NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS 2018/19

The WWL Way

Wrightington, Wigan and Leigh NHS Foundation Trust
Annual report and accounts 2018/19

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

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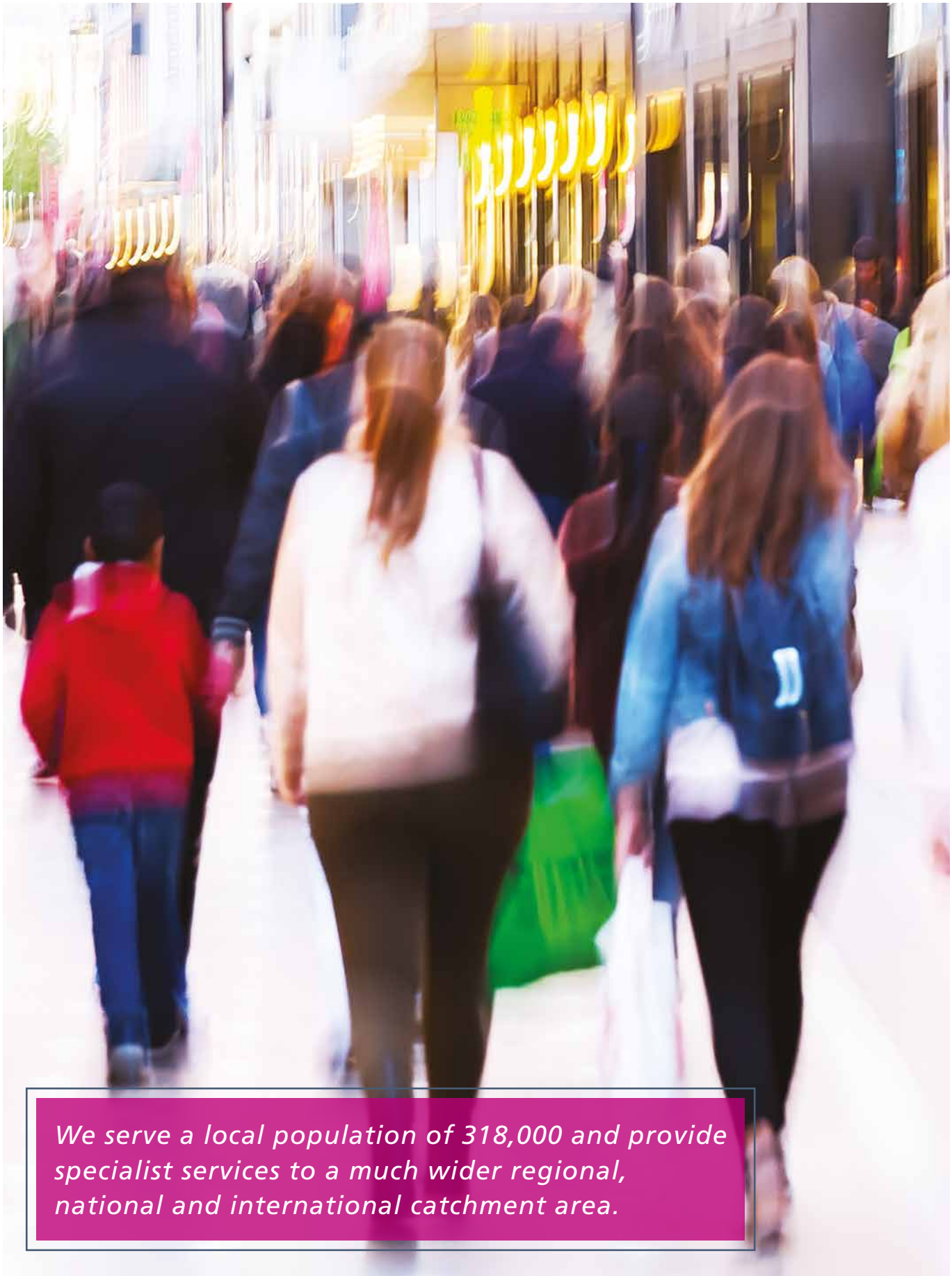
PERFORMANCE REPORT



We serve a local population of 318,000 and provide specialist services to a much wider regional, national and international catchment area.

PERFORMANCE OVERVIEW

The purpose of this overview of performance is to provide information on our organisation, its history and purpose. The Chairman and Chief Executive also present their perspective on our performance during the financial year 2018/19 and describe the key risks to the achievement of our objectives as determined by the board.

WHO WE ARE

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is a medium-sized acute and community foundation trust in the North West of England, within the Greater Manchester footprint. Initially formed as an NHS Trust following the merger of Wrightington NHS Trust and Wigan and Leigh Health Services NHS Trust, we were established as an acute foundation trust in December 2008, and colleagues from community services joined the foundation trust in April 2019. We are registered with the Care Quality Commission without conditions and hold a provider licence issued by NHS Improvement.

The WWL Way

We are currently in the process of producing the next iteration of our strategy, and throughout 2018/19 we continued to implement our previous strategy, The WWL Way 4wards.We took a conscious decision to slightly delay the development of our new strategy until the transfer of community services into the foundation trust was complete, so that we were able to take the views of our newest members of staff into account.

For over a decade we have committed to delivering high quality services and this will undoubtedly continue at the heart of our strategy.

We define quality using three descriptors:

- **SAFE**, meaning it is our job to protect our patients against harm;
- **EFFECTIVE**, meaning it is our job to treat patients effectively with good clinical outcomes; and
- **CARING**, meaning it is our job to care compassionately for patients and to meet their personal needs.

We serve a local population of 318,000 and provide specialist services to a much wider regional, national and international catchment area. We provide our acute clinical services from our five main sites: Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary, Thomas Linacre Centre and Boston House.

Royal Albert Edward Infirmary is our main district general hospital site and is located in central Wigan. Here you will find our Emergency Department as well as the majority of our in-patient services. There has been a hospital on this site since 1873 and it was named after the then-Prince of Wales, who officially opened it in 1875.

Wrightington Hospital is a specialist centre of orthopaedic excellence and enjoys a world-acclaimed reputation. Situated just over the border in West Lancashire, it was from here that Professor Sir John Charnley developed the hip replacement in November 1962 and our surgeons of today have continued to enjoy a reputation for excellence.

Leigh Infirmary is an outpatient, diagnostic and treatment centre in the south of the borough. Thomas Linacre Centre is a dedicated outpatient centre in central Wigan and Boston House is a specialist ophthalmology unit; again in central Wigan.

Our community services are provided from a range of locations across the borough.

HOW WE OPERATE

We have a divisional management structure to coordinate and deliver high quality clinical care across four divisions, each headed by a divisional triumvirate comprising a Divisional Medical Director, a Divisional Head of Nursing and a Divisional Director of Operations.

Other services are provided through our corporate services and our estates and facilities teams.

PERFORMANCE OVERVIEW FROM THE CHAIRMAN AND CHIEF EXECUTIVE

THE NHS HAS BEEN UNDER UNPRECEDENTED PRESSURE WITH A COMBINATION OF EIGHT YEARS OF AUSTERITY, EVER INCREASING DEMAND AND MORE RECENTLY, GROWING WORKFORCE SHORTAGES. THE DIFFICULTY OF MAINTAINING PERFORMANCE STANDARDS GROWS MORE CHALLENGING EVERY YEAR AND THE VAST MAJORITY OF NHS ORGANISATIONS HAVE STRUGGLED TO MEET ALL OF THE NATIONAL PERFORMANCE AND FINANCE TARGETS. THIS IS IMPORTANT NATIONAL CONTEXT FOR THE TRUST'S ANNUAL OVERVIEW OF PERFORMANCE. AGAINST THIS BACKGROUND WE REMAIN EXTREMELY PROUD OF OUR PERFORMANCE AND IN PARTICULAR THE WAY THAT OUR STAFF HAVE WORKED TO DELIVER QUALITY AND SAFETY FOR OUR PATIENTS.

This report provides us with the opportunity to highlight some of the significant developments to services and improvements to care and outcomes that have occurred over the past year. We believe it provides a fair and balanced review of our performance.

Starting with finance, our control total plan for 2018/19 was set at a deficit target for the year of £6.4m before sustainability payments. However due to robust financial management, strong monitoring of financial performance and crucially increased collaboration with locality partners, we were delighted to report a year-end surplus of £3.8m, exceeding our control total by £10.1m. Hitting the quarterly financial targets unlocked sustainability payments of £7.2m which, subject to some minor technical adjustments, gave us a year end trading surplus position of £11.2m. The year-end position then triggered a series of further national and regional bonus payments, taking our final trading surplus figure to £28.0m. This generated the best available Use of Resource Rating of 1 and a year-end cash position of £32m. Following staff consultation, the previous Cost Improvement Programme (CIP) was renamed as SAVI (Service and Value Improvement) and was set a target of £14.5m. The year-end achievement was £12.7m of which £7.4m was a recurrent saving.

This is a remarkable set of financial results delivering by far the biggest surplus in the Trust's history and it should translate into a significantly increased capital programme for 2019/20. Whilst some of the success is due to one-off items, the whole picture is the result of an enormous team effort, a good relationship with commissioners and the great skills of our finance department.

Turning to performance, there are five major access targets in the NHS and we are able to report how we compare to other Trusts nationally and to Trusts in Greater Manchester for the whole of 2018/19.

Target	National Ranking	GM ranking
A&E 4 hours (inc. all Walk In Centre activity)	60/139	2/7
Diagnostic tests	48/137	2/7
Cancer 2 week appointments	35/134	1/7
Referral to treatment 18 weeks	27/129	2/7
Cancer treatment 62 days	7/134	3/7

Clearly we are performing comparatively well on four of the targets and worse on one. We used to be one of the best Trusts for A&E waiting times so why have we slipped? There are three main answers: firstly we have seen a 7% increase in A&E attendances. Secondly we have seen an 8% increase in admissions and thirdly we have a very low bed base with no capacity that we can open up in times of pressures. On the more positive side we have a lower than average length of stay compared to other Trusts, we have lower numbers of long stay patients and we have one of the lowest rates in the country for delayed transfers of care. However, despite the heroic efforts of very many staff, this does mean that many patients experienced long waiting times and for this we apologise.

These results are the product of the excellent work of a great many staff in A&E, on the wards, in diagnostics, in assessment areas, in operating theatres, in all types of specialist clinics and in the outpatients department. In each of these settings, clinical staff are supported by a host of other skilled staff including porters, cleaners, tradesmen, catering staff, administrative staff and managers as well as corporate functions such as HR, Finance and IM&T.

All of these clinical and non-clinical staff work tirelessly to care for our patients and it is only right that this is acknowledged here. There are too many to name individually but we acknowledge the part that all our staff play.

We were last inspected by the Care Quality Commission in November 2017 and were judged to be 'Good' across all areas, all sites and all domains. This means that all of our sites are now either 'Good' or 'Outstanding'. At the same time, we were assessed by NHS Improvement in relation to our use of resources, and we were judged to be 'Good' on this assessment also.

As reported above, 2018/19 was a year of great operational pressure. It was also a year in which the Trust became embroiled in an industrial relations dispute over plans to create a wholly-owned subsidiary. The objective of the wholly-owned subsidiary was to enable parts of the foundation trust to compete on a level playing field with the private sector and thus earn extra income. Our annual SAVI target of £14.5m is much better achieved through increased income than through further expenditure cuts. Although this project had been proceeding for a year with no concerns from staff or staff side, it suddenly became a totemic political issue and was portrayed by national trades unions and politicians as 'privatisation'. After several rounds of full strike action by Estates and Facilities staff a compromise was reached whereby the Council would give us temporary funding in return for permanently withdrawing the wholly-owned subsidiary proposals. However by this point, much damage had already been done with many staff sympathising with the strikers. One of the consequences was our worst set of staff survey results since 2011. Reassuringly, our internal quarterly staff opinion surveys are showing signs of significant recovery.

A major task throughout the year was preparation for the transfer of around 1,000 community staff from Bridgewater Community Healthcare NHS Foundation Trust which took place successfully on 1 April 2019. This was a complex and weighty challenge but its completion means that there will be much more integration of provision within the Borough. We intend to organise all of our services so as to reduce hospital attendance and admission by looking after patients in their own homes or in community care. It also positions us to move towards a locality Integrated Care System as envisaged in the NHS Long Term Plan.

All of these clinical and non-clinical staff work tirelessly to care for our patients and it is only right that this is acknowledged here.

Contd.

KEY RISKS TO THE ACHIEVEMENT OF OUR OBJECTIVES

The board assurance framework is a tool that the board uses to seek assurance around the delivery of corporate objectives. Each corporate objective is allocated either to a lead committee or to the board itself. The lead committee reviews the relevant entries on the board assurance framework at each meeting and if the committee is not scheduled to meet, the entries are reviewed by the board. The complete board assurance framework is reviewed at each meeting of the board and it is used to promote discussion and debate as well as informing decision-making by directors.

For more information on how we manage risk within the foundation trust, including the detail of the key risks that the organisation was exposed to during 2018/19 and those identified for 2019/20, please see the Annual Governance Statement which begins on page 73.

OUR PERFORMANCE THIS YEAR

Our performance during the year 2018/19 is discussed in more detail in the performance analysis section of this report, which begins on page 14 and a summary is provided below:

Access headlines

- 82.11% performance against the Accident and Emergency four-hour wait target (target 95%)
- 95.73% performance against two-week wait from referral to date first seen for all urgent cancer referrals (target 93%)
- 93.25% performance against the 18-week referral-to-treatment pathway (target 92%)
- 99.21% performance against 6-week diagnostic standard (target 99%)

Quality headlines

- 2 MRSA bacteraemias, against a target of 0
- 11 C. difficile infections against a target of 18, with 2 attributable to lapses in care
- 5 never events against a target of 0
- Hospital Standardised Mortality Rate (HSMR) of 95.7 for the period January to December 2018 (average is 100)

82.11%
performance against the Accident and Emergency four-hour wait target

95.73%
performance against two-week wait from referral to date first seen for all urgent cancer referrals

93.25%
performance against the 18-week referral-to-treatment pathway

GOING CONCERN ASSESSMENT

After making enquiries, the directors have a reasonable expectation that Wrightington, Wigan and Leigh NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, we have continued to use the going concern basis in preparing the accounts and further information on this is available on page 31.

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

ROBERT ARMSTRONG
Chairman
22 May 2019

Further information is available on pages 14, 31 & 73.

PERFORMANCE ANALYSIS

At Wrightington, Wigan and Leigh NHS Foundation Trust, we measure performance in a number of ways.

We measure operational and clinical performance through key performance metrics, which are included in the performance report and presented to the board at each meeting for scrutiny. Copies of our board papers are available to download from our website, and a whole section of this report is dedicated to clinical quality. For more information, please see the quality report which begins on page 83.

There is a clear link between our key performance indicators and the risks facing the organisation. For example, non-achievement of the four-hour wait target is a key risk to the organisation and non-achievement of the target can have quality and financial consequences. Similarly, increases in demand affect both our performance against our key performance indicators but can also contribute to our risks, such as a reduced availability of appropriate beds. There are a number of uncertainties in any organisation, and each month the board and its committees hold detailed discussions using contemporary data to identify emerging risks.

Further information is available on page 83.

OPERATIONAL AND CLINICAL PERFORMANCE

Division of medicine

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

The four directorates are:

- General Medicine
- Unscheduled Care which is subdivided into Emergency and Acute Medicine
- Elderly Care and Specialist Rehabilitation
- Therapy Services.

The division also incorporates pharmacy services on all sites. We always strive to work collaboratively with all professions of staff in order to deliver the best possible care to our patients.

Unscheduled care

Throughout 2018/19 we continued to see an increase in both the number and the acuity of patients admitted through A&E, which has contributed to us being unable to maintain the delivery of the 95% 4 hour A&E standard. We have continued to work with partners within the Wigan Locality to provide community-based services and early intervention to enable patents to be treated outside of a hospital setting when possible.

The division has continued to develop the Urgent Treatment Centre following the successful introduction of GP streaming and relocation of minor injuries in 2018. We have seen a gradual increase in patients being seen and treated in this area. We have regularly exceeded our initial aspiration of 50 patents being streamed per day and in the coming year we will be further developing the Urgent Treatment Centre to increase the number of patients who are treated outside of the A&E setting. In 2018/19 we also completed the next phase of the Urgent Treatment Centre development by co-locating the GP Out Of Hours service. The next phase of this development is to introduce mental health services.

During the year we have introduced new models of care in Accident and Emergency which are focused on ensuring early ambulance handover to ensure that we rapidly respond to patients with high clinical need as well as freeing ambulance crews up to attend other calls. Following the introduction of this initiative in March 2019, we saw a marked reduction in ambulance handover times and we were the highest performing NHS organisation in Greater Manchester on a number of occasions. We are now hoping to secure longer-term funding to embed this new model on a permanent basis.

Despite the increased demand on A&E throughout the year, we did see an overall reduction in the percentage of patients waiting over 4 hours at the end of the year. During 2019/20 we will work towards achieving a further improvement in the 4 hour Accident & Emergency standard. The division will continue to focus on delayed transfers of care and aims to continue to exceed the national and regional benchmarks for: the number of patients who fall within the 'stranded' and 'super stranded' metric; the reduction in length of stay for acutely unwell patients; and delayed transfers of care for which we are recognised nationally as an exemplar of best practice.

We are currently reviewing our bed base to ensure the change in demand is reflected in the capacity provided and a business case is currently being developed for an additional ward to alleviate some of the pressures associated with us having one of the lowest number of beds per head of population ratio of general acute trusts in Greater Manchester.

Our focus for 2019/20 is to continue to develop alternative workforce models, further embed the SAFER initiative on wards, maintain a low length of stay, continue to support and integrate with service out of hospital and reduce the number of delays to discharge.

Scheduled care

Continuing the trend of the last few years, in 2018/19 we again saw an increase in referrals to many of our scheduled care services, with the largest of these increases being in the gastroenterology and endoscopy services and in diabetes and respiratory. Following the successful introduction of an advice and guidance service for GPs, we saw a reduction in referrals to cardiology.

In conjunction with the Healthier Wigan Partnership and AQUA, we continued to work with community partners to develop pathways to proactively detect and intervene in those patients who are at risk of requiring acute care related to their respiratory condition. This is predominantly aimed at patients with chronic obstructive pulmonary disease and is a holistic, whole-person intervention looking at an asset- and place-based response. We will be further developing this work in the coming year following the successful integration of community services into WWL.

For the coming year, the scheduled care teams will continue to focus on working with community partners and General Practitioners to support a reduction in the number of referrals to hospital by supporting community based models of care and further expanding advice and guidance services.

Clinical governance

Despite the operational challenges of 2018/19, this has been a positive year where the governance team has continued to support the clinical and operational teams in the delivery of safe, effective care. There was an increase in complaints compared to the previous year and we continue to view all complaints positively and as opportunities for learning and improvement. We share key learning points with staff individually, at specialty level and throughout the division via governance meetings and make improvements through changes in practice, policy and education of staff. Our emphasis continues to be on improvement and learning.

Staff continue to demonstrate an open and honest reporting culture and the reporting of incidents and near-misses and reporting has improved again this year. This provides us with further opportunities to identify risks to patients, improve safety and share learning.

Clinical engagement has been key to driving change and improvement. Each specialty has a consultant designated as governance lead and incidents, complaints, risks and mortality form part of the discussions at specialty and divisional governance meetings, to identify challenges, areas for improvements and changes required in their areas.

Division of surgery

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

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

2018/19 was a challenging but productive year for the Division of Surgery and we are pleased to report that we witnessed a number of successes, developments and quality improvements.

The division has successfully worked with partners to implement a joint urology on-call rota with Bolton NHS Foundation Trust and underwent a successful Greater Manchester Critical Care Network peer review within its Intensive Care and High Dependency areas.

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

All of the teams within the division have focused on developing and improving the services that they offer to patients and we have successfully continued the Paediatric Observation and Assessment Area on Rainbow ward to support with increased demand over the winter period. Our Maternity Unit has been successful in receiving the UNICEF Baby Friendly Gold Award making them one of only six trusts nationally to receive this rating and we are also in the process of recruiting a transitional care team to improve our services for neonates. We have also maintained our work with GP partners with the roll out of advice and guidance services to support GPs in identifying the best referral routes for their patients.

PAWS (Pathology at Wigan and Salford) is part of the division and we have continued to work collaboratively with Salford Royal NHS Foundation Trust to further develop this service to meet the increase in demand. The Assisted Conception Unit based at Wrightington Hospital also continues to develop and widen the availability of services to the local population and surrounding areas.

Clinical governance

The role of the clinical governance team is to ensure that patient safety, experience and effectiveness of services are at the heart of everything we do. This includes, but is not limited to:

- CQC compliance
- Risk identification and management
- Incident reporting and investigation
- Patient experience
- Compliance with NICE guidance
- Audit activity
- Health and Safety

The team has worked hard to triangulate learning from incidents, complaints, audit and feedback from external regulators such as CQC and Wigan Borough Clinical Commissioning Group, and this is reflected within action plan development and monitoring.

Specialist services division

The Specialist Services Division is a large clinical division comprising of:

- Trauma and Orthopaedic
- Rheumatology
- Radiology
- Outpatients
- Oncology (Cancer Services)
- Dermatology
- Medical Illustrations
- Private Patients and Overseas Visitors

Safe, effective care remains a top priority within the division. The division continues to embed clinical governance processes throughout services and the Divisional Quality Executive Committee works hard to ensure the success of this.

The committee has a comprehensive work programme which allows scrutiny and monitoring of such areas as:

- Incidents
- Complaints
- Identified risks
- Lessons learned
- Areas of good practice and improvement

It has been a busy year for clinical governance in the division with a review of all divisional processes being undertaken. The division has developed a comprehensive monthly governance report which allows the division to review all information supporting safe, effective care in a more efficient and robust manner.

All inpatient and outpatient areas have been successful at bronze level in the Aspire ward accreditation programme, which ensures that each area meets the standards set out in our assessment framework, and sets an improvement target designed to improve safety and quality over a period of at least six months. This has been a great achievement and the work continues to attain Silver accreditation in the months ahead.

The recent introduction of a Safe Care rostering module will allow us to review safe staffing across our ward areas to ensure the needs of patients are met by reassessment of staffing and acuity of patients throughout the day/night.

The division recognises the importance of patient feedback and this is actively encouraged. Led by the Patient Relations Department and in conjunction with the division, a workshop was held for colleagues on how to respond and support patients who raise concerns whilst in our care. This was positively welcomed by colleagues and patients receive well investigated and timely responses to these concerns. To complement this, we have also held two patient experience events inviting past and present patients to share their experiences relating to the Rheumatology and Orthopaedic services. The information gathered from these events is being used to improve our services and to celebrate our successes.

In addition there has been a successful launch of the Theatre Always Events which will further improve patient experience and safety.

Radiology

The Radiology department undertakes all aspects of diagnostic imaging:

- General X-Ray
- Computerised Tomography (CT)
- Ultrasound

- Nuclear Medicine
- Magnetic Resonance Imaging (MRI)
- Breast (Screening and Diagnostic)
- Vascular and Non-Vascular Interventional Radiology

Demand for Diagnostic Imaging continues to grow; WWL currently undertakes over 320,000 examinations of increasing complexity per year and consistently achieves the national target of 99% of patients imaged within six weeks for a specific selection of key examinations.

The department supports clinical training for Medical, Obstetrics, Gynaecology and Radiology trainees. There is also an ongoing PGD sonographer training programme to allow for succession planning against a national background shortage of sonographers. Excellent feedback is received from trainees - the department has been nominated first across the Manchester deanery for Radiologist ultrasound training.

Following a staffing restructure, the vast majority of radiographers who undertake general radiography now rotate across three and in some cases all four sites to minimise the use of agency staff and ensure that there is a seamless service provision to match patient demand. This variety of experience has been cited as the main reason for radiographers applying to work at WWL.

Radiology are now working more closely with the multi-disciplinary teams at Wrightington, to improve patient flow, promote excellent patient experiences and continue to improve the service we provide to all areas of the site.

Work was done with Medical Physics last year to develop the Datix categories in order to facilitate a more meaningful audit to ensure that our patients and staff remain safe and we can take every opportunity to improve the services that we offer. Much use is made of the PITFALL acronym chart for general radiography and this was applauded by the CQC following a couple of incidences in 2018, demonstrating that a positive environment and safe culture of learning is encouraged.

General X-ray equipment on the Royal Albert Edward Infirmary site in Phase 4 was installed in 2004 and we are beginning to see an increase in replacement, repair and maintenance costs due to equipment starting to fail at the same time. It is also recognised that the x-ray equipment at Wrightington is extremely old and whilst a retrofit upgrade has been undertaken it is in need of replacement. Meanwhile one of the general x-ray rooms at the Thomas Linacre Centre has been upgraded with a new generator to ensure it longevity. Whilst a steady and planned replacement programme is being undertaken, regrettably high costs will be inevitable over the coming years.

The CT and MRI departments are located at RAEI and perform around 49,000 CT and 20,000 MRI examinations per year. The department comprises 2 CT and 2 MRI Scanners which operate over 7 days a week; approval has recently been given for a semi-permanent MRI scanner to replace the mobile unit at Wrightington and to operate 7 days a week to meet the demand from MSK CATS. This scanner will be a brand new 'Wide Bore' scanner alleviating some of the pressures on the single wide bore scanner we have at Wigan, whilst offering a much improved patient experience. Negotiations around using the PET CT Scanner at RAEI to provide much needed additional CT capacity are in progress.

The CT department is also in the process of developing a cardiac CT service which will negate the need for Wigan Borough patients traveling to Wythenshawe for the investigation.

The DEXA scanner has been successfully installed in its new place within the Diagnostic Suite at TLC which will facilitate the move of the Medical Illustrations team and develop a 'potential reporting hub' within Radiology.

The Nuclear Medicine department is located at RAEI and performs around 3000 examinations per year. We provide functional imaging for the trust and private patients from Euxton Hall, with a large proportion of our work coming from orthopaedics, oncology, urology and cardiology.

The recent installation of a state of the art SPECT/CT scanner has increased both the sensitivity and specificity of imaging, which in particular has improved diagnostic accuracy for orthopaedic imaging. The combination of functional and diagnostic imaging in one scan has reduced the need for patients to have further imaging, therefore reducing attendances.

Diagnostic and screening Ultrasound services are provided within Radiology for non-obstetric ultrasound services and Obstetrics including the Foetal Anomaly Screening Service (FAS) for approximately 3,600 deliveries.

Recent PHE professional and clinical review and DQASS cycle feedbacks provide evidence of consistent quality in FAS, as well as individual sonographer accredited practice.

Outpatient scans are performed cross site over 11 scan rooms. Inpatient examinations are carried out at Royal Albert Edward Infirmary , Leigh and Wrightington. A range of interventional procedures including biopsies and therapeutic injections are undertaken at the Wigan site and at Wrightington. Targets and KPI's for all examinations are consistently monitored and reviewed with monthly assurance reports submitted to governance meetings.

Trauma and orthopaedics

The 2018/19 financial year was again challenging for the T&O directorate. An increasingly complex case mix, with an increasing number of patients requiring more intensive support post operatively contributed to the directorate not achieving its financial plan. However, the directorate continues to consistently achieve 18 week RTT targets for patients.

The directorate continue to work very closely with the National Orthopaedic Alliance, which aims to bring specialist orthopaedic units together to agree best practice standards and address key issues facing the specialty as one body. The group have successfully challenged planned tariff changes which would have been detrimental to the specialty and are currently working on shared cost reduction ideas, a shared system for managing patient PROMS scores and developing a specialist trust new to follow up ratio target.

There have been some issues with availability of the theatre stock on the Wrightington site, both within the barn theatres and the older theatre complexes. Staff have worked really hard to mitigate the resulting impact on patients and loss of activity, by flexibly moving between any functional theatres on site which requires significant moving of equipment and deep cleaning often on the day it is due to be used.

Outcomes from the T&O service continue to be excellent, and the trauma team have successfully reduced the fractured neck of femur (#NOF) mortality rate following WWL being highlighted as a negative outlier the previous year – we are now a positive outlier. Whilst this is positive, performance against other #NOF metrics has not been so good, particularly in relation to the number of patients arriving on Aspull Ward within 4 hours of presenting at A&E. The directorate have introduced #NOF champions in A&E to give additional focus to this patient pathway.

Over the coming year, the division are focused on delivering on agreed activity targets, working more closely with our anaesthetic colleagues to streamline some of our more complex patient pathways. We are committed to strengthening the Wrightington brand and expanding our services nationally and internationally.

Rheumatology

The Rheumatology team have had a positive year, with successful implementation of new clinical pathways which were designed in collaboration with the Wigan Borough Clinical Commissioning Group to benefit patients. The specialty consistently delivers 18 week RTT targets and has also significantly reduced the number of patients overdue for their follow up appointment this year.

The biosimilar switch programme has continued this year, with another really positive switch made. A further switch has just commenced, supported by a specialist pharmacist and senior nurse.

Outpatient services

Outpatient Services are provided at all four trust sites and WWL also support clinics managed by Salford and Christie Hospitals. A review of utilisation and staffing requirements has taken place as part of an ongoing review to ensure that WWL is able to meet changing demands.

The staff in the outpatient departments are active fund raisers for the WWL charitable funds and have benefited with new equipment funded from the various funds.

Dermatology and plastics

We continue to work closely with colleagues at Bolton and Salford hospitals and relevant CCGs as part of collaboration to develop a new service model for Dermatology. This is in response to growing demand for Dermatology and the lack of candidates for NHS substantive posts. The collaborative is addressing issues around location of services, training, development and retention of staff and future demand. The model will also address capacity and demand for plastics services.

The department at WWL had a very positive "Getting It Right First Time" review and is currently developing a plan for improvement over the next three years taking into account the new service model referred to above.

Dermatology and Plastics continue to perform well against RTT and Cancer targets and are amongst the best nationally and best in the North West UK.

Private patients and overseas visitors

The Trust built on last years' decision to dedicate a theatre at Wrightington Hospital to the provision of care to privately funded patients, delivering a healthy increase in revenue in the year. These UK privately funded cases were supplemented by a range of other purchasers of care including patients from across the globe. Of note, a partnership was established with the Falkland Islands to provide orthopaedic services both delivered locally in the Falklands and with patients travelling to Wrightington Hospital where clinically appropriate.

During the year the Overseas Visitors Team has seen a significant increase in referrals of individuals who may not be entitled to free NHS care. In response to this, and in conjunction with the Transformation Team, a review of the service was undertaken with plans to streamline and improve Overseas Visitors management agreed. These include planning for the management of EU patients post finalisation of the agreement for the withdrawal of the UK from the EU and the impact this may or may not have on reciprocal healthcare agreements.

Therapies

Following inter-divisional discussion, it was agreed that it would be advantageous to transfer the Therapies staff based within Wrightington and supporting Trauma and Orthopaedics at the Royal Albert Edward Infirmary to the Specialist Services division. This aligned the Therapies team with the remainder of the multidisciplinary team to enhance the continuity of care patients received.

To improve the Therapy service for patients, an additional area was recommissioned to allow more appropriate facilities to be available for gymnasium activities and pre-operative workshops. This area, geographically close to the existing Therapies department, has relieved pressure on the existing department and delivered a better patient experience.

Cancer services and oncology

In 2018/19 we have been above 90% each month for patients treated within 62 days of their GP making an urgent referral. We continue to meet with the Christie on a bi-monthly basis to discuss operational issues and key performance indicators. Activity at WWL has been steadily growing and we remain confident in our ability to gradually increase the numbers of patients we can accept for treatment.

In line with the Government initiative of 'Care closer to home' we have already consulted with our staff with a view to increase our opening hours from 8am to 8pm Monday – Friday and, in the future, to consider treatments on Saturday mornings. This will enable us to deliver more treatments increasing the opportunity for patients to be cared for in Wigan. This forward looking initiative will require input from other support services and we continue to work with those parties to facilitate this.

Parts of our forward planning includes working with The Christie on ideas to extend our existing premises and we are currently meeting monthly with them to look at our increasing patient activity and how we can continue to provide a great quality service.

As a new development, patients are able to have a holistic needs assessment at their pre chemo visit and this enables them to discuss any worries and fears before they start their chemotherapy. The Christie team are very supportive of the service that is delivered at WWL and are keen to work together on future service developments. The Recent appointment of a Band 7 Macmillan Quality Improvement Facilitator is now enabling us to take the Recovery Package into the community this has been warmly greeted by community staff and practitioners including GP practices.

Other developments include:

- Patients attending the Cancer Care Centre on Bank Holidays for their blood test to enable smoother running of the service on the following week
- Extending our complementary therapies hours
- Implementing the Recovery Package and holistic needs assessment for pre chemo patients
- Cookery lessons for patients
- Art therapy
- Improved access to Benefits advice for patients and their families

- An outreach service from the Macmillan Information Centre staff allows this service to be available in a number of locations across the Borough
- Discounted days-out for patients at nearby Rufford Old Hall
- Look Good Feel Great monthly sessions
- Support groups for all tumour sites

We continue to perform well against all the 14, 31 and 62 day Cancer Waiting Times targets referral and are consistently in the top ten Trusts nationally for this important measure.

We are always looking to improve our pathways and therefore the patient journey. We are currently trying to bring waiting times for 1st appointment down to within 7 days.

From 1st April 2018 another National target was introduced. Day 28 to diagnosis – patients referred from their GP as a suspected cancer will be given either a cancer or cancer ruled out diagnosis within 28 days of referral (although this will not be performance managed until 01.04.20).

Community services

Wigan's Locality Plan, "The Deal for Health & Wellness" sets out the vision to radically transform local community based health and care services. Across the borough, community based integrated health and social care services are being built around seven service delivery footprint areas (SDFs). These areas are based on naturally forming communities, 30-50,000 registered populations, and we are using them to plan how we deliver our services to meet local needs.

The footprints include health and care partners working closer together including: community nursing, therapies and adult social care (Integrated Community Services), alongside schools, children's services, mental health, police, housing and other public and voluntary and community sector partners which are also aligned.

Our model has a strong emphasis on population health promotion, prevention, early intervention and self-care and self-management to reduce demand for services and allow care and support to be delivered increasingly out of hospital and at the lowest level of effective care, contributing to admission avoidance across the system.

By working together across organisational boundaries as one team, we are able to better use the combined skills and knowledge of all professionals co-located in a place. This has had a positive impact on how we are able to triage individuals more effectively at the first point of contact, ensuring that the most appropriate professional, or combined professionals, are able to deliver care and support at the right place and time. This improved triage process and care coordination significantly reduces the number of hand-offs individuals experience across the system with services feeling more connected and less fragmented for patients and residents.

To support the workforce in transforming, improving services and patient care "Our Deal for a Healthier Wigan" experience was launched in January 2019 and focuses on staff taking the time to understand people's strengths and assets and supporting them to connect to their community and be well. The application of asset-based approaches to care are key to the transformation model as from adopting an asset based approach we can keep people well for longer by also addressing the wider determinants of health, such as social isolation, loneliness, housing issues and school readiness. This in turn has led to a reduction in need for reactive and expensive hospital admissions and/or long term social care.

Highlights for Community Services for 2018-19 include:

- The successful transfer of some Community Bridgewater Staff in April 2019 to WWL which creates opportunities to accelerate and continue to develop more out of hospital community services.
- The establishment of a Community Services Board launched in June 2018 has representation from all of the key health and social care providers and continues to meet on a monthly basis.
- Community health and social care services continue to be key members within Intermediate Care Services and the Integrated Hospital Discharge Hub. The hub supports the discharge process by working on the flow of patients through the Royal Albert Edward Infirmary site, meeting to review each patient's progress. The team are able to quickly put in place bespoke reablement and care packages and facilitate speedy and effective discharges by linking patients into the appropriate community based services. Wigan remains the lowest reporter for delayed transfers of care in Greater Manchester area and one of the lowest reporters in the country.
- Community Response Teams (CRTs) were introduced into the service delivery footprints to support patients out of hospital by reducing the number of unnecessary attendances and admissions to A&E. This has been very successful in reducing the number of patients presenting by ambulance.
- We currently commission community step up beds for people who have a care or support need that cannot be managed within their own home or they cannot be left safely at home. These beds have helped to reduce pressure on acute services by providing alternatives within the community and avoiding a person being admitted to an acute setting unnecessarily. They have also improved the experience for people using these beds who have remained in the community for a relatively short period of time and preventing an often lengthy admission into hospital.

Estates and facilities

The Estates and Facilities Division continues to provide a wide range of non-clinical support services to all our sites, including:

- Catering
- Security
- Hotel Services
- Capital Design
- Medical Electronics
- Operational Estates Maintenance
- Safety Management
- Energy and Waste Management
- Fire Safety
- Grounds Maintenance
- Sterile Services and Endoscope Reprocessing

Whilst quality, safety and our patient environment are equally important, we fully recognise the need to provide a cost-effective service and we utilise our estate as efficiently as possible.

The division uses Model Hospital data to benchmark its performance against its peers with the most recently published 2017/18 data showing an overall estates and facilities value of £278/m^2 compared to a benchmark value of £345/m^2 and peer median of £292/m^2. The division will continue to use the more detailed information to identify areas for potential improvement as part of its on-going Service and Value Improvement plans.

During the past 12 months, we have invested a further £1.9m in estates-related capital developments which has supported the development of new improved clinical services and helped to ensure the resilience and statutory compliance of the estate and its plant/equipment.

The estates team provides an emergency breakdown repair and planned preventative maintenance service and supported wider estates and facilities activity across our sites. It also provides a technical out of hours emergency on-call service for the built environment and associated engineering services. The team continually assesses the most effective way to utilise its resources in this area.

The division continues to prioritise to ensure that the patient environment is maintained and improved to the highest level. This is audited annually as part of the PLACE (patient-led assessment of the care environment) assessments.

In 2018 our overall score was
97.84%
which placed us as the third highest scoring NHS acute organisation

We received a score of
99.47%
for condition, appearance and maintenance which placed us third

Our patient food scores were
98.3%
which placed us fifth

The cleanliness of our clinical areas scored
99.94%
the sixth highest in England.

The division also provides medical equipment management services, using an equipment database which now includes more than 20,000 items. The database is a keystone to managing the servicing, maintenance and breakdown repair service that is delivered to all clinical departments and has been further enhanced in the last year by the addition of a new equipment database which will enable improvements in our record going forward.

The sterile services and endoscope reprocessing teams continue to provide services of the very highest level and are audited to ensure compliance on a regular basis. Despite some issues early in the year with our partners at Salford Royal FT, we have been successful in rebuilding the relationships and repatriating all instrumentation back to the Sterile Services Decontamination Unit in Bolton. The entire team are working to improving the overall resilience of the sterilisation services across both organisations.

Sustainability and environmental management

We have continued to invest considerable resources in order to reduce the impact on our environment. By improving the design of new buildings and refurbishments, we achieved a "very good" score in the Building Research Establishment Environmental Assessment Model.

We continually strive to minimise our environmental impact through reducing energy-related CO_2 emissions year-on-year. As anticipated, we observed greater electric demand on our Leigh site due to the growth of our catering and IT services teams in 2017/18. In April 2017, a new combined heat and power unit at Leigh Infirmary was commissioned, reducing operational costs, providing greater electrical resilience, significant reduction in CO_2 emissions and is performing better than originally anticipated. We have recently completed a business case to install additional equipment, to enable this plan to link with the heat recovery unit; thus further enhancing the efficiency of the Energy Centre on the Leigh site.

We have continued to invest in combined heat and power units, and this was commissioned in April 2018 on the Wrightington site and closely mirrors the set-up at Leigh that proved so successful last year. During the course of the year this has performed as expected and helped us to manage ever-increasing electrical demands.

We continue to look to reduce our electrical load due to lighting and in 2017/18 we rolled out the first of the smart LED lighting projects, with the first installation being at the Thomas Linacre Centre in September 2018. The potential for this is dramatic and we hope to be a pioneer organisation for such technologies moving forward and have been successful in our bid for national funding to expand this over onto the RAEI site in 2019/20.

Waste management

Our objective for 2018/19 was to begin to enhance the safe, compliant and sustainable management of waste and the disposal across all sites, whilst maximising recycling in all areas.

Recycling drop-off points and the segregation of cardboard, scrap metals, furniture, electrical and waste mattresses have further improved our performance, alongside improvements to waste compactors, collection bins and waste compounds.

We continue to work with a local waste company for our domestic waste disposal mechanisms. This continues to dramatically reduce our carbon footprint due to transport of waste, and significantly improve performance of waste materials processed for recycling.

2018/19 saw the introduction of Clinical Waste Management Training for all clinical staff, porters, housekeepers and domestic staff. This has been well received and we continue to provide support and advice to all departments regarding waste responsibilities, in order to safely handle, segregate and store waste in line with waste legislation.

Regular waste audits continue and these have led to the impending introduction of a sharps management mechanism that will help dramatically reduce plastic waste and enable the introduction of the offensive waste stream to our estate, further reducing our cost base for waste processing in 2019/20 and creating a safer working environment.

This cycle of continuous learning ensures that our plans are effective if and when they are needed in a real incident.

Emergency preparedness

As a category one responder under the Civil Contingencies Act 2004, we need to be able to plan for, and respond to, a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions, contaminated or infected patients, or a major incident resulting in mass casualties or fatalities. NHS organisations are required to plan and prepare for such incidents whilst ensuring that safe services for patients are maintained. NHS England has set out a number of core standards for emergency preparedness, resilience and we are fully compliant with these.

We identify our local high-level risks and put plans and processes in place which aim to reduce the likelihood or impact of these risks materialising. We also work closely with our partner agencies in Wigan and Greater Manchester to identify local risks and to agree joint plans to provide a co-ordinated multi-agency response, for example the Greater Manchester Mass Casualty Plan. We are actively represented on a variety of local and regional emergency planning and response forums including Wigan Borough Resilience Forum and the Greater Manchester Local Resilience Forum.

Our major incident plan provides a generic management framework to respond to and recover from a significant emergency or major incident. As part of the process of continuous learning, we take account of lessons to be learned and good practice from incidents, both local and national, to enhance our own local planning and response. The Major Incident Plan was reviewed and updated following the Manchester Arena bomb in May 2017 and in 2018 we participated in a series of exercises across Greater Manchester (Socrates) which were designed to test the revisions made across the region. This cycle of continuous learning ensures that our plans are effective if and when they are needed in a real incident.

All senior managers are required to participate in annual training to rehearse their roles in the event a major incident or emergency. This year, Exercise Thorn was used to test the senior managers' and executives' responses to a major incident. These exercises provide facilitated discussions on how they would deal with this type of incident and cover a number of core competencies for on-call senior managers and executives. In addition we also took place in Exercise Starlight to test communications in the event of a major incident.

Our Business Continuity Plan provides a framework to allow us to respond to large scale localised incidents, for example, significant flooding or utility failure. If such an incident occurs, the implementation of this plan will ensure minimum disruption to staff and patients and a timely return to 'business as usual' in the event of such an incident or emergency.

In the annual Emergency Preparedness, Resilience and Response core standards self-assessment process we reported "substantial compliance" which was agreed by local Commissioners and peers across Greater Manchester.

We employ 6,008 members of staff, all of whom play their part in delivering high quality, safe and effective patient care.*

HOW WE ARE RUN

The Board of Directors is responsible for the overall leadership and strategic direction of the organisation. The board is comprised of executive and non-executive directors and further information on the board is available on pages 34 to 37.

The Council of Governors, made up of elected governors from our public and staff membership and appointed governors from our key stakeholders, has a number of statutory functions and two general duties – to represent the interests of members and the general public and to hold the non-executive directors to account for the performance of the board. More information on the Council of Governors is available on pages 63 to 66.

An independent Company Secretary provides corporate governance leadership, advice and support to both the board and the council. We have policies in place to deal with matters such as gifts and hospitality, declarations of interest and anti-bribery matters and we have a Freedom to Speak Up Guardian in place in line with best practice.

The executive directors collectively form the executive management team which provides day-to-day leadership and management of the organisation. Each director has a portfolio of responsibilities and is supported by dedicated support structures.

We employ 6,008 members of staff*, all of whom play their part in delivering high quality, safe and effective patient care. We continue to demonstrate considerable success in improving quality, and the quality report section provides much more detail on the quality improvements we are achieving.

**Please note that the number of staff shown here does not reconcile with the figures on page 59. This is due to the fact that the figures on page 59 are correct as at 31 March 2019, prior to the transfer of staff from Bridgewater Community Healthcare NHS Foundation Trust on 1 April 2019.*

Further information is available on pages 34 to 37 & 63 to 66

Summary of our operational activity

The table below summarises our activity during 2018/19, and the figures for 2017/18 are provided for comparison:

		2017/18	2018/19
Referrals	GP	84,892	88,562
	Other	85,223	88,794
	Total	**170,115**	**177,356**
In-patient activity	Elective/planned	7,786	7,812
	Day cases	39,907	39,373
	Non-elective	38,459	40,454
	Total	**86,152**	**87,639**
Outpatient activity	New appointments (attendances)	137,279	141,191
	Follow-up appointments (attendances)	350,158	341,547
	Total	**487,437**	**482,738**
Accident and emergency	New attendances	85,577	91,988
	Unplanned re-attendances	3,219	2,070
	Total	**88,796**	**94,058**
Walk-in centre	**Total attendances**	**43,747**	**44,065**

Social, community and human rights issues

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

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

We have anti-fraud policies in place and further information is available within the staff report and within the Annual Governance Statement.

All our policies are reviewed on a regular basis and are subject to an equality impact assessment.

Financial performance

Whilst we have ended the year in a financially positive positon, this year has been a very challenging and demanding one. We have worked extremely hard to ensure we have met financial targets which are essential to enable continued investment in staff, facilities and services and to provide value for money and outstanding care for the population we serve.

We ended the year with a trading surplus of £28.0m, which excludes the impact of net movements in the valuation of property totalling £5.8m, making the reported position for the year a surplus of £33.8m.

Capital investment for the year totalled £8.6m and we had a closing cash balance of £32.2m.

Our finance and use of resources score was 1, the best available, and further details of this can be found on page 71.

Income

We generated £344m of income in the year, £35m more than planned.

Wigan Borough Clinical Commissioning Group remains the largest commissioner of our services, contributing 87.8% of the Trust's overall income.

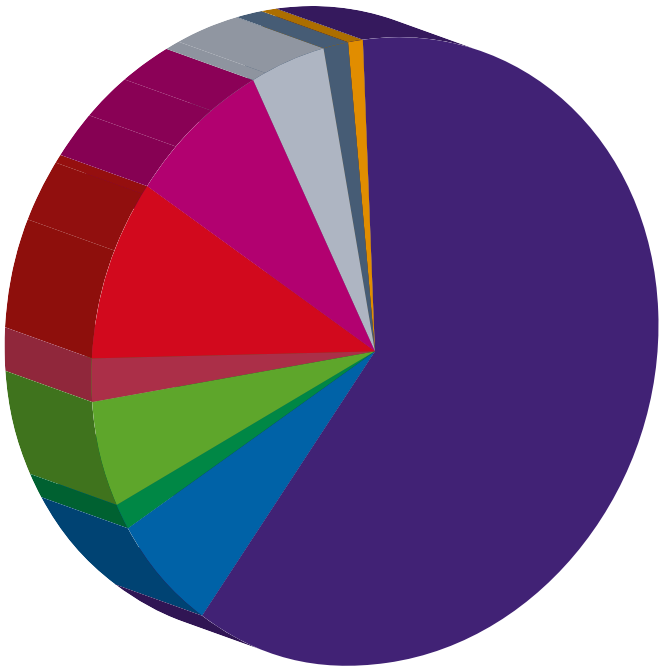
Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England (often referred to as our "principal purpose") must be greater than the income we receive from the provision of goods and services for any other purposes (which we have termed "non-principal income").

The charts below demonstrate our compliance with this requirement.

	2018/19 £000	2017/18 £000
Non-principal income	13,584	9,011
Total income	343,626	310,040
Non-principal income as a % of all income	**4.0%**	**2.9%**

The directors consider that the income received otherwise than from the provision of goods and services for the purposes of the health service in England has not had an impact on the provision of goods and services for those purposes.

The chart below shows the split of our income by source. As you will see, the majority of income is received from Government bodies with only 3.5% of income received from bodies outside of the Government.



Income by Source 2018/19

- CCGs and NHS England **87%**
- Health Education England **2.6%**
- Public Health England **0.1%**
- DHSC **0.9%**
- NHS Trusts **0.3%**
- NHS FTs **4.7%**
- Bodies External to Government **3.5%**
- Local Authorities **0.6%**
- Other WGA Bodies **0.1%**
- Other DHSC Bodies **0.0%**

Clinical income by point of delivery:

Acute Services	2018/19 £000	2017/««18 £000
Elective income	65,594	63,772
Non elective income	73,491	61,073
First outpatient income	18,451	20,051
Follow up outpatient income	23,079	22,129
A&E income	11,959	11,453
High cost drugs income from commissioners (excluding pass through costs)	9,799	11,103
Other NHS clinical income*	77,297	79,660
Community Services	3,220	3,219
Additional Income		
Private patient income	3,123	2,760
Agenda for change pay award**	3,252	0
Other clinical income***	938	1,020
Total Income from Activities	**290,203**	**276,222**

* Other NHS clinical income includes income in respect of maternity outpatients, diagnostic imaging, breast screening, audiology, chemotherapy, palliative care and community services.

** Agenda for change funding was received from the Department of Health and Social Care.

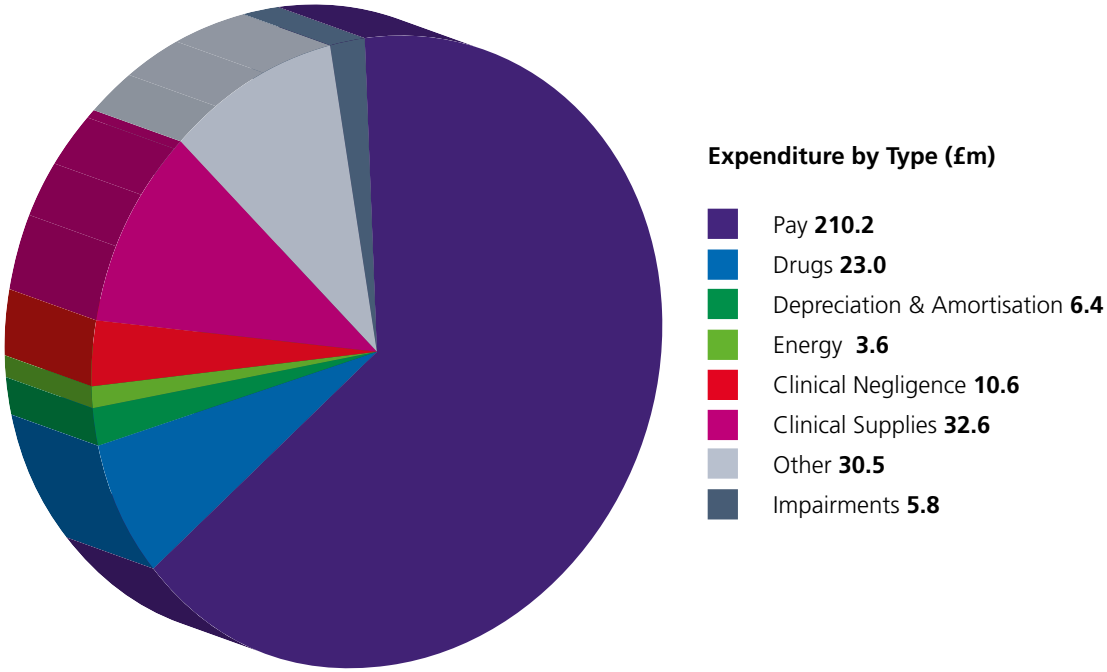
*** Other clinical income relates largely to income from the NHS Injury Cost Recovery Scheme (ICR) for third party injury claims.

Expenditure

Total operating expenditure for the year was £307m (including impairments) an increase of £2.5m or 0.8% on last year. Pay was the largest expenditure item at £210m which is 68% of total expenditure and, within this figure, the amount spent on registered nursing, midwifery and health visiting staff remains the most significant at £53m.

£23m was spent on drugs which is a decrease of £1m when compared to last year. Other notable expenditure items in the year are £33m in respect of clinical supplies, £11m clinical negligence insurance premiums, and £4m energy costs. Depreciation and amortisation of £6.4m is included in the overall expenditure figure, a non-cash item reflecting the reduced value of the Trust's assets.

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



Cost improvement plans

The financial benefit derived from cost improvement plans (CIP) is £12.7m in the year.

Capital investment programme

During the year we completed £8.3m of capital investments which have significantly improved services for both patients and staff. A summary of the capital investments undertaken in the year is provided in the table below:

Capital Investment Scheme	Investment Benefits	£000k
Medical Equipment	The continued investment in the Trust's Medical Equipment	2,270
IT Systems Upgrade	Upgrade of the Trust's IT infrastructure and network including extending and improving the Wi-Fi coverage, replacement of servers and IT operating system.	1,756
Health Information Scheme (HIS)	The continued development of the HIS platform to the Trust providing rapid and seamless access to patient information (software and hardware)	1,581
Workforce Computing Technology & Devices	Upgrading of the outdated workforce PCs and devices.	801
Wrightington Research & Education Centre	Continued legal, architectural, planning and surveying services for the proposed Research & Education Centre at Wrightington	405
Business Intelligence	Business Intelligence and Data Warehouse applications	255
RAEI – Electrical Infrastructure	Electrical Infrastructure upgrade at RAEI to the main switch panels between phases 1 – 4	163
TLC LED Lighting and Smart control	Purchase and installation of an Intelligent lighting and Geo Tagging system throughout Thomas Linacre Centre.	154
Other items		949
Total		**8,334**

Events after the reporting period

Following approval by the Board of Directors on 27 March 2019, and after undertaking an in-depth due diligence exercise, on 1 April 2019 we took over the management of Wigan community services, previously provided by Bridgewater Community Healthcare NHS Foundation Trust.

This transfer will result in approximately 1,000 employees being transferred from Bridgewater to the Trust and the value of this contract is c£45m.

Going concern

Based on all available evidence, the directors of the Trust have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

In giving this opinion, the Trust recognises the challenging environment and has identified those risks which will require careful management. The Board has approved the Trust's 2019/20 annual plans which have been submitted to NHS Improvement. Income and expenditure plans have been prepared using national guidance on tariff and inflationary factors with income based on agreements with commissioners. The Trust has been prudent in its assessment of efficiency targets, including cost improvement plans managed by a well-established Project Management Office, and believes that this forward plan provides a realistic assessment of the financial year ahead. Income and expenditure budgets have been set on robust and agreed principles, which mean that divisions should be able to provide high quality healthcare within the resources available, provided the cost saving targets are achieved.

Uncertainties exist in the current economic climate, however, these have been reduced by agreeing a number of contracts with Clinical Commissioning Groups, Local Authorities and NHS England and these payments provide a reliable stream of funding minimising the Trust's exposure to liquidity and financing problems. Cash flow statements have been prepared using planned income and expenditure and a full range of sensitivities, re-modelled based on identified risks and reasonable mitigations which have been considered by the Board.

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


Your stay
with us

ACCOUNTABILITY REPORT

DIRECTORS' REPORT

Our board of directors operates according to the highest corporate governance standards. It is a unitary board and has a wide range of skills and experience. The non-executive directors have wide-ranging expertise and experience, including backgrounds in finance, audit, property, primary care and education. The board considers that it is balanced and complete in its composition, and appropriate to the requirements of the organisation.

ROBERT ARMSTRONG
Chairman
(Independent)

Appointment
1 Nov 2014 - 31 Oct 2020

Robert has extensive experience in senior management roles, most recently with BT. He has led on the development of joint venture companies across Europe and the United States and is a passionate advocate of the "customer-led" approach.

ANDREW FOSTER CBE
Chief Executive

Permanent post

Andrew has been our Chief Executive since 2007. Before this, he spent five years as the Workforce Director General for the NHS and was the architect of Agenda for Change terms and conditions which remain in place to date. He also led on the creation of the first ever national HR plan for the NHS and the implementation of the new consultant contract.

DR SANJAY ARYA
Medical Director

Permanent post

Sanjay is a consultant interventional cardiologist by background, with interests in coronary artery disease, coronary intervention, heart failure, arrhythmia, syncope and cardiac assessment for non-cardiac surgery and professional footballers.

PROF CLARE AUSTIN
Non-Executive Director
(Independent)

Appointment
1 May 2019 - 30 Apr 2022

Clare is the Associate Dean for Research and Innovation and the Director of Medical Education at Edge Hill University, as well as the Chair of the Management Group of the Postgraduate Medical Institute. A Senior Fellow of the Higher Education Academy, Clare holds a BSc and PhD in Pharmacology and has been involved in medical education for many years and is particularly interested in the use of reflective learning in personal and professional development.

ALISON BALSON
Director of Workforce

Permanent post

Alison has extensive experience in managing human resources services, and has worked in the NHS for over 15 years. She is committed to demonstrating the link between staff engagement, organisational performance and patient satisfaction. Alison genuinely believes in partnership working and the need to work collegiately with trade union partners.

DR STEVEN ELLIOT
Non-Executive Director (Independent)

Appointment
1 Apr 2018 - 31 Mar 2021

Steven has worked as a GP since 1983 and has been partner, single handed and salaried. He was GP with special interest in headaches at Salford Royal NHS Foundation Trust from 2004 to 2014 and spent 4 years as Associate Medical Director at NHS Salford PCT.
Steven was Regional Director for commercial company Primecare UK and Chair of Community Based Strategy Group at NHS Salford CCG. He is currently a professional adviser for NHS England and a Non-Executive Director of a Community Interest Company.

MARY FLEMING
Chief Operating Officer

Permanent post

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

ROB FORSTER
Director of Finance & Informatics/ Deputy Chief Executive

Permanent post

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

MICK GUYMER
Non-Executive Director
(Independent)

Appointment
1 Aug 2015 - 31 Jul 2021

Mick is a qualified accountant who has worked in the NHS for 40 years, with the last 20 years being in Director of Finance roles. He also spent almost 10 years as Project Director of a £500m private finance initiative to re-develop the Central Manchester site and relocate the Manchester Children's Hospitals.

IAN HAYTHORNTHWAITE
Non-Executive Director
(Independent)

Appointment
9 Apr 2018 - 8 Apr 2021

Ian is the Chief Operating Officer for BBC Nations and Regions, prior to which he was the Deputy Chief Executive of the North West Development Agency with responsibility for development of the Cumbria Economic Strategy. He has also previously held the role of Pro-Vice-Chancellor of the University of Central Lancashire.

PAULINE LAW
Chief Nurse

Permanent post

A nurse by background, Pauline has extensive nurse leadership, project management and operational management experience and has worked in the NHS for over 30 years. She has a strong community nursing background and has held senior project management roles in end of life care.

JONATHAN LLOYD
Non-Executive Director
(Independent)

Appointment
1 March 2019
on a temporary basis*

A long-standing Fellow of the Royal Institution of Chartered Surveyors, Jon is a former Chief Executive of UK Coal Limited and has extensive experience in leading on large-scale change programmes. He was previously Head of Group Property for Halifax Bank of Scotland and currently holds a portfolio of non-executive director roles in both the commercial and public sector organisations.

** Jon Lloyd had previously held a non-executive director role, and stood down on 31 March 2018. Due to the unexpected nature of the in-year vacancies arising on the Board of Directors, the Council of Governors approved Jon's re-appointment on a temporary basis, pending substantive appointments being made. The rationale for this decision was twofold: firstly, the Council of Governors was mindful of the guidance contained in the NHS Foundation Trust Code of Governance that at least half the board should comprise non-executive directors determined by the board to be independent. Secondly, the Council of Governors recognised that the skills and attributes of candidates to be sought for appointment would be influenced by the foundation trust's decision on whether to accept the transfer of community services and that it would therefore be beneficial to await the decision before commencing recruitment to the substantive post.*

LYNNE LOBLEY
Senior Independent Director (Independent)

Appointment
26 Mar 2018 to 25 Mar 2021

Lynne's background is in education and until recently she was a member of the Senior Management Team at the Cheshire and Mersey Deanery. She has also been a member of the Deanery Integration Board and the Local Workforce Action Board. She has 20 years' experience as a NED in three very different trusts.

RICHARD MUNDON
Director of Strategy and Planning

Permanent post

Richard is an experienced public servant who has spent the majority of his career in the health sector. He spent 25 years with the Department of Health across a range of policy, management and corporate disciplines. He has experience of leading large change processes and developing performance management and planning regimes.

PROF TONY WARNE
Vice-Chair (Independent)

Appointment
31 Oct 2016 - 30 Oct 2019

A Professor Emeritus in Mental Healthcare and former Pro-Vice Chancellor at the University of Salford, Tony is a registered nurse, nurse educator and researcher. He has worked in NHS mental health care services since 1975, both as a practitioner and service manager. He left the NHS in 1995 and his research since has been focused on inter-personal, intra-personal and extra-personal relationships using a psychodynamic and managerialist analytical discourse.

The following individuals were also directors of Wrightington, Wigan and Leigh NHS Foundation Trust during 2018/19:

NEIL CAMPBELL
Non-executive director

Appointment
to 9 September 2018

CAROLE HUDSON
Non-executive director

Appointment
to 24 November 2018

2018/19 was a difficult year for the board, losing both Neil and Carole who died suddenly whilst in post.

Carole had been our Deputy Chair and Neil was the Senior Independent Director. Both were excellent non-executive directors with significant experience in their respective fields and were so giving of their time to the organisation.

They will be sadly missed; both by the board and by the organisation as a whole.

All directors are required to comply with the requirements of the "fit and proper persons test" and are required to make an annual declaration of compliance in this regard.

Appointment and removal of non-executive directors

Appointment and, if appropriate, removal of non-executive directors is the responsibility of the Council of Governors. When appointments are required to be made, usually for a three-year term, a Nominations and Remuneration Committee of the council oversees the process and makes recommendations as to appointment to the full council. The procedure for removal of the Chair and other non-executive directors is laid out in our constitution which is available on our website or on request from the Company Secretary.

Division of responsibility

There is a clear division of responsibilities between the Chairman and the Chief Executive. The Chairman ensures that the board has a strategy which delivers a service that meets and exceeds the expectations of the communities we serve and that the organisation has an executive team with the ability to deliver the strategy. The Chairman facilitates the contribution of the non-executive directors and their constructive relationships with the executives. The Chief Executive is responsible for the leadership of the executive team and for implementing our strategy and delivering our overall objectives, and for ensuring that we have appropriate risk management systems in place.

Declarations of interest

All directors have a responsibility to declare relevant interests, as defined within our constitution. These declarations are made to the Company Secretary, reported formally to the board, and entered into a register which is available to the public. A copy of the register is available on our website or on request from the Company Secretary.

Independence of directors

The non-executive directors bring strong, independent oversight to the board and all non-executive directors are currently considered to be independent. We are committed to ensuring that the board is made up of a majority of independent non-executive directors who objectively challenge management.

The Council of Governors is responsible for all decisions to reappoint non-executive directors, and is supported in its consideration by the recommendations it receives from the Nominations and Remuneration Committee. Any recommendation to reappoint a non-executive director beyond six years follows detailed scrutiny to ensure the continued independent of the individual director and, generally speaking, such terms of office are avoided unless there are exceptional grounds for them to be considered. Any non-executive director appointed beyond six years is subject to annual reappointment and the maximum term of office is nine consecutive years.

The board has reserved certain powers and decisions to itself; these are set out in the Schedule of Matters Reserved to 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 is able to make arrangements for the exercise of any of its powers by a formally-constituted committee of directors or by individual directors, subject to such restrictions and conditions as the board thinks fit. Standing Orders set out the arrangements for the exercise of such powers under delegation.

Attendance summary

The table below shows the attendance at board meetings for all directors in post during the 2018/19 financial year. Where directors were appointed after the year-end, they have not been included.

Name of Director	A	B	Percentage attendance
Robert Armstrong, Chairman	12	12	**100**
Andrew Foster, Chief Executive	11	12	**92**
Sanjay Arya, Medical Director	10	12	**83**
Alison Balson, Director of Workforce	10	12	**83**
Neil Campbell, Non-Executive Director	4	5	**80**
Steven Elliot, Non-Executive Director	8	12	**67**
Mary Fleming, Chief Operating Officer	11	12	**92**
Rob Forster, Director of Finance and Informatics	11	12	**92**
Mick Guymer, Non-Executive Director	11	12	**92**
Ian Haythornthwaite, Non-Executive Director	9	12	**75**
Carole Hudson, Non-Executive Director	7	7	**100**
Pauline Law, Chief Nurse	11	12	**92**
Lynne Lobley, Non-Executive Director	11	12	**92**
Jon Lloyd, Non-Executive Director	1	1	**100**
Richard Mundon, Director of Strategy and Planning	11	12	**92**
Tony Warne, Non-Executive Director	11	12	**92**

A: Number of meetings attended

B: Number of meetings the director could have attended

Evaluating performance and effectiveness

Each year, the board undertakes a review of its performance and effectiveness and this provides a useful opportunity for the board to take a step back and reflect.

This year, we commissioned an external review of our leadership and governance by Deloitte LLP, as a follow-up to the triennial review which was undertaken in 2017/18. Deloitte was selected to undertake the review because it was sensible and more cost-effective to ensure consistency with the previous review. The board considers the review to be independent because, although Deloitte provides external audit services to the foundation trust, the manner in which Deloitte as a firm is constructed means that the team undertaking the review had no relationship with, nor any ability to be influenced by, the external audit team. The focus for 2019/20 will be on ensuring that the recommendations from the original and follow-up reviews are implemented and embedded within the organisation.

A robust appraisal process is in place for all board members and other senior executives. The Chairman appraises the Chief Executive, and the Chief Executive carries out performance reviews of the other executives. All these reports are submitted to the Remuneration Committee.

The Chairman undertakes the performance review of non-executive directors using our non-executive director competency framework and the outcomes of these appraisals are reported to the Council of Governors. During 2018/19, as in previous years, the performance review of the Chairman was led by the senior independent director in accordance with a process agreed by the Council of Governors. The outcome was then reported to the council by the senior independent director.

Understanding the views of governors and members

Directors develop an understanding of the views of governors and members about the organisation through attendance at members' events, attendance at Council of Governors meetings and attending the annual members' meeting.

Mandatory declarations required within the directors' report

- We have complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.
- A statement describing adoption of the Better Payment Practice Code is included within the accounts.
- More information on the arrangements that are in place to ensure that services are well-led can be found in our annual governance statement.
- Income disclosures as required by section 43(2A) of the National Health Service Act 2006 are included within the financial performance section of the performance report.
- So far as each director who is a director at the time the report is approved is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware.
- Each director has taken all 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 NHS foundation trust's auditor is aware of that information.

In making these declarations, the directors confirm that they have made such enquiries of their fellow directors and of the foundation trust's auditors for that purpose, and taken such steps (if any) for that purpose, as are required by their duty as a director of the foundation trust to exercise reasonable care, skill and diligence.

REMUNERATION REPORT

ANNUAL STATEMENT ON REMUNERATION

I am pleased to present the directors' remuneration report for the financial year 2018/19 on behalf of the foundation trust's two remuneration committees. The Remuneration Committee is established by the Board of Directors in relation to executive directors' remuneration and other terms and conditions of service, and the Nominations and Remuneration Committee is established by the Council of Governors in relation to non-executive directors.

In accordance with the requirements of the HM Treasury Financial Reporting Manual and NHS Improvement, we have divided this report into the following parts:

- The directors' remuneration policy sets out our senior managers' remuneration policy; and
- The annual report on remuneration includes details about the directors' service contracts and sets out governance matters such as committee membership, attendance and the business transacted.

Major decisions on remuneration

The two remuneration committees aim to ensure that non-executive and executive directors' remuneration is set appropriately, taking into account relevant market conditions.

As in previous years, the remuneration for non-executive directors is based on the role that they undertake within the organisation. This year, the Council of Governors agreed to increase the remuneration for all non-executive directors on a similar basis to that applied to senior managers employed at the top of their Agenda for Change pay scale.

With the exception of the Chief Executive and Medical Director, executive director remuneration is based on pay scales, with progression through the pay scale being subject to the achievement of set performance criteria. There is one pay scale for the Director of Finance and another pay scale for the remaining executive directors. The Remuneration Committee will be reviewing this arrangement during the coming year in light of new national guidance from NHS Improvement which is currently awaited.

In 2018/19, those directors who were not at the top of their pay scale progressed to the next pay point. As the level of increase exceeded the £2,075 outlined by NHS Improvement, the pay point values were not increased from 2017/18's values in line with inflation.

The Director of Finance had reached the top of the allocated pay scale. The committee therefore awarded a £2,075 increase which was applied on a non-consolidated basis in line with guidance from NHS Improvement. The same arrangement was applied to the Chief Executive's salary. No change was made to the remuneration of the Medical Director during the year.

All executive directors except the Chief Executive receive an additional non-pensionable car allowance payment of £6,945. The Chief Executive receives a pensionable car allowance payment of £8,267. An 11.5% salary uplift is applied in respect of the Deputy Chief Executive post, which is currently held by the Director of Finance.

ROBERT ARMSTRONG
Chairman
22 May 2019

Senior managers' remuneration policy

The table below sets out the component parts of our remuneration package for senior managers which comprise the senior managers' remuneration policy:

Element of pay	Purpose and link to strategy	How operated	Maximum opportunity	Description of performance metrics	Changes from previous year
Base salary	To help promote the long-term success of WWL and retain high calibre executive directors	As determined by salary scales. Increments reviewed annually and approval based on performance	There is no prescribed maximum annual increase, however it is anticipated that directors will only move one pay point per year unless their duties fundamentally change	Individually set at the start of the year	No change
Benefits (taxable)	To help promote the long-term success of WWL and retain high calibre executive directors	Benefits for executive directors include: Personal car allowance Pension-related benefits (annual increase in NHS pension entitlement) Non-executive directors do not receive benefits	There is no formal maximum	N/A	No change
Pension	To help promote the long-term success of WWL and retain high calibre executive directors	We operate the standard NHS pension scheme without any exceptions	As per standard NHS pension scheme	N/A	No change
Non-executive directors' fees (including the Chairman)	To attract and retain high quality and experienced non-executive directors (including the Chairman)	The remuneration of the non-executive directors is set by the Council of Governors on the recommendation of the Nominations and Remuneration Committee, having regard to the time commitment and responsibilities associated with the role The remuneration is reviewed annually, taking account of fees paid by other foundation trusts Non-executive directors do not participate in any performance-related schemes nor do they receive any pension or private medical insurance or taxable benefits	As determined by the Council of Governors	N/A	No change

For over a decade we have committed to delivering high quality services and this will undoubtedly continue at the heart of our strategy.

Remuneration for the year to 31 March 2019

The following tables and the fair pay multiple, which are subject to audit, shows directors' remuneration for the year.

	Salary (bands of £5,000)	Taxable Benefits (to the nearest £100)	Pension related benefits (bands of £2,500)	Total bands of £5,000
Robert Armstrong, Chairman	50 - 55	0	0	50 - 55
Andrew Foster, Chief Executive	205 - 210	0	17.5 - 20.0	220 - 225
Sanjay Arya, Medical Director*	230 - 235	0	67.5 - 70.0	300 - 305
Alison Balson, Director of Workforce	115 - 120	9,200	45.0 - 47.5	165 - 170
Neil Campbell, Non-Executive Director *(until Sept 2018)*	5 - 10	0	0	5 - 10
Mary Fleming, Chief Operating Officer	120 - 125	0	35.0 - 37.5	155 - 160
Rob Forster, Director of Finance and Informatics	180 - 185	8,000	35.0 - 37.5	220 - 225
Mick Guymer, Non-Executive Director	10 - 15	0	0	10 - 15
Carole Hudson, Non-Executive Director *(until Nov 2018)*	10 - 15	0	0	10 - 15
Pauline Law, Chief Nurse	120 - 125	0	32.5 - 35.0	155 - 160
Jon Lloyd, Non-Executive Director *(from Mar 2019)*	0 - 5	0	0	0 - 5
Richard Mundon, Director of Strategy and Planning**	105 - 110	8,400	27.5 - 30.0	140 - 145
Lynne Lobley, Non-Executive Director	10 - 15	0	0	10 - 15
Ian Haythornthwaite, Non-Executive Director *(from May 2018)*	15 - 20	0	0	15 - 20
Steven Elliot, Non-Executive Director	10 - 15	0	0	10 - 15
Tony Warne, Non-Executive Director	15 - 20	0	0	15 - 20

All of the above directors were in post for the 12 month period to 31 March 2019 except where indicated.

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

* The above remuneration includes clinical duties of £110k that are not part of the individual's management role.

** During the period 1 April 2018 to 30 September 2018, Richard Mundon shared a joint role at Bolton NHS Foundation Trust as Director of Strategy for the Wigan Strategic Alliance. His salary in the above table excludes the element of salary recharged to Bolton NHS Foundation Trust.

Remuneration for the year to 31 March 2018

	Salary (bands of £5,000)	Taxable Benefits (to the nearest £100)	Pension related benefits (bands of £2,500)	Total bands of £5,000
Robert Armstrong, Chairman	45 - 50	0	0	45 - 50
Andrew Foster, Chief Executive	200 - 205	0	35.0 - 37.5	235 - 240
Sanjay Arya, Medical Director*	240 - 245	0	72.5 - 75.0	310 - 315
Alison Balson, Director of Workforce	105 - 110	9,200	25.0 - 27.5	145 - 150
Neil Campbell, Non-Executive Director	10 - 15	0	0	10 - 15
Mary Fleming, Chief Operating Officer	115 - 120	0	57.5 - 60.0	170 - 175
Rob Forster, Director of Finance and Informatics	175 - 180	8,000	55.0 - 57.5	240 - 245
Mick Guymer, Non-Executive Director	10 - 15	0	0	10 - 15
Carole Hudson, Non-Executive Director	15 - 20	0	0	15 - 20
Pauline Law, Chief Nurse	115 - 120	0	60.0 - 62.5	175 - 180
Jon Lloyd, Non-Executive Director	10 - 15	0	0	10 - 15
Richard Mundon, Director of Strategy and Planning	110 - 115	8,400	30.0 - 32.5	150 - 155
Christine Parker-Stubbs, Non-Executive Director	15 - 20	0	0	15 - 20
Neil Turner, Non-Executive Director	15 - 20	0	0	15 - 20
Tony Warne, Non-Executive Director	10 - 15	0	0	10 - 15

All of the above directors were in post for the 12-month period to 31 March 2018. No annual performance or long-term performance-related bonuses were paid during the period. Taxable benefits relate to car lease contributions.

* The above remuneration includes clinical duties of £107k that are not part of the individual's management role.

During the year, 3 senior managers were paid more than £150,000. Benchmark salary information for comparative jobs within the NHS was considered at the time of appointment and it was concluded that the remuneration agreed was appropriate and reasonable for the current post holders.

Pension entitlements for year-ended 31 March 2019

NHS Pensions are still assessing the impact of the McCloud judgment in relation to changes to benefits in 2015. The benefits and related cash equivalent transfer values disclosed do not allow for any potential future adjustments that may arise from this judgment.

	Real increase in pension at age 60 (Bands of £2,500 £000	Real increase in pension lump sum at age 60 (Bands of £2,500) £000	Total accrued pension at age 60 as at 31st March 2019 (Bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31st March 2019 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 31st March 2019 £000	Cash Equivalent Transfer Value at 31st March 2018 £000	Real increase in Cash Equivalent Transfer Value £000
Andrew Foster, Chief Executive	2.0 - 2.5	5.0 - 7.5	30 - 35	90 - 95	0	0	0
Sanjay Arya, Medical Director	2.5 - 5.0	10.0 - 12.5	60 - 65	180 - 185	1,383	1,139	185
Alison Balson, Director of Workforce	2.5 - 5.0	0 - 2.5	10 - 15	15 - 20	149	106	25
Rob Forster, Director of Finance	2.5 - 5.0	0	30 - 35	0	376	282	60
Mary Fleming, Chief Operating Officer	2.5 - 5.0	0 - 2.5	30 - 35	80 - 85	682	563	86
Pauline Law, Chief Nurse	2.0 - 2.5	5.0 - 7.5	40 - 45	130 - 135	1,048	885	120
Richard Mundon, Director of Strategy and Planning	0 - 2.5	0	10 - 15	0	199	144	36

Pension entitlements for year-ended 31 March 2018

	Real increase in pension at age 60 (Bands of £2,500 £000	Real increase in pension lump sum at age 60 (Bands of £2,500) £000	Total accrued pension at age 60 as at 31st March 2018 (Bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31st March 2018 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 31st March 2018 £000	Cash Equivalent Transfer Value at 31st March 2017 £000	Real increase in Cash Equivalent Transfer Value (Restated £000
Andrew Foster, Chief Executive	2.5 - 5.0	7.5 - 10.0	25 - 30	80 - 85	0	0	0
Sanjay Arya, Medical Director	2.5 - 5.0	12.5 - 15.0	50 - 55	160 - 165	1,139	1,023	91 (1)
Alison Balson, Director of Workforce	0 - 2.5	0	5 - 10	10 - 15	106	87	4 (2)
Rob Forster, Director of Finance	2.5 - 5.0	0	25 - 30	0	282	228	30 (3)
Mary Fleming, Chief Operating Officer	2.5 - 5.0	2.5 - 5.0	25 - 30	75 - 80	563	484	64 (4)
Pauline Law, Chief Nurse	2.5 - 5.0	7.5 - 10.0	40 - 45	120 - 125	885	773	97 (5)
Richard Mundon, Director of Strategy and Planning	0 - 2.5	0	10 - 15	0	144	112	18 (6)

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

(1) Real increase in CETV was previously stated as £119k
(2) Real increase in CETV was previously stated as £9k
(3) Real increase in CETV was previously stated as £54k
(4) Real increase in CETV was previously stated as £79k
(5) Real increase in CETV was previously stated as £112k
(6) Real increase in CETV was previously stated as £32k

Non-executive directors do not receive pensionable remuneration; therefore there are no entries in respect of pensions for non-executive directors.

Cash equivalent transfer values

A Cash Equivalent Transfer Value (CETV) is the actuarially-assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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

Directors' and governors' expenses

- The total number of governors in office as at 31 March 2019 was 26;
- The total number of directors in office as at 31 March 2019 was 14;
- 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 6 directors during the year was £4,200 (7 directors, £5,900 in 2017/18);
- The total amount of expenses reimbursed to 11 governors during the year was £2,900 (8 governors, £1,500 in 2017/18).

Fair pay multiples

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/member of Wrightington, Wigan and Leigh NHS Foundation Trust in the financial year 2018/19 was £300k-£305k (2017/18, £310-£315k). This was 9.23 times (2017/18, 9.68 times) the median remuneration of the workforce, which was £25,496 (2017/18, £24,840). The salary of the highest paid director includes salary payments for work undertaken in performing clinical sessions.

As in previous years, temporary agency staff are excluded from the calculations. The calculation methodology is kept the same so that the 2018/19 results are comparable with those in previous years.

	Financial Year 2018/19	Financial Year 2017/18
Band of highest paid director's remuneration (£000)	300-305	310-315
Median total (£)	25,496	24,840
Ratio	9.23	9.68

The ratio for 2018/19 has decreased by 0.45. This decrease is due to a number of factors including a change in the median figure as a result of pay increases under the Agenda for Change pay reforms. In addition there has been a slight decrease in the highest paid directors remuneration as a result of a reduction in temporary clinical sessions worked.

In 2018/19, 1 employee received remuneration in excess of the highest paid director/member (2017/18, 1 employee). Remuneration ranged from £260-£265k (2017/18, £275-280k).

Service contract obligations

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

Policy on payment for loss of office

All senior managers' contracts contain a notice period of three months, with the exception of the Chief Executive's contract which contains a six-month notice period. If loss of office were to be on the grounds of redundancy, this would be calculated in line with Agenda for Change methodology and consistent with NHS redundancy terms and maximum caps. Loss of office on the grounds of gross misconduct would result in summary dismissal without payment of notice.

Statement of consideration of employment conditions elsewhere in the foundation trust

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

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

STAFF REPORT

2018/19 has been a period of high intensity for our workforce, with a continuation of the challenges experienced during 2017/18 in relation to high vacancy and sickness absence levels, reductions in Continuous Professional Development (CPD) funds and a reduced NHS Improvement ceiling target for agency spend. Our dedicated members of staff have worked tirelessly through considerable pressures to deliver safe and effective services to our patients.

The year has seen questions asked of the NHS more widely around how services can be delivered effectively and safely within an increasingly challenging landscape in terms of workforce and finances, with the backdrop of the UK leaving the European Union and any implications on our workforce to consider and plan for, whilst offering support to those directly affected.

The publication of two key papers within the year, the NHS Long Term Plan and NHS Improvement's Developing Workforce Safeguards, has sought to further encourage organisations to give consideration to alternative workforce models and the adoption of digital solutions within their workforce planning, such as e-rostering and job planning, to help ensure that the right members of staff are in the right place at the right time and that organisations are working as efficiently as possible. These papers have provided us with much to consider and the delivery of their requirements will be a focus for 2019/20.

Given the significant pressures that staff can often face as part of their day to day working lives, it is more important than ever that we do our best to look after our most valuable resource – our people.

We have continued with our commitment to supporting staff in the workplace by embracing the Greater Manchester led drive to improve the experience of working carers. Released in November 2018, the Working Carers Toolkit aims to provide organisations with transferable best practice examples that will enhance existing support provided to this particular cohort of staff. We have benchmarked ourselves during 2018/19 against the toolkit, and drawn up an action plan which is supported by the board and which we will be working to complete in the coming year.

We have also worked extensively over the past few years and throughout 2018/19 to increase the profile of Speaking Up amongst our staff members. We recognise the importance of staff feeling confident in raising concerns that they might have, and that they are able to do this as part of their everyday working life, and we are taking steps via our Speaking Up action plan to ensure that this message is embedded throughout the organisation.

The requirement for change is high on the agenda of all NHS organisations and we are excited to be embarking on a journey of transformation which will continue into 2019/20 as community services colleagues join our organisation and are embraced as part of the Healthy Wigan Partnership (HWP). Together, we aim to improve patient pathways and redesign our workforce to align with the needs of our patients and community. This work will commence at pace throughout 2019/20 and we look forward to working with our new team members and HWP stakeholders in implementing a world class healthcare model, reflecting the aims of the wider GM partnership for both health and social care users and its workforce.

We have continued to maintain and promote positive partnerships both internally, with our divisional and staff side colleagues, and externally, with borough-wide health and social care partners and neighbouring NHS organisations, as we work towards building a sustainable workforce for the future thus ensuring the delivery of the best possible healthcare for the residents of the Wigan locality.

Alongside this, the Workforce Directorate continued to deliver services in line with our People Promise along the four core elements of:

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

A report on each of these elements follows.

Employment essentials

Maintaining staffing levels has not been without challenge during the past year and our organisation has not been alone in suffering from shortages within key staff groups.

Nursing vacancies have been at a high level throughout the course of the year, despite a rolling recruitment programme throughout 2018/19, which has resulted in gaps, particularly during the crucial winter period. In response, we have used NHS Professionals for nursing, midwifery and theatre staffing, as well as implementing a highly successful nurse incentive scheme which encouraged our internal staff members to support vacant shifts. Work was completed with our senior nurse management team to define the 2019/20 recruitment and retention strategy and, in consideration of the ongoing national and local nursing

staffing challenges, we are assessing the potential to launch an overseas recruitment programme via a low volume pilot. Should this prove successful, we aim to build on this during 2019/20. Whilst there have been positive developments of nurse educational routes and career pathways inclusive of apprenticeship standard developments, this resource will not respond to the immediate needs of our organisation.

In terms of medical recruitment, there have been fluctuating levels of challenge across a number of specialities in medicine and surgery. Work has been undertaken with divisions to consider alternative workforce models and we have continued to support the Earn, Learn and Return programme for overseas doctors. This programme has remained consistent since its inception at supporting medical gaps whilst enhancing the education and future careers of our overseas visitors. The implementation of the NHS Professionals Doctors Direct system in 2018/19 takes us a step closer to effectively reducing our reliance on high cost agency workers to support medical gaps. The system has enabled the development of an internal medical bank and, moving forwards, offers the opportunity to collaborate on a wider bank of medical staff across a number of trusts in the region.

We remain committed to reducing our use of agency staff, acknowledging that it is better for our patients to have their care delivered by established members of staff. However, vacancy levels combined with high sickness absence rates have meant that we have had to employ agency workers to ensure delivery of services. We will continue to work with NHS Professionals to explore opportunities to further develop our internal banks of staff and to migrate long standing agency workers to the NHS Professionals platform to ensure best possible value for money.

Given the challenges around recruitment and retention throughout the NHS, it will be important that we work to build an advantage in a competitive market. We will continue throughout 2019/20 to develop our employment brand which will aim to support long-term recruitment and retention of staff.

We aim to fully understand what attracts and deters individuals from joining or staying with WWL so that we can clearly define and build an offer that will see us as the employer they choose now and in the future, knowing they can commence and build their career with us in a way that satisfies their job role and lifestyle choices.

As part of the HWP, we have successfully bid for funding via the Greater Manchester Workforce Collaborative Fund to undertake a research and analysis project which will seek to determine specifically what attracted staff members to work within the Wigan locality and their current organisations. The project will also engage with educational bodies and students to understand what considerations they may have in making choices around the location of their employment now and in the future. The results of this research will be likely to inform the development of our future strategies. We also continue with work to offer premium work experience placement programmes for the borough's future workforce and to build relationships with local education institutions.

We work in close partnership with staff side and the Local Negotiating Committee representatives to ensure that the views of our employees are taken into consideration when making decisions which may affect their interests.

We have remained committed to our inclusion and diversity agenda and work commenced in 2018/19, following our national reporting objectives to build action plans that are responsive to our gender pay gap and meet our plans in terms of ensuring both race and disability workforce equality for our employees.

Go Engage, The WWL Way

Engagement has continued to fluctuate during 2018/19, with increasing challenges to staff wellbeing, staff resources and organisational changes being cited as the primary factors.

In response to these results, and to further continue to develop a more positive and optimistic culture, the following initiatives have been delivered:

- Staff events such as the annual Recognising Excellence Awards and the WWL Way 4Wards Listening Events and Leadership Masterclasses;
- Delivery of a range of communications and engagement campaigns, aimed at boosting morale and wellbeing;
- The re-launch of the Staff Magazine, 'Focus', in response to staff feedback;
- Staff engagement listening events and forums to gather staff ideas, feedback, contributions and influence, including targeted listening events to specific staff groups, for example, allied health professionals and junior doctors;
- Continued delivery of the Go Engage teams programme. This is now into its ninth cohort and features a comprehensive staff engagement diagnostic survey and a staff engagement toolkit. Teams participating have made improvements in their engagement levels of up to 30%;
- A continuation of the quarterly pulse check, now known as "Your Voice", surveys which are a rich source of information from our staff in terms of their levels of engagement and identifying any areas of concern. Results are used to develop plans and actions at a trust-wide and divisional level.

We use a wide range of communications to ensure that key information and messages are cascaded to staff. These include the use of global emails, team brief and news brief publications, our intranet and events such as the Start of the Year and Mid-Year Conferences. We are constantly reviewing the effectiveness of these methods and looking for alternative mediums as appropriate.

We will continue to build on staff engagement plans to ensure the delivery of positive outcomes for staff, organisational performance and ultimately the quality of care we provide to patients.

Go Engage – commercially

The concept of using pulse check surveys to understand levels of staff engagement and identify areas for further work has proven popular with other organisations that are keen to implement them across their own workforce. Go Engage has continued to expand commercially, taking on three new clients in the financial year 2018/19, with six clients already confirmed for the financial year 2019/20. A dedicated commercial Go Engage team was formed in 2018, with two psychologists and a business co-ordinator now established in post, and a business development and marketing manager recruited and due to start in July 2019. There are several developments ongoing to the Go Engage offer. The largest of these is that the Xopa system, which supports the delivery of pulse check surveys, is being redeveloped, both to improve existing functionality (e.g. improving accessibility) and to introduce new functionality (e.g. the ability to track response rates in more detail). The model is also being adjusted to accommodate new research (e.g. incorporating the concept of psychological safety – the sense of feeling safe to be oneself at work). These developments are expected to be live towards the end of 2019.

Steps 4 Wellness

2018/19 saw the continuation of our Steps 4 Wellness health and wellbeing programme for staff. All aspects of the programme have been evaluated and recommendations made as to future activity and what we should stop, start and keep doing as a result.

Of the services launched, those that have been received successfully, and will continue to be offered, include:

- Critical Incident Stress Management (CISM) – the service to manage trauma stress reactions to critical incidents continues to grow;
- Mindful resilience programmes delivered over a six-week period;
- Application to reapply for the Perform @ Your Peak initiative;

- Physical activity campaigns ("Lose Weight, Feel Great", health checks, mile walks, the "WWL Step Challenge", Wipeout);
- Healthy eating campaigns (e.g. Slimming World meals in the restaurants);
- Salary Finance - a suite of resources to support staff to take control of their finances, manage their budget better, improve the way they save and get out of debt quicker, thus improving their financial and mental wellbeing; We continue to work with Salary Finance for many other staff initiatives to support staff in their financial wellbeing;
- 'Power Pause' - the roll out of the concept was a great success and it is now established within areas of the Trust, with agreement to continue roll out and to provide other departments with power pause packs;
- Mental Health First Aiders -this has started to be rolled out with a pilot course to be held on the 18th April 2019. This is fully booked with 15 staff from different disciplines enrolled on the day.

New initiatives to be considered for 2019/20 include:

- Mobile phone application to support health including healthy heart age;
- Proactive response to Britain's Healthiest Workplace findings with a focus on obesity, physical activity and nutrition;
- Mindful Mondays and evening mindfulness sessions for staff groups that have difficulty accessing provision during the working day;
- A focus on sleep health, which targets all four elements of Steps 4 Wellness;
- Working with Occupational Health to develop proactive rather than reactive interventions.

We will continue to build on our work by actively engaging with staff to focus on what is important to them for their health and wellbeing and what we can all do to support ourselves to be healthy and well.

WWL route planner

We are committed to ensuring that we embed and deliver on the NHS Talent for Care Strategy, developing actions and measures of success that will deliver the improved investment and development of the healthcare support workforce. This includes ensuring that people have opportunities to start their career in health or social care, develop to be the best they can be in their role and have potential for career progression.

As part of our People Promise, the WWL Route Planner has been developed, which brings together learning and development activities such as essential training and personal development reviews to career pathways which support personal and professional development into new roles.

As part of our 'Grow Your Own' strategy we have a number of initiatives to enable people who wish to pursue a career in the NHS. These include:

- A pre-degree nursing programme which takes a cohort of students at Wigan and Leigh College through a BTEC in Health and Social Care with a one-day-per-week placement at WWL in the first year and two-days-per-week in the second year;
- Pre-apprenticeship programmes including:

  - Public Sector Traineeship programme for young people aged 16 to 24, providing opportunities to gain qualifications and experiences within the NHS to support them to progress in their career choices.

  - A pre-employment programme designed to get local people back into local jobs. Delivered in partnership with the Job Centre Plan and Wigan and Leigh College. This has proved to be a really successful programme with 13 people completing the programme and 11 of the group are now in employment.

- Career ambassadors, a vital resource of passionate WWL staff who visit schools and colleges to tell young people about what it is like working in the NHS. They raise awareness with regard to the variety of roles we have in the NHS and also speak passionately about why they love their jobs. This year more than 40 career ambassadors have supported 21 events, providing 45 hours of volunteer support reaching over 2000 young people. The career ambassadors are passionate about both working in the NHS and at WWL and supporting young people in their career choices;
- Apprenticeships - 73 learners commenced an apprenticeship programme in 2018/19. These include both new apprentice recruits and existing members of staff where an apprenticeship can support learning and growth within their current roles. We have apprentices from level 2 through to level 6 over a range of career pathways including: Business Admin, Nursing, Pharmacy, Estates and Facilities, Finance and IT;
- Leadership development and coaching also continue to be key priorities for us. Our current leadership offer aims to ensure that what we do in the future will enable our leaders and managers to effectively lead the WWL Way 4wards.

Leading the WWL Way 4wards

Our new offer forms a leadership development pathway and incorporates 3 key elements:

- **Talent -** a range of leadership and management apprenticeships from Level 3 up to Level 6 graduate degrees open to individuals identified as having high potential in a leadership capacity; to date we have 26 people on programmes and intend to recruit a further 46 this year;
- **Nuts and Bolts -** core elements required by all managers to perform effectively in their roles We are now offering 6 stand-alone leadership workshops for manager's ranging from project management to people management topics and finance. These bite sized workshops are proving popular with staff allowing them to gain or refresh on key topics;
- **CPD Masterclasses -** a suite of internal masterclasses hosted by guest facilitators and opportunities to attend NHS Leadership Academy programmes.

As an accredited centre of the Chartered Management Institute, we will continue to provide in-house coaching and mentoring qualifications. Over 50 coaches have been trained internally to support staff in a variety of ways, including coaching support for new managers, those looking to develop in their career professionally or those who are involved in organisational change for example. In addition, around 60 managers and staff have undertaken one module of the full certificate programme, enabling them to develop their coaching skills in every day practice. Development of mentoring skills will be a focus going forward to be able to provide an extra level of support for our workplace apprentices.

All of these initiatives are supported by our Learning Policy which ensures that access to training and development opportunities are applied consistently and equitably to all employees, including those with protected characteristics.

NHS staff survey

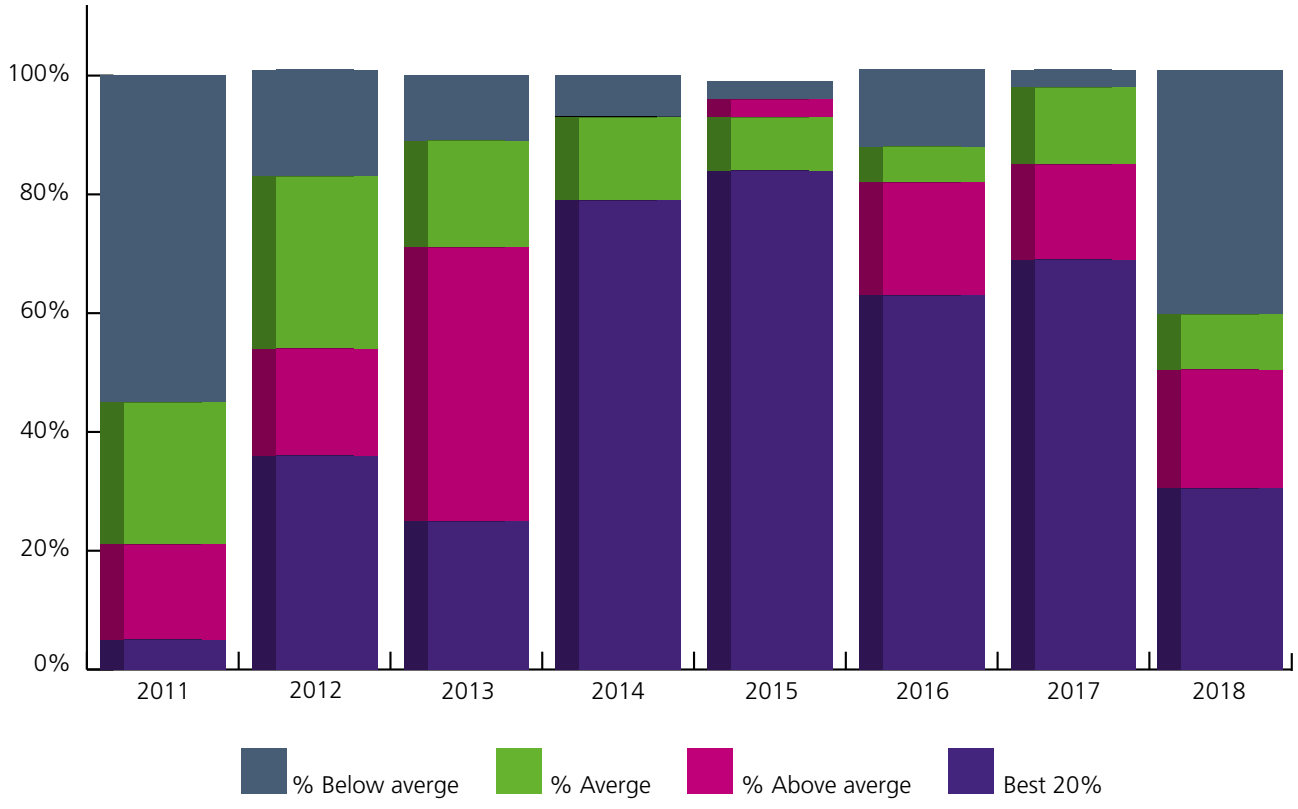
The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions, with the indicator score being the average of those.

34% of staff responded to this year's survey. This response rate is the same as our 2017 response and is below average compared with other acute trusts in England (44.4%). This is likely due to the distribution of our own staff engagement pulse survey which is issued to a quarter of staff on a quarterly basis. 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. However the quarterly pulse survey has been of significant value to us over the past few years. It has enabled us to act quickly on the issues identified, ensuring that we are always aware of trends and new issues. Many organisations do not have access to this type of staff feedback and rely solely on the national staff survey.

The quarterly pulse surveys and associated actions have been integral to shaping our organisational culture, helping us become one of the best NHS Trusts to work for in the country.

Whilst the 2018 Staff Survey results are generally moderate to positive, it is disappointing to see deterioration when compared against the 2017 results. It is difficult to attribute this decline to a single cause; there have been a number of challenges this year in the form of organisational change, increased patient demands and financial pressures which have impacted on staff and organisational culture. 30% of scores were in the top 20% for acute trusts, 19% of our survey results were above national average, 12% were at national average and 38% were below average. It is disappointing to note that the number of results in the best 20% has decreased and results that were below average have increased from 2017, as shown in the graph below:

Wrightington, Wigan and Leigh NHS Foundation Trust's Yearly Scores on the NHS National Staff Survey



Summary of performance

Scores for each indicator, together with that of the survey benchmarking group (acute trusts) are presented below:

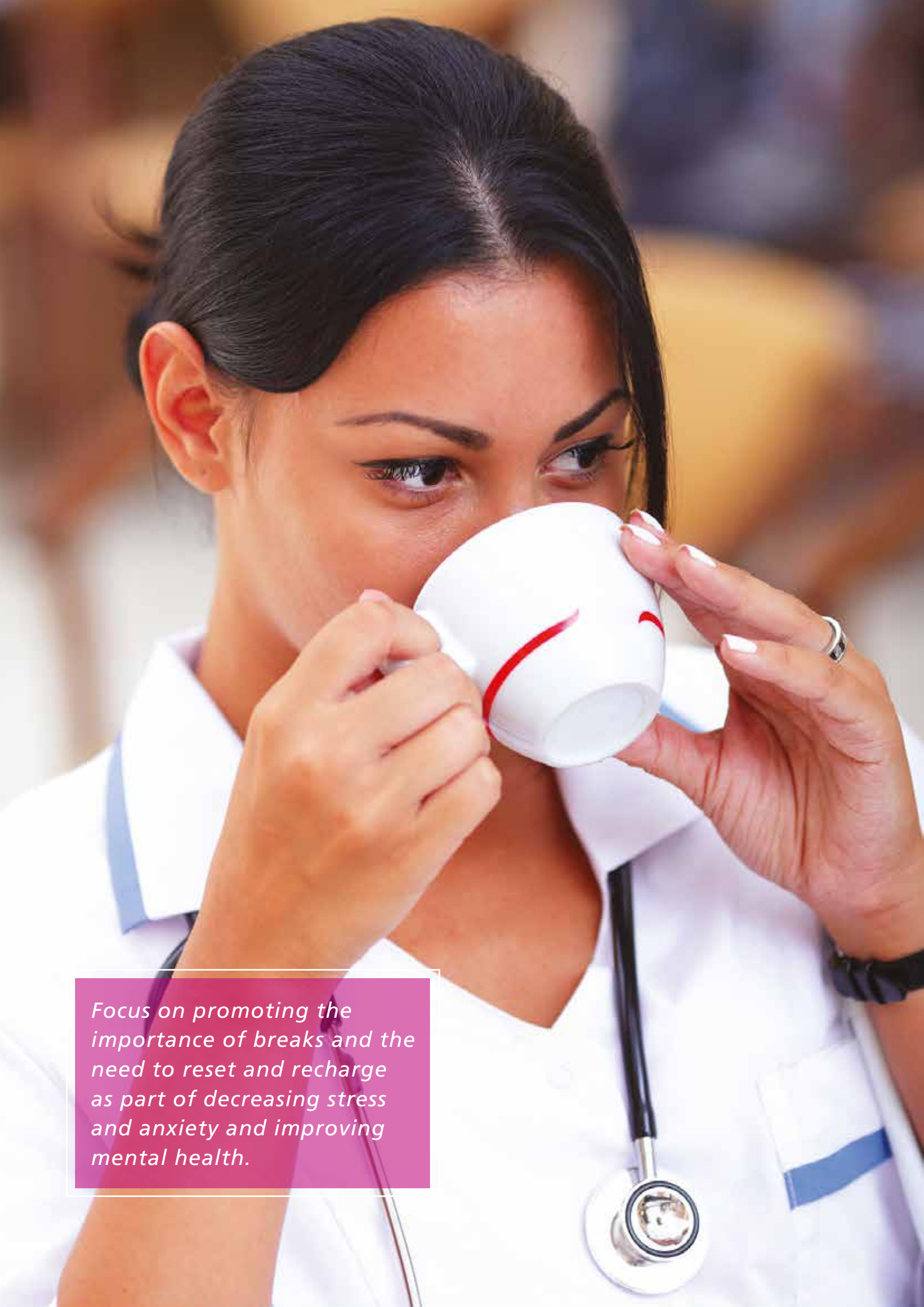
	2018/19		2017/18		2016/17	
	WWL	Acute Trusts	WWL	Acute Trusts	WWL	Acute Trusts
Equality, diversity and inclusion	**9.1**	**9.1**	9.2	9.1	9.5	9.2
Health and Wellbeing	**5.8**	**5.9**	6.3	6.0	6.4	6.1
Immediate Managers	**6.8**	**6.7**	7.0	6.7	7.1	6.7
Morale	**6.2**	**6.1**	No data	No data	No data	No data
Quality of Appraisals	**4.9**	**5.4**	5.4	5.3	5.4	5.3
Quality of care	**7.8**	**7.4**	8.1	7.5	8.2	7.6
Safe environment – bullying and harassment	**8.0**	**7.9**	8.2	8.0	8.4	8.0
Safe environment – violence	**9.6**	**9.4**	9.6	9.4	9.5	9.4
Safety culture	**6.5**	**6.6**	6.8	6.6	6.8	6.6
Staff engagement	**7.0**	**7.0**	7.4	7.0	7.4	7.0

	2017/18	2018/19		Improvement/ deterioration
	WWL	WWL	Acute Trust Average	
Response Rate	34%	34%	44%	Unchanged
Top 5 ranking scores				
Q12b - Experienced physical violence at work from managers in the last 12 months	0%	0%	1%	Unchanged
Q12c - Experienced physical violence at work from other colleagues in the last 12 months	1%	1%	2%	Unchanged
Q15a - Experienced discrimination at work from patients / service users, their relatives or other members of the public in the last 12 months	2%	3%	6%	1% deterioration
Q18a - If you were concerned about unsafe clinical practice, would you know how to report it?	95%	94%	94%	1% deterioration
Q16c - The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	96%	92%	95%	4% deterioration
Bottom 5 ranking scores				
Q11g - Have you put yourself under pressure to come to work?	89%	95%	92%	6% deterioration
Q9c - Senior managers here try to involve staff in important decisions	34%	29%	32%	5% deterioration
Q9d - Senior managers act on staff feedback	33%	29%	30%	4% deterioration
Q9b - Communication between senior management and staff is effective	44%	38%	38%	6% deterioration
Q4g - There are enough staff at this organisation for me to do my job properly	38%	38%	49%	Unchanged

As can be seen from our results, there are indications of challenges to staff engagement, health and wellbeing, quality of appraisals and safety culture identified within the national survey. In response, we will be working with the divisions to implement engagement plans. Staff engagement and development provision will continue throughout the coming year and will include:

- Continued provision of mindfulness and resilience programmes;
- Focus on promoting the importance of breaks and the need to reset and recharge as part of decreasing stress and anxiety and improving mental health;
- Pilot of an initiative which will take services such as health checks, mental health advice and physiotherapy out to ward areas for staff members to access; and
- Continued provision of staff Listening Events and other such forums to enable staff members to feedback to senior managers and contribute ideas.

The impact of these initiatives will be monitored via our quarterly Your Voice surveys and it is hoped that corresponding improvements will be seen in next year's national staff survey.



Focus on promoting the importance of breaks and the need to reset and recharge as part of decreasing stress and anxiety and improving mental health.

Future priorities and targets

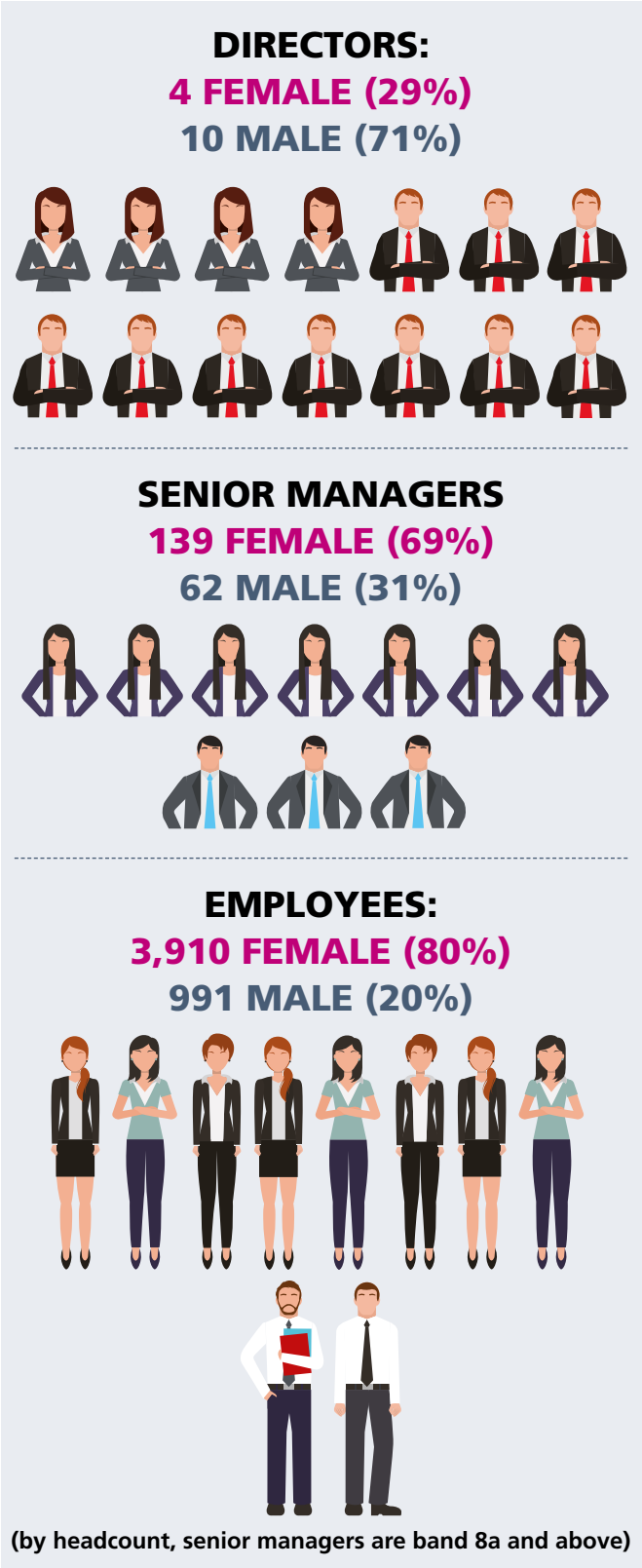
Whilst not our best set of results, there is still much to celebrate from the 2018 survey when set against the backdrop of increasing challenges and pressures throughout the NHS. We have commenced communication of these results to our staff, including the preparation and circulation of reports for discussion within divisional management teams. This information will be used in conjunction with Your Voice survey 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 or hotspots. This analysis is valuable and has informed previous actions such as holding focus group sessions with black and minority ethnic staff and staff living with a disability. Equality related actions from the 2018 staff survey results will be incorporated into the Equality Delivery System action plan.

Our own staff engagement pulse check survey has enabled us to analyse engagement trends throughout 2018 and to identify and act upon emerging issues or concerns. To ensure that we are able to sustain high levels of engagement, it will be important for us to build further on our internal communications and engagement approaches, enhance the health and wellbeing of our staff, and improve our learning and development offers for staff. This will also be fundamental to our recruitment and retention strategy as an organisation.

Mandatory disclosures within the staff report

Workforce gender profile as at 31 March 2019



(by headcount, senior managers are band 8a and above)

Sickness absence data

	2018/19	2017/18
Total days lost	44,268	42,061
Total staff years	4,331	4,318
Average working days lost (per WTE)	10	10

Consultancy

During the year, we spent £22k on consultancy across the foundation trust.

Occupational health

Occupational health services are provided by Wellbeing Partners, a joint venture organisation between Lancashire Teaching Hospitals NHS FT, Bolton NHS FT and ourselves. Performance is monitored on a quarterly basis by each partner organisation and via a governance board.

An occupational health representative attends our Occupational Safety and Health Committee ad Infection Prevention and Control Committee meetings.

Counter-fraud and corruption

We employ our own Fraud Specialist Manager and have a Fraud, Corruption and Bribery Policy in pace which has been developed in line with NHS standards. All staff are required to successfully complete a mandatory e-learning anti-fraud module every two years and continual fraud awareness campaigns are undertaken via the intranet, news articles and presentations.

Health and safety

The health and safety team undertake a rolling programme of health and safety support visits which are designed to provide managers with advice and guidance on compliance with health and safety matters with the overall aim of maintaining staff health, safety and welfare whilst at work.

Time off for trade unions

Relevant union officials

Number of employees who were relevant union officials during the relevant period:	31
Full-time equivalent employee number:	29.89

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	5
1-50%	23
51-99%	1
100%	2

Percentage of pay bill spent on facility time

Total cost of facility time	£100,214
Total pay bill	£199,065,000
Percentage total pay bill spent on facility time	0.05%

Paid trade union activities

Total paid facility and union time hours	5,565

Employee costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	166,449	0	**166,449**	158,046
Apprenticeship levy	751	0	**751**	718
Social security costs	15,431	0	**15,431**	14,576
Employer's contributions to NHS pensions	17,185	0	**17,185**	16,856
Agency/contract staff	0	11,658	**11,658**	10,196
Total staff costs	**199,816**	**11,658**	**211,474**	**200,392**
Costs capitalised as part of assets	1,222	268	**1,490**	2,379

Average number of employees (based on whole-time equivalents)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	528	27	**555**	536
Administration and estates	1,058	31	**1,089**	1,112
Healthcare assistants and other support staff	559	0	**559**	560
Nursing, midwifery and health visiting staff	1,743	145	**1,888**	1,864
Scientific, therapeutic and technical staff	559	15	**574**	585
Agency and contract staff	3	0	**3**	3
Other	10	0	**10**	10
Total average numbers	**4,460**	**218**	**4,678**	**4,670**
Number of employees (WTE) engaged on capital projects	280	5	**285**	53

Reporting of compensation schemes: exit packages 2018/19

Exit package cost band (including any special payment element)	Total number of exit packages
<£10,000	42
£10,001 - £25,000	2
£25,001 - £50,000	0
Total number of exit packages by type	**44**
Total resource cost (£)	**£189,000**

During 2018/19, the exit packages related to a Treasury-approved mutually-agreed severance scheme and payments made in lieu of notice.

Reporting of compensation schemes – exit packages 2017/18

Exit package cost band (including any special payment element)	Total number of exit packages
<£10,000	5
£10,001 - £25,000	5
£25,001 - £50,000	2
Total number of exit packages by type	**12**
Total resource cost (£)	**£177,000**

During 2017/18, the exit packages were in line with Agenda for Change contractual terms and conditions or a Treasury-approved mutually-agreed severance scheme.

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

There were no off-payroll arrangements during the year ended 31 March 2019 or during the year ended 31 March 2018.

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

DISCLOSURES SET OUT IN THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

We have 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 NHS Foundation Trust Code of Governance contains guidance on good corporate governance. NHS Improvement recognises that departure from the specific provisions of the code may be justified in particular circumstances, and reasons for any non-compliance with the code should be explained. This "comply or explain" approach has been in successful operation for many years in the private sector and within the NHS foundation trust sector.

Comply or explain

There is one provision within the NHS Foundation Trust Code of Governance that we did not comply with throughout the whole of 2018/19 and wish to explain.

Provision B.1.2 states that at least half the board, excluding the Chairperson, should comprise non-executive directors determined by the board to be independent. Our constitution provides for a non-executive director majority on the board and we have always previously complied with this requirement. This year, however, due to the unexpected deaths of two non-executive directors, the number of non-executive directors determined by the board to be independent dropped below the recommended number. The Council of Governors, with the board's support, took steps to address this as soon as possible by reappointing a former non-executive director with recent experience of the foundation trust, pending the substantive appointment of two new non-executive directors. One substantive appointment has now been made, and the second will be made in the near future. We therefore returned to compliance with this requirement prior to the date of this annual report.

Requirement to disclose information

The NHS Foundation Trust Code of Governance also sets out a number of disclosure requirements and these are provided below.

Council of governors

The Council of Governors continues to play a key role in the work of the foundation trust; representing the interests of our membership and the general public.

It has a number of statutory duties, including appointing the Chairman and non-executive directors, determining their remuneration and other terms and conditions of service and approving the appointment of the Chief Executive.

The Council of Governors holds the non-executive directors to account, both individually and collectively, for the performance of the board. It also receives the annual report and accounts and contributes to our annual business planning process. Governors canvas the views of foundation trust members and others on our forward plan and these views are communicated to the board of directors. This year, this was facilitated by way of a public engagement event, where comments on the forward plan, as well as on the content of our next strategy, were welcomed.

The public and staff members of the council are elected from and by the foundation trust membership to serve for three years. They may stand for re-election at the end of their term of office.

Our Council of Governors comprises 28 governors:

- 4 public governors from the Wigan constituency
- 4 public governors from the Leigh constituency
- 4 public governors from the Makerfield constituency
- 4 public governors from the Rest of England and Wales constituency
- 1 medical and dental staff governor
- 2 nursing and midwifery staff governors
- 2 staff governors from the 'all other staff' constituency
- 7 appointed governors for across our key stakeholders

The following table provides detail of governors' attendance throughout 2018/19:

Name	Constituency/organisation	Term of office ends (see note 1)	Attendance 2018/19 (see note 2)
Public governors			
Bill Anderton	Public: Wigan	2019	83%
Alan Baybutt	Public: Wigan	2021	50%
Les Chamberlain	Public: Makerfield	2019	83%
Jean Coates-Topping	Public: Makerfield	2021	75%
Howard Gallimore	Public: Makerfield	2020	83%
Pauline Gregory	Public: Wigan	2019	83%
Andrew Haworth	Public: Leigh	2021	100%
Mustapha Koriba	Public: Rest of England and Wales	2019	33%
James Lee	Public: Makerfield	2019	83%
Lisa Lymath	Public: Rest of England and Wales	2019	83%
Renée Mellis	Public: Rest of England and Wales	2021	75%
Maggie Skilling	Public: Wigan	2021	100%
Veronika Stevens	Public: Rest of England and Wales	2021	100%
Linda Sykes	Public: Leigh	2019	100%
Corinne Taylor-Smith	Public: Leigh	2020	0%*
Mavis Welsh	Public: Leigh	2019	100%
Staff governors			
Imran Alam	Staff: Medical and Dental	2021	25%
Alex Hilton	Staff: All other staff	2020	83%
Sarah Howard	Staff: Nursing and Midwifery	2021	75%
Jackie Hylton	Staff: Nursing and Midwifery	2021	75%
Hazel Leatherbarrow	Staff: All other staff	2021	100%
Appointed governors			
John Cavanagh	Foundation Trust volunteers	2021	100%
Dawne Gurbutt	University of Central Lancashire	2021	83%
Reg Nash	Age UK	2021	100%
Syed Shah	Local Medical Committee	2020	67%
Fred Walker	Wigan Council	2019	100%

Notes:

1. The term of office of all governors ends at the conclusion of the annual members' meeting in the year shown.

2. Meetings of the Council of Governors are scheduled in advance and many governors plan their other commitments around meetings. During 2018/19, it was necessary to convene an extraordinary meeting of the Council of Governors in February 2019 to consider the appointment of a temporary non-executive director and a further extraordinary meeting in March 2019 to approve the foundation trust entering into a significant transaction. There were therefore six formal meetings of the Council of Governors during 2018/19 as opposed to the four planned meetings, and this is the basis on which the attendance figures above are calculated.

* In accordance with the foundation trust's constitution, the Council of Governors considered the attendance of governors who had not attended three consecutive meetings. In the case of Corinne Taylor-Smith, the Council of Governors was satisfied that the absences were unavoidable on medical grounds.

The Council of Governors appoints a lead governor each year. Maggie Skilling held the role until 15 October 2018 and Linda Sykes took on the role from this date.

Council of governors' register of interests

All governors are required to comply with the Code of Conduct for Governors and declare any interests which may result in a potential conflict of interest in their role as a governor. A copy of the register of governors' interests can be obtained from the Company Secretary, using the contact details below.

Nominations and remuneration committee

The Nominations and Remuneration Committee makes recommendations to the Council of Governors on the appointment and remuneration of the Chairman and other non-executive directors and considers the independent appraisal of the Chairman.

This year, the committee has led on the recruitment of a non-executive directors on behalf of the Council of Governors and recommended the appointment of Jon Lloyd as an interim non-executive director, pending the recruitment of a substantive non-executive director with community services experience. The committee also oversaw the recruitment of Prof Clare Austin as a substantive non-executive director, with her appointment taking effect from 1 May 2019.

Training and development for governors

During 2018/19, we provided our governors with access to a number of training and development opportunities to further support them in their role.

These included:

- externally-provided training and development such as the GovernWell programme offered by NHS Providers and regular workshops provided by Mersey Internal Audit Agency;
- regional development opportunities provided through the North West Governors' Forum, coordinated by the North West Company Secretaries Forum and which we hosted in October 2018; and
- internal workshops and induction sessions.

Communicating with governors

There are a number of easy ways for members of the public to communicate with the Council of Governors:

governors@wwl.nhs.uk

0800 073 1477

Council of Governors
c/o Company Secretary
Trust Headquarters
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

The board's relationship with the council of governors and members

The board and council work together closely throughout the year. Non-executive directors are invited to attend all meetings of the council and the aim is for all non-executive directors to attend at least one meeting per year although many do attend more. The Chairman of the Board of Directors is also, as required by legislation, the Chairman of the Council of Governors.

The following directors have attended a Council of Governors meeting during 2018/19:

- Robert Armstrong
- Sanjay Arya
- Alison Balson
- Steven Elliot
- Rob Forster
- Andrew Foster
- Mick Guymer
- Ian Haythornthwaite
- Jon Lloyd
- Lynne Lobley
- Pauline Law
- Richard Mundon
- Tony Warne

Our governors also elect to attend our public board meetings where they are able to see the board at work. This allows them to gain a good understanding of the unitary nature of the board and to see at first hand the challenge and scrutiny undertaken by the non-executive directors.

The Council of Governors receives copies of the agendas of all board meetings – both public and private – in advance, and copies of the minutes once approved.

A clear dispute resolution procedure is included within our constitution and this details how disagreements between the Council of Governors and the Board of Directors will be resolved.

The types of decisions taken by each body are set out within our constitution, and within the core governance documents of the organisation.

Our membership

Our membership is an essential and valuable asset. There are two membership categories: public and staff. Anyone who lives in Wigan, Leigh or Makerfield is eligible to apply for membership of the foundation trust as a public member of the respective constituency. We also welcome applications for membership from individuals who live outside of these areas to the Rest of England and Wales constituency.

Our staff automatically become members of the foundation trust if they have a contract of employment which has either no fixed term, or a fixed term of at least 12 months, or they have been continuously employed by us for at least 12 months, unless they choose to opt out.

Our constitution places a small number of restrictions on membership, and these are as follows:

- it is only possible to be a member of one constituency at any one time;
- a member of staff may only be a member of a staff constituency whilst employed by us;
- individuals must be at least 16 years of age to become a member; and
- the criteria set out in the constitution which prevent an individual from becoming or continuing as a member must not be satisfied.

At the start of the year, we contacted all members to advise them of their rights under new data protection legislation and, as a result, the total number of members reduced. The table below provides a summary of our membership as at 31 March 2019 and comparative figures for 2017/18 have also been provided:

Constituency	No. members as at 31 Mar 2019	No. members as at 31 Mar 2018	Change
Public: Leigh	1,861	2,136	- 275 (12.87%)
Public: Makerfield	2,006	2,360;;	-354 (15%)
Public: Wigan	2,554	3,000	-446 (14.87%)
Public: Rest of England and Wales	2,618	3,037	-419 (13.80%)
Staff: Medical and Dental	246	305	-59 (19.34%)
Staff: Nursing and Midwifery	1,289	1,131	+158 (13.97%)
Staff: All other staff	3,231	2,933	+298 (10.16%)
Total members:	**13,805**	**14,902**	**-1,097 (7.36%)**

In order to monitor the representativeness of our membership, we have access to a membership profiling tool which is provided by Electoral Reform Services Limited on our behalf.

In September 2018, over 90 people attended our Annual Members' Meeting and heard about how we had performed during the year, had an opportunity to ask questions of the board and the council and received a presentation from Dr Liam Hosie and Dr Jenny Wiseman on the developments in palliative and end-of-life care within Wigan Borough.

Our membership strategy has been revised during the year and will be presented to the Council of Governors early in the next financial year for approval. The current strategy sets a target to increase the public membership by 200 members each year, whereas the revised strategy places much less emphasis on membership numbers and significantly more emphasis on engaging with our members.

The audit committee

The role of the Audit Committee 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 and in meeting its fiduciary responsibilities.

It is authorised by the board to investigate any activity within its terms of reference and to seek any information it requires from staff.

The committee considers both the internal and external audit work plans and receives regular updates from both sets of auditors. The committee also receives an anti-fraud update at each of its meetings. The local anti-fraud function is very important in identifying and preventing fraud and operational risks to the Trust. The Trust has a zero-tolerance policy in respect of fraud, corruptionand bribery and investigations are carried out if evidence supports this. The Trust has a mandatory training eLearning anti-fraud module which has been rolled out across the Trust and all staff are required to pass this bi-annually. The Local Anti-Fraud Specialist works regularly with staff and management in identifying areas of potential fraud risk and coordinates this work with external partners. The Local Anti-Fraud Specialist has provided an updated policy for the Trust on fraud corruption; bribery and a response plan in line with NHS protect recommendations.

Deloitte LLP has continued as our external auditors for the financial year 2018/19, with the tender for the service having been undertaken during 2016/17. As mentioned within the directors' report, Deloitte LLP also conducted a follow-up review of our leadership and governance during the year. The auditors comply with FRC Ethical Standards for each service provided and have confirmed the steps taken to safeguard their independence and objectivity. The value of non-audit services provided by Deloitte during 2018/19 was £29,000 (including VAT).

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

- management override of control and the sustainability and transformation funding; and
- revenue recognition in respect of NHS revenue.

Mersey Internal Audit Agency (MIAA) carries out our internal audit function. The Audit Committee and the Director of Finance work with MIAA to agree the Internal Audit Plan and key performance indicators for assessing their performance and effectiveness. MIAA provides us with benchmarking data, updates on assurance frameworks and briefing notes on a range of current issues. In particular, MIAA provide good briefing sessions for Chairs of Audit Committees, governors and staff.

Audit Committee membership and attendance during 2018/19 was as follows:

Name	A	B	%
Neil Campbell	1	2	50%
Steven Elliot	3	3	100%
Mick Guymer	1	1	100%
Ian Haythornthwaite (Chair)	3	4	75%
Carole Hudson	3	3	100%
Lynne Lobley	1	1	100%

A: Number of meetings attended

B: Total number of meetings the director could have attended

Remuneration committee

The Board of Directors has established a Remuneration Committee. Its responsibilities include consideration of matters relating to the remuneration and terms and conditions of office of the executive directors, including the Chief Executive. The committee comprises all non-executive directors and is chaired by the Chairman.

Attendance during 2018/19 was as follows:

Name of director	A	B	Percentage attendance
Robert Armstrong, Chairman	3	3	100%
Steven Elliot, Non-Executive Director	1	3	33%
Mick Guymer, Non-Executive Director	2	3	67%
Ian Haythornthwaite, Non-Executive Director	3	3	100%
Carole Hudson, Non-Executive Director	1	1	100%
Lynne Lobley, Non-Executive Director	3	3	100%
Tony Warne, Non-Executive Director	3	3	100%

A: number of meeting attended

B: number of meetings the director could have attended

The Chief Executive attends the Committee in relation to discussions around board composition, succession planning, remuneration and performance of executive directors. The Chief Executive is not present during discussions relating to his own performance, remuneration or terms of service.

Nominations and remuneration committee

The Council of Governors has established a Nominations and Remuneration Committee. Its responsibilities include consideration of matters relating to the appointment, remuneration and other terms and conditions of service of the non-executive directors and providing recommendations to the Council of Governors for consideration.

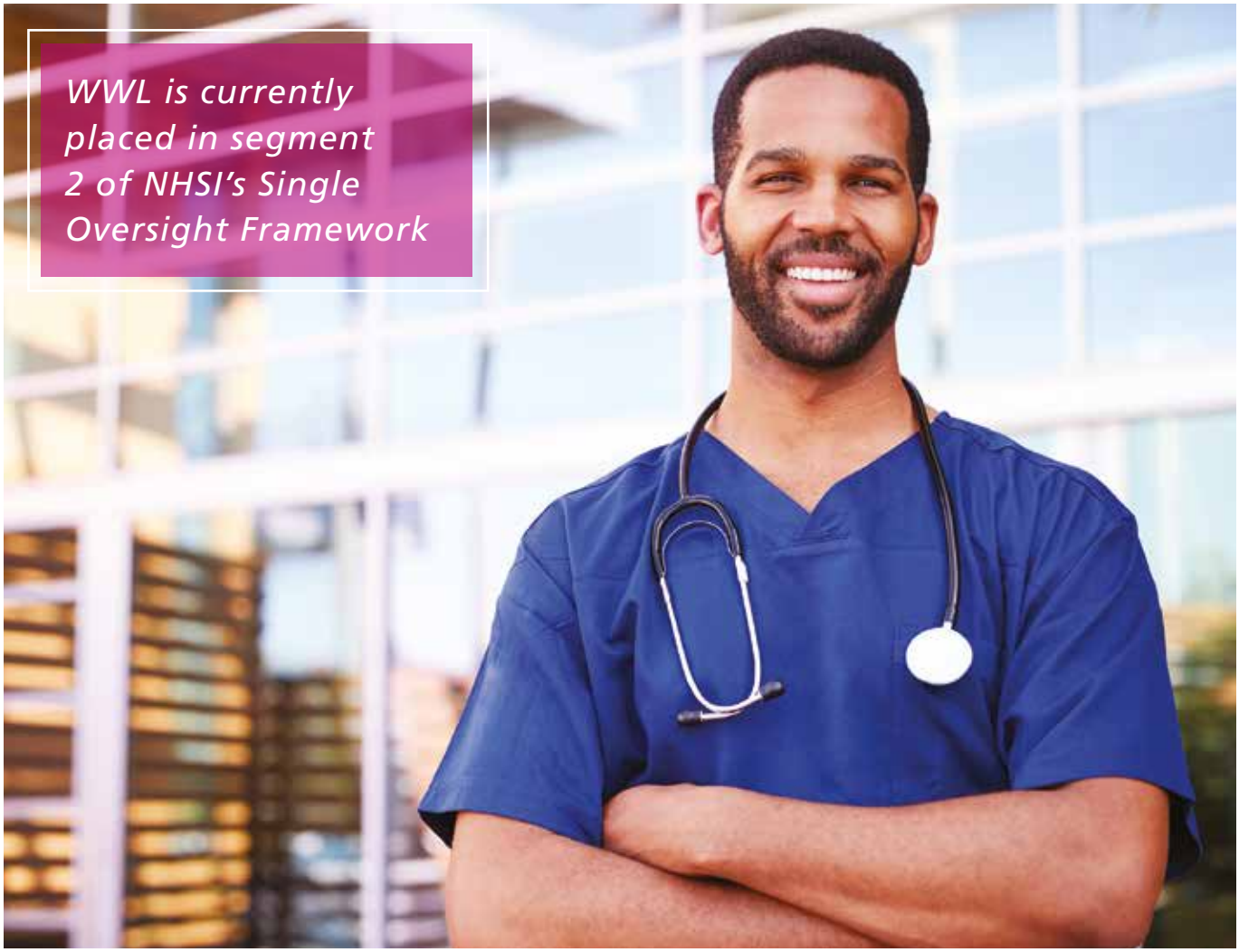
The committee's membership, along with their attendance during 2018/19, is given below:

Name of committee member	A	B	Percentage attendance
Robert Armstrong, Chair	1	1	100%
Les Chamberlain, Public Governor	1	1	100%
Pauline Gregory, Public Governor	1	1	100%
Howard Gallimore, Public Governor	1	1	100%
Mustapha Koriba, Public Governor	0	1	0%
Linda Sykes, Public Governor	1	1	100%

A: number of meeting attended

B: number of meetings the director could have attended

NHS IMPROVEMENT'S SINGLE OVERSIGHT FRAMEWORK



NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs.

The framework looks at five themes:

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

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

Segmentation

WWL is currently placed in segment 2 of NHSI's Single Oversight Framework (providers offered targeted support; potential support needed in one or more of the five themes, but not in breach of licence and/or formal action is not needed) as notified by NHS Improvement.

This segmentation information represents the position as at 31 March 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

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

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

METRICS

Capital service capacity

Degree to which our generated income covers our financial obligations. This metric looks at how much financial headroom we have over interest or other capital charges.

Liquidity

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

I & E margin

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

Distance from financial plan

Tracks our actual position against the plan we submitted to NHS Improvement at the start of the year.

Agency spend

Tracks our spend against our agency cap for the year.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

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

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

ACCOUNTABILITY REPORT

ANNUAL GOVERNANCE STATEMENT

SCOPE OF RESPONSIBILITY

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As accounting officer, I have overall accountability and responsibility for leading risk management arrangements on behalf of the board.

Leadership arrangements for risk management are documented in the risk management strategy and further supported by the board assurance framework and individual job descriptions. The strategy outlines our approach to risk and the accountability arrangements, including the responsibilities of the board and its committees, executive directors and all employees.

Active leadership from managers at all levels to ensure effective risk management is a fundamental part of an integrated approach to quality, corporate and clinical governance, performance management and assurance. Our Risk and Environmental Management Committee is chaired by the Director of Strategy and Planning and reviews all risks scoring 15 and above (more information on the scoring methodology used is provided below). The board and its committees receive and scrutinise the risks to achieving our corporate objectives through the board assurance framework.

As part of the on-boarding process, all new members of staff are required to attend a mandatory induction and undertake e-learning training covering key elements of risk management within two months of their appointment. This is also supplemented by local induction. The training is designed to provide an awareness and understanding of the risk management strategy, the risk management process and to give practical experience of completing risk assessment paperwork. Additional training is made available to all levels of staff, covering areas such as fire safety, health and safety, moving and handling, resuscitation and first aid.

We aim to learn from good practice and we hold an annual clinical audit conference and regular 'grand rounds' for doctors to discuss specific topics and to highlight best practice.

The risk and control framework

We have a well-established governance structure, as described within our risk management strategy which is endorsed by the board.

We use the '5 steps to risk assessment' approach to:

(1) identify the hazards;

(2) decide who may be harmed and how;

(3) evaluate the risk and agree necessary precautions;

(4) record and communicate findings; and

(5) review and revise.

There are specific risk assessment requirements for particular types of risks. We use a 5 x 5 risk matrix, whereby both the consequence and the likelihood of a risk materialising are allocated a score and multiplied to provide an overall risk score. Risks are identified through risk assessment and analysis of data from other intelligence sources such as concerns, incidents and near misses, serious incidents, never events, formal and informal complaints, litigation cases or clinical audits.

Divisional risks resulting in a risk score of 15 or more are presented at the management-level Risk and Environmental Management Committee for discussion. The committee reviews both the risk and its score. Where the risk score remains at 15 or above, it is transferred onto the corporate risk register. If the risk score reduces below 15, it is transferred onto the relevant divisional risk register and regularly reviewed. If subsequent escalation is required, this would follow the same process.

Risks awarded a risk score of 15 and above are managed by the relevant Director of Operations or Head of Service and the actions to address them are scrutinised on a monthly basis at the Risk and Environmental Management Committee.

Any risks that score between 20 and 25 for a three-month period are escalated to the relevant board committee using our corporate risk escalation template. Risk escalations are a standing agenda item for the Risk and Environmental Management Committee and for all committees reporting to the board. In exceptional circumstances, an escalated corporate risk could have the potential to affect long term viability of the organisation.

The board assurance framework outlines risks to the achievement of our corporate objectives. This includes the delivery of developing national and local priorities. Each corporate objective is allocated to a committee of the board or to the board itself for oversight, and the relevant entries on the board assurance framework are reviewed at each meeting. The board reviews the complete board assurance framework at each meeting.

We are currently reviewing our methodology to determine our risk appetite for 2019/20 and we are aiming to identify our risk appetite for each of the risks on the board assurance framework.

Towards the end of 2017/18, we commissioned Deloitte LLP to undertake an external review of our leadership and governance using NHS Improvement's well-led framework. As part of this process, we undertook a self-assessment of our performance against the 8 key lines of enquiry which was then independently reviewed by Deloitte.

This independent review was wide-ranging, and involved:

- a desktop review of documentation;
- face-to-face interviews with directors and senior managers;
- focus groups with staff and governors;
- questionnaires completed by staff, directors and governors;
- telephone interviews with external stakeholders; and
- observations of meetings.

Deloitte agreed with our self-assessment that there are no major areas of concern and set out a number of recommendations to further improve our practices. We developed an action plan as a result, and we have continued to monitor our progress against this action plan during 2018/19.

In March 2019, we commissioned a follow-up piece of work by Deloitte. At the date of writing, we are awaiting formal

feedback and we will ensure that any recommendations are progressed during 2019/20.

The independent review by Deloitte in 2017/18 concluded that we have an appropriate combination of structures and processes in place at and below board level to enable the board to be assured of the quality of care we provide. Maintaining an effective quality governance system supports our compliance against national standards. We are committed to the continuous improvement of our systems.

The key quality governance committee is the Quality and Safety Committee which is chaired by a non-executive director. This committee seeks assurance that high standards of care are provided and ensures that there are adequate and appropriate governance structures, processes and controls in place across the organisation.

Groups which report into the Quality and Safety Committee include dedicated groups around safeguarding, medicines management, infection control and health and safety. The committee reviews the minutes of divisional quality executive committees as part of a rolling programme of 'deep dives'.

Our quality strategy for the period 2017/21 was approved in April 2017. A number of quality goals are identified as part of our overarching strategy to be safe, effective and caring. These goals were agreed in consultation with internal and external stakeholders, and published in our quality report.

An important element of achieving high quality care is ensuring that our workforce has the capacity and capability to deliver improvement. We now have a well-established quality faculty and to date over 400 staff from all parts of the organisation have voluntarily signed up to be quality champions. These staff members have attended either our in-house quality improvement methods training programme or training provided by partner organisations such as AQuA or 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 through the 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 our quality plans and ensure that principles are embedded at ward and team level.

The Quality Champions Committee chaired by the Chief Executive and attended by all executive directors monitors the progress of the quality champions' projects to achieve improvements and, most importantly, sustainability.

The quality of performance information is assessed at divisional and corporate levels through the quality executive committee structures and divisional quarterly performance reviews. Information data quality is reviewed by the Data Quality Committee.

We were inspected by the Care Quality Commission in November 2017 and the report of this inspection was published in March 2018. The inspection comprised of two elements – the first being an unannounced inspection of a number of core services and the second being the annual well-led inspection.

The core services that were inspected were:

- maternity
- urgent and emergency services
- children and young people
- medical care

We are proud that our overall provider level was found to be "Good" with all sites being rated as either "Good" or "Outstanding". We continue to maintain regular contact with our lead inspector and quarterly engagement meetings are held, where emerging issues can be discussed and addressed at an early stage.

The Quality and Safety Committee receives an assurance report against all Care Quality Commission fundamental standards on a cyclical basis, and this is reflected on the committee's work-plan. Wards and departments also complete regular position statements against the Care Quality Commission's key lines of enquiry under the safe, effective, caring, responsive and well-led domains.

Data security

The information governance work programme and performance against the national Data Security and Protection Toolkit is closely monitored by the Caldicott Committee, which is chaired by the Medical Director as Caldicott Guardian.

The Director of Finance is the nominated director for information risk and is the Senior Information Risk Owner.

As a public authority, we have appointed a Data Protection Officer in accordance with the requirements of the forthcoming General Data Protection Regulation. This post operates independently and reports directly to the board.

Our major risks

Our major risks are included on the board assurance framework and included the following for 2018/19:

Patients

- challenges with isolating patients with infectious conditions in a timely manner due to a lack of side rooms;
- inability to recruit to required staffing levels, in particular nurse staffing;
- risk of injury/equipment failure/fire caused by failure of ceiling pendants in ICU/HDU as a result of excessive weight;
- failure to identify the root cause and lessons learned from never events reported during 2017/18 and 2018/19;
- the upgrade to the Somerset cancer registry interface on PAS which has the potential to delay cancer diagnosis; and
- only one maternity theatre being available for elective and emergency cases.

People

- the challenges associated with the ability to recruit and retain to required staffing levels for service delivery and service development plans;
- lack of assurance around medical job plans with the potential to lead to both negative service and financial impacts for the foundation trust;
- breaching the NHS Improvement agency ceiling;
- challenges with staff accessing the intranet system, with an associated impact on their ability to access policies and procedures;
- challenges with meeting the government's apprenticeship targets;
- sickness absence being above target and not delivering the level of reduction anticipated.

Performance

- Risk of failure or vulnerability of back-end infrastructure resulting in reduced or no access to IT systems;
- Risk of not delivering the cost improvement programme in full;
- Risk of forecast and recurrent plans for 2018-19 not being achieved; and
- Numerous IT-related risks.

Partnerships

- Lack of tier 4 beds for child and adult mental health patients;
- The transfer of community services from Bridgewater Community Healthcare NHS FT to the foundation trust; and
- Non-achievement of key performance indicators relating to cellular pathology.

These risks are likely to remain the same for 2019/20, whilst recognising that the transfer of community services has formally taken place and therefore the risks surround the smooth transition of services.

Principal risks to compliance with the NHS foundation trust licence condition

The board has not identified any principal risks to compliance with provider licence condition FT4. This condition covers the effectiveness of governance structures, the responsibilities of directors and committees, the reporting lines and accountabilities between the board, its committees and the executive team.

The board is satisfied with the timeliness and accuracy of information to assess risks to compliance with the foundation trust's licence and the degree of rigour of oversight it has over performance.

Corporate governance statement

We acknowledge that it is essential that the correct combination of structures and processes is in place at and below board level to enable the board to assure the quality of care that the organisation provides. We are committed to the continuous improvement of these structures and processes.

The review of leadership and governance undertaken in 2018-19 using NHS Improvement's well-led framework identified no areas of concern and numerous areas of good practice. We have prepared an action plan to address suggested areas of further improvement, the completion of which will contribute to future years' assurance as to the board's ability to assure itself of the validity of the corporate governance statement we submit in accordance with provider licence condition FT4(8)(b).

Risk management

Risk management is well embedded in our activities - for example, equality impact assessments are integrated into core business. Control measures are in place to ensure compliance with our obligations under equality, diversity and human rights legislation. We continue to demonstrate compliance with the general and specific duties of the Public Sector Equality Duty on an annual basis through publishing relevant equality information as part of our annual inclusion and diversity monitoring report. We also undertake an assessment of current performance against the criteria stated in the national equality delivery system on an annual basis. We have continued to review and assess performance in collaboration with staff and local stakeholders, using this framework as well as identifying priorities going forward.

Progress against our action plan and equality objectives is monitored by the Inclusion and Diversity Steering Group on a quarterly basis and is overseen by the Workforce Committee. An inclusion and diversity operational group, which reports to the steering group, meets on a quarterly basis and takes a lead role in supporting the delivery of the action plan.

From 1 April 2015, all NHS organisations were required to demonstrate how they are addressing race equality issues in a range of staffing areas through the nine point Workforce Race Equality Standard metric. This standard has been fully embedded within current practice. We are also continuing to work closely with Wigan Borough Clinical Commissioning Group to implement the Accessible Information Standard.

During 2018/19, we continued to undertake equality impact assessments on all policies and practices to ensure that any new or existing policies and practices do not disadvantage any group or individual.

Risk management is also embedded into the activity of the organisation through incident reporting. This is openly encouraged throughout the organisation and a 'just culture' is promoted.

We are in the top 25% of NHS organisations in relation to patient safety incidents reported to the National Reporting and Learning System and we report higher-than-average numbers of near misses. Our approach to incident management is set out in our incident reporting policy. Identification and investigation of serious incidents and never events is undertaken by the Executive Scrutiny Committee which is chaired by the Director of Nursing and attended by the Medical Director.

Key stakeholders, including patients, our public and staff membership and local partner organisations are engaged on service developments and changes. We are also working across the local health economy including engagement with Wigan Borough Clinical Commissioning Group's Locality Plan on the delivery of integrated care pathways.

We facilitate lay representation on a number of our key committees, including having governors on our Quality Champions, Quality and Safety, Finance and Performance and Workforce Committees. Governors also participate in PLACE visits, which is a nationally-recognised system for assessing the quality of the patient environment, and they also join with an executive and non-executive director in undertaking leadership and safety walks on a regular basis.

We recognise that risk management is a two-way process between healthcare providers across the health economy. Issues raised through our internal risk management processes that impact on partner organisations are discussed in the appropriate forum so that action can be agreed.

The Board has oversight of the workforce strategies via the Workforce Committee which meets quarterly and seeks assurance on the Trust's strategic priorities and any key themes, inclusive of staff staffing reports where modelling exercises have been undertaken to assess workforce staffing levels against patient acuity and requirement in comparison with national guidance such as the Royal College of Physicians. The Workforce Committee also approves overarching strategies that fundamentally lead to safe, sustainable and effective staffing, such as the Trusts Recruitment and Retention Strategy; and Apprenticeship Strategy. The Trust Board is sighted on the NHS Long Term Plan, specifically in relation to digital development and have implemented eJob Planning for medical staff, the Trust will consider expansion to eRostering and eJob Planning for wider workforce groups should capital resource funding be available via any bidding process. This will enable broader reporting on all staffing groups, providing additional assurance to the Board.

Adhering to the principles of safe staffing, as defined in 'Developing workforce safeguards', the Trust uses evidence based tools and data, such as the Safer Nursing Care tool, BirthRate Plus, eRostering and model hospital, alongside professional judgement and patient outcomes such as the Real Time Patient Survey, HMSR and SHMI for mortality rates to ensure workforce planning is responsive to need and proactive in relation to forward planning. The implementation of the Allocate Safe Care module will also enhance and additionally transform the Trust's ability to respond to the requirements of our patients and their daily needs as they change.

The Workforce Committee also oversees our wider talent management, leadership development and training initiatives designed to create resilience and capacity within the workforce. The Trust's Nursing, Midwifery, Therapy and care staff Strategy reinforces this work in respect of the nursing, midwifery and therapy workforce and delivery of patient care and also defines the Trust's approach to vacancy gaps and turnover.

Nurse safe staffing is reported to the Trust Board on a monthly basis alongside a review of the Trust's Business Assurance Framework. Overall safe staffing is considered as part of the Trust's Fundamental Standards review on Safe Staffing and reported to the Trust's Quality and Safety Committee. On a quarterly basis the Trust's Workforce Committee considers staffing from workforce activity reports and any associated long term risks. The Trust's Risk and Environmental Management Committee (REMC) reviews and oversees all corporate risks inclusive of those related to staffing.

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

The foundation trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS" guidance.

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

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 has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The foundation trust ensures that its obligations under the Climate Change Act and the Adaption Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

We have robust arrangements in place for setting financial objectives and targets. These arrangements include ensuring the financial plan is achievable, ensuring the delivery of efficiency requirements, compliance with our provider licence and the co-ordination of financial objectives with corporate objectives as approved by the board:

- objectives are approved and monitored through a number of channels, including monthly review of the foundation trust's financial position by a dedicated Finance and Performance Committee.
- approval of annual budgets by the board of directors.
- formal acceptance of annual budgets by delegated budget holders.
- monthly reporting to the board, via its committees, on key performance indicators covering quality and safety, finance, and workforce targets.
- scrutiny of divisional performance against objectives at sub-board committees.
- regular divisional performance reviews.
- reporting to NHS Improvement and compliance with our provider licence.
- service transformation managed by a dedicated Transformation Team.
- 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; options appraisal; timed benefits; multi-layered approval and post-audit appraisal.

We also participate 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 board 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 the competitiveness of service.
- we use numerous data sources in order to undertake comparative analysis. This analytic either provides assurances or helps identify opportunities for improvement in care provision.
- service line reporting is used by divisional managers to seek to improve financial performance.
- the Carter recommendations are being reviewed and assessed to determine possible further efficiency opportunities.
- CQUINs are negotiated and signed off by clinical, operational and finance directors and operational leads are assigned for each scheme.
- An on-line intelligence tool allowing individual budget holders to see their in-month and cumulative budget performance.

We have outsourced our transactional financial processing activities to NHS Shared Business Services, for which there is a contract in place which clearly outlines the roles and responsibilities of both organisations. We regularly review key performance indicators and we meet regularly to discuss any issues or concerns.

NHS Shared Business Services has processes and procedures in place which are compliant with central government standards as outlined in the information assurance maturity model and the NHS information governance assurance framework and it provides annual updates on the testing of controls and operations within its shared business facilities in the form of an ISAE3402 report.

Information governance

On 25 May 2018, the General Data Protection Regulation was introduced into domestic legislation along with the Data Protection Act 2018. This changed the data incident reporting structure, and any incident is required to be graded according to the significance of the breach and the likelihood of those consequences occurring. Incidents are graded according to the impact on the individual data subject or groups of data subjects rather than the impact on the organisation.

Our information governance team recorded 1,070 information governance incidents between 1 April 2017 and 31 March 2018, and we reported 10 incidents to the Information Commissioner's Office (ICO) during this period. Of these, 8 were closed by the ICO with no further action being taken, and 2 incidents remain open with the ICO. All incidents were reported within the stipulated 72-hour timeframe.

The incidents reported to the ICO related to serious breaches of confidentiality and security where patient information had been shared inappropriately and in contravention of data protection legislation. Examples include a letter containing sensitive information being sent to a former address and copies of medical records inadvertently being shared with the wrong patient.

Internal investigations are undertaken for all incidents and the ICO has not pursued any enforcement action or monetary penalty for any incidents. The information governance team works across the organisation to offer guidance and to support the implementation of remedial actions to address any shortfalls in controls where identified, in order to manage risk. All information governance incidents are reported on Datix, our incident management system, which aligns with regulatory requirements.

Annual quality report

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

We have recently reviewed our objectives and re-emphasised our commitment to the quality and safety agenda. We are committed to improving quality and safety by adopting a 'just culture' and achieving a continual reduction in harm.

The WWL Wheel will be further refreshed in the coming year, and provides a framework to assist with the communication of future plans and measuring performance. The quality report presents a balanced view of areas of good performance and areas requiring improvement.

It is essential that we have policies and procedures in place to ensure that the services and care we provide is safe and in accordance with best practice. When drafting or reviewing policies, a consultation process is undertaken, following which they are submitted for approval by a relevant committee or group. Finally, the policy or procedure is ratified by our Policy Approval and Ratification Committee which has the responsibility of seeking assurance that correct processes have been followed and that the documents meet all formatting requirements. All policies and procedures are notified to staff via our intranet site, Wally, and are available to view and download within our online policy library.

We recognise that all our decisions - whether clinical, managerial or financial - should be based on information which is of the highest quality. We introduced a Data Quality Strategy in April 2014. Our Data Quality Committee, chaired by the Chief Operating Officer, was established to monitor data quality standard.

Clinical quality improvements are monitored by both the Clinical Advisory Board and Professional Advisory Board. Escalation arrangements include, where necessary, referral to the Quality and Safety Committee and the board.

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

Complaints, serious incidents, clinical negligence claims, employee liability claims and inquests are monitored on a weekly basis 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 Serious Incident Requiring Investigation Panel. Membership includes a representative from Wigan Borough Clinical Commissioning Group and a governor.

A quarterly 'Safe Effective and Caring' report is received by the Quality and Safety Committee and this is shared with our commissioners and is received by all directors.

Each division has a quality dashboard that is monitored at Divisional Quality Executive Committee meetings, and the Audit Committee's annual work plan includes presentations on the quality dashboards from each division. Quality impact assessments are undertaken for all cost improvement proposals, which require the authorisation of the Medical Director and the Director of Nursing.

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

We use a specific application for monitoring and managing elective waiting lists. The application is visible to all clinical services in order for them to validate their own waiting list information as well as our business intelligence team which monitors performance and compliance at an organisational level.

We have sought external assurance on the quality accounts in a similar manner to previous years. The purpose of this includes, but is not necessarily to be limited to, an evaluation of key processes and controls for managing and reporting the indicators and sample testing of the data to calculate the indicator back to supporting documentation.

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 included within this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and the Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- the board assurance framework provides evidence of the process of the effectiveness of controls that manages the principal risks to the organisation.
- the Board of Directors, Audit Committee, Quality and Safety Committee, the Risk and Environmental Management Committee and Executive Scrutiny Committee advise me on the implications of the results of my review of the effectiveness of the system of internal control. These committees also advise outside agencies in relation to serious events.
- All the relevant committees within the corporate governance structure have a timetable of meetings and a reporting structure to enable issues to be escalated.
- The board monitors and reviews the board assurance framework on a monthly basis. Responsibility for reviewing risks noted on the board assurance framework was devolved to the Finance and Performance Committee, Workforce Committee, Quality and Safety Committee and Board of Directors.
- the Safe, Effective and Caring report, published by the governance and assurance team, is presented to the Quality and Safety Committee providing assurance to the board 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 performance against the NHS Foundation Trust Code of Governance.
- Clinical audit processes are a key element of maintaining and reviewing the effectiveness of the system of internal control. We have an annual corporate clinical audit programme and the Audit Committee regularly reviews clinical audit processes by receiving an annual self-assessment against national clinical audit standards and quarterly and annual clinical audit reports.
- internal auditors review 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 auditors reviewed the assurance framework and concluded that whilst the organisation's assurance framework is structured differently to the requirements set out in NHS guidance, it is visibly used by the board and clearly reflects the risks discussed by the board.

Feedback from the auditors on the format of the board assurance framework will be considered by the board during the year with a view to further enhancing it whilst ensuring that it remains straightforward and easy to use.

- 2 internal audits undertaken in 2018-19 were given limited assurance: for e-prescribing and for safe sharps. Management actions have been put in place to address the issues raised in each of these areas and follow up reviews by the internal auditors have demonstrated good progress against action plans to improve systems and control in line with agreed time frames. Of the 63 recommendations issued by the internal auditors during the year, all were accepted by management. 4 of the recommendations were described as high risk recommendations and were addressed immediately, with follow-up on the recommendations taking place.
- The Head of Internal Audit Opinion for 2018-19 is that substantial assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Conclusion

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

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

This Accountability Report has been signed by me in my capacity as Accounting Officer.

If you have any queries regarding this report, or wish to make contact with any of the directors or governors, please contact:

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QUALITY REPORT

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 us. Quality Accounts enable NHS Trusts to demonstrate commitment to continuous, evidence based quality improvement and to explain progress to the public. This is our eleventh Quality Account.

PART 1 STATEMENT FROM THE CHIEF EXECUTIVE

Welcome to our Eleventh Quality Account which also celebrates eleven years since we chose to pursue Quality as the overarching strategy for our services. We have always used the Darzi definition of Quality – Safe, Effective and Caring – as the basis of our corporate and divisional plans and as the basis for measuring and reporting on our progress in reducing avoidable harm and improving quality. This is the ninth year that we have used the WWL Wheel as a simple, visual reminder to strengthen awareness of 'Safe, Effective and Caring' and of our quality strategy amongst staff. The Wheel is continuously updated but Quality remains at its centre.

We continue to actively participate as a member of NHS QUEST. This is a network of 16 Foundation Trusts, working collaboratively with the triple aim of improving Quality and Safety, leading the way in Technology Enabled Innovation and striving to be the Best Employers in the NHS.

As with previous Quality Accounts, we have given considerable priority to collecting and reporting facts and data to monitor our progress. These show that 2018/19 was a year of many good results with continued improvement in some areas but deterioration in others, despite the enormous efforts of so many excellent staff. Why is the picture mixed? In my opinion there are three major contributory factors.

Firstly we have now had eight years of austerity in the public sector and the effects of repeated annual savings have begun to bite. Due to the complexities of the current financial regime the Trust made a trading loss of approximately £10 million but a number of one off payments and bonuses led a large year end surplus. However, the underlying trading position is still one of surplus. Secondly, we are experiencing increased workforce shortages placing increasing strains on remaining staff and thirdly, we see continued rise in demand for our services with greater numbers of sicker and older patients using our systems. This sometimes leads to overcrowding and extended waiting, both of which are a significant risk to patient safety and patient experience.

On infection control for example, we have had 2 cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia infection, in comparison to 1 the previous year. However the number of Clostridium difficile fell sharply from 25 last year to just 11 this year, the lowest number we have ever recorded. Of these, 4 were the result of a lapse of care compared to six the previous year. This is a huge achievement and testament to excellent infection control. The number of case of Methicillin-Susceptible Staphylococcus Aureus (MSSA) rose from 12 last year to 20 this year. The number of E Coli bacteraemia was 26 compared to 23 in 2017/18.

Another key quality measure is the Hospital Standardised Mortality Ratio (HSMR) and this has continued to improve after disappointing figures two years ago. The most up to date HSMR figure for 2018/19 is 95.7 to December 2018 compared to 103.5 for the whole of 2017/18. Most Trusts in the North have higher SHMI scores than HSMR and this Trust's SHMI score has paralleled the reduction in HSMR falling from 111.9 in 2017/18 to a latest figure of 110.3 this year. The absolute numbers of deaths in hospital has fallen from 1352 in 2017/18 to 1197 in 2018/19, a drop of 12 percent.

We have unfortunately reported 5 Never Events this year following 4 the previous year and just one in each of the two years before that. This is a cause for significant concern although each case occurred with a different individual or team, in a different location and in a different specialty. Extensive internal investigation could find no particular theme or pattern so we have asked NHS Improvement to conduct an independent external review.

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

Here are some headlines:

Safe

- We had 7 serious falls in hospital, the same figure as the previous year
- There were zero Central Line infections, the same as the previous year
- There were no cases of Ventilator Associated Pneumonia compared to one in 2016/17
- The total number of avoidable serious harms to patients was 73 compared to 74 last year

Effective

- We continued our implementation of the new £13m Hospital Information System which is very highly regarded by users. This was successfully re- rolled out to A&E in Spring 2018 and continues to both extend its scope and increase its effectiveness elsewhere.
- We won major national awards for our Procurement Team, our Finance Department and for Staff Engagement. One of our nurses, Vicki Stevenson-Hornby won the prestigious Nursing Times Award for her innovative work on early diagnosis of pancreatic and biliary cancers.
- We successfully achieved all the national targets except for four hour waits in A&E and were in the top ten performers in the NHS for Cancer and 18 weeks.

Caring

- Our annual national Picker patient survey results showed that patients rated their experience of 7/10 or more at 85% this showing a decrease of 5% from the previous year. The proportion reporting that they were "always well looked after" rose from 99% to 100%. Compared to other Trusts we scored significantly better on 10 questions and significantly worse on four.
- Our 2018 PLACE (Patient-Led Assessment of the Care Environment) overall score was 97.84% which ranked 3rd of all Acute Trusts in England (up from 96.94% in 2017). Within this, there were very high individual scores compared to the previous year:
  - Cleaning – 99.94 (down from 99.96%)
  - Food – 97.69% (up from 97.2%)
  - Food Services – 95.58% (up from 93.7%)
  - Ward food – 98.3% (down from 98.51%)
  - Privacy, Dignity and Wellbeing – 96.32% (down from 97.81%)
  - Condition, Appearance and Maintenance – 99.47% (down from 99.74%)
  - Dementia – 96.63% (up from 94.84%)
  - Disability – 98.79% (up from 98.77%)
- This year we grew the number of Quality Champions to 371, each being trained in techniques of quality improvement before taking on leadership of 205 tasks or projects since the programme started

We have not been inspected by the Care Quality Commission during 2018/19 so our overall rating remains 'Good' -, 'good' for each domain (Safe, Effective, Caring, Responsive and Well-led) and 'Good' or 'Outstanding' for each site. From the 2015 inspection, the Thomas Linacre Centre retains its 'Outstanding' rating as does End of Life Care. We also retain a 'Good' rating from NHS Improvement for Use of Resources. In the context of the challenging situation throughout the NHS, we are delighted that the quality of our services and our staff have been recognised in being rated 'Good' across the board.

We reported 35 serious incidents in 2018/19 (5 related to ward closures due to infection and 2 to information governance breaches), in comparison with 34 in 2017/18 (2 incidents were de-escalated). We received 465 formal complaints in 2017/18 compared to 547 in 2018/19.

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. We want strong leaders and managers at every level in the organisation, who are committed to quality and safety and who promote a strong and vibrant energy and sense of belonging. Culture is one of the hardest things to change and also one of the most difficult to measure but three of our programmes – Harm-Free Wards, Quality Champions and Always Events, seem to be making a clear and noticeable difference.

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

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCES FROM THE BOARD

PART 2.1: PRIORITIES FOR IMPROVEMENT IN 2019/20

This is the 'look forward' section of our Quality Account. In April 2017 we were delighted to publish our Quality Strategy 2017/21 outlining the framework to improve quality over the next four years. This section introduces our Quality Strategy 2017/25 and outlines the improvements we plan to take over the next year.

Quality strategy 2017/21

Our Quality Strategy 2017/21, published in April 2017, set the direction of travel for the next four years. The aim of the strategy is:

"To move towards zero avoidable harm by 2021 through continual reduction"

The Quality Strategy maintains our values to provide safe, effective and compassionate care. The strategy focuses on five primary drivers:

1. Excellence in clinical care
2. Engagement and networking
3. Quality improvement
4. Measuring and monitoring of safety
5. Culture

Quality priorities for 2019/20

We have agreed our annual priorities for 2019/20 which support our Quality Strategy 2017/21 and consider some of our challenges. The annual priorities were agreed following consultation with staff and stakeholders including Governors, Wigan Borough Clinical Commissioners Group and Healthwatch Wigan and Leigh. The quality priorities, the rationale for their selection and how we plan to monitor and report progress are outlined below.

All quality priorities have a timescale for achievement by the 31st March 2020 and progress to achieve them is monitored by our Quality and Safety Committee.

PATIENT SAFETY (SAFE)

Priority 1:	To achieve 95% of patients found to have sepsis receiving intravenous (IV) antibiotics within 1 hour in Accident and Emergency (A&E)
Rationale:	Compliance for patients with sepsis receiving IV antibiotics within 1 hour in A&E was 69.70% in Q4 2017-18. This initially improved significantly up to the end of Q2 2018-19; however, compliance has declined during Q3 to 79.8%. This quality priority was selected due to this decline in compliance and the further work required to improve this.
Monitoring:	Quality and Safety Committee
Reporting:	Quality and Safety Committee weighted dashboard.

Priority 2:	To reduce the numbers of falls resulting in serious harm or death
Rationale:	From April 2018 – March 2019 there have been 7 serious falls, the same number as we had in 2017/18. Further work is required to reduce this number and therefore this quality priority has been selected.
Monitoring:	Harm Free Care Board is responsible for monitoring the work undertaken by the Falls Improvement Group and progress to reduce harm from falls.
Reporting:	Quality and Safety Committee weighted dashboard; Board of Directors Performance Report

Priority 3:	To reduce grade 3 and 4 pressure ulcers contributed to by lapses in care
Rationale:	From April 2019 WWL will be an integrated acute and community NHS Trust, following the transfer of Wigan Borough community services. We want to continue the work that has been commenced to reduce grade 3 and grade 4 pressure ulcers occurring in the community that may be the result of lapses in care.
Monitoring:	Quality and Safety Committee
Reporting:	Executive Scrutiny Committee, Quality and Safety Committee weighted dashboard, Board of Directors Performance Report

Priority 4:	To achieve an Hospital Standardised Mortality Ratio (HSMR) of 90 and a Summary Hospital Level Mortality Indicator (SHMI) of 100
Rationale:	Our benchmarked position for mortality improved during 2018/19; however, learning from deaths and analysis of mortality data remains a quality priority for the Trust and therefore this priority has been selected.
Monitoring:	Mortality Committee is responsible for monitoring the actions and initiatives in relation to this priority.
Reporting:	Quality and Safety Committee weighted dashboard; Board of Directors Performance Report

CLINICAL EFFECTIVENESS (EFFECTIVE)

Priority 1:	To achieve 95% compliance with the triggering on NEWS2 (National Early Warning Score) escalation of the deteriorating patient.
Rationale:	The Trust has completed the actions required to meet the patient safety alert issued in relation to the implementation of NEWS2 (replacing MEWS – Modified Early Warning Score) by the end of March 2019. NEWS2 has been implemented and is on HIS. The first audit conducted for NEWS2 following its implementation unfortunately resulted in a deterioration in compliance. Further work is required to improve this.
Monitoring:	Harm Free Care Board is responsible for monitoring the work undertaken by the Falls Improvement Group and progress to reduce harm from falls.
Reporting:	Quality and Safety Committee weighted dashboard.

Priority 2:	To improve Fractured Neck of Femur Time to Appropriate Bed
Rationale:	It is best practice to support optimal care for patients with fractured neck of femur (NOF) and that they are transferred to an orthopaedic bed within 4 hours of admission. In 2018 WWL achieved an average 45.8% for NOF orthopaedics patients to access an orthopaedic bed in 4 hours. There has been no significant improvement despite the work that has been undertaken to improve this and therefore this quality priority has been selected.
Monitoring:	Trauma Orthopaedic Clinical Group is responsible for progressing and monitoring the actions in relation to this priority.
Reporting:	Trauma Orthopaedic Clinical Group to Specialist Services Divisional Quality Executive Committee.

Priority 3	To embed actions required in response to recommendations from NHS Improvements review of reported Never Events.
Rationale:	We reported 5 Never Events in 2018/19 and commissioned a review by NHS Improvement. We are committed to responding to the findings from this review and ensuring that actions are embedded across the Trust. This commitment has been reinforced by the selection of this quality priority in our Quality Account this year.
Monitoring:	Quality and Safety Committee.
Reporting:	Quality and Safety Committee weighted dashboard.

Priority 4:	To reduce the number of sharps incidents by increased usage of safer sharps devices and improved clinical practice.
Rationale:	Staff incidents related to injuries from sharps has been high in number during 2018/19. We commissioned an audit from Mersey Internal Audit Agency and received 'limited assurance'. There are actions required to reduce the numbers of sharps incidents and therefore this quality priority was selected.
Monitoring:	Occupational Safety and Health Committee.
Reporting:	Quality and Safety Committee quarterly SEC (Safe Effective Caring) Report.

PATIENT EXPERIENCE (CARING)

Priority 1:	To achieve 90% of patients reporting that they received information on medicines at discharge
Rationale:	The patient survey results for Trust's using an organisation called Picker for their national surveys have demonstrated that we have further work to do to improve this indicator, therefore we have selected this as one of our quality priorities. The indicators related to information received on medicines at discharge have remained the same; however, the Trust awaits the 2018 National Patient Survey results.
Monitoring:	Harm Free Care Board is responsible for monitoring the actions and initiatives in relation to this priority.
Reporting:	Picker and National Inpatient Survey Results.

Priority 2:	To achieve an improvement in patients reporting that they were treated with kindness and understanding during the care received in hospital after the birth of their baby
Rationale:	The results of our National Patient Survey for Maternity Services were very good. This was one of the areas requiring improvement.
Monitoring:	Quality and Safety Committee.
Reporting:	National Maternity Survey.

Priority 3:	To achieve a reduction in the number of complaints related to discharge
Rationale:	There was an increase in the number of formal complaints during 2018/19, in comparison with the previous year. We would like to focus on a reduction of complaints related to discharge.
Monitoring:	Quality and Safety Committee.
Reporting:	Reports to the Discharge Improvement Group.

PART 2.2: STATEMENTS OF ASSURANCES FROM THE BOARD

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

2.2.1 REVIEW OF SERVICES

During 2018/19 Wrightington Wigan and Leigh NHS Foundation Trust ("WWL") provided and/or sub-contracted 66 relevant health services detailed in the Trusts mandated services.

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

The income generated by the relevant health services reviewed in 2018/19 represents 88.8% of the total income generated from the provision of health services by WWL for 2018/19.

NHS Trusts are required to include this statement in their Quality Account to demonstrate that they have 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.

2.2.2 PARTICIPATION IN CLINICAL AUDITS

During 2018/19, WWL participated in 27 National Clinical Audits and 5 National Confidential Enquiries covering relevant health services that WWL is eligible to participate in. In addition WWL participated in a further 10 National Audits (Non-NCAPOP) recommended by HQIP.

The National Clinical Audits and National Confidential Enquiries that WWL participated in and for which data collection was completed during 2018/19 is 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 5 National Clinical Audits were reviewed by the provider in 2018/19 and WWL intends to take the following actions to improve the quality of healthcare provided. Other national reports will be presented once published.

Audit	Trust Actions
National Joint Registry (NJR)	Regular updates are provided at audit meetings where areas for improvement are highlighted.
Audit of Venous Thromboembolism (VTE) in Immobilisation (RCEM)	Actions include a document for integration into the Trust's electronic patient record.
Audit of Vital Signs in Adults (RCEM)	The audit demonstrated significant compliance and therefore, no further action was required.
Audit of Feverish Child (RCEM)	This audit demonstrated compliance in a number of areas. An action resulting from the audit relates to documentation on our electronic patient record and adding a tab for senior review to be selected.
Major Trauma Audit (TARN)	The Trust is reviewing the identification of 'Silver Trauma' patients. The Trust aims are to improve the co-ordination of care for patients with an injury severity score which is greater than 15 and improve on time to computerized tomography (CT) scan from "arrival to reporting".

The reports of 168 Local Clinical Audits were reviewed by the provider in 2018/19. A selection of these audits is outlined opposite and WWL has taken or intends to take the following actions to improve the quality of healthcare provided:

Audit	Trust Actions
Cardiac Arrest Audit	There are now cascade trainers on the wards for staff who are unable to attend the Resuscitation Department for their Advanced or Basic Life Support training.
Audit of management of Low Grade smears (mild dyskariosis)	An original audit demonstrated that communication of results to patients and their GP within 4 weeks (best practice) required improvement at 48.5%. Results have significantly improved to 96%.
Re-audit on the Application of Venous Thromboembolism (VTE) Thrombo-Embolic-Deterrent (TED) Stockings on Surgical Wards	An original audit demonstrated that only 20% of patients had TED stockings applied on the wards. As a result of this posters were produced and discussions with the frontline nursing staff took place regarding the importance of accurate VTE documentation and if indicated, putting stockings on surgical patients. Results of the re-audit demonstrated that 100% of indicated patients had TED stockings applied.
Raised Body Mass Index (BMI) Documentation Audit	Following an initial audit a number of actions were undertaken. A tool was developed to facilitate recording and communication of manual handling requirements assessment for childbirth and possible tissue viability issues within the third trimester by the appropriate healthcare professional if BMI >35, between antenatal care at >36 weeks and maternity unit. A re-audit demonstrated a significant improvement in the calculation and documentation of BMI in antenatal clinic (now 100%).
Audit of Hot Clinics	Results of an original audit demonstrated that most of the referrals are correct and patients accepted, although 52% did not have communication plan with the GP. A re-audit demonstrated that the number of admissions had reduced from 10% to 4%. Most of the patients with subacute conditions were managed through the clinic with discharge rate to GP improving to 46% from the previous audit (30%).

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.

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 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.

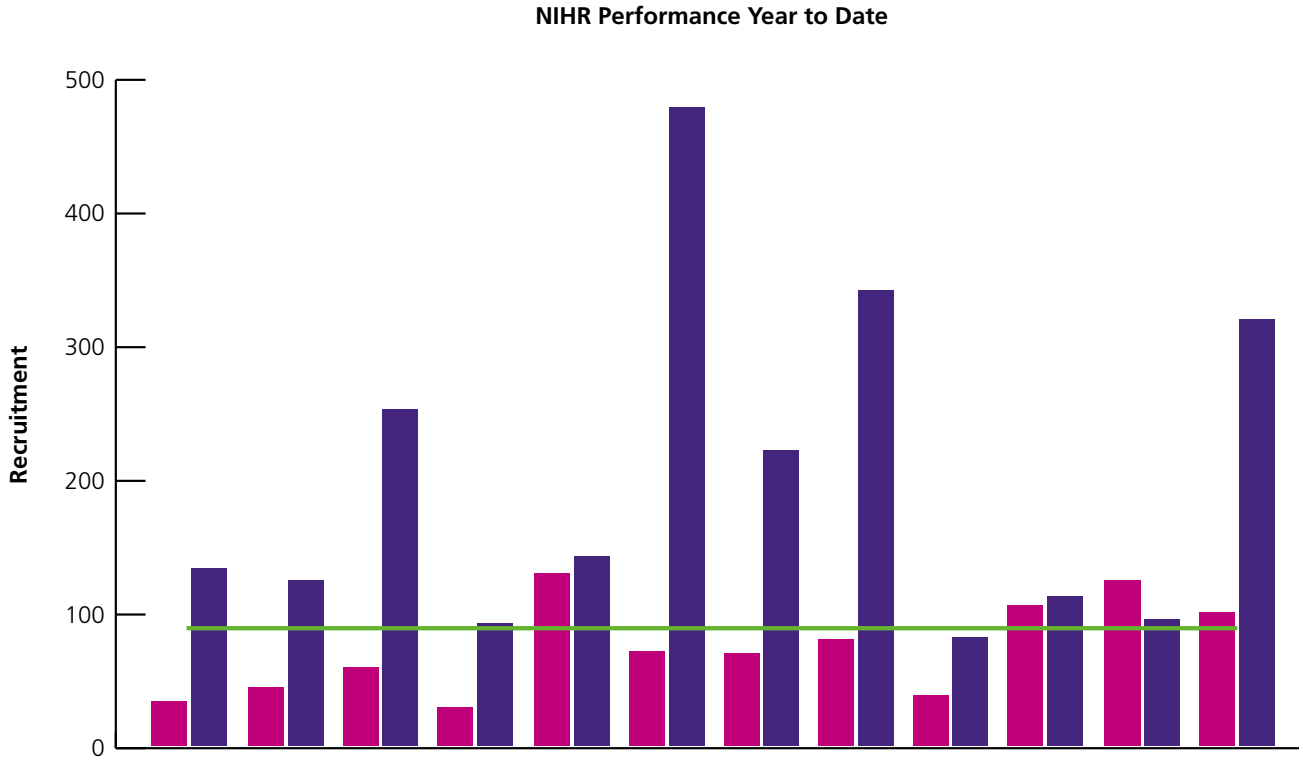
2.2.3 RESEARCH

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by WWL in 2018/19 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 2356 an average of 196 patients per month. The Trust target agreed with the National Institute for Health Research (NIHR) was 1032 recruits (an average of 86 per month).

Patient recruitment 2018/19

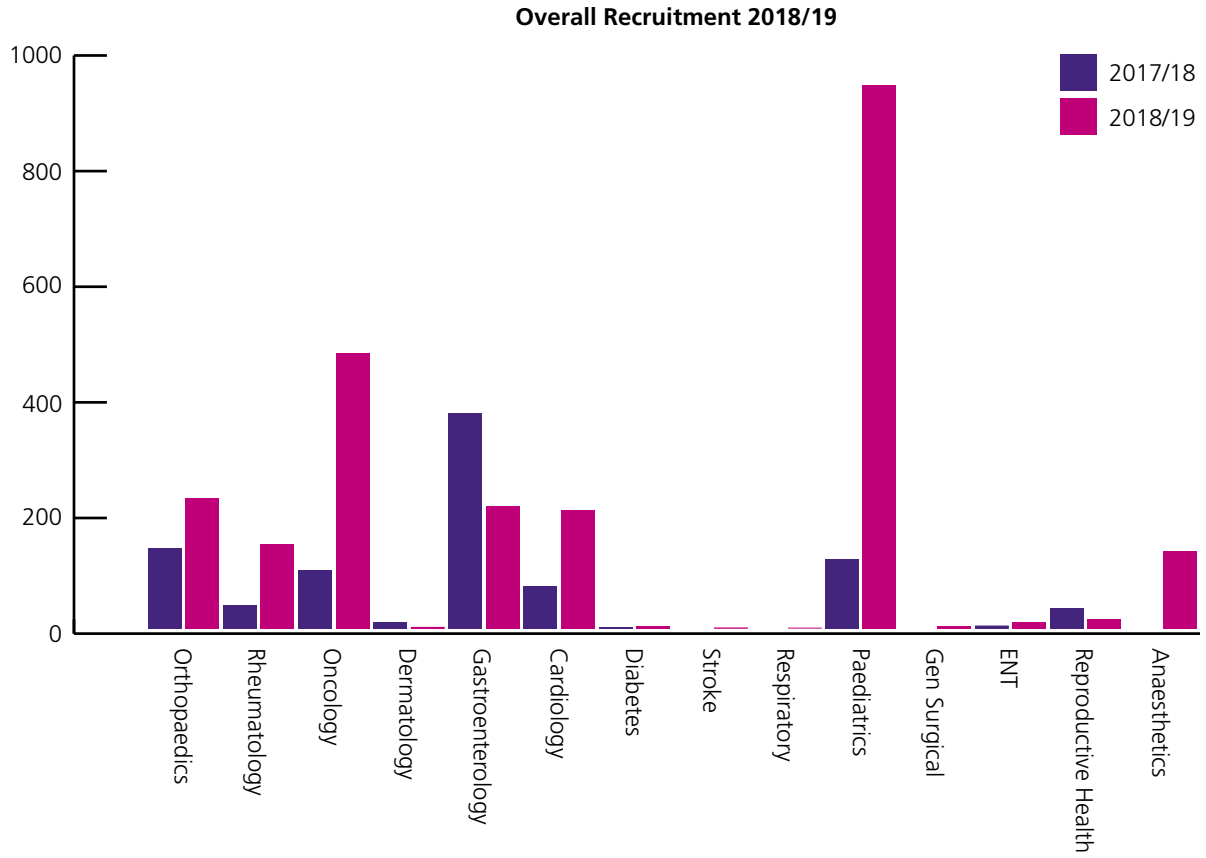
The following chart illustrates target recruitment versus actual recruitment to research studies in 2018/19.



	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2017-2018	33	44	59	29	129	71	69	80	38	105	127	100
2018-2019	133	124	252	92	142	478	221	341	81	112	95	319
Target	86	86	86	86	86	86	86	86	86	86	86	86

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff are continually updated about the latest treatments. We were involved in conducting 104 NIHR Portfolio clinical research studies and 28 Non Portfolio studies in a variety of specialities during the year 2018/19.

The chart below illustrates recruitment into National Institute for Health Research registered studies between 1st April 2018 and 31st March 2019 compared to the year 2017/18.

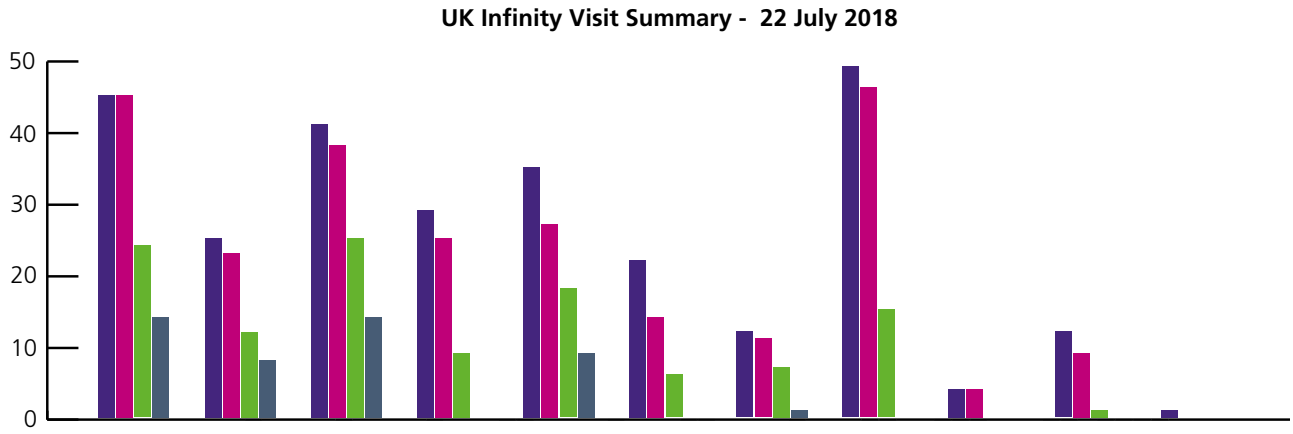


It is globally recognised that a commitment to clinical research leads to better outcomes for patients. We are continuously scrutinised and the data provided is monitored by recognised, expert teams who ensure that confidentiality and the conduct of every trial meets European legislation. An example of the esteem held for our work at WWL is illustrated in the comment opposire:

The WWL Way

"Congratulations to Wrightington for being the first to reach 50 in recruitment!!! Hooray for them and considering they only started in September 2017. Their recruitment and data collection is top notch. Congratulations on reaching the first 50!!!!!"

The chart below shows the current visit status for each site, WWL being the highest recruiter in the UK.



	North Tyneside	Royal Devon & Exeter	RHOH	Royal Infirmary of Edinburgh	RJAH	Sheffield Teaching	Torbay	Wright-ington	Notti-ngham	Bourne-mouth	Haimyres
Preop	45	25	41	29	35	22	12	49	4	12	1
Op	45	23	38	25	27	14	11	46	4	9	0
6 Months	24	12	25	9	18	6	7	15	0	1	0
1 Year	14	8	14	0	9	0	1	0	0	0	0
2 Year	0	0	0	0	0	0	0	0	0	0	0

We have been recognised at a regional awards ceremony Wrightington, Wigan and Leigh Foundation Trust's cancer team was announced the winner of the 'Outstanding Contribution' category at this year's Greater Manchester Clinical Research Awards, for their oncology collaboration with The Christie NHS Foundation Trust.

Tracey Taylor, Senior Research Nurse was named runner up in the 'Research Nurse of the Year' category and the Divisional Clinical Research Champions were shortlisted for 'Research Team of the Year'.

Our Research Strategy aims to include all clinical staff in research. Every year the Research Department identifies a clinical area for promoting and supporting research. This has proved successful and areas of interest have greatly increased with strong recruitment in the following clinical specialities:

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

Training and Development opportunities are provided by the Research Department to support staff in conducting quality research studies in a safe and effective manner. All staff that support clinical research activity are trained in Good Clinical Practice (GCP) which is an international quality standard transposed into legally required regulations for clinical trials involving human subjects.

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

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

Publications have resulted from both our engagement in NIHR Portfolio research and Foundation Trust supported research, which has secured Ethical Approval.
It is important that we continue to support both pilot studies in preparation for larger research projects and smaller research studies which do not qualify for adoption onto the NIHR Portfolio because they do not require access to a funding stream. This shows our commitment to transparency and our strong desire to improve patient outcomes and experience across the NHS.

The clinical research team supports all clinical teams conducting research studies, ensuring the safe care of patients and adherence to the European Directive, Good Clinical Practice guidelines and data collection standards. As a result of this expert support, the larger clinical community within the Foundation Trust is in a position to conduct a wide variety of clinical research which will ultimately provide better access to research for our patients.

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

2.2.4 GOALS AGREED WITH COMMISSIONERS

Use of the commissioning for quality and innovation (CQUIN) payment framework

A proportion of WWL's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between WWL and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at:

www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

WWL is estimated to receive £6.2 million in relation to CQUINS for 2018/19, in comparison with £5.5 million in 2017/18. We had 5 national CQUIN schemes in 2018/19 which were as follows:

1. Improving staff health and wellbeing
2. Reducing the impact of serious infections
3. Improving services for people who present with mental health needs at A&E
4. Offering Advice and Guidance
5. Preventing ill health by risky behaviours – alcohol and tobacco

The Trust has had particular success in relation to the scheme improving services for patients who present with mental health needs at the Accident and Emergency Department with a 50% reduction in attendances for both the first cohort transferred from the 2017/18 scheme and the new 2018/19 cohort. This reflects a huge reduction in attendances to the Accident and Emergency Department (A&E) and in the personalised care pathways that these patients are now receiving. This has been achieved through close working relationships across providers and a real focus on key individuals.

The Trust and North West Boroughs Healthcare NHS Foundation Trust have also worked together to improve the coding of mental health attendances which will contribute to further developments in the future. Offering advice and guidance has been absorbed into a much wider piece of work reviewing referral pathway together with primary care colleagues which is resulting in some significant reductions in referrals with more patients being treated in primary care and good relationships being made between GPs and Consultants.

The main challenge for the Trust has been the sepsis screening and antibiotic administration measures under scheme 2. The Trust achieved the screening target in both A&E and inpatient wards all year but struggled to consistently administer antibiotics within one hour to relevant patients. For A&E patients these are mostly received within 3 hours which is the NICE standard but for inpatients the delay can be longer. However by March 2019 100% of A&E patients received their antibiotics within one hour and 85.6% of inpatients (against a standard of 90%). An action plan has been developed to improve this and ensure improvements are sustainable.

For Acute Services there are five national CQUIN schemes for 2019/20 which are as follows:

- Antimicrobial Resistance – Lower Urinary Tract Infections in Older People and Antibiotic Prophylaxis in Colorectal Surgery;
- Staff Flu Vaccinations;
- Alcohol and Tobacco – Screening & Brief Advice;
- Three High Impact Actions to Prevent Hospital Falls;
- Same Day Emergency Care – Pulmonary Embolus/ Tachycardia/Community Acquired Pneumonia.

There will also be CQUIN schemes for the Community Services which transferred because these are managed under a separate contract.

These schemes will cover the following areas:

- Staff flu vaccinations;
- Reducing risky behaviours (relating to tobacco and alcohol) for families covered by the health visiting service;
- Specialist falls prevention training for the Community Response and Hospital at Home Teams;
- Timely Identification of patients with sepsis cared for by Community Services;
- Reducing the deterioration of pressure ulcers cared for by Community Nursing Services.

Performance against the schemes will continue to be monitored monthly internally and quarterly with the Wigan Borough Clinical Commissioning Group as per the terms of the contract.

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

2.2.5 WHAT OTHERS SAY ABOUT WWL

Statements from the care quality commission (CQC)

WWL is required to register with the Care Quality Commission and its current registration status, at the end of 2018/19, is registration without compliance conditions.

The Care Quality Commission (CQC) has not taken enforcement action against WWL during 2018/19.

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

The Trust was delighted that in March 2018, Core Service and Well-Led Inspection Reports were published by the CQC which resulted in all our sites are rated as either "Outstanding" or "Good by the CQC.

During 2018/19, the Trust has not been inspected by the CQC. However, during 2018/19 the Trust has been working on completing actions from previous inspections. The table below shows the significant progress made during 2018/19 in relation to the must do and should do actions identified by the CQC in their inspection report published in March 2018:

CQC Inspection – November 2017	Must Do Actions		Should Do Action	
	Completed	In Progress On Target	Completed	In Progress On Target
CQC Report - (November 2017) Leigh Infirmary	0	0	6	0
CQC Report - (November 2017) Royal Albert Edward Infirmary	4	1	36	8
Total Report Actions	**4**	**1**	**42**	**8**
Total Percentage of all Quality Report Actions	**80.00 %**	**20.00 %**	**84.00 %**	**16.00 %**

The Trust works closely with the CQC to keep them up to date with our progress towards achieving these actions which are monitored by the Trust's Quality and Safety Committee. The Trust also seeks external assurance on the evidence gathered to demonstrate that actions are completed

All NHS Trusts are required to register with the Care Quality Commission. The CQC undertakes checks to ensure that Trusts are meeting the Fundamental Standards and Key Lines of Enquiry (KLOE) under safe, effective, caring, responsive and well-led. If the CQC has concerns that providers are non-compliant there are a wide range of enforcement powers that it can utilise which include issuing a warning notice and suspending or cancelling registration.

2.2.6 NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

WWL submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:

- 99.9% for admitted patient care;
- 100.0% for outpatient care; and
- 99.6% for accident and emergency care.

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

- 100.0% for admitted patient care;
- 100.0% or outpatient care; and
- 100.0% for accident and emergency care.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a Trust to the patient's General Practitioner (GP).

2.2.7 INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS

2018/19 marked the end of the Information Governance Toolkit and the introduction of the Data Security and Protection Toolkit. This is based on the National Data Guardian's ten data security standards. The Trust met the standards within the Toolkit.

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The Data Security and Protection Toolkit is a performance tool produced by the Department of Health (DH) and now hosted by NHS Digital. It draws together the legal rules and central guidance related to Information Governance and data security.

2.2.8 CLINICAL CODING ERROR RATE

WWL was not subject to the Payment by Results clinical coding audit during 2018/19 by NHS Improvement.

WWL commissioned an external audit by Blackpool Teaching Hospitals NHS Foundation Trust in November 2018 for assurance of the clinical coding quality:

- Primary Diagnosis Incorrect 2.5%;
- Secondary Diagnosis Incorrect 6.22%;
- Primary Procedures Incorrect 4.92%;
- Secondary Procedures Incorrect 3.52%.

The results should not be extrapolated further than the actual sample audited. 200 finished consultant episodes (FCEs) were selected by the auditor across the range of specialties and these cases were reviewed in terms of clinical coding accuracy.

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.

2.2.9 STATEMENT ON RELEVANCE OF DATA QUALITY AND YOUR ACTIONS TO IMPROVE YOUR DATA QUALITY

Accurate and timely data is essential to good intelligence and making sound clinical and strategic decisions. Although the Trust already has good Data Quality it recognises that there are always improvements that can be taken.

Over the last 12 months the Trust has a continuing programme of work for the development and improvement of the Data Quality (DQ) app. The purpose of the app is to provide frontline services with clear visibility on where there are issues or areas of concern. This allows the individuals and services entering the data to investigate and remedy any issues, as well also learning for the future. This supports the NHS Get It Right First Time (GIRFT) approach and is aligned to Article 5 of the General Data Protection Regulation (GDPR)

WWL will be taking the following actions to improve data quality: The Trust will continue to develop and roll out the DQ app ensuring that Key Performance Indicators are reviewed, amended, added to and utilised to support the Trusts ability to give assurance and continue improvement against the DQ Programme.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Board of Directors 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.

2.2.10 LEARNING FROM DEATHS

During 2018/19 1193 of WWL patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 293 in the first quarter;
- 271 in the second quarter;
- 286 in the third quarter;
- 343 in the fourth quarter.

WWL has had a process for reviewing deaths for over nine years. WWL commenced the review of deaths in a structured way that met the Learning from Deaths Guidance published in March 2017.

By March 2019, 372 case record reviews and 372 investigations have been carried out in accordance with the Learning from Deaths Guidance in relation to 1193 of the deaths referenced in the introduction. In 372 cases, a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was;

- 95 in the first quarter;
- 71 in the second quarter;
- 89 in the third quarter;
- 117 in the fourth quarter.

5 representing, 0.4% of 1193 deaths in 2018/19, of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 1 representing, 0.3% of deaths which occurred for the first quarter;
- 1 representing, 0.3% of deaths which occurred for the second quarter;
- 2 representing, 0.6% of deaths which occurred for the third quarter;
- 1 representing, 0.3% % of deaths which occurred for the fourth quarter.

These numbers have been estimated using a version of the Royal College of Physicians Structured Judgement Review methodology supported by the Learning from Deaths Guidance. A summary of what WWL has learnt from case record reviews

and investigations conducted in relation to deaths identified above is as follows:

WWL review of deaths identified concerns in relation to tracheotomy care and cannulation. The Trust has experienced pressures over the last year which has led to patients being admitted to wards that are not the most appropriate to the care and treatment that they need. There have been instances of late delayed diagnosis of Thoracic Aortic Aneurism and instances of poor sepsis care in relation to antibiotics.

A description of the actions WWL has taken in the reporting period and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period: Some of the actions taken include the establishment of a group to review tracheostomy care and the introduction of a vascular access specialist nurse role. A 'right patient right ward' group continues to move forward with plans to ensure that this is improved. Changes have been made to the patient pathway to facilitate an earlier diagnosis of Thoracic Aortic Aneurism and a significant amount of work is underway to improve sepsis care across the Trust.

An assessment of the impact of the actions described above which were taken by WWL during the reporting period.

The following statements are not applicable to the Trust:

- 0 case record reviews and 0 investigations completed after quarter 3 which related to deaths which took place before the start of the reporting period.
- 0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.
- 0 representing 0% of the patient deaths during the previous reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In March 2017 the National Quality Board published a document called 'National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care'. The purpose of the guidance was to help initiate a standardised approach to learning from deaths.

One of our nurses, Vicki Stevenson-Hornby won the prestigious Nursing Times Award for her innovative work on early diagnosis of pancreatic and biliary cancers.

2.2.11 SEVEN DAY SERVICES

The latest available data for compliance against the priority clinical standards for seven days services was published in June 2018:

WWL Results	Weekday results				Weekend results			
	Standard 2	Standard 5	Standard 6	Standard 8	Standard 2	Standard 5	Standard 6	Standard 8
Jun-18	89%	100%	100%	100%	71%	83%	100%	100%

The clinical standards referred to in the table are as follows:

Standard 2

Specifies that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

Standard 5

Covers the availability of six consultant-directed diagnostic tests for patients within one hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients.

The diagnostic tests are as follows:

- Computerised tomography (CT)
- Ultrasound (USS)
- Echocardiography
- Upper GI endoscopy
- Magnetic resonance imaging (MRI)
- Microbiology

Standard 6

Covers timely 24-hour access seven days a week to nine consultant-directed interventions.

The interventions are as follows

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis
- Percutaneous coronary intervention
- Cardiac pacing

Standard 8

Relates to the ongoing consultant-directed reviews received by patients admitted in an emergency once they have had their initial consultant assessment. The standard aims to ensure that all patient cohorts receive an appropriate number and level of reviews from consultants depending on the severity of their condition. In practice this means that patients with high dependency needs should be reviewed by a consultant twice daily. All other patients admitted in an emergency should be reviewed by a consultant once daily unless the consultant has delegated this review to another competent member of the multidisciplinary team on the basis that this would not affect the patient's care pathway.

After the June 2018 submission the process changed and moved to a board assurance process with a smaller audit requirement and broader evidence requirements. The first round of this was run as a pilot using the June 2018 data and this was submitted to the Board of Directors in February 2019. Prior to June 2018 ratings of performance were based on peer comparison rather than a national standard but at that point a target of 90% compliance was introduced. As shown above the Trust was partially compliant overall with the four clinical standards.

Under the new reporting regime Trusts are also required to report on the six standards for continuous improvement which are as follows:

- **Standard 1: Patient Experience -** Information from local patient experience surveys on quality of care/consultant presence on weekdays versus weekends.

- **Standard 3: Multidisciplinary team review -** Assurance of written policies for MDT processes in all specialties with emergency admissions, with appropriate members (medical, nursing, physiotherapy, pharmacy and any others) to enable assessment for ongoing/complex needs and integrated management plan covering discharge planning and medicines reconciliation within 24 hours.
- **Standard 4: Shift handovers -** Assurance of handovers led by a competent senior decision-maker taking place at a designated time and place, with multi-professional participation from the relevant incoming and outgoing shifts.
- **Standard 7: Mental health -** Assurance that liaison mental health services are available to respond to referrals and provide urgent and emergency mental healthcare in acute hospitals with 24/7 emergency departments 24 hours a day, seven days a week.
- **Standard 9: Transfer to community, primary and social care -** Assurance that the hospital services to enable the next steps in the patient's care pathway, as determined by the daily consultant-led review, are available every day of the week.
- **Standard 10: Quality improvement -** Assurance that provider board-level reviews of patient outcomes cover elements of care and quality that relate to the delivery of high quality care seven days a week – such as weekday and weekend mortality, length of stay and readmission ratios – and that the duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high quality, safe patient care, seven days a week.

In the February 2019 report the Trust confirmed compliance with all of these except Standard 1 and has a plan in place to deliver this before the next reporting period in the autumn of 2019. The February 2019 submission was a pilot; however, assuming there are no changes the Trust will be required to make a full return using a new data set in the autumn of 2019.

Ten clinical standards for seven day services in hospitals were developed in 2013. These standards define what seven day services should achieve, no matter when or where patients are admitted. Four of the ten clinical standards were identified as priorities on the basis of their potential to positively affect patient outcomes. NHS Trusts are required to include a statement in their Quality Report regarding implementation of the priority clinical standards for seven day hospital services.

2.2.12 SPEAKING UP

The Trust aims to ensure that staff feel comfortable and safe to raise concerns with their line managers in the first instance. Concerns may relate to quality of care, patient safety or bullying and harassment. We recognise that by valuing our staff who raise concerns, listening and acting on the issues, speaking up can really make a difference to staff wellbeing and patient safety. When a concern is raised with managers it is important that they know how to handle the concern and have the correct escalation processes to ensure action is taken to resolve those concerns.

If staff do not feel able to raise concerns with their managers or they are unsatisfied with any feedback they have been given there are other routes available to staff. Staff can raise concerns with their Union, Human Resources or with the Trusts Freedom the Speak Up Guardian. One of the critical roles of the Freedom to Speak Up Guardian is to ensure that staff raising concerns do not suffer detriment.

The Freedom to Speak Up Guardian can also provide the following support:

- an independent route and safe space for staff to raise concerns;
- report or escalate concerns on the behalf of the staff;
- act as an advocate for staff and protect identity of staff wishing to remain anonymous;
- obtain information or act as a 'go between' within any investigation into a concern;
- agree support, ongoing communications and feedback on the progress of any investigation.

The Trust is committed to ensuring that concerns raised by staff are treated seriously and dealt with in a sensitive, positive manner and as quickly as possible.

In its response to the Gosport Independent Panel Report, the Governance committed to legislation requiring all NHS Trusts to report annually on staff who speak up. Ahead of such legislation NHS Trusts are required to provide details of ways in which staff can speak up, and how it is ensured that staff do not suffer detriment as a result of speaking up.

2.2.13 NHS DOCTORS IN TRAINING

This section is intended to illustrate the number of exception reports raised against the vacancy rate by the grade of doctor. Fill rates for ad hoc shifts are provided to illustrate how successfully vacant shifts are filled. This section also illustrates the actions taken to mitigate the risk of having unfilled shifts and any adverse impact on the training experience of Doctors in Training whilst on rotation to WWL

High level data

Number of doctors and dentists in training (total):	**194**
Number of doctors and dentists in training on 2016 Terms and Conditions of Service (total):	**179**
Annual vacancy rate among this staff group:	**5.6%**

Annual data summary

Specialty	Grade	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total gaps (average WTE)	Number of shifts uncovered (over the year)	Average no. of shifts uncovered (per week)
General Surgery	F1	17	9	4	7	0	28	1
General Surgery	F2/ST1-2	5	2	0	0	3	50	1
General Medicine	F1	27	41	23	20	0	97	2
General Medicine	F2/ST1-2	10	2	2	2	4	525	10
Orthopedics	F1	0	5	18	3	0	0	0
Orthopedics	F2/ST1-2	0	1	0	0	1	77	1
Ear Nose and Throat	ST3+	0	3	0	0	0	0	0
Paediatrics	F2/ST1-3	0	0	1	3	0	51	1
Obstetrics and Gynecology	F1	0	0	0	1	0	0	0
Obstetrics and Gynecology	F2/st1-2	0	0	0	1	0	0	0
Total		**59**	**63**	**48**	**35**	**8**	**828**	**16**

Issues arising

The Trust has seen a consistent level of vacancies across doctors in training specialties reported quarterly to the Board by the Guardian of Safe Working. General Medicine remains the area being impacted on most significantly as evidenced by the exception reporting results; however visa restrictions also resulted in a significant impact on the Orthopaedic rota between August 2018 and November 2018. This was an isolated issue and is now resolved.

The exceptions are largely as a result of additional hours being worked although no fines have been applicable to date. Almost exclusively exceptions are being raised by Foundation Doctors rather than the higher grades.

Actions taken to resolve issues

The actions taken to resolve these issues were as follows:

- **Review of Rotas:** Five rotas have been reviewed and redefined through a consultation and sign off process involving doctors in training, DME and Guardian of Safe Working. Three rotas are currently under review. The review of rotas has incorporated the considerations of best practice in line with the Rest Charter.
- **NHS Professional (NHSP) Connect:** The implementation and promotion of NHSP Connect as a booking platform for medical shifts and the development of the Medical Bank is facilitating the monitoring of fill rates and use of agency and bank.
- **Survey:** A survey is currently ongoing to identify why doctors may be choosing to exception report or not. Communications have been issued to encourage exception reporting amongst Doctors in Training and the proactive involvement from Educational Supervisors in resolving issues.
- **Safer Staffing Exercise:** The Trust has commenced an audit of how the Trust meets the Safer Staffing stipulations in the Guidance produced by the Royal College of Physicians. This remains in progress.
- **Expansion of Earn Learn Return Programme:** The Trust has expanded the number of trust grade doctors contracted from an Earn Learn Return scheme to support the medical workforce provision in the Trust.

Summary

The Trust continues to monitor and report on vacancies via the Exception Reporting Forum and Quarterly Board Report. This analysis shows trends and peaks of exceptions raised which illustrate the impact of vacancies or workload in particular specialties. Where issues are identified they are targeted with actions or longer term strategies considered to address these issues.

One of the functions which oversee the safety of NHS Doctors in Training is the Guardian of Safe Working Hours. The guardian ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate. The guardian provides assurance to the Board that doctors' working hours are safe. NHS Trusts are required to provide plan for improvement to reduce these gaps.

PART 2.3: REPORTING AGAINST CORE INDICATORS

We are required to report performance against a core set of indicators using data made available to us by NHS Digital. For each indicator, the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods, is presented in the table below. In addition, where the required data is made available by NHS Digital, a comparison is made of the numbers, percentages, values, scores or rates of each of the NHS Trusts indicators with:

a) National average for the same, and;

b) Those NHS Trusts with highest and lowest for the same.

We are required to include formal narrative outlining reasons why the data is as described and any actions to improve the data.

Mortality

Indicator	Reporting Periods	WWL Performance	National Average	Benchmarking
(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period	October 2016 - September 2017	Value: 1.2028, Banding: 1	Value: 1.0037	**Best:** THE WHITTINGTON HOSPITAL NHS TRUST (RKE) - Value: 0.7270, Banding: 3 **Worst:** WYE VALLEY NHS TRUST (RLQ) - Value: 1.2473, Banding: 1
	October 2017 - September 2018	Value: 1.1025, Banding: 2	Value: 1.0034	**Best:** HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (RQX) - Value: 0.6917, Banding: 3 **Worst:** SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9) - Value: 1.2681, 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.	October 2016 - September 2017	29.9%	31.5%	**Best:** THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST (RCX) - Value: 11.5% **Worst:** ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST (RA2) - Value: 59.8%
	October 2017 - September 2018	36.6%	33.6%	**Best:** THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST (RCX) - Value: 14.3% **Worst:** ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST (RA2) - Value: 59.5%

Assurance statement

WWL considers that this data is as described for the following reasons:
The Summary Hospital-Level Mortality Indicator ("SHMI") includes deaths out of hospital. Our benchmarked position for SHMI has improved from Band1 (worse than expected) to Band 2 (as expected).

WWL intends to take the following actions to improve these indicators and, so the quality of its services, by:
Actions taken by the Trust over the last year have led to an improvement in the Trusts benchmarked position for mortality. Learning from deaths and analysis of mortality data remains a priority monitored by the Mortality Committee, chaired by the Medical Director. The committee has been attended by external organisations including Wigan Borough Clinical Commissioning Group, Public Health and the AQUA (an NHS health and care quality improvement organisation at the forefront of transforming the safety and quality of healthcare) to support collaborative working to address SHMI in the Wigan Borough.

Patient reported outcome measures scores (PROMs)

The Trust's patient reported outcome measures scores during the reporting period for:

Indicator	Reporting Periods	WWL Performance	National Average	Benchmarking
i) Groin Hernia Surgery	April 2016 - March 2017 (Final)	0.060	0.086	**Best:** NEW HALL HOSPITAL (NVC09) & POOLE HOSPITAL NHS FOUNDATION TRUST () - Value: 0.135 **Worst:** BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST (RXL) - Value: 0.006
	April 2017 - March 2018	0.058	0.089	**Best:** CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST (RQM) - Value: 0.137 **Worst:** SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST (RXK) - Value: 0.029
ii) Varicose Vein Surgery	April 2016 - March 2017 (Final)	N\A	0.092	**Best:** TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (RMP) - Value: 0.155 **Worst:** ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST (RBN) - Value: 0.010
	April 2017 - March 2018	N\A	0.096	**Best:** THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD) - Value: 0.134 **Worst:** BUCKINGHAMSHIRE HEALTHCARE NHS TRUST (RXQ) - Value: 0.035
iii) Hip Replacement Surgery	April 2016 - March 2017	0.441	0.445	**Best:** NUFFIELD HEALTH, CAMBRIDGE HOSPITAL (NT209) - Value: 0.537 **Worst:** NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST (RAP) - Value: 0.310
	April 2017 - March 2018	0.47	0.468	**Best:** SHEPTON MALLET NHS TREATMENT CENTRE (NTPH1) - Value: 0.566 **Worst:** ONE HEALTH GROUP CLINIC - THORNBURY (NTX11) - Value: 0.376
iv) Knee Replacement Surgery	April 2016 - March 2017	0.328	0.325	**Best:** SHEPTON MALLET NHS TREATMENT CENTRE (NTPH1) - Value: 0.404 **Worst:** THE SPENCER WING (RAMSGATE ROAD) (NN801) - Value: 0.242
	April 2017 - March 2018	0.35	0.338	**Best:** NUFFIELD HEALTH, CAMBRIDGE HOSPITAL (NT209) - Value: 0.417 **Worst:** LEWISHAM AND GREENWICH NHS TRUST (RJ2) - Value: 0.234

Assurance statement

WWL considers that this data is as described for the following reasons:
The results have demonstrated that we are above the national average for hip and knee replacement surgery. Audit and data validation to ensure completeness and accuracy of information is being undertaken.

WWL intends to take the following actions to improve these indicators and, so the quality of its services, by:
Continuing to ensure quality of data by liaising with pre-op and out-patient departments and reviewing audit figures.

Hospital readmission:

Indicator	Reporting Periods	WWL Performance	National Average	Benchmarking
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 - March 2011	7.73	10.31	**Best:** EPSOM AND ST HELIER UNIVERSITY NHS TRUST (RVR) - Value: 6.41 **Worst:** ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST (RL4) - Value: 14.11
	April 2011 - March 2012	7.95	10.23	**Best:** EPSOM AND ST HELIER UNIVERSITY NHS TRUST (RVR) - Value: 6.4 **Worst:** ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST (RL4) - Value: 14.94
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 - March 2011	12.71	11.55	**Best:** SHREWSBURY AND TELFORD NHS TRUST (RXW) - Value: 9.20 **Worst:** HEART OF ENGLAND NHS FOUNDATION TRUST (RR1) - Value: 14.06
	April 2011 - March 2012	12.40	11.56	**Best:** NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (RM1) - Value: 9:34 **Worst:** EPSOM AND ST HELIER UNIVERSITY NHS TRUST (RVR) - Value: 13.80

Comments:

Large Acute Trusts Only. No New data - Future releases suspended pending review.

Assurance statement

WWL considers that this data is as described for the following reasons:
The data made available by NHS Digital is out of date. We continue to monitor readmissions internally.

WWL has taken the following actions to improve this indicator and so the quality of services by:
We are currently working with an external organisation "Dr Foster", to undertake a review of readmissions.

Responsiveness to personal needs

Indicator	Reporting Periods	WWL Performance	National Average	Benchmarking
The Trust's responsiveness to the personal needs of its patients during the reporting period	National Inpatient Survey 2016 - 2017	65.50%	68.10%	**Best:** (RPY) THE ROYAL MARSDEN NHS FOUNDATION TRUST (RPY) - Value: 85.2% **Worst:** LEWISHAM AND GREENWICH NHS TRUST (RJ2) - Value: 60.0%
	National Inpatient Survey 2017 - 2018	66.9%	68.6%	**Best:** THE ROYAL MARSDEN NHS FOUNDATION TRUST (RPY) - Value: 85.0% **Worst:** BARTS HEALTH NHS TRUST (R1H) - Value: 60.5%

Assurance statement

WWL considers that this data is as described for the following reasons:
Our results are slightly below national average for patients reporting that their personal needs are responded to. We acknowledge that when systems are under pressure we may not be as responsiveness to personal needs as we would wish to be for our patients.

WWL has taken the following actions to improve this score to the quality of its services by:
There have been a number of improvements during the last twelve months including some detailed work on the provision of patient information with the introduction of the enhanced admission and discharge booklet. The discharge booklet is tailored to the individual needs of each patient to ensure all aspects of their care needs are addressed pre and post discharge.

The hourly rounding tool also provides staff with the time and ability to discuss patient's individual needs and then provide immediate support or assisted support from members of the multi-disciplinary team (MDT).

Patient's individual needs are discussed at the daily morning white board meeting with all members of the MDT which includes nursing, therapy, social and medical staff to ensure all aspects of care are addressed throughout the patients stay and up to discharge.

Relatives and carers are invited to best interest meetings, MDT meetings and also nursing care meetings to ensure that the patient's medical, social and nursing needs can be addressed and discussed with the relevant teams.

Friends and family test (staff)

Indicator	Reporting Periods	WWL 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 (Acute Trusts only)	National NHS Staff Survey 2017	77.00%	70.00%	**Best:** WEST SUFFOLK NHS FOUNDATION TRUST (RGR) Value - 86% **Worst:** ISE OF WIGHT NHS TRUST (acute sector) (R1F1), NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST (RJL) - Value: 47%
	National NHS Staff Survey 2018	71.00%	70.00%	**Best:** ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST (RBN) Value - 87% **Worst:** ISLE OF WIGHT NHS TRUST (ACUTE SECTOR) (R1F1) - Value: 41%

Assurance statement

WWL considers that this data is as described for the following reasons:
We have performed better than the national average for staff recommending us to friends and family as a place to be treated. We have also scored above average for staff recommending us as a place to work (64% against the sector average of 60%). However, the results for both measures have deteriorated by 6% and 10% respectively since 2017.

We continue to seek out and act upon staff feedback. A Staff Engagement Pulse Check survey is distributed quarterly to a sample of staff. The responses to these are an invaluable source of information for us in highlighting any newly emerging issues and enabling timely action to support staff. The quarterly Pulse Check surveys and associated actions are integral to shaping the organisational culture.

The results of the quarterly Pulse Check survey from the start of the year (April 2018-Q1) highlighted a slight deterioration across most of the staff engagement enablers, feelings and behaviours when compared with Q4 of 2017/18. A significant shift came in October 2018 (Q3) when we saw a sharp decline across the majority of staff engagement enablers, feelings and behaviours. Significant decreases were noted in the enablers of trust, work relationships, clarity, mindset, influence, perceived fairness and recognition.

Similarly in the feelings and behaviours of dedication, focus, discretionary effort, adaptability and advocacy. It is difficult to attribute this decline to a single cause; we feel that there are a number of potential factors that have influenced the results of the Pulse Check survey, but it is evident that they are symptomatic of an organisation under pressure from both internal and external challenges. The decline that we have seen in our own internal surveys has been confirmed by the results from the National Staff Survey with regard to the Friends and Family Test for staff.

WWL intends to take the following actions to improve this percentage and, so the quality of its services, by:
Whilst it is positive that we remain above the National sector average for both elements of the Friends and Family Test for staff, the margin has significantly decreased indicating that staff members are not feeling as confident in the organisation as they have done previously. As this was flagged to us earlier in the year due to the Pulse Check survey, we have already begun to work with the Divisions with regard to implementing engagement plans. There will continue to be investment in health and well-being initiatives (via the Steps 4 Wellness programme) with the aim to improve staff wellbeing, morale, resilience and energy levels. Initiatives will focus on mental, physical and social wellbeing as well as raising awareness of healthy choices. Leadership training and development offerings will continue to be refined to meet the requirements of our staff, including development via the apprenticeship route where possible and stand-alone training courses for managers. There is also work underway to improve the quality and experience for staff when undertaking statutory and mandatory training. Other key areas of focus will be embedding the Behaviour Framework across the organisation, the development and relaunch of the intranet site and a refresh of the WWL Way 4Wards strategy, as staff feedback has indicated that it is not working in its current form.

Venous thromboembolism

Indicator	Reporting Periods	WWL Performance	National Average	Benchmarking
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	July 2018 - September 2018	97.4%	95.49%	**Best:** ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (R1L) & LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST (RY5) - Value: 100% **Worst:** MEDWAY NHS FOUNDATION TRUST (RPA) - Value: 68.67%
	October 2018 - December 2018	96.8%	95.65%	**Best:** ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST (R1L) & LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST (RY5) - Value: 100% **Worst:** MEDWAY NHS FOUNDATION TRUST (RPA) - Value:54.86%

Assurance statement

WWL considers that this data is as described for the following reasons:
Since April 2018, we have consistently achieved the national standard for patients admitted to hospital and risk assessed for VTE.

WWL has taken the following actions to improve this percentage and so the quality of its services by:
The development of a VTE app has provided us with very specific data regarding ward areas and specialties and the VTE assessments for patients in those areas. This enables us to target particular areas where compliance is below the target and work with staff there to improve compliance.

Clostridium difficile (C. difficile)

Indicator	Reporting Periods	WWL 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 2016 – March 2017	14.2	13.2	**Best:** LIVERPOOL WOMENS HOSPITAL (REP), MOORFIELDS EYE HOSPITAL (RP6) & THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL (RL1): 0.00 **Worst:** THE ROYAL MARSDEN (RPY): 82.7
	April 2017 – March 2018	16.1	13.7	**Best:** LIVERPOOL WOMEN'S (REP), MOORFIELDS EYE HOSPITAL (RP6) & QUEEN VICTORIA HOSPITAL (RPC) - Value: 0.00 **Worst:** THE ROYAL MARSDEN (RPY) - Value: 91.0

Assurance statement

WWL considers that this data is as described for the following reasons:
In 2018/19 we benchmarked well in comparison to last year and against other Trusts in relation to C. difficile per 100,000 bed days which is the national average. There were just 11 cases in 2018/19 which is below the trajectory of 18.

A similar number of samples have been sent to the laboratory in comparison with the previous year. The Stool Assessment Charts are now on HIS and audit shows compliance with completing these charts is improving. The Trust has also continued to make clinical assurances to prevent 'lapses in care' regarding C. difficile cases and has reduced the number of 'lapses in care' to 2 in 2018/19.

WWL intends to take the following actions to improve this percentage and so the quality of its services by:
Maintaining actions to keep C. difficile rates low is a high priority for the Trust. New NHS Improvement definitions are likely to result in increased numbers reported in 2019/20. We will continue to undertake individual C. difficile investigations on all hospital onset cases and this will include community onset, healthcare associated cases in 2019/20 to help identify learning points to prevent future cases.

Patient safety incidents

Indicator	Reporting Periods	WWL 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.	April 2017 - September 2017	4100 Incidents Reported (Rate per 1000 Bed Days 55.5) / 23 Serious Incidents (0.56%)	705564 Incidents Reported (Rate per 1000 Bed Days 42.2) / 2446 Serious Incidents (0.35%)	**Best:** SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9): Incidents Reported 1133 (Rate per 1000 bed days 23.5) / 0 Serious Incidents (0.00%) **Worst:** CROYDON HEALTH SERVICES NHS TRUST (RJ6): Incidents Reported 10016 (Rate per 1000 bed days 75.9) / 13 Serious Incidents (0.13%
	October 2017 - March 2018	4334 Incidents Reported (Rate per 1000 Bed Days 55.4) / 20 Serious Incidents (0.46%)	730151 Incidents Reported (Rate per 1000 Bed Days 42.1) / 2522 Serious Incidents (0.35%)	**Best:** SOUTH TYNESIDE NHS FOUNDATION TRUST (RE9): Incidents Reported 1311 (Rate per 1000 bed days 24.2) / 0 Serious Incidents (0.00%) **Worst:** CROYDON HEALTH SERVICES NHS TRUST (RJ6): Incidents Reported 11325 (Rate per 1000 bed days 124.0) / 5 Serious Incidents (0.04%)

Assurance statement

WWL considers that this data is as described for the following reasons:
We reported a higher number of patient safety incidents in the second reporting period in comparison with the first reporting period. We have a higher rate of incidents reported per 1000 bed days than the national average. We aim to promote a just culture to ensure that staff feel confident to report incidents. This is reflective in the numbers of incidents reported, particularly near misses and incidents resulting in low harm.

WWL intends to take the following actions to improve this indicator further and so the quality of services:
We continue to consider ways to improve our incident reporting processes to ensure staff feel confident and able to report incidents. This year we will be focussing on ensuring that our incident management processes are fair and effective.

PART 3: OTHER INFORMATION

PART 3.1: REVIEW OF QUALITY PERFORMANCE

This section of the Quality Account provides information on our quality performance during 2018/19. Performance against the priorities identified in our previous quality account and performance against the relevant indicators and performance thresholds set out in NHS Improvement's Oversight Framework are outlined. We are proud of a number of initiatives which contribute to strengthening quality governance systems. An update on progress to embed these initiatives is also included in this section.

Performance against priorities identified for improvement in 2018/19

We agreed a number of priorities for improvement in 2017/18 published in last year's Quality Account. These were selected following the development of our Quality Strategy 2017/21 in conjunction with internal and external stakeholders.

Patient safety (safe)

Priority 1:	To achieve an overall Hospital Standardised Mortality Ratio (HSMR) of 95 and a Band 2 Summary Hospital Level / Mortality Indicator (SHMI)
Where we were in 2017/18	We had achieved an improvement in the benchmarked position for HSMR; however, we wanted to continue this focus in 2018/19. The most up to date HSMR figure at the end of 2017/18 was 101.9 to December 2017 compared to 115.9 for the whole of 2016/17. We hoped that SHMI would also improve as the data time periods published catch up with HSMR. The most up to date SHMI figure at the end of 2017/18 was 120.3 for a rolling 12 months from September 2016 to September 2016. The Trust was in Band 3 (Band 1 is the best performing).
Where we are at the end of 2018/19 Achieved ✓	The latest data for HSMR (December 2018) is 98.4 and year to date HSMR is 95.7. HSMR has steadily improved over the last year. The latest data for SHMI (12 month rolling to September 2018) is 110.3. This is the lowest SHMI has been in two years and reflects an improving HSMR. The Trust has moved from Band 1 (worse than expected) to Band 2 (as expected).

Priority 2:	To complete a venous thromboembolism (VTE) risk assessment for 95% of patients admitted to hospital.
Where we were in 2017/18	Our compliance for the completion of VTE assessments for 2017/18 is 84.89%.
Where we are at the end of 2018/19 Achieved ✓	Compliance for March 2019 is 95.67%. Compliance for 2018/19 is 96.79%. The progress and achievement of the national indicator has been complimented by NHS Improvement.

Priority 3:	To reduce the numbers of falls resulting in serious harm or death.
Where we were in 2017/18	We had 7 serious falls in hospital during 2017/18, compared to 2 the previous year.
Where we are at the end of 2018/19 Not Achieved ✗	From April 2018 – March 2019 there have been 7 serious falls, the same number as we had in 2017/18. **Our quarterly Falls Report to Harm Free Care Board now focuses on learning and actions required. Learning identified following a review of concise investigations includes the following:** • Falls risk assessments not always completed or updated on transfer, weekly or on change in patient's condition; • Enhanced observational care not in place or lapses in 1:1s resulting in patients falling. Deprivation of Liberty Safeguards not in place; • Nurses not always visible in bays. We will be focussing on the above learning in our Falls Improvement Group during 2019/20.

Priority 4:	To achieve 95% of patients found to have sepsis receiving IV antibiotics within 1 hour in Accident and Emergency (A&E)
Where we were in 2017/18	Our compliance for patients identified as having sepsis receiving IV antibiotics within 1 hour in A&E was 69.70% in quarter 4 2017/18; however, we achieved 96.20% in March 2018.
Where we are at the end of 2018/19 Not Achieved ✗	Compliance for patients with sepsis receiving IV antibiotics within 1 hour in A&E was 69.70% in Q4 2017-18. This initially improved significantly up to the end of Q2 2018-19; however, compliance has declined during Q3 to 79.8%.

Clinical effectiveness (effective)

Priority 1:	To achieve 95% of patients prescribed warfarin having the correct dose prescribed.
Where we were in 2017/18	Anticoagulation is a high risk medicine that can result in patient harm if not administered correctly. During 2017/18 our Clinical Lead for VTE undertook an audit to review the prescribing accuracy of two anticoagulants (Dalteparin and Apixaban). 100% compliance was achieved regarding correct dosing and administration for these prescriptions. It was agreed that our focus for 2018/19 would be Warfarin.
Where we are at the end of 2018/19 **Not Achieved ✗**	The Trust's Consultant Haematologist and a Clinical Pharmacist completed an audit of warfarin prescribing in November 2018. During their admissions 66 patients had the correct warfarin doses prescribed and administered according to our electronic patient record and 17 patients had either dose omissions or incorrect doses prescribed. This gives a total of 80% of patients managed correctly, which was higher than anticipated. The primary concern was missed doses without nursing or doctor documentation as to why a dose was omitted. If missed doses were explained, compliance would be up near 95%. This audit will be repeated in 2019/20.

Priority 2:	To achieve 95% compliance with the triggering on MEWS (Modified Early Warning Score) escalation of the deteriorating patient.
Where we were in 2017/18	The inclusion of this priority was supported by all stakeholders to ensure that compliance continued to improve to 95%. A review of the data quality behind the compliance data was undertaken by external auditors. This resulted in quarterly audits being undertaken.
Where we are at the end of 2018/19 **Not Achieved ✗**	The Trust has completed the actions required to meet the patient safety alert issued in relation to the implementation of NEWS2 (replacing MEWS) by the end of March 2019. NEWS2 has been implemented and is on HIS. The first audit conducted for NEWS2 following its implementation unfortunately resulted in a deterioration in compliance. On analysis it is felt that this was not due to change of system, as all areas have adapted well with no reports of concerns regarding observations. The staff report feeling well supported with the change. Issues raised in the audit include not recognising risk despite an alert warning. It is felt that staff are not always responding to the alerts. The Critical Care Outreach Team (CCOT) are tailoring education to need, continuing feedback meetings and requesting ward managers to formulate actions plans. The CCOT are also providing SIM man training on ward areas.

Clinical effectiveness (effective) contd.

Priority 3:	To Improve Fractured Neck of Femur Time to Appropriate Bed
Where we were in 2017/18	It is best practice to support optimal care for patients with fractured neck of femur (NOF) and that they are transferred to an orthopaedic bed within 4 hours of admission. In 2017 WWL achieved an average of 51.3% and benchmarked within the 1st quartile. (National Hip Fracture Database NHFD). The Trauma Orthopaedic Group meets bi-monthly and is responsible for monitoring this. The Division is working collaboratively with the 'Right Patient, Right Ward' project led by the Deputy Chief Nurse to improve this whereby the availability of fractured neck of femur beds is improved to ensure patients who present to A&E with such fractures can access the right bed within the right time frame. There are two allocated NOF assessment beds that should be made available at all times, one male and one female.
Where we are at the end of 2018/19 **Not Achieved ✗**	In 2018 WWL achieved an average 45.8% for NOF orthopaedics patients to access an orthopaedic bed in 4 hours. There has been no significant improvement despite the work that has been undertaken to improve this. Teams have worked hard to create capacity by improving effective flow of patients from A&E and from ward to ward to appropriate beds. Early identification of these patients in A&E has been key to this work with the focus on NOF Champions in A&E and a lead named person. Ongoing scrutiny by the Trauma Orthopaedic Group has continued together with the ongoing work with the Right Patient Right Ward workstream. A significant factor that affects the achievement of this is the overall demand and capacity pressures within the system and the NOF assessment beds become unavailable due to the bed capacity pressures that occur.

Priority 4:	To achieve a 20% reduction in patients experiencing harm as a consequence of lack of fluids
Where we were in 2017/18	Management of IV fluids was a theme identified in our annual review of deaths as an area for improvement.
Where we are at the end of 2018/19 **Achieved ✓**	**It has been challenging to identify data to measure a 20% reduction in harm; however, the following improvements have been noted:** • Work led by the Acute Kidney Specialist Nurse has raised awareness of Acute Kidney Injury (AKI) and its management; • There has been a reduction in incidents related to harm as a result of lack of fluids; • Referral systems to Renal Services in Salford have improved with the introduction of the new portal; • Salford provide 'in-reach' at the Trust twice weekly. Work will continue regarding fluid balance during 2019-20 with the re-launch of the new Nutrition and Hydration Group.

Patient experience (caring)

Priority 1:	To achieve 90% of patients reporting that they received information on medicines at discharge
Where we were in 2017/18	This was an area identified for improvement following the publication of benchmarking information against other NHS Trusts who utilise the organisation Picker to co-ordinate their inpatient surveys. The National Inpatient Survey Results were published in June 2018 and also highlighted this as an area for improvement.
Where we are at the end of 2018/19 **Not Achieved ✗**	A pilot of patient counselling on medications is currently underway in CCU. This has yet to be extended due to staffing pressures within pharmacy. A form is to be added to the Discharge/Admission Pack which offers the opportunity for patients to request a discussion with a member of the pharmacy team regarding their medications. A Pharmacy Bypass order has been implemented which reminds nursing colleagues at the point of discharge to counsel patients on their medication changes. A new field is to be added to HIS to provide the indication for medication. This then pulls through onto the discharge letter and provides additional support for patients. The Picker results have demonstrated that there is further work to do to improve this indicator. The indicators related to information received on medicines at discharge have remained the same; however, the Trust awaits the 2018 National Patient Survey results.

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 2017/18	Our annual national Picker patient survey results showed notable improvement by 8% to 50% for patients reporting that they were involved as much as they wanted to be in decisions about discharge from hospital. Our real time patient experience data collected monthly demonstrated that 62.21% of patients asked during 2017/18 reported that they were involved as much as they wanted to be in decisions about discharge from hospital. We wanted to continue to focus on improving communication with patients about their discharge.
Where we are at the end of 2018/19 **Achieved ✓**	In 2018-19 this question was integrated into 'friends and family' and the results have fluctuated around the 90% standard (September 2018 = 91%. January 2019 = 89%). Overall, this is a much improved standard.

Priority 3:	To achieve an improved position regarding mothers reporting that they were given a choice about where to have their baby.
Where we were in 2017/18	Our Maternity Services had performed well in the national maternity survey 2017. This priority was selected by the service. The personalised maternity care budget pilot was commenced in April 2017 and of the 230 eligible women 100 % were offered choice of place of birth. However, 10.4% declined to be part of the pilot. This pilot has now been rolled out across the whole of the Maternity service with the aim to continue to achieve 100% compliance for eligible women. The Better Births National Maternity Review recommends that women receive personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information. Women should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices through their own NHS Personal Maternity Care Budget.
Where we are at the end of 2018/19 **Achieved ✓**	The National Maternity Survey for 2018 highlights this indicator as one of the most improved. 89% of those asked reported that they had been given a choice about where to have their baby, an improvement from 84% in 2017 and the highest from survey data available (2013, 2015, 2017, 2018). The average for all Trusts in the 2018 survey was 86%.

Performance against the relevant indicators and performance thresholds set out in NHS Improvement's Single Oversight Framework

The following indicators are set out in NHS Improvement's Single Oversight Framework. Please note Summary Hospital-level Mortality Indicator (SHMI) and Venous Thromboembolism (VTE risk assessment) are reported in Part 2.3: Reporting against core indicators.

Key

	Performing on or above target
	Performing below trajectory; robust recovery plan required
	Failed target or significant risk of failure
↑	**Improved position**
↓	**Worsening position**
↔	Steady position

Indicator	2016-17		2017-18		2018-19	
Infection Control						
Clostridium difficile (C.difficile)	22 Threshold= 19	↓	25 Threshold= 19	↑	**11 Threshold= 18**	↓
Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia (Threshold =0)	3	↑	1	↓	**2**	↔

C.difficile
Our C. difficile trajectory set by the Department of Health was 18 for 2018/19 but the Trust had just 11 cases. We undertook a detailed individual patient review collaboratively with our commissioners on each case and just 4 'Lapses in Care' were identified.
The 4 lapses related to:

- Patient initially prescribed Loperamide
- Incorrect antibiotic prescribed
- Delay in a sample being sent to the laboratory
- Delay in patient being isolated

MRSA Bacteraemia.
We had 2 MRSA bacteraemias during 2018/19. A detailed Post Infection Review was carried out following each case and a number of actions completed to mitigate against future cases. In addition to this, work to standardise the approach to ANTT (Aseptic Non-Touch Technique) across the Trust is underway. The procedure has been updated. A new teaching package and assessment documentation has been finalised. Two members of staff from each ward/department are being given additional training and will be responsible for ANTT assessments in their own areas.Sessions began in January 2019.

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

Indicator	2016-17		2017-18		2018-19	
Never Events						
Number of Incidents Reported as Never Events (Threshold= 0)	1	↔	4	↑	**5**	↑

The Trust has reported 5 Never Events during 2018/19. NHS Improvement were approached by the Trust to work with us to understand whether the learning and actions identified by the Trust to reduce the likelihood of these incidents recurring is sufficient. This work commenced in February 2019.

The latest Never Events have occurred in various locations, sites and specialties; however, a number of the Never Events related to invasive procedures undertaken outside the traditional Theatre environment on an elective rather than emergency basis. One Trust priority for 2019/20 is to ensure that the learning from the review undertaken by NHS Improvement is embedded across the Trust.

Data Source: Datix Risk Management System. 'Never Events' are governed by standard national definitions.

Indicator	2016-17		2017-18		2018-19	
Accident and Emergency (A&E)						
Maximum waiting time of four hours from arrival to admission/transfer/discharge (Threshold= 95%)	87.62%* 91.12%**	↓	80.57%* 86.04**	↓	**82.11%*** **87.48****	↑

Attendances to Accident & Emergency Department rose by 6% compared with the previous year, this is an increase of over 5,000 patients. Admissions through A&E rose by 8.6% compared with 17/18, this means the hospital admitted over 2,000 more acutely unwell people this is particular of note given WWL has the lowest bed base per 1000 population in Greater Manchester. Despite this increase in demand more patients were treated, admitted or discharged within 4 hours than the previous year. When including all Types of activity, Wigan was the 2nd best performing unscheduled care system in Greater Manchester, 20th in the North and 60th in the Country. Working with partners across the system a number of successful service redesigns have taken place this year including the introduction of an Urgent Treatment Centre on the Acute site to support deflection of appropriate patients away from A&E. Community services also saw the successful implementation of the Community Response Team resulting in fewer people conveyed to A&E by ambulance. We continue to work with system partners on four main Greater Manchester work streams aimed at

1. Staying Well - Early identification and Prevention.
2. Home First - Attendance and Admission avoidance.
3. Patent Flow - reducing unnecessary delays.
4. Discharge & Recovery - Safe and early transfer out of Hospital.

*National standard definitions state that 'Type 3 activity delivered out of Leigh Walk In Centre' can only be attributed to WWL if : The trust is clinically responsible for the service. This will typically mean that the service is operated and managed by the trust, with the majority of staff being employees of the trust.' WWL was the only Acute Provider in the Country not commissioned to deliver all Type 3 activity, however as of 1st April 2019 the Walk in Centre, along with Community services, transferred to WWL therefore will be attributable in the Nationally reported returns.

*** All activity included for National Benchmarking purposes.*

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

Indicator	2016-17		2017-18		2018-19	
Cancer Waits						
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer (Threshold= 85%)	90.59% 93.21%	↑* ↑**	92.58% 94.28%	↑* ↑**	**88.04%** **89.53%**	↓* ↓**
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service Referral (Threshold= 90%)	100% 99.75%	↑* ↑**	98.75% 98.5%	↓* ↓**	**97.04%** **97.52%**	↓* ↓**

Please note where there are two percentages for one year, one represents * after repatriation and one represents ** before repatriation. After repatriation are Greater Manchester agreed figures using the new national policy for allocation of breaches and compliances. From April 2019 the national system NHS digital which all trusts are required to upload their data to will automatically re-allocate which should result in just one set of figures for 2019/20.

WWLs performance overall for all standards related to 62 day cancer waits in 2018/19 placed us 1st in Greater Manchester. 4th in the Northern Region and 6th in the Country. The last time England achieved the standard as December 2015. Whilst our performance against the 62 day standard has remained well above the threshold it has been a very challenging year with a 12% increase in suspected cancer referrals putting more demand on our diagnostic services. This equated to nearly 1,500 additional patients being referred compared to last year.

Greater Manchester has an integrated cancer system and many patients will require diagnostics and or treatment at more than one trust in the region so it is imperative that we work collaboratively to ensure a seamless care pathway for our patients.

From April 2019 all Trusts are required to collect data for a new national Cancer Waiting Times 28 day standard. This standard requires that patients are informed of either a cancer diagnosis or the ruling out of cancer by day 28 from a GP suspected cancer referral or referral from a national screening programme. It will be mandatory to collect this data from the April 2019 and performance against the standard will be reported from April 2020.

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

Indicator	2016-17		2017-18		2018-19	
Referral to Treatment (RTT)						
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate-patients on an incomplete pathway (Threshold= 92%)	95.75%	↓	94.80%	↓	**93.25%**	↓

From October 2015 Trusts are monitored on incomplete pathways for RTT (RTT waiting times for patients whose RTT clock is running at the end of the month).

Although the positon is challenged year on year within some specialties due to demand in both Planned and Acute care, the Trust has continued to meet the threshold of 92% for 18 weeks from the point of referral to treatment (RTT) in aggregate patients on an incomplete pathway and benchmarks well again other organisations nationally, WWLs performance for 2018/19 placed us 2nd in Greater Manchester, 13th in the Northern Region and 27th in the Country. The last time England achieved the standard was February 2016.

Data Source: Patient Administration System (PAS), as governed by standard national definitions.

Indicator	2016-17		2017-18		2018-19	
Diagnostic Procedures						
Maximum 6-week wait for diagnostic procedures (Threshold=99%)	99.37%	↓	98.99%	↓	**99.21%**	↑

The Trust continues to maintain the National standard of 99% of patients receiving diagnostics within 6-weeks.

The largest volume of procedures is undertaken in imaging and Radiology performs extremely well against this standard; This is despite rising numbers of referrals and increasing complexity of examinations. The standard does not measure all Radiology examinations, but some of the main tests fall within Magnetic Resonance (MR), Computer Tomography (CT), Non Obstetric Ultrasound (NOUS) and DEXA which equates to about 10,500 examinations per month. Overall we undertake around 325,000 examinations per year.

Patients receiving endoscopy within 6 weeks remains challenging due to high levels of demand and environment on the RAEI site which require investment to meet National accreditation standards, however, patients are prioritised from a patient safety perspective according to clinical need and with the input of senior clinicians.

COMPLAINTS, PATIENT ADVICE AND LIAISON SERVICE AND THE OMBUDSMAN

Patient Relations and Patient Advice and Liaison Service (PALS) are dedicated to enhancing the patient, carer and relative's experience. We welcome complaints and concerns to ensure that continuous improvement to our services takes place and to improve experience through lessons learned.

The department continues to work closely with the Divisions to promote a positive patient experience and to actively encourage a swift response to concerns which may be received by letter, e-mail, telephone or visitor to PALS, providing resolution in real time.

All complaints and concerns are shared at our Executive Scrutiny Committee which is held on a weekly basis. The more complex and serious complaints are reviewed and discussed in detail to ensure that a prompt decision is made regarding the progression of these complaints and, where appropriate, instigation of a concise or comprehensive investigation These meetings also provide the opportunity to triangulate information with previous incidents, possible claims or HM Coroner Inquests.

Statistical information in respect of complaints and concerns is collected and monitored to identify trends. We continue to share statistical information from formal complaints nationally (KO41a) which is required on a quarterly basis. This includes information on the Subject of Complaint, the Services Area (in-patient; out-patient; A&E and Maternity), amongst other information for each individual site under our responsibility.

We welcome complaints to learn and reflect on how we work and to make the appropriate improvements. Whilst we provide an apology to our complainants, the following outlines actions taken and lessons learned from a sample of complaints received.

Complaints Theme and Brief Summary	Actions Taken and Lessons Learned
Patient Care	
Patient unhappy with care and treatment on the ward. States no medication was provided, no nasogastric tube given, and left in a wet bed. In addition a referral was done to another agency without informing the patient.	Feedback to ward staff in respect of consent for referrals, and this patient's poor experience to be discussed with the team for individual reflection.
Clinical Treatment	
Relative had concerns relating to a patient being prescribed antibiotics - while in department these were not administered and not given to the patient on discharge. Patient was left on a hospital trolley for a very long time. Blood tests results were not provided either.	Staff to ensure that samples are always forwarded to the laboratory in a timely manner to ensure prompt treatment/ antibiotic is given. To ensure that if long delays are anticipated, patients are transferred to a bed rather than being left on a trolley.
Communication	
Relatives were not informed of patient's discharge to nursing home and information regarding tests was incorrectly communicated.	Matron will feedback to staff via the 5 Points Communication Bulletin, who have been asked to read and sign this to ensure that they take on board the learning, and reflect on how they communicate to families.
Values and Behaviours	
Mother of patient (2 year old) is very upset by the way she was made to feel and treated by the doctor.	Explanation given in respect of why sensitive conversations have to be undertaken in some situations. The doctor has apologised to mum on how this conversation was perceived, and reflected on this experience.
Privacy Dignity and Wellbeing	
Patient unhappy with the lack of British Sign Language interpreters at her appointment and had to use friends to communicate sensitive information.	Future developments are being considered to assist interpreter needs generally. A change of service provider has also been made by the Trust which will hopefully reduce the number of appointments having to be cancelled due to an interpreter failing to turn up.
End of Life Care	
Relative unhappy with nursing care on the ward; left in same clothes, no personal care, vomit in the patient's mask, clothes, bedding, wrappers from the oxygen mask on floor, bloodied dressings on the bed and table. No care offered for a dignified death.	Staff have received feedback; staff should encourage family(s) to help with personal hygiene, to ensure removal of soiled bed linen is done as soon as practicably possible, as well as removal of wrappers from masks dressings from the bedside and table. The importance of providing patients the dignity and care which is expected from our Trust and of our patients has been reiterated to staff.

IMPROVEMENT PLANS AS A RESULT OF COMPLAINTS REFERRED TO THE PARLIAMENTARY HEALTH SERVICE OMBUDSMAN

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

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

During 2018/19 the PHSO requested information regarding 8 complaints. Decisions have been received for 3 cases which were 2 partially upheld, and one not upheld and 5 remain under investigation. These cases relate to 2015 through to 2018.

Final reports for 3 from 2016, 2017, and 2018 cases sent in previous years have been received; none of which have resulted in financial redress.

Patient Experience

We have continually achieved excellent scores for cleanliness throughout the hospitals placing us

IN THE TOP 20%

of Trusts in this area of assessment in the National Inpatient Survey 2018.

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 of Directors every month to monitor the corporate objective of over 90% of a positive patient experience. As a result of this monitoring there has been significant improvement in "Do you know which consultant is currently treating you" in 2017-18 the score was 85.33% and in 2018-19 the score was 88%. So a much improved experience for our patients. Overall we have scored better than the previous year in the Real Time Patient Experience Survey. In 2017-18 we scored an average 91.72% and in 2018-19 we scored an average 94.40%.

This year we removed the "have you been involved indecisions about your discharge" from the real time survey as we asked patients the question when they got home. We have seen much better results. The previous year we scored an average of 63% and this year's results show an average 86.82%. Results of the outcome of the real times surveys are located in the patient engagement section of our Annual Report.

Patient and Public Engagement

Patients and carers attended an 'Experience Based Design' event to assist with the redesign of the Neonatal Service. Neonatal parents spoke about their experience, drawing out the positive and the negative elements of their care with a view to bringing changes that will lead to the establishment of a gold standard patient experience.

We have worked in partnership with Wigan Borough Clinical Commissioning Group on the launch of the Maternity Voices Partnership. Parents told us that protected meal times on the maternity ward are difficult for some and it would be easier if dad could be there to enable mum to eat. It would also be helpful if meal time processes were made clearer. There are now no protected meal times – dads are encouraged to stay during meal times and help by bringing food to mums.

The Patient and Public Engagement Team along with the Equality and Diversity Project Lead engaged with members of the public from the Belong Blind Group who reported that they had a great experience using the services at the hospital. One patient said the signage was a bit too small at one of the sites. The signage was reviewed as part of the Patient-Led Assessments of the Care Environment (PLACE) project. Volunteers were involved in reviewing the signage on all sites. We engaged with the local mosque regarding their experience of using the hospital service. Patients reported a good experience of using hospital services. One particular comment was regarding access to a Muslim chaplain. The Trusts chaplaincy service does have access to Muslim chaplains for our patients in hospital.

The patient and public engagement campaign on "Shared Decision Making – Ask 3 Questions" continues to be successful by engaging with patients, public and staff through touch points. The touch points include all patient information leaflets including information on Ask 3 Questions. The continued campaign informs and empowers patients to be involved in decisions about their care and treatment

We value the contribution of lay representatives who attend the Divisional Quality Executive Committees, Quality Champion Committee, Discharge Improvement Committee, Children's Clinical Cabinet, Infection Control Committee, Quality Champion Patient Flow Project and PLACE assessment, to give the patients' perspective.

We have a Patient and Public Engagement Committee. The Committee's remit is to ensure that patient and public engagement remains integral to us. The Committee is chaired by the Lead Governor with representation from Governor's key local stakeholder agencies.

We will continue with all the initiatives and activities described. Achieving a positive patient experience remains a key priority for us.

Consultation with Local Groups and Partnerships

Wigan Borough Clinical Commissioning Group (CCG), Healthwatch Wigan and Leigh, local voluntary groups such as Think Ahead and the Local Authority work in partnership with us on the Improving Discharge Committee. Some of the improvement work implemented as part of the group is the implementation of the Trusted Assessor role, redesign of the Discharge Wallet, improvements to discharge letters and improvements to discharge prescribing for the Re-enablement Team.

Some examples of how the Trust has listened to our patient feedback and made improvements are as follows:

Service	You said	We listened
Accident and Emergency	If you are hard of hearing, when you attend accident and emergency you cannot hear your name being called out.	The Trust implemented pagers into Accident and Emergency. Patients now know when they are being called to triage.
Cancer Services	Give clear written information on what should do/should not do post discharge.	We ensure patient has a clearly defined care plan on discharge. Patients who finish chemotherapy treatment are given a discharge pack with 'everything to expect at the end of their treatment' information. Discharge packs containing relevant information to be available on the wards with contact numbers for appropriate staff who have been involved in their care whilst an in-patient, to contain contact numbers/follow up appointments etc. Information for cancer patients will be delivered weekly to the wards as part of the new 'outreach service'.

The Patient and Public Engagement Team have worked in partnership with Wigan Borough Clinical Commissioning Group (CCG) on the pre-consultation on the Dermatology Services. We also work in partnership with the CCG on the Maternity Voices Partnership which give parents a voice in improving and celebrating maternity services. Parents from the group also took part in the 15 Steps on the maternity ward. They reported that they were impressed with the services and they especially liked the Pearl Suite for bereaved parents. They also liked how the team were going to be engaging with the local college in producing the artwork for the labour ward.

PART 3.2 QUALITY INITIATIVES

We have 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 2018/19 is outlined below.

Ward Accreditation

WWL's ward accreditation system ASPIRE (Accreditation System Providing Improvement and Recognition in the care Environment) was developed and piloted during 2017/18. The aim of the accreditation system was to give assurance that the care that we were providing was safe. ASPIRE also acts as an early warning system to indicate an area of concern in a ward or department.

During 2018/19 all inpatient wards, day case wards and assessment units have been visited. 20 areas met the standard for bronze. These areas will be working with the Clinical Quality Team to set stretch targets for the silver award.

3 areas did not meet the standard for bronze, therefore they have remained 'white'. A number of different support mechanisms have been employed, dependent on the area of improvement identified. These areas will be revisited and assessed in due course and once they achieve bronze they too will set stretch targets for silver.

The ASPIRE quarterly reports have been shared with staff via meetings such as Harm Free Care, Senior Nurse and Quality and Safety Committee. This has enabled learning from ASPIRE visits to be shared across the organisation. The reports have included highlights (such as innovative ideas seen during the visits or positive patient feedback) as well as low lights from visits. The reports have also identified emerging themes which have been noticed. Appropriate focused improvements have been undertaken and the good work across the trust has been celebrated.

There will be a period of reflection and review of the ASPIRE process and the framework as we move into the next financial year. It is expected that the framework will change taking into account lessons learnt and in order to reflect quality improvements.

As the Clinical Quality Team expands there will be more support available to help the wards and departments with their improvement work. The team will use MyQ quality improvement circle methods and TalkSafe (a programme that is focused on changing the safety culture of an organisation through structured conversations) to support the multidisciplinary team with its improvement work. It is anticipated that the Ward App, which is being developed further, will be used to provide data to these improvement meetings.

Staff Engagement the WWL Way

The results of the quarterly Pulse Check survey from the start of the year 2018/19 (April 2018-Q1) highlighted a slight deterioration across most of the staff engagement enablers, feelings and behaviours when compared with Q4 of 2017/18. A significant shift came in October 2018 (Q3) when there was a sharp decline across the majority of staff engagement enablers, feelings and behaviours.

Significant decreases were noted in the enablers of trust, work relationships, clarity, mindset, influence, perceived fairness and recognition. Similarly there were significant decreases in the feelings and behaviours of dedication, focus, discretionary effort, adaptability and advocacy. Whilst this dip is concerning, it is important to note that overall scores remained moderate to positive, consistent with previous Pulse Check surveys, and the January 2019 (Q4) results indicate that the dip has positively rebounded.

The use of the Pulse Check Survey has enabled the Staff Engagement and Development team to pre-empt the outcomes of the National Staff Survey which took place between October and December 2018. The results published in March 2019 indicate that there has been a decline on 2017 results across the majority of questions.

Significant declines have been highlighted in relation to the following themes:

- Health and wellbeing;
- Quality of appraisals;
- Safety culture;
- Staff engagement and morale.

There was an improved or maintained performance for 18% of the relevant questions against 2017 results and we were equal to or higher than national average for 61%, however the margin that we are above the national average has lessened compared to 2017.

We were in the
TOP 20%
of acute Trusts for 27 of the questions

Staff Engagement and Organisational Development activities continued at pace throughout 2018 and included the following:

- The continuance of the 'Steps for Wellness' health and wellbeing programme/campaign with a number of activities including mental health awareness, mindfulness programmes, promotion of healthy lifestyle choices and social activities;
- Ongoing partnership working with local organisations such as Inspiring Healthy Lifestyles and Wigan Community Interest Company (CIC), amongst others, in order to expand the available offers;
- The expansion of the Critical Incident Stress Management (CISM) team and ongoing delivery of debrief sessions for staff members that have experienced a traumatic incident in the work place;
- Delivery of staff events such as the Recognising Excellence Awards;
- Staff engagement listening events and forums to gather staff ideas, feedback and contributions;
- Delivery of interventions where issues with regard to cohesiveness and relationships have been identified within a team;
- The launch of 'Wally', the new intranet platform;
- The relaunch of 'Focus', the staff magazine which is produced and distributed quarterly;
- The celebration of national and local initiatives such as national awareness days, by walkabouts, giveaways and promotion;
- Provision of Leadership Masterclasses for all staff;
- Bespoke learning and development learning opportunities in addition to the corporate offer;
- The further development of the Apprenticeship scheme and the delivery of highly successful Pre-employment programmes;
- Partnership working with local schools and colleges to promote careers in the NHS;
- A refresh of the 'Welcome to WWL' induction session for new starters;
- Launch of the Leadership Talent Programmes (apprenticeships);
- A suite of day Leadership and Management Modules.

We continued to share our in-house developed staff engagement programme, 'Go Engage' with external organisations, which includes a licence to an online 'Xopa' platform that surveys staff and statistically analyses data for trends and hot spots. A dedicated team was recruited in 2018 to lead on 'Go Engage' commercially and to work with internal teams to refine and develop the system further.

Whilst the results of the National Staff Survey are generally moderate to positive, it is disappointing to see deterioration against the 2017 position. It is difficult to attribute this decline to a single cause; there have been a number of challenges this year in the form of organisational change, increased patient demands and financial pressures which have impacted on staff and organisational culture. However, the use of the Quarterly Pulse Check survey provided us with an early indication with regard to the National Staff Survey results and enabled us to begin work with Divisional colleagues to implement engagement plans. Our aim is to ensure that engagement does not decline any further over the coming year and begins to improve, leading us from a place of 'good' results to 'great' results once again by the end of 2019. We will continue to build on staff engagement and wellbeing plans to ensure the delivery of positive outcomes for staff, organisational performance and ultimately the quality of care provided to patients.

Continued Recruitment and Development of the Quality Faculty

The Quality Faculty has continued to attract increasing numbers of Quality Champions. The Trust has 371 Quality Champions participating or completing 205 improvement projects.

All Quality Champions who complete the training programme and commence an improvement project are awarded a bronze badge. Silver and gold badges are awarded to those Champions who sustain their improvements and disseminate them to other organisations. In 2018/19 the awards have now increased to 297 bronze, 51 Silver and 23 Gold within the Trust. In the year there were 8 Silver and 5 Gold awarded.

Three Quality Champions courses took place within the year, delivering Quality Improvement methodologies. The last one was more condensed at the request of clinical teams during these pressured times, reducing the time commitment by a third. As a result the next course is fully booked for the first time in two years.

The Quality Champions conference took place in October 2018 attracting both Trust and external delegates to experience and share best practise on Quality Improvement. Key note speakers were from NHS Improvement and Bradford Teaching Hospitals NHS Foundation Trust sharing their journey on 15 seconds 30 minutes initiative and leading an interactive session. Quality Champions teams delivered their projects and badges were awarded to the Gold and Silver project team members.

At the end of 2018 the Quality Champions staff joined with the Project Management Office to form the Transformation Team. This united team, delivering change and supported by the new Trust wide Service and Value Improvement programme (SAVI) is enabling the realisation of combined quality led improvements alongside savings projects. To support this, the improvement methodologies will be expanded by incorporating both the 15 seconds 30 minutes rapid improvement process, and a Kaizen based process known locally as MyQ. These are being trialled in specific areas with a view to begin training and roll out process through 2019.

In the SAVI programme cost benefits of all projects will be measured. The Quality Champions projects continue to not only yield quality improvements, but also have positive financial returns. So far these projects have been shown to have delivered a £3.5m saving since the conception of the programme. For example the savings have been realised by reducing length of stay, achieving best practise tariff, stopping the inappropriate use of antibiotics and the use of IT.

Leadership Quality and Safety Rounds

There have been scheduled Leadership Quality and Safety Rounds throughout 2018/19. These involve Executive Directors, Non-Executive Directors and Governors. Visits took place in the following areas: the Trust's Decontamination Unit; Pathology Laboratory; Theatres at Wrightington; Intensive Care Unit; Orrell Ward; Maxillofacial Unit; the Ophthalmology Department at Boston House and Leigh's Gastroenterology Department.

The HELPline

The HELPline continues to be a useful method of communication for families and carers to be able to contact a senior nurse when they need to discuss aspects of their loved one's care. It is intended to be a way of escalating concerns that families may feel have not been addressed adequately by ward or department staff. HELPline is a mobile phone that is carried on a rota basis between all operational divisions. The number of calls has remained fairly constant, and the majority of calls are resolved either during that point of contact or very soon afterwards.

APPENDIX A - NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

The National Clinical Audits and National Confidential Enquiries that WWL has participated in during 2018/19 are as follows:

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Eligible to partnership Y/N	Participated	Number eligible	Actual submissions
Medical and Surgical Clinical Outcome Review Programme (Peri-op Management of Surgical Patients with Diabetes)	Yes	Yes	8	100%
Medical and Surgical Clinical Outcome Review Programme (Acute Bowel Obstruction)	Yes	Yes	7	100%
Medical and Surgical Clinical Outcome Review Programme (Pulmonary Embolism)	Yes	Yes	6	67%
Medical and Surgical Clinical Outcome Review Programme (Heart Failure Study)	Yes	Yes	3	100%
Mental Health Clinical Outcome Review Programme	Yes	Yes	3	100%

National Audits (NCAPOP – n = 20)	Eligible	Participated	Number eligible	Actual submissions %
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	No	Not participated in last 12 months no team to take over	
Feverish Children (care in emergency departments)	Yes	Yes	47	100%
Inflammatory Bowel Disease programme / IBD Registry	Yes	No	Not participated due to lack of resources	
Learning Disability Mortality Review Programme (LeDeR)	Yes	No	No data to submit	
Bowel Cancer	Yes	Yes	All cancer audits submitted by cancer services - all up to date / ongoing	
Head and Neck Cancer	Yes	Yes		
Lung Cancer	Yes	Yes		
National Prostate Cancer	Yes	Yes		
National Oesophago-Gastric Cancer Audit (NAOGC)	Yes	Yes		
Major Trauma Audit (TARN)	Yes	Yes	142	Ongoing

National Audits (NCAPOP – n = 20)	Eligible	Participated	Number eligible	Actual submissions %
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes	Ongoing data collection	
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	573	95%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	Yes	COPD April to date 379 - Asthma 37 starting from November 18 to date	Ongoing
National Audit of Anxiety and Depression	Yes	No	Did not participate	
National Audit of Care at the End of Life (NACEL)	Yes	Yes	80	100%
National Audit of Dementia	Yes	Yes	50	100%
National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Yes	591	95%
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Yes	Data collection started July 2018 ongoing	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	87	Ongoing
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes	Yes	Input 28 Complete 6 Incomplete 18 Submitted 4	Ongoing
National Diabetes Audit – Adults	Yes	Yes	No figures for this period as yet	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	145	100%
National Heart Failure Audit	Yes	Yes	393	95%
National Joint Registry (NJR)	Yes	Yes	Ongoing data collection	
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Ongoing data collection	
National Neonatal Audit Programme (NNAP)	Yes	Yes	277	100%
National Ophthalmology Audit	Yes	Yes	Ongoing data collection	
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	Data collection underway 1st April 2018 to 31st March 2019	
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	Ongoing data collection acute & community combined	

National Audits (NCAPOP – n = 20)	Eligible	Participated	Number eligible	Actual submissions %
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	No	Did not participate due to limited resources	
Vital Signs in Adults (care in emergency departments)	Yes	Yes	100	100%
VTE risk in lower limb immobilisation (care in emergency departments)	Yes	Yes	36	100%

Non-NCAPOP commissioned	Eligible	Participated	Number eligible	Actual Audit Submissions %
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	Yes	Yes	7	100%
BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	Yes	Yes	6	100%
Case Mix Programme (CMP)	Yes	Yes	Ongoing data collection	
Elective Surgery (National PROMs Programme)	Yes	Yes	See section 2.3 reporting against core indicators	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	Ongoing data collection	
National Comparative Audit of Blood Transfusion programme	Yes	Yes	Ongoing data collection	
National Mortality Case Record Review Programme	Yes	Yes	See section 2.3 reporting against core indicators	
Non-Invasive Ventilation - Adults	Yes	No	Not taking part no lead	
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes	Yes	Ongoing data collection	
Seven Day Hospital Services	Yes	Yes	See section 2.2.11 reporting against core indicators	
Surgical Site Infection Surveillance Service	Yes	Yes	Ongoing data collection	
Adult Community Acquired Pneumonia	Yes	No	Did not participate	

Note: The figures above represent the information provided to the Clinical Audit Department by the relevant audit leads/ departments. Data collection for some of the audits extends beyond the date of this report therefore the figures contained within the report may not correspond with the actual validated figures published in the final audit reports.

ANNEX 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.

Wigan Borough Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group Response to Wrightington Wigan and Leigh NHS Foundation Trust Quality Account 2019/20

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the eleventh Quality Account for Wrightington, Wigan and Leigh NHS Foundation Trust.

The CCG understands the pressures and challenges the Trust and local health economy has faced over the last 12 months and acknowledges the level of partnership working that has been undertaken by WWLFT to improve the quality, safety and experience of care for our residents.

In respect of the 2018/19 quality priorities, the CCG acknowledge progress has been made in a number of areas; of particular note is:

- The reduction in mortality rates for both hospital standardised mortality ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).
- The increase in the number of patients receiving a venous thromboembolism risk assessment.
- An improved position regarding mothers reporting they were given a choice about where to have their baby.

The CCG notes that a number of objectives were not achieved. Some indicators such as recognition and escalation of the deteriorating patient and reducing the number of falls resulting in harm have been Quality Account priorities since 2016/17 and have now been included for a third year. Whilst the CCG acknowledges these remain priority areas it would like to see the objectives achieved during 2019/20

The Quality Champions Programme has had another good year. We note there are now 371 Quality Champions in the Trust participating or completing 205 improvement projects. It was good to see some of their work showcased at the Quality Champions Conference in October 2018.

Challenges in year have included A&E performance, the management of sepsis, an increase in the number of Never Events and the Trusts processes for following up and acting on abnormal test results. The CCG has and continues to work with the Trust to make improvements in these areas and welcomes the open and transparent approach to addressing these issues.

The CCG supports the quality priorities identified for 2019/20 and welcomes the focus on:

- Reducing grade 3 and 4 community acquired pressure ulcers.
- Further improving the benchmarked position for HSMR and SHMI.
- Increasing the number of women who report they were treated with kindness and understanding in hospital after the birth of their baby.
- Reducing the number of complaints related to discharge.

In relation to improving compliance for patients with sepsis receiving IV antibiotics within 1 hour in A&E, the CCG would have also liked this sepsis quality priority to be extended to cover inpatients. This will continue to be an area of focus for the CCG in 2019/20.

The CCG looks forward to working in partnership with the Trust and other stakeholders during 2019/20 to ensure the continuous focus upon improvement in both acute and community services in order to provide the best possible care for our residents.

DR TIM DALTON
Chairman, Wigan Borough
Clinical Commissioning Group
30 April 2019

HEALTHWATCH WIGAN AND LEIGH

Comments were sought from Healthwatch Wigan and Leigh; however, none were received.

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Comments were sought from Overview and Scrutiny Committee; however, none were received, most likely due to local elections.

ANNEX B:

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

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

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that the NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 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 2018 to May 2019
  - Papers relating to Quality reported to the Board over the period April 2018 to May 2019
  - Feedback from commissioners dated 30th April 2019
  - Feedback from governors dated 8th April 2019
  - Feedback from local HealthWatch [Commentary not received]
  - Feedback from Overview and Scrutiny Committee [Commentary not received]
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2017/18
  - The 2018 national patient survey [not due for publication until June 2019 therefore the Trust has been unable to reference in this report]
  - The 2018 national staff survey dated February 2019
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2018/19
  - CQC inspection report dated March 2018
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and;
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

ROBERT ARMSTRONG
Chairman
22 May 2019

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

QUALITY REPORT

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

foundationtrust@wwl.nhs.uk

ANNEX D:

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 2019. (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 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and 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 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50: 50 breach allocation rules.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the Statement of Directors' Responsibilities for the Quality Account; 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 supporting guidance, 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:

- Board minutes for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from Commissioners, dated 30th April 2019;
- feedback from governors, dated 8th April 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2017/18;
- the 2018 national staff survey, dated February 2019;
- Care Quality Commission inspection report, dated March 2018; and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 2018/19.

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 ('!SAE 3000').

Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial fnformation, 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' and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Wrightington, Wigan and Leigh NHS Foundation Trust.

Conclusion

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in Statement of Directors' Responsibilities for the Quality Account; 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' and supporting guidance.

Deloitte LLP

DELOITTE LLP
Leeds
28 May 2019

INDEPENDENT AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

In our opinion the financial statements of Wrightington, Wigan and Leigh NHS Foundation Trust (the 'Foundation Trust'):

- **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement - Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which 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 NHS Improvement - Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matter that we identified in the current year was Recognition of NHS revenue. Within this report, any new key audit matters are identified with ↑ and any key audit matters which are the same as the prior year identified with ➔.
Materiality	The materiality that we used for the current year was £6.9m which was determined on the basis of 2% of total operating income.
Scoping	The scope of the audit is in line with the Code of Audit Practice issued by the National Audit Office (NAO). All testing of the Foundation Trust was performed by the main audit engagement team at the Trust's head offices in Wigan, led by the audit partner.
Significant changes in our approach	There has been no significant changes to our audit approach in the current year.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

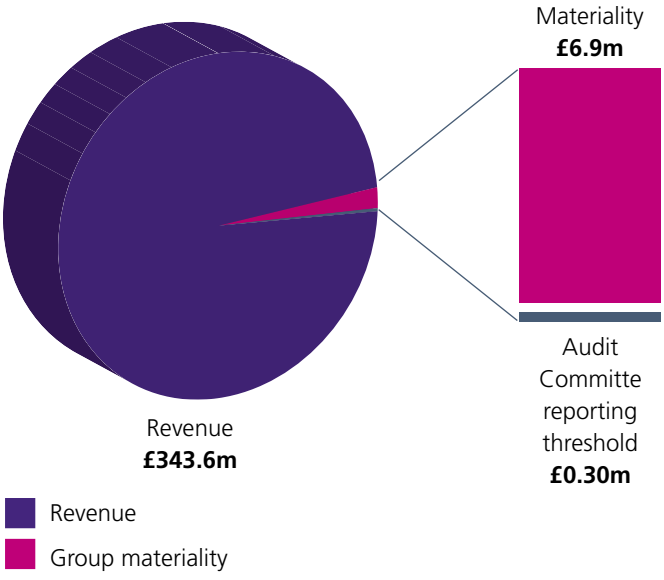
Recognition of NHS Revenue ➔	
Key audit matter description	**As described in note 1.6, Accounting Policies there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:** • the complexity of the Payment by Results regime, in particular in determining the level of overperformance and Provider Sustainability Fund (PSF) revenue to recognise; and • the judgemental nature of accounting for disputes, including in respect of outstanding overperformance income for quarters 3 and 4. Details of the Foundation Trust's income, including £274. lm (2017 /18: £259.6m) of Commissioner Requested Services, are shown in note 3.2 to the financial statements. NHS debtors are shown in note 16.1 to the financial statements. The majority of the Foundation Trust's income comes from Wigan CCG, increasing the significance of associated judgements.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of controls over the preparation and review of significant management estimates in relation to revenue. We considered the results of our quality accounts work on the key operational indicators relevant to the Provider Sustainability Fund (PSF); We tested a sample of disagreements and disputes identified through the agreement of balances process with commissioners; We identified any open items not addressed either through the flex and freeze process in the year or the negotiation of the year end deal and tested these for recoverability; We quantified the level of PSF accrued at the year end on the basis of year end performance, we have then proceeded to obtain support from NHS Improvement, confirming the year end balance recognised in relation to PSF income.
Key observations	We consider the recognised NHS Revenue to be appropriate based on the Foundation Trust's patient activity and the reported performance against the operational targets agreed with the main Commissioners.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£6.9m (2017/18: £6.2m)
Basis for determining materiality	2% of Total Operating Income (2017/18: 2% of Total Operating Income)
Rationale for the benchmark applied	Operating Income was chosen as a benchmark as the foundation trust is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £300k (2017/18: £300k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the Foundation Trust and its environment, including internal control, and assessing the risks of material misstatement.

The Foundation Trust's charitable fund subsidiary (Three Wishes) is not material and therefore is not consolidated into the Foundation Trust accounts.

All testing of the Foundation Trust was performed by the main audit engagement team performed at the Foundation Trust's administrative offices in Wigan, led by the audit partner.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in respect of these matters.

Responsibilities of accounting officer

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, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: **www.frc.orq.uk/auditorsresponsibilities.** This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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 foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Thomson ACA
(Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
Leeds, United Kingdom
28 May 2019

FINANCIAL REPORT

FOREWORD TO THE ACCOUNTS

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2019, have been prepared by Wrightington, Wigan and Leigh NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

FINANCIAL REPORT

STATEMENT OF COMPREHENSIVE INCOME

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	2	290,203	276,222
Other operating income	3	53,423	33,818
Total operating income from continuing operations		**343,626**	**310,040**
Operating expenses	4	(307,109)	(304,544)
Operating surplus from continuing operations		**36,517**	**5,496**
Finance costs			
Finance income	7	143	54
Finance expenses	8	(388)	(424)
PDC dividends payable		(3,773)	(3,461)
Net finance costs		**(4,018)**	**(3,831)**
Gains on disposal of assets	9	1,285	19
Surplus for the year*		**33,784**	**1,684**
Other comprehensive income			
Will not be reclassified to income and expenditure			
Impairments		(6)	(5,061)
Revaluations		9,533	124
Total comprehensive income/(expense) for the year		**43,311**	**(3,253)**

*The Trust's underlying trading position excludes net impairments which are technical in nature and are excluded by the regulator in determining the organisational trading position. A reconciliation of these amounts can be found in Note 26.

STATEMENT OF FINANCIAL POSITION

	Note	31 March 2019	31 March 2018 £000
Non-current assets			
Intangible assets	10	2,028	2,429
Property, plant and equipment	11	158,065	140,409
Receivables	15	250	223
Total non-current assets		**160,343**	**143,061**
Current assets			
Inventories	14	4,300	4,199
Receivables	15	36,047	28,388
Cash and cash equivalents	16	32,154	12,598
Total current assets		**72,501**	**45,185**
Current liabilities			
Trade and other payables	17	(37,091)	(32,202)
Other liabilities	18	(1,047)	(501)
Borrowings	19	(4,553)	(4,484)
Provisions	20	(415)	(295)
Total current liabilities		**(43,106)**	**(37,482)**
Total assets less current liabilities		**189,738**	**150,764**
Non-current liabilities			
Other liabilities	18	(372)	(584)
Borrowings	19	(17,684)	(21,932)
Provisions	20	(2,102)	(2,196)
Total non-current liabilities		**(20,158)**	**(24,712)**
Total assets employed		**169,580**	**126,052**
Financed by			
Public dividend capital		97,336	97,119
Revaluation reserve		26,108	17,107
Income and expenditure reserve		46,136	11,826
Total taxpayers' equity		**169,580**	**126,052**

The primary financial statements on pages 151 to 154 and the notes on pages 155 to 193 were approved by the Board of Directors and authorised for issue on 22 May 2019 and signed on its behalf by Andrew Foster, Chief Executive

ANDREW FOSTER CBE
Chief Executive and Accounting Officer
22 May 2019

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018	**97,119**	**17,107**	**11,826**	**126,052**
Surplus for the year	0	0	33,784	**33,784**
Other transfers between reserves	0	(526)	526	**0**
Impairments	0	(6)	0	**(6)**
Revaluations	0	9,533	0	**9,533**
Public dividend capital received	217	0	0	**217**
Taxpayers' equity at 31 March 2019	**97,336**	**26,108**	**46,136**	**169,580**

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017	**95,806**	**22,823**	**9,363**	**127,992**
Surplus for the year	0	0	1,684	**1,684**
Other transfers between reserves	0	(779)	779	**0**
Impairments	0	(5,061)	0	**(5,061)**
Revaluations	0	124	0	**124**
Public dividend capital received	1,313	0	0	**1,313**
Taxpayers' equity at 31 March 2018	**97,119**	**17,107**	**11,826**	**126,052**

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the public capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are credited back to expenditure. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

STATEMENT OF CASH FLOWS

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus		36,517	5,496
Non-cash income and expense			
Depreciation and amortisation	4	6,384	5,955
Impairments and (reversals) of impairments	4	(5,794)	6,949
Income recognised in respect of capital donations (cash and non cash)	3	(306)	(468)
(Increase) in receivables and other assets		(7,829)	(3,417)
(Increase) in inventories		(101)	(78)
Increase in payables and other liabilities		5,702	2,483
Increase/(decrease) in provisions		20	(994)
Net cash generated from operating activities		**34,593**	**15,926**
Cash flows used in investing activities			
Interest received		134	49
Purchase of intangible assets		(146)	(684)
Purchase of property, plant, equipment and investment property		(8,674)	(8,195)
Sales of property, plant, equipment and investment property		1,607	24
Net cash used in financing activities		**(7,079)**	**(8,806)**
Cash flows used in financing activities			
Public dividend capital received		217	1,313
Loans received		205	599
Loans paid		(4,487)	(4,422)
Other interest paid		(393)	(430)
PDC dividend paid		(3,500)	(3,251)
Net cash used in financing activities		**(7,958)**	**(6,191)**
Increase in cash and cash equivalents		19,556	929
Cash and cash equivalents at 1 April 2018		12,598	11,669
Cash and cash equivalents at 31 March 2019	**16**	**32,154**	**12,598**

NOTES TO THE ACCOUNTS

NOTE 1. ACCOUNTING POLICIES

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM 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. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

NOTE 1.1 ACCOUNTING CONVENTION

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property.

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.

NOTE 1.2 GOING CONCERN

After making enquiries, the Trust's directors have a reasonable expectation that the trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these financial statements.

1.3 JOINT OPERATIONS ACCOUNTING

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to assets, and obligations for liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

NOTE 1.4 ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates, and underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

The following are the areas of critical judgements that management have made in the process of applying the entity's accounting policies.

Segmental reporting

In line with IFRS 8 Operating Segments, the Board of Directors, as chief decision maker, has assessed that the Trust continues to report its annual accounts on the basis that it operates in the healthcare segment only. The accompanying financial statements have consequently been prepared under one single operating segment.

Asset valuation and lives

The value and remaining useful lives of land and building assets are estimated by Cushman and Wakefield. 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.

The Trust has valued its estate using the modern equivalent asset - alternative site methodology on the grounds that this is deemed to be a more suitable valuation methodology.

The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at cost less any accumulated depreciation. Where assets are of low value and/or have short useful economic lives, these are carried at depreciated historical cost as this is not considered to be materially different from fair value.

An item of property, plant and equipment which is surplus and is not being used to deliver services with no plan to bring

it back into use is valued at fair value under IFRS 13 Fair Value Measurement, if it does not meet the requirements of IAS 40 Investment Property or IFRS 5 Non-current assets held for sale.

Software licences are depreciated over the shorter of the term of the licence and the useful economic life.

The total value of intangible and tangible fixed assets as at 31 March 2019 is £160.1m.

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 2018/19, 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 are no sources of estimation uncertainty that are currently judged to cause a significant risk of material adjustment to the carrying amount of assets and liabilities within the next financial year.

NOTE 1.5 CONSOLIDATION

Wrightington, Wigan and Leigh NHS Foundation Trust is the corporate trustee to Wrightington, Wigan and Leigh Health Services Charity (also known as Three Wishes). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

Where the fund balances held by the Charity are deemed to be of a significant value to require consolidation, then those balances will be consolidated into the Trust Accounts.

There is no consolidation for 2018/19.

NOTE 1.6 REVENUE FROM CONTRACTS WITH CUSTOMERS

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

A receivable is recognised when the services are delivered as this is the point in time that the consideration is unconditional because only the passage of time is required before the payment is due.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner. CQUIN payments are not considered distinct performance obligations in

their own right; instead they form part of the transaction price for performance obligations under the contract.

A schedule of payments is agreed at the start of the contract year based on expectations of the Trust satisfying the CQUIN indicators. Income is recognised as the obligations within the contract are fulfilled.

The Trust does not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less.

The GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

The GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

NOTE 1.7 REVENUE GRANTS AND OTHER CONTRIBUTIONS TO EXPENDITURE

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's Apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

NOTE 1.8 OTHER INCOME

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

NOTE 1.9 EMPLOYEE BENEFITS

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy are recognised in the period in which the service is received from employees including non-consolidated performance pay earned but not yet paid. The cost of leave 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

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019 is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology

prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

National Employment Savings Trust (NEST)

NEST is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. NEST Corporation is the Trustee body that has overall responsibility for running NEST. It is a non-departmental public body (NDPB) operating at arm's length from government, and it reports to Parliament through the Secretary of State for Work and Pensions.

This alternative scheme is a defined contribution scheme, provided under the Trust's 'automatic enrolment' duties for a small number of employees who are excluded from actively contributing to the NHS pension scheme. Under a defined contribution plan, an entity pays fixed contributions to a separate entity (a fund) and has no obligation to pay further contributions if the fund does not hold sufficient assets to pay employee benefits.

The Trust is legally required to make a minimum contribution for opted-in employees who earn more than the qualifying earnings threshold, and the cost to the Trust of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. That is, employer's pension costs of contributions are charged to operating expenditure as and when they become due.

NOTE 1.10 EXPENDITURE ON OTHER GOODS AND SERVICES

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

NOTE 1.11 PROPERTY, PLANT AND EQUIPMENT

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.
- the item has a cost of at least £5,000; or
- collectively a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost, modern equivalent asset alternative site basis

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.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 Fair Value Measurement, if it does not meet the requirements of IAS40 Investment Property or IFRS5 Non-current assets held for sale.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated at the point it becomes classified as Held for Sale. Assets in the course of construction are not depreciated until the assets are brought into use. Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by a qualified valuer recognised in accordance with RICS.

Property, plant and equipment is depreciated over the following useful lives:

Buildings excluding dwellings	9 to 68 years
Dwellings	14 to 47 years

A review of expected useful economic lives was undertaken during the year which resulted in changes to the useful economic lives.

The revised and previous lives are detailed below:

	Current	Prior Year
Plant and Machinery	10 to 20 years	10 to 20 years
Vehicles	10 to 13 years	10 to 13 years
Furniture and fittings	15 years	15 years
Medical and other equipment	15 years	15 years
Information technology	8 years	8 years
Software – internally developed	8 to 10 years	8 to 10 years

Revaluation gains and losses

At each reporting period end, the Trust checks whether there is any indication that any of its property plant and equipment or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenditure, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenditure.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses.

A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of:

- the impairment charged to operating expenses; and
- the balance in the revaluation reserve attributable to that asset before impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that give rise to the loss are reversed. Reversals are recognised in operating expenses to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Assets under construction

Assets under construction are measured at cost of construction as at 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; and
  - **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.

NOTE 1.12 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; and where the cost is at least £5,000.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated historical cost and the value in use where the asset is income generating.

Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Intangible assets re-classified as held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13 Fair Value Measurement, if it does not meet the requirements of IAS40 Investment Property or IFRS5 Non-current assets held for sale.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;"
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;"
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; 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.

A review of expected useful economic lives was undertaken during the year which resulted in changes to the useful economic lives.

The revised and previous lives are detailed below:

	Current	Prior
Development expenditure	8 years	8 years
Software	8 years	8 years

NOTE 1.13 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.

NOTE 1.14 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.

NOTE 1.15 CASH AND CASH EQUIVALENTS

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

NOTE 1.16 FINANCIAL ASSETS AND FINANCIAL LIABILITIES

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and liabilities are subsequently measured at amortised cost,

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are the probability weighted losses expected from credit loss events occurring within a defined period. Probabilities are determined based on experience and knowledge obtained through the debt collection process.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

NOTE 1.17 LEASES

Finance leases

The Trust does not have any finance leases.

Operating leases

All 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.

NOTE 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 as a provision is the best estimate of the resources required to settle the obligation.

For post- employment benefits including early retirement provisions and injury benefit provisions the HM Treasury's pension discount rate of 0.29% in real terms (0.10%, 2017/18) is used.

All other provisions are subject to three separate discount rates according to the expected timing of cash flows from the Statement of Financial Position date:

Short term rate:	0.76% (-2.42%, 2017/18)
Medium term rate:	1.14% (-1.85%, 2017/18)
Long term rate:	1.99% (-1.56%, 2017/18)

NOTE 1.19 CLINICAL NEGLIGENCE COSTS

NHS Resolution formerly NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution, which, in return, settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the Trust is disclosed in Note 21.1 but is not recognised in the Trust's accounts.

NOTE 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 NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses as and when they become due.

NOTE 1.21 CONTINGENT ASSETS AND CONTINGENT LIABILITIES

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.

A contingent liability is:

- 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.

Contingent liabilities are not recognised, but are disclosed in Note 22, unless the probability of a transfer of economic benefits is remote.

Where the time value of money is material, contingent assets and contingent liabilities are disclosed at their present value.

NOTE 1.22 PUBLIC DIVIDEND CAPITAL

Public dividend capital (PDC) is a type of public sector equity finance, which represents the Department of Health and Social Care's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time the, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the 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:

- donated assets (including lottery funded assets);
- 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 any PDC dividend balance receivable or payable.

The average relevant net assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care, 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.

NOTE 1.23 VALUE ADDED TAX

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

NOTE 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.

NOTE 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 Trust has no beneficial interest in them. They are disclosed in a separate note to the accounts (Note 16.1).

NOTE 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 the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

NOTE 1.27 ACCOUNTING STANDARDS AND AMENDMENTS ISSUED BUT NOT YET ADOPTED IN THE DH GAM

The effective date of the following standards are disclosed after the standards' names; these amendments or new standards are not yet adopted by the European Union (EU) or within the FReM, and are therefore not applicable to 2018/19 accounts.

IFRS 16 Leases: [new standard] (2019/20) – this new standard will impact on how the Trust accounts for and discloses information in relation to its lease arrangements. Work is on going in respect of this standard which is not expected to have a material impact.

IFRS 17 Insurance contracts: [new standard] (2021/22) – this new standard replaces IFRS4 and is not applicable to Department of Health Group Bodies.

IFRIC 22 Foreign Currency Transactions and Advance Consideration: This interpretation addresses the exchange rate to use in transactions that involve advance consideration paid or received in a foreign currency. This interpretation is unlikely to impact on the Trust accounts.

IFRIC 23 Uncertainty over Income Tax Treatments: The interpretation specifies how an entity should reflect the effects of uncertainties in accounting for income taxes and is unlikely to impact on the Trust accounts.

IFRS - International Financial Reporting Standards

IFRIC – International Financial Reporting Interpretation Committee

NOTE 2 OPERATING INCOME FROM PATIENT CARE ACTIVITIES

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018.

NOTE 2.1 INCOME FROM PATIENT CARE ACTIVITIES (BY NATURE)

	2018/19 £000	2017/18 £000
Acute services		
Elective income	65,594	63,772
Non elective income	73,491	61,073
First outpatient income	18,451	20,051
Follow up outpatient income	23,079	22,129
A & E income	11,959	11,435
High cost drugs income from commissioners (excluding pass through costs)	9,799	11,103
Other NHS clinical income*	77,297	79,660
Community Services	3,220	3,219
Additional income		
Private patient income	3,123	2,760
Agenda for change pay award **	3,252	0
Other clinical income***	938	1,020
Total income from activities	**290,203**	**276,222**

* Other NHS clinical income includes income in respect of maternity outpatients, diagnostic imaging, breast screening, audiology, chemotherapy, palliative care and community services.

** Agenda for change funding was received from the Department of Health and Social Care.

*** Other clinical income relates largely to income from the NHS Injury Cost Recovery Scheme (ICR) for third party injury claims.

NOTE 2.2 INCOME FROM PATIENT CARE ACTIVITIES (BY SOURCE)

Income from patient care activities received from:

	2018/19 £000	2017/18 £000
NHS England	19,418	22,834
Clinical Commissioning Groups	254,662	238,281
NHS Foundation Trusts	7,500	7,719
NHS Trusts	4	2
Local Authorities	260	2,260
Department of Health and Social Care	3,252	0
NHS other (including Public Health England)	195	279
Non NHS: private patients	3,123	2,760
Non NHS: overseas patients (chargeable to patient)	126	42
NHS injury scheme (ICR)*	882	1,169
Non NHS: other	781	876
Total income from activities	**290,203**	**276,222**

* NHS injury scheme income is subject to a provision for doubtful debts of 21.89% (22.84%, 2017/18) to reflect expected rates of collection.

NOTE 2.3 OVERSEAS VISITORS

	2018/19 £000	2017/18 £000
Income recognised this year	126	42
Cash payments received in-year	55	20
Amounts added to allowance for impaired contract receivables*	99	19
Amounts written off in-year	68	7

* Note 1.16 Financial assets and financial liabilities outlines the Trusts approach to impairments for contract receivables.

NOTE 3 OTHER OPERATING INCOME

Other operating income from contracts with customers:	2018/19 £000	2017/18 £000
Research and development (contract)	1,185	1,053
Education and training (excluding notional apprenticeship levy income)	11,059	8,594
Non-patient care services to other bodies	2,289	1,547
Provider sustainability fund income (PSF)*	24,050	12,772
Income in respect of employee benefits accounted on a gross basis	6,544	5,131
Other contract income**	5,914	3,945
Other non-contract operating income		
Education and training - notional apprenticeship levy income	124	17
Receipt of capital grants and donations	306	468
Charitable and other contributions to expenditure	68	141
Rental revenue from operating leases	150	150
Other ***	1,734	0
Total other operating income	**53,423**	**33,818**

* Provider Sustainability Fund income relates to the Trust's share from the national Provider Sustainability Fund which was created in 2016/17 to support a balanced aggregate financial position for NHS providers.

** Other contract income of £5.9m (£3.9m, 2017/18) includes car parking income, catering income, pharmacy income, staff accommodation rental and other miscellaneous income recharged to other NHS bodies.

*** During the year the Trust received £2m from Wigan Metropolitan Borough Council to support locality transformation support services. Due to timing, a number of transformation schemes originally planned to be completed during the year will not finalise until 2019/20; £1.7m has therefore been recognised in year with the remaining balance deferred until the new financial year.

NOTE 3.1 ADDITIONAL INFORMATION ON CONTRACT REVENUE RECOGNISED IN THE PERIOD

	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	393

NOTE 3.2 INCOME FROM ACTIVITIES ARISING FROM COMMISSIONER REQUESTED SERVICES

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure.

This information is provided in the table below:

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	274,080	259,615
Income from services not designated as commissioner requested services	16,123	16,607
Total	**290,203**	**276,222**

Prior year comparatives have been updated to correct a misclassification of services. £6.5m has been transferred from income not designated as commissioner requested services to income designated as commissioner requested services.

NOTE 4 OPERATING EXPENSES

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	1,772	1,703
Purchase of healthcare from non-NHS and non-DHSC bodies	686	627
Employee expenses - executive directors	1,193	1,171
Employee expenses - non-executive directors	167	168
Employee expenses - staff	196,979	186,595
Employee expenses - temporary staff	11,658	10,196
Supplies and services - clinical	32,605	31,086
Supplies and services - general	4,173	3,941
Drug costs (inventory consumed & non-inventory purchases)	22,952	24,123
Establishment	2,129	1,943
Consultancy fees	22	173
Transport	1,527	1,405
Premises	13,661	12,832
Movement in credit loss allowance: contract receivables/contract assets*	164	0
Increase in provision for impairment of receivables*	0	257
Change in provisions discount rate	(56)	35
Operating lease expenditure (net)	1,031	1,060
Depreciation on property, plant and equipment	5,837	5,489
Amortisation on intangible assets	547	466
Net Impairments**	(5,794)	6,949
Audit fees payable to the external auditor		
audit services - statutory audit	54	54
other auditor remuneration - see Note 4.1	44	49
Internal audit and local counter fraud services	151	153
Clinical negligence	11,183	10,581
Legal fees	500	290
Insurance	451	406
Education and Training	1,508	1,057
Redundancy and other mutually agreed resignation schemes	100	0
Losses, ex gratia & special payments	5	12
Other	1,860	1,723
Total	**307,109**	**304,544**

* Following the implementation of IFRS9 Financial Instruments provision for impairment of receivables are now categorised as movements in credit loss allowances. In accordance with the standard there is no requirement to restate prior year comparatives.

** Further details of net impairments can be found in Note 12.

NOTE 4.1 OTHER AUDITOR REMUNERATION

Other auditor remuneration paid to the external auditor:	2018/19 £000	2017/18 £000
Audit-related assurance services	10	10
All assurance services not falling within the above	34	39
Total	**44**	**49**

NOTE 4.2 LIMITATION ON AUDITOR'S LIABILITY

There is a £1m limitation on auditor's liability for external audit work carried for the financial years 2018/19 and 2017/18.

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.

	2018/19		2017/18	
	Number	£000	Number	£000
Non-NHS				
Trade invoices paid in the period	62,514	151,956	62,009	150,287
Trade invoices paid within target	58,149	141,186	56,381	139,046
Percentage of trade invoices paid within target	**93.0%**	**92.9%**	**90.9%**	**92.5%**
NHS				
Trade invoices paid in the period	3,461	21,982	2,470	21,709
Trade invoices paid within target	2,945	17,800	2,127	16,202
Percentage of trade invoices paid within target	**85.1%**	**81.0%**	**86.1%**	**74.6%**
Total				
Trade invoices paid in the period	65,975	173,938	64,479	171,996
Trade invoices paid within target	61,094	158,986	58,508	155,248
Percentage of trade invoices paid within target	**92.6%**	**91.4%**	**90.7%**	**90.3%**

NOTE 5 EMPLOYEE BENEFITS

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	166,449	158,046
Social security costs	15,431	14,576
Apprenticeship levy*	751	718
Employer's contributions to NHS pensions	17,185	16,856
Temporary staff	11,658	10,196
Total staff costs	**211,474**	**200,392**
Costs capitalised as part of assets	1,490	2,379

* The Apprenticeship Levy requires all employers operating in the UK, with a pay bill over £3m each year, to invest in apprenticeships. The Trust is required to pay a levy of 0.5% of it's pay bill, less an allowance of £15,000.

A further analysis of staff costs can be found in the remuneration section of the Annual Report.

NOTE 5.1 RETIREMENTS DUE TO ILL-HEALTH

During 2018/19 there were 3 early retirements from the Trust agreed on the grounds of ill-health (2, 2017/18). The estimated additional pension liabilities of these ill-health retirements is £105k (£89k, 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

NOTE 5.2 EXECUTIVE DIRECTORS' AND NON-EXECUTIVE DIRECTORS' REMUNERATION AND OTHER BENEFITS

	2018/19 £000	2017/18 £000
Salary	1,096	1,079
Employer's pension contributions	144	141
Taxable benefits	26	26
Total	**1,266**	**1,246**
Non-executive directors' remuneration*	153	153
Total	**1,419**	**1,399**
The total number of directors accruing benefits under the NHS Pension Scheme	7	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.

NOTE 5.3 EMPLOYEE BENEFITS

An accrual in respect of annual leave entitlements carried forward at the Statement of Financial Position date of £0.3m has been provided for within the accounts (£0.3m, 2017/18). There were no other employee benefits during the year.

NOTE 6 OPERATING LEASES

NOTE 6.1 WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST AS A LESSEE

Operating lease expense	2018/19 £000	2017/18 £000
Minimum lease payments	1,031	1,060
Total	**1,031**	**1,060**

Future minimum lease payments due:	31 March 2019 £000	31 March 2018 £000
- not later than one year;	1,045	1,044
- later than one year and not later than five years;	2,736	1,148
- later than five years.	951	148
Total	**4,732**	**2,340**

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

Operating lease revenue	2018/19 £000	2017/18 £000
Minimum lease receipts	150	150
Total	**150**	**150**

Future minimum lease receipts due:	31 March 2019 £000	31 March 2018 £000
- not later than one year	150	150
Total	**150**	**150**

The Trust leases areas of its Cancer Care Unit to The Christie NHS Foundation Trust.

NOTE 7 FINANCE INCOME

	2018/19 £000	2017/18 £000
Interest on bank accounts	143	54
Total	**143**	**54**

NOTE 8 FINANCE EXPENSES

Interest expense	2018/19 £000	2017/18 £000
Loans from the Department of Health and Social Care	382	422
Total interest expense	**382**	**422**
Other finance costs - unwinding of discount	6	2
Total	**388**	**424**

NOTE 9 GAINS ON DISPOSAL OF ASSETS

	2018/19 £000	2017/18 £000
Gain on disposal of assets	1,285	19
Total	**1,285**	**19**

The gain on disposal of assets relates to the sale of land and disposal of medical equipment.

NOTE 10 INTANGIBLE ASSETS

NOTE 10.1 INTANGIBLE ASSETS - 2018/19

	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Valuation/gross cost at 1 April 2018	**11,977**	**713**	**33**	**0**	**12,723**
Additions	135	0	11	0	146
Gross cost at 31 March 2019	**12,112**	**713**	**44**	**0**	**12,869**
Amortisation at 1 April 2018	**9,652**	**634**	**8**	**0**	**10,294**
Provided during the year	502	41	4	0	547
Amortisation at 31 March 2019	**10,154**	**675**	**12**	**0**	**10,841**
Net book value at 31 March 2019	**1,958**	**38**	**32**	**0**	**2,028**
Net book value at 1 April 2018	**2,325**	**79**	**25**	**0**	**2,429**

NOTE 10.2 INTANGIBLE ASSETS - 2017/18

	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Valuation/gross cost at 1 April 2017	**13,683**	**982**	**8**	**0**	**14,673**
Additions	686	0	25	0	711
Disposals/derecognition	(2,392)	(269)	0	0	(2,661)
Valuation/gross cost at 31 March 2018	**11,977**	**713**	**33**	**0**	**12,723**
Amortisation at 1 April 2017	**11,415**	**837**	**8**	**0**	**12,260**
Provided during the year	425	41	0	0	466
Impairments	204	25	0	0	229
Disposals/derecognition	(2,392)	(269)	0	0	(2,661)
Amortisation at 31 March 2018	**9,652**	**634**	**8**	**0**	**10,294**
Net book value at 31 March 2018	**2,325**	**79**	**25**	**0**	**2,429**
Net book value at 1 April 2017	**2,268**	**145**	**0**	**0**	**2,413**

NOTE 10.3 INTANGIBLE ASSETS FINANCING 2018/19

	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Purchased	1,931	38	32	0	2,001
Donated	27	0	0	0	27
NBV total at 31 March 2019	**1,958**	**38**	**32**	**0**	**2,028**

NOTE 10.4 INTANGIBLE ASSETS FINANCING 2017/18

	Software licences £000	Internally generated information technology £000	Websites £000	Intangible assets under construction £000	Total £000
Purchased	2,294	79	25	0	2,398
Donated	31	0	0	0	31
NBV total at 31 March 2018	**2,325**	**79**	**25**	**0**	**2,429**

NOTE 11 PROPERTY, PLANT AND EQUIPMENT

NOTE 11.1 PROPERTY, PLANT AND EQUIPMENT - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/ gross cost at 1 April 2018	**7,184**	**106,923**	**2,415**	**1,119**	**46,824**	**195**	**27,703**	**442**	**192,805**
Additions	0	1,209	0	466	2,513	0	4,306	0	8,494
Impairments	0	(202)	0	0	0	0	0	0	(202)
Reversals of impairments	428	4,091	0	0	0	0	0	0	4,519
Revaluations	594	6,849	0	0	0	0	0	0	7,443
Disposals/ derecognition	(222)	0	0	0	(1,841)	0	0	0	(2,063)
Valuation/ gross cost at 31 March 2019	**7,984**	**118,870**	**2,415**	**1,585**	**47,496**	**195**	**32,009**	**442**	**210,996**
Accumulated depreciation at 1 April 2018	**0**	**3,383**	**67**	**0**	**34,069**	**141**	**14,500**	**236**	**52,396**
Provided during the year	0	2,365	68	0	1,306	10	2,069	19	5,837
Impairments	0	(45)	0	0	0	0	0	0	(45)
Reversals of impairments	0	(1,412)	(14)	0	0	0	0	0	(1,426)
Revaluations	0	(1,987)	(103)	0	0	0	0	0	(2,090)
Disposals/ derecognition	0	0	0	0	(1,741)	0	0	0	(1,741)
Accumulated depreciation at 31 March 2019	**0**	**2,304**	**18**	**0**	**33,634**	**151**	**16,569**	**255**	**52,931**
Net book value at 31 March 2019	**7,984**	**116,566**	**2,397**	**1,585**	**13,862**	**44**	**15,440**	**187**	**158,065**
Net book value at 1 April 2018	**7,184**	**103,540**	**2,348**	**1,119**	**12,755**	**54**	**13,203**	**206**	**140,409**

NOTE 11.2 PROPERTY, PLANT AND EQUIPMENT - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/ gross cost at 1 April 2017	**7,344**	**115,427**	**3,170**	**457**	**49,145**	**281**	**24,205**	**619**	**200,648**
Additions - purchased/ leased/ grants/ donations	0	3,168	0	662	1,154	0	3,918	0	8,902
Impairments	(160)	(11,975)	(755)	0	0	0	0	0	(12,890)
Reversals of impairments	0	262	0	0	0	0	0	0	262
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	43	0	0	0	0	0	0	43
Disposals/ derecognition	0	(2)	0	0	(3,475)	(86)	(420)	(177)	(4,160)
Valuation/ gross cost at 31 March 2018	**7,184**	**106,923**	**2,415**	**1,119**	**46,824**	**195**	**27,703**	**442**	**192,805**
Accumulated depreciation at 1 April 2017	**0**	**3,211**	**86**	**0**	**35,346**	**209**	**12,886**	**252**	**51,990**
Provided during the year	0	2,150	65	0	1,269	10	1,976	19	5,489
Impairments	0	(1,949)	(30)	0	924	8	58	142	(847)
Revaluations	0	(27)	(54)	0	0	0	0	0	(81)
Disposals/ derecognition	0	(2)	0	0	(3,470)	(86)	(420)	(177)	(4,155)
Accumulated depreciation at 31 March 2018	**0**	**3,383**	**67**	**0**	**34,069**	**141**	**14,500**	**236**	**52,396**
Net book value at 31 March 2018	**7,184**	**103,540**	**2,348**	**1,119**	**12,755**	**54**	**13,203**	**206**	**140,409**
Net book value at 1 April 2017	**7,344**	**112,216**	**3,084**	**457**	**13,799**	**72**	**11,319**	**367**	**148,658**

NOTE 11.3 PROPERTY, PLANT AND EQUIPMENT FINANCING - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned	7,984	114,641	2,397	1,585	13,140	44	15,373	187	155,351
Donated	0	1,925	0	0	722	0	67	0	2,714
NBV total at 31 March 2019	**7,984**	**116,566**	**2,397**	**1,585**	**13,862**	**44**	**15,440**	**187**	**158,065**

NOTE 11.4 PROPERTY, PLANT AND EQUIPMENT FINANCING - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned	7,184	101,620	2,348	1,119	12,222	54	13,125	206	137,878
Donated	0	1,920	0	0	533	0	78	0	2,531
NBV total at 31 March 2018	**7,184**	**103,540**	**2,348**	**1,119**	**12,755**	**54**	**13,203**	**206**	**140,409**

*Reversal of impairments previously credited to income are netted off against the impairment charge in operating expenditure and prior year comparatives have been restated to reflect this change

NOTE 12 REVALUATIONS OF PROPERTY, PLANT AND EQUIPMENT

The value and remaining useful lives of land and building assets are estimated by Cushman and Wakefield. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property.

The last full asset valuation was undertaken during 2014/15 with the revaluation date of 1 April 2014 and was applied on 1 April 2014. An interim desk top valuation was undertaken in January with a revaluation date of 31st January 2019. A full revaluation exercise will be undertaken in 2019/20.

As a result of the interim valuation land and buildings have benefited from a revaluation gain i.e. an increase in value, the overall total of which amounted to £15.3m. In addition some land and buildings have decreased in value totalling £0.2m. The net effect of these changes in value amounts to an overall increase in land and buildings of £15.1m. Some Buildings and dwellings which had previously seen reduction in value and which were subsequently impaired have been revalued upwards resulting in a reversal of the previous impairment. This reversal of £5.9m has been credited to expenditure.

During the course of the year the Trust continued to review its asset base. As a result of this exercise a number of intangible and tangible assets were disposed resulting in a £0.1m loss on disposal.

The Trust sold a piece of land at the Leigh site in March 2019 resulting in a £1.4m profit on disposal. Proceeds from this sale totalled £1.6m.

Assets revalued have been written down to their recoverable amount within the Statement of Financial Position, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for that asset and, thereafter, to expenditure - impairment of property plant and equipment. Increases in value have been credited to the revaluation reserve unless circumstances arose whereby a reversal of an impairment was necessary. In these circumstances this has been netted off against impairments in expenditure.

The lives of equipment assets are estimated on historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Operational equipment is carried at its cost less any accumulated depreciation and any impairment losses. Where assets are of low value and/or have short useful economic lives, these are carried at depreciated historical cost as a proxy for current value.

NOTE 13 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.

The Trust's joint operations are detailed below.

Pathology at Wigan & Salford (PAWS)

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 central-isation 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 suppliers' invoices, recharging Wrightington, Wigan and Leigh NHS Foundation Trust for its share of PAWS-related expenditure (£8.7m in year and £8.0m, 2017/18).

Sterile Services Decontamination Unit (SSDU)

In this joint working arrangement with Salford Royal NHS Foundation Trust, both trusts receive sterile services, which chiefly involves the decontamination of surgical instruments. The arrangement is similar to PAWS in that the trusts intend to reduce running costs through centralisation, provide resilience in each organisation's sterile services, and create income through selling services to other providers in the local health economy. The majority of activity is carried out at a site in Bolton with a small service retained at the Trust's Leigh site.

The Trust retains the rights to assets contributed to the arrangement. As the 'host' partner, Wrightington, Wigan and Leigh NHS Foundation Trust retains the obligation to pay the

majority of suppliers' invoices, recharging Salford Royal NHS Foundation Trust, for its share of SSDU-related expenditure (£1.6m in year and £2.0m, 2017/18).

Well Being Partners

This arrangement 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 is designed to provide resilience to each of the three operators' occupational health services and to create income through selling services to other bodies. The activity is carried out at all three trusts' sites with additional outreach clinics. The Trust's share of expenditure for the year was £0.8m (£0.8m, 2017/18).

NOTE 14 INVENTORIES

	31 March 2019 £000	31 March 2018 £000
Drugs	945	844
Consumables	3,174	3,184
Energy	95	87
Other	86	84
Total inventories	**4,300**	**4,199**

Inventories recognised in expenses for the year were £28,594k (£39,755k, 2017/18).

NOTE 15.1 TRADE AND OTHER RECEIVABLES

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables invoiced/non-invoiced*	31,478	0
Trade receivables*	0	11,236
Accrued income*	0	12,023
Allowance for impaired contract receivables*	(1,002)	0
Provision for impaired receivables*	0	(922)
Prepayments (non-PFI)	2,241	2,234
Interest receivable	16	7
PDC dividend receivable	0	152
VAT receivable	536	552
Other receivables	2,778	3,106
Total current trade and other receivables	**36,047**	**28,388**
Non-current		
Allowance for impaired contract receivables*	(70)	0
Provision for impaired receivables*	0	(66)
Other receivables	320	289
Total non-current trade and other receivables	**250**	**223**
Of which receivables from NHS and DHSC group bodies:		
Current	31,659	23,151
Non-current	0	0

* Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Following adoption of IFRS 9 on 1 April 2018 the Trust has adopted the simplified approach to impairment for contract and other receivables. Provision for impairment of receivables has therefore been replaced with an allowance for expected credit losses.

NOTE 15.2 ALLOWANCES FOR CREDIT LOSSES - 2018/19

	Contract receivables and contract assets £000
Allowances as at 1 Apr 2018 - brought forward	**988**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	0
New allowances arising	164
Utilisation of allowances (write offs)	(80)
Allowances as at 31 Mar 2019	**1,072**

NOTE 15.3 PROVISION FOR IMPAIRMENT OF RECEIVABLES - 2017/18

	All receivables £000
At 1 April 2017	**759**
Increase in provision	257
Amounts utilised	(28)
At 31 March 2018	**988**

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

NOTE 16 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.

	2018/19 £000	2017/18 £000
At 31 March 2018	**12,598**	**11,669**
Net change in year	19,556	929
At 31 March 2019	**32,154**	**12,598**
Broken down into		
Cash in hand	6	7
Cash with the Government Banking Service	32,148	12,591
Total cash and cash equivalents	**32,154**	**12,598**

NOTE 16.1 THIRD PARTY ASSETS HELD BY THE NHS FOUNDATION TRUST

During the year the Trust held cash relating to monies held on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts. The Trust also holds in the normal course of business consignment inventories which comprise orthopaedic prosthesis. These are held on Trust premises and still owned by the supplier. The Trust is only obliged to pay for these assets when they are used.

	31 March 2019 £000	31 March 2018 £000
Monies held on behalf of patients	0	2
Consignment inventories	5,748	6,390
Total third party assets	**5,748**	**6,392**

NOTE 17 TRADE AND OTHER PAYABLES

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	11,206	7,558
Capital payables	2,773	3,259
Accruals	15,792	14,269
Receipts in advance	21	63
Social security costs	2,368	2,303
Other taxes payable	1,771	1,711
PDC dividend payable	121	0
Accrued interest on loans*	0	114
Other payables	3,039	2,925
Total current trade and other payables	**37,091**	**32,202**

Of which payables to NHS and DHSC group bodies:		
Current	5,952	12,559
Non-current	0	0

* Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Accrued interest previously disclosed within trade and other payables is now included in the carrying value of the loan. IFRS 9 is applied without restatement therefore comparatives have not been restated.

NOTE 18 OTHER LIABILITIES

Current	31 March 2019 £000	31 March 2018 £000
Deferred income : contract liabilities	1,047	501
Total other current liabilities	**1,047**	**501**

Non-current		
Deferred income : contract liabilities	372	584
Total other non-current liabilities	**372**	**584**

NOTE 19 BORROWINGS

Current	31 March 2019 £000	31 March 2018 £000
Loans from the Department of Health and Social Care	3,872	3,769
Other loans	681	715
Total current borrowings	**4,553**	**4,484**

Non-current		
Loans from the Department of Health and Social Care	16,810	20,579
Other loans	874	1,353
Total non-current borrowings	**17,684**	**21,932**

The Trust has drawn down public sector energy efficiency loans totalling £3.4m with Salix Finance Limited. These loans are interest-free and have financed a number of energy-saving boiler schemes throughout the Trust. Repayments are phased to match the projected savings from the schemes. Details of the loans from the Department of Health and Social Care are detailed in Note 23.

NOTE 20 PROVISIONS

	Other legal claims £000	Pensions: injury benefits* £000	Other £000	Total £000
At 1 April 2018	**158**	**2,279**	**54**	**2,491**
Change in the discount rate	0	(56)	0	(56)
Arising during the year	237	115	0	352
Utilised during the year	(66)	(121)	0	(187)
Reversed unused	(85)	0	(4)	(89)
Unwinding of discount	0	6	0	6
At 31 March 2019	**244**	**2,223**	**50**	**2,517**

Expected timing of cash flows:				
- not later than one year;	244	121	50	415
- later than one year and not later than five years;	0	584	0	584
- later than five years.	0	1,518	0	1,518
Total	**244**	**2,223**	**50**	**2,517**

The amounts provided for employer's/public liability claims disclosed within other legal claims, are based on actuarial assessments received from NHS Resolution (NHSR) as to their value and anticipated payment date.

Other provisions relate to pathology service staffing changes jointly agreed with Salford Royal NHS Foundation Trust.

* Pensions injury benefits previously categorised within other legal claims are now disclosed separately and opening balances have been restated to reflect this change as per the GAM.

NOTE 20.1 CLINICAL NEGLIGENCE LIABILITIES

At 31 March 2019, £206,261k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Wrightington, Wigan and Leigh NHS Foundation Trust (£176,523k, 31 March 2018).

NOTE 21 CONTINGENT ASSETS AND LIABILITIES

	31 March 2019 £000	31 March 2018 £000
Amounts recoverable against liabilities	17	0
Net value of contingent liabilities	**17**	**0**

Amounts recoverable against liabilities relates to amounts paid by the Trust for employers and public liability claims managed through NHS Resolution.These amounts relate to overpayments made against claims.

The Trust has no contingent assets or liabilities.

NOTE 22 CONTRACTUAL CAPITAL COMMITMENTS

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	1,505	917
Total	**1,505**	**917**

Contractual capital commitments mainly relate to committed expenditure in respect of the Trust's Health Information System, de-commissioning of a pathology laboratory and IT equipment.

NOTE 23 FINANCIAL INSTRUMENTS

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

NOTE 23.1 FINANCIAL RISK MANAGEMENT

Liquidity risk

The Trust's net operating costs are incurred under annual service level agreements/contracts with Clinical Commissioning Groups (CCGs) which are financed from resources voted annually by Parliament. The Trust receives such income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. Monthly payments are received from CCGs based on an annual service level agreement; this arrangement reduces liquidity risk.

The Trust actively mitigates liquidity risk by daily cash management procedures and by keeping all cash balances in an appropriately liquid form. Liquidity is monitored by the Board on a monthly basis through the calculation of the Use of Resources Metric as required by NHS Improvement and by the review of cash flow forecasts for the year.

The Trust has two loans financed by the Independent Trust Financing Facility. A 7 year loan for £13.5m at 0.66% fixed interest rate and a 25 year loan for £16.5m at 2.24% fixed interest rate. Repayments on the loans commenced in December 2016 and are repaid over the period of the loans. Repayments are built into the Trust's cash flow plans for the year and there is no risk that a number of significant borrowings could become repayable at one time and cause unplanned cash pressures.

The Trust has drawn down four public sector energy efficiency loans totalling £3.4m with Salix Finance Limited. These loans are interest-free and have been invested in energy-efficiency saving schemes. The savings from these schemes are matched to loan repayments and there is therefore no risk that these borrowings will cause unplanned cash pressures.

The loan repayment schedule is contained within the maturity of financial liabilities table on page 189.

Interest rate risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest other than the Trust's bank accounts which earn interest at a floating rate. The Trust is not exposed to significant interest rate risk.

Credit risk

The main source of income for the Trust is from CCGs in respect of healthcare services provided under agreements. The credit risk associated with such customers is very low.

Cash required for day to day operational purposes is held within the Trust's Government Banking Services (GBS) account. This service has minimal credit risk as balances are regularly swept into and held by the Bank of England.

The Trust regularly reviews debtor balances, and has a comprehensive system in place for pursuing past due debt. Non-NHS customers represent a small proportion of income, and the Trust is not exposed to significant credit risk in this regard.

The carrying amount of financial assets represents the maximum credit exposure. Therefore, the maximum exposure to credit risk at the Statement of Financial Position date was £33.3m (£24.2m, 2017/18) being the total of the carrying amount of financial assets excluding cash.

There are no amounts held as collateral against these balances.

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations and therefore has low exposure to currency rate fluctuations.

NOTE 23.2 CARRYING VALUE OF FINANCIAL ASSETS

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2019 under IFRS 9	Held at amortised cost £000
Trade and other receivables excluding non financial assets	33,387
Cash and cash equivalents at bank and in hand	32,154
Total at 31 March 2019	**65,541**

Carrying values of financial assets as at 31 March 2018 under IAS 39	Loans and receivables £000
Trade and other receivables excluding non financial assets	24,206
Cash and cash equivalents at bank and in hand	12,598
Total at 31 March 2018	**36,804**

The Group Accounting Manual expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £1.8m.

NOTE 23.3 CARRYING VALUE OF FINANCIAL LIABILITIES

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial liabilities as at 31 March 2019 under IFRS 9	Held at amortised cost £000
Loans from the Department of Health and Social Care	20,682
Other borrowings	1,555
Trade and other payables excluding non financial liabilities	30,988
Total at 31 March 2019	**53,225**

Carrying values of financial assets as at 31 March 2018 under IAS 39	Loans and receivables £000
Loans from the Department of Health and Social Care	24,348
Other borrowings	2,068
Trade and other payables excluding non financial liabilities	25,704
Total at 31 March 2018	**52,120**

NOTE 23.4 MATURITY OF FINANCIAL LIABILITIES

	31 March 2019 £000
In one year or less	35,541
In more than one year but not more than two years	4,227
In more than two years but not more than five years	2,724
In more than five years	10,733
Total	**53,225**

Fair value of financial instruments

The Trust has two loans with the Department of Health and Social Care. Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £114k, and trade payables correspondingly reduced. IFRS 9 is applied without restatement therefore comparatives have not been restated.

NOTE 24 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.

	2018/19		2017/18	
Losses	**Total number of cases Number**	**Total value of cases £000**	**Total number of cases Number**	**Total value of cases £000**
Cash losses	1	0	2	0
Bad debts and claims abandoned	165	80	64	11
Stores losses and damage to property	4	3	1	2
Total losses	**170**	**83**	**67**	**13**
Special payments	0	0	0	0
Ex-gratia payments	20	64	39	67
Total special payments	**20**	**64**	**39**	**67**
Total losses and special payments	**190**	**147**	**106**	**80**
Compensation payments received	0	0	0	0

NOTE 25 RELATED PARTY TRANSACTIONS

Wrightington, Wigan and Leigh NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement (NHSI) (formerly Monitor, the Regulator of NHS Foundation Trusts and NHS Trust Development Authority), does not prepare group accounts; instead, NHSI prepares NHS Foundation Trust Consolidated Accounts, for further consolidation into the Whole of Government Accounts. NHSI has powers to control NHS Foundation Trusts, but its results are not incorporated within the consolidated accounts, and it cannot be considered to be the parent undertaking for Foundation Trusts. Although there are a number of consolidation steps between the Trust's accounts and Whole of Government Accounts, the Trust's ultimate parent is HM Government.

Whole of Government Accounts bodies

All bodies within the scope of the Whole of Government Accounts (WGA) are considered to be related parties as they fall under the common control of HM Government and Parliament. The Trust's related parties therefore include Department of Health and Social Care as the parent company, other trusts, foundation trusts, clinical commissioning groups, local authorities, central government departments, executive agencies, non departmental public bodies (NDPBs), trading funds and public corporations.

During the year, the Trust has had a number of transactions with WGA bodies. Where the total transactions with a given counterparty are collectively significant, they are listed below. The 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.

Listed below are those entities for which the total transactions or total balances with the Trust have been collectively significant or potentially material to the other body.

NHS Wigan Borough CCG	NHS England	NHS Business Services Authority
HM Revenue and Customs	NHS Resolution	Health Education England
NHS West Lancashire CCG	NHS Bolton CCG	NHS Chorley and South Ribble CCG

Public dividend capital (PDC) transactions with the Department of Health and Social Care

The Trust made PDC dividend payments to the Department of Health totalling £3.5m (£3.2m, 2017/18), and is reporting a year-end PDC payable totalling £0.1m (£0.2m PDC receivable, 2017/18).

Provision for impairment of receivables - related parties

No related party debts have been written off by the Trust during the year.

Charitable related parties

Wrightington, Wigan and Leigh Health Services Charity (charitable fund with registered charity number 1048659) is a subsidiary of the Trust and therefore a related party. The Trust is the Charity's Corporate Trustee which means that the Trust's Board of Directors is charged with the governance of the Charity. The Charity's sole activity is the funding of charitable capital and revenue items for the benefit of our patients and staff.

The Charity's balance as at 31 March 2019 was £1,236k (£1,614k, 2018/19) with net outgoing resources before transfers of £378k (£207k, 2017/18).

During the year the Charity incurred expenditure of £633k (£648k, 2017/18) in respect of goods and services for which the Trust was the beneficiary.

Other related parties

The Trust has a registered Charity, Three Wishes. The Trust also has interests in 3 joint operations with related parties as disclosed in Note 13 and has a related party relationship with NHS Shared Business Service.

Key management personnel

During the financial year under review, no member of either the Board or senior management team, and no other party closely related to these individuals, has undertaken any material transactions with Wrightington, Wigan and Leigh NHS Foundation Trust.

One Non Executive Director is a cancer lead at NHS Salford CCG. The Trust has entered into a number of transactions with this organisation (net income £1.6m) which are considered to be "at arms length".

Key management personnel are identified as Executive Directors and Non-Executive Directors of the Trust. Details of their remuneration and other benefits can be found in Note 5.2 and the remuneration section of the Annual Report.

NOTE 26 RECONCILIATION OF DEFICIT TO TRADING POSITION

	2018/19 £000	2017/18 £000
Surplus for the year	33,784	1,684
Net impairments charged to operating expenses in the year	(5,794)	6,949
Trading surplus	**27,990**	**8,633**

Net impairments included within operating expenditure relate to changes in asset values. These costs are technical in nature and are excluded from the trading position.

NOTE 27 EVENTS AFTER THE REPORTING PERIOD

Following approval by the Board of Directors on 27 March 2019, and after undertaking an in-depth due diligence exercise, from 1 April 2019 the Trust will take over the management of Wigan community services, previously provided by Bridgewater Community Healthcare NHS Foundation Trust.

This transfer will result in approximately 1,000 employees being transferred from Bridgewater to the Trust and value of this contract is expected to be around £45m per year.

GLOSSARY OF TERMS

Acute

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

A&E

Accident and Emergency Department, also known as Emergency Department, based on the Royal Albert Edward Infirmary site.

Acute Care

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

Age Well Unit

Launched in November 2016, this is a new service providing quick and effective care aimed at reducing the time spent in hospital for patients who may benefit from a more personalised multi-disciplinary assessment. The Age Well unit, which consists of 14 beds, seven male and seven female is based at RAEI.

Always Event

The Always Events are the Trust's commitment to improving the delivery of patient and family centred care. The first 10 Always Events were launched in January 2014 following concerns raised by complaints and incidents. The Always Events are embedded within our Safe, Effective, Caring culture. 'Goodnight' Always Events and Do Not Attempt Cardio-Pulmonary Resuscitation Always Events have also been introduced. Always events are everybody's responsibility and should always happen 100% of the time.

Annual Governance Statement

This is a key feature of the organisation's annual report and accounts. It demonstrates publicly the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how we have monitored and evaluated the effectiveness of our governance arrangements. It is intended to bring together into one place in the annual report all disclosures relating to governance, risk and control.

Arterial

This is of or relating to an artery or arteries.

Board of Directors

The Board of Directors at WWL: sets the overall strategic direction of the Trust; monitors our performance against objectives; provides financial stewardship financial control and financial planning; through clinical governance, ensures that we provide high quality, effective and patient-focused services; ensures high standards of corporate governance and personal conduct.

The Board is made up of:

- Non-Executive Directors (NEDs). These are paid part time appointments. NEDs bring independence, external perspectives and skills to strategy development. They help to hold the executive to account and offer scrutiny and challenge.
- Executive Team / Executive Directors. These are full time Directors of the Trust. The executive team takes the lead role
- in developing and implementing strategic proposals, monitoring performance and feeding back to the wider Board of Directors.

Board Assurance Framework (BAF)

Is an essential tool for the Board of WWL and is reviewed at every meeting of the Trust Board. The BAF brings together in one place all of the relevant information on the risks to the board's strategic objectives.

Cardiology

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

Chemotherapy

This is the treatment of disease by the use of chemical substances, especially the treatment of cancer by cytotoxic and other drugs.

CIP (Cost Improvement Programme)

These are a vital part of NHS Trust finances to deliver savings and reduce costs.

Clostridium difficile (C diff / CDT)

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

Clinical Commissioning Groups (CCGs)

These are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. For WWL, Wigan Borough Clinical Commissioning Group (WBCCG) is the main commissioner of services.

Council of Governors

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

Governors provide the link between the Trust and the local community enabling the Trust to gather views from local people and feedback what is happening in the Trust. This predominantly elected body represents service users, carers, the public, staff and other interested parties. People on this council are called Governors.

Together, they:

- Represent the interests of our members and partner organisations.
- Give recommendations on our long-term strategy.
- Provide advice and support to the Board of Directors, which is responsible for the overall management of the Trust.
- Appoint the Chair and the Non-Executive Directors of the Board of Directors.

CQC

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health. It was established in 2009 to regulate and inspect health and social care services in England.

CQUIN

The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

Dermatology

This is the branch of medicine concerned with the diagnosis and treatment of skin disorders.

Diabetes

This is a metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood.

Discharge to Assess

Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home', 'step down'.

Duty of Candour

Introduced as part of the Health and Social Care Act 2008 this regulation aims to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment.

The regulation also sets out some specific requirements that providers such as WWL must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Freedom of Information (FOI)

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

Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. The test helps service providers, such as the Trust, and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS.

General Surgery

General surgery is a surgical specialty that focuses on abdominal contents including oesophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts.

Greater Manchester Devolution

Devolution is the transfer of certain powers and responsibilities from national government to a particular geographical region i.e. Greater Manchester. In 2016 Greater Manchester was the first region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. The Trust is one of 37 members of the Greater Manchester Health and Social Care Strategic Partnership – along with all NHS and Local Authority organisations across the region.

Gynaecology

This is the branch of physiology and medicine that deals with the functions and diseases specific to women and girls, especially those affecting the reproductive system.

Healthier Together

Healthier Together has been looking at how patients will receive health and care in the future. The Healthier Together programme is a key part of the wider programme for health and social care reform across Greater Manchester. Clinically led by health and social care professionals, the programme aims to provide the best health and care for the people of Greater Manchester.

HIS

Hospital Information System.

Hospital Standardised Mortality Ratio (HSMR)

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

IM&T

Information Management and Technology.

Integrated Community Services / Integrated Community Nursing and Therapy

Community based nurses, other health professionals and social workers are now working together as part of a new, single team across Wigan, Ashton and Leigh to improve care and support for patients.

The Integrated Community Service (ICS) brings together NHS staff based in the community with local council health and adult social care staff to provide support to patients in their place of residence.

When under development, this service was known as Integrated Community Nursing and Therapy.

Integrated Discharge Team

The Integrated Discharge Team is made up of a group of professionals from both Social Care and Health who are co-located at Wigan Hospital and collaboratively work together to ensure the safe and timely discharge of patients from the Trust.

Information Governance

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

Locality Plans/Wigan Borough Locality Plan

A core element of Greater Manchester Devolution; each Borough in Greater Manchester is required to have a plan that details how the health and care system will be transformed to deliver improved health outcomes within a financially sustainable resource base.

Wigan's Locality Plan is called "Further, Faster Towards 2020"

Maxillo-facial (Max-Fax)

Oral and Maxillofacial Surgery is a specialty that deals with conditions affecting the head and neck.

MDT (Multi-Disciplinary Team)

This is a meeting of a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

Methicillin-resistant Staphylococcus aureus (MRSA)

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

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

National Inpatient Survey

NHS Inpatient Survey was developed by the Picker Institute in 2002 and forms part of the CQC National Survey Programme. The survey ask patients about their experiences of communications with doctors and nurses, hospital cleanliness, hospital food and discharge arrangements.

Never events

Never Events are a particular type of serious incident that meet all the following criteria: wholly preventable; has the potential to cause serious patient harm or death; There is evidence that the category of Never Event has occurred in the past; occurrence of the Never Event is easily recognised and clearly defined.

NHS England (NHSE)

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

NHS Improvement (NHSI)

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

There are three main strands to NHS Improvement's work:

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

NHS Foundation Trusts

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

Wrightington, Wigan and Leigh is an NHS Foundation Trust, and so are close partners such as Bolton NHS Foundation Trust and Salford Royal NHS Foundation Trust.

NICE

National Institute for Health Care Excellence is a statutory agency which provides national guidance and advice to improve health and social care.

Obstetrics

This is the branch of medicine and surgery concerned with childbirth and the care of women giving birth.

Oncology

This is the study and treatment of tumours.

Ophthalmology

This is the branch of medicine concerned with the study and treatment of disorders and diseases of the eye.

Orthopaedics

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

Paediatrics

This is the branch of medicine dealing with children and their diseases.

PAWS

This stands for Pathology at Wigan and Salford, a joint service between the two organisations.

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.

Radiology

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

RCOG

This is the Royal College of Obstetricians and Gynaecologists.

Real Time Patient Experience Survey

The Real Time Survey is a regular survey of inpatients on our medical, surgical and postnatal wards. It runs alongside the Friends and Family Test as one of the main ways for the Trust to gather regular patient feedback. WWL has a dedicated team of volunteers who visit the wards each week to interview patients. The volunteers carry out face to face interviews with patients.

Rheumatology

This is the study of rheumatism, arthritis, and other disorders of the joints, muscles, and ligaments.

Secondary Care

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

Seven Day Services

This is an initiative to make routine hospital services available 7 days a week.

SPR (Specialist Registrar)

A Specialist Registrar or SpR is a doctor who is receiving advanced training in a specialist field of medicine in order eventually to become a consultant.

Specialist Orthopaedic Alliance

Is a partnership of five hospital trusts that have specialisms within Orthopaedics. The Specialist Orthopaedic Alliance is leading the vanguard activity to establish a National Orthopaedic Alliance.

Summary Hospital-level Mortality Indicator (SHMI)

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

Surgical Assessment Lounge (SAL)

SAL is the elective admissions lounge for all surgical patients at WWL. Patients admitted for day case surgery will also return to SAL after their operation before being discharged.

Surgical Assessment Unit (SAU)

This is an 8 bed unit on the Orrell Ward at RAEI. Patients are transferred to this unit for assessment by doctors from the Surgical team. The unit is run by a senior nurse and a care support worker.

Sustainability and Transformation plans (STP)

The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.

Wigan is part of the Greater Manchester area where Greater Manchester Health and Social Care Devolution is responsible for the Greater Manchester Strategic Plan.

Ultrasound

This is sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.

Urology

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

Vascular

This is relating to, affecting, or consisting of a vessel or vessels, especially those that carry blood.

Vanguard

In 2015 NHS England announced a programme for new models of care focussing on integration, this scheme is called Vanguard. WWL successfully applied with SRFT to be a vanguard project.

Venous Thromboembolism (VTE)

This is the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT. If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE.

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

If you have any queries regarding this report, or wish to make contact with any of the directors or governors, please contact:

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