of the recommendations from reports by Francis, Keogh and Berwick. The Trust also commissioned an Internal Audit by Mersey Internal Audit Agency to review the Trust's response to those three national reports, which provided a conclusion of 'significant assurance'.

### Leadership Quality and Safety Rounds

During 2014 four leadership safety rounds took place whereby 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 the Neonatal Unit, the Catering department, Acute Stroke Unit, Swinley Ward. 24 staff participated in the visits in total. In all, 23 safety rounds have taken place using this approach since 2012, involving many different disciplines across four Trust sites. A review of the Leadership Quality and Safety Rounds is due to commence in 2015.



## **Internal Compliance Review**

The Trust aims proactively to identify and address any concerns about the quality of care provided to patients.

In 2013-14 the Trust introduced twice-yearly internal inspections to check that standards are being met throughout the organisation. In order to do this an inspection team was developed and included doctors, nurses, therapists, patients, commissioners, external professionals and lay representatives. During the inspections the teams identify areas of good practice and areas where improvements can be made. This information is shared with individual teams and all staff within the Trust. Improvement plans are developed. The Trust's third inspection was held in December 2014 and included a team undertaking a night visit. The findings from the review, particularly regarding patient and staff feedback, were predominantly positive.

Areas for improvement included discharge arrangements and clinic start times. The Trust values the internal inspections and strives to improve the process. The next internal inspection is scheduled for June 2015 and the Trust is exploring the possibility of partnering another organisation to undertake peer review.

## **Always Events**

The Always Events are the Trust's commitment to improving the delivery of patient and family centred care. The 10 Always Event were officially launched in the Trust on 8th January 2014. Since the launch in January 2014, detailed monitoring, recording and tracking of progress has been undertaken.

Every week, 20 patients and 20 members of staff are audited against the 10 Always Events. This produces a heat map which is presented monthly at a number of appropriate forums.

Every quarter, 400 staff (10%) are audited and every patient who is in a bed or chair at any Trust site and who is able to have the conversation, is audited over a two week period. The quarterly audits are undertaken by a team of WWL's clinical lay auditors.

The 10 Always Events are also included in the monthly Ward to Board Quality Indicator Audit and the results are displayed on the quality boards at the entrance to every ward. Both audits produce real time feedback to ward managers and other staff.

There is also direct feedback to the Deputy Director of Nursing who then provides the information to the Heads of Nursing for appropriate action.

The results of the Always Events audits are presented to the Engagement Committee, Heads of Nursing Meeting and the Discharge Improvement Committee. When the baseline audit was undertaken prior to the launch of the Always Events in December 2013, the scores varied from 20 percent to 60 percent of patients and staff reporting that the 10 Always Events always happen. The weekly audits are now clearly demonstrating 90 – 100 percent for all the questions. This gives a clear indication that the Always Events are being embedded into the organisation.

## **The HELP Line**

The Trust recognises that effective communication between patients, relatives and healthcare professionals is of the utmost importance during a stay in hospital. In particular, when a patient becomes acutely unwell, it is vital that the concerns and opinions of the loved ones and carers are listened to and acted upon accordingly. It is clear from some of our investigations into clinical events that there are occasions when these concerns have not been listened to by the ward teams resulting in significant clinical issues for the patients.

The HELP line has been set up using a mobile phone that is carried by the Matron on-call or by the site co-ordinator out of hours. The contact number is a landline number that is diverted to the mobile phone 24/7. Relatives and patients who feel they are not being listened to or are not having their issues addressed at ward level can ring this number and escalate to an appropriate senior colleague.

The HELP line is available to current inpatients and their families only; on discharge any concerns that the families have are escalated via the Patient Relations/PALS Service.

The number of calls received in 2014 was 33 with a further 21 up until the end of March 2015.



The HELP Line is available to inpatients and their families.



Some of the Trust Quality Champions

The Quality Champions' programme has received national recognition and was successful in winning the Health Service Journal Award for Patient Safety in 2014.

Two courses of training in quality improvement methods have been delivered during 2014 and approximately 60 Quality Champions have attended these.

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Training to be a Quality Champion



Training to be a Quality Champion

### **Commissioner Quality Visits**

NHS Wigan Borough Clinical Commissioning Group (CCG) has undertaken two Commissioner Quality Visits in 2014/15. An announced visit to Wrightington Hospital took place in January 2015.

The focus of the visit was to review the Estates Management Systems, to undertake a walk-round speaking to staff and patients and to review the environment and facilities at ward level. In February 2014 the CCG undertook an unannounced night visit to Accident and Emergency and the Clinical Decisions Ward at the Royal Albert Edward 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 these visits and the collaborative approach taken by the CCG to improve patient and staff experience.

### **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.

The 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.

At the Trust the programme is being piloted on MAU and Lowton assessment areas. A number of staff working within these areas have been trained to be 'TalkSafe Champions'. The champions have the conversations with other members of staff and discuss their behaviour and the potential consequences of that behaviour and obtain a commitment to change 'unsafe' behaviour. The success will be measured through a shift in the baseline cultural survey, an increase in no harm and near miss incident reporting and a decrease in incidents causing harm. If the programme is successful in these areas there is an appetite to roll it out further into the organisation.



## Appendix A

These figures 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 figures published in the final audit reports.

### National Confidential Enquiry into Patient outcome and Death (NCEPOD)

Lower Limb Amputation  
Gastrointestinal Haemorrhage Study  
Sepsis (study still open)  
Tracheostomy Care

### National Audits (NCAPOP – n =)

Emergency Laparotomy (NELA)  
National Joint Registry  
Bowel Cancer (NBOCAP)  
Head and Neck Cancer (DAHNO)  
Lung Cancer (NLCA)  
Oesophago-gastric Cancer (NAOGC)  
Prostate Cancer  
Acute Coronary Syndrome (MINAP)  
Cardiac Rhythm Management (CRM)  
Coronary Angioplasty/National Audit of PCI  
National Heart Failure Audit  
National Vascular Registry  
Diabetes (Adult)  
Diabetes (Paediatric)  
Inflammatory Bowel Disease (IBD)  
Rheumatoid and Early Inflammatory Arthritis

### Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Dementia Sentinel Stroke (SSNAP)

### Epilepsy 12 Audit (Childhood Epilepsy)

Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)  
Neonatal Intensive and Special Care (NNAP)

### National Audits (Other HQIP) for which data has been submitted

#### Adult Community Acquired Pneumonia

Severe Trauma (TARN)  
Pleural Procedure  
National Cardiac Arrest Audit  
Adult Critical Care (case mix programme – ICNARC)  
National Chronic Obstructive Pulmonary Disease (COPD)  
Fitting Child (care in emergency departments)  
Mental Health (care in emergency departments)  
Older People (care in emergency departments)

Eligible to participate Y/N	Participated	Number eligible	Actual submissions %
Yes	Yes	6	5 (84%)
Yes	Yes	6	3 (50%)
Yes	Yes	5	4 (80%)
Yes	Yes	2	2 (100%)
Eligible	Participated	Number eligible	Actual submissions %
Yes	Yes	123	100%
Yes	Yes	3032	100%
Yes	Yes		
Yes	Yes	Reported by Cancer Services Department	
Yes	Yes		
Yes	Yes		
Yes	Yes	10	100%
Yes	Yes	Validation of data June 2015	
Yes	Yes	Validation of data June 2015	
Yes	Yes	Awaiting Information	
Yes	Yes	60 (AAA) 119 (CEA)	Awaiting figures
Yes	Yes	Data collection until 31 March	
Yes	Yes	Data collection commences May 2015	
Yes	Audit of service provision only		
Yes	Yes	Prospective data collection – 9 fully completed entries submitted (awaiting further update)	
Yes	Yes	16 (Pilot)	100%
Yes	Yes	Begins April 2015	
Yes	Yes	288	259 (90%) (to 31/12/14) – Q4 data to be submitted 27/4/15
Yes	Partial	Organisational data submitted. Clinical data not collected due to staff changes	
Yes	Yes	13	100%
Yes	Yes	311 episodes 288 distinct babies	100%
Eligible	Participated	Number eligible	Actual Submissions %
Yes	Yes	Data collection underway – deadline for submission May 2015	
Yes	Yes	152 cases submitted	100%
Yes	Yes	6	100%
Yes	Yes	Data available end of May 2015	100%
Yes	Yes	11	100%
Yes	Yes	152	39%
Yes	Yes	50	100%
Yes	Yes	50	100%
Yes	Yes	100	100%

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## Annex A. Statements from HealthWatch, Overview and Scrutiny Committee and Clinical Commissioning Group

This section outlines the comments received from stakeholders on this Quality Account prior to publication.

### HealthWatch

We welcome the many initiatives outlined in the report and the Trust's success in gaining several prestigious awards during the past year.

Our comments below should be read in that context.

1. We would be wary (reference the acting CEO's introduction) of describing the A&E department as 'one of the best in the country' - the measures used are at best limited and at worst misleading. The Trust should be satisfied that it is achieving the targets against which it is measured.
2. We would be wary of using the flawed Friends and Family test as a benchmark. It may be useful but the national patient survey is a much better measure of what patients really think.
3. We have mentioned on several occasions that the Trust Board should hear one favourable and one critical patient story each month. Your Medical Director agrees with us. We hope that this will soon be put into effect.
4. It is clear that the Trust still needs to do more to improve the discharge experience (though we were pleased to note the steps taken to reduce discharges after 8pm)
5. Services provided to vulnerable patients including those with dementia.
6. We were pleased to note the increase in take up of PROMS scoring, referrals to smoking cessation services and steps being taken to prevent unplanned weight loss.
7. Finally, we heartily endorse the Trust's aim to be in the top 10% of Trusts across a range of key measures.

We look forward to discussing the quality accounts with the Trust and other stakeholders in due course.

HealthWatch have requested further information on the following:

1. The business model for the IVF centre as it presumes the CCG paying for up to three cycles when the CCG is only committed to paying for up to two.
2. Progress regarding end to end pathways in the community including multi-disciplinary intermediate care services led by the Trust.
3. Improving outcomes for acute service patients returning to Wigan from other Trusts (especially in the light of NW sector proposals for Healthier Together).

## Annex A. Statements from HealthWatch, Overview and Scrutiny Committee and Clinical Commissioning Group cont

This section outlines the comments received from stakeholders on this Quality Account prior to publication.

### Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group (the CCG) appreciates the opportunity to comment on the seventh annual Quality Account for Wrightington, Wigan and Leigh NHS Foundation Trust.

The CCG welcomes and recognises the progress the Trust has made in respect of the 2014/2015 quality priorities. Notable successes have included an increase in the percentage of patients experiencing Harm Free Care (up from 95% to 98%) and an increase in the percentage of patients who receive an expected date of discharge on admission (up from 45% to 100%). The Trust has also participated in the NHS Quest work stream and has appointed a dedicated Sepsis Nurse; this will provide a renewed focus on early detection and treatment of Sepsis. However the CCG recognises that a number of priorities have not been achieved for example; the target of 95% of all patients being weighed on admission. There was also no significant increase in the numbers of patients having been involved 'as much as they would want to be in decisions about their discharge from hospital'. The CCG would like to see a renewed focus on the areas where improvements were not achieved in the 2015/2016 quality priorities.

During 2014/2015 the Trust participated in 95% of the National Clinical Audits and 100% of National Confidential Enquiries that it was eligible to participate in. The CCG is pleased to see that the actions the Trust has taken as a direct result of these audits have been reported in the Quality Account. The CCG would like the Trust to continue to improve on this work and the level of compliance in 2015/2016.

The CCG is once again supportive of the engagement model used with Commissioners, Governors and Healthwatch in the development of the quality priorities for 2015/2016 and wholly supports the goals and the improvements that the Trust plans to undertake over the next year.

The CCG would like the Trust to particularly focus on a reduction in overall and weekend Summary Hospital Mortality Index (SHMI), discharge processes to ensure they are both safe and appropriate and the implementation of the recommendations made in the independent review of Never Events.

In order to support the Trust to deliver safe, effective and caring healthcare the CCG will work with the Trust, utilising Commissioning for Quality and Innovation (CQUIN) Schemes during 2015/2016, to incentivise further quality improvements in Sepsis Management, Mortality, Discharge Communication and Maternity Care locally.

The CCG looks forward to continuing 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  
May 2015

### Overview and Scrutiny Committee

Comments were sought from Overview and Scrutiny Committee, but 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 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that the NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

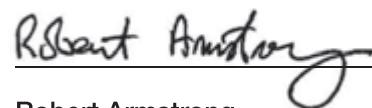
In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 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 2014 to May 2015
  - Papers relating to Quality reported to the Board over the period April 2014 to May 2015
  - Feedback from commissioners dated May 2015
  - Feedback from governors dated 03/05/2015
  - Feedback from Local Healthwatch dated 20/05/2015
  - Feedback from Overview and Scrutiny Committee  
None received
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations, dated 06/05/2015
  - The national patient survey 2013
  - The national staff survey 2014
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2014/15
  - Care Quality Commission (CQC) Intelligent Monitoring Report dated July 2014 and December 2014

- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate ;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and;
- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published at [www.monitor.gov.uk/annualreporting-manual](http://www.monitor.gov.uk/annualreporting-manual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreporting-manual](http://www.monitor.gov.uk/annualreporting-manual))

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  
May 2015



Rob Forster  
Acting Chief Executive  
May 2015



## **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**

### **2014/15 limited assurance report on the content of the quality reports and mandated performance indicators**

#### **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 2015 (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 2015, 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 2015 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
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

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 Monitor.

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

- the 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 guidance; 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 2014 to March 2015;
- papers relating to quality reported to the board over the period April 2014 to March 2015;
- feedback from Commissioners, dated May 2015;
- feedback from local Healthwatch organisations, dated May 2015;
- the Trust's 2013/14 annual complaints report;
- the 2014 national patient surveys relating to children's inpatients and day cases and cancer patients;
- the 2014 national staff survey;
- Care Quality Commission Intelligent Monitoring Report dated December 2014; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated 05/05/2015

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;

## **Annex D. External Auditors Limited Assurance Report cont**

- 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 pathways which were listed as incomplete at a month end, selected on both a random and risk focussed basis.

We found that within our sample a number of patient records had not been appropriately included or excluded from the calculations supporting the monthly RTT incomplete pathway metric.

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 2015. 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 2015:

- 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  
Newcastle Upon Tyne  
28 May 2015



<sup>197</sup> Presented to Parliament  
pursuant to Schedule 7,  
paragraph 25 (4) (a) of the  
National Health Service  
Act 2006

Wightington, Wigan and Leigh  
NHS Foundation Trust  
Annual Accounts  
for the year ended  
31 March 2015

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## <sup>200</sup> Chief Executive's Statement

**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 Monitor.

Under the NHS Act 2006, Monitor has directed Wrightington, Wigan and Leigh NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wrightington, Wigan and Leigh NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- 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 Monitor's NHS Foundation Trust Accounting Officer Memorandum.



A handwritten signature in black ink, appearing to read "Rob Forster".

**Rob Forster**  
Acting Chief Executive

27 May 2015

<sup>202</sup> Wrightington, Wigan and Leigh  
NHS Foundation Trust

Annual Governance  
Statement  
1 April 2014 –  
31 March 2015

## **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 2015 and up to the date of approval of the annual report and accounts.

## **3. Capacity To Handle Risk**

### **3.1 Leadership**

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

The Director of Nursing provides leadership at Board level for the implementation of integrated governance and risk management. The Director of Finance is designated as the accountable and responsible officer for managing financial risk in the Trust. The Medical Director provides professional medical leadership for governance and patient safety within the Trust. The Trust's Risk Management Strategy clearly defines the responsibilities of individual Executive Directors and the Risk Management Strategy applies to all employees.

It requires an active lead from managers at all levels to ensure risk management is a fundamental part of the total approach to quality, corporate and clinical governance, performance management and assurance.

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

The Quality and Safety (Q&S) Committee, chaired by a Non-Executive Director/Senior Independent Director, acts as a scrutiny and strategy committee. The Q&S Committee provides assurance to the Trust Board that adequate and appropriate governance structures, processes and controls are in place throughout the organisation. The Quality and Safety Committee receives minutes of the Divisional Quality Executive Committees (DQEC) whose role is to oversee all elements of risk and governance within Divisions. The Q&S Committee has a rolling programme within its work plan to undertake deep dive investigation into the minutes of the Divisional DQECs to provide the committee with significant assurance on the effectiveness of the Divisional committees. There is a Risk and Environmental Management Committee (REMC) chaired by the Director for Strategy and Planning, which receives and discusses all key Divisional and Corporate risks and where appropriate escalates issues to the relevant Board Sub Committee. The Trust had processes in place to assess itself against the CQC essential care standards and intelligent monitoring reports.

### **3.2 Staff Training**

In 2014-15 WWL have invested significantly in education and personal development with some positive outcomes for both the learners and the organisation.

An Education Governance Committee was formed at the start of this financial year with a focus on providing assurance that our investment in staff training and development is appropriate, delivers the right knowledge and skills and produces a positive impact on organisational performance and patient care.

### 3.2 Staff Training cont

A key element of the committee was to conduct a Strategic Learning Needs Analysis enabling us to align our learning needs with organisational priorities and ensure that development was put in place to support these needs in the right way.

The organisation significantly increased investment in Continual Professional Development by over £40,000 with a key focus on educational priorities.

For the first time, the Trust reached 95% compliance with mandatory training and developed some new programmes including Dementia Awareness which has significantly raised levels of understanding and education in this area.

In terms of Leadership the Trust has invested significantly in development programmes. 109 Ward Leaders and deputies have completed a Level 5 accredited Ward Leadership Development

Programme with positive evaluation demonstrating that participants' knowledge and confidence has increased in a range of development areas. This positive feedback is supported through findings in our engagement pulse check surveys and the NHS staff survey which indicates that there is an increase in staff feeling that communication and support from managers has improved compared to 2013. In addition, many of our deputy ward leaders have demonstrated real potential and this supports succession planning into ward leader roles in the future.

25 managers also completed a level 5 certificate in management and leadership through our local college and 22 staff members completed a level 3 award in leadership and management. In addition 67 managers have now completed a Level 7 accredited Strategic Leadership Programme with some real service improvements made as a result of completing an assessed project.

We would like to congratulate the following people who have completed external NHS leadership programmes in 2014/15:

Mary Fleming successfully completed the NYE Bevan programme.

Sharon Lythgoe, Karen Blackwood, Kate Brown, Angela Couseins, Karen Atkinson and Jayne Bennett completed the Mary Seacole programme and their success was recognised at a recent regional event hosted by the North West Leadership Academy.

The OD Team will be hosting a Leadership Celebration Event in Summer 2015 to celebrate the success of our leaders and aspiring leaders who have completed leadership programmes both externally and internally within WWL.

An organisational coaching proposition was agreed in July 2014 with the aim of developing a pool of coaches. Over 60 members of staff attended a series of coaching taster days with assessment centres and from this a cohort of 21 people were identified to become organisational coaches and undertake a Level 5 Certificate in Management Coaching and Mentoring.

We also have around 7 senior managers who are undertaking a Level 7 Certificate in Management Coaching and Mentoring with a view to them becoming internal Coaching Supervisors for WWL.

A further 13 people attended a 1 day Coaching Programme along with completion of an assignment and coaching practice leading to a Level 5 Award in Coaching and Mentoring. Evaluation for this programme is still being collated. In addition 12 people attended a 1 day Introduction to Coaching Skills session.

A further success for 2014-15 was our increased uptake on staff appraisals highlighted in the NHS staff survey results.

The Trust has also further increased the range of learning opportunities for staff including:

- An NVQ in cleaning for domestic staff
- Delivery of a range of apprenticeships including administration and health related areas
- 73 members of staff undertaking a Level 2 Distance Learning certificate in a range of topics including dementia, mental health awareness and diabetes

As part of our commitment to widening participation we piloted a Skills Club in 2014-15 which involved pupils from a local school in Wigan coming to a 6 week after school programme to learn about the NHS and the career opportunities available to them.

Furthermore, we successfully ran a pre-employment programme leading to the majority of the group gaining employment as a result of this programme, many within WWL. In the Adult Learners Week Awards 2015, we were highly commended for our work on this scheme.

## 4. The Risk And Control Framework

### 4.1 Key Elements of the Risk Management Strategy

#### Effectiveness of governance structures

The Trust has an effective governance structure described within its Risk Management Strategy which is endorsed by the Trust Board. The Board has 5 reporting sub committees, of audit, Finance and Investment, Quality and Safety, information Management and Technology and Human Resources and Organisational Development, each chaired by a Non-Executive Director. The Risk Management Strategy covers the principles of risk management and is subject to review every year to ensure it remains appropriate and current. Staff accountable and responsible for risk management, are clearly identified, as well as the system for identifying, managing, evaluating and controlling individual risk. Risks are identified from risk assessments and analysis of data from other intelligence sources, including concerns, near misses, incidents, serious untoward incidents, never events, formal and informal complaints and litigation cases.

The key organisational risks for the year were identified from the Corporate Strategic Objectives for 2014/15 that formed part of the Board Assurance Framework, these were:

- Failure to meet all of our performance and financial targets in full every month leading to potential Monitor 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 key corporate objectives for 2014/15 included on the Board Assurance Framework were:

#### Performance

To score zero points on the Monitor Risk Assessment Framework in each month and a Continuity of Services Risk Rating (CSRR) of 3 in each quarter and for the year.

#### Innovation

To invest at least £300k by 1st April 2015 in new projects identified as having at least a two to one payback, measured in finance and/or the equivalent in quality. To commence the establishment of an innovation hub.

#### Leadership

To put 60 staff (including 10 Ward Managers), through external or internal senior Leadership Training, by 1 April 2015.

#### Information

To complete the procurement of a new Health Information System, (HIS) and commence implementation, for completion over 3-5 years. The new HIS will incorporate paper-light patient information and administration systems for A&E, EPR referral letters, and case notes for outpatient clinics. These are to be the platform for (a) integration with other health and social care organisations, (b) direct patient access to records and, (c) actively prompting staff and patients to monitor health and follow agreed clinical pathways.

#### Staff engagement

To score an average of at least 70% positive in the pulse check scores.

#### Investment

To maintain a financially balanced 10 year investment plan and meet milestones in the 2014-15 investment programme including completion of: the new Cancer Unit and Essential Services Laboratory; commencement of building of new clinical offices, new assisted conception unit and Wrightington Phase 1 (subject to viable business cases).

#### Partnership

To continue implementation of Wigan Integration Max with a 10% reduction in acute bed numbers and 15% reduction in hospital outpatient appointments.

#### Safe

Achieve HSMR of no more than 87 (before rebasing) and SHMI of no more than 100.

#### Effective

To be in the top 10% of Trusts from PROMs and AQ scores.

#### Caring

To be in the top 10% of similar Trusts for patient opinion surveys. The key risks were placed on the Board Assurance Framework (BAF), having a lead Executive Director and are discussed monthly by the allocated monitoring committee. The Executive Communications Cell (a weekly meeting of the Executive Directors) reviews the BAF on a monthly basis and it is also included in the monthly performance report to the Board.

Looking forward, key risks relating to performance and investment, partnership, quality and engagement have been identified to be placed on the 15/16 BAF. The key risks identified related to failure to meet all the Monitor Compliance framework targets resulting in a risk to Licensing. Failure to achieve the cost improvement target resulting in non-achievement of the planned surplus for further investment. A further key risk is failure to have developed a viable North West Sector single service implementation plan by December 2015, including balanced activity assumptions and to agree Wigan-wide integrated care assumptions by September 2015 resulting in a risk to the future service provision. The Risk Management Strategy is cross referenced to a series of related risk management documents i.e. Divisional Risk Management Strategies, Risk Assessment Policy, Risk Assessment Standard Operating Procedure, the Incident Reporting and Investigation Policy and the Serious Untoward Incident and Never Event Policy. All risk related policies and Standard Operating Procedures (SOPs) are available to all staff via the document library on the Trust's intranet.

Risk management is embedded in the activity of the organisation through induction training, regular risk management training and ad hoc training when a need is identified. A risk reporting system, (Datix web), is in operation across the organisation on which concerns, near misses, complaints, claims and incidents are reported by staff and stored on a database for analysis. Root cause analysis is undertaken and identified changes in practice are implemented as a result. The Quality and Safety committee receive a quarterly Safe, Effective and Caring Report providing information on risk management issues, assurance and lessons learned. The Board receive detailed reports on the Trust's operational and financial performance which are subject to detailed scrutiny at each Board meeting. The Trust Board receives and approves the quarterly governance assurance report for submission to Monitor detailing all exception reports in compliance with the Monitor Risk Assessment Framework and compliance with the Trust's Licence. These reports provide evidence to support the corporate governance statement required under NHSFT condition 4 (8) (b).

#### **4.2 Elements of the Assurance Framework**

The Board Assurance Framework (BAF) has been in place during 2014/15. The Assurance Framework:

- Identifies the corporate objectives that the Trust is striving to achieve.
- Provides a mechanism to inform the Board of activity related to risk assessment of the key corporate objectives.

The Risk and Environmental Management Committee considers the corporate risk register high/significant risks and where appropriate, escalate these to the relevant sub-committee of the Board for possible inclusion on the Board Assurance Framework. Risks are escalated to sub-committees for either escalation to the Trust Board or action resulting in de-escalation. Sub-committees of the Trust Board can escalate key risks to the Trust Board, for example the Finance and Investment committee escalated risk of non-achievement of the A&E target.

Risk prioritisation and action planning is informed by the corporate risk register which have been derived from internal and external sources of risk identified from national requirements and guidance, complaints, claims, incident reports and audit findings. This also includes any other sources of risk derived from ward, departmental and divisional risk assessments, which feed up to Divisional and Corporate level management. Action plans are developed for unresolved risks and the rating of risks is established using a 5x5 matrix which was derived from the ISO 3100 Risk Management standard.

Lead Executive Directors and Lead Managers have responsibility for developing action plans to deal with the gaps in control and assurance. The Board Assurance Framework serves to assure the Board of Directors and Council of Governors that the organisation is effectively managing its risks. The Trust Board has previously considered its appetite for risk using the Good Governance Institute's risk appetite matrix. The Quality & Safety (Q&S) committee and audit committee scrutinise the corporate risk register on a rotational basis within their work plans, thus providing the Trust Board with a quarterly review.

As previously described, the Executive Communications Cell reviews the risks on the BAF including the key controls, assurance of controls, any potential gaps in control or assurance and any action plans to mitigate the risks. The Board Assurance Framework is monitored and reviewed on a monthly basis by the Trust Board. This provides evidence to support the Annual Governance Statement.

The Audit Committee is a sub-committee of the Board of Directors and provides independent assurance on aspects of governance, risk management and internal control. The Audit Committee has an annual work plan that ensures effective monitoring of risk management takes place including review of Divisional quality account dashboards, receipt of internal audit reports and annual review of effectiveness reports from each Board Sub-committee. Internal Audit reviewed the Trust's Assurance Framework for 2014/15 and

concluded that it meets the requirements of the Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the Trust's risks.

#### **4.3 Quality Governance Arrangements**

For the last six years the Trust has committed to ensuring that quality is viewed equally alongside finance and performance, with safety as the highest priority. The Trust developed a revised Quality Strategy for 2014/17 which was approved in April 2014. This strategy identifies 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 are agreed and published in the Trust's Quality Account.

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 2013/14 the Trust commissioned a review by external consultants, Deloitte against Monitor's Quality Governance Framework, scoring a 6. An improvement plan was developed to address the recommendations and significant progress has been achieved to move toward achieving a score of 4. A mid-year and a final-year review have been commissioned by the Trust in 2014/15 undertaken by Mersey Internal Audit Agency, to evaluate the implementation of the improvement plan.

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's Risk Management Strategy is reviewed and approved by the Trust Board annually. The Trust identifies key organisational risks for the year against the Corporate Strategic Objectives. This forms the Board Assurance Framework. Each of the key risks has a lead director and a monitoring committee. The risk scores are discussed monthly by monitoring committees, the Executive Communications Cell (a weekly meeting of

the Executive Directors) and reported monthly to the Board. The risks on the Trust's Corporate Risk Register are reviewed monthly at the Risk and Environmental Management Committee (REMC).

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 259 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. Information data quality is reviewed by the Data Quality Committee.

The Trust has 'Signed Up to Safety', a national campaign to deliver harm free care for every patient, every time, everywhere. The Trust has submitted an improvement plan that has been developed in conjunction with the Trusts Quality Strategy. The improvement plan outlines a number of initiatives that the Trust is participating in.

The Trust is participating in a patient safety programme. 'Talksafe' trains staff to have structured conversations engaging staff to reflect on what can go wrong, what they can do to mitigate the risks and gain commitment to pursue a safe course of behaviour in future. Two wards have participated in a pilot which will be evaluated to consider the possibility of rolling the programme out further to other areas of the Trust.

The Trust Board and Wigan Borough Clinical Commissioning Group are participating in a ‘Making Safety Visible’ initiative led Haelo, an innovation and improvement centre which hosts improvement experts, clinicians, improvement fellows and researchers. Making Safety Visible supports Trust’s to undertake a self-assessment against the ‘Measuring and Monitoring of Safety Framework’ by Professor Charles Vincent, Emeritus Professor of Clinical Safety Research.

All papers submitted to the Trust Board are required to declare how they relate to CQC, NHSLA and the Board Assurance Framework (BAF). Maintaining CQC registration without conditions has been a recurrent corporate objective since 2011/12.

This is monitored on a monthly basis via the BAF.

#### **4.4 How Equality Impact Assessments are embedded in the activity of the Trust**

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 Service & Employment Inclusion & Diversity Monitoring Reports.

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 relation to inclusion and diversity using this framework as well as identifying priorities going forward. The EDS 2015/16 Action Plan will be updated to reflect the actions outstanding from 2014/15 and to incorporate any new actions that have arisen from the recent 2015 EDS assessment.

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 HR Committee. An Inclusion & Diversity Operational Group meet on a bi-monthly basis and take a lead role in supporting the delivery of the Equality Delivery System action plan.

This group reports into the Inclusion & Diversity Steering Group and the Engagement Committee. Progress is also reviewed annually within the Trust’s Inclusion and Diversity Annual Employment and Service Monitoring Reports.

#### **4.5 How Public Stakeholders are involved 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 & Adults Board and Healthwatch Wigan are engaged on service developments and changes.

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 Q&S Committees, Engagement Committee, Clinical Audit Committee, Health and Safety Committee and PLACE assessment visits. PLACE is the system for assessing the quality of the patient environment. The assessments involve local people going into hospitals as part of 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.

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

#### **4.6 Managing Risk to Data Security**

The Information Governance work programme and performance against the national Information Governance Toolkit is closely monitored by the Information Governance 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 in Version 12 of the Information Governance Toolkit with a score of 87%.

#### **4.7 CQC Compliance**

The Foundation Trust is registered with the Care Quality Commission (CQC) to provide care, treatment and support, without compliance conditions. The Trust has not been subject to a CQC inspection in 2014/15.

The Trust reviews the CQC Intelligent Monitoring Reports to ensure that actions are taken to address the risks identified by the CQC. This is monitored by the Quality and Safety Committee. The Trust has maintained regular contact with its CQC Compliance Inspectors and holds quarterly engagement meetings with the CQC.

#### **4.8 Corporate Governance Statement**

As stated above 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 2013/14 the Trust commissioned a review by external consultants, Deloitte against Monitor's Quality Governance Framework MQGF), scoring a 6 and the Board Governance Framework (BGAF). An improvement plan was developed to address the recommendations from both reviews. A mid-year and a final-year review have been commissioned by the Trust in 2014/15 undertaken by Mersey Internal Audit, to evaluate the implementation of the improvement plan.

As a result of this work the Trust has further improved the effectiveness of its governance structures, including the responsibility of Directors and sub-committees reporting lines to the Board. Improvements to the risk escalation process and data quality reporting will also enhance 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 overall performance.

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) due to be submitted by 30 June 2015.

#### **4.9 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 over the short and longer term. These arrangements include ensuring the financial plan is affordable; ensuring the delivery of efficiency requirements; compliance with the 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 approval of annual budget by delegated budget holders.
- Comprehensive monthly reporting to the Board on key performance indicators, covering quality and safety, finance, activity and human resources targets.
- The Divisions play an active part in the on-going review of financial performance including service transformation requirements.
- Scrutiny of Divisional performance against objectives at sub-Board Committees.
- Quarterly Divisional Performance Reviews.
- Quarterly reporting to Monitor and compliance with terms of authorisation

- Service transformation is managed by a Programme Management Office and reviewed by a dedicated monthly Service Transformation / Management Board to ensure clinical engagement and full visibility.
- 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.
  - In year cost pressures are rigorously reviewed and challenged, and alternatives for avoiding cost pressures are always considered.
  - The Trust subscribes to a national benchmarking organisation (Dr Foster) that provides comparative information analysis on patient activity and clinical indicators. This is used for the risk management process and to identify where improvements can be made.
  - Service Line Reporting / Service Line Management Board meets monthly led by the Clinical Director to review service line profitability.
  - 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.

## 6. Information Governance

There has been a decrease in the number of information governance and / or security related incidents during 2014/15 with 25 for the year, compared to 62 reported last year. Within the 25 there were three IG level 2 incidents reported to the Information Commissioners Office. There was one incident whereby information was shared with a CCG and the patient identifiers were not completely removed. There were two incidents related to staff accessing clinical records where when the records were accessed the staff were not involved in the care of that individual at that time.

An Internal Audit of compliance with the Information Governance Toolkit was undertaken and a limited assurance opinion given. The recommendations have been accepted by Management and actions put in place to address the recommendations made.

## 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. 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. We are committed to improving quality and safety by adopting a 'Zero Tolerance to Harm Culture'. These values are incorporated within the Trust Mission, Vision and Strategy. The WWL Wheel has been designed as a lasting framework which will help us to communicate our future plans and measure our performance. It recognises the importance of engaging with staff to help shape and achieve our aims and objectives. It gives us a simple framework to support staff development so everyone can understand how they can play their part in achieving the Trust's aims and objectives. The pods around the wheel represent the Trust's values and the plinth on which it stands are the corporate objectives of the Trust.

### 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.

At the end of 2013/14 the Trust purchased Bedside Clinical Guidelines. Bedside Clinical Guidelines provide staff with access to clinical guidelines that reflect best evidence in practice or research. The guidelines have been reviewed by professionals within the speciality field. They assist the Trust to maintain best practice in the delivery of care, decision making, continued delivery of improved outcomes for our patients and to standardise care across the organisation.

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 Medical Director, 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.

Red rated 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 and governance and assurance team members. Investigations and action plans following serious incidents are reviewed and monitored by the Trust's SIRI Panel. Membership includes the Wigan Borough Clinical Commissioning Group.

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 has held three inspections (December 2013, June 2014 and December 2014) visiting a number of areas of the Trust and reviewing key lines of inquiry. The Trust is seeking peer review input from other acute Trust for its next inspection in June 2015. These inspections have highlighted both good practice and areas for improvement. The Trust also undertakes monthly mini-inspections.

### 7.4 People and Skills

In June 2014 the Trust won first prize in the Healthcare People Management Association's "Appreciate Champion" Award for the work achieved in Staff Engagement. In addition, they also won the overall winner award, and then went on to win the Patient Experience Network award for staff engagement in March 2015. 'The WWL Way', the hospital Trust's pioneering staff engagement partnership approach has gone from strength to strength over the last 12 months, achieving real improvements in culture, staff engagement and performance. The Trust's staff engagement pathway model that was developed in-house, has assisted both the organisation and individual teams with a measurable framework to measure staff feedback and continually diagnose and understand the cause and effect of staff engagement.

In response to our staff pulse survey feedback, we held a number of Trust-wide staff engagement events and initiatives to help build upon our organisational levels of engagement. These included themed listening events (start of the year, bands 1-4, BME, disability), a World Cup 5-a-side football tournament, a Trust calendar competition, feedback video pods across our sites, launch of our "going the extra mile" recognition cards, amongst others. To assist teams with their engagement, the Staff Engagement Pioneer Teams 26 week Programme supported 20 teams in cohorts 2 & 3, enabling even more teams to apply the "WWL Way" staff engagement toolkit and embed staff engagement locally and self-sufficiently.

As a result, WWL now ranks 4th out of 138 Acute Trusts on the overall engagement score for the National Staff Survey 2014, and has outperformed other NHS Trusts on over 90% of measures. In addition, our Pioneer Teams have on average improved levels of engagement by 7% and as much as 25% over 6 months. WWL has been recognised as a Trust demonstrating best practice in staff engagement and we are beginning to collaborate with other NHS organisations to share our learning. The Trust aims to continue to build upon and innovate staff engagement, strengthening its links with Health and Well-Being initiatives.

### **7.5 Data Use and Reporting**

All Trust staff have responsibility to record accurate data which is reflected in the Data Quality Policy among others. Key staff in the organisation have designated roles to ensure procedures and guidelines are in place to accurately capture information. The Trust's Data Quality Committee has responsibility to ensure procedures and guidelines are being followed and this is monitored via regular data quality audits undertaken as part of the committee work plan. The audits provide evidence of the quality of data and this is rated using the Trust's Data Quality Kite Mark to show source reliability, timeliness of data entry, validity of data and accuracy.

An External Audit review of RTT data has shown that improvements could be made and actions have been put in place to address this. These will be progressed through Data Quality Committee, the Risk and Environmental Monitoring Committee and standard Trust governance. The Trust's Access Policy deals with monitoring and review arrangements of waiting lists and will be updated accordingly.

### **7.6 Financial Position/Risks**

The Trust is reporting a trading deficit of £0.8m with a Continuity of Services Risk Ratio (CSRR) of 3. The reported position includes agreements with all relevant Clinical Commissioning Groups and these agreements are reported in the Department of Health's Agreement of Balances exercise.

There are no outstanding risks (that have not been provided for) associated with the 2014/15 financial period. Looking forward to 2015/16 the Trust has approved a budget which should deliver a safe and effective environment for patient care whilst maintaining financial stability for future investment in the Trust's infrastructure. Achievement of financial plans in 2015/16 is predicated on achievement of predicted activity levels; balancing expenditure to

plan; levels; balancing expenditure to plan; and bringing service transformation schemes to fruition to deliver efficiencies and managing contract penalties.

### **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.

#### **My review has been informed by:**

- The Board Assurance Framework itself provides me with evidence of the process of the effectiveness of controls that manages the risks to the organisation.
- The Board of Directors, Audit Committee, Q&S Committee and the Risk and Environmental Management 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 and myself on serious untoward events.
- All the relevant committees within the corporate governance structure have a clear timetable of meetings and a clear reporting structure to allow issues to be raised.
- The Trust Board monitors and reviews the summary Board Assurance Framework on a monthly basis.
- The Q&S and Audit Committee reviewed the Board Assurance Framework, which is agreed in conjunction with Executive Directors. Responsibility for reviewing risks noted on the BAF was devolved to the Finance and Investment committee, HR committee, IM&T Strategy committee, Management Board, Quality and Safety committee and Trust Board prior to final score by the Executive Communications Cell.
- The Department of Governance and Assurance produces a Safe Effective and Caring report. This

is presented to the Q&S 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 Monitor's Foundation Trust Code of Governance (2014). The Trust was deemed compliant with all provisions set out in the Code.
- 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 that it meets the requirements of the Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the Trust's risks. Six internal audit reviews undertaken during the year as part of the IA programme were given limited assurance. These were in the areas of car parking income, Information governance, IT asset management, mortality framework, discharge planning and readmission and bank, agency and locum staffing.

The Trust has taken robust and timely actions to address the issues raised in these reports, in particular for discharge planning with the introduction of an improved discharge lounge facility and support processes leading to an enhanced patient experience.

- The Head of Internal Audit Opinion for 2014/15 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.

#### **Areas for further improvement**

The Trust's safe, effective, caring strategy is the basis for the Trust's corporate and divisional plans and the basis for measuring and reporting on the Trust's progress in reducing avoidable harm and improving quality. The Trust has experienced local challenges to achieving this strategy over the previous year and recognises areas for improvement.

#### **Safe**

One challenge is to progress towards no patients experiencing avoidable harms. The Trust's trajectory for cases of Clostridium Difficile in 2014/15 was 32. The Trust had 25 cases, however the target for 15/16 of a maximum of 19 cases will present a significant challenge. The Trust has reported 6 incidents as never events since April 2014, relating to unintentionally retained foreign objects and wrong site surgery. None of the incidents resulted in lasting harm.

The Trust recognises that patients should never experience these events while receiving care and treatment and has apologised to those patients involved. Following these incidents the Trust commissioned an independent external review and has implemented an action plan to address all the recommendations made. The Trust benchmarks positively against other organisations for Hospital-Standardised Mortality Ratio (HSMR) but not as positively for Summary-Hospital Mortality Indicator (SHMI). The Board has agreed to set a target of 100 for SHMI and this will be monitored via the performance report and Board Assurance Framework on a monthly basis.

#### **Effective**

The Trust's Quality Strategy and Sign Up to Safety Improvement plan focus on areas for improvement over the next year. These areas include reducing medication errors, responding to the deteriorating patient and improving nutrition and hydration. Improving systems for discharge remains a Trust priority for 2015/16.

### Caring

Feedback from patients taking part in the real time survey of inpatients continue to report that improvements are required in involving them in decisions about their care, treatment and discharge planning. Patients are also not always aware of which consultant is treating them.

Focussed work to improve the patient experience includes the introduction of the Always Events during 2014.

### 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



A handwritten signature in black ink, appearing to read "Rob Forster". It is written in a cursive, flowing style.

**Rob Forster**  
Acting Chief Executive

27 May 2015



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Report**

## INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

<b>Opinion on financial statements of Wrightington, Wigan and Leigh NHS Foundation Trust</b>	<p>In our opinion the financial statements:</p> <ul style="list-style-type: none"> <li>• give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended;</li> <li>• have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and</li> <li>• have been prepared in accordance with the requirements of the National Health Service Act 2006.</li> </ul> <p>The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash flows 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 Monitor – Independent Regulator of NHS Foundation Trusts.</p>
<b>Going concern</b>	<p>We have reviewed the Accounting Officer's statement contained on page 211 that the Trust is a going concern. We confirm that</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.</li> </ul> <p>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.</p>
<b>Our assessment of risks of material misstatement</b>	<p>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:</p>

**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

Risk	How the scope of our audit responded to the risk
<p><b>Recognition of NHS revenue</b></p> <p>There are significant judgments in the recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:</p> <ul style="list-style-type: none"> <li>• the complexity of the Payment by results regime, in particular in determining the level of overperofrmance and CQUIN (Commissioning for Quality and Innovation) revenue to recognise; and</li> <li>• the judgmental nature of provisions for disputes, including in respect of outstanding overperformance income for quarters 3 and 4.</li> <li>• the challenges experienced across the sector in 2013/14 in recovering income and increases in debtor ageing</li> <li>• the risk of revenue not being recognised at fair value due to adjustments being agreed in settling current year disputes and agreement of future year contracts</li> </ul> <p>The value of this revenue in 2014/15 is £242m, see note 2 for further details</p>	<p>We performed detailed substantive testing of the recoverability of overperformance income and adequacy of provision for underperformance through the year, and evaluated the results of the agreement of balances exercise.</p> <p>We tested the historical accuracy of provisions made for disputes with commissioners, and considered this in evaluating bad debt provisions and other provisions in respect of NHS income at 31 March 2015.</p> <p>We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted and reviewed correspondence with commissioners.</p>
<p><b>Property valuations</b></p> <p>The Trust holds property assets within Property, Plant and Equipment at a modern equivalent asset valuation. The valuations are by nature significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.</p> <p>Where existing properties are being modernised, the "modern equivalent use" valuation rules can lead to a "day one" impairment where the accumulated cost of the asset exceeds the cost of a newly built facility.</p> <p>The value of property and land in 2014/15 is £132m, see note 10 for further details.</p>	<p>We used internal valuation specialists to review and challenge the methodology of the valuation performed including identification and challenge of significant movements experienced in the period against industry benchmarking and established market practice.</p>

**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

Risk	How the scope of our audit responded to the risk
<p><b>Accounting for capital expenditure</b></p> <p>The Trust has an extensive capital programme, including Wrightington Phase 1 and development of the Health Informatics System (HIS) project. Determining whether expenditure should be capitalised can involve significant judgement as to whether costs should be capitalised under International Financing Reporting Standards, and when to commence depreciation. In addition, previously capitalised works that are being replaced or refurbished need to be appropriately written down.</p> <p>The value of assets under construction capitalised in 2014/15 is £14m, see note 10 for further details.</p>	<ul style="list-style-type: none"> <li>• We tested the design and implementation of controls around capitalisation of costs and tested spending on a sample basis to confirm that it complied with the relevant accounting requirements</li> <li>• We reviewed the projects ledger and the status of individual projects to evaluate whether they had been depreciated from the appropriate point.</li> <li>• We challenged management's assessment of whether any impairment arose in respect of newly capitalised expenditure.</li> </ul>

	<p>The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 84.</p> <p>Our audit procedures relating to these matters were designed in the context of our audit of the financial statements as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the financial statements is not modified with respect to any of the risks described above, and we do not express an opinion on these individual matters.</p>
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**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF  
GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON,  
WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

<p><b>Our application of materiality</b></p>	<p>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.</p> <p>We determined materiality for the Trust to be £2.6m. This is below 1% of Operating income from continuing operations and below 2% of Taxpayers' Equity. Our determination of materiality was based upon Operating Income from Continuing Activities as, in our judgment, this represented the most accurate measure of the scale of the Trust.</p> <p>We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £130k, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.</p> <p>We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.</p>
<p><b>An overview of the scope of our audit</b></p>	<p>Our audit was scoped by obtaining an understanding of the Trust and its environment, including Trust-wide controls, and assessing the risks of material misstatement at the Trust level.</p> <p>Audit work was performed at the Trust's offices in Wigan directly by the audit engagement team, led by the audit partner.</p> <p>The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.</p>
<p><b>Opinion on other matters prescribed by the National Health Service Act 2006</b></p>	<p>In our opinion:</p> <ul style="list-style-type: none"> <li>• the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006, and</li> <li>• the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.</li> </ul>

**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

Matters on which we are required to report by exception	
<i>Annual Governance Statement, use of resources, and compilation of financial statements</i>	<p>Under the Audit Code for NHS Foundation Trusts, we are required to report to you if, in our opinion:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or</li> <li>• proper practices have not been observed in the compilation of the financial statements.</li> </ul> <p>We have nothing to report in respect of these matters.</p> <p>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.</p>
<i>Our duty to read other information in the Annual Report</i>	<p>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:</p> <ul style="list-style-type: none"> <li>• materially inconsistent with the information in the audited financial statements;</li> <li>• apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or</li> <li>• otherwise misleading.</li> </ul> <p>In particular, we have considered 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. We confirm that we have not identified any such inconsistencies or misleading statements.</p>

**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

<b>Respective responsibilities of the accounting officer and auditor</b>	<p>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 Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. 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.</p> <p>This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Wrightington, Wigan and Leigh NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an 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.</p>
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**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF  
GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON,  
WIGAN AND LEIGH NHS FOUNDATION TRUST (continued)**

<b>Scope of the audit of the financial statements</b>	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.
<b>Qualified Certificate</b>	We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts except that we have qualified our conclusion on the Quality Report in respect of the percentage of incomplete pathways within the 18 weeks referral to treatment indicator.



Paul Thomson, ACA (Senior statutory auditor)

for and on behalf of Deloitte LLP

Chartered Accountants and Statutory Auditor

Leeds, UK

28<sup>th</sup> May 2015

## <sup>224</sup> Foreword to the Accounts

These accounts, for the year ended 31 March 2015, have been prepared by Wrightington, Wigan and Leigh NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

**Statement of Comprehensive Income**

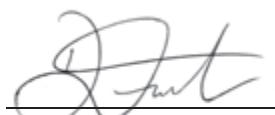
	Note	2014/15 £000	2013/14 £000
Operating income from patient care activities	2	246,580	245,191
Other operating income	3	21,618	17,274
<b>Total operating income from continuing operations</b>		<b>268,198</b>	<b>262,465</b>
Operating expenses	4	(272,907)	(263,354)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>(4,709)</b>	<b>(889)</b>
<b>Finance costs</b>			
Finance income	7	74	107
Finance expenses	8	(263)	(104)
PDC dividends payable		(4,427)	(4,943)
<b>Net finance costs</b>		<b>(4,616)</b>	<b>(4,940)</b>
<b>Deficit for the year*</b>		<b>(9,325)</b>	<b>(5,829)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure</b>			
Impairments		(6,058)	(1,910)
Revaluations		8,289	2,355
<b>Total comprehensive income/(expense) for the period</b>		<b>(7,094)</b>	<b>(5,384)</b>

\*The Trust's trading position excludes impairments of £8,507k which are technical in nature. A reconciliation of these amounts can be found in Note 27.

## 226 Statement of Financial Position

	Note	31 March 2015 £000	31 March 2014 £000
<b>Non-current assets</b>			
Intangible assets	9	4,075	6,724
Property, plant and equipment	10	167,784	153,732
Trade and other receivables	15	401	536
<b>Total non-current assets</b>		<b>172,260</b>	<b>160,992</b>
<b>Current assets</b>			
Inventories	14	3,789	3,666
Trade and other receivables	15	10,856	10,511
Non-current assets for sale	16	3,134	1,769
Cash and cash equivalents	17	14,615	20,251
<b>Total current assets</b>		<b>32,394</b>	<b>36,197</b>
<b>Current liabilities</b>			
Trade and other payables	18	(20,773)	(22,852)
Other liabilities	19	(713)	(252)
Borrowings	20	(132)	(30)
Provisions	21	(4,563)	(5,219)
<b>Total current liabilities</b>		<b>(26,181)</b>	<b>(28,353)</b>
<b>Total assets less current liabilities</b>		<b>178,473</b>	<b>168,836</b>
<b>Non-current liabilities</b>			
Other liabilities	19	(450)	(600)
Borrowings	20	(25,344)	(8,668)
Provisions	21	(2,482)	(2,909)
<b>Total non-current liabilities</b>		<b>(28,276)</b>	<b>(12,177)</b>
<b>Total assets employed</b>		<b>150,197</b>	<b>156,659</b>
<b>Financed by</b>			
Public dividend capital		95,088	94,456
Revaluation reserve		33,038	32,246
Income and expenditure reserve		22,071	29,957
<b>Total taxpayers' equity</b>		<b>150,197</b>	<b>156,659</b>

The primary financial statements on pages 2 to 5 and the notes on pages 19 to 50 were approved by the Board of Directors and authorised for issue on 27 May 2015 and signed on its behalf by Robert Forster, Acting Chief Executive.



Robert Forster  
Acting Chief Executive

27 May 2015

**Statement of Changes in Equity for the year ended 31 March 2015**

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	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2014</b>	<b>94,456</b>	<b>32,246</b>	<b>29,957</b>	<b>156,659</b>
Surplus/(deficit) for the year	0	0	(9,325)	(9,325)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	0	(76)	76	0
Other transfers between reserves	0	(1,363)	1,363	0
Impairments	0	(6,058)	0	(6,058)
Revaluations	0	8,289	0	8,289
Transfer to income and expenditure reserve	0	0	0	0
Public dividend capital received	632	0	0	632
<b>Taxpayers' equity at 31 March 2015</b>	<b>95,088</b>	<b>33,038</b>	<b>22,071</b>	<b>150,197</b>

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2013</b>	<b>94,196</b>	<b>34,863</b>	<b>32,724</b>	<b>161,783</b>
Surplus/(deficit) for the year	0	0	(5,829)	(5,829)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	0	(2,291)	2,291	0
Other transfers between reserves	0	(766)	766	0
Impairments	0	(1,910)	0	(1,910)
Revaluations	0	2,355	0	2,355
Transfer to retained earnings on disposal of assets	0	(5)	5	0
Public dividend capital received	260	0	0	260
<b>Taxpayers' equity at 31 March 2014</b>	<b>94,456</b>	<b>32,246</b>	<b>29,957</b>	<b>156,659</b>

## 228 Statement of Cash Flows

	Note	2014/15 £000	2013/14 £000
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit)		(4,709)	(889)
<b>Non-cash income and expense</b>			
Depreciation and amortisation	4	7,935	7,756
Impairments and reversals of impairments	3, 4	8,507	9,078
(Gain)/loss on disposal of non-current assets	3, 4	(9)	38
Non-cash donations/grants credited to income	3	(346)	(187)
(Increase)/decrease in receivables and other assets		(251)	(2,888)
(Increase)/decrease in inventories		(123)	(193)
Increase/(decrease) in payables and other liabilities		(2,255)	(4,080)
Increase/(decrease) in provisions		(1,137)	4,048
Other movements in operating cash flows		0	0
<b>Net cash generated from/(used in) operating activities</b>		<b>7,612</b>	<b>12,683</b>
<b>Cash flows from investing activities</b>			
Interest received	73	107	
Purchase of intangible assets	(225)	(2,680)	
Sales of intangible assets	0	0	
Purchase of property, plant, equipment and investment property	(26,068)	(15,408)	
Sales of property, plant, equipment and investment property	52	327	
<b>Net cash generated from/(used in) investing activities</b>		<b>(26,168)</b>	<b>(17,654)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received	632	260	
Movement on loans from the Independent Trust Financing Facility	16,332	8,668	
Movement on other loans	476	0	
Other interest paid	(142)	(39)	
PDC dividend paid	(4,378)	(4,858)	
Cash flows from (used in) other financing activities	0	0	
<b>Net cash generated from/(used in) financing activities</b>		<b>12,920</b>	<b>4,031</b>
<b>Increase/(decrease) in cash and cash equivalents</b>		<b>(5,636)</b>	<b>(940)</b>
<b>Cash and cash equivalents at 1 April</b>		<b>20,251</b>	<b>21,191</b>
<b>Cash and cash equivalents at 31 March</b>	17	<b>14,615</b>	<b>20,251</b>



<sup>230</sup> Notes to the Accounts  
for the year ended  
31 March 2015

## 1.0 Accounting policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2014/15 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

### 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 accounting policies have been applied consistently to all periods presented in these financial statements and in dealing with items considered material in relation to the accounts.

The financial statements 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 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.

### 1.3 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.

#### 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.

#### 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 2015 and does not consider these to be of a material 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 DTZ Debenham Tie Leung Ltd (DTZ). 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.

A full asset valuation was undertaken in 2014/15 as at the prospective date of 1 April 2014 and was applied on 1 April 2014.

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.

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 31 March 2015 is £172m.

### 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 2014/15, 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 18.9% 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; and
- partially completed spells.

### 1.4 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 material value to require consolidation, then those balances will be consolidated into the Trust Accounts.

There is no consolidation for 2014/15.

## 1.5 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.

### 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.

## 1.6 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.

## 1.7 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs: NHS pension scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales.

The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employer's pension costs of contributions are charged to operating expenses as and when they become due.

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 the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes.

The valuation of the scheme liability as at 31 March 2015 is based on the valuation data as 31 March 2014, updated to 31 March 2015 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, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set 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.

#### Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained.

The scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Retail Prices Index (RPI) has been replaced with the Consumer Price Index (CPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, is payable. For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer and this additional cost is charged to operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

#### 1.8 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, twelve months from the Statement of Financial Position date. All other assets and liabilities are classified as non-current.

#### 1.9 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 fair value. 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.

### 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; and
- 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

## 1.10 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.

### 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 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.

#### **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.

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Property, plant and equipment is depreciated over the following useful lives.

Buildings excluding dwellings	6 to 90 years
Dwellings	26 to 54 years

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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

#### **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 income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **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.

### **1.11 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.

### **1.12 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.

### **1.13 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.

### **1.14 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.

### **1.15 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.

### **1.16 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.

#### **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 an impairment is made for those receivables where there is reasonable uncertainty of obtaining settlement.

## **1.17 Leases**

### **The Trust as lessee - Finance leases**

The Trust does not have any finance leases.

### **The Trust as lessee - 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.

## **1.18 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 -1.5% for short-term provisions; -1.05% for medium term provisions and 2.20% for long term provisions, (-1.90%, -0.65% and 2.20% 2013/14). For post-employment benefits including early retirement provisions and injury benefit provisions the HM Treasury's pension discount rate of 1.30% in real terms (1.80% 2013/14) is used.

## **1.19 Clinical negligence costs**

The NHS Litigation Authority (NHS LA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHS LA, which, in return, settles all clinical negligence claims. Although the NHS LA 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 NHS LA on behalf of the Trust is disclosed in Note 21.1 but is not recognised in the Trust's accounts.

## **1.20 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 Trust is notified.

## 1.21 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.

## 1.22 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.

## 1.23 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.

## 1.24 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.

## 1.25 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.

## 1.26 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.

#### **1.27 Accounting standards and amendments issue 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).

##### **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 13 Fair Value Measurement:**

(new standard) (2015/16 – adoption delayed by HM Treasury) - this new standard is likely to affect how the Trust measures and/or discloses the fair value of items in the Statement of Financial Position, including non-current assets and financial instruments.

##### **IAS 36 Impairment of Assets:**

(amendments regarding disclosure of information about the recoverable amount of impaired assets if that amount is based on fair value less costs of disposal) (2015/16) - this new standard is likely to affect how the Trust measures and/or impairments.

##### **IAS 19 Employee benefits:**

(amendments regarding employer benefits to defined benefit pension schemes) (2015/16) – this amendment is not likely to have an impact on the Trust.

##### **FRS 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.

##### **IFRIC 21 Levies:**

(interpretation in respect of when to recognise a liability for a levy imposed by a government, both for levies that are accounted for in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets and those where the timing and amount of the levy is certain) (EU adopted June 2014 but not yet adopted by HM Treasury) – this will impact the Trust if it should incur a Levy.

##### **Annual improvements 2012 and 2013**

The IASB's Annual Improvements process is intended to enhance the quality of existing standards by clarifying or rectifying relatively minor issues.

The following 4 standards have been subject to improvement however are unlikely to have significant impact on the Trust.

<b>IFRS 1</b>	First-time Adoption of International Financial Reporting Standards
<b>IFRS 3</b>	Business Combinations
<b>IFRS 13</b>	Fair Value Measurement
<b>IAS 40</b>	Investment Property
<b>IFRS</b>	International Financial Reporting Standards
<b>IFRIC</b>	International Financial Reporting Interpretations Committee
<b>IAS</b>	International Accounting Standard

**Note 2 Operating income from patient care activities****Note 2.1 Income from patient care activities (by nature)**

	2014/15 £000	2013/14 £000
<b>Income from commissioner requested services</b>		
Elective income	60,514	57,979
Non elective income	47,255	51,170
Outpatient income	47,194	46,236
A & E income	8,598	8,214
Other NHS clinical income*	78,795	77,745
<b>Income from non-commissioner requested services</b>		
Private patient income	2,359	2,388
Other clinical income**	1,865	1,459
<b>Total income from activities</b>	<b>246,580</b>	<b>245,191</b>

\* Other NHS clinical income includes income received in respect of maternity pathways, critical care, and diagnostic and other services.

\*\* Other clinical income relates largely to income from the Compensation Recovery Unit (CRU).

**Note 2.2 Income from patient care activities (by source)**

	2014/15 £000	2013/14 £000
<b>Income from patient care activities received from:</b>		
CCGs and NHS England	242,807	240,713
Department of Health	4	0
Other NHS foundation trusts	261	182
NHS other	183	449
Non NHS: private patients	2,359	2,333
Non NHS: overseas patients (chargeable to patient)	62	55
NHS injury scheme (CRU)	1,530	1,170
Non NHS: other	(626)	289
<b>Total income from activities</b>	<b>246,580</b>	<b>245,191</b>

NHS injury scheme income is subject to a provision for doubtful debts of 18.9% (15.8% 2013/14) to reflect expected rates of collection.

From 2014/15 the Trust is required to disclose its income in respect of overseas visitors. Details of these amounts can be found in the note below.

<b>Note 2.3 Overseas visitors</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Income recognised this year	62	55
Cash payments received in-year	23	42
Amounts added to provision for impairment of receivables	46	20
Amounts written off in-year	22	0
<b>Note 3 Other operating income</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Research and development	931	737
Education and training	6,992	6,599
Receipt of capital grants and donations	628	188
Charitable and other contributions to expenditure	61	60
Non-patient care services to other bodies	2,082	1,905
Profit on disposal of non-current assets	33	7
Reversal of impairments	955	715
	109	0
Amortisation of PFI deferred credits		
Income in respect of staff costs where accounted on gross basis	996	890
Other income*	8,831	6,173
<b>Total other operating income</b>	<b>21,618</b>	<b>17,274</b>

\*Other operating income of £8.8m (£6.2m 2013/14) includes car parking income, catering income, pharmacy income, staff accommodation rental and other miscellaneous income recharged to other NHS bodies.

**Note 4 Operating expenses**

	2014/15 £000	2013/14 £000
Services from NHS foundation trusts	1,797	1,576
Services from NHS trusts	460	254
Services from CCGs and NHS England	62	6
Purchase of healthcare from non NHS bodies	686	1,833
Employee expenses - executive directors	1,205	1,200
Employee expenses - non-executive directors	160	152
Employee expenses - staff	175,551	167,808
Supplies and services - clinical	27,065	24,955
Supplies and services - general	3,892	3,540
Establishment	2,024	2,021
Research and development	10	26
Transport	2,410	2,262
Premises	10,938	9,549
Increase/(decrease) in provision for impairment of receivables	558	(137)
Change in provisions discount rate(s)	116	96
Inventories written down	31	1
Drug costs (non-inventory)	3,002	657
Drug costs (inventory consumed)	16,589	17,101
Rentals under operating leases	1,401	2,025
Depreciation on property, plant and equipment	7,014	6,875
Amortisation on intangible assets	921	881
Impairments	9,462	9,793
Audit fees payable to the external auditor		
audit services - statutory audit	69	70
other auditor remuneration - see Note 4.1	12	63
Clinical negligence	5,527	5,071
Loss on disposal of non-current assets	24	45
Legal fees	244	205
Consultancy costs	341	397
Training, courses and conferences	534	406
Patient travel	33	31
Redundancy	129	14
Hospitality	6	7
Insurance	398	362
Losses, ex gratia & special payments*	(274)	382
Other	508	3,827
<b>Total</b>	<b>272,907</b>	<b>263,354</b>

\* Losses, ex gratia & special payments includes the value of industrial injury claims notified but not yet settled and includes a number of prior year provisions which have reversed during the year to create a negative balance.

<b>Note 4.1 Other auditor remuneration</b>	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	0	0
2. Audit-related assurance services	0	0
3. Taxation compliance services	0	0
4. All taxation advisory services not falling within item 3 above	0	0
5. Internal audit services	0	0
6. All assurance services not falling within items 1 to 5	12	63
7. Corporate finance transaction services not falling within items 1 to 6 above	0	0
8. Other non-audit services not falling within items 2 to 7 above	0	0
<b>Total</b>	<b>12</b>	<b>63</b>

**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 2014/15 or 2013/14.

**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.

	<b>2014/15</b>		<b>2013/14</b>	
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
<b>Non-NHS</b>				
Trade invoices paid in the period	72,461	142,997	69,053	127,837
Trade invoices paid within target	69,069	137,535	65,140	123,153
<b>Percentage of trade invoices paid within target</b>	<b>95.3%</b>	<b>96.2%</b>	<b>94.3%</b>	<b>96.3%</b>
<b>NHS</b>				
Trade invoices paid in the period	2,720	22,130	2,690	22,250
Trade invoices paid within target	2,639	21,763	2,663	22,125
<b>Percentage of trade invoices paid within target</b>	<b>97.0%</b>	<b>98.3%</b>	<b>99.0%</b>	<b>99.4%</b>

<b>Note 5 Employee benefits</b>	<b>Permanent £000</b>	<b>Other £000</b>	<b>2014/15</b>	<b>2013/14</b>
			<b>Total £000</b>	<b>Total £000</b>
Salaries and wages	139,306	217	<b>139,523</b>	134,932
Social security costs	10,386	0	<b>10,386</b>	10,095
Employer's contributions to NHS pensions	15,177	0	<b>15,177</b>	14,753
Agency/contract staff	0	13,766	<b>13,766</b>	11,440
<b>Total staff costs</b>	<b>164,869</b>	<b>13,983</b>	<b>178,852</b>	<b>171,220</b>
Costs capitalised as part of assets	1,231	865	<b>2,096</b>	2,212
<b>Note 5.1 Average number of employees (WTE basis)</b>			<b>2014/15</b>	<b>2013/14</b>
	<b>Permanent Number</b>	<b>Other Number</b>	<b>Total Number</b>	<b>Total Number</b>
Medical and dental	437	0	<b>437</b>	442
Administration and estates	856	0	<b>856</b>	821
Healthcare assistants and other support staff	525	0	<b>525</b>	504
Nursing, midwifery and health visiting staff	1,705	0	<b>1,705</b>	1,624
Scientific, therapeutic and technical staff	550	0	<b>550</b>	516
Agency and contract staff	0	129	<b>129</b>	129
Bank staff	81	0	<b>81</b>	77
Other	139	0	<b>139</b>	131
<b>Total average numbers</b>	<b>4,293</b>	<b>129</b>	<b>4,422</b>	<b>4,244</b>
Number of employees (WTE) engaged on capital projects	27	12	<b>39</b>	41

**Note 5.2 Retirements due to ill-health**

During 2014/15 there were 3 early retirements from the Trust agreed on the grounds of ill-health (2013/14, 3). The estimated additional pension liabilities of these ill-health retirements is £233k (2013/14 £129k).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

**Note 5.3 Reporting of compensation schemes - exit packages 2014/15**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	0	1	1
£10,001 - £25,000	0	3	3
£25,001 - 50,000	1	1	2
<b>Total number of exit packages by type</b>	<b>1</b>	<b>5</b>	<b>6</b>
<b>Total resource cost (£)</b>	<b>£50,000</b>	<b>£84,000</b>	<b>£134,000</b>

During 2014/15 the Trust's exit packages were in line with Agenda for Change contractual terms and conditions or a Treasury approved Mutually Agreed Severance Scheme.

**Note 5.4 Reporting of compensation schemes - exit packages 2013/14**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	4	4	8
£10,001 - £25,000	2	3	5
£25,001 - 50,000	1	4	5
£100,001 - £150,000	0	1	1
<b>Total number of exit packages by type</b>	<b>7</b>	<b>12</b>	<b>19</b>
<b>Total resource cost (£)</b>	<b>£116,000</b>	<b>£321,000</b>	<b>£437,000</b>

During 2013/14 the Trust's exit packages were in line with Agenda for Change contractual terms and conditions or a Treasury approved Mutually Agreed Severance Scheme. Redundancy costs were primarily as a consequence of sharing the termination cost of joint posts with Salford Royal NHS Foundation Trust.

**Note 5.5 Exit packages: other (non-compulsory) departure payments**

	2014/15		2013/14	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	1	18	0	0
Mutually agreed severance scheme (MAS) contractual costs	4	66	12	321
<b>Total</b>	<b>5</b>	<b>84</b>	<b>12</b>	<b>321</b>

**Note 5.6 Executive directors' remuneration and other benefits**

	2014/15	2013/14
	£000	£000
Salary	961	943
Employer's pension contributions	128	143
Taxable benefits	12	0
<b>Total</b>	<b>1,101</b>	<b>1,086</b>
Non-executive directors' remuneration *	148	140
<b>Total</b>	<b>1,249</b>	<b>1,226</b>
The total number of directors accruing benefits under the NHS Pension Scheme	6	7

\* 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.

**Employee benefits**

An accrual in respect of annual leave entitlement carried forward at the Statement of Financial Position date of £0.6m has been provided for within the accounts (2013/14 £0.3m). There were no other employee benefits during the period.

**Note 6 Operating leases****Note 6.1 Wrightington, Wigan and Leigh NHS Foundation Trust as a lessor**

	2014/15 £000	2013/14 £000
<b>Operating lease expense</b>		
Minimum lease payments	1,186	2,025
Contingent rents	215	0
Less sublease payments received	0	0
<b>Total</b>	<b>1,401</b>	<b>2,025</b>
	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	615	983
- later than one year and not later than five years;	775	1,100
- later than five years.	0	37
<b>Total</b>	<b>1,390</b>	<b>2,120</b>

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**

	2014/15 £000	2013/14 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	109	0
Contingent rent	0	0
Other	0	0
<b>Total</b>	<b>109</b>	<b>0</b>
	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	109	0
- later than one year and not later than five years;	326	0
- later than five years.	0	0
<b>Total</b>	<b>435</b>	<b>0</b>

The Trust leases areas of its Cancer Care Unit to The Christie NHS Foundation Trust.

**Note 7 Finance Income**

	2014/15 £000	2013/14 £000
Interest on bank accounts	74	107
<b>Total</b>	<b>74</b>	<b>107</b>

**Note 8 Finance expenses**

	2014/15 £000	2013/14 £000
<b>Interest expense</b>		
Loans from the Independent Trust Financing Facility	209	69
Loans from the Department of Health	0	0
Commercial loans	0	0
<b>Total interest expense</b>	<b>209</b>	<b>69</b>
Other finance costs - unwinding of discount	54	35
<b>Total</b>	<b>263</b>	<b>104</b>

**Note 9 Intangible assets****Note 9.1 Intangible assets - 2014/15**

	<b>Software licences £000</b>	<b>Internally generated information technology £000</b>	<b>Intangible assets under construction £000</b>	<b>Total £000</b>
<b>Valuation/gross cost at 1 April 2014</b>	<b>11,695</b>	<b>982</b>	<b>3,932</b>	<b>16,609</b>
Additions	230	0	3	233
Impairments	(8)	0	0	(8)
Reclassifications	1,394	0	(3,350)	(1,956)
<b>Gross cost at 31 March 2015</b>	<b>13,311</b>	<b>982</b>	<b>585</b>	<b>14,878</b>
<b>Amortisation at 1 April 2014</b>	<b>9,310</b>	<b>575</b>	<b>0</b>	<b>9,885</b>
Provided during the year	764	157	0	921
Impairments	(3)	0	0	(3)
<b>Amortisation at 31 March 2015</b>	<b>10,071</b>	<b>732</b>	<b>0</b>	<b>10,803</b>
<b>Net book value at 31 March 2015</b>	<b>3,240</b>	<b>250</b>	<b>585</b>	<b>4,075</b>
<b>Net book value at 1 April 2014</b>	<b>2,385</b>	<b>407</b>	<b>3,932</b>	<b>6,724</b>

A number of items of intangible assets have been reclassified during the year to property plant and equipment (Note 10.1).

**Note 9.2 Intangible assets - 2013/14**

	<b>Software licences £000</b>	<b>Internally generated information technology £000</b>	<b>Intangible assets under construction £000</b>	<b>Total £000</b>
<b>Valuation/gross cost at 1 April 2013</b>	<b>10,173</b>	<b>840</b>	<b>3,447</b>	<b>14,460</b>
Additions	516	71	1,932	<b>2,519</b>
Impairments	(68)	0	0	<b>(68)</b>
Reclassifications	1,074	71	(1,152)	<b>(7)</b>
Revaluations	0	0	(295)	<b>(295)</b>
<b>Valuation/gross cost at 31 March 2014</b>	<b>11,695</b>	<b>982</b>	<b>3,932</b>	<b>16,609</b>
<b>Amortisation at 1 April 2013</b>	<b>8,569</b>	<b>408</b>	<b>295</b>	<b>9,272</b>
Provided during the year	714	167	0	<b>881</b>
Impairments	27	0	0	<b>27</b>
Revaluations	0	0	(295)	<b>(295)</b>
<b>Amortisation at 31 March 2014</b>	<b>9,310</b>	<b>575</b>	<b>0</b>	<b>9,885</b>
<b>Net book value at 31 March 2014</b>	<b>2,385</b>	<b>407</b>	<b>3,932</b>	<b>6,724</b>
<b>Net book value at 1 April 2013</b>	<b>1,604</b>	<b>432</b>	<b>3,152</b>	<b>5,188</b>

**Note 9.3 Intangible assets financing 2014/15**

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Net book value at 31 March 2015</b>				
Purchased	3,232	250	585	4,067
Finance leased	0	0	0	0
Donated and government grant funded	8	0	0	8
<b>NBV total at 31 March 2015</b>	<b>3,240</b>	<b>250</b>	<b>585</b>	<b>4,075</b>

**Note 9.4 Intangible assets financing 2013/14**

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
<b>Net book value 31 March 2014</b>				
Purchased	2,385	407	3,932	6,724
Finance leased	0	0	0	0
Donated and government grant funded	0	0	0	0
<b>NBV total at 31 March 2014</b>	<b>2,385</b>	<b>407</b>	<b>3,932</b>	<b>6,724</b>

**Economic life of intangible assets**

Development expenditure	up to 5 years
Software	up to 5 years

**Note 10 Property, plant and equipment****Note 10.1 Property, plant and equipment - 2014/15**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000
<b>Valuation/gross cost at 1 April 2014</b>	<b>15,604</b>	<b>110,230</b>	<b>3,436</b>	<b>4,167</b>	<b>46,776</b>
Additions	0	4,966	12	17,209	3,377
Impairments	(1,059)	(11,248)	(394)	0	(250)
Reversals of impairments	0	955	0	0	0
Reclassifications	0	5,683	0	(7,168)	22
Revaluations	726	7,384	179	0	0
Transfers to/from assets held for sale	(1,365)	0	0	0	0
Disposals/derecognition	0	0	0	0	(741)
<b>Valuation/gross cost at 31 March 2015</b>	<b>13,906</b>	<b>117,970</b>	<b>3,233</b>	<b>14,208</b>	<b>49,184</b>
<b>Accumulated depreciation at 1 April 2014</b>	<b>0</b>	<b>375</b>	<b>0</b>	<b>0</b>	<b>30,309</b>
Provided during the year	0	2,358	79	0	3,041
Impairments	0	0	0	0	(61)
Disposals/ derecognition	0	0	0	0	(703)
<b>Accumulated depreciation at 31 March 2015</b>	<b>0</b>	<b>2,733</b>	<b>79</b>	<b>0</b>	<b>32,586</b>
<b>Net book value at 31 March 2015</b>	<b>13,906</b>	<b>115,237</b>	<b>3,154</b>	<b>14,208</b>	<b>16,598</b>
<b>Net book value at 1 April 2014</b>	<b>15,604</b>	<b>109,855</b>	<b>3,436</b>	<b>4,167</b>	<b>16,467</b>

A number of items of intangible assets have been reclassified during the year to property, plant and equipment (Note 9.1).

Transport equipment	Information technology	Furniture & fittings	Total
			£000
211	13,001	342	193,767
30	1,161	34	26,789
0	(2,722)	0	(15,673)
0	0	0	955
31	3,306	82	1,956
0	0	0	8,289
0	0	0	(1,365)
(10)	0	0	(751)
<b>262</b>	<b>14,746</b>	<b>458</b>	<b>213,967</b>
<b>166</b>	<b>9,041</b>	<b>144</b>	<b>40,035</b>
15	1,496	25	7,014
0	(97)	0	(158)
(5)	0	0	(708)
<b>176</b>	<b>10,440</b>	<b>169</b>	<b>46,183</b>
86	4,306	289	167,784
45	3,960	198	153,732

**Note 10.2 Property, plant and equipment - 2013/14**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000
<b>Valuation/gross cost at 1 April 2013</b>	<b>16,188</b>	<b>113,543</b>	<b>3,480</b>	<b>15,374</b>	<b>39,328</b>
Additions - purchased/leased/grants/donations	0	1,298	(15)	11,875	3,583
Impairments	(54)	(10,805)	(908)	0	0
Reversals of impairments	0	715	0	0	0
Reclassifications	(783)	16,251	1,311	(23,082)	4,732
Revaluations	253	(10,772)	(432)	0	0
Disposals/derecognition	0	0	0	0	(867)
<b>Valuation/gross cost at 31 March 2014</b>	<b>15,604</b>	<b>110,230</b>	<b>3,436</b>	<b>4,167</b>	<b>46,776</b>
<b>Accumulated depreciation at 1 April 2013</b>	<b>0</b>	<b>10,946</b>	<b>471</b>	<b>0</b>	<b>27,839</b>
Provided during the year	0	2,371	65	0	2,963
Impairments	0	(159)	(13)	0	0
Reclassifications	0	(5)	5	0	0
Revaluations	0	(12,778)	(528)	0	0
Disposals / derecognition	0	0	0	0	(493)
<b>Accumulated depreciation at 31 March 2014</b>	<b>0</b>	<b>375</b>	<b>0</b>	<b>0</b>	<b>30,309</b>
<b>Net book value at 31 March 2014</b>	<b>15,604</b>	<b>109,855</b>	<b>3,436</b>	<b>4,167</b>	<b>16,467</b>
<b>Net book value at 1 April 2013</b>	<b>16,188</b>	<b>102,597</b>	<b>3,009</b>	<b>15,374</b>	<b>11,489</b>

Transport equipment	Information technology	Furniture & fittings	Total
£000	£000	£000	£000
226	11,325	232	199,696
0	221	71	17,033
0	(13)	0	(11,780)
0	0	0	715
0	1,539	39	7
0	0	0	(10,951)
(15)	(71)	0	(953)
<b>211</b>	<b>13,001</b>	<b>342</b>	<b>193,767</b>
172	7,666	123	47,217
9	1,446	21	6,875
0	0	0	(172)
0	0	0	0
0	0	0	(13,306)
(15)	(71)	0	(579)
<b>166</b>	<b>9,041</b>	<b>144</b>	<b>40,035</b>
45	3,960	198	153,732
54	3,659	109	152,479

**Note 10.3 Property, plant and equipment financing - 2014/15**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000
Owned	13,906	113,844	3,154	14,208	15,879
Government granted	0	0	0	0	0
Donated	0	1,393	0	0	719
<b>NBV total at 31 March 2015</b>	<b>13,906</b>	<b>115,237</b>	<b>3,154</b>	<b>14,208</b>	<b>16,598</b>

**Note 10.4 Property, plant and equipment financing - 2013/14**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000
Owned	15,604	108,859	3,436	4,167	15,717
Government granted	0	0	0	0	75
Donated	0	996	0	0	675
<b>NBV total at 31 March 2014</b>	<b>15,604</b>	<b>109,855</b>	<b>3,436</b>	<b>4,167</b>	<b>16,467</b>

<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
86	4,178	289	<b>165,544</b>
0	0	0	<b>0</b>
0	128	0	<b>2,240</b>
<b>86</b>	<b>4,306</b>	<b>289</b>	<b>167,784</b>

<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture &amp; fittings</b>	<b>Total</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
45	3,792	198	<b>151,818</b>
0	0	0	<b>75</b>
0	168	0	<b>1,839</b>
<b>45</b>	<b>3,960</b>	<b>198</b>	<b>153,732</b>

## 11. Revaluations of property, plant and equipment

The value and remaining useful lives of land and building assets are estimated by Debenham Tie Leung Ltd (DTZ). 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.

A full asset valuation was undertaken during 2014/15 as at the valuation date of 1 April 2014 and was applied on 1 April 2014.

As a result of the revaluation by DTZ, land and buildings have suffered an impairment loss i.e. a reduction in value, the overall total of which amounted to £9.5m. In addition some land and buildings have increased in value totalling £8.9m. The net effect of these changes in value amounts to an overall decrease in land and buildings of £0.6m.

In addition, at 31 March 2015 two buildings previously held within assets under construction were brought into use and subsequently revalued by DTZ. This revaluation resulted in an impairment loss i.e. a reduction in value, the overall total of which amounted to £2.2m.

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 credited to income - reversal of impairments property plant and equipment.

Other significant impairments arising during the year included an amount of £2.6m relating to the exploratory costs in the assessment and specification stage of a project for a Trust-wide Health Information System.

This feasibility work resulted in a greater understanding of the Trust's requirements, and highlighted the need to accommodate changes in the latest NHS Information Strategy and Health and Social Care Act 2012. These changes included emphasis on integration and sharing of information and resources across health and social care providers.

The resulting system specification is considered to be sufficiently different from the original project that impairment of the feasibility costs is deemed appropriate.

The Trust disposed of equipment assets during the year with a total net book value of £43k (2013/14 £374k). Sale proceeds of £52k were received by the Trust with the subsequent net profit on disposal of £9k being credited to the income and expenditure account (Note 3 and Note 4).

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.

### **Health Information System (HIS)**

In March 2015 the Trust was successful in securing £1.35m of national funding from the Department of Health to invest in new technology enabled solutions to deliver safer more effective and efficient care. This funding has been used to extend the Trust's existing HIS project providing - electronic prescribing, electronic clinical documentation capabilities, patient flow, electronic decision support, electronic clinical order sets and patient and clinician portals.

### **Note 12 Asset Lives**

The following table discloses the range of economic lives of various assets.

	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	6	90
Dwellings	26	54
Plant and machinery	0	15
Vehicles	0	5
Information technology	0	5
Furniture and fittings	0	10
Soft furnishings	0	7
Equipment	0	15

### **Note 13 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 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. In addition, the 'going concern' risk and credit risk associated with other NHS bodies is very low.

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 (£7.8m). The Trust also receives a share of PAWS income, primarily from the provision of pathology tests to GPs (£4.0m).

### **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 which is leased by the Trust, 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 2014/15 totals £2.2m.

### **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, but does not yet generate material income or expenditure.

<b>Note 14 Inventories</b>	<b>31 March 2015</b>	<b>31 March 2014</b>
	£000	£000
Drugs	940	908
Consumables	2,624	2,460
Energy	72	82
Other	153	216
<b>Total inventories</b>	<b>3,789</b>	<b>3,666</b>

Inventories recognised in expenses for the year were £34,615k (2013/14: £30,740k). Write-down of inventories recognised as expenses for the year were £31k (2013/14: £1k).

**Note 15 Trade and other receivables**

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Trade receivables due from NHS bodies	4,352	7,487
Receivables due from NHS charities	31	56
Other receivables due from related parties	381	181
Capital receivables	36	0
Provision for impaired receivables	<b>(444)</b>	<b>(302)</b>
Deposits and advances	44	38
Prepayments (non-PFI)	1,913	1,445
Accrued income	56	<b>(1,993)</b>
Interest receivable	7	6
PDC dividend receivable	150	199
VAT receivable	635	600
Other receivables	3,695	2,794
<b>Total current trade and other receivables</b>	<b>10,856</b>	<b>10,511</b>
<b>Non-current</b>		
Provision for impaired receivables	<b>(61)</b>	<b>(72)</b>
Prepayments (non-PFI)	61	55
Other receivables	401	553
<b>Total non-current trade and other receivables</b>	<b>401</b>	<b>536</b>

The carrying amounts of trade and other receivables approximates to the fair value.

<b>Note 15.1 Provision for impairment of receivables</b>	<b>31 March 2015</b>	<b>31 March 2014</b>
	£000	£000
<b>At 1 April</b>	<b>374</b>	<b>870</b>
Increase in provision	907	722
Amounts utilised	(427)	(359)
Unused amounts reversed	(349)	(859)
<b>At 31 March</b>	<b>505</b>	<b>374</b>

<b>Note 15.2 Analysis of impaired receivables</b>	<b>31 March 2015</b>	<b>31 March 2014</b>
<b>Ageing of impaired receivables</b>	£000	£000
0-30 days	1	2
30-60 days	0	8
60-90 days	1	14
90-180 days	2	16
Over 180 days	174	75
<b>Total</b>	<b>178</b>	<b>114</b>

The above table does not include a provision of £328k (2014/15: £259k) against the NHS Injury Compensation Recovery Scheme, since this is not deemed to be a financial instrument.

<b>Ageing of non-impaired receivables past their due date</b>	<b>31 March 2015</b>	<b>31 March 2014</b>
	£000	£000
0-30 days	3,323	4,681
30-60 days	836	3,028
60-90 days	421	78
90-180 days	1,112	421
Over 180 days	94	184
<b>Total</b>	<b>5,786</b>	<b>8,392</b>

The above table does not include non instrument debtors including the amounts pertaining to the NHS Injury Compensation Recovery Scheme debtor.

Trade receivables that are less than 6 months past due and not with a debt agency are not considered impaired unless there is specific evidence that recovery is unlikely.

The Trust's current payment policy is that all invoices are immediately due for payment.

**Note 16. Non-current assets for sale**

As at 31 March 2015 the Trust had three non-current assets held for sale valued at £3.1m in respect of land on the Billinge site (£1.7m), Ashton store (£0.1m) and land on the Whalley site (£1.4m). Land at Whalley was transferred into non-current assets held for sale during the course of the year. The sale of land at Billinge, previously anticipated to take place during the course of the year, has been delayed due to the planning application process. All non-current assets held for sale are expected to be sold during 2015/16.

**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.

	2014/15 £000	2013/14 £000
<b>At 1 April</b>	<b>20,251</b>	<b>21,191</b>
Net change in year	(5,636)	(940)
<b>At 31 March</b>	<b>14,615</b>	<b>20,251</b>
<b>Broken down into</b>		
Cash at commercial banks and in hand	8	11
Cash with the Government Banking Service	14,607	20,240
Deposits with the National Loan Fund	0	0
Other current investments	0	0
<b>Total cash and cash equivalents as in SoFP</b>	<b>14,615</b>	<b>20,251</b>
Bank overdrafts (GBS and commercial banks)	0	0
Drawdown in committed facility	0	0
<b>Total cash and cash equivalents as in SoCF</b>	<b>14,615</b>	<b>20,251</b>

**Note 17 Third party assets held by the NHS foundation trust**

Wrightington, Wigan and Leigh NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2015 £000	31 March 2014 £000
Bank balances	20	19
<b>Total third party assets</b>	<b>20</b>	<b>19</b>

**18. Trade and other payables**

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Receipts in advance	188	155
NHS trade payables	(7)	2,348
Amounts due to other related parties	51	10
Other trade payables	160	1,469
Capital payables	3,443	3,053
Social security costs	1,531	1,596
Other taxes payable	1,474	1,537
Other payables	2,136	2,114
Accruals	11,797	10,570
<b>Total current trade and other payables</b>	<b>20,773</b>	<b>22,852</b>

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Deferred goods and services income	563	102
Other deferred income	150	150
<b>Total other current liabilities</b>	<b>713</b>	<b>252</b>

<b>Non-current</b>		
Other deferred income	450	600
	<b>450</b>	<b>600</b>
<b>Total other non-current liabilities</b>		

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Loans from the Independent Trust Financing Facility	0	30
Other loans	132	0
<b>Total current borrowings</b>	<b>132</b>	<b>30</b>
<b>Non-current</b>		
Loans from the Independent Trust Financing Facility	25,000	8,668
Other loans	344	0
<b>Total non-current borrowings</b>	<b>25,344</b>	<b>8,668</b>

The Trust has secured and drawn down a public sector energy efficiency loan totalling £0.5m with Salix Finance Limited. This loan is interest-free and is earmarked to finance an energy-saving boiler scheme. Repayments are phased to match the projected savings from the boiler scheme. Details of the loans from the Independent Trust Financing Facility are detailed in Note 24.

**Note 21 Provisions**

	<b>Other legal claims £000</b>	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2014</b>	<b>1,883</b>	<b>6,245</b>	<b>8,128</b>
Change in the discount rate	79	37	116
Arising during the year	477	1,962	2,439
Utilised during the year	(211)	(422)	(633)
Reversed unused	(294)	(2,765)	(3,059)
Unwinding of discount	31	23	54
<b>At 31 March 2015</b>	<b>1,965</b>	<b>5,080</b>	<b>7,045</b>
<b>Expected timing of cash flows:</b>			
- not later than one year;	404	4,159	4,563
- later than one year and not later than five years;	373	423	796
- later than five years.	1,188	498	1,686
<b>Total</b>	<b>1,965</b>	<b>5,080</b>	<b>7,045</b>

Legal provisions of £0.3m (£0.2m 2013/14) are made up of employer's and public liability claims for which there is also a corresponding contingent liability of £0.1m declared in Note 22, and £1.7m for the cost of permanent injury retirements.

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 £0.7m, VAT\* compliance costs and potential contract issues £3.2m, and £1.1m (£1.5m 2013/14) in respect of pathology service staffing changes jointly agreed with Salford Royal NHS Foundation Trust.

£65.5m is included in the provisions of the NHSLA as at 31 March 2015 in respect of clinical negligence liabilities of the Trust (£50.6m 2013/14).

\*There is a degree of uncertainty around the VAT provision of £2.6m included in the above. However, the Trust has maintained this provision on grounds of prudence whilst seeking further direction from HMRC.

**Note 21 Clinical negligence liabilities**

At 31 March 2015, £65,464k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Wrightington, Wigan and Leigh NHS Foundation Trust (31 March 2014: £50,646k).

**Note 22 Contingent assets and liabilities**

	31 March 2015 £000	31 March 2014 £000
<b>Value of contingent liabilities</b>		
NHS Litigation Authority legal claims	(144)	(95)
<b>Gross value of contingent liabilities</b>	<u>(144)</u>	<u>(95)</u>
Amounts recoverable against liabilities	0	0
<b>Net value of contingent liabilities</b>	<u>(144)</u>	<u>(95)</u>

Contingent liabilities relate to employers and public liability claims.

**Note 23 Contractual capital commitments**

	31 March 2015 £000	31 March 2014 £000
Property, plant and equipment	11,255	4,570
Intangibles	0	5
<b>Total</b>	<u>11,255</u>	<u>4,575</u>

Contractual capital commitments mainly relate to committed expenditure in respect of redevelopment of the Wrightington site and 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 Continuity of Services Ratios (CSRs) as required by Monitor, for which the Trust achieved a liquidity rating of 3 for the financial year.

The Trust has two loans financed by the Independent Trust Financing Facility. A total facility of £30m, comprising 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 has been approved of which £25m has been drawn down to date. Repayments on the loans are due to commence in 2016, and are paid over the period of the loans; there is therefore no risk that a number of significant borrowings could become repayable at one time, and cause unplanned cash pressures.

The loan repayment schedule is contained within the maturity of financial liabilities table on page 279.

**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.

The Trust minimises its exposure to credit risk arising from deposits with banks and financial institutions through implementing its Treasury Management Policy. 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 £6.9m (£7.3m 2013/14), 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 15.2

The movement in the provision for impaired receivables during the year is disclosed in Note 15.1. Of those assets which require a provision for their impairment, £178k (£114k 2013/14) are impaired financial assets.

There is £31k (£21k 2013/14) of 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.

<b>Note 24.2 Financial assets</b>	<b>Loans and receivables</b>	<b>Total</b>
	£000	£000
<b>Assets as per SoFP as at 31 March 2015</b>		
Trade and other receivables excluding non financial assets	6,879	6,879
Cash and cash equivalents at bank and in hand	14,615	14,615
<b>Total at 31 March 2015</b>	<b>21,494</b>	<b>21,494</b>

	<b>Loans and receivables</b>	<b>Total</b>
	£000	£000
<b>Assets as per SoFP as at 31 March 2014</b>		
Trade and other receivables excluding non financial assets	7,325	7,325
Cash and cash equivalents at bank and in hand	20,251	20,251
<b>Total at 31 March 2014</b>	<b>27,576</b>	<b>27,576</b>

<b>Note 24.3 Financial liabilities</b>	<b>Other financial liabilities</b>	<b>Total</b>
	£000	£000
<b>Liabilities as per SoFP as at 31 March 2015</b>		
Borrowings excluding finance lease and PFI liabilities	25,476	25,476
Trade and other payables excluding non financial liabilities	15,350	15,350
Provisions under contract	2,451	2,451
<b>Total at 31 March 2015</b>	<b>43,277</b>	<b>43,277</b>

<b>Liabilities as per SoFP as at 31 March 2014</b>	<b>Other financial liabilities</b>	<b>Total</b>
	£000	£000
Borrowings excluding finance lease and PFI liabilities	8,698	8,698
Trade and other payables excluding non financial liabilities	17,517	17,517
Provisions under contract	2,176	2,176
<b>Total at 31 March 2014</b>	<b>28,391</b>	<b>28,391</b>

**Note 24.4 Maturity of financial liabilities**

	<b>31 March 2015</b>	<b>31 March 2014</b>
	£000	£000
In one year or less	17,012	18,418
In more than one year but not more than two years	2,024	175
In more than two years but not more than five years	11,118	3,870
In more than five years	13,123	5,928
<b>Total</b>	<b>43,277</b>	<b>28,391</b>

**Fair value of financial instruments**

The Trust has two loans with the Independent Trust Financing Facility. 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.

	2014/15		2013/14	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	13	0	10	0
Fruitless payments	0	0	0	0
Bad debts and claims abandoned	153	28	101	5
Stores losses and damage to property	2	29	13	3
<b>Total losses</b>	<b>168</b>	<b>57</b>	<b>124</b>	<b>8</b>
<b>Special payments</b>				
Ex-gratia payments	41	105	57	161
<b>Total special payments</b>	<b>41</b>	<b>105</b>	<b>57</b>	<b>161</b>
<b>Total losses and special payments</b>	<b>209</b>	<b>162</b>	<b>181</b>	<b>169</b>
Compensation payments received		0		1

### Note 26 Related party transactions

Wrightington, Wigan and Leigh NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. Monitor, the Regulator of NHS Foundation Trusts, does not prepare group accounts; instead, Monitor prepares NHS Foundation Trust Consolidated Accounts, for further consolidation into the Whole of Government Accounts. Monitor 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. When the total transactions with a given counterparty are collectively significant, they are listed below.

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)

Related party	2014/15		2013/14	
	Receivables £000	Payables £000	Receivables £000	Payables £000
Health Education England	5	18	20	0
NHS Blackburn with Darwen CCG	3	0	26	0
NHS Blackpool CCG	191	0	8	97
NHS Bolton CCG	109	0	617	0
NHS Bury CCG	43	0	90	0
NHS Chorley and South Ribble CCG	368	0	378	0
NHS Cumbria CCG	276	0	726	0
NHS East Lancashire CCG	143	0	20	67
NHS Eastern Cheshire CCG	3	0	0	0
NHS England	681	26	967	15
NHS Fylde & Wyre CCG	40	0	7	0
NHS Greater Preston CCG	32	0	123	0
NHS Heywood, Middleton and Rochdale CCG	119	0	0	0
NHS Lancashire North CCG	14	0	132	0
NHS Oldham CCG	109	0	17	0
NHS Salford CCG	0	167	9	36
NHS South Sefton CCG	45	0	2	125
NHS Southport and Formby CCG	78	0	(70)	0
NHS St Helens CCG	145	0	315	0
NHS Stockport CCG	108	0	78	0
NHS Tameside and Glossop CCG	8	0	61	0
NHS Trafford CCG	70	0	5	3
NHS Warrington CCG	161	0	139	0
NHS West Lancashire CCG	717	0	60	520
NHS Wigan Borough CCG	1,215	0	3,211	35

	2014/15		2013/14	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Health Education England	6,627	0	6,288	5
NHS Blackburn with Darwen CCG	673	0	538	0
NHS Blackpool CCG	1,128	0	766	0
NHS Bolton CCG	5,405	0	5,726	0
NHS Bury CCG	1,377	0	1,072	0
NHS Chorley and South Ribble CCG	4,917	0	4,146	0
NHS Cumbria CCG	3,856	0	3,853	0
NHS East Lancashire CCG	1,624	0	1,587	0
NHS Eastern Cheshire CCG	690	0	717	0
NHS England	14,884	47	18,119	3
NHS Fylde & Wyre CCG	1,588	0	1,233	0
NHS Greater Preston CCG	1,173	0	1,205	0
NHS Heywood, Middleton and Rochdale CCG	1,172	0	1,093	0
NHS Lancashire North CCG	1,217	0	1,093	0
NHS Oldham CCG	765	0	683	0
NHS Salford CCG	1,583	0	1,695	0
NHS South Sefton CCG	513	0	531	0
NHS Southport and Formby CCG	1,182	0	1,023	0
NHS St Helens CCG	5,472	0	5,238	0
NHS Stockport CCG	560	0	513	0
NHS Tameside and Glossop CCG	1,209	0	998	0
NHS Trafford CCG	725	0	718	0
NHS Warrington CCG	1,511	0	1,325	0
NHS West Lancashire CCG	7,954	0	7,368	0
NHS Wigan Borough CCG	176,935	15	176,192	6

**Other related party relationships primarily based on income from the counterparty (non healthcare services)**

Related party	2014/15		2013/14	
	Receivables £000	Payables £000	Receivables £000	Payables £000
5 Boroughs Partnership NHS Foundation Trust	94	19	81	16
Central Manchester University Hospitals NHS Foundation Trust	207	125	12	76
Salford Royal NHS Foundation Trust	596	657	1,161	400
The Christie NHS Foundation Trust	5	663	22	836

	2014/15		2013/14	
	Income £000	Expenditure £000	Income £000	Expenditure £000
5 Boroughs Partnership NHS Foundation Trust	1,199	302	1,190	266
Central Manchester University Hospitals NHS Foundation Trust	645	260	157	277
Salford Royal NHS Foundation Trust	663	724	897	521
The Christie NHS Foundation Trust	2,975	417	84	516

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**

	<b>2014/15</b>		<b>2013/14</b>	
	<b>Receivables £000</b>	<b>Payables £000</b>	<b>Receivables £000</b>	<b>Payables £000</b>
HM Revenue and Customs	635	3,005	600	3,133
NHS Litigation Authority	12	0	0	3
NHS Pension Scheme	1	2,093	9	2,020
NHS Professionals	0	195	0	222
Wigan Metropolitan Borough Council	175	14	113	28

	<b>2014/15</b>		<b>2013/14</b>	
	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Income £000</b>	<b>Expenditure £000</b>
HM Revenue and Customs	0	10,398	0	10,107
NHS Litigation Authority	11	5,740	44	5,289
NHS Pension Scheme	0	15,177	0	14,753
NHS Professionals	0	2,858	0	2,788
Wigan Metropolitan Borough Council	742	999	612	372

In addition to the above, the Trust made PDC dividend payments to the Department of Health totalling £4.4m (£4.9m 2013/14), received PDC of £0.6m (£0.3m 2013/14) and is reporting a year-end debtor totalling £0.2m (£0.2m 2013/14) for PDC dividend receivable.

In addition to WGA bodies, the Trust has been notified that it has a related party relationship with both British Telecom and NHS Shared Business Services (SBS). In 2014/15, the Trust purchased services from both of these bodies. The Trust has recorded expenditure with British Telecom of £0.3m, with a year-end payable to that body of £0.1m, and has expenditure with SBS of £0.3m, with no year-end payable balances.

No related party debts have been written off by the Trust in 2014/15, although the Trust has included a balance of £25k within its provision for impairment of receivables relating to aged debts with Wigan Metropolitan Borough Council, Chorley Borough Council, South Ribble Borough Council and the Driver and Vehicle Licensing Agency.

**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. Estimates of the contract values with these new commissioning organisations for 2015/16 are listed below.

<b>Related party</b>	<b>£000</b>
NHS Bolton CCG	5,567
NHS Chorley and South Ribble CCG	4,884
NHS Cumbria CCG	3,714
NHS England	14,048
NHS St Helens CCG	5,405
NHS West Lancashire CCG	7,655
NHS Wigan Borough CCG	166,244

### **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 reserves balance as at 31 March 2015 was £1,785k (£1,885k 2013/14) with net outgoing resources before transfers of £100k (£185k 2013/14).

During the year the Charity incurred expenditure of £576k (£484k 2013/14) 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 13.

### **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.

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 5.6 and the remuneration section of the Annual Report.

### **27 Reconciliation of deficit to trading position**

	<b>2014/15</b> <b>£'000</b>	<b>2013/14</b> <b>£'000</b>
Deficit for the year	(9,325)	(5,829)
Impairments arising in the year	8,507	9,793
Trading (deficit)/surplus	<b>(818)</b>	<b>3,964</b>

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.



### **Production**

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