Northumberland, Tyne and Wear

NHS

NHS Foundation Trust

Annual Report & Summary Annual Accounts 2010/2011

Contents

Welcome to our Annual Report

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) was authorised as an NHS Foundation Trust on the 1st December, 2009.

We provide Mental Health, Learning Disability and Neuro-rehabilitation Services to a population of 1.4 million people across the Northumberland, Tyne and Wear area. We are one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ around 6,500 staff, operate from over 160 sites and provide a range of comprehensive services including some regional and national services.

We support people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland working with a range of partners to deliver care and support to people in their own homes and from community and hospital based premises. Our main hospital sites are:

Walkergate Park, Newcastle upon Tyne;

St. Nicholas Hospital, Newcastle upon Tyne;

St. George's Park, Morpeth;

Northgate Hospital, Morpeth;

Cherry Knowle Hospital, Sunderland;

Monkwearmouth Hospital, Sunderland;

Prudhoe Hospital

Our vision, values and priorities have been developed through wide involvement and consultation with patients, carers, staff and partners. Our vision as an organisation is to:

'Improve the well-being of everyone we serve through delivering services that match the best in the world'

Welcome to our Annual Report

We will do this by:

- Modernising and reforming services, in line with local and national strategies and the needs of individuals and communities; providing first class care in first class environments;

- Maximising the benefits of NHS Foundation Trust status and being a sustainable and consistently high performing organisation;

- Supporting the provision and development of high quality services by being a model employer, an employer of choice, and making the best use of the talents of all of our workforce;

- Fully embracing and supporting service user, carer, staff and public involvement, including our membership in all aspects of our work;

- Providing high quality evidence-based and safe services supported by effective integrated governance arrangements;

- Improving clinical and management decision making through the provision and development of effective information;

- Being an influential organisation that supports and enables social inclusion.

Our plans are also in line with the NHS Constitution, which is based around seven key principles:

- The NHS provides free health care to all;

- Access to NHS services is based on clinical need, not an individual's ability to pay;

- The NHS aspires to the highest standards of excellence and professionalism;

- NHS services must reflect the needs and preferences of patients, their families, and their carers;

- The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities, and the wider population;

- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources;

- The NHS is accountable to the public, communities and the patients that it serves.

Welcome to our Annual Report

Our values underpin all we do. We:

- Put people who use our services and their carers at the centre of everything we do;

- Treat people who use our services and carers with respect and dignity;

- Support and respect our staff, encourage their development, acknowledge their expertise, and value their role;

- Always look to do things better – encouraging and valuing improvement and innovation;

- Promote effective team and partnership working;

- Show trust, having integrity, and be honest, open and transparent in all we do;

- Embrace diversity;

- Listen to the views of others

As a Public Benefit Corporation NTW has members. These include membership constituencies that represent members of the public, service users, carers, our staff and partner organisations.

In the following Report we highlight:

- Our achievements between 1st April 2010 to the 31st March 2011

- Our plans for the year ahead and beyond

- How we have successfully engaged and consulted with our service users and their carers.

We also present in this report:

- Our Quality Report for the period 1st April, 2010 to the 31st March, 2011;

- Our Summary Audited Accounts for the period 1st April 2010 to the 31st March, 2011

Welcome to our Annual Report

Meet the Northumberland, Tyne & Wear NHS Foundation Trust Board of Directors

Gary O'Hare
Director of Nursing & Operations

Chris Watson
Non Executive Director

Lisa Quinn
Director of Performance & Assurance

James Duncan
Director of Finance & Deputy Chief Executive

Ken Grey
Non Executive Director

Dr Suresh Joseph
Medical Director

Paul McEldon
Non Executive Director

Anne Ward Platt
Non Executive Director

Dr Gillian Fairfield
Chief Executive

Judith Curry
Non Executive Director

Liz Latham
Director of Workforce & Organisational Development

Jules Preston MBE
Chairman

Fiona Standfield
Non Executive Director

Chair and Chief Executive's Statement

Our first full year as an NHS Foundation Trust has been a stimulating and rewarding time, as we have embraced the new freedoms and responsibilities that FT status has brought us.

We have enjoyed success in many areas. We have won new business, modernised our services, worked successfully with our partners and opened new services.

We have continued to perform well against national standards set by Monitor and the Care Quality Commission and local targets set by our Commissioners. These standards and targets reflected stretching objectives to improve our services, particularly around the experiences of our service users and carers.

At the end of 2010-11 the Trust was rated Green for Governance and we maintained our high performance for Financial Management with a risk rating of 4. We also declared compliance against the Department of Health's requirements for same sex accommodation standards.

Putting quality at the heart of what we do has always been, and remains, the top priority of the Trust. This year through our 2nd annual Quality Account, we have once again set ourselves a number of quality priorities based on service user and carer feedback about what we do well and what we need to improve upon.

As ever our service users and carers are central to all we do. Their input is invaluable in shaping how we deliver services and last year was no exception. Later on in this report within the 'Building Involvement with our Service Users and Carers' section you will see examples of how we have involved our service users and carers in a number of significant areas of work during 2010/2011.

For example, through our 'Points of You' feedback cards, which were launched last year, experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services. This allows us to monitor the quality of our services and act upon issues that our service users and carers bring to our attention.

The voice of our service users and carers is increasingly and rightly becoming more widely used to measure our performance and so far we have had nearly 5,000 comments on the care we provide from service users and carers who use Working Age Adults services. Although formal assessments of the Trust's performance by external bodies are extremely valuable, the experience and feedback of the individuals we serve is of the greatest value in our efforts to improve.

Service users and carers are also represented on our Council of Governors and bring valuable skills and experiences to their roles. During the last year governors have chaired a number of key committees of note including a Community Survey Group which considered the results of our annual Community Survey which helps the trust develop recommendations for improvement.

We have also continued our full programme of Ward visits enabling Board members and our Governors to see and hear first hand about the services being provided to our service users.

We have put ourselves in a strong position in terms of improving the quality of our care and ensuring we have developed a strong financial base to face these challenges. But we have also prepared for more radical change.

In March, our Board of Directors approved a new business structure for our Trust, one that is centred around providing patient care based on need, and one that segments the Trust in such a way that it is easier to manage and most importantly, more easily understood by those who use and commission our services.

Chair and Chief Executive's Statement

The new business structure, implemented in June, puts clinical leadership at the heart of decision making and aligns our services under three groups: Urgent Care, Planned Care and Specialist Care services. The change will ensure that we improve quality with significantly less resources, removing waste and ensuring that we only do those things that add value to the people we serve, and to those who commission our services.

During the year we also set up a Service Model Review Group, led by senior clinicians from across the Trust, in an exciting initiative to develop the vision and design for how we will deliver services in the future. By being innovative and using the best clinical evidence, we will improve the quality of our services for our service users and their carers.

This Group has considered issues which have been raised by all of our stakeholders, particularly those raised by our service users. Taking into account the most up to date thinking on best practice in healthcare, a new model has been designed around care pathways showing how we intend to deliver the different parts of the patient journey such as accessing services, assessment, care planning, treatment and discharge.

We have also continued our work to build a strong and responsive organisation by recruiting and training high quality staff, robustly managing our finances, using technology, increasing efficiency and productivity and above all, continually focusing on service improvements and quality.

During the year we also continued to work hard to strengthen our relationships with our partners through our programme of joint Chief Executive Meetings that discuss, identify and resolve areas of mutual interest and agree, where appropriate, a joint approach.

The annual Care Quality Commission (CQC) national staff survey showed a continuing trend in staff satisfaction and views about the organisation. The results reflect our efforts to support staff, treating everyone equally and building a positive environment in which to work.

Even in the current difficult operating environment in which the NHS finds itself, by continuing to invest our time and effort into our patient centred improvement agenda, through programmes such as our Service Model Review, we will make sure that we can look forward to the coming years with confidence; secure in the knowledge that we are providing ever improving mental health and disability services to the people we serve.

None of our achievements in 2010/2011 would have been possible without the professionalism, dedication and sheer hard work of staff at all levels across the Trust who repeatedly reflect, through the care and support they provide, our vision and values. Also the support and encouragement of our partners and Governors is essential in ensuring we remain a vibrant and successful organisation.

So from us on behalf of the Trust, a very big thank you to everyone who has contributed in the past year. We look forward to working with you all in 2011-12.

Dr Gillian Fairfield
Chief Executive

Jules Preston, MBE
Chairman

Highlights of the Year

2010

April
Dorothy Matthews, Palliative Care Nurse wins 'Nurse of the Year'

Dorothy Matthews, Palliative Care Nurse won the Nurse of the Year at the International Journal of Palliative Nursing Awards 2010. Dorothy has worked in palliative care for over 30 and currently works with in the Trust's Learning Disability services.

May
Brooke House achieves 'Full Monty Award'

Adult's services at Brooke House, Sunderland, achieved the prestigious "Full Monty" Star Award. Star Wards is a project which works with mental health services and Trusts to enhance mental health inpatients' daily experiences and treatment outcomes.

June
Woodwork Department at Northgate Hospital opens

The Trust opened a new woodwork department at Northgate hospital. The facility is part of day services provided at Northgate hospital and has been refurbished in partnership with the League of Friends organisation. Day services staff and service users were involved in the planning and design of the work area, and worked closely with the Estates team and Laing O'Rourke to make it happen.

July
Greentrees AIMS Accreditation

Greentrees, Psychiatric Intensive Care Unit at St Nicholas Hospital attained AIMS Accreditation. AIMS (Accreditation for Inpatient Mental Health Services) is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement which identifies and acknowledges services which have high standards of organisation and patient care and to attain accreditation is a great achievement.

Highlights of the Year

Investors in People Hat trick of Awards

The Trust scored a hat-trick by being the first to receive the brand new national Good Practice in Health and Wellbeing at work status, the Investors in People accreditation and the Matrix Award. The new Good Practice in Health and Wellbeing status has been available since March 2010 and is awarded by the Investors in People group.

This particular award is a reflection of the Improving Working Lives (IWL) and health and wellbeing work the Trust have been doing for some time with its staff, with many events and initiatives being held trust-wide. The Matrix Standard is the national quality standard for any organisation that delivers information, advice and/or guidance on learning and work.

Investors in People is a flexible and easy to use standard which helps organisations transform their business performance, and has accredited over 35,000 organisations in this country.

Annual Members' Meeting

September

The Trust was proud to showcase the achievements which helped contribute to our authorisation as an NHS Foundation Trust, at our first Annual Members' Meeting held at the Stadium of Light in Sunderland, on the 29th September.

Jubilee Theatre

October

The Jubilee Theatre, St Nicholas Hospital which has been subject to a substantial refurbishment, has enabled the relocation of the Trust's medical education department, who provide via the Northern Deanery (NHS North East), a range of medical training for doctors and medical students.

The upgrade has included a new heating and lighting system and two new classroom pods. The facility now offers excellent accommodation for all and allows the work of Theatre groups, First Act and Juniper Productions. The grade II listed Theatre is the last remaining working theatre in a mental health setting in the UK.

Highlights of the Year

2010

November — Improving Access to Psychological Therapies

Our Trust, working in partnership with the independent healthcare providers Mental Health Concern and Oakdale (MHCO), has been commissioned by NHS North of Tyne to deliver a new service aimed at 'Improving Access to Psychological Therapies - IAPT' for the people of Newcastle.

Each year nearly a quarter of us have difficulties with common psychological problems such as anxiety, low mood, low self-esteem, stress, trauma, phobias and anger, as well as problems with regard to relationships, work or debt. The new service will help the people of Newcastle suffering from such conditions.

December — Richardson Eating Disorder Service increase in beds

The Trust's Board of Directors agreed to increase the amount of inpatient beds at its Richardson Eating Disorders Unit based at Newcastle's Royal Victoria Infirmary from 5 to 10 beds. Demand for such specialist services remains high with statistics showing that eating disorders are on the increase. The beds will meet the needs of those who suffer from eating disorders both locally and across the region.

2011

January — CAMHS Intensive Community Support Service

Our Children and Young People's services started working with the North of Tyne Commissioners to deliver an intensive community treatment service from April 2011. This is a unique service for children and young people which will operate seven days a week to support young people and their families and hopefully reduce the need for inpatient admissions.

Highlights of the Year

Information Standard Accreditation

NTW achieved the prestigious Information Standard. The Information Standard scheme was developed by the Department of Health to help the public identify trustworthy health and social care information easily. The Standard defines good quality health or social care information and the methods needed to produce it.

Organisations that meet The Standard can place the quality mark on their information materials and their website - a reliable symbol of quality and assurance.

Shining a Light on Excellence Awards

In March we organised a prestigious staff awards ceremony to celebrate our 6,500 staff and volunteers and the sterling work they do in their everyday lives.

Award Winning Trust

During the course of 2010/11, individuals and teams from across Northumberland, Tyne and Wear NHS Foundation Trust received recognition and reward for their hard work, both regionally and nationally. Details appear below:

- Dr Annette Hames, Clinical Psychologist and her team won in the Training and Educational Materials category at the NHS Bright Ideas in Health Awards 2010. For the past 10 years, Dr Annette Hames and Head Teacher Chris Rollings, from Hadrian school in Newcastle have been successfully working in partnership with the parents and carers of children with a range of learning difficulties, behavioural difficulties and complex needs, running Confident Parenting groups. A Confident Parenting Handbook and DVD are the result of this collaboration. They are designed to help empower new group facilitators to support parents on their difficult road to confident parenting.

- Greentrees, Psychiatric Intensive Care Unit at St Nicholas Hospital; Eighton Ward at the Tranwell Unit, Gateshead; The Dene, Psychiatric Intensive Care Unit at Cherry Knowle Hospital; and Hauxley Ward at St. George's Park, Morpeth. All attained AIMS Accreditation. AIMS (Accreditation for Inpatient Mental Health Services) is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement which identifies and acknowledges services which have high standards of organisation and patient care and to attain accreditation is a great achievement.

- The Sunderland, South Tyneside and Gateshead Early Intervention in Psychosis teams were shortlisted in the RCPsych Awards 2010 in the category 'Psychiatric Team of the Year'.

- Liz Bowman, Care Coordination Development / Training Lead in Clinical Governance was Highly Commended by the Care Programme Approach Association for Excellence in Providing Care Programme Approach information for Care Co-ordination.

- Alan Currie won an 'outstanding paper' award from the Emerald Literati Network Awards for his paper entitled "Responding to Eating Disorders in Sport – UK Guidelines". Over the last 10 years Alan has worked to provide education for sports coaches and advises on organisational practices that manage the risks of eating disorders. He has worked with UK Sport, UK Athletics, and the English Institute of Sport with Dame Kelly Holmes amongst others.

- Dorothy Matthews, Palliative Care Nurse won the Nurse of the Year at the International Journal of Palliative Nursing Awards 2010. Dorothy has worked in palliative care for over 30 years and currently works within the Trust's Learning Disability services.

Award Winning Trust

- Dr Annette Hames, Consultant Clinical Psychologist - working in the Clinical Psychology Department of Newcastle's Community Team Learning Disability - was shortlisted for a Health Service Journal (HSJ) award. Her work on 'Confident Parenting Groups' was shortlisted in the Enhancing Quality and Efficiency in Services for Children and Young People category.

- Dr A Sharma, Consultant Psychiatrist in Child and Adolescent Mental Health Services, was awarded the 2010 Margaret Davenport Award at the Annual Conference of the Child Psychiatry Faculty of the Royal College of Psychiatrists at Oxford for the "Best Research Presentation". He presented 'Facial Emotion labelling in children of adults with bipolar disorder'.

- Maxine Shepherd, Adolescent Mental Health Practitioner based at the Barnes Unit in Sunderland was nominated for a Local Heroes award through the local radio station, Sunderland FM by a client and their family. Maxine was one of three nurses put forward and she won the award which was presented to her at the Stadium of Light, Sunderland.

- Service users at Stephenson House, Prudhoe Hospital won the John Muir Award. The John Muir Award is an environmental award scheme which focuses on wild places, and involves four challenges; discover a wild place, explore your wild place, conserve it, and then share your experiences. The young people on Stephenson House used their summer holidays to complete the Discovery Level of this award.

- Our Richardson Eating Disorders Team (REDS), based at Newcastle's Royal Victoria Infirmary were nominated for a BEAT Award 2010 for the Clinical Team of the Year. The Award is for the team that has shown outstanding commitment to patient care.

- Bethan Davies, Doctorate in Clinical Psychology 2010 won an award at a national conference in the FIRE/Gore Research Excellence category.

- Hotel Services Staff at Monkwearmouth Hospital, Sunderland who were successful in securing a Heartbeat Award for 2010-2011. The award is presented to employers who provide a nutritious menu in a healthy environment.

- Dave Norcott, Care Co-ordinator with the Newcastle North Tyneside Early Intervention in Psychosis Team, was nominated for an award by NomadE5 for: "Recognition to outstanding contribution to staff and service users".

Award Winning Trust

- A Royal College award was presented to Newcastle Older People's Liaison Psychiatry Team after they improved the quality of care for patients.

  The Psychiatric Liaison Accreditation Network (PLAN) was awarded to staff working at the Centre for the Health of the Elderly in Newcastle after completing a three month assessment and quality review visit.

  PLAN is a network of mental health liaison services run by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The network aims to recognise achievements within liaison services and encourages teams to constantly strive for improvement.

- The Nurse Liaison Team from St. George's Park are part of the Acute Care and Dementia Working Group which includes Carers, Northumbria Healthcare NHS Foundation Trust and Northumberland Care Trust. They won a 'Success in Partnership Working' award from the North East Health and Social Care Awards 2010.

  Together they have developed 'This is me', a simple and practical leaflet designed to help people with dementia during their stay in hospital. Its success has seen coverage on Loose Women on ITV1 and also featured in The Daily Mail and The Good Homes magazine.

  The leaflet, offering a 'snapshot' of the person with dementia gives hospital staff, without specialist training in dementia care, the ability to quickly understand individual patient needs and make sure care is provided in the right way.

- Adult's services at Brooke House, West Willows and Meadow View, all in Sunderland, achieved the prestigious "Full Monty" Star Award.

  Star Wards is a project which works with mental health services and Trusts to enhance mental health inpatients' daily experiences and treatment outcomes. Star Wards discover, celebrate, share, publicise and inspire excellence in inpatient care. The resources provided by the programme can be used and adapted to stimulate and structure therapeutic and enjoyable daily activities for patients. There are 75 suggestions that will make psychiatric hospitals better places to be, with more exciting things to do, more choice and more patient involvement in planning their time.

NTW Staff in Demand

- Hugh Griffiths, Consultant Psychiatrist at St George's Park has been appointed as the acting National Director for Mental Health.

  Hugh was the Director of Policy and Knowledge Management for the NHS Clinical Governance Support Team from 2003 until April 2004 and since then has been Deputy National Director for Mental Health (England). He still continues in part-time clinical practice at our St George's Hospital.

- Dr Cesar Lengua who has been appointed National Clinical Lead for Adolescent Forensic Services by the National Specialised Commissioning Team. Dr Lengua will provide clinical leadership across the National Secure Forensic Adolescent Mental Health Service and represent the Commissioning Team in discussions with the Department of Health and Youth Justice Board.

- Dr Jonathan Richardson, Consultant Psychiatrist was appointed as Special Adviser Royal College of Psychiatrists Informatics and Chair of Royal College of Psychiatrists Informatics Committee.

  The role is to advise the RCPsych on health information management issues as they relate to the practice of psychiatry and mental health services. The government's work on Payment by Results is continuing apace, so in this role there will be close liaison with the Special Adviser Royal College of Psychiatrists on PbR who will act as co-chair of the informatics committee.

- Bruce Gillmer (PhD) and Professor John Taylor, both Psychologists, from our Forensic Directorate became the first non-medical approved clinicians in England. Their portfolios were examined and accepted at the NE England Registration and Approvals Panel in June 2010.

- Professor John O'Brien has been appointed as National Research Lead for Dementia and Associate Director for the Dementia and Neurodegenerative Diseases Research Network (DeNDRoN). This one day a week role, funded by the Department of Health, will provide national leadership in dementia research and assist with the development and implementation of new ways of working to integrate patient care and clinical research in dementia in the NHS.

- Julie Curtis, Child and Adolescent Team Co-ordinator was elected onto the new Quality Network for Community Child and Adolescent Mental Health Services (CAMHS) advisory group. The group is responsible for moving the CAMHS strategy forward and ensuring that national standards are agreed and maintained.

Annual Members' Meeting 2010

In September 2010, the Trust was proud to showcase the achievements which helped contribute to our authorisation as an NHS Foundation Trust, at our first Annual Members' Meeting held at the Stadium of Light in Sunderland.

The event, attended by over 200 people, gave us an opportunity to talk to attendees about how the Trust is delivering services that meet the needs of local people and that we have clear and robust plans in place to build for the future.

Over 30 services hosted exhibition stands highlighting their achievements and guests - including staff, service users, carers, governors, partners and members of the public - were all able to see first hand how providing good quality services for people who need our care has been a top priority for the Trust in the last year.

Staff & visitors gather at the Annual Members Meeting 2010

Shining a Light on Excellence Awards

In March NTW organised a prestigious awards ceremony to celebrate its 6,500 staff and volunteers and the sterling work they do in their everyday lives.

Our second annual 'Shining a Light on Excellence Awards' was held at the Marriott Hotel in Gosforth, Newcastle, thanks to the support of sponsors Laing O'Rourke and GT Contracts Limited. The evening was hosted by the Director of the successful South Tyneside arts venue The Customs House, Ray Spencer, while the winners received their awards from the Trust Chairman, Jules Preston, MBE, and Chief Executive, Dr Gillian Fairfield.

Over 240 nominations for the 13 award categories came directly from the workforce, so people were able to put forward their own co-workers who they thought deserved public recognition. The entries were considered by two judging panels whose membership included our commissioners from North and South of Tyne, Governors, staff and service users and carers.

All the winners gather on stage at the 'Shining a Light on Excellence Awards 2011'

Director's Report

Welcome to the Director's report where we provide an analysis of our organisation's business. The following pages include:

- An operating and financial review of the Trust's activities 1st April 2010 to 31st March 2011

- Business and Service Model Reviews

- Our future plans - looking to the year ahead and beyond

The Directors of Northumberland, Tyne and Wear NHS Foundation Trust present their operating and financial review report for the period 1st April, 2010 to the 31st March, 2011. Details of the Trust's Board of Directors are shown on page 176.

In preparing this report the Directors confirm that they have provided the external auditors with a Letter of Representation. This letter has been duly considered by the Trust's Audit Committee and Board of Directors and confirms all relevant audit information, of which the Directors are aware has been passed onto the external auditors. The Trust's Directors have also taken all reasonable steps to ensure that the Trust's external auditors are aware of all material facts known to the Trust in relation to the Trust's annual report and accounts for 1st April 2010 to the 31st March, 2011.

The Foundation Trust is a legal entity in the form of a Public Benefit Corporation and was licensed on the 1st December, 2009 under the Health and Social Care (Community Health and Standards) Act 2003, now superseded by the NHS Act of 2006 (Chapter 5).

Operating Review

Our Achievements

In this section of the report we highlight some of the many achievements against our seven strategic objectives over the period 1st April, 2010 to 31st March 2011 which have enabled us to improve the range and quality of services we provide.

Modernise and reform services, in line with local and national strategies and the needs of individuals and communities; providing first class care in first class

Construction work on our new £27 million specialist centre for children and young people with mental health and / or learning disabilities, Ferndene at Prudhoe Hospital, continued in 2010/11.

The new centre will provide 40 beds and will accommodate the first integrated service of its kind in the country. Young people have, and will continue to be involved at every stage of the development and the new centre is scheduled to be completed in the autumn of 2011.

Director's Report

A major capital refurbishment was completed on improving Bothal and Belsay at Northgate Hospital to provide Specialist Assessment and Treatment Services for men and women with learning disabilities and mental health needs or challenging behaviour. Last year we also upgraded and improved the patient environments and courtyards at our specialist autism wards Ingram and Woodside at Northgate Hospital.

The Jubilee Theatre at St. Nicholas Hospital was the subject of a substantial refurbishment which has enabled the relocation of the Trust's medical education department, who provide via the Northern Deanery (NHS North East), a range of medical training for doctors and medical students. The grade II listed Theatre is the last remaining working theatre in a mental health setting in the UK.

The upgrade has included a new heating and lighting system and two new classroom pods. The facility now offers excellent accommodation facilities for use by Trust staff.

The Trust commissioned capital investment work that will build on the significant work already undertaken in recent years around reducing possible ligature points in and around our inpatient wards.

A major capital refurbishment project was started on Elm House in Gateshead, in readiness for the provision of a rehabilitation unit for Working Age Adults.

During the year we worked with North of Tyne Commissioners to plan for the implementation of intensive community based services for Children and Young People North of Tyne. This service will reduce the need for under 12s to be admitted to psychiatric inpatient facilities.

The Trust has also successfully worked with organisations in the private and voluntary sector to provide new services both North and South of Tyne that will improve access to psychological therapies for the people over the age of 16. Working with Mental Health Concern Oakdale North of Tyne and Sunderland and Washington MIND and Sunderland Counseling Service South of Tyne, the new services will build on the wealth of experience of both NTW and the partner providers in providing a range of services for people experiencing mental health problems.

Each year nearly a quarter of us have difficulties with common psychological problems such as anxiety, low mood, low self-esteem, stress, trauma, phobias and anger, as well as problems with regard to relationships, work or debt. The new service will help the people suffering from such conditions.

In South of Tyne, we won a tender for the development of a community based service that will help service users suffering from a long term neurological condition to self-manage their condition. This is a community based service that will be managed from our Specialist Neurological unit at Walkergate Park.

The Trust's Board of Directors agreed to increase the amount of inpatient beds at our Richardson Eating Disorders Unit based at Newcastle's Royal Victoria Infirmary from 5 to 10 beds. Demand for such specialist services remains high with statistics showing that eating disorders are on the increase. The beds will meet the needs of those who suffer from eating disorders both locally and across the region.

Director's Report

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Adult's services at Brooke House, West Willows and Meadow View, all in Sunderland, achieved the prestigious "Full Monty" Star Award. Star Wards is a project which works with mental health services and Trusts to enhance mental health inpatients' daily experiences and treatment outcomes. Star Wards discover, celebrate, share, publicise and inspire excellence in inpatient care. The resources provided by the programme can be used and adapted to stimulate and structure therapeutic and enjoyable daily activities for patients. There are 75 suggestions that will make psychiatric hospitals better places to be, with more exciting things to do, more choice and more patient involvement in planning their time.

In 2010/11, the Trust consulted with key partners on the potential move of acute inpatient mental health services from ward 21 at North Tyneside District Hospital to St George's Park, Morpeth. This proposal will help the Trust to maintain high quality safe and therapeutic care for the residents of North Tyneside.

The clinical care provided by the staff on ward 21 is of a high quality. The major problems for the organisation are the clinical isolation of the ward as well as the environmental shortfalls that exist despite many years of significant capital investment. This therefore is the key driver for change.

Following lengthy engagement with representative groups, an option appraisal exercise was undertaken, with the chosen option being a move to our St George's Park hospital in Morpeth. St George's Park facilities are purpose-built and more suited to meeting the needs of 21st century mental health care. However, the vast majority of mental health services, including community and rehabilitation services, will continue to be provided within the boundaries of North Tyneside.

The Trust believes that this proposal will greatly enhance the quality of care provided to residents of North Tyneside who are in receipt of acute inpatient care by helping to address their safety, privacy and dignity needs.

The Trust opened a new woodwork department at Northgate hospital. The facility is part of day services provided at Northgate hospital and has been refurbished in partnership with the League of Friends organisation. Day services staff and service users were involved in the planning and design of the work area, and worked closely with the Estates team and Laing O'Rourke, our construction partner, to make it happen.

One of the Trust's key modernisation objectives is to achieve the replacement of Cherry Knowle Hospital and during the year we continued to work with our partners to develop plans for new purpose built-facilities for working age adults, older people and people with a learning disability South of Tyne.

Director's Report

Maximise the benefits of NHS Foundation Trust status and be a sustainable and consistently high performing organisation.

The Trust's Integrated Business Plan sets out NTW's priorities, goals and initiatives to deliver our vision. It does so at a time of increasing competition and when the NHS faces probably the most difficult financial situation in its history. To respond to these pressures and meet the needs of service users and commissioners we will have to further transform our services over the next four years.

The Trust has an impressive history of successfully managing complex change and modernisation in a changing environment. We know, however, that the resources we have are going to be reduced significantly over the next five years so we need to ensure that we focus all of our efforts on what really creates benefit to our service users and carers.

In 2009 we launched our transformation programme which we called Next Steps. This programme approach is focused on re-designing the care that we provide around our patients' needs and ensuring that the organisation is fit for purpose to make this change. Under this overarching programme, a number of strategic programmes of work have been initiated:

Safety - The Safety Programme looks at how we ensure we always provide the highest standards of safe, quality care by improving overall patient safety and reducing the number of serious untoward incidents across the Trust.

Leadership - The Leadership programme looks at how we will ensure and enhance leadership development at all levels and through all professions across the organisation, both clinical and non-clinical.

Continuous Improvement System - This programme looks at how we continually improve what we do and improve outcomes for those that use our services.

Knowledge - The knowledge programme will create and sustain the appropriate systems, tools and culture so that we can capture, create, distil, learn, share and use 'know how' across the Trust.

Service Line Management - The Service Line Management programme will effectively understand how we deploy our resources (financial and non-financial) to meet the needs of our patients.

The Next Steps and Safety Programmes are core programmes focused on service change, the others are enabling programmes that establish systems and processes to underpin improvement in service delivery.

The launch of our Next Steps Programme helped us to provide clarity about the nature and scope of the work we need to undertake. In summary the programme will deliver an organisation wide refocusing around the patient utilising a care pathway approach.

Director's Report

Our transformation programme developed throughout the year and in March 2010, the Trust's Board of Directors met and agreed to implement a new Business Model across the Trust - one that is centred around providing patient care based on need. More information on our new Business Model can be found on page 31.

The new business model will better enable the Trust to further develop and implement our transformation programme.

To inform and guide the transformation of our services, we set up our Service Model Review. This brought together an expert and highly motivated group of clinicians to review best practice nationally and internationally, as well as feedback and comments that we have received locally, to develop a service model that truly has the needs of patients at its heart. More information on our Service Model Review work can be found on page 31.

During the year the Trust worked hard to successfully achieve its Commissioning for Quality and Innovation (CQUIN) targets agreed with our commissioners locally. We also maintained "Excellent" for Financial Management and a risk rating of 4.

The Trust's performance, in terms of quality is outlined in our Quality Report on pages 60 to 131.

In terms of our financial performance the Trust delivered all of its financial targets, these are outlined in the Financial Review on page 40.

Support the provision and development of high quality services by being a model employer, an employer of choice, and making the best use of the talents of all of our workforce.

In 2010 the Trust developed and approved a revised Training and Development Strategy for its workforce. A key element of the strategy is to implement a new Trust Leadership Programme that will reflect and support our Next Steps transformation programme.

The success of our new business model will be underpinned by our aim to develop clinical, managerial and professional leaders that will help us to transform our services. Our aim is to have leaders at all levels across the organisation who are innovators and entrepreneurs - able to introduce and implement change to meet service need and continually drive up quality.

Good leadership doesn't just happen – it has to be supported by an investment in the development of current and future leaders. In early 2011 work started to roll out a comprehensive trust-wide leadership programme from ward to Board.

Director's Report

In August 2010, the Trust scored a hat-trick by being the first to receive the brand new national Good Practice in Health and Wellbeing at work status, the Investors in People accreditation and the Matrix Award.

The new Good Practice in Health and Wellbeing status has been available since March 2010 and is awarded by the Investors in People group.

This particular award is a reflection of the Improving Working Lives (IWL) and health and wellbeing work the Trust have been doing for some time with its staff, with many events and initiatives being held trust-wide. The Matrix Standard is the national quality standard for any organisation that delivers information, advice and/or guidance on learning and work.

Investors in People is a flexible and easy to use standard which helps organisations transform their business performance, and has accredited over 35,000 organisations in this country.

We also continued to achieve an increase in the number of staff receiving their mandatory training through improving awareness and access to online training modules making it easier for staff to undertake the required course.

In 2010/11 we continued our work on improving how we manage sickness absence. We implemented initiatives to tackle the problem such as a review of our policies and better training for managers on how to manage sickness absence including making managers accountable for conducting 'return to work' interviews with their staff.

We also introduced an innovative approach in our attempt to reduce sickness absence by launching a scheme were we identified a list of current managers who were identified as showing excellent leadership skills and who manage or work in areas that have excellent outcomes such as low incidents, low complaints, good patient feedback, evidence of highly motivated staff and low sickness absence.

These managers were invited to act as champions for reducing sickness with a remit to spend time in areas that experience high absence rates. They provided support to those areas experiencing difficulties and got a feel for the issues they encounted. We will hopefully feel the benefit as we move into 2011/12 as the champions continue to provide support and action plans are in place.

The Trust continued to invest in its staff with the launch of a new Occupational Health Services. The new provider is Team Prevent who will provide a full Employee Health and Well Being service for NTW.

Reasons for you being referred to Occupational Health can include routine health surveillance, immunisations and vaccinations. Team Prevent will also work with the Trust to promote positive health and well being.

In addition a new service providing counselling to staff was also launched. The provider of this service is Care First who is a leading provider of confidential, professional counselling, information and advice services.

Director's Report

During 2010 we also continued with our "250 events" where we invite 250 representatives from across the Trust to participate in themed events aimed at helping us shape the future of our organisation.

We have continued to work hard to ensure that staff have access to the benefits of modern working practices and that the principles of Improving Working Lives standards continue to be embedded within the organisation. We hold the Gold Level Award from the Healthy People Healthy Business Award and are a Mindful Employer committed to being positive about mental health.

In the 2010 national NHS Staff survey we were in the top 20% of comparable trusts in the country in 19 out of the 38 key findings. These included those relating to the percentage of staff appraised with personal development plans in the last 12 months, percentage of staff reporting good communication between senior management and percentage of staff receiving health and safety training.

Further details relating to our work in partnership with our staff are outlined on page 152.

Fully embrace and support service user, carer, staff and public involvement, including our membership in all aspects of our work.

During 2010 we continued to work hard to grow our membership.

We recruited people by:

- Talking to members of local voluntary and community groups;

- Encouraging our staff to recruit friends, relatives, and service users and carers;

- Running recruitment road shows in town centres and at major events such as festivals and summer shows

- Reviewing our membership strategy and, via a Council of Governors' Membership Sub Group, make Governors responsible for growing membership.

In early 2011, we also commissioned the Electoral Reform Service (ERS) to undertake elections in the constituencies were we showed gaps. We successfully filled the following constituencies for a term of three years:

- Public – North Tyneside
- Public – South Tyneside
- Service Users – Older People's Services
- Service Users – Children & Young People's Services

Further details relating to our membership and Council of Governors are outlined on page 144.

Director's Report

At a service level we worked hard to involve people in innovative ways examples include:

- **'Points of You'** was created early last year by the Trust's Service User & Carer Involvement workers in partnership with service users and carers in the community. The voice of our patients and carers is increasingly and rightly becoming the most accurate reflection of our performance. Experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services allowing us to monitor the quality with which we deliver and act upon issues that our patients and carers bring to our attention.

- A **Carers Charter Conference** "You Care: We Care" held in June 2010 provided an opportunity to reflect on the positive changes we have made including:

  - Benchmarking services with carers against the Charter standards
  - Carers Champions in each ward and team across all Trust services
  - Training in Family Interventions
  - Creation of Family Friendly Environments
  - Points of You
  - Introduction of an Annual Audit to monitor progress in achieving and maintaining standards.

- During 2010 the Trust has set up a Service Model Review Group, led by senior clinicians from across the Trust, in an exciting initiative to develop the vision and design for how we will deliver our services in the future. By being innovative and using the best clinical evidence we will improve the quality of our services for our service users and their carers.

  The Group has considered issues which have been raised by all of our stakeholders, particularly those raised by our service users. Taking into account the most up to date thinking on best practice in healthcare, a new model has been designed which shows how we intend to deliver the different parts of the patient journey such as accessing services, assessment, care planning, treatment and discharge.

- During November we worked on improving the **Multi Disciplinary Team Process**. We used a technique called rapid process improvement workshops (RPIW) - this is about taking time out with the right people to solve problems and to make improvements. We engage with staff and customers and get their ideas of how we can make things better - to get the best ideas we have to think differently; often the more unusual ideas are best. The ideas are developed and tried out, we measure things to see if they have really improved, and then refine things further.

Director's Report

Provide high quality evidence-based and safe services supported by effective integrated governance arrangements.

Our transformation programme developed throughout the year and in March 2010, the Trust's Board of Directors met and agreed to implement a new Business Model across the Trust, one that is centred around providing patient care based on need, and one that segments the Trust business in such a way that it is easier to manage and most importantly, one that is more easily understood by those who use and commission our services.

We have developed the new business model with the aim of ensuring that the Trust is best positioned to meet future challenges. These challenges include the need to improve quality with significantly less resources and we will do this by re-designing our services around the needs of our patients, removing waste and ensuring that we only do those things that add value to the people that we serve, and to those who buy our services.

Implementation of the new business model will be in early summer 2011.

Our staff recognise the importance of Trust's values and this is acknowledged by our staff recognition awards, highlighted earlier this report, which are structured to ensure our staff are recognised for improving the quality of the care that they provide.

The improvements we have made to improve the quality of services are included in our Quality Report for 2010/11 on page 60.

Through an organisational learning process we identified three Quality Goals which form the basis of our quality priorities over the next five years.

- Quality Goal One: Reduce incidents of harm to patients;

- Quality Goal Two: Improve the way we relate to patients and carers;

- Quality Goal Three: Ensure the right services are in the right place at the right time for the right person.

We continued investing in a significant programme of environmental improvements across the Trust's services with the aim of providing high quality and safe environments.

Based on the outcome of a self assessment NHS Trusts were required to sign a "Declaration of Compliance" by the end of March, 2011 declaring whether they were compliant with the commitment to deliver same sex accommodation. The Trust Board was pleased to sign this declaration of compliance.

One of our priorities for the year was to reduce incidents of harm to patients as the safety of people in our care is extremely important to us. As featured in our Quality Report on pages 60 to 131 we did achieve a reduction in the number of incidents of harm.

Other notable achievements are included in our awards section earlier on in this Annual Report.

Director's Report

Improve clinical and management decision making through the provision and development of effective information.

During 2010/11 we continued to progress the Trust-wide implementation and upgrade of a single clinical system (RiO) across the Trust. The system provides clinical staff with up-to-date access to a patient's record across different sites improving the quality and safety of services. We also identified and piloted appropriate technical solutions for mobile access to RIO. An Enhancing RiO access project was also launched in 2010 to help resolve issues with accessing RiO Trustswide.

The NTW Dashboard Project was a significant piece of work for the trust and its development gathered pace in 2010. The idea originally initiated through our involvement in the National Pilot for Clinical Dashboards led by Dr Jonathan Richardson. We piloted a Clinical Dashboard in four areas, two Inpatient Wards and two Community teams in Older People's Services.

In August 2010, after the success of the initial pilot, we took the development of NTW Dashboards further by creating a 'suite' of Dashboards and Reports incorporating the use of the Trust's Data Warehouse.

The Trust Clinical dashboard is now live in every ward and team setting and can be accessed by all staff through the Trust intranet. Work is ongoing to implement the use of touch screens to display the Dashboards in Clinical areas.

We have developed a 'Patient' and 'Public' view to be displayed via the touch screens which can be used by members of the public, service users, families and carers to obtain useful information about our services. A library of patient information leaflets are available along with videos in many languages. People can also use these views to record patient opinion using 'Points of You'.

The Quality and Performance Dashboard and the Service Line Report allow people to view real-time quality indicators relating to their Service, and how they are performing against agreed standards. Drill-down functionality is available on these reports so that clinicians are able to see the service user details and update the patient record in a timely manner.

The 'Workforce Dashboard' and 'My Dashboard' contain information about individual Trust staff members held in different systems across the Trust. This includes personal details, clinical activity; IT related information and training Information. From these dashboards an individual or their manager can check they are up to date with statutory and mandatory training and access e-learning, monitor their clinical activity and report amendments to their personal details to the correct department. Managers also view absence reports and personal development information via the Workforce dashboard. Work on NTW Dashboards will continue throughout 2011.

The Informatics Development Team worked with the Trust's Communications Team to design and develop a new Intranet System for the Trust which was launched in August 2010.

The Trust also continued to develop its Data Warehouse reporting systems that bring together information from clinical, human resource, finance and incident reporting systems to provide service line reports.

Director's Report

One of the first developments from this warehouse has been a clinical dashboard for the Trust's Older People's Service. We were one of ten national pilot sites selected for the development of Clinical Dashboards and the only Mental Health Trust to be selected. Connecting for Health rated the Trust's delivery joint first in an assessment of the pilot sites work.

We have also implemented an IT system to automate Time and Attendance and Electronic Rostering processes. This will help us standardise ward shift patterns and ensure that the optimum combination of staff and skill mix can be assigned to each shift, automate time recording, introduce electronic rostering and improve management reporting of time, attendance and absence information. We will be progressing this work in 2011.

We worked on the development and implementation of dataset for Care Pathways and Packages and will look to roll out of utilisation across Working Age Adult and Older People's Services in 2011.

Be an influential organisation that supports and enables social inclusion.

The Trust launched our Next Steps transformation programme back in late 2009, which is looking at how we transform and design our services around patients' needs, reduce waste and bureaucracy, and develop a better trained, more flexible and better-led workforce which will ensure that we are a successful and thriving organisation.

As part of this work we have identified the need to build on existing relationships with primary care services and develop new partnerships. This will allow us to develop an effective dialogue with GPs and Primary Healthcare Teams to better understand how we can work together to continually improve the services we provide for our patients.

We were therefore pleased to appoint Dr Dominic Slowie to assist and advise us in this important work. He is working in the Trust two days a week. Dominic has worked in a number of GP practices in our locality and has worked with a number of Primary Care networks in his recent role as GP Consultant to the Strategic Health Authority.

Working in partnership brings benefits to everyone - service users, carers, staff and the Trust itself and it is with those benefits in mind that we designed our governance arrangements and in particular representation on the Council of Governors.

Our work with our partners is also highlighted on page 146.

As one of the largest Mental Health and Disability Trusts in the country, we are committed to promoting social inclusion and stamping out stigma. During 2010 we promoted our "Happiness Is" campaign across the North East as a part of our public events to highlight the work of the Trust and sign up new members.

We marked World Mental Health Day by linking our "Happiness Is" campaign with the national Mental Health 5 a day campaign. The people of the North East consistently tell us that topping the list of what makes them happy is relationships with families and friends.

Director's Report

Business and Service Model Reviews

In March 2011, our Trust's Board of Directors agreed to implement a new management business model across the Trust, one that is centred around providing patient care based on need, and one that segments the Trust business in such a way that it is easier to manage and most importantly, one that is more easily understood by those who use and commission our services.

We have designed the new business model with the aim of ensuring that the Trust is best positioned to meet future challenges. These challenges include the need to improve quality with significantly less resources and we will do this by re-designing our services around the needs of our patients, removing waste and ensuring that we only do those things that add value to the people that we serve, and to those who buy our services.

The key aspects of the new business model are to:

- Move from five operational directorates to three groups: urgent care, planned care; and specialist services.

- Increase clinical leadership and decision making.

- Re-align professional leadership models.

- Re-align corporate support functions.

- Reduce costs of management and reduce bureaucracy to maximise resources committed to front line patient care.

We have taken this decision to ensure that NTW is fit for the future and can not only respond to the current context of the NHS but can act to make sure we really drive forward the quality of care for our patients, maintaining excellent services and improving those that fall short of the standards we expect.

We have consulted on the proposals and the new business model will be in place by June 2011. This will ensure that we have a management system in place, which is fit for purpose for managing our significant change agenda, while ensuring the delivery of continuing safe and high quality services.

During 2010/11, we also set up our Service Model Review, which brought together expert clinicians from across the Trust to work across the organisation to develop our vision for future delivery of services, ensuring that our services are designed around patients needs. This work involved a whole system review, within an environment where we are looking to increase quality while significantly reducing cost in meeting current demand.

This has further developed our thinking around whole system management, and the need to further significantly reduce demand on our in-patient beds, through improving first line interventions, better support and maintenance to allow people to be cared for in the least restrictive environment for them, and managing effective discharge and step-down.

Director's Report

The service model will continue to be developed in 2011 as we continue discussions with GPs, staff, and our service users and their carers. The delivery of the transformation of our services inherent within the service model review will be at the heart of our strategy going forward. Our aims of delivering real improvements in quality with reduced resources are entirely dependent on us designing our organisation around our patients.

This process of transformation will be the key strategic aim for our organisation. This represents a challenging but really exciting time for the Trust.

Our future plans – looking to the year ahead and beyond

- We are already a successful Foundation Trust having made excellent progress against our original Integrated Business Plan (August 2009) in the context of a very challenging financial climate. Our Service Development Strategy (August 2009) sets out six priorities and we have made significant progress in meeting them. The following will be progressed over the year ahead:

- We will continue to progress the modernisation of urgent care mental health services for working age adults, relocating the service currently provided from Ward 21 at North Tyneside General Hospital to St.George's Park, Morpeth.

- We will progress our plans to improve services for older people living South of Tyne, establishing a centre of excellence for long term complex care in Wearmouth View on the Monkwearmouth Hospital site and focusing acute challenging behaviour services on Sycamore at Cherry Knowle Hospital.

- We will work with partners to develop a model of services for older people living in Northumberland.

- We will continue to progress the Business Case relating to the proposed new purpose built facilities for working age adults, older people and people with learning disabilities in South of Tyne (Cherry Knowle Hospital reprovision) which are due to open in 2013/14.

- We will complete the Ferndene development which will enable us to fully integrate and reprovide facilities for Tier 4 child and adolescent mental health and learning disability services on the Prudhoe Hospital site.

- We will continue to work with commissioners to refocus social and residential services for people with learning disabilities to the provision of specialist support to individuals with the most complex needs.

- We will progress the development of new purpose built low secure facilities on the Northgate Hospital site for men with a learning disability.

Director's Report

Through 2011/12, we will be working hard to implement our new Business and Service Models, and on refreshing and updating our Integrated Business Plan around the delivery of this transformational agenda.

Effective partnerships are critical to the success of our transformational agenda. Engagement with Primary Care Trusts and GP commissioners has started, as has engagement with Local Authorities. We are implementing Customer Relationship Management programme with all of our partners to further develop this engagement, and this will be fully rolled out during 2011/12.

We are also looking at new partnership models of delivery, which currently include working with the Community Voluntary and Independent Sectors on IAPT; with a major regional acute Foundation Trust on Children's Eating Disorders; with other Foundation Trusts and companies from the independent sector. Further partnerships are being actively progressed, and new joint models of delivery will be critical to the future success of our strategy.

Our annual plan provides a clear direction for the Trust over the next three years, building on our strengths and addressing areas for development to meet the needs of the population.

Tim Docking, Group Director for Planned Care attends an NTW event

Building Involvement with our Service Users and Carers

NHS organisations have a duty to involve service users, their families and carers, and people from the local communities which we serve. The Trust wholeheartedly believes that involving people brings significant benefits and we highly value the input we receive. As a Foundation Trust, we involve people by having a representative Council of Governors, as well as by undertaking work in the different services which we provide.

Examples of how people are involved in the trusts work are included below/throughout the report.

Points of You

'Points of You' was created in anticipation of a future where the success of health organisations is determined by the experience of its patients and carers. As we move swiftly towards a robust outcomes focussed interpretation of success, the voice of our patients and carers is increasingly and rightly becoming the most accurate reflection of our performance. Experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services allowing us to monitor the quality with which we deliver and act upon issues that our patients and carers bring to our attention.

The 'Points of You' quality evaluation cards were launched in 2010. To date we have had nearly 5,000 individual returns from our patients and carers who use working age adult services. Development of the project continues and will be rolled-out shortly to other services across the Trust.

Points of You team win at the Shining a Light on Excellence Staff Awards

Building Involvement with our Service Users and Carers

Ferndene, New £27m Children and Young People's Unit at Prudhoe

Our young service users at Prudhoe have their own design group which meets monthly, and has been fully involved in the Ferndene project since the start and direct changes have been made to the build as a direct result of their feedback.

The Young People's Design Team won a Shining a light on Excellence award in 2010 for Service User involvement. Their meetings give them the opportunity to have involvement and meet various members of the Project Board, Architects, the artist and poet.

Through working in partnership with Skills for People and our construction partners at Laing O Rourke the young people have a monthly meeting and newsletter, they have access to 'The Education Zone' where they meet with The project manager each month to receive a project update. They have also had the opportunity to have site visits to Ferndene and participate in practical vocational skills. The mock up bedroom created by the Construction Team has also allowed the young people to gain an insight into how the finished project will look and view samples of colours and materials prior to sign off.

Ferndene Children & Young People's Unit under construction

Building Involvement with our Service Users and Carers

The Carers' Charter

Our Carers Charter has been developed by carers for carers and sets out clear standards in relation to the way in which the Trust works with, supports and involves carers.

A Carers Charter Conference "You Care: We Care "held in June 2010 provided an opportunity to reflect on the positive changes we have made including:

- Benchmarking services with carers against the Charter standards
- Carers Champions in each ward and team across all Trust services
- Training in family Interventions
- Creation of family friendly environments
- Points of You
- Introduction of an Annual Audit to monitor progress in achieving and maintaining standards.

Since then we have worked in partnership to develop the following:

Carers, Friends and Family Guide

Early identification of carers is essential to ensure positive outcomes for service users. Work has been undertaken to develop a Trust wide Carers, Friends and Family Guide. Following the 'Think Family' principles this ensures the:

- Early identification of carers

- Invitation within 7 days to a family meeting to discuss their involvement, communication of information and support needed.

Produced in collaboration with carers across Trust services, a pilot has met with success and following consultation the final guide has been agreed and will now be implemented.

Building Involvement with our Service Users and Carers

Commonsense Confidentiality Guide

In response to concerns about information exchange between carers and staff we have produced the Commonsense Confidentiality Guide. Incorporating the Royal College of Psychiatrists guidelines and work undertaken by carers across services, it provides guidance for staff and carers by identifying what information can be shared and how it can be shared. Since its launch we have trained 600 staff in sharing information with carers and in addition we have produced a DVD so that the training can continue to be rolled out to all staff

Young Carers: Following joint working with the Young Carers Project a Young Carers Guide has been developed which sets out the way in which the Trust will identify young carers, how we will work with them and how we will direct to appropriate support if required. A training pack is nearing completion and this will be rolled out with the guide.

Building Involvement with our Service Users and Carers

Transforming our multi-disciplinary team working

During 2010 we commenced a year-long improvement project within four clinical areas, to establish:

    a. the potential scale of improvement in quality and cost that could be realised in a typical ward and community team.

    b. how we could share improvements throughout other wards and teams.

All multi-disciplinary teams (MDT) regularly meet and review clinical cases. The methods employed by teams across the Trust vary hugely. Multi-disciplinary reviews can be very time consuming and time wasting for clinicians, reducing the amount of time they have available to spend with service users. We have also received feedback from service users that sometimes they are left waiting to find out the outcomes of the clinical review and the next steps in their package or care. Multi-disciplinary reviews therefore seemed a good place to start the project.

During November we worked on improving the MDT review process. We used a technique called rapid process improvement workshops (RPIW) - this is about taking time out with the right people to solve problems and to make improvements. We engage with staff and customers and get their ideas of how we can make things better – to get the best ideas we have to think differently; often the more unusual ideas are best. The ideas are developed and tried out, we measure things to see if they have really improved, and then refine things further.

The results achieved by the teams have been remarkable:

The South Tyneside Older Person's Community Team has found a way to ensure that service users are communicated with about the outcomes of their assessment, following MDT review within 24 hours of their first appointment: previously this took up to 8 weeks. Service users tell us this is so much better, no longer waiting and wondering what is happening.

On Collingwood Court, an adult, male acute assessment ward in Newcastle, the MDT has started to meet each morning, to review the care provided to everyone currently staying on the ward. This replaces the traditional weekly ward round. The service users have told that this gives them much better access to their doctor and other professionals providing their care, and as their care needs change, appropriate treatment is provided much more quickly. Service users' stay in hospital is also much shorter, with a 50% reduction in average length of stay.

Building Involvement with our Service Users and Carers

Tastes Good, Feels Great Cookbook Project

Rehabilitation and Recovery units North and South of Tyne have been invited to work on a special project called 'Tastes Good, Feels Great Cookbook Project' as part of the EAT 2011! Newcastle Gateshead food festival. The project, involves service users and staff from Swalwell and Church View with the aim of improving their knowledge and understanding of food and cooking as well as their enjoyment of food and dining. This complements the approach of both units in helping people prepare for hospital discharge, usually to independent living. Service users have also participated in project meetings which take place on the units.

Local Chef, Sam Storey has been working with the group of service users to learn how to eat well and healthily, yet inexpensively, by knowing what to look for when food-shopping, how to work with flavours and textures, how to cook confidently and the simple tricks to make dishes look amazing. The group have learnt how to create menus and dishes that are even better when shared with friends. Their work will result in the production of a cook book which includes their favourite recipes with tips on how to shop and cook cheaply and well and opportunities for active participation in other EAT 2011 community projects.

A chef gets cooking at the Eat Festival

Financial Review

This part of the Director's report provides a commentary on the Trust's excellent financial performance.

Reporting to Monitor, the Independent Regulator

Overall for the year 1st April, 2010 to the 31st March, 2011, the Trust achieved an underlying surplus (excluding extraordinary items) of £9,299m. The reported surplus was £2,999m, which includes £4.1m of restructuring costs and £2.2m of net impairments (reductions in value of land and buildings), which are treated as exceptional items for Monitor compliance purposes. Earnings before Interest Depreciation, Taxation and Amortisation (EBITDA) for the year were 8.5%, slightly ahead of the plan to deliver 7.5%, and consistent with that reported last year.

Table 1 – Foundation Trust Risk Ratings

FT Risk Ratings	10/11 Achieved	10/11 Risk Rating	Weight
EBITDA Achieved (% of LTFM Plan)	113.7%	5	10%
EBITDA Margin	8.5%	3	25%
Return On Assets	7.7%	5	20%
I&E Surplus Margin	3.0%	5	20%
Liquidity Ratio	31 days	4	25%
Overall Rating		**4**	

The Trust's underlying surplus and EBITDA were ahead of plan, largely due to non-recurring benefits arising from the recovery of income previously written off, and management of contingency reserves through the year.

Review of the Primary Accounting Statements

A Summary set of accounts are included within this report on pages 125 to 146. A full set of accounts are available on request. The period covered is 1st April 2010 to 31st March 2011.

Accounting Policies

These accounts have been prepared using International Financial Reporting Standards (IFRS). A number of minor changes in Accounting Standards have occurred in year which have limited or no impact on the production of the accounts. However, a number of changes in the HM Treasury Financial Reporting Manual have had a more significant impact. These are:

- Changes in accounting for impairments (reductions in value of land and buildings)
- Change in the discount rate for provisions and injury benefits from 2.2% to 2.9%
- Changes in disclosures of exit packages

Financial Review

The first change sees the reversal of an accounting policy introduced under International Accounting Standards which now means that where an asset is reduced in value due to a consumption of economic benefit, the whole reduction should be taken to the Statement of Comprehensive Income.

The second means that the Trust had to recalculate its provisions for liabilities arising from injury benefits and early retirements which have risen by just over £1m. This is a technical adjustment which had no impact on the overall financial performance of the Trust.

Finally, changes in disclosures of exit packages requires organisations to include:

- Separate reporting of bonuses and salaries in the Remuneration Report
- Reporting exit packages awarded to senior managers

The accounts have also been prepared in accordance with directions from Monitor, the independent regulator of NHS Foundation Trusts. This guidance has been used as the basis for the Trust's disclosure of accounting policies but the policies have been adapted to fit the circumstances of the Trust, as appropriate.

Apart from the above, there are no significant changes in accounting policies from those used in the previous accounting period.

Statement of Comprehensive Income

In reviewing our performance, Monitor excludes extraordinary items of expenditure. As indicated above the Trust incurred restructuring costs of £4.1m associated with the implementation of its Business Model Review. As highlighted elsewhere in this report, this review of the management structure has been undertaken to put clinical leadership at the heart of decision making across the Trust, to simplify and clarify managerial accountability and to reduce bureaucracy across the organisation. Its implementation will see recurring savings in management costs of £2.1m which have been re-invested in clinical leadership, training, and investment in ward staffing across the organisation. Where costs are associated with business re-structuring, Monitor exclude them from calculations of underlying performance in assessing the financial risk ratings of Foundation Trusts.

Net impairments of £2.2m have arisen, from reversal of prior year impairments of £4.9m, and new impairments occurring in year of £7.1m. These do not represent a cash expenditure, and have no impact on the underlying financial stability of the organisation. It is for this reason that they are excluded from the analysis of our performance.

Financial Review

Last year we reported that the Statement of Comprehensive Income included operating income of £2.7 million, which may not have been recoverable by the Trust. This is therefore offset by a matching provision for bad debts (impaired receivables) in operating expenses. Of the total provision for bad debts, £2.4 million related to Social and Residential Services. Through 2010/11, considerable effort was made in agreeing settlements with all local authorities, and these were concluded with the Trust recovering £1.5m of these doubtful debts, and reaching ongoing agreement for continued payment for those social and residential services which we still provide. The overall value of doubtful debts has reduced from £3.2m to £553k, and other aged debt over 3 months has reduced from £1.1m to £265k.

Private Patient Income remains low, with £117k received over the period, or 0.04% of operating income.

Financing costs have increased over the period, due to additional loans of £14m drawn down from the Department of Health. £533k worth of interest has been incurred over the period, although the majority of the Trusts financing costs over the period (£3,846k) relate to the Trust's Private Finance Initiative facilities at St. George's Park and Walkergate Park.

Management costs are £14.6 million or 4.8% of total income.

Statement of Financial Position

The Statement of Financial Position summarises the overall value of the Trust as at the 31st March, 2011. Within year, overall taxpayer's equity has increased by £7.6m, due to the surplus recorded of £3.0m, and increases to the valuation of assets of £4.6m arising from the reversal of impairments to valuations recognised in the accounts last year. The variation in asset values arises from the volatility of prices for land and buildings in the current uncertain economic environment. The trust takes independent advice on the valuation of its assets on an annual basis, and adjusts assets values accordingly, in line with recommended practice.

The Trust has continued its efforts to reduce outstanding debt and has made considerable progress. Long term debt (over 6 months) has reduced to negligible amounts, and overall debtors balances have reduced by £3.9m. Cash has increased to £27.3m, which is ahead of plan. This is partly explained by improvements in debtors, but also due to an increase in accruals for redundancy costs and for expenditure incurred but not paid for, and investment in new assets slipping slightly behind schedule. Overall the Trust has placed itself in a strong position to manage the volatile economic climate while maintaining its plans for future investment.

We continue to monitor our performance in terms of paying our trade creditors in line with our target of paying 95% within 30 days of receiving a valid invoice or within term, whichever is the longer. An analysis of our performance is shown on the page opposite.

Financial Review

Table 2 – Payment of Trade Creditors

Better Payment Practice Code	Target No. Bills Paid Within Target	No. of Bills Paid Within Target	Variance	Target Value of Bills Paid Within Target	Value of Bills Paid Within Target	Variance
Non-NHS Trade Creditors	95.0%	95.5%	+0.5%	95.0%	97.0%	+2.0%
NHS Creditors	95.0%	89.8%	(5.2%)	95.0%	99.2%	+4.2%

The Trust made interest payments of less than £1,000 under the Late Payment of Commercial Debts (Interest) Act and paid £1,000 in compensation to cover debt recovery costs under this legislation.

The Trust was not required to make any interest payments under the Late Payment of Commercial Debts (Interest) Act 1998.

The Trust took out additional loans of £14m over the period as part of an agreed facility to fund the development of our new facility for integrated provision of Tier 4 Services for children and young people, now known as Ferndene.

Overall the Trust has an approved Prudential Borrowing Limit set by Monitor setting the total amount that it is authorised to borrow, including borrowings associated with Private Finance Initiative. This has been set at £95.2m, of which a net balance of £71.0m had been drawn down at 31st March, 2011. The Prudential Borrowing Limit includes a committed working capital facility of £22.5m from Barclays Bank to ensure that commitments arising from current operating expenditure can be covered at all times. The Trust continues to have no plans to call on this facility.

The Directors have confirmed that there are no expected post balance sheet events which will materially affect the disclosures made within these accounts.

Financial Review

Overview of Financial Performance and investment for the Year 1st April, 2010 to the 31st March, 2011

The year has been another successful year of delivery from a financial perspective. Since the Trust was formed, we have followed a policy of building up a strong financial position, in order that we can manage the challenges of economic change and political volatility. We end the year with an underlying surplus of just over £9m, which has enabled us to invest in a significant management change programme through our Business Model Review. Our aims in this review were to deliver recurring savings to the Trust by streamlining management costs and bureaucracy, but more importantly to create the right structure to enable us to deliver our change programme, and to put clinicians at the centre of decision making across the Trust. This has led to extraordinary costs of £4.1m, most of which is associated with voluntary redundancies. A small number have unfortunately been necessary, but we have sought to keep these to an absolute minimum.

Income from activities underperformed against plan again during the year, largely due to continued underperformance across our Forensic Services, and also under performance across our neuro-disability services. The underlying reason for underperformance in forensics is the inability to maintain full occupancy on low secure rehabilitation services, due to delays in refurbishment work on Villa 19. This is associated with a complex planning application on the Northgate Hospital site. Our planning application for this site will be submitted in May 2011 in agreement with the planning authorities. A review of performance across our neuro-disability services is underway, to ensure that we are matching our service provision to market demands. Significant progress was made across all social and residential services, in terms of agreeing current contract income and settling outstanding debt. Agreements were reached with all local authorities, and as a result these services achieved their income target against plan. In addition, income of £1.3m was received as a reversal of prior years' provisions for bad debt associated with these services. Plans are in place for the transfer of all services to other providers, except in Northumberland and North Tyneside where plans are expected to be finalised in 2011/12. The transfer of these services will have a broadly neutral effect on future income as they are funded at direct cost only.

Non-patient income performed well due to higher than planned funding for training and research.

Adverse variances in income were offset by lower than planned spending, primarily in staffing. In addition the Trust held back recurring reserves generated in previous years in the expectation of the implementation of the business model review.

In terms of value for money, the Trust set a cost improvement target of £10.1m and has delivered £10.1m through a wide range of initiatives across the Trust, including a range of service re-design, enhanced productivity and cost reductions. Of this total, £1.6m was delivered through intermediate schemes as full effect of the planned schemes was delayed to 2011/12.

Financial Review

Where service re-design has contributed to the programme, this continues to be with the specific agreement of our Commissioners, with demonstrable benefits to users of the services included in all Business Cases. Delivery of this programme and management of its impact on quality is managed through the Finance, Infrastructure and Business Development Committee and reported to the Board of Directors on a monthly basis.

The Trust invested £26.1m in improvements to the Trust's infrastructure through the year. By far the biggest element of this investment was made in the development of Ferndene (previously know as Woodland view), our project to create a modern, fit for purpose environment for providing tier 4 mental health and learning disability in-patient services for children and adolescents. This is a hugely exciting development described elsewhere in this report, which is due to open in September 2011.

Earlier in this Annual Report, we discuss the PRiDE development for the replacement of in-patient services currently provided from Cherry Knowle in Sunderland. A further £347k was invested in developing this exciting scheme, although this was less than planned as we paused to take into account the potential implication of service model change on the requirements for this development. £2.3m was invested in the conclusion of our scheme to improve Learning Disability assessment and treatment in-patient facilities for North of Tyne, and £1.1m was invested in improvement in Information Technology. The rest of the investment was across a number of smaller schemes.

Our capital programme is funded through the generation and retention of surpluses, the use of funding set aside to cover deterioration of our infrastructure (depreciation), the sale of assets and through loans. Across the year the Trust has drawn down £14m in loans and repaid £3.3m of its borrowings. All current loans are repayable over ten years.

Financial Review

Future Financial Performance - Building for the future

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. This judgement has been made using a range of considerations including rigorous review of the financial strategy through the Monitor assessment process, review of the updated financial strategy presented to the Board of Directors in March, 2011 and the independent view of its auditors and other advisors.

The financial strategy takes full account of the risks to the health economy arising from the current economic situation and the state of the national public finances.
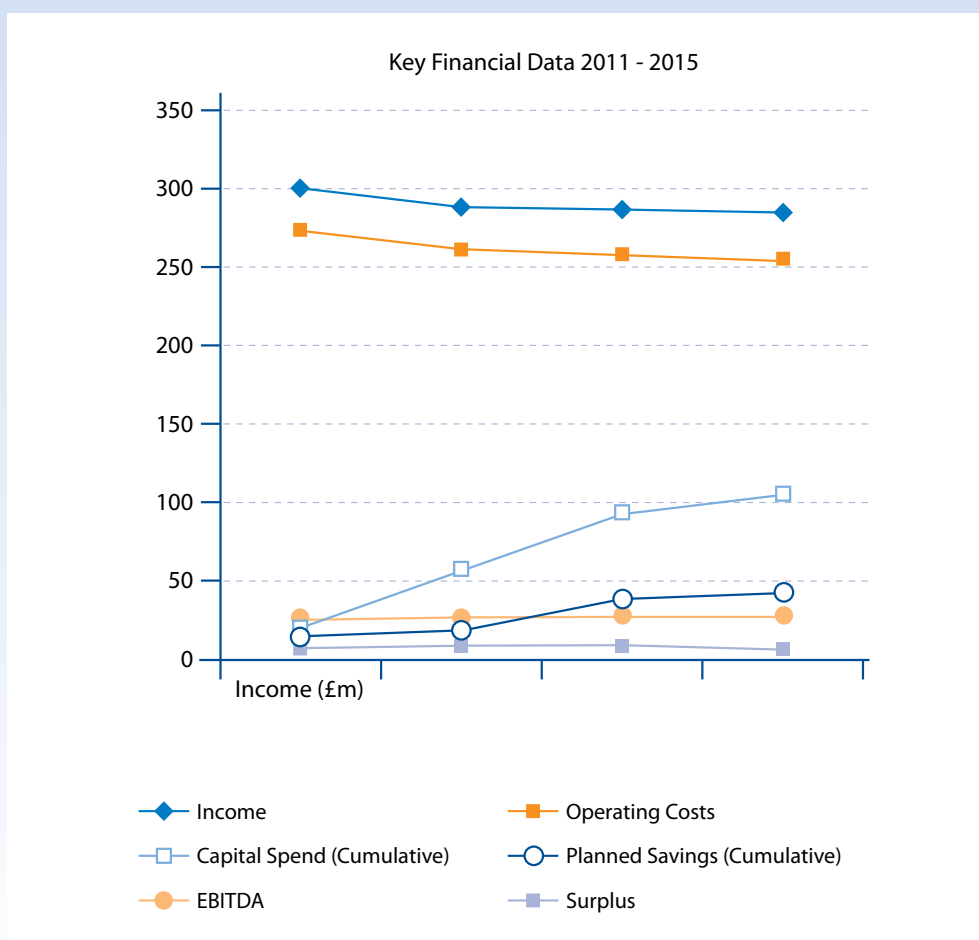
The Board of Directors continues to review detailed assumptions concerning funding, inflation and pressures and has approved an update to our financial strategy which supports the delivery of our business objectives. Key elements of the strategy include:

- Implementation of the last stage of the trust-wide budget review, which has seen a further budgeted investment of £1.7m to ensure that staffing requirements across our in-patient units are adequately budgeted for;

- Investment in maintaining inpatient environments, clinical leadership, training and safeguarding arrangements to ensure that we can continue to deliver our current range of services safely;

- Creation of a transition fund to support the implementation of transformational service change informed by our service model review. This transition fund is developed in conjunction with our commissioning partners and includes one off investment from the Trust of £1.3m in 2011/12 and £2m in each of the years thereafter;

- Capital investment over the next 4 years is planned to be £106m, of which the most significant element will be the PRiDE development;

- As a result of the above, surpluses will reduce to a range of £6.7m to £5.8m over the next fours year, an additional £10m of long term borrowing will be required, and cash balances will be maintained at a lower level than previously planned. However, the trust will still maintain a Monitor risk rating of 4, over the period.

Financial Review

Risks against the delivery of this plan have been considered by the Board of Directors along with appropriate plans to mitigate these risks. These will be kept under constant review. A high level analysis of financial performance planned over the period is shown below:

Table 3 – Analysis of Planned Financial Performance 2011 - 2015

The planned Monitor risk ratings to be delivered over each year are as follows:

Table 4 – Planned Monitor Risk Ratings 2011 - 2015

Financial risk rating	2011/12	2012/13	2013/14	2014/15
Metric				
EBITDA margin	3	3	4	4
EBITDA % achieved	5	5	5	5
Return on Assets	3	3	3	3
I&E surplus margin	4	4	4	4
Liquidity ratio	4	4	3	3
Overall rating (taking into account overriding rules)	**4**	**4**	**4**	**4**

Financial Review

The Board of Directors are planning to ensure that we focus on improving the quality of our services, while working with significant reductions in resources through delivery of a programme of significant service model change. In 2010/11 we have laid the foundations for this through our Next Steps Programme, which has seen the introduction of a new Trust business model, which puts clinicians at the heart of decision making, and through our Service Model Review, which has developed a conceptual model for cutting edge services for the 21st century. In developing its strategy, the Board of Directors have agreed for 2011/12 to invest in further improving the safety of our current services, and for this and future years to resource a programme of transformation which enables us to invest in delivery of our service model designed around our patients' needs.

The Board of Directors believe that our current performance in our first full year as a Foundation Trust and our record of delivery over the previous years, have given us a sound basis on which to plan for the future and to successfully manage the significant challenges and risks ahead, as we become one of the top performing Foundation Trusts in the country.

The Board of Directors
June, 2010

Regulatory Ratings

All Foundations Trusts are regulated by Monitor. Monitor has in place a Compliance Framework. The Framework applies ratings to a Foundation Trust in relation to Financial Risk and Governance Risk:

- financial risk **rating** (rated 1-5, where 1 represents the highest risk and 5 the lowest); and
- governance risk **rating** (rated red, amber-red, amber-green or green).

The full compliance Framework is available through the Monitor's website http://www.monitor-nhsft.gov.uk.

Monitor's Compliance Framework sets out the approach Monitor will take to assess the compliance of NHS foundation trusts with their terms of Authorisation ("the Authorisation") and to intervene where necessary. Monitor asks foundation trusts to assess their own compliance with the terms of their authorisation, as part of its risk based approach to regulation. NHS foundation trusts submit an annual plan, quarterly and ad hoc reports to Monitor.

Using this information Monitor assign annual and quarterly risk ratings, monitor actual performance against plans, and identify any steps that need to be taken to address problems.

Financial Review

Monitor publishes quarterly reports covering the performance and risk ratings for NHS foundation trusts. Northumberland Tyne and Wear NHS Foundation Trust published performance is shown in the Table below:

Table of analysis:

	On Authorisation	Q3 09-10	Q4 09-10
Financial Risk Rating	4	4	4
Governance Risk Rating	Green	Green	Green

	Annual Plan 10-11	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11
Financial Risk Rating	4	4	4	5	4
Governance Risk Rating	Green	Green	Green	Amber/Green	Green

In both 2009-10 and 2010-11 Northumberland Tyne and Wear NHS Foundation Trust has achieved its planned financial risk rating, in quarter 3 the financial risk rating was slightly higher than plan due to the Trust EBITDA margin being higher than planned in the quarter.

During 2009-10 and 2010-11 the Trust has achieved its planned governance rating with the exception of quarter 3 in 2010-11. This was due to the Care Quality Commissioner applying a moderate concern against one of the Trust locations after a planned compliance review. The Trust developed a formal action plan which was submitted to the Care Quality Commission. On completion of the actions the Care Quality Commission revisited the location and declared the location compliant with the requirements of registration.

Financial Review

External Audit

The Trust's external auditors are the Audit Commission. The Trust's engagement Lead is Cameron Waddell.

During the period the Trust's external auditors focused on the audit work covered by Monitor's Audit Code, i.e. work related to the review of financial statements, for which the fee was £58,781. In addition, following a change in guidance, the audit fee relating to the quality accounts is now regarded as part of the statutory audit and this amounted to £10,800. Therefore in total, statutory audit fees were £69,581.

A Foundation Trust may request its External Auditor to undertake work that falls outside the Auditor's statutory responsibilities, and it is a requirement of Monitor's Audit Code that a policy is approved for such additional services.

The Council of Governors have approved such a policy following Audit Committee review and recommendation. The External Auditor was asked to undertake the audit of the quality accounts for 2009/10, which at the time was regarded as a non statutory audit. The fee of £18,212 was not charged in the accounts of 2009/10 and is therefore charged to 2010/11 as a non statutory audit fee, i.e. additional services.

The policy relating to additional services seeks to safeguard auditor objectivity and independence in the main by requiring the External Auditor to confirm compliance with Ethical Standards issued by the Auditing Practices Board (APB) and, in particular, Ethical Standard 5, which deals with 'Non-audit services provided to audit clients,' which requires that a member of a professional accountancy body should behave with independence and integrity in all professional, business and financial relationships. Integrity implies not merely honesty but fair dealing and truthfulness. Auditors should ensure that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest. The ethical standard requires that auditors have procedures to identity and deal with potential conflicts of interest.

Compliance is confirmed by entries in the annual audit plan and annual audit letter agreed with the Trust, as well as in the engagement letter for each piece of additional services work.

Counter Fraud Activities

The Trust receives a dedicated local counter fraud specialist service from the Northumbria Internal Audit and Counter Fraud Service and has developed a comprehensive counter fraud work plan in accordance with guidance received from the NHS Counter Fraud and Security Management Service. The Trust also has a Fraud and Corruption Policy and Response Plan approved by the Board of Directors.

Anyone suspecting fraudulent activities within the Trust's services should report their suspicions to the Director of Finance or to the Trust's Local Counter Fraud Specialists on 0191 203 1403. Alternatively fraud can be reported through the confidential fraud and corruption reporting line on 0800 028 4060 or online at http://www.reportnhsfraud.nhs.uk

Financial Review

Charitable Funds

Newcastle Healthcare Charity (Registration Number 502473) hold and administer charitable funds for the benefit of Northumberland, Tyne and Wear NHS Foundation Trust.

As at the 31st March, 2011, the Trust's share of charitable funds was £1.05 million.

Details of the funds relating to the Trust are included in the Newcastle Healthcare Charity's annual report which is available from:

> Newcastle Healthcare Charity
> Charity Funds Office
> Room 203
> Cheviot Court
> Freeman Hospital
> High Heaton
> Newcastle upon Tyne
> NE7 7DN

Charitable funds in the NHS are used primarily to support and enhance patient care and welfare, assist with staff training and development and generally raise the standard of health care provision and improve local conditions in which care is delivered. However charitable funds should not be used to supplement budgets nor should they be used to purchase items which should be expected to be supplied by the Trust in the normal course of health service provision.

Examples of the use of charitable funds during 2010/11 include the supply of:

	£
music equipment	3,016
music technology	2,529
sports hall equipment	1,831
bicycles	750
social training toys / games	636
craft Items	500

Political and Charitable Donations

The Trust did not make any political or charitable donations from its exchequer or charitable funds during the period.
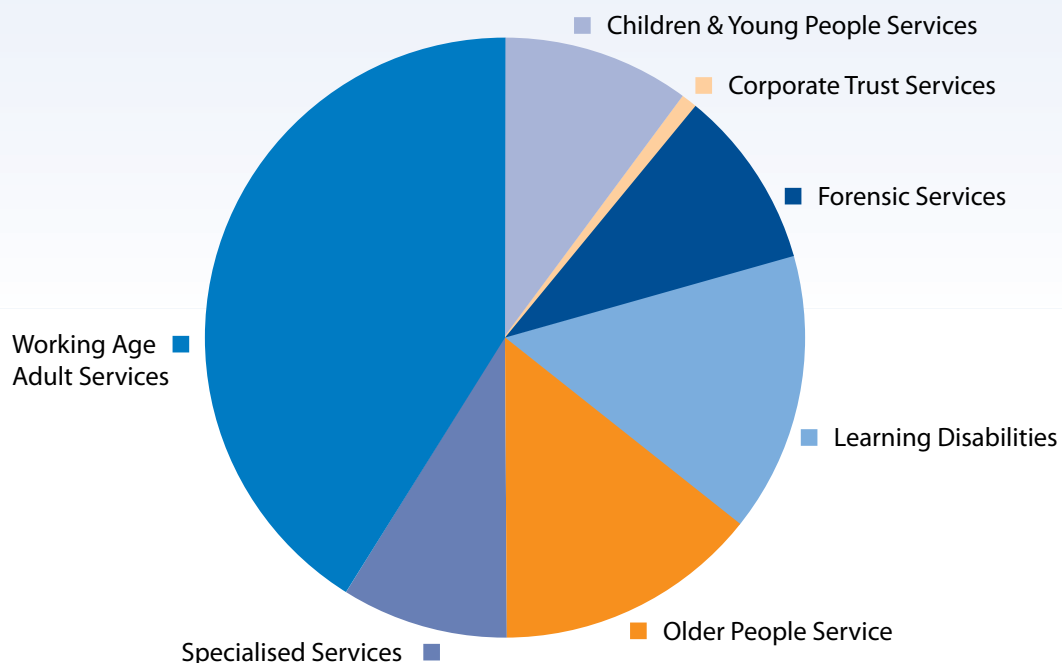
Our Performance against Contracts

The Trust provides services to a broad range of Commissioners. Seventy-five percent of our income is covered under block contract arrangements and the remainder commissioned through cost and volume and cost per case contracts for named patients requiring specialist interventions.

The Trust's main Commissioners are the six Primary Care Organisations; Northumberland Care Trust, Newcastle, North Tyneside, South Tyneside, Gateshead, and Sunderland Primary Care Trusts (PCTs). These organisations form part of an overarching commissioning partnership for Mental Health and Disability Services in the shape of the North East Commissioning Team, currently hosted by County Durham PCT. These six Commissioners are also responsible for local Practice Based Commissioning. The Trust is also commissioned by County Durham PCT to provide some mainstream Adult and Older People's Services for the population of North Easington.

In addition, significant contracts are held with Local Authorities and Regional and National Specialist Commissioning Groups. The Trust anticipates future contracts will be held with Children's Trusts and individual service users as personalised budgets develop. The Trust is currently engaged with local Children's Trust partnership arrangements and in influencing the debate on personalised care packages.
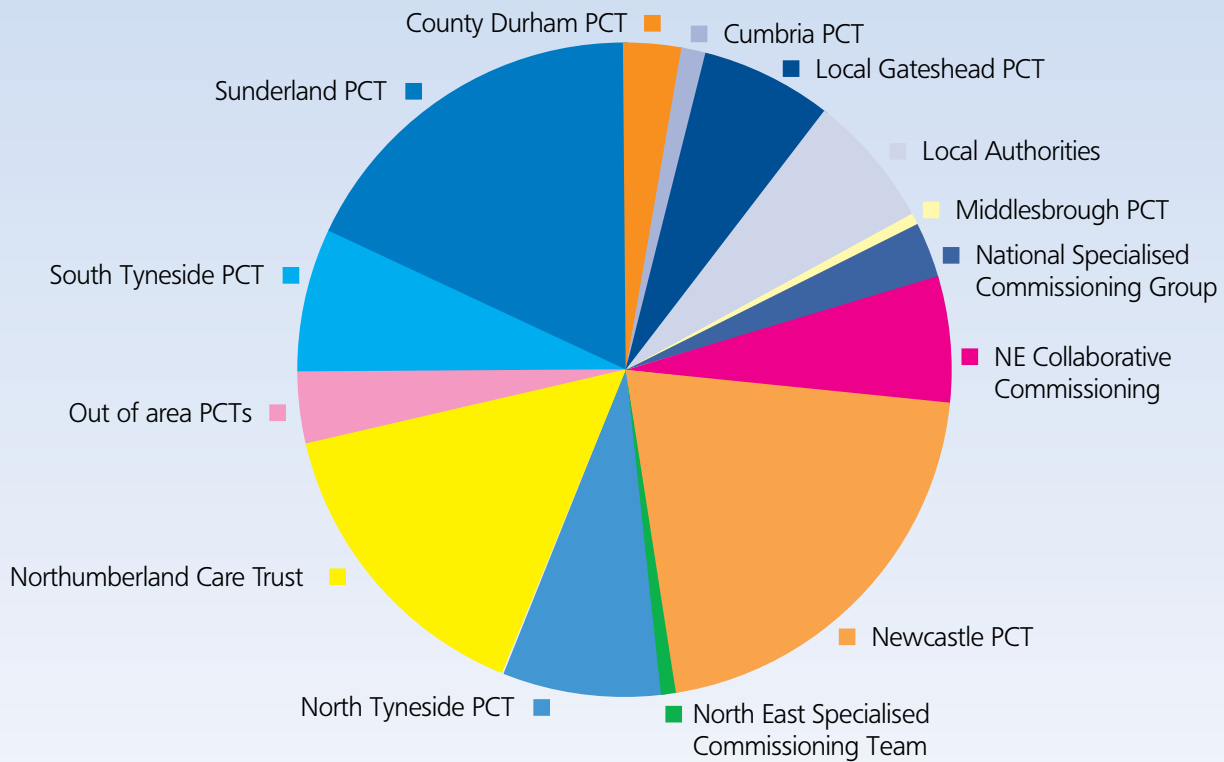
Figure 1 – 2010 / 2011 Patient Care Income per Service

Our Performance against Contracts

Figure 2 – 2010 / 2011 Patient Care Income by Commissioner

The Trust has legally binding contracts in place to deliver the services commissioned and positive relationships with Commissioners. They monitor our performance through monthly monitoring reports and regular contract review meetings. We performed broadly in line with 2010 /2011 patient care contracts over the year.

As part of the 2010 / 2011 contract work plan the Trust agreed with Commissioners to rebase contracts to ensure the contracts in place are kept in line and reflect service provision. This has been achieved and the 2011/2012 contracts have been agreed on this basis. This will enable both the Trust and Commissioners to manage and monitor the contractual arrangements more effectively.

Risk Management

Risks are uncertain future events that could influence the achievement of the Trust's strategic, clinical, financial and organisational objectives. At Board of Director level, the Assurance Framework is used to obtain assurances that these "principal risks" are being managed.

Risks also occur at all levels in the organisation and the Trust is required to have a Board approved Risk Management Framework that sets out the Trust's approach to the management of risk. The Trust's Risk Management Policy was updated and approved in November 2010. Risk registers are maintained at all levels in the organisation and regular risk management reports on the identification, measurement, mitigation and review of risk are provided throughout the year within Directorates and at corporate level to the Senior Management Team, the Quality and Performance Committee and the Audit Committee. In December 2010, the Trust obtained 100% compliance with the National Health Service Litigation Authority's risk management standards for mental health and learning disability trusts, demonstrating that the Trust's process for managing risk has been well described and documented.

To help monitor and manage risk, the Trust has adopted the Safeguard Risk Management software system, which is compliant with the National Patient Safety Agency, National Reporting and Learning System and the NHS Security Management Services' Security Incident Management System.

Assurance Framework

The Assurance Framework aims to provide the Board of Directors with assurances that significant risks, which could prevent the trust achieving its strategic objectives, are being effectively managed.
In 2010/11:-

- a number of controls to manage these risks were strengthened, for example through new and revised trust policies and procedures;

- significant assurances that we were managing these risks effectively and delivering our objectives were obtained from internal reports to the Board of Directors; from a wide range of clinical audit and independent internal audit studies, for example on the trust's clinical supervision policy and the Safeguarding adults policy; and from external organisations which examined different areas of clinical services and management, for example the Care Quality Commission, the Royal College of Psychiatrists and Investors in People. Action Plans were implemented where specific areas for improvement were identified.

The Board Assurance Framework was reviewed every second month by the Board of Directors, as a part of the Integrated Performance Report.

Risk Management

Head of Internal Audit Opinion

The final Head of Internal Audit Opinion for the period was issued on the 24th May 2011. The overall opinion that it contains is:

"Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently"

Risk Management Accreditation Schemes

The Trust achieved 100% compliance across all level 1 standards of the NHS Litigation Authority Risk Management Standards for Mental Health & Learning Disability Trusts in December 2010.

Sustainability and Climate Change

The NHS Carbon Reduction Strategy for England provided a framework for Trusts to follow and our response in 2010/11 has been to produce a Sustainable Development Management Plan. The plan will help the Trust to establish its baseline emissions and develop work programmes to enable it to fulfil its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care.

As well as reinforcing the link between sustainability and health, a clear focus on sustainable development will enable the Trust to capture a range of financial and non-financial benefits as well as a reduced carbon footprint.

Sustainable development can be described as 'making sure we meet the needs of the present without compromising the needs of future generations'. Working towards sustainable development will also affect health outcomes.

Our strategy will form the basis of a Sustainable Development Action Plan and will provide a focus for work stream development. The action plan is being developed around the ten areas of the carbon reduction strategy:

1. Governance
2. Organisational and workforce development
3. Partnerships
4. Finance
5. Energy and carbon management
6. Procurement
7. Travel and transport
8. Water
9. Waste and resource use
10. Design and operation of buildings

Risk Management

The Trust recognises it has a significant environmental impact and will demonstrate its commitment to continuously minimising its impact by:
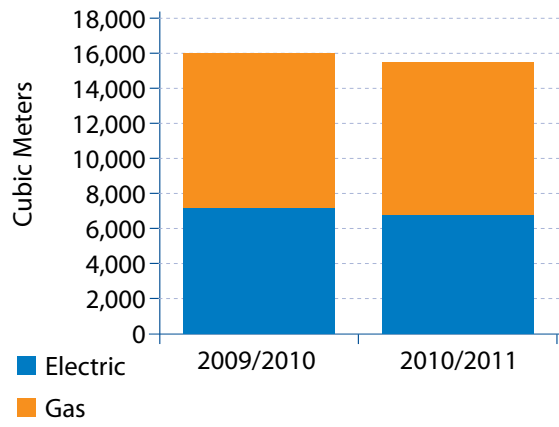
- Complying with all relevant legislation
- Including climate change as part of the corporate risk register
- Developing and implementing reduction plans to address the major elements of NHS carbon emissions including direct energy consumption, transport, procurement and waste
- Working in partnership with stakeholders within the organisation and in the wider community
- Developing a communication strategy which will engage staff, visitors and patients who use the Trust's facilities
- Reviewing progress using the Good Corporate Citizen model and key actions of the Carbon Reduction Strategy

To build on the achievements to date, our carbon reduction strategy will focus on those areas that the organisation can directly control or influence, prioritised according to their carbon impact. Targets will be set and modified over time as the NHS develops further metrics.

In the period 2011/12, the Trust will address key objectives and consider actions for inclusion in a Sustainable Development Action Plan. This will provide a framework for the delivery of the carbon reduction targets and for improving the environmental performance of the organisation.
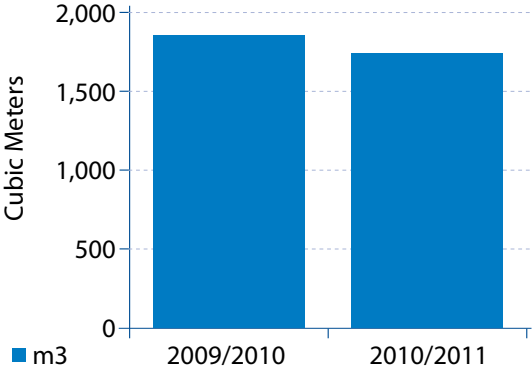
Our annual year on year performance for fossil fuel, travel, water consumption and waste is shown in the table opposite and on the following pages.
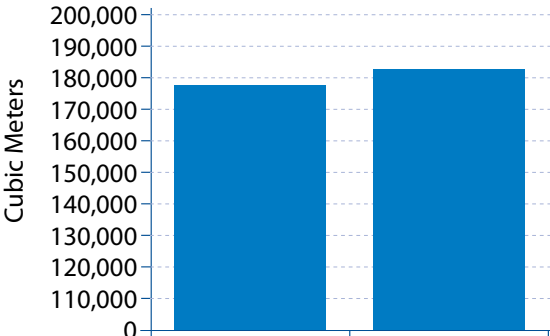
Risk Management

Direct Greenhouse Gas Emission Data (Estate Energy consumption)						
Utility	**Consumption (kW/hrs)**		**CO2 Emissions (kg)**		**Cost (£)**	
	09/10	**10/11**	**09/10**	**10/11**	**09/10**	**10/11**
Natural Gas	48,184,805	47,011,323	8,906,961	8,690,043	1,432,043	1,022,948
Electricity	13,373,611	12,722,481	7,213,190	6,861,997	1,181,574	1,032,401
Oil	158,333	160,000	39,922	40,342	8,500	6,747

Performance Commentary	**Graphical Analysis**
The above data shows a slight reduction in overall energy consumption and associated greenhouse gas emissions; this was against a backdrop of significantly colder weather in the corresponding periods. The Trust continues to invest in new estate, utilising renewable sources of energy and targets are being developed to map out the future direction as the Trust seeks to meet the challenges set out as we seek to reduce emissions. The consumptions have been adjusted to deduct the energy used for non Trust energy consumptions associated with Northgate Hospital laundry in line with ERIC guidelines	

Greenhouse gas emissions

Cubic Meters

■ Electric
■ Gas

Risk Management

Greenhouse Gas Emission Data (Vehicle Emissions)		
Description	**CO2 Emissions (Tonnes)**	
	09/10	**10/11**
Lease Cars	618.9	588.93
Greyfleet	1019.37	991.75
Trust vehicles	197.97	185.47
Total	**1836.20**	**1766.15**

Performance Commentary	Graphical Analysis
The above data shows a slight year on year reduction in greenhouse gas emissions associated with travel.	Vehicle CO2 Emissions

Finite Resource Consumption – Water & Sewerage				
Utility	**Consumption (m^3)**		**Cost (£)**	
Mains water	176,906	184,075	369,711	355,896

Performance Commentary	Graphical Analysis
The above data shows an increase in water consumption, this is against a backdrop of increasing flushing regimes in water systems to maintain water quality. The consumptions have been adjusted to deduct the water used for non Trust energy consumptions associated with Northgate Hospital laundry in line with ERIC guidelines. The cost data is inclusive of water, sewerage and all associated costs.	Water Consumption m3

Risk Management

Waste			2009-10	2010-11
Non-Financial	Total waste		1200	886
Non-Financial Indicators (t)	Hazardous waste	Total		109
	Non hazardous waste	Landfill		777
		Reused/Recycled		n/a
		Incinerated/energy from waste		n/a
Financial Indicators (£k)	Total waste		173k	240k
	Hazardous waste - Total disposal cost		37k	97k
	Non-hazardous waste - Total disposal cost	Landfill	119k	126k
		Reused/Recycled	17k	17k
		Incineratd/energy from waste	0k	0k

Performance Commentary

We have a target of zero waste to landfill by 2021, which we are on target to meet
The Trust has Introduced trials on recycling schemes associated with office paper, bottles and cans
09/10 figure reflected main hospital sites only, 10/11 includes all NTW community premises as well as main hospital sites

Introduction to the Quality Report

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 160 sites and covering more than 2,200 square miles, we provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England.

We also provide a range of specialist regional and national services. This makes Northumberland, Tyne and Wear NHS Foundation Trust one of the largest NHS Foundation Trusts of its kind in the country.

Northumberland, Tyne and Wear NHS Foundation Trust's vision is to improve the well-being of everyone we serve through delivering services that match the best in the world.

At the start of 2011/2012 we find ourselves in challenging times, with the economic downturn potentially affecting the mental health of many individuals and significant cost pressures facing the NHS and its partners.

We are confident that by focussing our efforts and resources on designing services around our patients' needs, our plans for the future leave us in a strong position to meet the challenges that lie ahead.

Why are we producing a Quality Report?

Northumberland, Tyne and Wear NHS Foundation Trust welcome the opportunity to provide information on the quality of services to patients, service users and the public.

In this document we will demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing our performance with other Mental Health and Disability Trusts.

All NHS Trusts are required to produce an annual Quality Report.

We will use this information to help make decisions about our services and to identify areas for improvement.

An explanation (glossary) of some of the NHS language and terminology used within this report can be found at Appendix 6.

Note: this document uses the terms "service user" and "patient" to describe people who are using our services.

If you have any feedback or suggestions on how we could improve our Quality Report, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

Northumberland tyne and wear shining a light on the future

Chief Executive's statement

Our organisation's stated aim is to **"improve the well-being of everyone we serve through delivering services that match the best in the world"**.

I am delighted to introduce you to our second annual Quality Report.

Our organisation's stated aim is to **"improve the well-being of everyone we serve through delivering services that match the best in the world."** I welcome the opportunity to reflect publicly on our progress towards achieving this aim in 2010/2011.

Reviewing the quality of each and every one of our services is a continuous process.

There are many different ways in which we can review how well our services are performing. We have set long term Quality Goals, and each year we review our Quality Priorities based on feedback from service users, carers, partners and staff, to ensure that we are always striving for improvement and that we are focussing on the right things.

Our external regulators such as the Care Quality Commission, Monitor and the local PCT's who commission services from us also detail certain standards that we must meet, to satisfy them that we are providing high quality, safe services and to allow them to compare us with other providers of similar services.

We are a large Trust covering a very wide geographic area and while we strive to always provide high quality, safe services, inevitably, the consistency of the quality of our services can sometimes vary.

We actively promote a culture of learning from when things go wrong and we will objectively report on how well we have progressed against our Quality Priorities, as we can only improve if we truly understand where we could be doing better.

During 2010/2011 we have made significant progress in measuring the quality of our services, which would not be achievable without the dedication shown by our workforce. I was privileged to be able to acknowledge such improvements through our 'Shining a Light on Excellence Awards'. These awards aim to reward and recognise those staff and volunteers who make a real difference - every day - to the lives of local people who need the Trust's services.

I look forward to seeing continued improvements across all elements of quality, namely: safety, patient experience and clinical effectiveness in 2011/2012.

To the best of my knowledge, the information contained within this document is accurate and represents a balanced view of the quality of services the Trust provides.

Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

We are very pleased to be able to report on the quality of our services in 2010/2011.

In the Quality Report we also share with you our Quality Priorities for 2011/2012. Throughout 2010/2011 we have engaged with key stakeholders in the development of these key quality improvement themes.

Feedback from patients, service users and carers has been gained through national and local questionnaires and focused group work, with the views of commissioners, our Council of Governors and staff also being taken into account.

Looking back, we have reviewed progress against the Quality Priorities set in 2010/2011 – where these have been achieved we expect to maintain the improved level of performance and will monitor this through our routine quality monitoring framework. Where there is still more work to do to achieve a Quality Priority, we will continue to work on these in 2011/2012 and publish the results in next year's Quality Report.

Looking forward, progress against the 2011/2012 Quality Priorities will be regularly monitored, with progress reported to the Trust Board and Council of Governors on a quarterly basis.

To support our goals and vision, we are transforming the organisation by redesigning our structures and services to ensure that we continue to be a safe, high performing organisation, while meeting any challenges that the future may bring.

We have worked hard to ensure that this Quality Report conforms to the regulations as set out by law in the Quality Accounts Regulations, and we hope that you find this to be a useful, easy to understand document that gives you meaningful information.

We have engaged with staff, commissioners, our Council of Governors, local Improvement Networks and Overview and Scrutiny Committees by sharing early drafts of the document to influence the content of the final version, while also ensuring that we have taken into account comments made by partners about last year's Quality Report.

We have also asked our auditors to review the content of the report to provide additional assurance that the information included is accurate.

Dr Suresh Joseph
Medical Director

Gary O'Hare
Director of Nursing & Operations

Carers' Pack
Including useful information

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

A **Carer** is someone who, without payment, provides help and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability. This may include helping with personal care, medication, cooking, shopping, housework and giving emotional support.

Shining a light on carers

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Commonsense Confidentiality
A guide for

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Carers' Charter

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Useful contacts for new carers
Information Leaflet

A checklist for carers of people with mental health problems
Information Leaflet

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Carers' Pocket Pack
Including useful information

Shining a light on carers

Quality Priorities

Introduction to our quality goals and priorities

In this section we will report our progress against our quality goals and priorities.

Using feedback from complaints, compliments and serious untoward incidents, the Trust has identified **Quality Goals** covering the 5 year period from 2009 to 2014, based on safety, patient experience and clinical effectiveness.

These Quality Goals were established by reviewing feedback from service users, carers, staff and partners to identify what we need to improve to provide consistently high quality care, and to be able to measure success over the five year period.
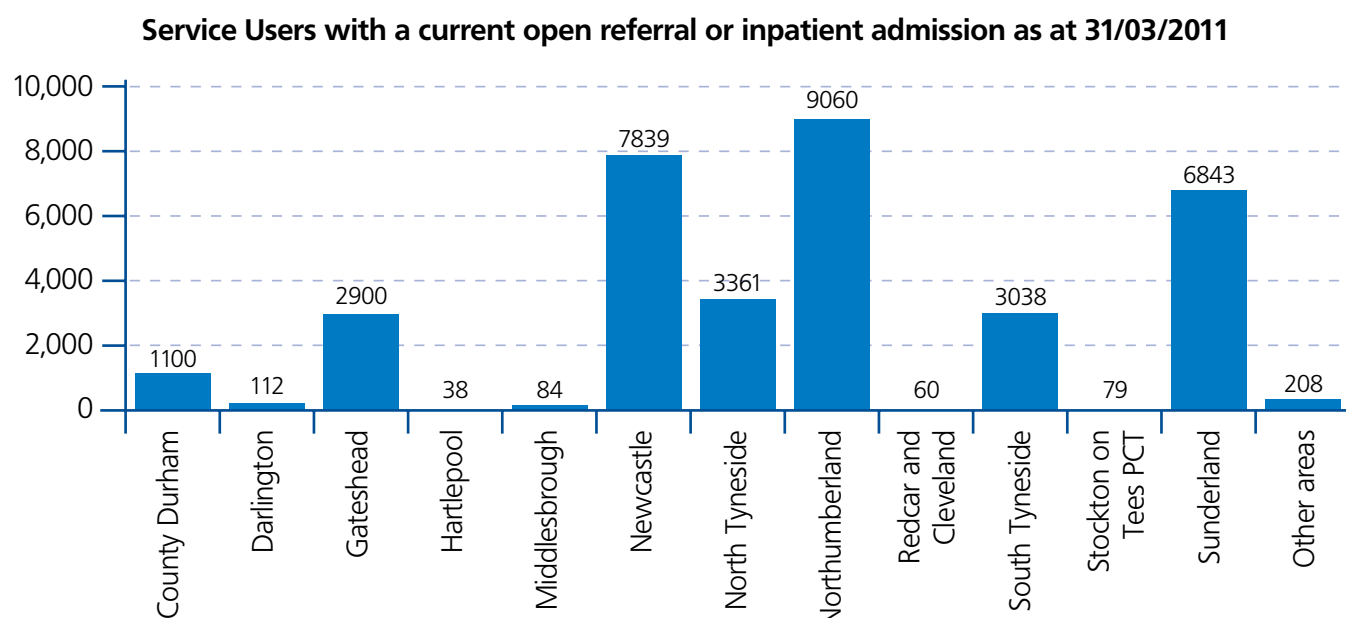
The long term Quality Goals underpin the setting of **Quality Priorities**, which are set each year to help us to achieve our Quality Goals.

In this section, taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2010/2011, we will **reflect** on how these actions have affected progress against the Quality Goal and we will **look forward** to next year, setting new Quality Priorities for 2011/2012.

We will explain in this section how each Quality Priority for 2011/2012 will be measured.

Performance against 2011/2012 Quality Priorities will be monitored internally using the Trust's performance dashboard tool and progress will be reported quarterly to the Trust Board and Council of Governors.

The Trust is currently providing care for almost 35,000 people. Working from over 160 sites and covering more than 2,200 square miles, we provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. The graph below shows the number of service users as at 31st March 2011, split by locality:

Service Users with a current open referral or inpatient admission as at 31/03/2011

Locality	Service Users
County Durham	1100
Darlington	112
Gateshead	2900
Hartlepool	38
Middlesbrough	84
Newcastle	7839
North Tyneside	3361
Northumberland	9060
Redcar and Cleveland	60
South Tyneside	3038
Stockton on Tees PCT	79
Sunderland	6843
Other areas	208

Quality Goal One: Reduce incidents of harm to patients

This Quality Goal will improve **patient safety.** We will demonstrate success against this goal by reducing the severity of incidents and the number of serious untoward incidents across the Trust.

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

1. Reduction in unexpected deaths from inpatients on leave /absent without leave or who have been discharged from inpatient care within the past 3 months.

Evidence shows that patients who are absent from the ward or have been recently discharged from hospital have increased clinical risks. The Trust has decided to focus on these areas of risk to reduce harm to patients.

Target one: Elimination of unexpected deaths from self harm of inpatients on leave by 31/03/2011.

Target two: Elimination of unexpected deaths from self harm of inpatients who are AWOL / or abscond from hospital by 31/03/2011.

Target three: Reduction by 20% of unexpected deaths from self harm of inpatients within 3 months of discharge by 31/03/2011.

Partly Achieved
Data source: Safeguard

Unexpected Deaths 2009/10 and 2010/11

	Death whilst AWOL	Death whilst on leave	Death within 3 months of discharge
2009/10	3	2	7
2010/11	0	1	2

This graph shows that there were twelve unexpected deaths whilst absent from the ward or recently discharged in 2009/10, reducing to three in 2010/11. Deaths whilst AWOL have been eliminated in the year, while deaths within three months of discharge have reduced from seven to two and deaths whilst on leave have reduced from two to one.

2. Ensure all appropriate clinical staff receive effective care co-ordination training (incorporating Care Programme Approach) in accordance with Trust Policy.

To ensure all clinical staff are appropriately trained to deliver safe high quality care.
Over 93% of the 2,200 staff required to complete this training had done so by 31st March 2011, thus meeting the 90% target.

Achieved
Data Source: ESR

Quality Goal One: Reduce incidents of harm to patients

3. Patients on Care Programme Approach (CPA) to have a risk assessment and care plan review a minimum of every 6 months.

Evidence through clinical audit and serious and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk. Target: 95% by 31 March 2011.

Ongoing Data source: RIO

The number of patients on CPA to have a risk assessment recorded on the electronic patient record (RIO) in the last six months has increased from 58% in June 2010 to 62% in March 2011.

The number of patients on CPA to have had a care plan review recorded on RIO in the last six months has increased from 51% in June 2010 to 54% in March 2011. There has been a technical issue with recording this data and we are currently redesigning our electronic patient record (RIO) to make it easier to record the information required. This Quality Priority is being carried forward to 2011/12.

4. To ensure GPs receive care plan information within 7 days of a review.

5. To ensure GPs receive discharge summaries within 24 hours of discharge.

It is a Trust priority to reduce risk by improved communication and multidisciplinary / inter-agency working, particularly through periods of transition. The target for both of these quality priorities was 95% by 31 March 2011.

Ongoing

The Trust has been working with GPs both north and south of the Tyne to agree a secure, confidential e-mail process and a consistent format for information to be provided, to provide this important patient information to GPs in line with Information Governance requirements. Existing processes for communicating with GP's (often fax based) remain in place while this piece of work continues. These Quality Priorities are both being carried forward to 2011/12.

Equality of access to services

It is important that all people, regardless of their ethnic origin, level of disability, language or communication difficulties, can access our services.

The Equality Act 2010 requires us to consider:

- the need to eliminate unlawful discrimination, and
- how we can improve equality of opportunity.

We have prepared an Equality Strategy and we will set Equality Objectives by April 2012 – these will be included in the 2011/2012 Quality Report. From May 2011 we will be discussing these issues extensively with our partners, so that the equality objectives will ensure fair access to all for the services that Northumberland, Tyne and Wear NHS Foundation Trust provide.

Quality Goal One: Reduce incidents of harm to patients

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

Impact on the number of incidents reported by severity of harm:

We encourage incident reporting throughout the organisation and in the 2010 staff survey, 98% of staff who witnessed an error, near miss or incident in the last month said that they, or a colleague, had reported it.

Nearly 24,000 incidents were recorded and reported during 2010/2011, an increase from the previous year of over 2,400 incidents.

The nature of reported incidents across the Trust are assessed and graded by impact, with the vast majority being either no harm or low harm incidents. The table on the right shows the number of incidents by impact on the individual. Incidents causing minor or moderate harm have increased as the Trust continues to improve the reporting of these incidents, however there has been a decrease in major and catastrophic incidents.

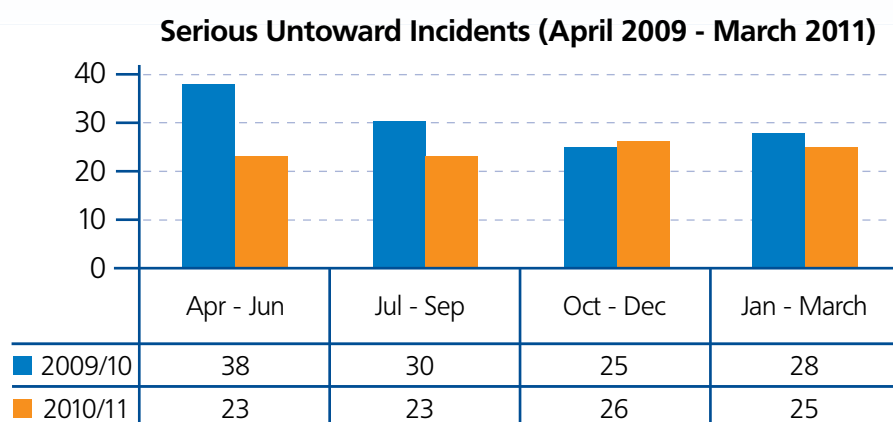| Number of incidents reported, by impact:	2009/10	2010/11	Change
No Harm	8,083	6,600	-1,483
Minor, Non Permanent Harm	11,739	15,374	+3,635
Moderate, Semi Permanent Harm	1,278	1,643	+365
Major, Major Permanent Harm	152	105	-47
Catastrophic, Death	80	71	-9
Total incidents reported:	**21,332***	**23,793**	**+2,461**

* Reported in the 2009/10 Quality Report as 21,239 incidents - since that report was completed an additional 93 incidents have been reported relating to 2009/10.

Impact on the number of Serious Untoward Incidents reported:

The number of serious untoward incidents has decreased from 121 in 2009/10 to 97 in 2010/11. The graph shows the number of serious untoward incidents per quarter, with all quarters except one showing a reduction against the same period in the previous year.

Note: Serious untoward incidents do not always relate to harm to patients as there are other categories of serious incidents e.g. Information Governance.

All serious incidents are reviewed by the Trust to improve the safety and quality of all care provided and to prevent further harm to patients wherever possible.

Serious Untoward Incidents (April 2009 - March 2011)

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - March
2009/10	38	30	25	28
2010/11	23	23	26	25

Note: The number of serious untoward incidents reported is different from the overall number of incidents reported in the table above, as many incidents of self harm by an individual, while likely to have a significant impact to the individual, are not required to be reported as a serious untoward incident (SUI). The data source for all incidents information is Safeguard.

Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To develop a summary of the leave policy.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from inpatient care. Effective leave management has been identified as a way of reducing harm to patients.	Complete by Quarter 1
2	To ensure all relevant staff are trained in leave management.		Quarter 1 50% Quarter 2 95%
3	In line with Trust policy, every patient who goes on leave should have a care plan detailing clear arrangements for leave to ensure we improve care coordination arrangements and communication between the wards and CMHTs/other teams for the planning of leave.		Quarters 1-2 Sample Audit of records Quarter 2 report on findings and agree improvement areas Quarter 3 Implementation of improvements Quarter 4 Re-audit
4	Implement the model of Risk Assessment used by the Self Harm teams, across all Mental Health services. Develop the training package and develop and implement the training plan.	Effective risk management has been identified as a way of reducing harm to patients.	Quarter 1 Develop and agree roll out plan Quarters 2-4 Implement in line with trajectory
5	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months. **This Quality Priority has been brought forward from 2010/11.**	Evidence through clinical audit and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	Quarter 1 60% Quarter 2 75% Quarter 3 85% Quarter 4 95%
6	To ensure GPs receive care plan information within 7 days of a review. **This Quality Priority has been brought forward from 2010/11.**	It is a Trust priority to reduce risk by improved communication and multidisciplinary / inter-agency working.	Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 95% Note: these targets relate to a new email process to be implemented.
7	To ensure GPs receive discharge summaries within 24hrs of discharge. **This Quality Priority has been brought forward from 2010/11.**		Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 95% Note: these targets relate to a new email process to be implemented.

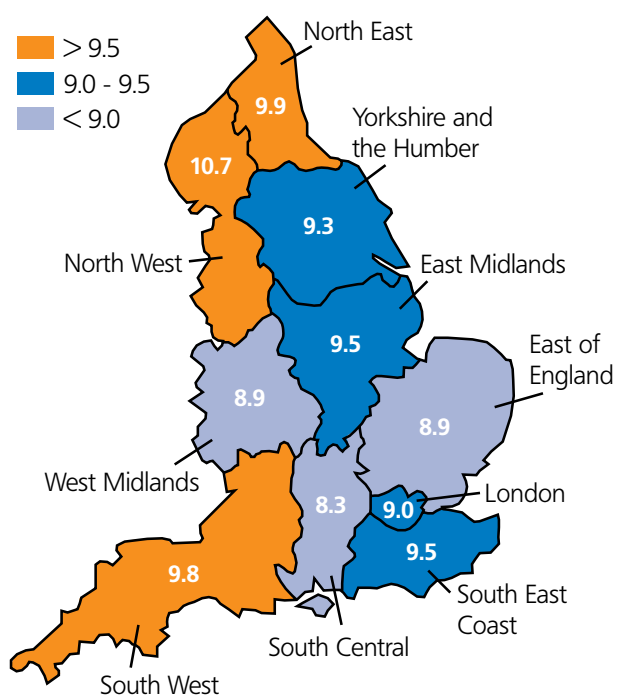# Quality Goal One: Reduce incidents of harm to patients

Unexpected deaths

There is no reliable national comparator for suicide rates in NHS Trusts, as similar NHS Trusts may have very different systems for reporting and managing unexpected deaths.

Suicide rates nationally are falling and evidence suggests that suicide rates in the North East are falling faster than in many other areas of England.

Data source: University of Manchester 2010 Confidential Inquiry Report

Rates of suicide by Strategic Health Authority of residence at the time of death (average rate 2005 - 2007)

Legend:
- > 9.5
- 9.0 - 9.5
- < 9.0

North East 9.9
North West 10.7
Yorkshire and the Humber 9.3
East Midlands 9.5
West Midlands 8.9
East of England 8.9
South West 9.8
South Central 8.3
London 9.0
South East Coast 9.5

Change In the rate of suicide from 1997 - 1995 to 2005 - 2007 by Strategic Health Authority

Legend:
- < 20%
- > 20%

North East -26%
North West -23%
Yorkshire and the Humber -26%
East Midlands -13%
West Midlands -22%
East of England -15%
South West -15%
South Central -22%
London -27%
South East Coast -18%

Quality Goal Two: Improve the way we relate to patients and carers

This Quality Goal will improve **patient experience**. We will demonstrate success against this goal by improving the overall score achieved in the patient survey and by reducing the number of complaints received.

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

1. All Trust services have accessible patient information providing details on care and services they provide (based on what the patients say they need).

To improve access and understanding in relation to Trust services. Target: 100% by 31 March 2011.

Achieved
Data source: manual recording

All services now have a service leaflet and directorate specific welcome pack for inpatients.

The Trust has also recently been awarded the prestigious Information Standard – see page 81 for details.

Case study: A carer's view of the Crisis Assessment Team

"I care for my son who has recurring psychotic episodes, he has often been prescribed medication that I am sure would help if he would only take them; he has been offered services to try and support him in recognising early relapse and to prevent a fully blown episode. I am positive this would help if he would engage, however he chooses not to. Our life has become a revolving door through services. One service that we pass through on a regular basis is the Crisis Assessment Team, which has proved to be a lifeline, not only for my son but for me as a worried, frantic parent. Each worker we have had contact with has been patient, approachable and has spent time advising how we can best support our son. Communication and understanding between the staff and me has been indispensable. This service gives me the peace of mind that if I am worried or think my son is becoming unwell, someone is at the end of the phone. Recently I have come into contact with a worker who specialises in mental health and family support; this has provided me with time and space to talk through my guilt, frustration and my journey through the mental health system. These two services combined have created a feeling of security and positivity."

Quality Goal Two: Improve the way we relate to patients and carers

2. To improve waiting times for referrals to multidisciplinary teams.
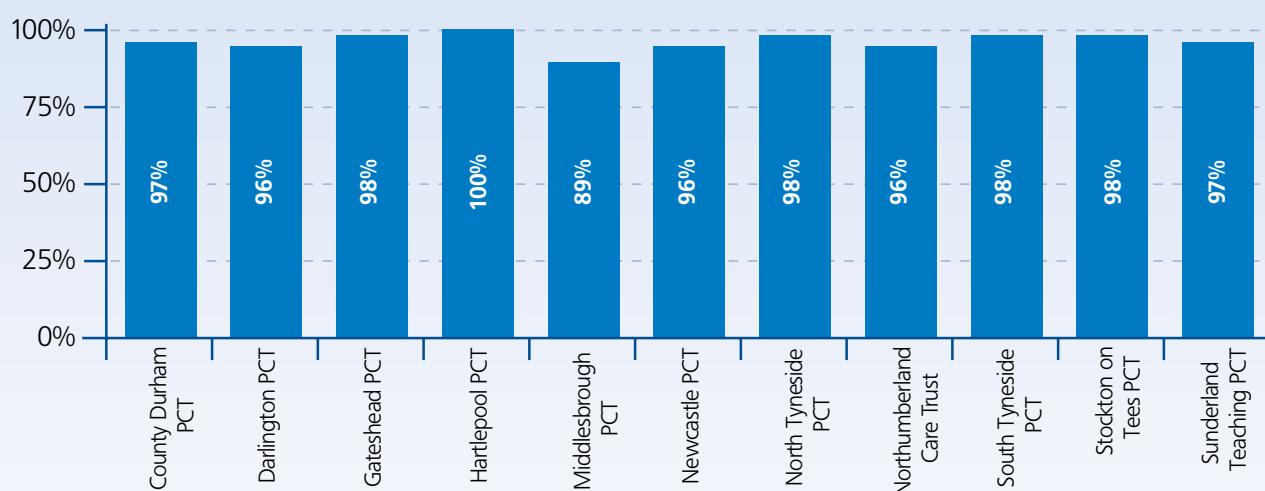
To ensure Trust services are responsive and accessible. Target: 100% of service users to be seen within 18 weeks of referral by 31 March 2011.

A review of referrals to multidisciplinary teams during the year found that 97% of service users had waited less than 18 weeks for their first contact with a team. A breakdown of this figure is shown below by PCT:
This Quality Priority is being carried forward to 2011/12.

Ongoing
Data source: RIO

Proportion of referrals to multidisciplinary teams in 2010/2011 who waited less than 18 weeks for their first contact with the team

A review at 31st March 2011 of current waiters shows that 4% of current referrals to multidisciplinary teams had been waiting more than 18 weeks at that date – the table below shows this data by PCT. Note: as at 31st March 2010 the equivalent figure was 9%.

Primary Care Trust	% of Service Users waiting less than 18 weeks for contact with a team during 2010/11	% waiting more than 18 weeks at 31/03/2011
County Durham PCT	96.9%	2.1%
Darlington PCT	95.5%	0.0%
Gateshead PCT	98.1%	1.1%
Hartlepool PCT*	100.0%	25.0%
Middlesbrough PCT	89.1%	0.0%
Newcastle PCT	96.5%	4.4%
North Tyneside PCT	97.9%	2.9%
Northumberland Care Trust	95.9%	5.6%
South Tyneside PCT	98.3%	3.9%
Stockton-on-Tees Teaching PCT**	98.0%	16.7%
Sunderland Teaching PCT	97.2%	3.2%
Total	96.9%	4.0%

*As at 31st March 2011, there were four service users from Hartlepool waiting to access services.
One (25%) of these had been waiting for more than 18 weeks.
** As at 31st March 2011, there were six service users from Stockton on Tees waiting to access services.
One (16.7%) of these had been waiting for more than 18 weeks.

Quality Goal Two: Improve the way we relate to patients and carers

3. To increase the number of service users who are involved in their care plan.

To increase engagement of service users in their own care following feedback from service users. Target: 95% by 31 March 2011.

Ongoing At the start of the year it was thought that reviewing the number of care plans signed by service users would be a way to measure progress against this priority.

Further analysis has identified that this did not sufficiently take into account that service users may choose not to sign their care plan or service users who do not have the ability to sign their care plan or those whose capacity was impaired.

An alternative way of measuring progress will be to compare the results from the national patient survey and Points of You data which are direct feedback from service users and the Trust's latest Health Records Audit. In 2011/12 we are planning to modify our recording tools to enable the recording of involvement by service users. This Quality Priority is being carried forward to 2011/12.

4. To improve the choice and availability of therapeutic and recreational activities for inpatients including 'out of hours' and at weekends.

In response to feedback from the Care Quality Commission, patients and carers, this is an identified area for improvement. One service user anonymously posted the following comment on NHS Choices in March 2010: **"(There's) NOTHING to do at weekends!!!! -any benefit gained during week lost as you endure sheer boredom of weekends- everything closed- absolute tedium & frustration".** Target: Define standard expected, measure current activities and improve the availability of therapeutic and recreational activities, by a factor of 50% by 2012 for out of hours and at weekends.

Ongoing During the year, an event was held at Collingwood Court, an adult acute admission ward in Newcastle, to review the delivery of ward based groups and activities and to define the expected standard for activities. This Quality Priority is being carried forward to 2011/12.

5. To develop a standardised Trust 'family and friends' assessment.

In response to carers and in accordance with standards set out in the Trust Carers' Charter to increase the involvement of carers in assessments. Target: to develop a standardised assessment by 31 March 2011.

Achieved Work has been undertaken to develop a Trust wide Carers, Friends and Family Guide. Produced in collaboration with carers across Trust services, the final guide is now agreed and being implemented. A "Young Carers" Guide has also been developed. For more information on the Carers' Charter, please see page 78.
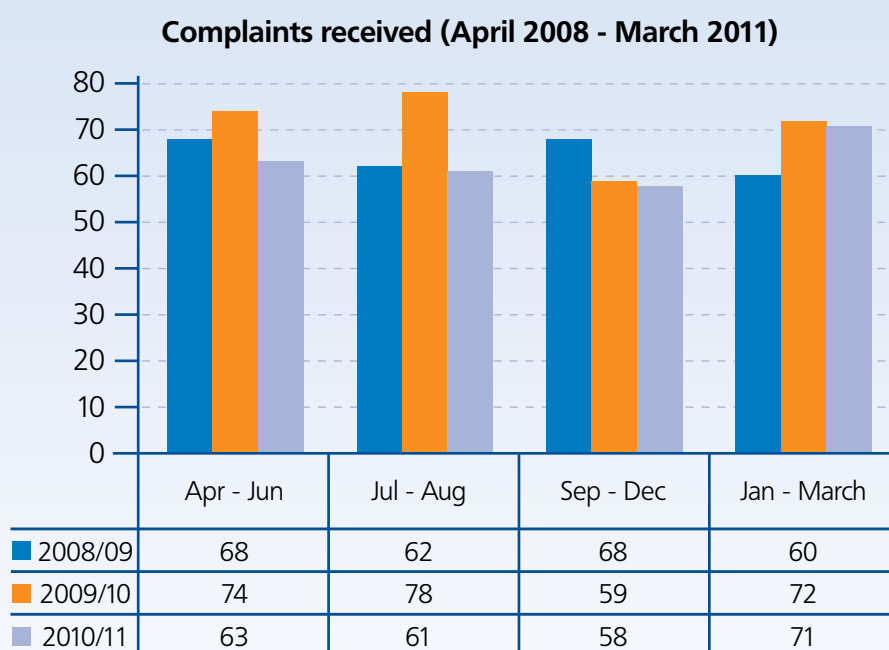
Quality Goal Two: Improve the way we relate to patients and carers

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

Complaints have reduced during the year with 258 complaints in 2008/09, 283 complaints in 2009/10 and 253 complaints in 2010/2011.

Data source: Safeguard

The following graph shows complaints received in each of the three years, split by quarter:

Complaints received (April 2008 - March 2011)

	Apr - Jun	Jul - Aug	Sep - Dec	Jan - March
2008/09	68	62	68	60
2009/10	74	78	59	72
2010/11	63	61	58	71

Analysis of complaints received during the year has highlighted a number of broad themes arising relating to poor communication, individual needs not being recognised and problems with transfers between services.

An exercise to examine the complaints process took place in February 2011. Key improvements to be implemented include the introduction of a Complaints Resource File to help to produce a personal, high quality response, better collaborative working and the replacement of paper files with an electronic log accessible to all involved in a complaint.

2010 patient survey conducted by the Care Quality Commission

In 2010, service users were asked about the community based care they had received from the trust. Overall, the score for all questions was 6.9 out of 10 – which was in line with what we would expect in comparison with other similar trusts. For more information about the results of this survey, please see page 98.

Quality Goal Two: Improve the way we relate to patients and carers

Points of You - winner of the Trust's "Shining a Light on Excellence" Award 2011.

In the future, the success of health organisations will be determined by the experience of its patients and carers. The voice of our service users and carers is increasingly and rightly becoming more widely used to measure our performance. Experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services allowing us to monitor the quality with which we deliver and act upon issues that our service users and carers bring to our attention.

The 'Points of You' feedback cards were launched in February 2010, to help us to evaluate the quality of our services. So far we have had nearly 5,000 returns from service users and carers who use Working Age Adults services.

What have people told us they'd like to see more of?

- Better joint working.
- Improved communication.
- Shorter waiting times.
- Healthier food.
- More time with staff.
- More informal access to staff.
- More activities / something meaningful to do.
- Greater service user focussed outcomes.
- Greater involvement in care planning.

What are we doing about this?

- All inpatient areas across Working Age Adults are to have a visual board displaying real-time feedback from patients to staff.
- The Introduction of 'Points of You' Champions.
- The introduction of a reporting system up to Trust Board level.
- A commitment to increase activities and follow patients' suggestions for activities.

Points Of You team achieve success at the Shining A Light On Excellence Awards.

Quality Goal Two: Improve the way we relate to patients and carers

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services . **This Quality Priority has been brought forward from 2010/11.**	This is a key area of improvement demonstrated through patient feedback.	Quarter 1 Develop systems and processes to capture activities. Quarter 2 25% Quarter 3 50% Quarter 4 85% These targets apply to Urgent Care and Rehab Wards. Activities are those that are agreed and meaningful to patients.
2	Greater Service User collaboration in assessment and care planning. **Note: involvement in care planning has been brought forward from 2010/11.**	To ensure that the views and wishes of people are central to their care planning.	Quarter 1 Agree independent audit process involving staff and patient views of involvement. Quarters 2 -4 Implement in line with audit plan.
3	To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services.	All service areas to have evidence of good ways of listening to the views and ideas of people who use services and explaining what has happened as a result of their feedback.	Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 100% These targets apply to all inpatient wards.
4	Greater choice, quality of food and timing of meals to inpatient areas.	This is a key area of improvement demonstrated through patient feedback	Implement recommendations of the patient food survey.
5	To improve waiting times for referrals to multidisciplinary teams. **This Quality Priority has been brought forward from 2010/11.**	To ensure Trust services are responsive and accessible.	Quarter 2 100% seen within 18 weeks.

Quality Goal Two: Improve the way we relate to patients and carers

The Carers' Charter

Our Carers' Charter has been developed by carers, for carers, and sets out clear standards for working with, supporting and involving carers. We have worked with carers to develop the following:

- **Carers, Friends and Family Guide:** this ensures that carers are identified early and that families are quickly invited to a meeting to discuss their involvement, communication of information and support needed.

- **Commonsense Confidentiality Guide:** in response to concerns about information exchange between carers and staff we have produced the Commonsense Confidentiality Guide, providing guidance for staff and carers by identifying what information can be shared and how it can be shared.

- **Young Carers:** following joint working with the Young Carers Project, a Young Carers Guide has been developed which sets out the way in which the Trust will identify young carers, how we will work with them and how we will direct them to appropriate support if required.

Case study: David's* experience

"I have been using mental health services on and off for thirty five years and for the last four years have received input from the community mental health team. I feel that my team treat me as an equal and actively involve me in the planning of my care and that treatment is done with me and not to me. The most important element of my care, for me, is that the team take into account my spiritual beliefs and not only acknowledge my beliefs but actually take some of the elements of my belief system and use them with me in my therapy sessions. For the first time professionals have listened to, respected and recognised that my spirituality is a vital part of who I am and how I respond and engage with people. This has played a monumental part in my leap forward in my recovery journey."

* name has been changed

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

Note: In 2009/10, this quality goal was shown as two separate goals; however for simplicity the two have been merged while retaining the requirements of both, to ensure the right services are in the right place at the right time for the right person, while improving multi-disciplinary team working to benefit the patient pathway.

This quality goal will improve **clinical effectiveness**. We will demonstrate success against this goal by delivering demonstrable improvements in service delivery.

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

1. To complete phase 1 of the South of Tyne Internal work programme, by:

a. establishing and implementing new community mental health teams in Sunderland;
b. implementing the Creating Capable Teams Training Programme;
c. implementing a safe patient transfer protocol;
d. implementing a single access point for secondary mental health care services;
e. developing an agreed format for core assessment and
f. developing shared, collaborative care arrangements.

Service users requiring specialist mental health treatment need access to integrated multi disciplinary teams in all settings, to ensure comprehensive assessments and treatment plans. Phase 1 of the South of Tyne Internal Work Programme entails redesign of services to replace the traditional service model. The new teams will develop policies and procedures that support effective multi disciplinary team working and focus on the desired and agreed patient outcomes. Moving to the new model involves transfers of care for patients within the existing system using a carefully designed protocol to maximise safety in the transitional period.

Specialist Mental Health Services will work with primary care, local authority, third sector and other partners to develop agreed access points and shared care arrangements, thus ensuring that the right help is available to service users in the right place at the right time. The targets above are for completion by 31 March 2011.

Achieved | Two fully integrated multidisciplinary community mental health teams in Sunderland have been established.

The teams in Sunderland working age adult directorate have received an introductory session on team coaching and teams are developing plans for how the coaches can support them. The transfer of appropriate patients is now complete, and work is continuing to develop a full access and initial assessment team, who will provide advice, signposting, triage, initial assessment, bed management and clustering. A standard risk assessment has been implemented as the Trust wide format for core assessment and there is ongoing work to implement a pilot collaborative care arrangement and this will continue as part of phase 2 of the programme.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

BMA Patient Information Awards 2010 The Trust's "Stress and Anxiety – a self help guide for people in prison" received a commendation from the British Medical Association (BMA) Patient Information Awards 2010. The guide is one of three leaflets specifically developed to help recognise the symptoms of stress and anxiety which can be experienced by prisoners.

The Information Standard The Trust has recently achieved the prestigious Information Standard. The Information Standard scheme was developed by the Department of Health to help the public identify trustworthy health and social care information easily. At the heart of the scheme is the standard itself – a set of criteria that defines good quality health or social care information and the methods needed to produce it. To achieve the standard, organisations have to show that their processes and systems produce information that is accurate, impartial, balanced, and evidence-based.

What are Care Pathways and Packages?

Care pathways and packages are terms that are used in different ways. For some people, they describe a service user's journey through our services (e.g. from crisis team to acute ward to CMHT). For others they describe the actual treatment that will be provided to a service user.

The Care Pathways and Packages Programme (CPPP) defines care pathways and packages as a way of defining standards of care – these can then be monitored to understand how closely the actual care provided to a service user follows the agreed standards of care.

What are clusters?

Northumberland, Tyne and Wear NHS Foundation Trust is part of the Care Pathways and Packages Programme (CPPP) group, who are developing a way of classifying service users to help mental health organisations to understand the "mix" of service users they are caring for. Each group is known as a "cluster", and each cluster will include service users with broadly similar needs. For adult services, there are 21 different clusters to choose from - for example, a service user could be included within the following cluster:

• Ongoing Recurrent Psychosis (Low Symptoms).

Mental Health Trusts are required to identify the most appropriate cluster for all service users accessing Working Age Adult or Older Peoples' Services, while clusters are also being developed for both children's and forensic services. In the future, the amount of money that the Trust receives to pay for each service user's care will be based on the cluster they have been allocated to, initially this amount will be agreed locally but in time there will be a nationally agreed amount payable per cluster. This system, known as Payment by Results, is in place within acute hospitals and is planned to be introduced within mental health in 2012.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

2. As part of the Trust transformation programme (Next Steps), agree Trust wide service groupings and standards.

To be clear about the patient groups we serve and to define service users according to need, to allow appropriate service responses. Target: 100% by 31 March 2011.

Achieved 100% of services have defined their patient groups by cluster. Those not using the nationally mandated clusters have plans to agree their draft clusters over the coming months.

Note: Much of this work forms part of national developments and timescales are subject to external influence. Draft care pathways have been developed for all (100%) of the nationally mandated clusters. These will be refined over the coming months through wider consultation whilst the ability to record this information is developed in Rio. As draft clusters are agreed for other service user groups, care pathways will be developed.

3. As part of the Trust Care Pathways and Packages work:

a. Increase the % of patients assessed using the clustering tool
b. Increase the % of staff trained in the use of the clustering tool
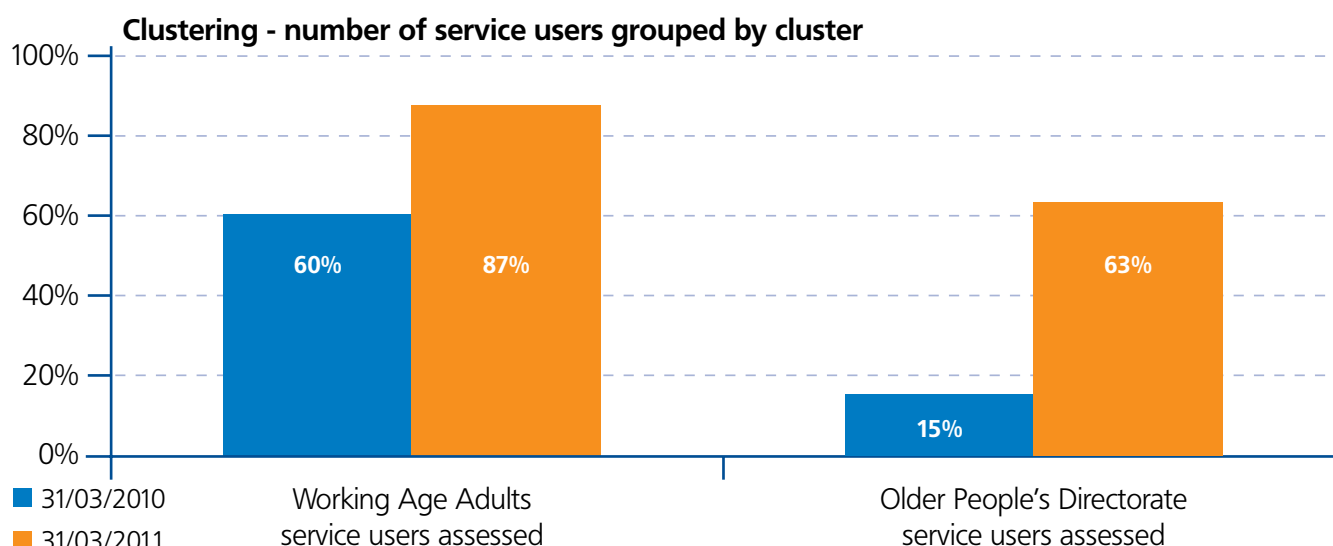
To improve the accuracy and coverage of mapping service users by need. Target: To assess 95% of Working Age Adults and Older Peoples' Services service users and to train 95% of Older Peoples' Services staff in the use of the clustering tool by 31 March 2011.

Ongoing Data source: RIO A total of 77% of Working Age Adults and Older Peoples' Services service users have been assessed using the clustering tool (the graph below shows this figure split by directorate). Work is planned to increase this figure and to ensure cluster allocations are accurate and consistent. This Quality Priority is being carried forward to 2011/12.

Ongoing Data source: ESR 56% of Older Peoples' Services staff have been trained since July, with plans in place to continue the training programme into 2011/12. This Quality Priority is being carried forward to 2011/12.

Clustering - number of service users grouped by cluster

- ■ 31/03/2010
- ■ 31/03/2011

Working Age Adults service users assessed — 60%, 87%

Older People's Directorate service users assessed — 15%, 63%

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

During 2010/2011, many service improvements have been made across the organisation – below are just three examples:

1. Improvements in Older People's Services in Sunderland and South Tyneside

Over the last two years we have carried out a programme of work to improve the quality of services we deliver to older people in Sunderland and South Tyneside.

First, we focused on improving our community services. To do this, we co-located the Sunderland and South Tyneside Older People's community mental health teams on the Monkwearmouth hospital site so staff can share expertise and to make sure that the care we provide is of a consistently high standard.

Secondly, we worked to modernise our day services within Sunderland. We combined the Grange Day Service with the Poplars Day Service on the Monkwearmouth Hospital site. This has allowed us to move away from outdated accommodation and make sure that all day services have close links with the community teams that are based on the same site.

In phase three, we looked at the existing inpatient wards providing specialised long term care for older people, at Palmer Hospital Jarrow, Wearmouth View at Monkwearmouth and Sycamore at Cherry Knowle. With more older people being able to be looked after in the community, some of these wards were being used well below their capacity and also needed updating.

Therefore we have consolidated South Tyneside and Sunderland inpatient services in Sycamore ward at Cherry Knowle and in a refurbished Wearmouth View at Monkwearmouth.

We have received positive feedback from patients, service users and carers about the new surroundings and we are delivering better care by concentrating specialist services together to allow us to develop excellent practice.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

2. Primary care and psychological therapy services in Northumberland

Data source: RIO and some manual data collection

At the start of 2010/2011, targets were set in Northumberland to ensure that 65% of Primary Care service users would be seen within four weeks of referral and secondary care psychological therapy service users would be seen within 13 weeks of referral by 31st March 2011.

Primary Care

In August 2010 there were 529 service users waiting for treatment in Primary Care services and by March 2011 this number had reduced to 345. Additional resources have been put into the Northumberland team to reduce the number of service users specifically waiting for Primary Care psychology input by September 2011.

In the period from April to June 2010, 38% of service users had started their treatment within four weeks.

By March 2011 this had risen to 66% with work still ongoing and the intention is that 95% of service users will be seen within four weeks by October 2011.

Secondary care psychological therapies

In June 2010, there were 89 service users waiting for psychological therapies input with 31 service users waiting 18 weeks or more for treatment.

By March 2011 this number had reduced to 19.

In the period from April to June 2010, 38% of service users started their treatment within 13 weeks of referral. By March 2011 this had risen to 83% with work still ongoing to improve this further.

Autism sensory room at Northgate Hospital.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

3. Newcastle Child and Adolescent Mental Health Services (CAMHS) User participation project - "Teen Army" Student Voice

A student group from Walbottle School came to speak to staff at St Nicholas Hospital about their work.

Their presentation offered a valuable insight into the views, comments, expectations and experiences of children and young people within NHS settings, including comments on the look of the reception/building and how they were greeted and received.

The presentation was of great benefit to staff who attended, providing an insight into what a young person would expect coming into our services.

GP's and CAMHS staff members then visited Walbottle School and met with pupils to discuss their views and expectations. At the feedback meeting, all the organisations pledged to carry actions forward in their workplace.

Representatives from CAMHS prioritised three recommendations, the first of which was the young people's request to have an appointment card which would contain the details of their next meeting as well as parents/carers having appointment letters.

As a result of these recommendations, a credit card sized card, not easily identifiable as a "mental health" card, has been produced and is now being distributed to service users. This will give the young person more ownership of their appointments and provide them with a visual reminder of when they are due to return.

Other recommendations from the Walbottle group were to have modern artwork on the walls and an updatable notice board with information on outside groups and events, both of which have also now been implemented

Ferndene Children & Young People's Hospital at Prudhoe under construction.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

Service Model Review

During 2010 the Trust has set up a Service Model Review Group, led by senior clinicians from across the Trust, in an exciting initiative to develop the vision and design for how we will deliver our services in the future. By being innovative and using the best clinical evidence we will improve the quality of our services for our patients and their carers.

The Group has considered issues which have been raised by all of our stakeholders, particularly those raised by our patients. Taking into account the most up to date thinking on best practice in healthcare, a new model has been designed which shows how we intend to deliver the different parts of the patient journey such as accessing services, assessment, care planning, treatment and discharge.

The model has been developed bearing in mind the following principles:

1. you can reach us, simply and quickly;

2. the earlier the better;

3. to get the right care, safely and easily;

4. from our flexible and skilled workforce;

5. we will work in collaboration with families, carers and partnership organisations;

6. so that you can gain or regain independence, as far as possible;

7. by making smooth and sustainable "steps forward";

8. you can reach us again, if you need to, simply and quickly.

The Service Model Review Group is developing the model to identify the future services to be delivered by the Trust and how they will operate to support our service users and their carers. The model and our thinking on service delivery will continue to be developed over the coming months as we enter discussions with patients, their carers, GPs and our partner agencies.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

Transforming our multi-disciplinary team working

During 2010 we started a project to establish the potential scale of improvement in quality and cost that could be achieved in a typical ward and community team, starting by looking at multi-disciplinary team working.

All multi-disciplinary teams (MDT) regularly meet and review clinical cases. The methods employed by teams across the Trust vary hugely. Multi-disciplinary reviews can be very time consuming and time wasting for clinicians, reducing the amount of time they have available to spend with service users. We have also received feedback from service users that sometimes they are left waiting to find out the outcomes of the clinical review and the next steps in their package or care.

During November we worked on improving the MDT review process. We used a technique called rapid process improvement workshops (RPIW) - this is about taking time out with the right people to solve problems and to make improvements. We engage with staff, service users and carers and get their ideas of how we can make things better – to get the best ideas we have to think differently; often the more unusual ideas are best. The ideas are developed and tried out, we measure things to see if they have really improved, and then refine things further.

The results achieved by the teams have been remarkable:

Belsay is an acute admission ward on the Northgate Hospital site for women with learning disabilities. There was no single multidisciplinary team forum and as a result the decision making process around care was long and complicated causing confusion for patients, carers and staff. It was calculated that making decisions about a patient could take up to 5 weeks to be made and acted upon. After the RPIW, 3 processes were combined into 1, meaning staff know what is happening to each patient with the actions agreed and recorded on Rio on a weekly basis. The patients are also given this information on a weekly basis by the doctor. The reduction of repetitive work for the nursing staff means that they can spend more time with the patients.

The South Tyneside Older Person's Community Team has found a way to ensure that service users are communicated with about the outcomes of their assessment, following MDT review within 24 hours of their first appointment: previously this took up to 8 weeks. Service users tell us this is so much better, no longer waiting and wondering what is happening.

On Collingwood Court, an adult male acute assessment ward in Newcastle, the MDT has started to meet each morning, to review the care provided to everyone currently staying on the ward. This replaces the traditional weekly ward round. The patients have told us that this gives them much better access to their doctor and other professionals providing their care, and as their care needs change, appropriate treatment is provided much more quickly. Patients' stay in hospital is also much shorter, with a 50% reduction in the average length of stay.

We will work to ensure that all of our service users can benefit from these improvements.

Quality Goal Three: Ensure the right services are in the right place at the right time for the right person

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To improve the access to services for Adults in Crisis.	In response to commissioner, patient, carer and other stakeholder feedback. The Trust is looking to improve the access and responsiveness of services, to ensure services are redesigned around patient needs.	Quarter 2 Design new models of service delivery Quarter 2 Consult on new models and agree pilot locations Quarter 3 Implement pilots Quarter 4 Start evaluation of pilots.
2	To increase the percentage of patients in each cluster reviewed within the timeframes set out in the national Mental Health Clustering booklet.	This year the allocation to cluster will start to have clinical and financial implications. It is essential that clustering is accurate and up to date. The timescales set out in the booklet represent good clinical practice and take account of the nature of each patient group (cluster).	Quarter 1 Reporting processes established via NTW dashboard and all operational staff fully briefed. Quarter 2 20% Quarter 3 45% Quarter 4 75% This trajectory relates to adult and older people services.
3	As part of the Trust Care Packages and Pathways work: - Increase the % of staff trained in the use of the clustering tool. **This Quality Priority has been brought forward from 2010-11.**	To improve the accuracy and coverage of mapping service users by need.	Quarter 2 95% of staff trained. This target relates to adult and older people services.

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2010/2011 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub contracted 248 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 248 of these NHS services.

The income generated by the NHS services reviewed in 2010/2011 represents 100% per cent of the total income generated from the provision of NHS services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2010/2011.

Participation in clinical audits

During 2010/2011, 6 national clinical audits and 1 national confidential enquiry covered NHS services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During that period Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust were eligible to participate in during 2010/2011 are as follows:

National Clinical Audits 2010/2011
Prescribing Observatory Mental Health UK – Topic 7b Monitoring Patients prescribed Lithium
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation
Prescribing Observatory Mental Health UK –Topic 9b The use of antipsychotics in people with learning disabilities
Prescribing Observatory Mental Health UK – Topic 10a and b The use of antipsychotics in children
Prescribing Observatory Mental Health UK – Topic 11 The use of antipsychotics in people with dementia
Royal College of Psychiatrists Depression and Anxiety
Royal College of Physicians Falls and Bone Health
National Audit of Schizophrenia

National Confidential Enquiries 2010/2011
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

Mandatory statements relating to the quality of NHS services provided

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2010/2011, are listed below 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 that audit or enquiry.

National Clinical Audits 2010/2011	Cases submitted	Cases Required	%
Prescribing Observatory Mental Health UK – Topic 7b Monitoring Patients prescribed Lithium	59 cases enrolled by the trust	3647 cases enrolled nationally	1.6%
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation	44 cases enrolled by the trust	2296 cases enrolled nationally	1.9%
Prescribing Observatory Mental Health UK –Topic 9b the use of antipsychotics in people with learning disabilities	35 cases enrolled by the trust	2387 cases enrolled nationally	1.5%
Prescribing Observatory Mental Health UK – Topic 10a the use of antipsychotics in children	43 cases enrolled by the trust	1575 cases enrolled nationally	2.7%
Prescribing Observatory Mental Health UK – Topic 11 the use of antipsychotics in people with dementia	Data collection in progress		
Royal College of Psychiatrists Depression and Anxiety (National Audit of Psychological Therapies)	9 trust teams participated in the audit 636 trust service users were included in the audit	362 teams participated nationally 50,403 service users were included nationally	2.5% 1.3%
Royal College of Physicians Falls and Bone Health	1 Trust Submission	Data collection in progress	
National Audit of Schizophrenia	In preparation phase		

National Confidential Enquiries 2010/2011	Cases submitted	Cases Required	%
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	38 suicide 6 homicide	41 suicide 6 homicide	92.7% 100%

Mandatory statements relating to the quality of NHS services provided

Case study: Jane's* story

"I was admitted to the Regional Eating Disorder Service after spending three months in an out of area eating disorder unit. I felt like, from the beginning, there was a co-ordinated approach to my care, that didn't just involve "feeding me up" and saw me as an individual rather than just an eating disorder. I was able to work with my therapist, named nurse and occupational therapist on other things too – like building up my confidence, learning how to be more assertive and to develop ways of relaxing- all things that have meant that I'm now less likely to use eating as a way to solve problems.**"**

* name has been changed

The reports of 5 national clinical audits were reviewed by the provider in 2010/2011, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Prescribing Observatory Mental Health UK Topic 5 Benchmarking of the prescribing of high dose and combination antipsychotics in acute and PICU Wards	Clinical Pharmacists have developed individual ward action plans, discussion and education sessions have taken place with prescribers and multidisciplinary teams, and educational material (including work books and wall charts) have been made available at ward level.
Prescribing Observatory Mental Health UK Topic 6b Assessment of side effects of depot medication	Action plans were developed by teams, including an improved system for data collection, and improved monitoring and recording of physical health parameters.
Prescribing Observatory Mental Health UK Topic 7b Monitoring Patients prescribed Lithium	Action plans to improve performance have been agreed to address any specific areas of concern. Trust standards for lithium monitoring have been developed and the availability of these standards has been highlighted to appropriate teams.
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation	Action plans will be developed, to include training which will be developed according to the needs of the teams. The clinical pharmacy service will be reviewed to ensure that agreed standards for medicine reconciliation can be met.
Prescribing Observatory Mental Health UK Topic 10a The use of antipsychotics in Children	An action plan has been agreed to develop prescribing guidance and improve physical health monitoring of children and young people who are prescribed antipsychotics.

Mandatory statements relating to the quality of NHS services provided

Acute Inpatient Mental Health Services (AIMS) Accreditation

To demonstrate the quality of care provided by our wards, the Trust has sought accreditation through the Royal College of Psychiatrists' AIMS (Acute Inpatient Mental Health Services) standard. This required nominated wards to complete a number of audits, questionnaires involving staff, patients and carers and being visited by a peer review team to test them against national standards of best practice. As at March 2011, twelve of our adult wards and three of our older peoples wards have been accredited as meeting the AIMS standards, with two achieving 'excellent' status. In fact, we have more AIMS accredited wards than any other mental health provider in the country outside London. We are working to continue to improve quality in AIMS accredited wards, and are seeking new accreditation for further wards such as those providing rehabilitation services.

The reports of 4 local clinical audits were reviewed by the provider in 2010/2011 and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Health Records Audit	Action plans have been locally developed for individual services according to their results, which are monitored by Lead Nurses.
Mental Health Act Section 17 leave	The Leave Policy will be critically reviewed to ensure clarity for staff. It will become standard practice that patients detained under the Mental Health Act will be given a copy of their "Leave Form" to take on leave with them. Guidance describing the Care Quality Commissioners expectations during Mental Health Act visits will be circulated to all clinical areas. The Mental Health Act Legislation committee will review all current Mental Health Act action plans relating to Section 17 leave issues.
Safeguarding Adults	"Safeguarding Adults" will become a standing agenda item to be considered at all ward and team meetings. The Safeguarding Team will work with the Safety Team to streamline reporting. This will include the direct input of data onto Rio and developing the facility to attach Safeguarding Alerts on to the Safeguard electronic system.
Emergency Readmissions	Improvements have been made in the implementation of the Care Co-ordination Policy including discharge planning and contingency planning. It is recommended that regular scrutiny of readmissions within 28 days is maintained by nominated individuals in order that issues can be addressed and appropriate action taken.

Mandatory statements relating to the quality of NHS services provided

Research

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2010/2011 that were recruited during that period to participate in research approved by a research ethics committee was 537.

Participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Northumberland, Tyne and Wear NHS Foundation Trust was involved in conducting 68 clinical research studies in mental health during 2010/2011.

There were 13 clinical staff participating in research approved by a research ethics committee at Northumberland, Tyne and Wear NHS Foundation Trust during 2010/2011. These staff participated in research covering four medical specialties.

As well, in the last three years, 29 publications have resulted from our involvement in NIHR (National Institute for Health Research), which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

The Partnership Project (pilot study)

Choice, involvement, and shared decision making all greatly affect the quality of care delivered and overall satisfaction with the service our patients and carers receive.

The 'Partnership Project' at Walkergate Park, while at a very early stage, aims to improve consistent patient involvement in decision making. This will be achieved by encouraging clinicians to explore patients' preferences and values, whilst at the same time ensuring that all decisions made are based upon accurate and well explained information about treatment and care options. It is anticipated that the approach will be designed in collaboration with patients and carers.

Mandatory statements relating to the quality of NHS services provided

User involvement in research

We are active in research, and most of this research has user involvement. During 2010/2011, one of the research projects underway is the Mental Health Care Co-ordination Project, which has a high degree of service user involvement such as:

1. The direct involvement of the service user run group in conducting the research;

2. Locally, the outcome tool kit developed by the researchers will be used to improve the quality of services provided;

3. Nationally, the work will be used to develop further collaborations through a network of champions for quality recovery led care co-ordination;

4. Nationally, the good practice tool kit can be used to improve patient experiences of care co-ordination. This would include training information for both service users and carers along with material to improve the skills of the workforce;

5. This research will ultimately will be used to inform both local and national policy around care co-ordination.

Mandatory statements relating to the quality of NHS services provided

Goals agreed with commissioners

Use of the CQUIN payment framework

The CQUIN (**C**ommissioning for **Qu**ality and **In**novation) framework was launched in 2009 following recommendations made in the Lord Darzi report 'High Quality Care for All', and aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at board level in all organisations. It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2010/2011 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

For 2010/11, £3.4m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators and the payment made associated with these indicators in 2010/2011 was £3.4m. All indicators were achieved in 2010/2011.

Further details of the agreed goals for 2010/2011 and for the following 12 month period are available electronically at:

2010/2011:

http://www.institute.nhs.uk/commissioning/pct_portal/cquin_schemes_in_north_east_2010%1011.html#3

2011/2012:

http://www.ntw.nhs.uk/fileUploads/1306400900CQUIN%20indicators%20for%202010-11%20and%202011-12.pdf

Mandatory statements relating to the quality of NHS services provided

A summary of the agreed CQUIN indicators for 2010/2011 and 2011/2012 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2010/11	2011/12
The use of the HCR 20 Violence Risk Assessment Scheme in Forensic Services to enable improved assessment of risk leading to safer clinical environments and improving the discharge processes.	✓	
To reduce inappropriate anti-psychotic prescribing for people with Dementia.		✓

CQUIN Indicators to improve Patient Experience	2010/11	2011/12
Patient experience to be evaluated through formalised Commissioner visits.	✓	✓
To reduce waiting times from referral to actual treatment for primary care mental health and psychological therapies services in Northumberland.	✓	✓
Reduce waiting times from referral to actual treatment for secondary care services (Adult Community Treatment Team, Early Intervention in Psychosis & Adult Secondary Care Psychology) in Sunderland.		✓
2010/11: The development & implementation of a new carer's satisfaction survey to measure any improvement in the carers' experience of services. 2011/12: Further developing the survey, validating the implementation of the standards within the Carers Charter and building on the findings of the previous survey.	✓	✓
The implementation of the ESSEN scale (or similar) in Forensic Services to assess the therapeutic climate within a care setting.		✓
To embed the development of service user defined meaningful activity plans (covering 25 hours per week) within Forensic Services.		✓
To ensure access to appropriate communication aids in a timely manner from completion of assessment, or direct request for a short term loan, to issue of loan.	✓	✓
To improve access to appropriate and timely environmental control service (ECS) from initial referral to ECS system installation.	✓	✓

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to improve Clinical Effectiveness	2010/11	2011/12
2010/11 and 2011/12 - Implement and analyse the use of standardised outcome measures for Child and Adolescent Mental Health Community and Inpatient Services. 2011/12 To implement the use of standardised outcome measures in Forensic Services.	✔	✔
The reduction of the average length of stay for adult acute admission wards in Newcastle and North Tyneside.	✔	
To understand lengths of stay in Forensic Services & develop strategies to reduce lengths of stay.		✔
The implementation of the Recovery Star across Rehabilitation Services to enable better awareness and monitoring of clinical outcomes.	✔	✔
Implementation of phase 1 of the Internal Development Programme – Sunderland to ensure cultural and effective change in service provision.	✔	✔
The "End of Life Integrated Care Pathway" to be implemented in all older people's inpatient services, and advanced care planning to be implemented across all older people's CMHT's.	✔	✔
To increase the percentage of Learning Disabilities patients who have an active, up to date physical health care plan in place.	✔	✔
A higher percentage of 7 day follow up contacts to be carried out face to face. The development, implementation and evaluation of a quality standard to ensure consistency of 7 day follow up contacts.	✔	
Staff receiving training in relation to Autistic Spectrum Condition (ASC) to ensure that people with ASC are able to access a wider range of clinical services.		✔
To improve the access to services and improve the responsiveness for Adults in Crisis.		✔
Improving the quality of the pathway through Forensic Services.		✔
Improving recovery planning in Forensic Services.		✔

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Mandatory statements relating to the quality of NHS services provided

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with no non routine conditions of registration. The Trust has the following conditions on registration: no conditions on registration.

The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2010/2011. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigation by the CQC during the reporting period.

The CQC registers, and therefore licenses Northumberland, Tyne and Wear NHS Foundation Trust as a provider of care services as long as we meet essential standards of quality and safety. The CQC monitors us to make sure that we continue to meet these standards.

Case study: Emma's* use of the Recovery Star

"The Recovery Star is a tool used in Rehabilitation and Recovery services to help service users to set recovery goals. Emma is in her early 30's and has a long history of schizophrenia, she has been in hospital since 2006 after experiencing distressing voices and beliefs, anxiety and excessive use of alcohol. She is now ready to make the transition to normal life outside hospital. Together, staff and Emma regularly use the Recovery Star to identify goals and prepare an action plan to help her to manage her mental health, covering all aspects of her life such as socialising, addictive behaviour, self esteem, relationships and physical health. This work has helped Emma to recognise her strengths and to successfully move forward in her recovery."

* Name has been changed

Mandatory statements relating to the quality of NHS services provided

CQC Quality & Risk Profile

The Quality and Risk Profile (QRP), published monthly by the Care Quality Commission (CQC), gathers together key information about the Trust to help CQC monitor our compliance with the essential standards of quality and safety required for registration.

The QRP is a useful tool to help us to continually monitor the quality of our services, so that we can identify areas of lower than average performance and take action to address them where necessary.

The latest QRP identifies the Trust as being at low risk of non compliance ("low neutral" in CQC terminology) against each of the following areas:

1. Involvement and Information
2. Personalised Care, Treatment and Support
3. Safeguarding and Safety
4. Suitability of Staffing
5. Quality and Management

CQC Registration Activity 2010/2011

During 2010/2011, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

- Swalwell (2 Coalway Lane)
- Craigavon
- Cherry Knowle Hospital
- Midmoor Road (Social and Residential Home)
- Elsdon Mews (Social and Residential Home)

The reports from the planned reviews of compliance are available via the Care Quality Commission website http://www.cqc.org.uk . Where areas of improvement or compliance actions were required the Trust has put in place actions to address weaknesses. At the publication date of the Trust Quality Account all improvement and compliance actions had been addressed and the Trust was fully compliant with the requirements of registration.

Note: When concerns are raised by the Care Quality Commission, our Monitor Compliance rating can also be affected– see Appendix 1 for more information on our Monitor compliance rating.

Mandatory statements relating to the quality of NHS services provided

Data Quality

Statement on relevance of Data Quality and actions to improve Data Quality

Northumberland, Tyne and Wear NHS Foundation NHS Trust will be taking the following actions to improve data quality in 2011/12:

Planned actions in 2011/12:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more standardised process.
Awareness of data quality	We will continue to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will implement the internal Clinical Standards for Record Keeping, measuring staff adherence to the requirements.

Example clinical dashboard:

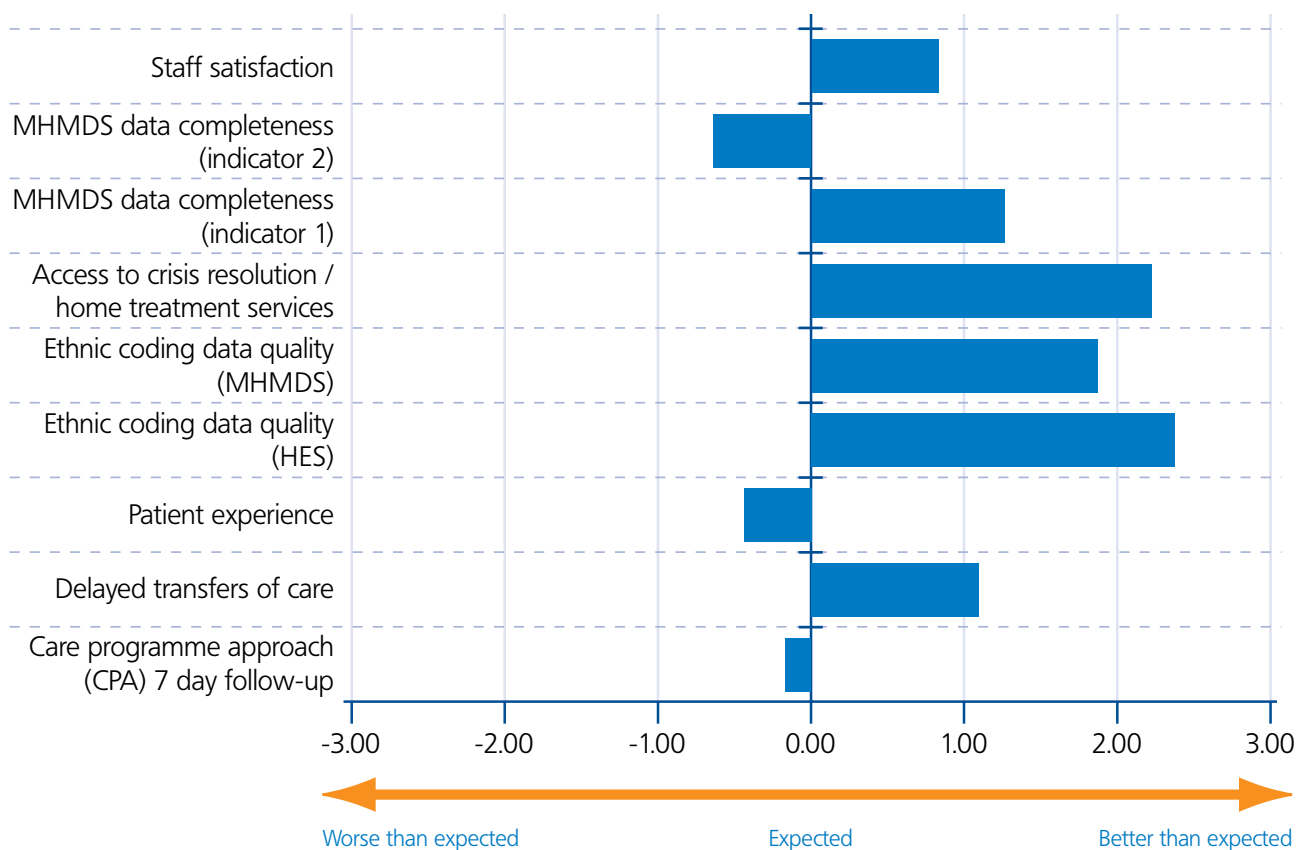# Mandatory statements relating to the quality of NHS services provided

CQC Mental Health Indicators Benchmarking Tool 2009/2010

Published in October 2010, the CQC Mental Health Indicators Benchmarking Tool 2009/2010 is intended to assist trusts in identifying how their performance compared with that of other trusts in 2009/2010, and which areas trusts may wish to prioritise for improvement.

The graph below shows how the performance of the trust against a specific indicator differs from an expected level of performance. The expected level of performance is set as the average performance of all the organisations measured against the indicator.

2009/10 CQC Mental Health Indicator Benchmarking Tool Results
Shows whether our performance is better or worse than expected when compared with other NHS Mental Health Trusts

Six indicators show performance which is broadly in line or better than what would be expected.

Three indicators show performance which is slightly less than expected.

Mandatory statements relating to the quality of NHS services provided

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2010/2011 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:

99.4% for admitted patient care;
99.9% for outpatient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care.

Percentages from SUS shown are for April 2010 to March 2011.

Fun and fitness day for service users.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Report overall score for 2010/2011 was 66% and was graded level 2 compliant.

Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/2011 by the Audit Commission.

Review of Quality Performance

Service user Exercise Therapy Team

In this section we will report on the quality of the services we provide, by reviewing progress against indicators for quality improvement, and feedback received from sources such as patient and staff surveys.

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness).

The information included in this section has been developed in conjunction with staff, our Council of Governors, commissioners and partners, to ensure that we include relevant, meaningful information about the quality of the services we provide.

This section also includes performance against Commissioning for Quality & Innovation (CQUIN) indicators during 2010/2011.

Say it, see it anti abuse campaign poster.

Review of Quality Performance - Patient Safety

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Infection prevention & control – number of MRSA infections	Reducing healthcare infections is a key national priority. Data source: manual	0 infections (also 0 in 2009/10)
2	Infection prevention & control – number of Clostridium Difficile cases	Reducing healthcare infections is a key national priority. Data source: manual	2 infections (3 in 2009/10)
3	Same Sex Accommodation Requirements	Increasing same sex accommodation is a national priority. Data source: Safeguard	- There have been no breaches of same sex accommodation requirements during 2010/2011 (also none in 2009/2010) - A patient leaflet "Delivering Same Sex Accommodation" has been developed
4	Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RIO	As at the end of March 2011, 95% of applicable patients had a formal CPA review in the last 12 months, meeting the Monitor target of 95%.
5	Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years. Data source: ESR	At the end of 2010/2011 the proportion of staff who are up to date with their training is as follows: Safeguarding Adults Training 94% (95% last year) Safeguarding Children 98% (71% last year)
6	Use of HCR20 (Violence Risk Assessment Scheme) by adult medium and low secure inpatient services	Locally agreed CQUIN indicator in 2010/2011 – the use of this tool leads to better assessment of risk, leading to safer clinical environments and safer rehabilitation and discharge processes. Data source: manual data collection	At the end of June 2010, 42% of locally commissioned forensic inpatients had an HCR20 assessment within the last six months. By March 2011 this figure had increased to 100%.

Review of Quality Performance - Patient Safety

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
7	Medication Incidents e.g. wrong dose, wrong quantity, incorrect recording.	While rare, medication incidents can cause harm to patients. It is essential to monitor such incidents to ensure that medicines are used safely and prevent any further incidents. Data source: Safeguard	The graph below shows the total number of medication incidents reported in both 2009/2010 (1,380 incidents) and 2010/2011 (1,724 incidents) by severity of harm to service users. Our work in promoting medication incident reporting by staff is supporting the Trust in improving its safety culture. In line with the National Patient Safety Agency safety objectives, the increased reporting rates seen during the year have been associated with a reduction in the number in which more serious degrees of harm were experienced.

Medication Incidents by severity	No Harm	Minor, non permanent harm	Moderate, semi permanent harm	Total
2009/10	1,141	230	9	1,380
2010/11	1,467	249	8	1,724

During the year we published five shared care prescribing guidelines:

Area	Medicine	Condition
North of Tyne	Lithium	Bipolar disorder
	Atypical Antipsychotics	Schizophrenia / Bipolar disorder
	Agomelatine	Depression
	High Dose venlafaxine	Depression
South of Tyne and Wear	Methylphenidate	ADHD

Shared care enables patients to receive their prescriptions from their GP instead of having to travel to hospital.

Patient safety is also improved by ensuring that both hospital doctors and GPs understand who is responsible for checking for side effects and that the medicine is working.

A summary of work on developing shared care guidelines for dementia has been published on the NHS Evidence website:

http://arms.evidence.nhs.uk/resources/qipp/29432/attachment

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
8	2010 staff survey	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS Constitution. Data source: CQC NHS Staff Survey 2010	The 2010 staff survey showed that: • 19% of staff had experienced physical violence from patients, services users, their relatives or other members of the public in the previous 12 months – this score is higher than the average for other similar trusts. • 17% of staff had experienced harassment, bullying or abuse from patients, service users or other members of the public in the previous 12 months – this score is higher than the average for other similar trusts • Staff were asked questions about the extent to which the trust takes effective action if staff are attacked, bullied or harassed – the resulting score was higher than the average for other similar trusts.

Review of Quality Performance - Patient Experience

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Waiting times from referral to consultant to be less than 18 weeks (non admitted)	It is a national requirement to treat patients within 18 weeks of referral to a consultant. Data source: RIO	From April 2010 to March 2011, 97.46% of patients referred to a consultant were treated within 18 weeks of the referral being made.
2	Delayed transfers of care	Monitor & CQC requirement to minimise the number of patients in hospital who are ready for discharge. Data source: RIO	As at 31st March 2011, 4.6% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed. In March 2010, 2.7% of patients were delayed.\n\nNote: delayed transfers of care that are recorded as attributable to social care are excluded from the calculation as per national guidance.
3	The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2010/2011 to capture carers' views and measure satisfaction, so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. Data source: manual data collection	A survey was undertaken in November and December 2010, and 312 completed surveys were returned. The survey was distributed via carer centres, clinical teams across the Trust and various carer networks as well as to carer members of the Trust.\n\nThe results of the survey have been analysed and recommendations for improvement suggested. These will be implemented and monitored as part of a CQUIN indicator for 2011/2012.
4	Commissioner visits to services	Locally agreed CQUIN indicator in 2010/2011 to measure patient experience with visits to services providing an opportunity to discuss with service users the care they are receiving, supported by the service user representatives.	During 2010/2011, commissioners have visited ten different locations across the Trust.\n\n"During our CQUIN visits I have been particularly impressed by the dedication of the staff in ensuring that patient comfort and experience is maximized on a day to day basis. Linked to this, it has been evident that patient and carers are encouraged to have their say about care and treatment, which has led directly to service improvements."\nPhilip Clow, Associate Director of Commissioning NHS North of Tyne March 2011

Review of Quality Performance - Patient Experience

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
5	Waiting times from referral to actual treatment for adult primary care mental health, psychological therapies and IAPT services and secondary care psychological therapy in Northumberland.	Locally agreed CQUIN indicator in 2010/2011 to reduce waiting times. Data source: RIO and some manual data collection	A review of primary care services in association with the development of IAPT services in Northumberland has enabled the reduction of waiting times for these services.
6	Comments left on NHS Choices and Patient Opinion websites during 2010.	Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback. Data source: NHS Choices	"I cannot thank the staff enough for all of their help, support and guidance. Myself, my husband and my family will never forget the people who helped us. We honestly cannot say thank you enough !!!!!" - comment posted on NHS Choices November 2010 by a patient from the Mother and Baby Unit, St George's Park, Northumberland "I would like to thank staff at the CBT centre for ongoing support in my Therapy. I have always received an excellent service from them over the past two years and know this will continue. All the staff are very friendly when you arrive and appointments are always punctual, if they need to cancel an appointment they always ring and make sure you have another one." - comment posted on Patient Opinion website in April 2010 by a patient of the Newcastle CBT Centre

For indicator 5, the following table appears within the Performance cell:

Improvement in waiting times:	April - June 2010	March 2011
Primary care referrals starting treatment within 13 weeks	38%	66%
Secondary care referrals starting treatment within 28 days	56%	83%

Review of Quality Performance - Patient Experience

2010 Patient survey: What service users said about community based care in Northumberland, Tyne and Wear NHS Foundation Trust

The Care Quality Commission uses national surveys to find out about the experience of service users when receiving care and treatment. The most recent survey, completed by over 200 service users in 2010, showed the following results:

Summary scores for patient survey questions	Score: (a higher score is better)	How this score compares with other trusts
For questions about health and social care workers	8.6/10	About the same. Expected range for this trust: 8.3 to 9
For questions about Medications	7.4/10	About the same. Expected range for this trust: 6.6 to 7.8
For questions about Talking Therapies	6.9/10	About the same. Expected range for this trust: 6.7 to 8
For questions about Care Coordinator	8.5/10	About the same. Expected range for this trust: 8 to 8.8
For questions about Care Plan	6.3/10	About the same. Expected range for this trust: 6.1 to 7.1
For questions about Care review	7.4/10	About the same. Expected range for this trust: 6.8 to 8.2
For questions about Day to Day Living	5.8/10	About the same. Expected range for this trust: 5.3 to 6.8
Overall questions	6.9/10	About the same. Expected range for this trust: 6.5 to 7.2

About these scores: The results take into account the age and sex of respondents, compared with the age and sex of all people across England that returned the questionnaire. This helps to remove any differences between the results from trusts that may simply be due to differences in the type of people responding.

An 'expected' range for each trust takes into account how reliable the trust's results are, as well as how the scores for all other trusts differ. A trust's score that falls within this expected range cannot be said to be any better or worse than what you would reasonably expect when looking at how all other trusts have performed and the number of people that responded to the survey.
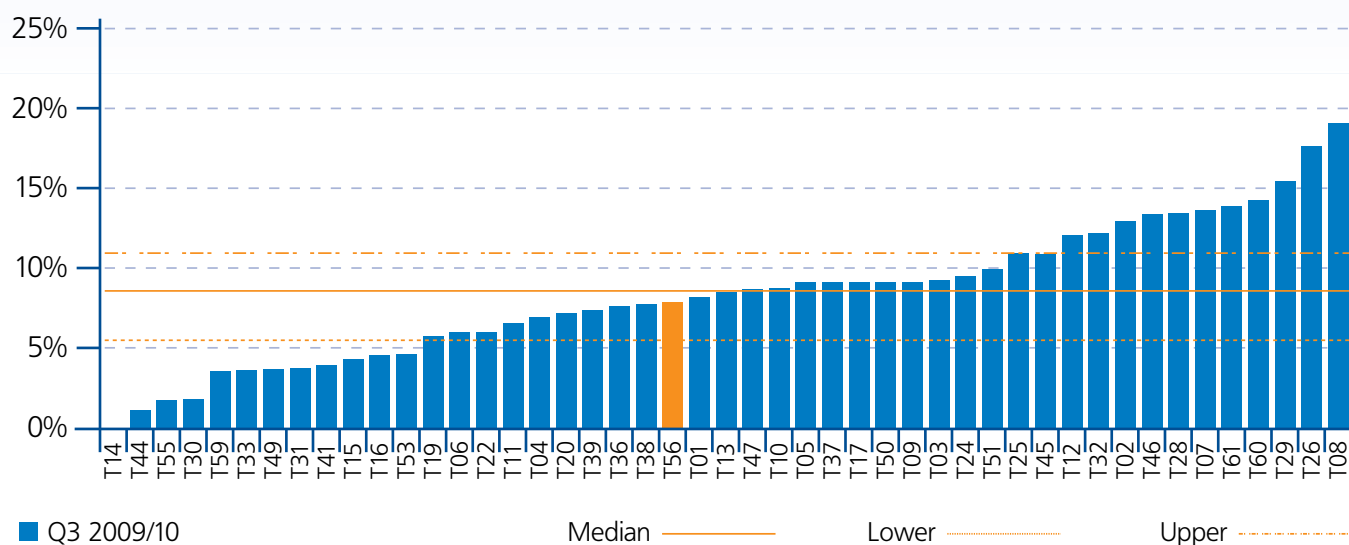
Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Crisis Resolution Home Treatment Team (CRHT) gatekept admissions.	Both Monitor and CQC require us to demonstrate that certain inpatients have been assessed by a CRHT prior to admission. Data source: RIO	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions. During 2010/2011, 96.4% of the 1,792 North East PCT admissions to adult urgent care wards (excluding Psychiatric Intensive Care Units) were gatekept by a CRHT prior to admission, thus meeting the target of 90%. 2009/10 data for comparison is not available and significant improvements have been made in the processes for collecting and recording this data during 2010/2011.
2	Seven Day Follow Up contacts.	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement. Data source: RIO	In 2009/2010, 1,561 service users (96.4% of those discharged from inpatient care in the year) were followed up within seven days of discharge. In 2010/2011, 1,702 service users (96.6%) were followed up within seven days of discharge. Note: The target for this quality indicator is 95%, and applies to adult patients on CPA. Those followed up within seven days can be further analysed by locality as follows: Gateshead PCT — 96.9% Newcastle PCT — 95.0% North Tyneside PCT — 98.6% Northumberland Care Trust — 96.1% South Tyneside PCT — 97.1% Sunderland PCT — 97.1%
3	Seven Day Follow Up contacts conducted face to face.	Locally agreed CQUIN indicator in 2010/2011. It is understood that 'face to face' follow ups give better quality of service and improved outcomes for service users. Data source: RIO	At the end of March 2011, 98.7% of local service users discharged in the month from adult acute assessment wards were followed up via a face to face contact. During 2009/10 this figure was 88.5%.

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
4	Development of a quality standard for seven day face to face follow up contacts.	Locally agreed CQUIN indicator 2010/2011 to ensure that contacts are of a consistent high quality. Data source: manual data collection	By the end of March 2011, we achieved 96.1% compliance with the audit tool that has been developed during the year across Urgent Care discharges, thus meeting the 95% target.
5	Emergency re-admission rates.	Emergency re-admission rates are an important tool in the planning of mental health services and reviewing the quality of those services. Data source: RIO	In the last 12 months, 226 (7.5%) of mental health inpatients were readmitted within 28 days of discharge and 407 (13.6%) of learning disability inpatients were readmitted within 90 days of discharge. In 2009/10, readmission rates for our adult services were below the national average as shown by the following graph from the Audit Commission's Mental Health Benchmarking Club (the orange line is Northumberland, Tyne & Wear NHS Foundation Trust):

Adult - Readmission rate as a percentage of discharges

Q3 2009/10 ■   Median ———   Lower ·········   Upper ·········

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
6	Patient outcomes – numbers of service users in settled accommodation	CQC & Monitor require us to calculate how many of our service users are in settled accommodation. This information is useful for monitoring outcomes. Data source: RIO	Last year, at the end of March 2010, 65.9% of adult service users were recorded as living in settled accommodation. By the end of March 2011, the number of service users recorded as living in settled accommodation had increased to 72%. Note: These increases are partly due to data quality improvements made throughout the year.
7	Increase percentage of people with Learning Disabilities for inpatient service who have an active, up to date physical health care plan in place.	Locally agreed CQUIN indicator 2010/2011 to improve the health of people with Learning Disabilities, who may have greater health needs but often do not get equal health treatment. Data source: RIO and manual data collection	In February 2011, 100% of adult Learning Disability inpatients admitted in the month (including those in Forensic Services) had a physical healthcare plan within one month of admission. As at the end of March 2011, 100% of adult Learning Disability inpatients had their plan reviewed within the last six months. The graph below shows the progress against these targets throughout the year: **Learning Disability Inpatients with a Physical Healthcare Plan 2010/2011** ◆ Within one month of admission ■ 6 monthly review Note: Six monthly review data started to be collected in October 2010, six months after the initiative started.

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
8	Standardised outcome measures for Child and Adolescent Mental Health Services (CAMHS) Community and Inpatient Services.	Locally agreed CQUIN indicator for 2010/2011 – to demonstrate service effectiveness and improvement in service user outcomes through a standardised and evidence based outcome measure. Data source: RIO	The use of the HONOSCA (Health of the Nation Outcome Score for Children & Adolescents) tool has been recorded throughout CAMHS services during the year, the following graph shows progress in community services: **Use of HONOSCA tool in CAMHS Community Services 2010/2011** Community - 1st contact Community - 6 monthly review Note: the 1st contact data for Jan – Feb 2011 is not yet available, and the 6 monthly review data started collection in August 2010 following an implementation period.
9	Implementation of the End of Life Integrated Care Pathway.	Locally agreed CQUIN indicator in 2010/11 to provide quality end of life care which can be benchmarked against national standards. Data source: manual data collection	The use of the End of Life Care Pathway has been fully implemented throughout all Older Peoples' Inpatient and Community Services during the year.
10	The implementation of the Recovery Star (a recovery focussed outcome tool).	Locally agreed CQUIN indicator in 2010/11 to increase the number of service users with a recovery focused outcome plan. Data source: manual data collection	During the year, the use of this tool has been implemented across Rehabilitation Inpatient Services, Assertive Outreach Teams across the Trust and the Community Rehabilitation Service in Sunderland. During 2011/12 we will start to analyse the results from the use of the tool, and we will monitor and report outcomes across services, and continue to expand the number of services that use this tool.

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
11	Reduction of the average length of stay on Adult Acute Admission wards in Newcastle and North Tyneside.	Locally agreed CQUIN indicator in 2010/2011 – to understand the reasons behind long lengths of stay and to help future planning. Data source: RIO	From April to June 2010, the average length of stay in Newcastle & North Tyneside adult acute admission wards was 106 days. By March 2011 this had reduced to 72 days, by reviewing each individual delayed discharge and understanding the underlying reasons for the delay.
12	2010 Staff Survey.	The annual staff survey helps us to understand how our staff think the Trust is performing against the four pledges to staff in the NHS Constitution. Data source: CQC NHS Staff Survey 2010	The 2010 staff survey showed that 90% of staff agreed that their role makes a difference to patients. 78% of staff agreed with at least two of the following three statements: that they are satisfied with the quality of care they give to patients; that they are able to deliver the patient care they aspire to; and that they are able to do their job to a standard they are personally pleased with. These scores are higher than the average for other similar trusts.
13	Staff absence through sickness.	High levels of staff sickness impact on patient care; therefore the Trust monitors sickness absence levels carefully. Data source: ESR	The 12 month rolling average staff sickness absence figures have reduced during the year as follows: See table below. We aim to reduce sickness absence through the robust implementation of the Trust Managing Sickness Absence Policy and the Health and Safety Executive's Management Standards Approach to Tackling Stress.

Improvement in waiting times:	Short Term Sickness	Long Term Sickness	Total Average Sickness
31st March 2010	2.23%	4.01%	6.24%
31st March 2011	1.76%	3.75%	5.51%

Statements from Local Involvement Network (LINk), Overview and Scrutiny Committee (OSC) and lead Primary Care Trust (PCT)

We have invited partners from all localities covered by Trust services to comment upon our Quality Report. It has been agreed that responses from partners in Newcastle will be included within this document, and any comments from other localities will be made available on our website (www.ntw.nhs.uk).

Comments made last year:

Our partners made some useful observations last year and we have tried, wherever possible, to incorporate their suggestions into the 2010/2011 Quality Report.

Partners were interested to know about performance in their local areas, so we have shown information split by locality wherever possible. Partners also asked for more information about carers, and more case studies, which we have incorporated into this year's document.

Our partners also asked for a user friendly document, using less jargon and acronyms.

The wording of some parts of the Quality Report are set by the Department of Health (in particular the mandatory statements), but we have tried to make the language as clear as possible where we can.

To further help readers of the Quality Report, we have included a glossary of terms for the first time.

Our partners also highlighted concerns about the font sizes used in documents, and we have ensured that no small font sizes are used where possible.

Statement from NHS North of Tyne

"Northumberland Tyne & Wear NHS Foundation Trust's Quality Report is a fair and accurate reflection of the healthcare services delivered in 2010/11.

NTW have made good progress in achieving their quality goals, and this report clearly sets out the advancements made, with evidence and useful case studies.

CQUIN targets, agreed by Commissioners and NTW for 2010/11, have been delivered achieving improved quality of services; I particularly want to highlight the good work that has been done in developing the carers satisfaction survey and implementing the Recovery Star programme, two CQUIN targets that have resulted in tangible benefit to carers and patients.

In 2011/12, commissioners look forward to working closely with NTW to further improve service quality through focusing on agreed CQUIN targets, implementation of the service development plan and improvements to the acute care pathway."

Statement from Newcastle Local Improvement Network (LINk)

"Newcastle LINk would like to thank NTW NHS Trust for giving them an opportunity to be involved in the development of their Quality Report and for ensuring this response is incorporated into the final Quality Report. The LINk held a meeting with its members to consider the Quality Reports of 3 NHS Trusts on 3 May 2011 which included the Quality Report of NTW. This response and the comments are framed from this meeting.

General issues that are not contained in the Quality Report, but LINk members think are important

Newcastle LINk is keen to promote the engagement of groups such as those with hearing/visual impairments and learning disabilities and so considers accessibility (size of print, language, easy read etc) as important. Newcastle LINk would suggest that NTW needs to consider what drafts are being released during the consultation period. This is because unfortunately not all of the versions that were released to the LINk were accessible, although the LINk appreciates the intention to keep the LINk informed of key changes in the document during the consultation period.

The Department of Health have set the 30 day consultation period for all Quality Reports. Newcastle LINk can respond to 3 separate NHS Trust Quality Reports in its locality and so to make it easier for the LINk to respond to these it would help if all 3 NHS Trusts could consider co-ordinating their 30 day period into the same 30 calendar days. This may not be feasible due to the different organisational structures of each Trust, but would certainly support Newcastle LINk to ensure it responds appropriately.

A number of LINk members did not understand what is meant by the term "Clustering" and the LINk would suggest that it should be defined more clearly in the document. A further suggestion is that the Glossary, a welcome addition in this year's Quality Report, contained in the Appendices should come at the beginning of the Quality Report so that people understand the terminology when reading the document.

Newcastle LINk has a number of individual and organisation members who represent different impairment groups. These members have noticed that there is not a lot of information within the Quality Report about specialist services. The LINk understands that Clustering has not been rolled out across specialist services yet so could this be explained within the document with any timescales and actions associated with it.

The future of the NHS is currently being considered by Central Government with the passage of the Health and Social Care Bill through Parliament. The effect of these changes may well influence the delivery of NTW services and so the LINk suggests that there should be reference in the Quality Report about how the aims and objectives regarding quality will be affected by the changes to health and social care and how NTW are responding.

A number of the LINk members have, for a number of years, been promoting the link between hospital food and patients overall well-being. Although it is a welcomed inclusion in this year's Quality Report it is a cause of frustration that hospital food has not been an official priority before.

NTW Priorities

Newcastle LINk supports the stated priorities of NTW contained in the Quality Report and makes the following comments.

Patient experience

The LINk understands that two deaf service users have been involved in working with NTW to ensure that services are accessible. This is a step-forward and is a credit to the organisation to include deaf and deaf/blind people.

The issue of Equality and Diversity is clearly taken forward by NTW and the LINk and its members recognise the work of the NTW's Equality Officer (Chris Rowlands).

Newcastle LINk is keen for this work to continue and that NTW continues to make progress to meet the challenges set by the Equality Act 2010. It is important that those groups and individuals who need support to access the services provided by NTW are engaged and their needs understood fully. This is an issue which runs throughout this response to the Quality Report.

Ensure the right services are in the right place at the right time for the right person

Newcastle LINk understands that some people may not have equality of access to specialist services, for example, deaf people have experienced difficulty in accessing anger management sessions because a BSL interpreter is required. The LINk suggests that this issue needs to be considered by NTW and widened as it is the same issue for BME groups.

NTW is aware of the issue of weekend care and service provision. The LINk supports the fact that this is a priority area for NTW to ensure activities happen every day. NTW also is to undertake a wider service review (service model review) and a key factor in this will be that quality of care should be the same whatever the time of day / week. Newcastle LINk welcomes this and will be interested to know what the outcomes are from this review.

Performance targets

There are a number of targets contained within the Quality Report for this year. The LINk understands that the targets must reflect the whole range of services provided by NTW, but believes that it will be a challenge to meet all of them. The LINk is aware that a number of last year's targets are included in this Quality Report because, although good progress has been made, they have not fully been achieved. This would suggest that they need to be reviewed at an appropriate point.

Finally, the LINk feels that it would be useful to include a section in the Quality Report which describes the role of the Performance Management Team at NTW and how staff will be supported to achieve the targets they have been set e.g. by including details of the "Dashboard" system. Staff may not then see themselves and their work in isolation of the overall organisational aims."

Trust response:
Where possible, we have incorporated this feedback into the final version of the 2010/11 Quality Report.

Newcastle Overview & Scrutiny Committee

"Newcastle Scrutiny Councillors are happy to endorse the priorities in the Trust's draft Quality Report 2010/11. In delivering those ambitions, the Council is keen to work with Northumberland, Tyne and Wear NHS Foundation Trust on areas of joint responsibility; particularly where change will benefit Newcastle residents. Challenging financial times, plus NHS re-organisation, emphasise the need for joined-up and integrated working.

The experience of Scrutiny Councillors, during 2010/11, is that Northumberland, Tyne and Wear NHS Foundation Trust demonstrates a strong cultural commitment to transparency in planning service change. The Chair and Chief Executive have made time to discuss vision and values, a site visit was held when requested and open reporting has been exhibited at all times."

Improving Working Lives Staff encourage all to eat healthily.

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2010-11				Rating		Comments
Section				Month 12 / Q4		
Finance				4		
Governance				Green		
Targets - National requirements	Threshold / Target	Weighting	Period & Source	Actual YTD	FOT	
MRSA Bacteraemia – meeting the MRSA objective	6%	1.0	Apr-Mar 11 Manual IPC	0	0	0 reported cases in both 09/10 and 10/11
Screening all elective inpatients for MRSA	100%	0.5	Apr-Mar 11 Manual	100%	100%	Walkergate Park Wards 3 and 4
Care Programme Approach (CPA) patients: - receiving follow up contact within 7 days of discharge	95%	0.5	Apr-Mar 11 RIO	96.6%	96.6%	
- having a formal review within 12 months	95%	0.5	Mar 11 RIO	95%	95%	
Minimising delayed transfers of care	< 7.5%	1.0	Mar 11 RIO	4.6%	4.6%	
Admissions to inpatient services had access to crisis resolution home treatment teams	90%	1.0	Apr-Mar 11 RIO	96.4%	96.4%	
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	Apr-Mar 11 RIO + Man (Northl'd)	133.2%	133.2%	
Data completeness: identifiers: (7 indicators)	99%	0.5	RIO MHMDS	99.5%	99.5%	
Data completeness: outcomes: (3 indicators)	50%	0.5	RIO MHMDS	76.3%	76.3%	
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	n/a	0.5	2010/11 Self Asses			Self assessment was 3 and above across all areas required for CQC

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2010-11				Rating		Comments
Section				**Month 12 / Q4**		
Other	**Threshold**	**Weighting**	**Period & Source**	**Actual YTD**	**FOT**	
Moderate CQC concerns regarding the safety of healthcare provision	N/A	2.0 (Compliance Action)	Apr-Mar 11	No	No	
Major CQC concerns regarding the safety of healthcare provision	N/A	2.0	Apr-Mar 11	No	No	
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) (or as subsequently amended with the CQC's agreement)	N/A	4.0	Apr-Mar 11	No	No	
Department of Health Information Governance Toolkit – requirement to reach Level 2 in the 22 key requirements (rather than all 45 standards) with plans in place to rectify any shortfall	N/A		2010/11 Submission	Level 2	Level 2	
Registration conditions imposed by Care Quality Commission						No Conditions
Restrictive registration conditions imposed by Care Quality Commission						No Conditions
Total Score as at Month 12 /Q4						**0**
Governance Risk Rating as at Month 12 / Q4 Published 3rd June 2011						**GREEN**

Appendix 2: NHS Performance Framework

NHS Performance Framework (Application to Mental Health Trusts)				
Performance Indicator	**Data Source**	**Data Frequency**	**Target**	**Month 12**
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation (10/11 indicator will be data completeness)	MHMDS	Quarterly	50%	72.4%
2. Proportion of adults on CPA receiving secondary mental health services in employment (10/11 indicator will be data completeness)	MHMDS	Quarterly	50%	72.0%
3. The proportion of patients on CPA discharged from inpatient care who are followed up within 7 days	MH Comm. Team Activity Return	Quarterly	95%	96.6%
4. The proportion of those on CPA who have had a HoNOS assessment in the last 12 months	MHMDS	Quarterly	50%	81.8%
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	95%
6. Proportion of patients who recorded incidents of physical assault to them	Count me in census	Will be Quarterly from MHMDS	Actual number recorded, not scored	1,056
7. The number of episodes of absence without leave (AWOL) for the number of patients detained under the Mental Health Act 1983	MHMDS	Quarterly	Actual number recorded, not scored	1
8. The number of new cases of psychosis served by early intervention teams per year against contract plan	MH Comm. Team Activity Return	Quarterly	95%	133.2%
9. The number of admissions to the trust's acute wards that were gate kept by the crisis resolution home treatment teams	MH Comm. Team Activity Return	Quarterly	90%	96.4%
10. Provision of comprehensive Children & Adolescent Mental Health Services	CQC	Annual	22/24	23/24
11. The number of admissions to adult facilities of patients who are < 16 years of age	VSMR 10/11 MHMDS from 11/12	Quarterly	0	0
12. Delayed transfers of care to be maintained at a minimal level	SITREPS KH03	Quarterly	<=7.5%	4.6%
13. Data quality on ethnic group	MHMDS	Quarterly	85%	96.0%
14. Data completeness of MHMDS applies to the following fields: - date of birth - patient's current gender - patient's marital status - patient's NHS number - postcode of patient's normal residence - organisation code of patient's registered General Medical Practice - organisation code of commissioner	MHMDS	Quarterly	99%	100.0% 100.0% 98.0% 99.7% 99.9% 99.7% 99.4% / 99.5%

Appendix 3: Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2011 and the regulated activity that the Trust is registered with the Care Quality Commission to carry out at each location:

Service Types Provided at Each Location Note: each location is regulated to carry out the treatment of disease, disorder or injury and the assessment or medical treatment for persons detained under the Mental Health Act 1983	Service Type							
	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
2 Coalway Lane							●	
Brooke House							●	
Cherry Knowle Hospital			●		●		●	
Craigavon Short Break Respite Unit					●			
Elm House					●			
Hepple House			●				●	
Monkwearmouth Hospital					●			
Campus for Ageing and Vitality (Previously known as Newcastle General Hospital)					●		●	
North Tyneside General Hospital					●			
Northgate Hospital			●		●		●	
Palmer Community Hospital			●		●		●	
Prudhoe Hospital			●		●		●	
Queen Elizabeth Hospital					●			
Rose Lodge					●			
Royal Victoria Infirmary					●			
South Tyneside District Hospital					●		●	
St George's Park			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●
The Grange							●	
Walkergate Park					●		●	

Key

CHC – Community health care services
LDC – Community based services for people with a learning disability
LTC – Long-term conditions services
MHC – Community based services for people with mental health needs
MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse
PHS – Prison healthcare services
RHS – Rehabilitation services
SMC – Community based services for people who misuse substances

Appendix 3: Registered locations and services

Registered Home / Service Note: it is intended that all of these locations will transfer to new providers during 2011/2012.	Regulated Activity				Service Type			
	Accommodation for persons who require nursing or personal care	Treatment of disease, disorder or injury	Diagnostic and screening procedures	Personal care	Care home service without nursing	Care home service with nursing	Domiciliary care service	Supported living service
Avonridge	●				●			
Acacia House	●				●			
Braeside	●				●			
Basra	●				●			
Berrishill Grove	●				●			
Burnaby House	●	●	●		●			
Denewell Avenue	●				●			
Easterfield Court	●				●			
Elsdon Mews	●				●			
Flax Cottages	●				●			
Grange Park Avenue	●				●			
Hylton Bank	●				●			
Hirst Villas	●				●			
Haig Road	●				●			
Harwood House	●	●	●		●			
Leatham	●				●			
Lyndhurst Grove	●	●	●		●			
Murton House	●				●			
McNulty Court	●	●	●		●			
Midmoor Road	●				●			
Newgate Street	●				●			
Prudhoe House	●				●			
Prudhoe Hospital				●			●	●
Roseate House	●	●	●		●			
Roslin	●				●			
School House								
Shian	●				●			
Springdale	●				●			
Sixth Avenue	●	●	●		●			
Serlby Close	●				●			
St Albans Place	●	●	●		●			
Stonecroft	●				●			
Tavistock Square	●				●			
Woodland View	●	●	●		●			
Wensleydale	●				●			
Woodlands Cottage	●	●	●		●			
West View House	●				●			
The Willows	●				●			
Woolsington Court	●	●	●		●			

Appendix 4: Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Reports for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors 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;

- 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 2010 to May 2011;
  - Papers relating to Quality reported to the Board over the period April 2010 to May 2011;
  - Feedback from the commissioners dated May 2011;
  - Feedback from governors dated May 2011;
  - Feedback from LINks dated May 2011;
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31/05/2011;
  - The national patient survey 2010;
  - The national staff survey 2010;
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 24/05/2011;
  - CQC quality and risk profiles dated March 2011;

- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;

- The performance information reported in the Quality Report is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report; and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

31st May 2011   Chairman

31st May 2011   Chief Executive

Appendix 5: Limited Assurance Report on the content of the Quality Report

Independent Assurance Report to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter
I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor
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 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:
- Board minutes for the period April 2010 to March 2011;
- papers relating to Quality reported to the Board over the period April 2010 to March 2011;
- feedback from the Lead Commissioner dated May 2011;
- feedback from the Governors;
- feedback from LINKS dated May 2011;
- the Trust's annual complaints data from the Trust's draft Annual Complaints report dated May 2011;
- the 2011 national patient survey;
- the 2011 national staff survey;
- the draft Head of Internal Audit's annual opinion over the trust's control environment for the period April 2010 to March 2011; and
- Care Quality Commission quality and risk profiles during 2010/11.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

Appendix 5: Limited Assurance Report on the content of the Quality Report

To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents listed previously.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Cameron Waddell
Officer of the Audit Commission
3 June 2011

Appendix 6: Glossary

Audit	Audits are carried out by auditors to determine the soundness and reliability of information.
Care Co-ordinator	If a service user has complex needs, this is the person who will be their main contact and who will ensure they receive the care needed.
Care Pathways and Packages Programme (CPPP)	A project to redesign services that truly focus on value and quality for the patient.
Commissioners	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
Care Co-ordination	A process used to help and support people with mental health problems.
Care Plan	A care plan is a way of recording the help and support a service user needs and explains how this will be done. The information in the individual's care plan will be written into a document so that it is clear what support has been agreed (this may be in the form of a letter).
Care Planning	Care planning is a process that involves health care professionals working with a service user and any other people that the service user wants involved, for example carers, to agree the service user's care plan.
Care Programme Approach (CPA)	A term that may be used to describe your care if you have complex needs.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality
CMHT	Community Mental Health Team – a service provided to patients in the community.
CRHT	Crisis Resolution Home Treatment – a service provided to patients in crisis.
Clinician	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc.
Clusters	Clusters are used to describe groups of patients with similar mental health needs.

Appendix 6: Glossary

Council of Governors	Anyone who lives in the area, works for a Foundation Trust, or has been a patient there, can become a member of the trust. Members of the trust are elected by their fellow members to sit on the Council of Governors. The Council of Governors is made up of patients, public, staff and partner representatives, is the 'voice' of local people and sets the direction for the future of the trust, based on members' views.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach. CPA is a term for describing the process of how mental health services patients' needs, plan ways to meet them and check that they are being met.
ESR	Electronic Staff Record – the system used to record employee information and training records.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
Lead Professional	If a service user has needs that are not complex, this is the person who will be their main contact and who will ensure that they receive the care they need.
MHA / Mental Health Act 1983 (revised 2007)	The Mental Health Act is a law under which someone can be admitted, detained and treated in hospital against their wishes.
Local Improvement Network (LINk)	A Local Improvement Network is a way to bring together like-minded individuals and organisations within an area who share a commitment to continuous improvement and learning, a desire to improve services for local people and a passion for working together to improve the way that organisations operate.
Monitor	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Monitor Compliance Framework	Monitor asks Foundation Trusts to assess their own compliance with required standards. NHS Foundation Trusts submit an annual plan and quarterly reports to Monitor, plus other information on request.

Appendix 6: Glossary

Multi- Disciplinary Team (MDT)	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
NHS Performance Framework	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
Overview and Scrutiny Committee (OSC)	Councils are required to create Overview and Scrutiny Committees, who hold decision makers to account by questioning councillors, council employees and representatives of other organisations on decisions being made and policies being pursued in the local area.
PCT	Primary Care Trust – a type of NHS Trust that purchases healthcare from other NHS providers within a local area, to ensure that there are enough services for people within their area and that these services are accessible and working together effectively.
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
Recovery Star	The Recovery Star is a tool used to help people to set recovery goals. Many people who are recovering from mental illness have found it useful to think about recovery as a journey with different stages, and to think about which stage they are in and to get a picture of where they are on their journey.
RIO	The computer system used by the Trust to securely record information about service users.
Safeguard	The Trust's incident and complaints reporting system. Trust policy is that all incidents are reported through Safeguard.
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.

Appendix 6: Glossary

Stakeholder

A stakeholder is anyone with a concern or interest in the trust. Stakeholders include (among others) patients, carers, staff, the Council of Governors, Primary Care Trusts and local councils.

SUI

Serious Untoward Incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes "near misses" or low impact incidents which have the potential to cause serious harm.

Governance Review

Accountability

The Council of Governors must hold the Board of Directors to account for its performance and compliance with its Terms of Authorisation.

The accountability is discharged by the Council of Governors receiving regular reports from the Chief Executive and Executive Directors, and in particular, receiving the following reports at the Annual Members Meeting, which is scheduled for 28th September 2011:

- **The Annual Accounts;**

- **Any report of the auditor on them;**

- **The Annual Report;**

We have also put in place mechanisms and processes to understand the Governors, members and the wider community's views that influence the strategic direction of the Trust. These are linked to our partnership arrangements and networks with partners as outlined on page 146.

Accounting Officer Status

The NHS Act 2006 (Chapter 5) designates the Chief Executive of the NHS Foundation Trust as Accounting Officer. In this capacity the Chief Executive reports to the Board of Directors on how the expected outcome and goals are intended to be delivered through the Foundation Trust's Business Plan, identifying key risks and mitigation strategies.

The Chief Executive, as Accounting Officer, provided the Board of Directors with updates on progress towards these objectives and forecast results. The Chief Executive, as Accounting Officer also discusses with the Board of Directors all strategic projects and developments and all other matters of material interest which are current or will retrospectively affect the performance of the Trust. Specific areas for discussion include under or poor performance.

See page 194 for the Accounting Officer's responsibilities in the preparation of the accounts.

Governance Review

Board of Directors

Biographical details of the Board of Directors are set out on page 176.

In accordance with the Constitution as at the date of this report indemnities are in place under which Northumberland, Tyne and Wear NHS Foundation Trust has agreed to indemnify its Directors and Governors who act honestly and in good faith and they will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this respect will be met by Northumberland, Tyne and Wear NHS Foundation Trust.

External Auditors

In accordance with the NHS Act 2006 (Chapter 5) Schedule 1 it is for the Council of Governors to appoint or remove the external auditor at a general meeting of the Board.

The Foundation Trust's external auditors, The Audit Commission have been appointed by the Council of Governors for 2011/12 and the following two years.

Compliance with the Code of Governance

Monitor, the Independent Regulator for NHS Foundation Trusts has published a Code of Governance by bringing together the best practice of public and private sector corporate governance. Foundation Trusts are expected to be fully compliant with all sections of the Code.

Monitor requires two disclosures in the Annual Report as follows:

1) The Trust must report on how it applies the main and supporting principles of the code.

2) The Trust must confirm via a specific statement that it complies with the provisions of the code or – where it does not – to provide an explanation.

Statement of Compliance with Monitor's Code of Governance

The Code is implemented through key governance documents, policies and procedures. The Trust considers itself compliant with all elements of the code

Governance Review

The Board of Directors, Chair and Chief Executive and Board Balance

The Board of Directors believes the Foundation Trust is led by an effective Board, as the Board is collectively responsible for the exercise and the performance of the NHS Foundation Trust.

The Chairman on behalf of the Board of Directors keeps the size, composition and succession of Directors under review, in line with the Trust's business objectives, and makes recommendations as appropriate to the Council of Governors via the Nominations Committee.

The Board of Directors ensure that the members of the Board develop an understanding of the views of the Governors and members about the Foundation Trust by:

- Board members attending Governor engagement sessions;

- The minutes of the Council of Governors' meetings being received at meetings of the Board of Directors;

- The attendance of directors at Council of Governor meetings, e.g. to consider the Annual Plan, with the outcome subsequently being reported to the Board of Directors;

- Joint development sessions including the full Board of Directors and Council of Governors.

The Chairman

The Chairman is responsible for providing leadership to the Board of Directors and Governors ensuring governance principles and processes of the Boards are maintained whilst encouraging debate and discussion. The Chairman is also responsible for ensuring the integrity and effectiveness of the Governors' and Directors' relationship. The Chairman also leads the appraisals of both the Board of Directors and Council of Governors as well as the performance appraisals of the Non Executive Directors.

Jules Preston (re-appointed from 1st December, 2010 for a period of three years) has been the Chairman of the Foundation Trust under the period of review and has had no other significant commitments during the period of review.

Senior Independent Non Executive Director

Ken Grey was appointed on the 1st December, 2009 as Senior Independent Director of the Foundation Trust and continued in that role throughout the period of review.

Governance Review

The Chief Executive

The Chief Executive's principal responsibility is the effective running and operation of the Foundation Trust's business. The Chief Executive is also responsible for proposing and developing the Trust's Strategy and Business Plan objectives which she does in close consultation with the Chairman of the Board of Directors.

The Chief Executive is also responsible for preparing forward planning information, which forms part of the Annual Plan, taking into consideration the views expressed by the Council of Governors.

The Chief Executive is also responsible, with the Executive Team, for implementing the decisions of the Board of Directors and its Committees.

Board Balance

The Board of Directors believes that there is a balance of Executive and Non Executive Directors and that no individual group or individuals dominate the Board Meeting.

The Board of Directors is satisfied that the Non Executive Directors who served on the Board of Directors for the period under review, 1st April, 2010 to the 31st March, 2011 were independent.

James Duncan, Deputy Chief Executive helps out in St Nicholas Restaurant.

Governance Review

Board of Director Appointments

During the period of review 1st April, 2010 to the 31st March, 2011 there was no changes to the Board of Directors. However from 1 February 2011, Lisa Quinn was appointed substantively to the role of Executive Director of Performance and Assurance, whereas prior to that date she was in an "acting" capacity.

All Executive Director appointments and terms of office are considered by the Remuneration Committee. This includes the Chief Executive, whose appointment must be agreed by the Council of Governors.

In line with the provisions of the NHS Act 2006 and the Trust's constitution, the foundation trust's initial Chairman and Non Executive Directors were appointed for the unexpired period of their term of office with the NHS Trust. If the unexpired term is less than 12 months, the appointment is for a minimum period of 12 months.

In applying the above guidance during the period under review, the Chairman's appointment / re-appointment was relevant from 1 December 2010 and 3 of the Non Executive Directors' appointment / re-appointment were relevant from 1 January 2011.

The Council of Governors is responsible for the appointment / reappointment of the Chairman and Non Executive Directors and has established a Nominations Committee to provide the Council with recommendations. The work of the Nominations Committee and its associated outcomes are described from page 184.

A term of office for the Chairman and Non Executive Directors is 3 years. The re-appointment of the Chairman or Non Executive Director after their first term of office is subject to a satisfactory performance appraisal. Any term beyond 6 years (i.e. 2 terms) should only be exceptional circumstances and subject to annual re-appointment and is subject to a particularly rigorous interview and satisfactory appraisal, and should take into account the need for progressive refreshing of the Board of Directors.

The Trust has determined that all future appointments / re-appointments of the Chairman and Non Executive Directors will be subject to open advert, i.e. external competition.

For the appointment of the Chairman, the Nominations Committee must prepare a job description, including an assessment of the time commitment expected recognising the need for availability in the event of a crisis. The Chairman's other significant commitments will be disclosed to the Board of Directors and the Council of Governors before appointment and will be included in the annual report.

The Board requires all of its Directors to devote sufficient time to the work of the Board to discharge the office of Director and to use their best endeavours to attend meetings. Details relating to the Board of Directors, membership of Committees and attendance at meetings are shown from page 184.

Governance Review

Statement of the decisions taken by the Board of Directors

The business of the Foundation Trust is to be managed by the Board of Directors, who shall exercise all powers of the Foundation Trust, subject to any contrary provisions of the NHS Act 2006 as given effect by the Foundation Trust's Constitution.

Register of Directors' Interests

The Foundation Trust maintains a formal Register of Directors' Interests. The Register is available for inspection on the internet at www.ntw.nhs.uk or on request, from Eric Jarvis, Board Secretary, Chief Executive's Office, St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT. (eric.jarvis@ntw.nhs.uk).

The Board of Directors do not consider any of the interests declared to conflict with their management responsibilities and therefore do not compromise the Directors' independence.

Governance of the Foundation Trust

The Board of Directors focuses its attention as a Board on strategy issues. It has a Scheme of Decisions Reserved to the Board and delegates detailed consideration of operational issues to the respective standing committees and routine decisions to senior management. These standing committees are:

> Audit Committee;

> Remuneration Committee;

> Mental Health Legislation Committee.

The Integrated Governance Handbook allows the Board to convene such Committees as it sees fit to discharge its duties.

Governance Review

In view of the size and scope of the Trust and in order to reflect the spectrum of Trust activity, put quality at the heart of the business, allow a renewed focus on finance and business activity, and pull together the diverse modernisation and organisational development activities across the Trust, three additional Sub-committees of the Board have also been established:

Quality and Performance Committee;

Finance Infrastructure and Business Development Committee;

Modernisation Organisational Development and Programmes Committee

These Committees of the Board function at a high level providing direction and monitoring. While reporting to the Board of Directors they are also scrutinised by the Audit Committee. Each committee self assesses its effectiveness at least annually.

The Foundation Trust Directors are responsible under the National Health Service Act 2006 to prepare accounts for each financial year, which give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, Directors are required to:

- apply on a consistent basis accounting policies;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

THE COUNCIL OF GOVERNORS

The Board of Directors believe that the Council of Governors are representative, act in the best interest of the Foundation Trust, hold the Directors to account and feedback to the constituencies and stakeholder organisations that elected or appointed them.

The Council of Governors have been established to include both elected and appointed governors and their roles and responsibilities are set out in the Trust's constitution. Elected governors consist of public governors, service user / carer governors and staff governors, and appointed governors are from partner organisations.

Service users and carers are represented separately with six seats each, reflecting our commitment to these groups. Public Governors represent those in their local government area and have six seats. Substantively employed staff are automatically members unless they decide to opt out. They are represented by one Governor for medical staff and two each from Non Clinical and Clinical Groups. The Trust has in partnership with the Staff Side, elected for an opt-out system for staff members.

We have also sought to ensure that our partners including Commissioners, Universities and Voluntary organisations are represented.

Details relating to the composition of the Council of Governors and attendance at meetings is shown from page 184, along with whether a Governor has declared any interests.

The details shown from page 187 also show the cessation dates of the 2 governors who resigned from the Council of Governors and the nominated governor who was stood down by her organisation.

The details also show commencement dates for governors with 5 governors commencing during 2010/11.

Elections were held for 3 of the governors with the outcomes announced on 23 February 2011, leading to a commencement date of 1 March 2001 for:

- Margaret Chambers – public (North Tyneside) constituency
- Marion Moore – service user (Older Peoples' services) constituency
- Jeanette Telfer - public (South Tyneside) constituency

In addition Sophie Woods was appointed from 1 March 2011 for the service user (Children's and Young People's Services) constituency having been unopposed during the election process.

Mel Spedding was nominated by the Sunderland Council with effect from 10 May 2010.

As at the 31st March, 2011 the Council of Governors had the following vacancies: two local authority nominations (North Tyneside and South Tyneside), one community / voluntary nominated governor and one University nominated governor.

Governance Review

Terms of Office for Governors

Elected Governors hold office for a period of three years and are eligible for re-election at the end of that period and may not hold office for more than six consecutive years, and shall not be eligible for re-election if they have already held office for more than three consecutive years.

Appointed Governors hold office for a period of three years and are eligible for re-appointment at the end of that period and may not hold office for longer than six consecutive years, and shall not be eligible for re-appointment if they have already held office for more than three consecutive years.

Statement of the decisions taken by the Council of Governors

The roles and responsibilities of the Council of Governors which are to be carried out in accordance with the Foundation Trust's Constitution, Terms of Authorisation and Code of Governance are:

At a General Meeting:

- Appoint or remove the Chair and other Non Executive Directors;

- Approve an appointment of the Chief Executive;

- Decide the remuneration and allowances, and other terms and conditions of office, of the Non Executive Directors;

- Appoint or remove the Foundation Trust's financial auditor;

- Appoint or remove any other external auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs;

- Be presented with the annual accounts, any report of the financial auditor on them and the annual report;

    and as required

- Hold the Board to account for the performance of the Foundation Trust;

- Provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning;

- Respond as appropriate when consulted by the Board of Directors;

- Prepare and from time to time review the Foundation Trust's Membership Strategy and its policy for the composition of the Council of Governors;

- When appropriate make recommendations for the revision of the constitution.

Governance Review

Governors have been supported to establish regular links between Governors and the Directors, and the local community, especially our members to ensure targeted and specific programmes of engagement relevant to the diverse needs of each community is developed and progressed.

An important part of their role is to communicate with the group of people who elected them and we support the Governors to achieve this.

Contacting a Governor

Members are free to contact Governors at any time via the Chairman's / Chief Executive Office (telephone number 0191 2232903 or email address governors@ntw.nhs.uk).

Declaration of Interests

All Governors are asked to declare any interest on the Register of Governors' Interests at the time of appointment. This is reviewed and maintained by the Foundation Trust Board Secretary.

The Register is available for inspection on the internet at www.ntw.nhs.uk
or on request, from Eric Jarvis, Board Secretary, Chief Executives Office, St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT (eric.jarvis@ntw.nhs.uk).

Appointment and Terms of Office

The Governors' Nominations Committee leads the process for the appointment of Non Executive Directors (including the Chair's) and the Remuneration Committee leads the process for the appointment of Executive Directors.

Governance Review

Nominations Committee

The Council of Governors has established a Nominations Committee and its membership and terms of reference are prescribed by our constitution. Its role is to make recommendations to the full Council of Governors on the appointment of the Chairman and Non Executive Directors and the associated remuneration and allowances and other terms and conditions.

The Committee has been very active during the period of review.

Following Nomination Committee recommendations, the Council of Governors re-appointed the Chairman from 1st December, 2010 for a period of 3 years.

Following Nomination Committee recommendations, the Council of Governors reappointed Non Executive Directors from 1st January 2010 as follows:

- Anne Ward Platt for 18 months
- Chris Watson for 2 years
- Fiona Standfield for 3 years

In considering Non Executive Director appointments, the Nominations Committee is guided by the Chairman on the composition and succession of Directors, including the consideration of independence and refreshing the Board. As part of these considerations the Non Executive Directors appointments reflect phasing so that the appointments will in future be 2 per year.

All future appointments of the Chairman and Non Executive Directors will be by external advertisement.

The work undertaken by the Nominations Committee in relation to the Chairman and Non Executive Directors during the period under review has included developing processes for appointment / reappointment, developing job descriptions and person specifications, reviewing benchmarking data for remuneration, reviewing applications, appraisals, independence and time commitments, interviewing candidates and reporting to the Council of Governors.

Committee membership is shown from page 184.

Governance Review

APPOINTMENT OF EXTERNAL AUDIT

The Council of Governors is responsible for the appointment of the Trust's external auditors based on the recommendation of the Trust's Audit Committee.

Information, Development and Evaluation

Reports from the Executive Directors, which include in-depth performance and financial information, are circulated to Board Directors prior to every Board of Directors meeting enabling them to discharge their respective duties. Senior management give presentations to the Board on significant matters during the year.

The Council of Governors receive regular presentations from the Executive Team to allow them to discharge their duties.

On appointment or election all Directors and Governors are offered an appropriate induction and are therefore encouraged to keep abreast of matters affecting their duties as a Director or Governor and to attend training relevant to their role.

Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non Executive Directors in their appraisals and the Chief Executive for Executive Directors. The Chief Executive is appraised by the Chair. The Board of Directors routinely reviews its performance and the Committees self assess performance against their terms of reference annually.

Membership

We are committed to maximising our membership and their involvement to ensure that we achieve the benefits associated with having a membership and our Foundation Trust status. As at the 31st March, 2011 we have recruited around 11,800 public members.

Membership Analysis and Strategy

The Trust has worked hard to build, develop and maintain the membership base to ensure appropriate community representation.

In setting membership targets the Council of Governors, via the membership sub group has given consideration to the balance between quality of engagement with members and quantity of members. While the trust has not achieved the initial target of 14,000 public members, feedback from members and interest in recent bi elections suggests that many members are engaged and committed to the Trust.

It is proposed that a public membership target of 12,000 is more realistic to maintain, and that activity should focus on:

- Ensuring the membership is refreshed and that membership figures are maintained.

- Achieving the minimum service user and carers membership numbers, and increasing membership in these areas.

- Maintaining a good spread of members in the different localities.

- Engaging in new and meaningful ways with members.

Our approach to membership is one of inclusivity, with membership available to everyone who:-

- Is at least 14 years old and

- Lives in the areas served by the Trust i.e. Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead or Sunderland and North Easington or

- Has used our services in the last 4 years or

- Has cared for someone who has used our services in the last 4 years or

- Is a member of staff on a permanent contract or has worked for the Trust for 12 months or more.

The table opposite shows an analysis of our membership as at the 31st March, 2011 and our targets for one year post authorisation.

Membership

Foundation Trust Membership
Present Numbers and Targets – as at 31st March 2011

Constituency	Actual		
	1st Dec 2009 Authorisation	31st March 2011	31st March 2011
General Public			
Gateshead	1,102	966	1,047
Northumberland	1,798	1,463	1,608
Newcastle upon Tyne	1,571	2,518	2,708
North Tyneside	1,134	1,226	1,617
South Tyneside	875	936	959
Sunderland	1,620	2,390	2,567
Sub total	**8,100**	**9,499**	**10,506**
Service Users			
Working age adults	150	301	326
Children and young people	75	97	122
Older people	75	65	72
Learning disability	75	81	128
Neuro-disability	75	121	143
Unknown*		-	18
Sub total	**450**	**665**	**809**
Carers			
Working age adults	150	103	117
Children and young people	75	135	225
Older people	75	99	104
Learning disability	75	84	92
Neuro-disability	75	83	101
Sub total	**450**	**504**	**639**
Total All Public	**9,000**	**10,668**	**11,954**
Staff			
Medical	167	194	201
Other Clinical	2,091	2,503	2,510
Non Clinical	3,567	4,121	3,886
Total All Staff	**5,825**	**6,818**	**6,597**
Total Members	**14,825**	**17,486**	**18,551**

Note: *Included in total are 18 service users who have not stated which service they use and are therefore recorded as unknown.

Working in Partnership

Local Authorities, Overview and Scrutiny Committees (OSCs) and LINks

The Trust has positive relationships with each of the six main local authorities where we provide services. We have strengthened our links at Chief Officer and operational manager levels in each locality. We have regular and productive engagement with the main health scrutiny committees in each area. Directors regularly attend the OSC meetings, present updates on the Trust's plans and make specific presentations on any proposed changes to services. A list of issues presented to Health Overview and Scrutiny Committees is shown on page 147. Our Chair and Chief Executive meet with the Chairs of the Scrutiny Committees and our work with the OSCs are also routinely reported to the Board.

We are also actively involved in the emerging Health and Wellbeing Board arrangements in several areas and are becoming members of the Shadow Boards as they are formed.

Our Head of Partnerships has developed good working relationships with the six Local Involvement Networks (LINks). We now link into their workplans, as requested, and respond to any of their requests for information and support.

We would like to specifically thank the LINks and Overview and Scrutiny Committees for their helpful and positive input into our Quality Accounts.

The issues considered by OSC's 2010 / 2011 are outlined in the table below:

Working in Partnership

The issues considered by OSC's 2010 / 2011 are outlined in the table below:

Table 27 – Issues considered by Overview and Scrutiny Committees

Committee	Issue
Northumberland OSC	• visit to St Georges Park and tour – themed meetings looking at mental health services / changes about working age adult and older peoples service developments • presentation on closure of woodlands and visit/tour
Newcastle OSC	• Visit and tour of Walkergate Park • Closure of Silverdale and tour of Ashgrove service • Tour of Bamburgh Clinic as part of the offender health commission • Closure of Woodley Hall by partner organisation
North Tyneside OSC	• Visit to Ward 21 and St George's Park • Presentations to the committee on inpatient services for the population of North Tyneside
South Tyneside	• Continued involvement in the commission on Mental health services in the borough • Closure of Palmer Hospital ward 2 and development of Wearmouth View • PRIDE developments
Gateshead	• Changes to Lyndhurst Ward (in partnership with Queen Elizabeth Hospital)
Sunderland	• PRIDE • Changes to Older people's Day Hospital Services and the development of Wearmouth View • Changes to Psychiatrist allocations (SOT internal work programme)

- All OSC's have a link director and contact with trust via Head of Partnerships,
- All OSC's have been offered a meeting with the Chair, Chief Executive and Head of Partnerships
- All LINks have contact with the Trust via Head of Partnerships.

Working in Partnership

Voluntary and Community Sectors

The Trust works in partnership with a number of Community Voluntary Sector organisations in the provision of Mental Health and Disability Services. For example, The Trust is working with organisations in the voluntary sector to provide new services both North and South of Tyne that will improve access to psychological therapies for the people over the age of 16.

Working with Mental Health Concern Oakdale North of Tyne and Sunderland and Washington MIND and Sunderland Counseling Service South of Tyne, the new services will build on the wealth of experience of both NTW and the partner providers in providing a range of services for people experiencing mental health problems.

Statutory Agencies

We work with a wide range of statutory partners including Local Authorities, Children's Trusts, the Police, Probation Service and the Prison Service.

During 2010 / 2011 we worked hard to strengthen our relationships with Local Authorities and introduced a programme of joint Chief Executive Meetings throughout the year to discuss, identify and resolve issues of common concern and agree, where appropriate a joint approach.

We continued to develop our links with each of the Local Strategic Partnerships, including the Health Groups.

We have the following formal partnership arrangements in place but they do not include pooled budgets:

- Sunderland City Council-Learning Disabilities and Adult Mental Health Services (Rehabilitation and Recovery);

- Northumberland Care Trust-Working Age Adult and Older People's Mental Health Services.

In other localities arrangements are more informal, all arrangements are, however, subject to regular review to ensure they are effective.

Working in Partnership

Universities

Education, training and research are essential tools to ensure the Trust continues to deliver excellence through innovation and continuous improvement. Evidence of positive relationships include our jointly funded academic posts.

These include:

- Chair in Forensic Psychiatry with Newcastle University;
- Honorary Clinical Lecturer at Newcastle University;
- Chair of Developmental Disability Psychology with Northumbria University;
- Chair in Developmental Psychiatry with Northumbria University;
- Two Chairs in Old Age Psychiatry;
- Chair in Child Psychiatry.

GPs and other NHS Trusts

Effective partnerships are critical to the success of our transformational agenda. Engagement with Primary Care Trusts and GP commissioners is ongoing. We are implementing a Customer Relationship Management programme with all of our partners to further develop this engagement, and this will be fully rolled out during 2011/12.

Dr Dominic Slowie, NTW's GP Advisor.

Working in Partnership

Volunteers

The Trust's Voluntary Services Department is based at St. Nicholas Hospital and employs three staff members who support over 163 active volunteers throughout the Trust with a turnover of over 330 in the course of a year. The aim of the Department is to promote and develop a range of voluntary activities that meet the needs of service users and carers and strengthen and enable social inclusion, service user involvement and community participation.

Over the past year, volunteers have donated their time, expertise, energy and enthusiasm to enhance the work of paid staff. They have provided assistance in service user involvement initiatives and a user run hospital shop, offered a warm welcome to service users attending out patient appointments, libraries and chapel services. They have enabled service users to participate in social and therapeutic activities, garden projects, art and music. They offer regular support to the Tans Restaurant as part of the Opus employment project, provide assistance to psychology research projects and provide one to one support to service users through the befriending scheme.

Training has taken place for new volunteer projects over the year with the Exercise Therapy team at the Tranwell Unit, Gateshead, Cherry Knowle Hospital Chapel and Wellington Court in Northumberland. Future roles under development include volunteer involvement at the Memory Clinic, NGH and with the Speech and Language Therapy Service at Walkergate Park.

Volunteers Event 2011

During 2010 the Voluntary Services Department sought feedback from volunteers through support meetings and a Volunteer Satisfaction Audit in collaboration with Clinical Governance. The audit has been used in conjunction with a lean review of the department, to make a number of operational changes with an aim to improve quality, reduce waste and identify the most effective use of resources.

Trust volunteers come from all walks of life, including those with lived experience of services, students, graduates, retired and unemployed people. Following a meeting with the Chief Executive and Chair, the department was encouraged to incorporate younger volunteers aged 16 and 17 into Trust Services and we are currently exploring options for the most effective involvement of this group.

Working in Partnership

From time to time Trust staff offer additional time in a voluntary capacity that is separate and distinct from their paid role. Marian Ronald a domestic services assistant donates her time as a be-friender. In 2010 Marian's contribution was given well deserved recognition by the Mentoring and Befriending Network as part of the 'Supporting Life's Journeys' programme marking the European Year for Combating Poverty and Social Exclusion. Marian was successful in reaching the final three shortlisted for the Northern Region and was invited to attend a presentation at Manchester Town Hall.

Volunteers who were winners, runners up and shortlisted for the Trust Shining a Light on Excellence Awards were once again thrilled to receive recognition for their contribution. Feedback from volunteers outlined how proud they were, to be included in an award ceremony that showcased such an impressive and diverse range of work and volunteering across the Trust.

Working in Partnership with Staff

Staff Engagement

The size of NTW, both in terms of geography and staff numbers, presents the Trust with a challenge but we are committed to effective staff engagement and listening and learning from staff feedback.

The Board of Directors have continued with their ongoing programme of visits to services and departments to meet and discuss key issues with staff. Any issues highlighted by staff are then followed through and resolved.

The Strategic Forum meets monthly and is an opportunity for Senior Managers and clinicians from across services to meet with the senior team and discuss and debate issues of strategic importance. A lot of time this year has been spent discussing and debating both the business model and service model reviews and we have held specific, large scale events to further engage not only senior staff, but also a wider group of clinicians in the early work of the service model review group. Such events help our staff to shape the organisation for the future and we value their input.

Our regular methods of communication continue. These include the monthly core briefing system, Trust Update. The Chief Executive personally delivers the Trust Update at the Strategic Forum Meeting and members then cascade the Trust Update down to staff throughout the organisation in their regular Team Meetings. The core brief includes information on decisions taken at the monthly Trust Board Meeting and weekly Senior Management Team Meetings, relevant local, regional and national NHS news and regular updates on our performance. Teams add on their local team brief items for discussion and it is an opportunity to discuss and ask questions key pieces of work or performance ratings. The Chief Executive personally attended a number of team briefs for corporate services staff during the business model review consultation period.

Every week the Chief Executive's Bulletin is published with a message from Dr. Gillian Fairfield and key news about the Trust as well as relevant regional and national NHS news. This is circulated to all staff via email and it is also available on the Trust's intranet. Staff are also encouraged to print off copies to go on staff notice boards for colleagues who do not have access to a computer.

Working in Partnership with Staff

A monthly Team Brief is also circulated across the Trust. It contains key information about the Trust, key national and local issues and other information relevant to staff. Managers are asked to share this information with their staff via your regular team meetings. If possible, the information should be localised to your service/department in such a way to help staff understand this important Trust news.

Our Improving Working Lives structure provides an excellent vehicle to engage staff in discussions and feedback on how best we can support them in looking after their health and wellbeing and this is an area of work we are developing further with our new Occupational Health provider, Team Prevent. We continue to hold the Healthy People, Healthy Business continuing Excellence Award for our work in this area and were very proud this year to achieve the Investors in People award which again evidenced the good work we do in talking to and engaging our staff.

The 2010 national annual staff survey confirmed that our overall staff engagement score was above average when compared with trusts of a similar type. The survey also showed that the largest local changes since the 2009 survey related to the percentage of staff appraised and having personal development plans in the last twelve months, the percentage of staff having well structured appraisals in the last 12 months and the percentage of staff reporting good communication between senior management and staff.

We believe this reflects our commitment to staff engagement and the work we do in this area, however we will continue to find ways to improve the ways in which we communicate with and engage with staff.

Working in Partnership with Staff

Employee Consultations

We continue to value the strong working relationships we have developed with our staff side representatives. Trust and Directorate consultative forums have continued to meet on a regular basis and are supported by informal meetings where staff side and management representatives meet regularly to discuss issues and ensure they are addressed at an appropriate level.

Staff side representatives also attend key Trust Committees including the Modernisation, Organisational Development and Programmes Committee and the Managing Change Group which was established to support some of the workforce issues arising from the Business Model Review. Representatives also play a crucial role in promoting good employee relations and supporting effective change management, as well as assisting in the training and development of staff and work relating to health and safety.

Working together we have achieved the following:

- As a part of our service modernisation and organisational change programme worked together to resolve issues and progress our plans

- Worked together on the Managing Change Group to produce an HR Framework for the Business Model Review

- Continued our ongoing review of a number of human resource policies and associated guidance notes;

- Continued an information advice and guidance project in our Training Department;

- Continued to implement Agenda for Change, in partnership;

We also have a number of policies which allow staff to raise any matters of concern and we run a series of HR policy training events which relate to these areas. These include:

- Grievance NTW(HR)05;

- Whistleblowing NTW(HR)06;

- Handling Concerns about Doctors NTW(HR)02;

- Dignity and Respect at Work NTW(HR)08

Working in Partnership with Staff

During 2010 / 2011 our consultations with staff included the following;

Trust wide

A formal 90 day consultation with staff in operational management posts and a range corporate services departments affected by the Business Model Review.

Working Age Adults:

- Review of Ward 21, North Tyneside and re provision of the service to St George's Park.
- Possible TUPE of staff working within Castington and Acklington prisons to Care UK.
- Closure of Woodley Hall.
- Relocation of community teams in the west of Newcastle to Silverdale.
- Relocation of the North Tyneside community mental health team from Albion house to the Oxford Centre.

Children, Young People and Specialist Services:

- Provision of the new Ferndene unit at Prudhoe and the transfer of existing services.
- Closure of the Fleming Nuffield Unit, Newcastle.
- 3 The Drive – services to be relocated from Prudhoe to Walkergate Park.
- Northumberland Young People's Service – transfer of services from Wansbeck Hospital,
- Bedlington, Morpeth, Blyth and Prudhoe to St George's Park and the Howard Centre in Morpeth.

Older People's Services:

- Review of day services south of tyne with a merge of the Poplars and Grange day services.
- Closure of Palmers 2 and the opening of Wearmouth View.
- Closure of Woodlands and Silverdale.

Working in Partnership with Staff

Learning Disability Services:

- Reprovision of Newberry, Newhaven and The Bungalows, in line with the National Campus Programme.

- A wide range of work associated with the review of social and residential homes in North and South Tyneside, Gateshead, Northumberland and Sunderland, including the full transfer of over 150 staff within the Sunderland locality to Choices Care.

- Ongoing review and potential re provision of Autism Services following approval of the business case to replace existing units.

Support Services:

- Review of the housekeeper and villa support assistant roles.
- TUPE transfer of domestic staff from South Tyneside into the Trust.
- Review of restaurant and catering facilities, particularly those at St George's Park.
- Transfer of remaining weekly paid staff to monthly paid.
- TUPE transfer of supplies staff from South Tyneside Foundation Trust to NTW.

Staff Satisfaction

The national annual staff survey indicates how the Trust is perceived by our staff, relative to other comparable trusts locally and nationally. A more satisfied workforce is likely to be more sustainable and provide better patient care, with motivated and involved staff being better placed to know what is working well and how to improve services for the benefit of patients and the public.

Of the Care Quality Commission's sample of 844 staff 445 returned the 2010 survey, a response rate of 53% which is an improvement in the response rate for the third year running. The survey findings confirmed that when compared to other Mental Health and Learning Disability Trusts in the country we are in the top 20% of trusts in 8 out of the 38 key findings.

In this report we are required to provide specific details on the top four and bottom four ranking scores and these are shown in the tables below.

Table 28 - Staff Survey Response Rates 2010 (2009 figures are included for comparison).

	2009		2010		Trust Improvement / Deterioration
Response Rate	**Trust**	**National Average**	**Trust**	**National Average**	
	47%	55%	53%	53%	Increase of 5%

Working in Partnership with Staff

Table 29 – Staff Survey Top Four Ranking Scores 2009 and 2010

Top Four Ranking Scores 2010	2009		2010		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Question: Percentage of staff receiving health and safety training in the last 12 months	85%	75%	93%	80%	8% Improvement
Question: Impact of health and well being on ability to perform work or daily activities	1.54	1.62	1.56	1.62	Improvement – (lower scores better)
Question: Percentage of staff experiencing discrimination at work in the last 12 months	4%	8%	10%	14%	An increase of 6% but still a nationally top ranking score
Question: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	13%	16%	11%	14%	2% Improvement

Working in Partnership with Staff

Table 30 – Staff Survey Bottom Four Ranking Scores 2009 and 2010

Bottom Four Ranking Scores 2010	2009		2010		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Question: Percentage of staff experiencing physical violence from patients / relatives in the last 12 months	22%	18%	19%	14%	3% Improvement
Question: Staff motivation at work	3.79	3.84	3.73%	3.82	Improvement – (lower scores better)
Question: Percentage of staff experiencing physical violence from staff in last 12 months	0%	2%	2%	1%	2% Deterioration
Question: Percentage of staff feeling valued by their work colleagues	81%	82%	78%	79%	3% Deterioration

We monitor improvements through action plans that are held by each directorate. Progress is reported and updated through the Trust wide Improving Working Lives Steering group. In 2011 / 2012 we will be progressing the following work to address the concerns raised by staff in the 2010 annual staff survey:

Staff experiencing physical violence and aggression from patients and relatives and staff suffering work related injury.

- We will analyse all reported incidents of physical violence and aggression, the number of staff trained and sickness and absence data to identify connections. We will be using improved performance information to help us in this work.

- We will continue to work with managers and staff to review and improve our Prevention of Management of Violence and Aggression training and this year we will be moving to one standard model of training.

Working in Partnership with Staff

Staff Motivation / Staff feeling valued by their work colleagues

- We will ensure that all staff have an annual appraisal and an agreed personal development plan giving them clear objectives linked to the organisation's goals and clear feedback on their performance, including recognition of their achievements. We will also continue to support a range of leadership, management and development activities and build on the work we have achieved through our successful Investors in People (IIP) accreditation.

Employee Equality and Diversity

We have a robust approach to policy making to ensure that all new and due for review policies, procedures and functions are subject to equality analysis (equality impact assessment under previous legislative terminology), to ensure that they do not discriminate against people who share a protected characteristic under the Equality Act 2010. Equality analysis ensures that recruitment, career development and promotion within the organisation is a transparent process based on merit and without protected characteristic defined barriers.

In addition to these measures we have the following:

- During the reporting period covered a Single Equality Scheme which has been replaced by the Trust-Board approved Equality Strategy in April 2011.

  SMT support for the Department of Health's Equality Delivery System - to be introduced during 2011

- Dignity and Respect at Work Policy that has been updated in light of the Equality Act 2010 requirements

- Managing Diversity Policy - reviewed in January 2011.

- HR Policies reviewed in light of the Equality Act 2010 and findings reported at MODP December 2010.

- Equality and Diversity Briefings for staff.

- A mandatory requirement for Equality and Diversity Training, which includes as part of its purpose to provide information on matters of concern to them as employees.

- Redeployment and Attendance and Sickness Policies – containing our approach to making reasonable adjustments for disabled employees.

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.

Working in Partnership with Staff

The Trust has maintained its 'Two Ticks' status. The symbol is a recognition given by Jobcentre Plus to employers who have agreed to make certain positive commitments regarding the employment, retention, training and career development of disabled people.

These commitments are:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities.

- to ensure there is a mechanism in place to discuss, at any time but at least once a year, with disabled employees, what both parties can do to make sure disabled employees can develop and use their abilities.

- to make every effort when employees become disabled to make sure they stay in employment.

- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make sure these commitments work.

- to review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

Mindful Employer

Northumberland Tyne and Wear NHS Foundation Trust has signed the Mindful Employer Charter. Signing up to the Charter shows that the Trust:

- Shows others and our staff that we are a good employer

- Expresses our corporate social responsibility

- Reduces recruitment and training costs

- Helps towards complying with legislation (e.g. DDA and HSE)

- Reduces sickness levels

- Enhances customer service

- Improves productivity

- Makes the Trust a more attractive place to work for people with mental health issues and others

- Helps the Trust retain staff who have experienced discrimination in the past

- Makes our Trust a healthier workplace.

Working in Partnership with Staff

Sickness Absence Data

Our Workforce Strategy sets out the corporate approach to the management of absence. We have continued to embed our Managing Attendance Policy and provide a Managing Attendance Module for managers within our training programme. This work is supported by a range of other policies and initiatives including flexible working, managing stress at work and the promotion of health and well being campaigns. Managers are responsible for the management of absence within their own areas with the support of human resource surgeries / clinics and dedicated support from Human Resources.

Our rate of sickness absence as at the 31st March, 2011, on a rolling average basis, was 5.59%, compared with 6.29% as at the 31st March, 2010.

We have concluded the pilot across Working Age Adult Services using First Care Ltd to support the management of sickness and absence using a dedicated call centre, with Occupational Health support. We have seen reductions in sickness absence within the working age adult directorate and a significant improvement in the number of return to work discussions being held and have agreed to roll out the First Care system for a further year.

During the year the Trust also launched a sickness absence leadership project. We felt that we could do more to learn from those areas where sickness absence is managed well, and where this was the result of good leadership in a department. Senior managers identified current managers who are demonstrating excellent leadership skills and who are managing sickness absence effectively.

Those leaders were asked to work into an area reporting high sickness absence for a short period of time to provide advice, support and identify any corrective action needed – both in terms of handling sickness absence, and in relation to more general issues which may contribute to the overall management of the area. The managers fed back their findings so that we can learn what issues arose and how we make sure we are offering the right support to managers to prevent any issues re-occurring in the longer term.

During the period 01/04/10 to 31/03/11 there were 7 early retirements (1 December 2009 to 31 March 2010; 1) from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £73,000 (1 December 2009 to March 2010; £35,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Working in Partnership with Staff

Occupational Health

We finalised work to tender for new Occupational Health and Counselling services and on 1 December 2010 our new services went live with Team Prevent providing Occupational Health Services and Care First providing the counselling service. These new teams have a much greater focus on health and well being and they promote a number of the national recommendations arising from the work of Dame Carol Black and Steve Boorman and this is influencing our day to day practice.

Involvement of our Employees in our Foundation Trust's Performance

We are committed to fully involving all of our staff in taking an active role and interest in the quality and performance of our services.

A detailed Performance Report is prepared on a monthly basis for the Board of Directors, Trust's Senior Management Team, Senior Managers and Clinical Leaders. The weekly Chief Executive's Bulletin highlights issues that are discussed at the Board and Senior Management Team, including an update on performance against key indicators and steps being taken to improve performance and the quality of services.

Staff are also involved in discussions relating to strategy and performance in the Strategic Forum and through the "250" Events and this gives them the opportunity to recommend the action required to ensure continued success and delivery of high quality services.

We value the effort and involvement that our staff make to improving quality and performance and the weekly Chief Executive's Bulletin features thank you and compliments from patients and carers together with local and national recognition awards which our staff have achieved.

Complaints and Compliments

As outlined in our Quality Report from page 60, we are committed to improve the way we relate to patients and carers. It is not only important that we offer patients the right care at the right time but that their experience of care whilst with us is as positive as it possibly can be.

Our aim in 2010 / 2011 was to reduce the number of complaints which was achieved and improve the timeliness and quality of responses which was also achieved. During the year we made a series of improvements which has helped the way we listen, respond and learn from complaints.

The Trust received 253 complaints during 2010-11 (282 complaints during 2009 / 2010) and all of these were thoroughly investigated. The complaints were categorised, as recommended by national guidance, as follows:

> Category 1 - 88 (105 in 2009/10)
>
> Category 2 - 63 (74 in 2009/10)
>
> Category 3 - 91 (91 in 2009/10)
>
> Joint Complaints - 11 (12 in 2009/10)

Final local resolution responses to complaints should be within the negotiated or extended agreed timescale with the complainant and our average compliance for the year was 77% (73% in 2009/10). We are committed to improving our response times in the forthcoming year.

Of the 253 complaints received in the year 26 complaints are still being investigated.

The Quality and Performance Committee regularly analyse the complaints received and identify trends. Recurring themes identified in 2010 / 2011 include; communication with service users, communication with carers, providing for individual needs, transfers between services, cover for clinicians on leave, environmental issues and staff attitude. Lessons learnt are disseminated across services with the aim of improving the quality of care.

Compliments are featured in the weekly Chief Executive's Bulletin and this is an excellent opportunity to highlight the appreciation of service users and carers.

Jules Preston MBE, Chairman learns more about our Autism Therapy Service at Northgate Hospital

Equality and Diversity

The Trust has in place an Equality Strategy which sets out how we will meet our requirements under the Equality Act 2010 to set Equality Objectives to mainstream equality, diversity and human rights. The Equality Strategy 2011-12 sets out how we will set our Equality Objectives for 2012-2016. We are under statutory obligation to publish these by April 2012 to comply with our public sector equality duties.

The duties to publish information about staff and service users are currently subject to a review of the specific duties of the Equality Act 2010. The outcome of this review is due in July 2011 and it is anticipated that we will have a duty to publish such information from December 31st 2011.

We are benchmarked on our performance against our Equality Strategy action plan by NHS North East and we are performing, to-date, above average on the thirty agreed core actions.

Elizabeth Latham, Director of Workforce and Organisational Development is the Lead Director for Equality and Diversity supported by Chris Rowlands, our Equality and Diversity Manager.

Performance against our action plan is monitored by the Modernisation Organisational Development and Programmes Committee.

To strengthen our equality and diversity arrangements the Trust has:

- Agreed a project plan to meet the new Public Sector Equality Duty and the Department of Health's Equality Delivery System

- Ensured that Equality and Diversity is a key consideration in our new business and service models of delivery

- Trained our Trust Board in the employment and service provision aspects of the Equality Act 2010 and the duties that public sector organisations have with regard to equality.

- Revised in line with legislation and continued to support a comprehensive Trust-wide training programme

An example of our work with regard to the new protected characteristics of the Equality Act, is our development of the Belief in Recovery Project. It is a North East Strategic Health Authority Workforce Development Innovation Fund Approved Project employing two service user development workers. The aim of the project is to enable mental health staff to engage with service users' spiritual needs and to apply the outcomes across the Trust.

We also use Equality Impact Assessments to ensure that all of our activities (policies and procedures) are examined to confirm that there is no potential for discrimination against a particular group of people.

The Trust holds Positive about Disabled (the Two Ticks symbol) and Mindful Employer status.

Equality and Diversity

The tables below show the equality and diversity data relating to our Membership and Staff:

Table 31 – Equality and Diversity – Analysis of Staff 2009 / 2010 and 2010 / 2011

	Staff 2009/2010	%	Staff 2010/2011	%
Age				
Under 20	9	0.14	14	0.23
20-24	156	2.47	130	2.10
25-29	459	7.26	430	6.93
30-34	573	9.06	569	9.17
35-39	762	12.05	719	11.59
40-44	1074	16.99	1009	16.26
45-49	1259	19.91	1273	20.52
50-54	1011	15.99	1064	17.15
55-59	650	10.28	663	10.68
60-64	336	5.31	305	4.92
65+	34	0.54	29	0.47
Total	**6323**		**6205**	
Ethinicity				
White	5435	85.96		86.78
Mixed	17	0.27		0.32
Asian or Asian British	49	0.77		0.84
Black or Black British	24	0.37		0.48
Other	20	0.31	22	0.35
Undefined	363	5.74	0	0.00
Not stated	415	6.56	696	11.22
Total	**6323**		**6205**	
Gender				
Male	1889		1836	29.59
Female	4434		4369	70.41
Undisclosed	0		0	0
Total	**6323**		**6205**	
Recorded Disability	22	0.35	202	3.26

Equality and Diversity

Table 32 - Equality and Diversity Membership – Analysis of Membership as at 31st March, 2011

Public Constituency	Number of Members
Age (years):	
0-16	121
17-21	2108
22+	7352
Ethinicity	
White	8017
Mixed	91
Asian or Asian British	287
Black or Black British	71
Other	43
Gender	
Male	2816
Female	7577
Patient Constituency	**Number of Members**
Age (years):	
0-16	7
17-21	75
22+	1197

Jules Preston, Chairman opens the Autism Therapy Department at Northgate

Other Disclosures in the Public Interest

Training and Development

We are committed to ensuring our staff, have fair and equitable access to the training and development opportunities they need to do their jobs and advance their careers. During the year the launch of the new Training and Development Strategy, reinforced the priority we place on the development of our workforce and the updating of the Essential Training Guide, further clarified the training requirements for individual roles.

The achievement of the Investors in People Award in August 2010 proved that as an organisation we are not only making statements in Strategy, but are putting it in to practice effectively. As part of the IIP process the Trust was also assessed for the Best Practice in Health and Wellbeing Award, which it was also successful in achieving, being one of the first Mental Health and Disabilities Trusts nationally.

During 2010 / 2011 we have once again put a lot of effort into improving access to and attendance at "essential training" with compliance round Statutory/Mandatory training peaking at 85% during the period.

Additionally we have:

- Continued our good work on Safeguarding Children with a further E based initiative on Safeguarding Adults achieving exemplary compliance.

- Commenced work to achieve a single mode of delivery for PMVA training and the development of new shorter training programmes.

- Rolled out a single point of access for E learning via the National Learning Management System, becoming one of the top 20 organisations nationally for usage.

- Achieved a second year "earned autonomy" from the Strategic Health Authority for the achievement of targets and the quality of documentation used on our Vocational programmes.

The Leadership and Management Development Programme continued to evaluate well and is about to be fully reviewed and re launched in 2011/12.

A new Training and Development structure, including the development of a number of new posts involving considerable investment is being implemented following the Business Model Review, emphasising further the Trusts commitment to the development of its employees.

Other Disclosures in the Public Interest

Clinical Audit

We participate in national clinical audits and national confidential enquiries pertinent to our services. These are outlined in our Quality Report for 2010 / 2011 from page 60.

We also support a programme of local clinical audits and these are also featured in our Quality Report for 2010 / 2011.

The audit outcomes contribute to providing assurance to the Board that governance arrangements are in place, our policies are monitored and corrective action taken if necessary.

Mental Health Act Annual Statement

In December 2010 the Care Quality Commission (CQC), published its Annual Statement relating to their Mental Health Act related visits to the Trust for the period October 2009 to September 2010.

The Trust has a significant proportion of detained patients and nationally the use of the Mental Health Act has been on the increase in recent years with more people detained than ever before.

The remit of the CQC includes working to protect the rights of people detained under the Mental Health Act 1983 and in relation to this work they undertake regular inspection visits to Mental Health Trusts throughout England. Some of these visits are unannounced.

The Mental Health Act Commissioners visit all places where patients are detained under the Mental Health Act 1983. During the visits the Mental Health Act Commissioners meet and talk with detained patients in private to discuss their experiences and concerns; this includes checking to see if patients understand their rights. They also talk with staff and managers about the services provided and to check whether the Act is being used correctly. The commissioners have the right to investigate matters of concern and during their visits they also scrutinise Mental Health Act documentation and records relating to the care and treatment of detained patients.

Following each visit the CQC provide the Trust with a feedback summary which has been completed by the visiting commissioner detailing the findings from the visit and identifying areas of concern that require attention. The summaries also include any observations of good practice and acknowledgement of service development. The Trust is required to respond to the findings stating what action is to be taken. The Trust responses are provided to the CQC in the format of action plans which are monitored and progress reported within the Trust. The CQC use the information gathered to inform their future visiting programme and to help inform registration decisions.

Other Disclosures in the Public Interest

The Annual Statement reflects the findings from these visits, acknowledges action already taken to address matters of concern and makes recommendations for further actions required.

It was noted in the annual statement that it was of credit to the Trust that issues raised by the Commissioners in their feedback summaries were discussed at regular focus group meetings (The Mental Health Legislation Committee). During this reporting period the Commissioners noted considerable progress in a number of areas.

The visiting Commissioners found it reassuring that the majority of detained patients spoke highly of the care given to them and of the staff who looked after them. Commissioners continued to find that patients detained under the Mental Health Act 1983 are detained lawfully and that statutory documentation is well managed across the Trust.

Commissioners found that information was routinely given to patients, both verbally and in written form and was generally repeated at regular intervals; it was also noted that the majority of detained patients were aware of the availability of Independent Mental Health Advocates.

The application of section 58 (consent to treatment provisions) is generally good with the vast majority of statutory documentation in relation to this being completed accurately and in accordance with the Mental Health Act Code of Practice.

The CQC acknowledge that the Trust has made considerable investment throughout the year to improve ward environments and provide single sex accommodation and all wards in the Trust now provide separate gender sleeping arrangements. In regard to the operation of Psychiatric Intensive Care Units, improvements were noted however the CQC will continue to monitor how these units operate.

Mental Health Act Commissioners will continue to visit the Trust in the coming year to monitor the operation of the Act and we value their feedback as it helps us to improve our services and operation of the Mental Health Act 1983.

Infection Prevention and Control

We have developed infection prevention and control specifications for all clinical areas which make it clear what standards the services need to achieve to protect our service users and staff.

We are committed to playing our part in the prevention and control of infection in the community and are fully involved in the NHS North East infection control networks.

Other Disclosures in the Public Interest

Hospital Acquired Infections

The Trust's target relating to Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with the Primary Care Trust assumed a 15% reduction if no level was agreed in the contract). The Trust had six reported cases in 2008 / 2009 and the incidence reduced to three cases in 2009 / 2010 and two cases in 2010/ 2011.

In 2010 / 2011 the Trust had no reported case of MRSA Bacteraemia as in 2009 / 2010.

Health Safety and Security Management

The Trust has continued to provide Health Safety and Security Management guidance and support throughout the year which provides an assurance of our commitment in maintaining a safe and security focused environment for all.

The Trust works in partnership with staff side Union representatives to drive this agenda forward and during the last year we successfully project managed the roll out of 640 electronic lone worker devices. We have provided our high risk lone working staff with the training and knowledge on how to get the best from the new technology and our lone worker co-ordinator continues to provide support and advice to our staff to further our commitment to the effectiveness of these devices.

The Health and Safety Executive (HSE) concluded their audit into the Trusts management systems to combat work related stress and reported that they were satisfied with the level and quality of work the Trust is involved with.

Team Prevent our new Occupational Health provider started working with the Trust in January 2011, we look forward to working with the Team Prevent Doctors and practitioners to get the very best for our staff from the services they provide.

Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Trust's Safety Department are responsible for processing all incident/accident data received from the Wards and Departments. Reporting those incidents directly to the Health and Safety Executive which come under the RIDDOR regulations. We reported 72 incidents in 2010/2011 compared to 49 in 2009 / 2010 reflecting our continued commitment to being an open and transparent organisation which encourages staff to report work place incidents.

Other Disclosures in the Public Interest

Serious Untoward Incidents

As outlined in the Trust's Quality Report, Quality Goal 1 is to reduce incidents of harm to patients. We are committed to be a learning organisation and our aim in 2010/2011 was to continue a culture of high reporting and reduce the number of serious untoward incidents.

As shown on page 69, during 2010 / 2011 we successfully reduced the number of incidents of harm to patients whilst supporting and open incident reporting culture. All serious untoward incidents continue to be actively investigated and reported to the Trust's Board of Directors.

Fire Safety Inspection

We continue to work with Tyne and Wear Fire and Rescue Service with the aim of ensuring that the organisation continues to comply with the Regulatory Reform (Fire Safety) Order 2005.

Fire Safety Training is an integral part of our essential training programme for staff.

Emergency Planning and Business Continuity Management

Although the threat of a pandemic still remains, focus on a wider range of potential incidents as highlighted in the Government's National Risk Register.

Throughout 2010/11, the Trust has continued to enhance its preparedness for dealing with emergency or Major Incident situations. A key element of this was establishing the Strategic Integrated Emergency Management Group which is comprised of Directors and senior managers from across the Trust.

Other developments from 2010/11 include:

- Members of the Senior Management Team attending Department of Health Strategic Leadership in a Crisis training.

- Update of the Trust Pandemic Influenza plan, following reviews and reports from the 2009 swine flu pandemic.

- Exercises to test internal arrangements for responding to incidents and involvement in multi-agency exercises.

- Joint working with Tees, Esk and Wear Valleys NHS to develop a training package and system for delivering psychological first aid to those affected by incidents/disasters.

- Working with partner agencies through the NHS North of Tyne/South of Tyne and Wear Emergency Preparedness Groups. We have also joined the recently formed Northumbria Local Resilience Forum Health Theme Group.

A major area of work for 2011 is to align the Trust Business Continuity system with the NHS British Standard which will involve all services across the Trust.

Other Disclosures in the Public Interest

Research and Development

The latest chancellor Budget report 2011 indicated that The Government will set up a new health research regulatory agency to streamline regulation and improve the cost effectiveness of research and clinical trials. It will make future National Institute for Health Research (NIHR) funding to providers of NHS services conditional on meeting benchmarks, including a 70 day benchmark to recruit first patients for trials. During the last year we have been working toward this target by facilitating timely approval of research studies by NTW.

Our research activities in collaboration with research partners continued to progress especially in the areas of:

- Brain ageing and dementia
- Child and adolescent development research
- Treatment, safety and effectiveness in severe mental illness.

This strong collaborations with clinical and research staff in partner NHS organisations and local universities are increasingly important, and together we achieved to attract new NIHR HTA (Health Technology Assessment) and RfPB (Research for Patient Benefits) funding for research that will ultimately help us to improve clinical practice and the services we provide.

The Trust research portfolio also includes a wide range of projects, from multi-centre clinical Trial to student research and service evaluation projects.

We also continued to play an active part as a member of Northumberland, Tyne and Wear Comprehensive Local Research Network (NTW CLRN) and representing mental health on its executive group and board. During the last year the Research & Development department have been working towards promoting an innovative approach to service improvement, which systematically aligns research, development and the translation of knowledge into the implementation of best practice with service improvement priorities leading to improvements in patient care much more efficiently and quickly.

Health Promotion

During the summer Northgate Hospital hosted a Spring into Summer activity day for service users, promoting health and physical activities, and we opened a new gym facilities for service users and staff to use.

We worked in partnership with SUSTRANS in Northumberland to encourage cycling and walking, and we are currently exploring opportunities to encourage walking and gentle exercise for service users.

The Promotion of NHS Funded Services

The Code of Practice for the Promotion of NHS-Funded Services published by the Department of Health in March, 2008 requires us to include in our Annual Report the expenditure on the promotion of our services.

For the period, 1st April 2010 to the 31st March 2011, expenditure on promoting Trust services to GPs and other referring organisations was limited to £2,801.

Board of Directors Pen Portraits

Jules Preston, MBE - Trust Chairman

Experience and Skills / Expertise:

- Chairman Sunderland Hendon East End Regeneration Company, Back on the Map.
- Non Executive Director, Northumberland, Tyne & Wear Strategic Health Authority.
- Significant business experience including senior posts with Manpower Services Commission and Sunderland Training and Enterprise Council.
- Non-Executive Director, Sunderland Health Authority.
- Magistrate.

Qualifications:

- Previously Member of Institute of Business Consultants
- Previously Investors in People Assessor

Dr Gillian Fairfield, Chief Executive

Experience and Skills / Expertise:

- Previously Chief Executive of Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust 2004 - 2008.
- Medical Director of Hull and East Riding Community Mental Health NHS Trust 2000 – 2004.
- Medical Director and Deputy Head of the National Prison Health Task Force 1999.
- Policy Advisor in Mental Health at the Department of Health 1998.
- British Medical Association Travelling Fellow studying managed care in USA 1997.
- Qualified Medical Practitioner with wide clinical experience including general practice and public health.

Qualifications:

- MA in Business Administration (MBA)
- MA in Public Health (MPH)
- Member of the Faculty of Public Health Medicine (MFPH)
- Qualified Medical Practitioner MB ChB, DCH

Board of Directors Pen Portraits

Anne Ward Platt, Non-Executive Director and Deputy Chairman

Experience and Skills / Expertise:

- Director of WP Medical and Professional Services Ltd. - a company providing consultancy and medico-legal services.
- Director of AWP Associates - specialising in conciliation, complaints and conflict management.
- Freelance journalist with focus on health and management issues.
- Author of "Conciliation in Healthcare: managing and resolving complaints and conflict" (2008).
- Background in Education.
- Non Executive Director of Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Non Executive Director of Northumberland Mental Health NHS Trust.
- Experience in health related project management, and health and social care research.

Qualifications:

- BA (Hons) English (Bristol)
- PGCE (Bristol)
- Member of the Society of Authors
- Member of the Medical Journalists' Association

Board of Directors Pen Portraits

Ken Grey, Non-Executive Director

Experience and Skills / Expertise:

- Trustee of New Prospects Association Ltd.
- Non Executive Director, Northgate and Prudhoe NHS Trust.
- Significant business experience including as a senior manager with British Telecom.
- Chairman of Newcastle upon Tyne Healthcare Charity.
- Independent Chairperson of the Newcastle Children's Fund (2001- 2008).
- Secretary to the Neurosciences Foundation of West Bengal.
- Magistrate.

Qualifications:

- BSc Electrical Engineering
- BA Economics
- Diploma in Management Studies
- NVQ Assessor

Fiona Standfield, Non-Executive Director

Experience and Skills / Expertise:

- Director Witton House Associates, specialising in the provision of business advice to the tourism and heritage sectors.
- Extensive managerial and business experience, including Sales Director and Programme Delivery Director of Royal Mail.
- Non Executive Director, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Vice Chair, Northern Stage (Theatrical Productions) Limited.
- Non Executive Director Northumberland Tourism.
- Regional Advisory Panel Member, Common Purpose.
- School Governor and Trustee of Northbrian Educational Trus.t
- Non Executive Director Audiences North East.

Qualifications:

- BA (Hons) French and Theology (Leeds)
- PGCE Modern Languages (Brasenose, Oxford)
- EFQM, BTEC and NVQ Assessor

Board of Directors Pen Portraits

Chris Watson, Non-Executive Director

Experience and Skills / Expertise:

- Significant management and business expertise including:
- Senior Manager, Northumbria Water with experience in:
  - Asset Management
  - Delivering major capital investment programmes
  - Operations management
- Director of Constructing Excellence in the North East.

Qualifications:

- BSc Civil and Environmental Engineering
- Member of Institution of Civil Engineers
- MBA

Paul McEldon, Non-Executive Director and Chairman of the Audit Committee

Experience and Skills / Expertise:
- Director of Customer First UK Ltd.
- Audit Manager for KPMG.
- Extensive Business and finance experience, currently Chief Executive of North East Business and Innovation Centre.
- Financial Director of Sunderland City Training and Enterprise Council.
- Founding Director and Company Secretary of Sunderland Science Park.

Qualifications:
- Member of the Institute of Chartered Accountants for England and Wales
- BA (Hons) Accountancy and Financial Analysis
- Member of Sunderland City Software Project

Board of Directors Pen Portraits

Judith Curry, Non-Executive Director

Experience and Skills / Expertise:

- Significant business experience in Financial Services.
- Specialist interest in performance, compliance, corporate partnerships and marketing.
- Experience includes corporate sales in Barclays and Lloyds and various senior posts in Lloyds TSB.
- Non-Executive Director, Humber Mental Health NHS Trust.
- Associate of the Chartered Insurance Institute.

Qualifications:

- MSc in Management
- ACII
- APD in Sales Management

James Duncan, Finance Director and Deputy Chief Executive

Experience and Skills / Expertise:

- Extensive financial experience in the NHS including:
- Director of Finance, Northgate and Prudhoe NHS Trust (including 6 months as Acting Chief Executive).
- Director of Finance, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Previous Member of Shared Systems Partnership Board Procurement NE Project Board.
- National Case Mix Office - Mental Health Project Board.
- Chair of Care Pathways and Packages Consortium Project Team and Member of Programme Board.

Qualifications:

- BA Politics and History
- Chartered Institute of Public Finance and Accountancy

Gary O'Hare, Director of Nursing and Operations

Experience and Skills / Expertise:

- Extensive nursing experience, both clinical and managerial, at local and national level, including:

- Director of Nursing, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

- Joint Project Manager for a number of national initiatives on the management of violence and aggression for the Department of Health and the National Patient Safety Agency.

- Member of the Mental Health & Learning Disability Nurse Directors & Leads National Forum.

- Member of NIMHE National Acute Mental Health Programme Board.

- Member of the NIMHE Acute Inpatient Care Steering Group.

- Member of the NHS Employers Group at national level representing Allied Health Professionals.

Qualifications:

- EN (MH)

- RMN

- Diploma in the Care and Management of the Mentally Disordered Offender (ENB A71)

Board of Directors Pen Portraits

Suresh Joseph, Medical Director

Experience and Skills / Expertise:

- Extensive clinical experience in General Adult Psychiatry.
- Record of achievement in service redesign, professional leadership and development, and clinical management roles.
- Wide experience of psychiatric training and education, and workforce issues at regional and national level.
- Honorary Clinical Lecturer in Psychiatry, University of Newcastle upon Tyne.
- Past Honorary Secretary, Faculty of General and Community Psychiatry, Royal College of Psychiatrists.
- Past Chair, Faculty Education and Curriculum Committee, Royal College of Psychiatrists, and
- National expertise in Role and Service Redesign.

Qualifications:

- MB BS,
- MMedSc,
- FRC Psych

Elizabeth Latham, Director of Workforce and Organisational Development

Experience and Skills / Expertise:

- Extensive human resources experience including:
- Member of the NHS Pension Scheme Governance Group.
- Head of Personnel South Durham Health NHS Trust.
- Director of HR, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

Qualifications:

- Diploma for Bi-lingual Secretaries
- Member of Chartered Institute of Personnel and Development (MCIPD)

Board of Directors Pen Portraits

Lisa Quinn, Director of Performance and Assurance

Experience and Skills / Expertise:

- Extensive NHS business, performance and finance experience including:

- Business Development & Planning Accountant, Newcastle City Health NHS Trust.

- Associate Director of Finance and Business Support, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

- Associate Director of Financial Delivery and Business Support, Northumberland, Tyne and Wear NHS Trust.

Qualifications:

- Member of the Chartered Institute of Management Accountants

- Association of Accounting Technicians.

Board of Directors

Board of Director Details

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit		MODP		FIBD		Q & P		Remuneration		Mental Health Legislation	
			No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend
Judith Curry Non-Executive Director	01.12.09	30.11.11	13	12	7	7	-	-	-	-	9	8	3	3	-	-
James Duncan Deputy Chief Executive / Executive Director of Finance / Chairman of Finance Infrastructure and Business Development Committee	01.12.09	N/A	13	10	-	-	7	1	14	9	9	0	-	-	-	-
Dr Gillian Fairfield Chief Executive	01.12.09	N/A	13	13	-	-	-	-	-	-	-	-	-	-	-	-
Ken Grey Non-Executive Director / Senior Independent Director	01.12.09	30.11.12	13	12	-	-	7	5	-	-	-	-	3	3	-	-
Dr Suresh Joseph Executive Medical Director	01.12.09	N/A	13	11	-	-	7	1	14	0	9	4	-	-	9	4
Elizabeth Latham Executive Director of Workforce and Organisational Development / chair of the Modernisation Organisational Development and Programmes Committee	01.12.09	N/A	13	12	-	-	7	6	14	3	9	4	-	-	-	-
Paul McEldon Non-Executive Director / Chairman of Audit Committee	01.12.09	31.03.12	13	12	7	7	-	-	-	-	-	-	3	2	-	-

Board of Directors

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit		MODP		FIBD		Q & P		Remuneration		Mental Health Legislation	
			No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend
Gary O'Hare Executive Director of Nursing and Operations / Chairman of the Quality and Performance Committee	01.12.09	N/A	13	11	-	-	7	2	14	0	9	0	-	-	9	5
Lisa Quinn Executive Director of Performance and Assurance	01.12.09	N/A	13	13	-	-	7	1	14	9	9	8	-	-	9	4
Anne Ward Platt Non-Executive Director / Vice Chair	01.12.09	30.06.12	13	13	-	-	-	-	-	-	9	9	3	3	-	-
Jules Preston Chairman / Chairman of the remuneration Committee	01.12.09	30.11.13	13	13	-	-	-	-	-	-	-	-	3	3	-	-
Fiona Standfield Non-Executive Director / Chair of Mental Health Legislation Committee	01.12.09	31.12.13	13	11	-	-	-	-	-	-	-	-	3	2	9	9
Chris Watson Non-Executive Director	01.12.09	31.12.13	13	11	7	6	-	-	14	6	-	-	3	2	-	-

Council of Governors

Council of Governors Details

Constituency / Appointing Organisation	Name	Date of First Appointment	Period Elected (Years)	Period of Office (Montha)	Term of Office 1st or 2nd	In Post at 31t March, 2011	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee	No. Attended	Declaration of Interest
Staff (Non Clinical)	Billy Anderson	1.12.09	3	16	1st	Yes	4	4	3	2	No
Staff (Clinical)	Nigel Atkinson	1.12.09	3	16	1st	Yes	4	3	-	-	No
Public (Gateshead)	Thomas Bentley	1.12.09	3	16	1st	Yes	4	3	3	1	No
Service User (Neuro Disability Services)	Russell Bowman	1.12.09	3	16	1st	Yes	4	1	-	-	No
Staff (Non Clinical)	Keeley Brickle	1.12.09	3	16	1st	Yes	4	3	-	-	No
Service User (Adult Services)	Alasdair Cameron	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Public (North Tyneside)	Margaret Chambers	1.3.11	3	1	1st	Yes	0	0	-	-	Yes
Carer (Adult Services)	Ann Clark	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Staff (Medical)	Alan Currie	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Service User (Learning Disability Services)	Andrew Davidson	1.12.09	3	16	1st	Yes	4	2	-	-	No
Public (North Tyneside)	James Finan	1.12.09	3	10	1st	No Ceased 14.10.10	3	2	-	-	No
Local Authority (Gateshead Council)	Mary Foy	1.12.09	3	16	1st	Yes	4	4	3	3	No
Carer (Children and Young Peoples Services)	Janet Fraser	1.12.09	3	16	1st	Yes	4	4	3	3	No

Council of Governors

Constituency / Appointing Organisation	Name	Date of First Appointment	Period Elected (Years)	Period of Office (Months)	Term of Office 1st or 2nd	In Post at 31t March, 2011	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee	No. Attended	Declaration of Interest
Public (Sunderland)	Jane Hall	1.12.09	3	16	1st	Yes	4	1	3	2	No
Carer (Learning Disability Services)	George Hardy	1.12.09	3	16	1st	Yes	4	2	-	-	No
PCT (Sunderland Teaching PCT)	Patricia Harle	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Service User (Adult Services)	Elizabeth Jewitt	1.12.09	3	16	1st	Yes	4	2	-	-	No
Carer (Adult Services)	Norman Hildrew	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Community and Voluntary (Voluntary Organisation Network North East)	Brendan Hill	1.12.09	3	16	1st	Yes	4	2	-	-	Yes
University (Newcastle University)	Barry Hirst	1.12.09	3	16	1st	Yes	4	2	3	1	Yes
Local Authority (Newcastle City Council)	Liz Langfield	1.12.09	3	16	1st	Yes	4	0	-	-	No
Public (Northumberland)	Claire Mills	1.12.09	3	16	1st	Yes	4	2	-	-	Yes
Service Users - Older Peoples Services	Marian Moore	1.3.11	3	1	1st	Yes	0	0	-	-	No
Local Authority (Northumberland County Council)	Simon Reed	1.12.09	3	16	1st	Yes	4	2	-	-	Yes
Carer (Older Peoples Services)	Anneva Spark	1.12.09	3	16	1st	Yes	4	3	-	-	No
Public (South Tyneside)	Raymond Staward	1.12.09	3	16	1st	No Ceased 6.5.10	1	1	-	-	Yes

Council of Governors

Council of Governors Details

Constituency / Appointing Organisation	Name	Date of First Appointment	Period Elected (Years)	Period of Office (Montha)	Term of Office 1st or 2nd	In Post at 31t March, 2011	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee	No. Attended	Declaration of Interest
Local Authorities - Sunderland Council	Mel Speding	10.5.10	3	16	1st	Yes	3	0	-	-	No
Public - South Tyneside	Jeanette Telfer	1.3.11	3	1	1st	Yes	0	0	-	-	No
Carer (Neuro Disability Services) / Lead Governor (including Reserve Chairman / Chair of the Nominations Committee)	Richard Tomlin	1.12.09	3	16	1st	Yes	4	3	3	3	Yes
Staff (Clinical)	Paul Veitch	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
PCT (North Tyneside)	Dave Willis	1.12.09	3	16	1st	Yes	4	3	-	-	No
Public (Newcastle)	Oliver Wood	1.12.09	3	16	1st	Yes	4	3	-	-	Yes
Service Users - Children and Young People's Services	Sophie Woods	1.3.11	3	1	1st	Yes	0	0	-	-	No
Local Authority (Sunderland Council)	Norma Wright	1.12.09	3	5	1st	No Ceased 12.5.10	1	0	-	-	Yes

Remuneration Report

Salary and Pension Entitlements of Senior Managers

The Trust has a Remuneration Committee. Its membership for 2010 / 2011 was made up of the Chairman and Non Executive Directors. The policy on the remuneration of senior managers is that the Committee's remit covers the remuneration of the Chief Executive and Executive Directors. The policy was changed on 23 February 2011 and had previously included operational directors.

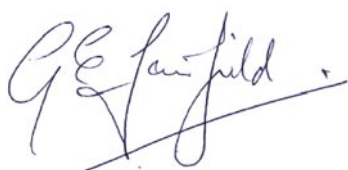The Remuneration Committee met on three occasions during 2010/ 2011.

In considering the remuneration of senior managers, the Committee is provided with information on the annual uplifts given to "medical and dental" staff and those under "agenda for change," and considers circulars from Department of Health on the pay of very senior managers in the NHS.

All substantive Executive Directors' contracts are permanent with three months' notice (except the Director of Finance whose notice period is four months) and termination payments (including redundancy and early retirement) are as per the general NHS terms and conditions applicable to other staff.

Performance pay did not apply for the period in question, with the exception of the Medical Director who receives a national award for Clinical Excellence in respect of his clinical duties.

Past and present employees are covered by the provisions of the NHS Pensions Schemes. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.pensions.nhsbsa.nhs.uk. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The remuneration and pension benefits tables disclosed on page 192 have been subject to audit and an unqualified opinion has been given.

Dr. Gillian Fairfield
Chief Executive
31st May, 2011

Remuneration Report

Name and Title	Salary Bands of £5000	Other Remuneration £000	2010/11 Benefits in Kind* Rounded to the nearest £100
Jules Preston - Chair	30-35	0	0
Anne Ward-Platt - Non-Executive and Deputy Chair	5-10	0	0
Ken Grey - Non-Executive	5-10	0	0
Fiona Standfield - Non-Executive	5-10	0	0
Chris Watson - Non-Executive	5-10	0	0
Paul McEldon - Non-Executive	5-10	0	0
Judith Curry - Non-Executive	5-10	0	0
Gillian Fairfield - Chief Executive	180-185	0	0
James Duncan - Director of Finance and Deputy Chief Executive	120-125	0	31
Elizabeth Latham - Director of Human Resources	95-100	0	0
Gary O'Hare - Director of Nursing and Operations	105-110	0	0
Suresh Joseph - Medical Director	185-190	0	0
Lisa Quinn - Director of Performance and Assurance	95-100	0	0

*All benefits in kind are leased cars

There were 2 Executive Directors who opted out of the NHS Pension Scheme during 2010/11. Payments in lieu of pension were made of £7,000 to Dr Gillian Fairfield and £9,000 to Dr Suresh Joseph.

There were no bonus payments made or exit packages awarded to Executive and Non-Executive Directors included as senior managers.

Remuneration Report

Non Executive Directors

Jules Preston	01/01/10 - 31/03/11	Chair
Anne Ward Platt	01/04/10 - 31/03/11	Non Executive and Deputy Chair
Paul McEldon	01/04/10 - 31/03/11	Non Executive Director
Ken Grey	01/04/10 - 31/03/11	Non Executive Director
Fiona Standfield	01/04/10 - 31/03/11	Non Executive Director
Chris Watson	01/04/10 - 31/03/11	Non Executive Director
Judith Curry	01/04/10 - 31/03/11	Non Executive Director

Executive Directors

Gillian Fairfield	01/04/10 - 31/03/11	Chief Executive
Suresh Joseph	01/04/10 - 31/03/11	Medical Director
James Duncan	01/04/10 - 31/03/11	Finance Director and Deputy Chief Executive
Gary O'Hare	01/04/10 - 31/03/11	Director of Nursing and Operations
Elizabeth Latham	01/04/10 - 31/03/11	Director of Workforce and Organisational Development
Lisa Quinn	01/04/10 - 31/01/11	Acting Director of Performance and Assurance
	01/02/11 - 31/03/11	Director of Performance and Assurance

Remuneration Report

	Real increase in pension at age 60	Real increase in pension at lump sum	Total accrued pension at age 60 at 31.03.11	Lump sum at age 60 related to accrued pension at 31.03.11	Cash equivalent transfer value at 31.03.11	Cash equivalent transfer value at 31.03.10	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pension
	Bands of £2.5k £000	Bands of £2.5k £000	Bands of £5k £000	Bands of £5k £000	£000	£000	£000	£00
Gillian Fairfield Chief Executive*	(5.0)-(7.5)	(15.0)-(17.5)	45-50	145-150	936	1125	-189	0
James Duncan Director of Finance	0-2.5	2.5-5.0	25-30	85-90	357	396	-38	0
Suresh Joseph Medical Director	7.5-10.0	22.5-25.0	95-100	285-290	2029	2036	-6	0
Gary O'Hare Director of Nursing	0-2.5	5.0-7.5	45-50	145-150	733	812	-79	0
Elizabeth Latham Director of Human Resources	2.5-5.0	7.5-10.0	25-30	85-90	643	620	23	0
Lisa Quinn Direcor of Performance	2.5-5.0	7.5-10.0	25-30	80-85	313	339	-26	0

*Dr Gillian Fairfield is in dispute with the NHS Pensions Agency as a result of a recalculation of her pension entitlements which has occurred in 2010/11. These disclosures are inconsistent with those reported in previous years

Cash equivalent transfer values are not applicable where individuals are over 60 years old.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued 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 the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 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. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Annual Accounts

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Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Statement of the Chief Executive's responsibilities as the Accounting Officer of Northumberland Tyne and Wear 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 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 accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed the Northumberland Tyne and Wear NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Northumberland Tyne and Wear NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and

- prepare the financial statements on a going concern basis.

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

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

Signed
31 May 2011
Dr Gillian Fairfield
Chief Executive
Northumberland, Tyne and Wear NHS Foundation Trust

Summary Annual Accounts for the period
1st April, 2010 to the 31st March, 2011

ANNUAL GOVERNANCE STATEMENT 2010/11

1   Scope of responsibility

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

2   The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Northumberland Tyne and Wear 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 Northumberland, Tyne and Wear NHS Foundation Trust for year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3   Capacity to handle risk

The Executive Director of Performance and Assurance has overall lead responsibility for performance risk management within the Foundation Trust. While the Executive Director of Performance and Assurance has a lead role in terms of reporting arrangements, processes and systems, all directors have responsibility for the effective management of risk within their own functional directorate, and corporate and joint responsibility for the management of risk across the organisation.

Structures and systems are in place to support the delivery of integrated risk management, across the organisation. A wide range of risk management training has continued to be provided throughout the Foundation Trust during the year. This includes providing training for all new staff as well as additional sessions and workshops specific to roles. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place.

Sub-committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Each of the Foundation Trust's directorates has governance committees in place covering quality and performance, service development and operational management. Risk registers are maintained and reviewed by each directorate and reviewed through the Foundation Trust-wide governance structures. The Quality and Performance Committee consider directorate top risks and the Corporate Risk Register every two months. The Mental Health Legislation Committee is a standing committee of the Board of Directors with delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.

4   The risk and control framework

The Foundation Trust continually reviews its risk and control framework through its governance and operational structures. It has identified its major strategic risks, and these are monitored and maintained and managed through the Board of Directors Assurance Framework and Corporate Risk Register, supported by directorate risk registers. The Foundation Trust's principal risks and mechanisms to control them are identified through the Assurance Framework, which is reviewed by the Board of Directors every two months. These risks are reviewed and updated through the Foundation Trust's governance structure. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and ongoing assessment and reviews of risk scores.

The principal risks are considered as those rated over 15 at a corporate level on the standard 5 by 5 risk assessment measure. The table below summarises those risks and the key controls as reported in the Board Assurance Framework. All risks identified below are considered as in year and future risks.

Principal risk(s)	Key Controls
Significant loss of income through competition – plurality, competition, Payment by Results (PbR); and impact of QIPP	Process of reviewing and aligning Commissioner/ NTW strategies in place Legally binding contracts with PCTs. Engagement in Care Pathways and Packages Consortium and continued national influence Active engagement with GPs and Local Authorities Marketing Strategy – implementation of action plan and monitoring by FIBD. Customer Relationships Approach agreed (Board July 10) Horizon scanning and customer / competitor database established, to identify opportunities, including partnerships and potential joint ventures
Catastrophic failure of clinical services / reputation risk, including inquiries around Serious Untoward Incidents (SUIs)	Integrated Governance structure with active process for ongoing management and closure of issues Various clinical quality accreditation, assessment and benchmarking tools used by clinical directorates. Lessons Learnt report through Governance Structure and Board of Directors Updated Care Co-ordination and Practice Guidance notes – revision (Q&P – Nov 10) Safeguarding Children Policy and Safeguarding Adults. Trust Action Plan, Local Safeguarding Boards; Trust wide structure for Safeguarding (Board March 11) Trust Information Sharing Policy; Information Protocols Risk Management Policy and procedures – Q&P Committee – Nov 10) Removal of ligature points action plan Clinical Audit Policy and Programme Clinical Supervision Policy
Failure to deliver Integrated Business Plan	Aligning Commissioner/ NTW strategies Project management structure for delivery of capital schemes Programme management arrangements – Next Steps and Transformation Support Office IBP / Annual Plans Trust Business Case Guide revised in year
Failure in meeting and / or misreporting on compliance and performance standards.	Financial and Performance Management reporting systems including NTW Dashboard Care Quality Commission Registration process Quality Accounts – Action Plan. Data Quality Policy revised in year
Failure to achieve Cost Reduction and Efficiency Programme and effectively manage impact on service quality.	IBP/Long term financial model/ Updated Financial Strategy (May 10, Nov 10, March 11) Cost Improvement Plan – management by FIBD Committee. Next Steps Programme aligning long term service strategy/service redesign with sustainable funding model
Impact of economic environment on long term financial stability	Financial Strategy updated and reviewed by Board of Directors in November and revised strategy approved by Board of Directors in April

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

The governance structure supporting this was put in place, following extensive review, with the aim to ensure continuing best practice in governance and risk management, and has been in place across all of this accounting period and up to completion of these accounts and the annual report. The following sub-committees of the Foundation Trust Board of Directors are in place.

- Quality and Performance
- Modernisation, Organisational Development and Programmes
- Finance, Infrastructure and Business Development

Each of the three sub-committees is chaired by an Executive Director and has Non-Executive Director membership. The Quality and Performance Committee acts as the core risk management committee of the Foundation Trust Board of Directors, ensuring that there is a fully integrated approach to performance and risk management. This committee provides oversight to the performance and assurance framework, Foundation Trust risk management arrangements for both clinical and non-clinical risk, and has full responsibility for overseeing the Foundation Trust's performance against core standards as part of this role. The Quality and Performance Committee reviews the top risks for each directorate, and the Assurance Framework and Corporate Risk Register every two months. The committee also considers all aspects of quality and performance, in terms of delivery of internal and external standards of care and performance. The Modernisation, Organisational Development and Programmes Committee is responsible for ensuring the effective management of the strategic development of the organisation, while the Finance, Infrastructure and Business Development Committee ensures that all matters relating to Finance, Estates, Information Management and Technology and Business and Commercial Development are effectively managed and governed.

Quality Governance arrangements are through the governance structures outlined above, ensuring there are arrangements in place from ward to board.

The formal structures include:
1. Trust Board
2. Quality and Performance sub-committee
3. Directorate Quality and Performance groups
4. Senior Management Team meetings

The Trust has a data quality improvement plan in place to ensure continuous improvement in performance information and has made significant advances in this area through 2010-11 with the development of near real-time dashboard reporting from patient and staff level to Trust position. The Trust audit plan includes a rolling programme of audit against all performance indicators.

Registration compliance is managed through the above quality governance structures and was supplemented during the year by giving an operational Director responsibility for the coordination of all compliance assessments at each of the Trust registered locations. There is a central log of all evidence supporting registration requirements and a process in place through the governance arrangements highlighted above to learn from external assessments and improve our compliance.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

The Foundation Trust is registered with the Care Quality Commission and has maintained full registration, with no non-routine conditions, from 1st April 2010. However, during the year the CQC identified moderate concerns in respect of two specific outcomes (outcome 8 cleanliness and outcome 9 medicines management). All appropriate actions were taken, and confirmed by the CQC as resolving those concerns. The foundation trust is fully compliant with the requirements of registration with the Care Quality Commission.

The Trust recognises the significant organisational change that is required to meet the challenges of the external environment, the changing NHS and the requirement to improve the quality of our services with reducing resources. In response to this the Trust has developed its Next Steps Programme in 2010/11. This programme is focussed on developing a new service model for the Trust, supported by a new business model, which includes putting clinicians at the heart of the FT decision making process. The Business model structure is being implemented early in 2011/12, and the service model review, which is clinically led has developed a blueprint for the future development of the foundation trust services to meet our future challenges. The Next Steps Programme is supported by a range of programmes, including Knowledge Management and Continuous Improvement, Service Line Management, Leadership, Safety, and Care Pathways and Operational Systems. The Next Steps Steering Board meets monthly and reports monthly into the Board of Directors.

The Senior Management Team is responsible for the co-ordination and operational management of the system of internal control and for the management of the achievement of the Foundation Trust's objectives agreed by the Board of Directors. Operational management, through the Foundation Trust's directors, is responsible for the delivery of Foundation Trust objectives and national standards and for managing the risks associated with the delivery of these objectives through the implementation of the Foundation Trust's risk and control framework. Governance groups have been in place across all directorates throughout this accounting period, with each directorate having in place an Operational Management Group, a Quality and Performance Group and a Service Development Group. To fulfil this function the Senior Management Team reviews the Foundation Trust Assurance Framework and Corporate Risk Register, as well as reviewing directorate risk registers. It also receives and considers detailed reports on performance and risk management across the Foundation Trust. Summary reports on the work of internal audit are also presented to the Senior Management Team on a regular basis, with the emphasis on lessons learned and follow up actions required.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Confirmation was received during this accounting period from the Counter Fraud and Security Management Service that the Foundation Trust has gained a rating of Level 4 for its "compound indicators," which indicates that it is performing "well." Compound Indicators are a means by which health bodies can establish their strengths and weaknesses in the different areas of counter fraud work, which helps them to focus their resources appropriately. With this continued rating, the Foundation Trust is assessed as continuing to perform in the top decile nationally for its counter fraud work.

The Risk Management Strategy, the associated Risk Management Policy and the governance structure identified above have been developed in line with nationally identified good practice and assurance of this has been received through independent assessment of performance against standards assessed through the National Health Service Litigation Authority scheme, where the Foundation Trust has Level 1 compliance, which has been reassessed in year as reaching 100% delivery against all standards. The Assurance Framework and arrangements for governance were subjected to external review through the Foundation Trust application process, including review by Monitor, the Department of Health and independent auditors during 2009, and are subject to ongoing review through Internal Audit.

The Foundation Trust involves public stakeholders in identifying and managing risks to its strategic objectives in a number of ways. These include:

- Working with partners in health and social services in considering Business and service change. The Foundation Trust has a framework for managing change to services agreed as part of its Service Level Agreements with it main commissioners across the North East. The foundation Trust also has good relationships with Overview and Scrutiny Committees, with an excellent record of obtaining agreement to significant service change.

- Active relationships with LiNKS, carer groups and Patient Advisory Liaison Groups, and works with these groups on the management of service risks.

- A Head of Partnerships Role reporting directly into the Chief Executive for sustaining effective relationships with the key public stakeholders.

- Active engagement with governors on strategic, service, and quality risks, including active engagement in the preparation of Quality Accounts and the setting of Quality priorities.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

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 in to 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 the organisation's obligations under equality, diversity and human rights are complied with. All policies implemented across the organisation have been subject to equality impact assessments.

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

The Foundation Trust also has effective arrangements in place for Information Governance with performance against the Information Governance Toolkit reported through the IM and T Committee, Finance, Infrastructure and Business Development Committee and the Senior Management Team. The Foundation Trust put in place a range of measures to manage risks to data security and has met the required standard of level 2 across all standards in the Information Governance Toolkit. The Foundation Trust has reported no serious untoward incidents with respect to data loss within the year.

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

The Foundation Trust has a financial strategy, which is approved by the Board of Directors, and which has been subject to review in May and November 2010, and a revised strategy presented to the Board of Directors in March 2011. Each review is made by the Finance Infrastructure and Business Development Committee, the Senior Management Team and the Board of Directors. The financial strategy supports the Foundation Trust's Integrated Business Plan, and identifies clear plans for the longer term use of resources to meet the organisational objectives and the financial demands generated by the prevailing economic climate. The strategy includes detailed plans for cost reductions in 2011/12 as well as setting out the longer term requirements for use of financial resources, and required investments to support significant organisational change through the trust's Next Steps Programme.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

The financial position is reviewed on a monthly basis through the Finance Infrastructure and Business Development Committee and through the Board of Directors. Cost Improvement Plans are reviewed on a monthly basis by the Finance Infrastructure and Business Development Committee, for both their deliverability and their impact. The Board of Directors receives an update on cost improvements on a monthly basis.

Cost Improvement and Service Delivery

Plans are integrally linked with Workforce Development Plans, which are in place for each directorate. Each directorate reviews its own performance on Cost Improvement Plans at its monthly Operational Management Group. The Foundation Trust actively benchmarks its performance, and is a member of the Mental Health Benchmarking Club. The Foundation Trust also has taken part in the benchmarking of support services through use of a national benchmarking tool. Throughout 2010/11 the foundation trust has achieved a risk rating of 4,"good" or 5, "excellent", and has consistently achieved ahead of plan.

Internal Audit provides regular review of financial procedures on a risk based approach, and the outcomes of these reviews are reported through the Audit Committee. The Audit committee have received significant assurance on all key financial systems through this process. Internal audit is subject to periodic external review from the Audit Commission as the foundation trust's external auditor.

6   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 and the executive managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and 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 of Directors, the Audit Committee, and the Foundation Trust governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Performance and Assurance Framework provide me with evidence that the effectiveness of controls in place to manage the risks associated with achieving key organisational objectives have been systematically reviewed. Internally I receive assurance through the operation of a governance framework as described above, including the trustwide Governance Structure, Directorate level governance structures, internal audit reviews and the Audit Committee.

My review is also informed by (i) Ongoing inspection reviews by the Care Quality Commission (ii) the National Health Service Litigation Authority, having achieved 100% at Level I for the Risk Management Standards for Mental Health and Learning Disability, (iii) External Audit, (iv) Mental Health Act Commission, including their annual report to the Board of Directors (v) NHS North East (vi) Monitor's ongoing assessment of the foundation trust's performance, and (vii) the Monitor Quality Governance pilot, which was undertaken by the Trust in 2010, with a report on the Trust's governance arrangements being presented on 22nd April 2010, and presented to the Board of Directors in May 2010.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Throughout the year the Audit Committee has operated as the key standing committee of the Board of Directors with the responsibility for assuring the Board of Directors that effective processes and systems are in place across the organisation to ensure effective internal control, governance and risk management. The Audit Committee is made up of three Non-Executive Directors, and reports directly to the Board of Directors. The Committee achieves its duties through:

- Review of the assurance framework in place across the organisation and detailed review of the Foundation Trust's self assessment against core standards.

- Scrutiny of the corporate governance manual for the Foundation Trust.

- The agreement of external audit, internal audit and counter fraud plans and detailed scrutiny of progress reports. The Audit Committee pays particular attention to any aspects of limited assurance, any individual areas within reports where particular issues of risk have been highlighted by internal audit, and on follow up actions undertaken. Discussions take place with both sets of auditors and management as the basis for obtaining explanations and clarification.

- Receipt and detailed scrutiny of reports from the Foundation Trust's management concerning the governance and performance management of the organisation, where this is considered appropriate.

- Review of its own effectiveness against national best practice on an annual basis. The terms of reference for the committee were adopted in line with the requirements of the Audit Committee Handbook and Monitor's Code of Governance.

The Board of Directors itself has a comprehensive system of performance reporting, which includes analysis against the full range of performance and compliance standards, review of the Assurance Framework and Corporate Risk Register every two months, ongoing assessment of clinical risk through review of complaints, SUIs, incidents, and lessons leaned. The Board of Directors receives an annual review of clinical audit, which is also considered in detail and reviewed by the Quality and Performance Committee. The Board of Directors has also considered an epidemiological review of suicides, in conjunction with NHS North East Commissioners and a neighbouring NHS FT, as well as undertaking a development session in year on the management of clinical risk.

There are a number of processes and assurances that contribute towards the system of internal control as described above. These are subject to continuous review and assessment. The Assurance Framework encapsulates the work that has been undertaken throughout the year in ensuring that the Board of Directors has an appropriate and effective control environment. This has identified no significant gaps in control and where gaps in assurance have been identified, actions are in place to ensure that these gaps are addressed.

7   Annual Quality Report

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

2010-11 is the 2nd year of developing of Quality Accounts/Report for Northumberland, Tyne and Wear NHS Foundation Trust. The Trust has built on the extensive work undertaken to develop the Trust Integrated Business Plan and has drawn on the various guidance published in-year in relation to Quality Accounts.

We developed our vision, values and priorities through wide involvement and in consultation with patients, carers, staff and partners. We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure that the organisation was fit for the future.

In addition to the wider involvement centred on the Trust Integrated Business Plan, the Trust has drawn upon in-year extensive service user and carer feedback as well as establishing a Quality Accounts sub-group of the Council of Governors to inform the Quality Account/Report. We have also listened to partner feedback from our first Quality Account/Report publication in 2009-10 on areas for improvement and our response to these are incorporated in the 2010-11 Quality Account.

Whilst the national requirement is to set annual priorities the Trust has established 3 overarching Quality Goals which span the life of the Integrated Business Plan, ensuring our annual priorities enable us to continually improve upon the three elements of quality: Patient Safety, Clinical Effectiveness and Patient Experience as shown in the table below.

Our Quality Governance arrangements are set out in section 4 of the Annual Governance Statement. The Executive Director of Performance and Assurance has overall responsibility to lead the production and development of the Quality Account/Report. A formal review process was established, involving a presentation of our initial draft account to our partners (OSC, LINKS and commissioners). The Quality Account/Report drafts were formally reviewed through the Trust governance arrangements (Senior Management Team, Quality and Performance Committee, Audit Committee, Council of Governors and Board of Directors).

The Trust has put controls in place to ensure the accuracy of the data used in the Quality Account/Report. These controls include:

Trust polices on quality reporting, key policies include:

- NTW (O) 05 Incident Policy (including the management of Serious Untoward Incidents).
- NTW (O) 07 Comments, Compliments and Complaints Policy.
- NTW(O)09 - Management of Records
- NTW(O)26 - Data Quality Policy
- NTW(O)34 - 7 Day Follow Up
- NTW(O)62 - Information Sharing Policy

- Systems and process have been improved across the Trust during 2010-11 with the introduction of a near real-time dashboard reporting system in place reporting quality indicators at every level in the Trust from patient/staff member to Trust level.

- The Trust has training programmes in place to ensure staff have the appropriate skills to record and report quality indicators. Key training includes:

  - Electronic Patient Record (RIO)
  - Trust Induction
  - Information Governance

- The Trust audit plan includes a rolling programme of audits on quality reporting systems and metrics. In addition to this there was a thorough external audit review of the of the 2009-10 Quality Report, covering the areas of:

  - Governance and leadership
  - Polices
  - Systems and process
  - People and skills
  - Data used and reporting

Recommendations made in this audit have been progressed through 2010-11.

- The internal and clinical audit plans are also aligned to the Trust's corporate risk register and assurance framework.

Through the engagement and governance arrangements outlined above the Trust has been able to ensure the Quality Account/Report provides a balanced view of the Organisation.

Review of Effectiveness

I have drawn on the content of the Quality Report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

8 Conclusion

My review confirms that Northumberland Tyne and Wear NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. No significant internal control issues have been identified.

Chief Executive Officer
(on behalf of the board)

Date: 31st May 2011

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Independent Auditor's report to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust

Opinion on the summary financial statements

I have examined the summary financial statement for the period ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, and associated notes in respect of the Better Payment Practice Code, The Late Payment of Commercial Debts (Interest) Act 1998, Management Costs and Related Party Transactions.

This report is made solely to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Council of Governors those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for the audit report or for the opinions I have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Northumberland, Tyne and Wear NHS Foundation Trust for the year ended 31 March 2011.

Cameron Waddell
Officer of the Audit Commission
Audit Commission
2nd Floor, Nickalls House
Metro Centre
Gateshead
NE11 9NH

3 June 2011

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Northumberland, Tyne & Wear NHS Foundation Trust

Summary Financial Statements

The financial statements which follow are only a summary of the information contained in the Trust's annual accounts, and therefore statements might not contain sufficient information for a full understanding of the Trust's financial position and performance.

The Trust's Auditors, the Audit Commission, have issued an unqualified report on the annual accounts.

A full set of accounts is available on request from Mr James Duncan, Director of Finance, Executive Suite, First Floor, Main Building, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT. (james.duncan@ntw.nhs.uk)

The audit fee of £71,000 (£59,000 plus VAT) for the period 1 April 2010 to 31 March 2011 relates entirely to the statutory audit and services carried out in relation to the statutory audit.

Each director has stated that as far as he/she is aware, there is no relevant audit information of which the Trust's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the Audit commission are aware of that information.

Foreword to Accounts

These accounts for the period ended 31 March 2011 have been prepared by the Northumberland, Tyne & Wear NHS Foundation Trust under Schedule 7 of the National Health Service Act 2006, paragraphs 24 and 25 and in accordance with directions given by Monitor, the independent Regulator of Foundation Trusts, and have been prepared on a going concern basis.

Dr. Gillian Fairfield
Chief Executive
31 May 2011

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Statement of Comprehensive Income for the Period 1 April 2010 to 31 March 2011	01/04/10 - 31/03/11 £000	01/12/09 - 31/03/10 £000
Operating Income from Continuing Operations	**313,235**	104,587
Operating Expenses from Continuing Operations	**(300,768)**	(102,362)
Operating Surplus	**12,467**	2,225
Finance Costs		
Finance income	**204**	18
Finance expense - financial liabilities	**(4,431)**	(1,309)
Finance expense - unwinding of discount on provisions	**(115)**	(23)
PDC Dividends payable	**(5,126)**	(1,837)
Net Finance Costs	**(9,468)**	(3,151)
Corporation tax expense	**0**	0
Surplus for the Period	**2,999**	(926)
Other comprehensive Income:		
Impairment losses property, plant and equipment	**(669)**	(775)
Impairment losses assets held for sale	**(160)**	0
Revaluations	**5,512**	0
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	**(36)**	(13)
Total Comprehensive Income for the Period	**7,646**	(1,714)

Money we received for delivering health care mainly from other health bodies, and from other operations such as providing social services to other trusts. It also includes any profit on the disposal of assets.

Money spent in delivering our services including impairments and losses on disposal of assets.

Bank interest received.

Interest payable on loans and the Trusts PFI schemes.

An adjustment to account for the changes in value of money over time.

Money paid to the government for the use of our land and buildings.

Impairments relating to loss in value of our buildings that have been charge to reserves.

Gains relating to upwards valuations of our buildings that have been added to reserves.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Statement of Financial Position as at 31 March 2011	31 March 2011 £000	31 March 2010 £000
Non-Current Assets		
Intangible assets	**0**	2
Property, plant and equipment	**237,427**	219,331
Trade and other receivables	**116**	98
Total Non-Current Assets	**237,543**	219,431
Current Assets		
Inventories	**504**	376
Trade and other receivables	**7,817**	11,697
Non-current assets for sale and assets in disposal groups	**7,662**	4,928
Cash and cash equivalents	**27,310**	20,092
Total Current Assets	**43,293**	37,093
Current Liabilities		
Trade and other payables	**(22,748)**	(19,204)
Borrowings	**(4,031)**	(2,408)
Provisions	**(2,415)**	(1,938)
Other liabilities	**(4,088)**	(3,028)
Total Current Liabilities	**(33,282)**	(26,578)
Total Assets less Current Liabilities	**247,554**	229,946
Non-Current Liabilities		
Borrowings	**(67,062)**	(57,993)
Provisions	**(5,522)**	(4,612)
Other liabilities	**(309)**	(325)
Total Non-Current Liabilities	**(72,893)**	(62,930)
Total Assets Employed	**174,661**	167,016
Financed by Taxpayers' Equity:		
Public dividend capital	**201,394**	201,394
Revaluation reserve	**20,864**	16,466
Donated asset reserve	**877**	898
Income and expenditure reserve	**(48,474)**	51,742
Total Taxpayers' Equity	**174,661**	167,016

Value of land, buildings and equipment that we own.

Amount owed to us that we will receive within a year - mainly from other NHS organisations.

The value of land and buildings that will be recovered through sale rather than continuing use.

Amount that is due to be paid to other organisations within a year.

Amount that is due to be repaid on the Trusts loan and pfi liabilities within a year.

Amount set aside to cover events that have happened for which we expect to make a payment within a year.

Includes deferred income and the balance of government grants to be released to revenue within a year.

Amount that is due to be repaid on the Trusts loan and pfi liabilities in more than a year.

Amount set aside to cover events that have happened for which we expect to make a payment in more than a year.

Notional amount that the government has invested in the Trust.

Increases in the value of land and buildings since the Trust was set up.

Net amount by which expenditure has exceeded income since the Trust was set up.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Statement of Cash Flows for the Period 1 April 2010 to 31 March 2011	01/04/10 - 31/03/11 £000	01/12/09 - 31/03/10 £000
Cash flows from operating activities		
Operating surplus from continuing operations	**12,467**	2,225
Operating surplus/(deficit) of discontinued operations	**0**	0
Operating surplus	**12,467**	2,225
Non-cash income and expense:		
Depreciation and amortisation	**7,545**	2,289
Impairments	**7,115**	4,311
Reversals of impairments	**(4,962)**	(50)
Transfer from the donated asset reserve	**(36)**	(13)
Amortisation of government grants	**(6)**	0
Decrease in Trade and Other Receivables	**3,703**	3,430
(Increase) in Inventories	**(128)**	(14)
Increase / (Decrease) in Trade and Other Payables	**2,614**	(354)
Increase in Other Liabilities	**1,049**	321
Increase in Provisions	**1,272**	217
Other movements in operating cashflows	**(25)**	(73)
Net Cash Generated from Operations	**30,608**	12,289
Cash flows from investing activities:		
Interest received	**209**	19
Purchase of Property, Plant and Equipment	**(25,544)**	(9,430)
Sales of Property, Plant and Equipment	**287**	953
Net cash generated (used in) investing activities	**(25,048)**	(8,458)
Cash flows from from financing activities:		
Public dividend capital received	**0**	39
Public dividend capital repaid	**0**	(516)
Loans received	**14,000**	9,000
Loans repaid	**(2,183)**	(300)
Capital element of finance lease rental payments	**(60)**	(7)
Capital element of Private Finance Initiative Obligations	**(1,018)**	(390)
Interest paid	**(321)**	(65)
Interest element of finance lease	**(52)**	(6)
Interest element of Private Finance Initiative obligations	**(3,736)**	(1,359)
PDC Dividend paid	**(4,972)**	(3,071)
Net cash generated from financing activities	**1,658**	3,325
Increase in cash and cash equivalents	**7,218**	7,156
Cash and Cash equivalents at start of period	**20,092**	12,936
Cash and Cash equivalents at 31 March	**27,310**	20,092

The operating surplus taken from the Statement of Comprehensive Income.

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Better Payment Practice Code - Measure of Compliance	01/04/10 - 31/03/11		01/12/09 - 31/03/10	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	61,133	79,696	19,680	26,432
Total Non NHS trade invoices paid within target	58,399	77,286	18,604	25,628
Percentage of Non-NHS trade invoices paid within target	95.5%	97.0%	94.5%	97.0%
Total NHS trade invoices paid in the period	1,738	109,022	518	36,328
Total NHS trade invoices paid within target	1,560	108,198	446	35,779
Percentage of NHS trade invoices paid within target	89.8%	99.2%	86.1%	98.5%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998	01/04/10 - 31/03/11	01/12/09 - 31/03/10
	£000	£000
Amounts included in finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	1	0
Total	1	0

Management Costs	01/04/10 - 31/03/11 £000	01/12/09 - 31/03/10 £000
Management Costs	14,609	4,846
Income	307,161	104,062

Management costs are defined as those on the management costs website at: www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSmanagementcosts

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

Related Party Transactions 2010/11	Income £000	Expenditure £000
Value of transactions with board members in the period	**0**	**513**
Jules Preston, Chairman - chairman of Assessment North East. The Trust processed invoices for assessment fees totalling £26,000 during the reporting period.	0	26
James Duncan, Executive Director of Finance - brother in law is a partner at Dickinson Dees. The Trust processed purchase invoices for legal fees totalling £60,000 during the reporting period.	0	60
Chris Watson, Non Executive Director - Head of Asset Planning at Northumbrian Water Ltd. The Trust processed purchase invoices for water rates totalling £421,000 during the reporting period. - son is a trainee with Pricewaterhouse Coopers. The Trust processed purchase invoices for professional fees totalling £6,000 during the reporting period.	0	421 6
Value of transactions with key staff members in the period	**0**	**0**
Value of transactions with other related parties in the period	**300,357**	**104,438**
Department of Health	1,690	46
Other NHS Bodies	278,142	47,583
Charitable Funds	0	0
Subsidiaries / Associates / Joint Ventures	0	0
Other	20,525	56,809
NHS Shared Business Services	0	0

Related Party Balances as at 31 March 2011	Receivables £000	Payables £000
Value of balances (other than salary) with board members at 31 March 2011	**0**	**23**
James Duncan, Executive Director of Finance - brother in law is a partner at Dickinson Dees. The Trust has purchase invoices payable for legal fees totalling £12,000 at 31 March 2011.	0	12
Chris Watson, Non Executive Director - Head of Asset Planning at Northumbrian Water Ltd. The Trust has purchase invoices payable for water rates totalling £11,000 at 31 March 2011.	0	11
Value of balances (other than salary) with key staff members at 31 March 2011	**0**	**0**
Value of balances (other than salary) with related parties in relation to doubtful debts at 31 March 2011	**0**	**0**
Value of balances (other than salary) with related parties in respect of doubtful debts written off in year at 31 March 2011	**0**	**0**
Value of balances with other related parties at 31 March 2011	**4,609**	**1,689**
Department of Health	61	0
Other NHS Bodies	3,577	1,001
Charitable Funds	0	0
Subsidiaries / Associates / Joint Ventures	0	0
Other	971	688
NHS Shared Business Services	0	0

Summary Annual Accounts for the period 1st April, 2010 to the 31st March, 2011

The Department of Health is regarded as a related party. During the period Northumberland, Tyne & Wear NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These entities are:

Bristol PCT
City Hospitals Sunderland NHS Foundation Trust
County Durham PCT
County Durham and Darlington NHS Foundation Trust
Cumbria Teaching PCT
Doncaster PCT
Gateshead Health NHS Foundation Trust
National Services Division
Newcastle PCT
Newcastle upon Tyne Hospitals NHS Foundation Trust
NHS Business Services Authority
NHS London
NHS Pensions Agency
NHS Supply Chain
Northumberland Care Trust
Northumbria Healthcare NHS Foundation Trust
North East Ambulance Service NHS Trust
North East Strategic Health Authority
North Tyneside PCT
Sunderland Teaching PCT
South Tyneside NHS Foundation Trust
South Tyneside PCT

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the HM Revenue and Customs, Cumbria County Council, Gateshead Council, Newcastle upon Tyne City Council, Northumberland County Council, North Tyneside Council, South Tyneside Council and Sunderland City Council.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the Trust Board.

This report is available on request in other languages, large print, British Sign Language (BSL), Braille or audio versions; we will do our best to provide a version of this report in a format that meets your needs.

For other versions telephone **0191 223 2987** or email **communications@ntw.nhs.uk**

Copies of this Quality Account can be obtained from our website (**www.ntw.nhs.uk**) and the NHS Choices website (**www.nhs.uk**). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

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