

# Annual Report and Summary of Accounts 2008-2009



Shining a light on the future



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# Welcome from the Chairman and Chief Executive

**We are delighted to present our 2008 - 2009 annual report, which highlights our achievements in the past year.**

Providing good quality safe care for the people who need our services is our priority, so we were delighted when the Healthcare Commission rated our services as "excellent" in the most recent annual Health Check. However we are not complacent. We know that we still have more to do to ensure that wherever you live in the area you will get the same high standard of care.

The Health Check also rated us as "good" for the use of resources, and during the last year our staff worked hard to ensure that we achieved all of our financial targets and duties. This is good news for the Trust, because without a sound financial foundation we cannot continue to provide and develop the quality services that the people who need our support deserve.

Since Northumberland, Tyne and Wear NHS Trust (NTW) was created in 2006 our Board has focussed on building a single organisation from three



former Trusts. We have used our preparations to become an NHS Foundation Trust (FT) as an opportunity to review the systems that we had in place. This included refining and strengthening our governance processes to ensure that NTW is fit for purpose now and in the future.

We have also used our FT preparations as a way of bringing staff together. They have influenced our five year integrated business plan, shaped individual service development plans, and given their views on a number of key strategies.

We have built on this staff engagement with the start of regular 250 events, where we bring together a range of staff



from across the Trust to discuss and debate key issues. The involvement of our 7,000 staff is crucial to not only shaping the future of NTW, but also to developing and delivering new and innovative services. And we have seen a lot of exciting new developments over the last 12 months.

There has been improvement in the environments from which many of our adult mental health services are provided. We've created new place of safety units, and refurbished our psychiatric intensive care units.

In the last year our estates and facilities team worked on more than 100 projects to improve accommodation. We still have

more to do to make sure that wherever you live in the area you can expect to be cared for in the same high standard of accommodation, but we have now finalised a five year estates strategy that will make a huge difference.

New and improved buildings have been a feature of the last year. In our forensic services, Bamburgh clinic on the St. Nicholas Hospital site, was the only health building to be honoured in a national design award, and we have been working on a new building in Northgate to provide longer term care for some of our male service users.

Our child and adolescent mental health services opened Lennox ward at St. Nicholas Hospital,

the first NHS unit of its kind in the country, and we also moved our young people's unit to Prudhoe Hospital in the first step towards developing a centre of excellence for young people with mental health and / or learning disabilities.

We have worked hard with service users and carers in our learning disability services on the creation of Rose Lodge, a new assessment and treatment centre in Hebburn.

We have also seen many of our services grow and develop. In our older people's services we expanded our community mental health teams in Sunderland and South Tyneside to better support people in their own homes.

We are proud to have a number of highly specialist services, including neuro-behavioural services based at Walkergate Park, which won a bid to develop neuro-rehabilitation outreach and prevention services. Another specialist service is our regional mother and baby unit at St. George's Park in Morpeth, we were delighted when this year it was recognised by the Royal College of Psychiatrists as one of the best in the country.

**In our annual report for the year, you will find lots of examples of the fantastic work our staff are doing. They should be proud of all that they have achieved over the last 12 months.**



**Jules Preston, MBE  
Chairman**



**Dr. Gillian Fairfield  
Chief Executive**



# About us

Northumberland, Tyne and Wear NHS Trust was created in 2006 following the merger of three former trusts – Newcastle, North Tyneside and Northumberland Mental Health NHS Trust, South of Tyne and Wearside Mental Health NHS Trust, and Northgate and Prudhoe NHS Trust.

We are now one of the largest trusts of its kind in England and we employ around 7,000 staff. They work from more than 160 sites, as well as provide care to people in their own homes.

With an annual budget of around £300m we offer a range of mental health, learning disability and neuro-rehabilitation services to 1.4m people of all ages living in the North East of England, as well as a number of regional and national specialist services.

We support people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland.

## Our main hospital sites are:



Walkergate Park, Newcastle



St. Nicholas Hospital, Newcastle



St. George's Park, Morpeth



Northgate Hospital, Morpeth



Cherry Knowle Hospital, Sunderland



Monkwearmouth Hospital, Sunderland



Prudhoe Hospital

# Our Vision

**Our Vision is to:  
Improve the well being of  
everyone we serve through  
delivering services that  
match the best in the world.**

## **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 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 support the NHS North East's aims to ensure there is:**

- No barrier to health and well being
- No avoidable deaths, injury or illness
- No avoidable suffering or pain
- No helplessness
- No unnecessary waiting or delays
- No waste
- No inequality

**Our plans are also in line with the NHS  
Constitution, launched in January 2008.  
It 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 patients that it serves

# Our Values

**Our values underpin all we do.**

We:

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



# Meet Our Trust Board

The Trust is managed by a Trust Board made up of executive (full time employees) and non-executive (part time) directors, led by a non-executive Chairman. The non-executive directors are members of the local community and are appointed to bring their personal qualities and experience to the Trust Board.

The Board meets monthly in meetings that are open to the public and is responsible for ensuring the Trust is accountable to the public for the services it provides.

## Non-Executive Directors



Jules Preston, MBE  
Chairman



Anne Ward Platt  
Non-Executive director  
and Vice-Chairman



Ken Grey  
Non-Executive director



Fiona Standfield  
Non-Executive director



Chris Watson  
Non-Executive director



Paul McEldon  
Non-Executive director



Judith Curry  
Non-Executive director (designate)

## Committee Membership

Non-executive directors are members of a range of Trust committees and groups, including:

- Trust Board – all non-executive directors
- Remuneration Committee – all non-executive directors
- Audit Committee – Paul McEldon (Chair), Chris Watson, Judith Curry
- Charitable Funds Committee – Jules Preston (Chair), Fiona Stanfield
- Mental Health Legislation Committee – Fiona Stanfield (Chair), Chris Watson
- Quality and Performance Committee – Anne Ward Platt, Judith Curry
- Finance, Infrastructure and Business Development Committee – Chris Watson
- Modernisation, Organisational Development and Programmes Committee – Ken Grey

Pending Foundation Trust authorisation, Judith Curry is classed as a non-executive director designate, and therefore has no Trust Board voting rights, and is unable to contribute towards the Audit Committee being quorate.

## Executive Directors



Dr. Gillian Fairfield  
Chief Executive



Dr. Suresh Joseph  
Medical Director



James Duncan  
Director of Finance



Elizabeth Latham  
Director of Human Resources



Gary O'Hare  
Director of Nursing and  
Operations



Lisa Quinn  
Acting Director of Performance  
and Assurance

All executive directors are appointed through open competition in accordance with the Trust's recruitment and selection policies and NHS guidance.

Executive directors are supported by a team of directors:

Russell Patton	Operational Director of Adult Mental Health Services
Colin McCoy	Operational Director of Forensic Services/Acting Operational Director of Older People's Services
Kate Simpson	Operational Director of Learning Disability Services
Bruce Dickie	Operational Director Children, Young People's and Specialist Services
Adele Coulthard	Director of Service Development and Programmes
Malcolm Aiston	Associate Director of Estates and Facilities
Caroline Parnell	Head of Corporate Affairs

Together the executive and supporting directors make up the Trust's senior management team.

In October 2008 Dr. Fairfield took up post as Chief Executive, and Dr. Andrew Fairbairn retired from the post of Medical Director and Acting Chief Executive. Dr. Joseph was appointed as Medical Director in March 2009.



# Laying the Foundations

## Over the last year our plans to become an NHS Foundation Trust have had fresh impetus.

Staff from across the Trust have worked hard on developing our application. They have contributed to individual service development plans, as well as our marketing, estates and workforce strategies.

We have discussed our plans with many of our partners, including service commissioners, local authorities, neighbouring NHS trusts, voluntary and community groups.

We have set up an FT office to manage the application process, recruit members and, when

we become an FT, support governors in their roles.

Our application was supported by the local strategic health authority and it was submitted to the Department of Health in March 2009. The Secretary of State for Health has recommended our application to Monitor, the independent regulator of Foundation Trusts, and we hope to gain FT status during 2009-10.

Once we become an FT our staff will automatically become members, unless they choose to opt out. We are also striving to have around 9,000 public, service user and carer members by the time we are authorised as an FT, and 14,000 a year later.

We have worked hard over the last year to recruit members, and more than 8,400 people have already signed up.

We have recruited people by:

- Talking to members of local voluntary and community groups
- Encouraging our staff to sign up their friends and relatives, as well the people who use our services and their carers
- Running recruitment road shows in town centres and at major events, such as festivals and summer shows

As we have recruited members we have also encouraged them to think about mental well-being and the stigma that is often attached to mental

health problems and learning disabilities.

As part of What's Your Label, our on-going anti-stigma campaign, we have this year run a popular competition encouraging local people to think about what makes them happy.

What's Your Label, which has proved particularly popular with young people, was also runner-up in the campaign category of the first NHS Communications Awards in October 2008.

As an FT we hope to find more ways to work with local people, the people who use our services, their carers, and our partner organisations, to shape our future plans and also to work together to tackle stigma.

### The North East's Happiness Top Ten is:

1. Families
2. Love
3. Peace and contentment
4. Outdoors and animals
5. Health
6. Friends
7. Being alive
8. Other people
9. Food
10. Children



An FT Membership recruitment event

# Supporting Working Age Adults

**We provide a range of community and hospital mental health services for adults living across Northumberland, Tyneside and Wearside, and they form the largest part of our services.**

People generally prefer to be cared for in their own homes, wherever possible, and across the country NHS trusts like ours are increasingly expected to provide a wide range of community support to help people do just that. This means that fewer people now need hospital care, but those who do often have very complex or challenging needs.

Over the last year we have continued to work with our commissioners to develop and strengthen our community services, and improve the quality of our hospital accommodation. Our doctors, nurses, and other clinical staff are at the heart of changing services to make them more responsive to the needs of the people they support.

One of the biggest changes we have made this year is the way our adult services are structured. Previously services were grouped together geographically, but now they work together in three distinct areas that reflect the different journeys people make through our services. This means that all our planned care services, urgent care, and rehabilitation services now work together across the Trust, learning from each others expertise and good practice, and ensuring that wherever someone is cared for they can expect the same standard of care.

## Improving Quality Care

Improving the quality of the care we provide has been a key theme of the last 12 months, and one that will continue to be at the heart of all we do over the coming year. Our adult services have demonstrated this commitment by gaining AIMS accreditation from the Royal College of Psychiatrists for six of our wards. This achievement demonstrated that we have achieved high levels and standards in areas such as interventions, staff training, and the quality of the environment.

Our Bluebell rehabilitation unit at St. George's Park in Morpeth was one of the few in the country to achieve all 75 standards of the national STAR wards initiative. In June 2009 Marion Jenner, who developed the initiative, formally presented the full Monty Award to the team.

Angus Forsyth, one of our nurse consultants, braved a Dragon's Den-style grilling at the 2008 STAR wards conference to win £500 to develop a cognitive behavioural therapy skills based resource pack for service users who hear voices. He is now developing the pack that will be rolled out in the coming year to help nurses work more effectively with patients in our hospital wards.

In Sunderland the expertise and commitment of our frontline staff has been crucial to the significant progress we have made to improve services following the findings of an independent inquiry, and the creation of a service improvement team, which recently concluded its work.

We are also increasingly looking for ways to actively involve service users and their carers in modernising services. In Gateshead service users and carers told us they want a flexible service where they can get intensive support when they need it, but can return to their homes in the evening to see their relatives, friends and pets, which play such an important part in their support and recovery. This proposed way of working was short listed for a regional Health & Social Care award for its innovative approach.

As a result we consulted on a proposal to close one of three wards at the Tranwell unit in the town, and instead set up an urgent care day service. It would give people access to the same types and quality of support they would get in hospital, but with the freedom to return home each evening.

Under the proposal the Tranwell unit would still be able to provide full-time hospital care for up to 40 local adults, and we would also further invest in community mental health services to ensure patients have round-the-clock support when they need it.



The Dene opening



## Improving accommodation

Over the last year we have made significant investments in the quality of our accommodation to improve the environments for the people we care for, and our staff who work with them.

We have a long term commitment to re-provide our services currently based at Cherry Knowle Hospital in Sunderland, and we have been working hard with commissioners over the last year in moving those plans forward. In September 2009 we will consult local people about where in Sunderland and South Tyneside we should put our local inpatient services. While this planning work goes on we will continue to make significant investments in our inpatient wards to ensure that people who need hospital care receive it in safe, suitable environments.

So we have spent £320,000 on a major refurbishment of The Dene psychiatric intensive care unit, which was opened by the Mayor of Sunderland, Coun. Mary Smith in February 2009. The unit also now includes a Section 136 place of safety suite, which will allow individuals to be assessed in a mental health facility rather than a

police cell. We are now working on bringing two further hospital units on the site up to the same high standard of accommodation.

Good quality accommodation is important, but so is the care that is provided in those facilities. The re-development of Greentrees psychiatric intensive care unit at St. Nicholas Hospital in Newcastle prompted the team to look at its staffing and introduce new roles and ways of working. These changes have not only improved the quality of care people receive, but also resulted in a big drop in the number of violent incidents on the unit and improved staff morale.

The Greentrees team won special praise from Prof. Louis Appleby, National Director of Mental Health for England, when he officially opened the unit in March 2009. He said: "This is a tremendous facility and something the trust should be justifiably proud of. Good environments in which to care for people are very important, but equally important are the staff and here I've meet a team who are dedicated, enthusiastic and have a passion for delivering the best possible care. They set a tremendous example to services both here and in other parts of the country."

## Community Services

In April 2008 we welcomed the addition of the exercise therapy service to the range of support we can offer to adults with mental health problems. Research shows exercise can help to reduce anxiety, depression, aggression and the side effects of some medication, as well as improve self esteem.

The service aims to help people who need either hospital or community support to build exercise into their daily lives. Based at the Tranwell unit in Gateshead, which boasts a well-equipped gym, the service plans to expand to support people living in South Tyneside with the opening of a similar gym at our Bede Unit on the South Tyneside Hospital site.

Community services play an increasingly important role in supporting and caring for adults with mental health problems. Over recent years we have seen the development of specialist community teams, including assertive outreach, crisis intervention and early intervention in psychosis teams. The positive impact these teams have was demonstrated by the publication in the November 2008 issue

of "The Psychiatric Bulletin" of research carried out by our Northumberland early intervention in psychosis team.

As our specialist teams have developed we have seen a drop in the need for general community mental health teams. Over the coming year we will continue to work with our commissioners to further develop our specialist teams, and refocus our community mental health teams on supporting the individual needs of people with specific mental health problems.

Increased mental health problems are associated with high levels of unemployment. To try to address this, the Government has made significant investments to provide greater access to psychological therapies, through the IAPT programme that is being rolled out across the country over the next two years. We currently provide primary care mental health services in Northumberland and Sunderland, and so we will be seeking to be the provider of choice for IAPT in those two areas.



The Greentrees opening

# Supporting Older People

**As our population ages the need for mental health services for older people increases, and we provide a range of hospital and community services for older people across Northumberland, Tyneside and Wearside.**

In line with current best practice there is a growing national focus on developing more community services to support older people in their own homes rather than spending time in hospital.

Thanks to £1m of extra investment we have expanded our community mental health teams in Sunderland and South Tyneside, and over the coming year staff will work in multi disciplinary teams to provide assessment, and treatment in the community, including patients' homes.

The growth of our community services means that fewer people need hospital care. As a result

in September 2008 we closed Wearmouth View, a continuing care unit at Monkwearmouth Hospital in Sunderland. Our staff are also working closely with colleagues in adult mental health and learning disability services on the re-provision of facilities in Sunderland and South Tyneside, including those currently on the Cherry Knowle Hospital site.

We are proud of our older people's services, which get many compliments from the people who need our support and their carers, so we were delighted when a number of services got national recognition for their work during the last year.

Our staff are committed to providing quality care, and they demonstrated this through their

involvement in a pilot project to roll out the Royal College of Psychiatrists AIMS programme across older people's services.

Three of our hospital wards were amongst the 12 national pilot sites and two achieved AIMS accreditation, with Hauxley ward in Newcastle being the first in the country to be rated as excellent. We are now rolling out the AIMS programme to all our older people's hospital wards.

In the community our Newcastle Challenging Behaviour Service was shortlisted for Team of the Year in the 2008 Nursing Times Awards. The team works with people with behavioural problems living in nursing homes, supporting care home staff in understanding and managing

the behaviour. The team is so successful in what it does that many other NHS trusts have learned from their expertise and are adopting their way of working.

Our South Tyneside community mental health team, working in partnership with the local branch of the Alzheimer's Society, won The Queen's Nursing Institute Award, and £6,500 in prize money to improve care for people under the age of 65 with dementia.

The partnership is using the money to provide social activities and a buddy scheme, where a volunteer or support worker is paired up with someone with dementia to help them continue to enjoy their hobbies.



The Newcastle Challenging Behaviour Service Team



# Supporting Children and Young People

## **Involving young people and their families is at the heart of the work we do in supporting children with mental health problems or learning disabilities.**

Their views were crucial to the success of our new Lennox ward, which opened at St. Nicholas Hospital in Newcastle in May 2008. The first NHS service of its kind in the country, Lennox ward provides a modern environment for young people with learning disabilities who need a medium secure service.

As well as having their say on the design and décor of the unit, young people produced art work for the ward and were also on the interview panels as we recruited staff for this new service. Their active involvement resulted in the service receiving an Involving People Best Practice Award in October 2008.

In July 2008 our young people's unit moved from Newcastle General Hospital to a new base at Prudhoe Hospital, alongside other children and young people's services. Youngsters needing the

service now benefit from a more spacious building, and each has their own bedroom.

We equipped a building on the site to provide a useful education and therapy space that is well used by all the young people at Prudhoe. We also renovated a building to provide intensive rehabilitation for up to four young people with learning disabilities.

The move to Prudhoe Hospital is the first step in bringing our children and young people's services together on one site, and they are now sharing good practice and learning from each others expertise.

In March 2009 we got planning permission for a £27m 40-bed specialist unit for young people with mental health and / or learning disabilities on the Prudhoe Hospital site. This centre of excellence will house the first integrated service of its kind in the country and we hope to open the unit in 2011.

At every stage of this exciting project young people have, and will continue to be involved. This is a common feature of our children and young people's services, and something that got national recognition during the last year.

In October 2008 a partnership between our specialist attention

deficit hyperactivity disorder (ADHD) team and Newcastle City Council's Children's Services won two national Involvement to Impact Awards from the National Centre for Involvement. The awards recognised our efforts to involve young people, their parents, and carers in the development of ADHD services.

The team at Fraser House also picked up an award for best practice in involving people for their work encouraging youngsters to develop an interactive DVD which tells prospective patients about the work of Fraser House and what to expect from a stay there.



Artist's impressions of the new Prudhoe Hospital site

Our community service in Northumberland won an involvement award for its work with Investing In Children, running agenda days where young people have their say about the service and how it could be improved.

Our staff often go above and beyond the call of duty to support people who need our services. In March 2009 Janice Hutton, a social worker at the Roycroft Clinic in Newcastle, received a special medal from Sarah Brown, the Prime Minister's wife, at a Downing Street reception. Janice picked up the Reader of the Year award for setting up a popular monthly book club for young people at the clinic.

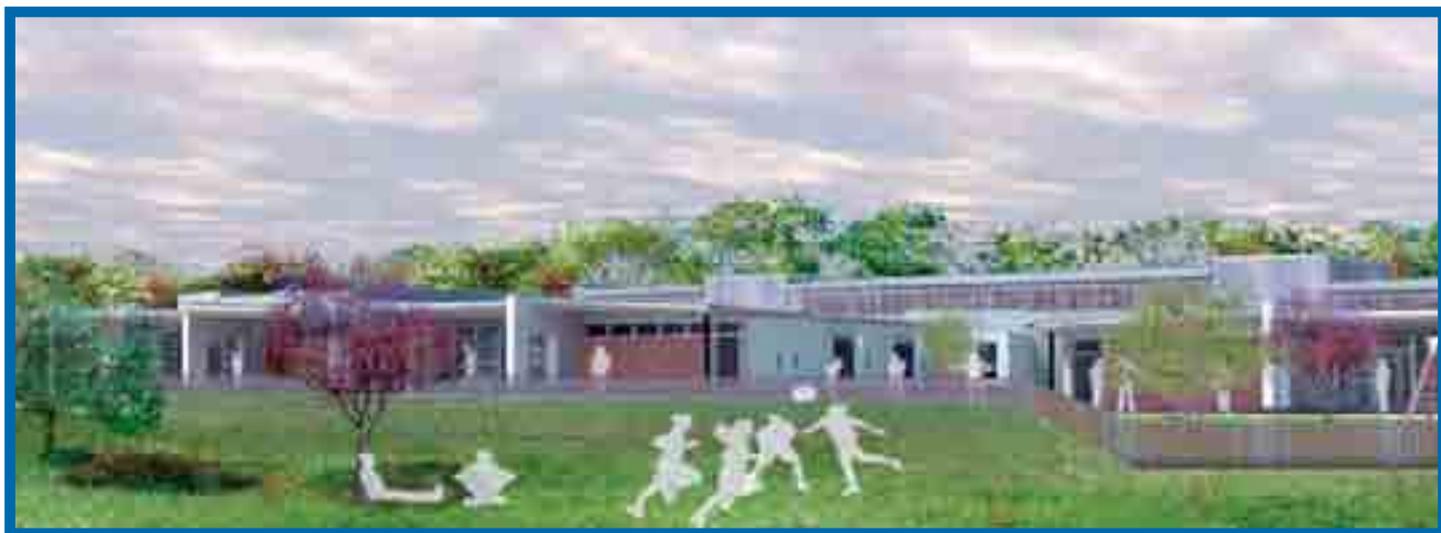
## Tom's story

“ Nine-year-old Tom has a severe learning disability. His family and special needs school were struggling to manage his challenging behaviour that included kicking, hitting and biting.

Tom spent five months in The Ridings at Prudhoe Hospital, and during that time he flourished. Doctors, nurses, occupational therapists, social workers and education staff worked together

to develop and provide a plan of care that met Tom's needs.

When he left The Ridings the local authority found Tom a place at a school that could better support him. Three months after his hospital stay Tom's parents said his behaviour at home and school had improved, and thanks to the support of The Ridings they had a better understanding of their son's needs and how to manage his behaviour. ”



# Supporting People with Learning Disabilities

## In recent years there have been dramatic changes in traditional NHS services for people with learning disabilities.

Alongside increased expectations for people of longer and better quality life there has been an increasing national drive to support and enable people to live more independent and fulfilling lives within their communities

The Government's White Paper, Our Health, Our Care, Our Say, confirmed that all remaining NHS campus services for people with learning disabilities should close by 2010.

NHS campuses are NHS services where people live in hospital rather than being there for treatment. For a service to be defined as a campus people must have stayed there for more than 12 months, but people detained under the Mental Health Act are not considered to be living in a campus.

A number of the people we care for are in services that fit the campus definition. So our staff have worked with our commissioners, the people we support, and their families to move people from campus accommodation and into suitable homes in communities. As a result we are confident we will close our main NHS campuses by 2010.

The national changes mean that some of our services are no longer suitable to meet the needs of people with learning disabilities. Over the last year we have consulted on closing some of those services, including Newhaven and Newberry Cottages in Sunderland, where we are working with commissioners to develop a new community intensive support service that should be operating during 2009.

We have also worked hard to provide care for people closer to their homes. In the past people with learning disabilities from Gateshead and South Tyneside had to travel to Northgate or Prudhoe Hospitals if they needed

specialist hospital care. Over the last year we worked on plans to open a dedicated assessment and treatment services in Hebburn to care for up to 12 people needing specialist support.

We have worked closely with our commissioners, the local communities, and people who may need our support in the future to develop plans for a service and building that will meet those needs, and we are looking forward to it opening in autumn 2009.

## Improving the environment

For those people who remain on our major hospital sites it is important that they are cared for in good environments. In May 2008 we were delighted to see the culmination of months of work with the opening of a new garden for the Bothal Unit at Northgate Hospital.

The unit provides care for women with learning disabilities and mental health problems, and they worked alongside staff and visitors to design the garden as

part of the national Enhancing the Healing Environment initiative, which supports staff and service users to improve the environment. The £70,000 development, which was partly financed by the King's Fund, features stunning art work created by Simon Terry from the hospital's art project

## Training our staff

The publication of the White Paper "Putting People First" signalled a radical change in how adult social care services are provided. It also affects health services with the introduction of personal health budgets. To prepare staff for the impact of these changes we are running awareness sessions to encourage staff to think about how we can make our services truly personalised to the needs of every individual.

Through our social and residential services we already have lots of experience of supporting people to meet their individual needs. However we know that some of these



Artist's impression of the Hebburn assessment and treatment unit

services could be better provided by other organisations, while we use our specialist skills to support people with the most complex needs. Over the coming year we will work closely with the local authorities in our area to ensure that the right organisations provide the right services for local people.

## Working in partnership

Working in partnership is key to much of the success of our learning disability services, and a successful partnership with Northumbria Police resulted in national recognition for our community learning disability team.

Working with police trainers the team devised a booklet to help police officers and other professionals support people with learning disabilities who may have been victims or witnesses to crimes. The booklet uses photographs and words to give a step by step explanation of the process of giving evidence in court. The first of its kind in the country, the booklet has attracted national interest from other services, and was runner-up in the dignity in care category of the 2008 Health and Social Care Awards.

## Tackling inequalities

During 2008-09 there was a major national focus on the problems people with learning disabilities can face using mainstream health services. A number of high profile national reports highlighted widespread failings in the way some NHS services offer care to vulnerable people with learning disabilities.

We are committed to supporting our services and neighbouring NHS organisations to make sure people with learning disabilities have equal access and levels of treatment

as anyone else. We work closely with learning disability partnership boards and sub-groups across the Trust area to highlight the needs of people with learning disabilities.

We have trained hospital staff and GPs to understand their needs, and produced resources to help people communicate when they use NHS services. Over the coming year we aim to do more to help address the inequalities faced by people with learning disabilities, but the high national profile of this issue provides a major opportunity to dramatically improve the lives of the people we support.



Hebburn project team



## Involving people

The work our staff do to support carers, as well as the people who need our services, was recognised when support workers Sandra Parkinson and Emma Reid from our community learning disability team in Sunderland were presented with Caring for Carers Awards by Coun. Mary Smith, the town's mayor. The awards are given annually by Sunderland Carers Centre in recognition of people who have supported carers and made a real difference to their lives.

We also want to make sure that everyone we support has the opportunity to have their say about our services and that we listen to their views. We are already making good progress with the development of a number of groups including in Sunderland the Hear Our Voice group. Its chairman Ben Tibbo was one of a number of service users and carers involved in the selection of our Chief Executive.

The group is supported by our staff and Skills for People, an independent advocacy organisation that also supports other service user groups, including the Committee Group at Northgate Hospital and In The Know, which was formed by people who use our community services in Newcastle.

Over the coming year we have identified three main priorities for our specialist learning disability services. They include making sure everyone in our hospital services has care plans that meet their individual needs, involving individuals, their families/carers and other stakeholders in all aspects of their care as well as improving and developing our services, and that our staff are trained to deliver high quality, effective services.

## Hear Our Voice!

“People who use our learning disability services in Sunderland formed Hear Our Voice!, a group that meets every six weeks to hear about things going on in Sunderland and say what they think about them.

Ben Tibbo is the chair and he said: “Hear Our Voice is a great group. Everyone enjoys coming and we have fun! We’ve been able to say what we think about some big issues in Sunderland like the housing strategy and plans for people who are moving out of hospital and into their own homes. We’ve found out about things that we can go along to like the being healthy group, and we’ve been invited to become members of the Foundation Trust.”



Community learning disability team

# Supporting People with Forensic Needs

## **Our forensic mental health and learning disability services support people who may need extra care to protect themselves or others, or who have been in contact with the criminal justice system.**

We provide both regional and national services from our sites at:

- St. Nicholas Hospital
- Northgate Hospital

Many people who use our services do not do so by choice, either because they are subject to a section of the Mental Health Act, or because they have been sent to us by the courts.

Caring for people in good quality environments is important so we were delighted when our Bamburgh Clinic at St. Nicholas Hospital was the only healthcare building to be honoured in the 2008 Royal Institute of British Architects Awards. The clinic provides hospital assessment and rehabilitation services, and the award judges said it was “innovative and has achieved a humane quality by its planning

and detailing. It also has the capacity to stimulate both occupants and visitors.”

Bamburgh Clinic is also home to a number of groups. During the last year we set up new nurse-led group therapy sessions to help deal with complex issues that come from people having both mental health and substance misuse problems.

As a result of the sessions the Making The Link group was set up to help people who use our services learn from each others experiences of the negative impact substance misuse can have on mental well being. We also have active substance misuse and psychosis awareness groups.

As part of our strategy to provide high quality safe services we are working on plans for a new building on the Northgate Hospital site to provide longer term care for older men, and we hope it will be open in 2010.

In line with national strategies we aim to support people in the least restrictive environment possible, so we are delighted that commissioners in Newcastle have agreed to fund a new outreach clinic that we will set up in the coming months.

Our staff are keen to be involved in developing and improving services both locally and nationally, and in line with our role as a provider of regional and national services we have continued to be involved in a number of high profile initiatives.

We are part of the Quality Network for Forensic Mental Health, managed by the Royal College of Psychiatrists’ Centre for Quality Improvement. The network uses peer reviews to help improve forensic mental health services, and many of our staff have this year reviewed services in other parts of the country.

In January 2009 Lord Keith Bradley visited our services as part of an independent review of the diversion of offenders with mental health problems or learning disabilities away from prison. During the visit he saw examples of good practice, and met with both staff and service users to hear their views.

Staff from community and hospital services at St. Nicholas Hospital have also worked alongside the University of Teesside towards Excellence in Practice Accreditation. The accreditation framework aims to encourage innovative service improvement.



Staff at the Bamburgh Clinic



# Supporting People with Specialist Needs

**We are proud of the range of specialist services we provide to local people, as well as to individuals from across the North East.**

## Neuro-behavioural services

Walkergate Park in Newcastle is the base for a range of neuro-disability, psychiatry and behaviour services for people with a disability caused by injury or disease that affects their brain, spinal cord or muscles.

Walkergate Park is the most comprehensive development of its kind in Europe and a first for the United Kingdom, providing a range of services to people from across the region.

These highly specialist services are recognised internationally for their work, and the centre is also home to Newcastle's community multiple sclerosis team, regional disability team, as well as North East Drive

Mobility, and Communicate. The reputation our staff have developed for the quality and range of services provided from Walkergate Park was the key to our recent successful bid to the Workforce Development and Innovation Fund. We got £280,000 to be used over the next two years to develop outreach and preventative neuro-behavioural services.

## Regional environmental control systems service (ECS)

This highly specialist service aims to help people live as independently as possible by assessing the individual needs of those with injuries or disabilities, and then developing equipment tailored to meet their needs.

Equipment can be portable or wheelchair mounted, and is designed to help with daily living. This can include remote controls for telephones, TV, lights and computers, or even opening and closing doors, windows and curtains.

With the help of ECS many people have not only been able to live more independently in their own homes, but have used the equipment to help them return to work after an injury.

## Practitioner health programme

As well as caring for local people, we also offer a service that cares for the health needs of doctors and other clinical staff.

Building on the success of that service we are talking to the National Clinical Assessment Service about setting up a North East practitioner health programme to offer a confidential and accessible health service to doctors and dentists.

## Mother and baby

Post-natal depression affects an estimated one in ten new mothers, and St. George's Park at Morpeth is home to our six-bedded mother and baby unit, one of just 11 in the country. This regional service cares for mothers suffering from post-natal depression who need hospital care.

During the last year the unit was recognised as one of the best in the country following a quality network review by the Royal College of Psychiatrists. It was praised for its staff, spacious environment, care, and treatment. The mothers at the unit told the review team that staff were welcoming and friendly, and they liked being able to have their partner or family to stay with them.

Over the last 12 months Dr. Angela Walsh, the unit's specialist peri-natal consultant psychiatrist, widened her role to also work with the peri-natal community team to help ensure that mothers receive the support they need to allow them to remain in their homes wherever possible.

Staff from the unit and community team have also worked together over the last year to promote a combined peri-natal mental health strategy for women in the North East.

## Alan's story

### **👤 Livestock farmer Alan suffered a traumatic brain injury in 2007.**

After hospital care and a period in our neuro-rehabilitation services at Walkergate Park, Alan went home

supported by Northumberland head injuries services. He had limited movement in his right arm, speech difficulties, and vision problems that meant he needed constant supervision. Although he was still able to enjoy his hobbies of reading and fishing, Alan missed the farm work that

had been such a big part of his life before the brain injury.

Speech, occupational and physiotherapy staff worked with Alan to devise a programme of activities based around farm work that was designed to improve movement

in his arm, speech and vision problems.

Two years on Alan is back at work – using farm equipment, driving large agricultural vehicles and for the first time since his accident actively taking part in the importable lambing season. **”**

# Claire's story

👤 **Claire Keys seemed to have it all – a great career, a beautiful baby and a loving husband. But childbirth triggered severe post-natal depression.**

She had a bad pregnancy, being sick constantly until she was seven months pregnant. An emergency Caesarean section, baby Eve being poorly, and her failure to breastfeed left Claire with feelings of inadequacy and depression.

"I was manic for about four weeks after the birth," she said. "I was rushing around decorating and making sure everything was perfect. All I wanted was for people to say how well I was coping – I was putting on such a good act.

"I was afraid of slowing down because I knew if I did I would have to admit that I wasn't enjoying being a mum. When Eve was five weeks old I slowed down and when I did the

depression hit me like a shovel in the face."

A health visitor referred Claire to the peri-natal community mental health team, which monitored her. But her condition worsened. One day, while waiting for a train for work, about six months after giving birth, Claire only just stopped herself from throwing herself in front of it.

"I really frightened myself," she said. "I thought I was going to hurt myself almost by accident and I knew I wasn't safe any more."

Claire was taken into our mother and baby unit at St George's Park in Morpeth where she received treatment including a course of electric convulsive therapy, to which she says she owes her life.

Eighteen months on she is still on medication and has counselling, but has recovered. She has mended her relationship with her daughter, who she adores, and has set up the organisation, Mums Matter. She also volunteers at the mother and baby unit. She regularly posts supportive messages



on Netmums, the UK's biggest internet parenting forum, which recently named Claire as its North East Mum of the Year, following a nationwide survey. Claire was chosen as the winner by a panel of judges who said that she had shown great empathy, respect and a caring nature by reaching out to other mums.

"Looking back, it is upsetting, but I acknowledge and recognise that it is as much an illness as if I had contracted something physical during childbirth. People are

frightened of admitting it, terrified of being judged, being labelled a bad parent."

Claire is doing well and says Eve is now the "light of her life". Her relationship with her husband Steve is even stronger, and her voluntary work gives her a focus and an identity that she needed. She no longer feels like the world would be better off without her. ”



# Supporting Our Frontline Services

**Our doctors, nurses, therapists, nursing assistants and support workers cannot continue to develop, improve, and provide the services so many local people rely upon without the support of many behind the scenes staff.**

**They include:**

## **Chairman and Chief Executive's Office**

This service brings together the corporate support functions for the Trust including newly formed Foundation Trust office and the Corporate Affairs team.

The FT office was set up to manage the application process, recruit an effective membership and, when we become an FT, to support governors in their roles. In March 2009 we recruited Eric Jarvis to take on the key role of Trust Board Secretary.

The corporate affairs team was only formed in 2007, but it has already had a big impact on the Trust. It is responsible for making sure that staff know what is going on across the organisation, and that they get the local, regional and national recognition they deserve.

Over the last year the team has developed a corporate communications strategy which has resulted in the creation of a weekly Chief Executive's Bulletin, a monthly FT newsletter, and bi-monthly magazine that go out to all staff. It also works with the regional and national media

to positively raise the profile of the Trust and its services, and has worked with IT colleagues to launch a new look website. It also developed a new corporate identity for the Trust to use across a range of materials. The team's communication expertise was recognised in the first NHS Communications Awards in October 2008 when, in partnership with colleagues at the strategic health authority, it jointly won the reputation management award, and the What's Your Label? anti-stigma campaign, which the team devised, was runner-up in the campaign category.

The team co-ordinates all the Trust's entries in regional and national awards, and arranges major events and official service openings. In March 2009 the team successfully set up the first listening event in a national programme led by Prof. Louis

Appleby, National Director of Mental Health for England, to inform the development of a new vision for mental health.

The team also runs our patient information centre and works with front line services to provide information for people who need our care, their relatives, and carers. Corporate affairs staff have worked hard in the last 12 months to recruit FT members, and over the coming year will support members of our Council of Governors as well as working with governors to draw up a membership strategy. The team will also take on responsibility for improving our partnership working with a wide range of statutory and voluntary organisations.



Some of the people who help to make the Trust a success

## Workforce and Organisational Development

Our workforce play an important role in supporting our 7,000 employees. They are crucial to recruiting the right staff with the right skills to provide our important services, and they also make sure staff know about and are able to access the many benefits open to them, including maternity and paternity leave, and support for carers.

They support senior staff in managing staff across the Trust, providing information and advice on a range of issues from managing sickness absence to annual appraisals and performance reviews.

Our team also co-ordinate a wide range of training opportunities. This includes statutory training that equips people to do their jobs such as fire and health and safety training, through to formal qualifications at all levels from NVQs to doctorates.

You can find out more about this team's work in the Our Staff section, but their skills won regional recognition this year when for the second year running they were the only HR professionals from an NHS trust to be shortlisted for awards from the regional Chartered Institute of Personnel Development.

## Clinical governance

Clinical governance is a framework within which the Trust develops and delivers safe and effective quality of care. It is at the heart of our organisational planning, strategies and systems, as well as the day-to-day interactions between staff, the people who need our services, and partner organisations to make sure that the people who need our support get the highest possible quality care. Within this framework there are specific teams working to support the clinical and corporate directorates. They are the:

- Safety team
- Mental Health Act team
- Practice development team

The safety team interprets and implements all Health and Safety legislation and regulations, making sure we comply with the NHS Security Management Service requirements, as well as fully engage with the National Patient Safety Agency agenda to create safer clinical environments. More information about this area of work is available in our annual reports for Incidents, Claims, Health and Safety, and Security Management.

Throughout the last year the team was busy moving the recording of incidents, claims and complaints processes onto a new Safeguard system, which has streamlined reporting of activity back to the clinical teams.

The Mental Health Act team works from our six main hospital sites to offer support, advice and training to frontline services around the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, Care Co-ordination, Health Records, Caldicott, Hospital Managers, and Review Tribunals.

The team worked with IT colleagues to develop a Patient Document Tracking system (PDT) that helps front line staff quickly and easily track and trace health records electronically across the Trust.

The small practice development team supports services in the development of best practice through an annual programme of clinical audit.

It is responsible for managing formal complaints and co-ordinating clinical governance across the Trust. The team also provides administrative support to the wider clinical governance team, as well as our Quality and Performance and Mental Health Legislation committees.

A key element of the wider clinical governance team's work this year was the National Health Service Litigation Authority Risk Management Standards assessment in February 2009. This assessment looked at all key elements of our risk profile, and clinical governance framework, as well as the clinical and non-clinical risk elements of training. We were delighted to achieve a full score of 50 out of 50 for Level 1 compliance, and we are now working towards level 2.



## Finance, estates and facilities, and information management and technology

Our Director of Finance leads these three teams that are key to the successful working of the Trust.

Our finance team is crucial to the Trust having a sound financial base from which to provide and develop clinical services. The team works closely with service commissioners to make sure we get the funding we need to provide local, regional and national services.

It also makes sure that we get value for money from the goods and services we buy from other organisations, and that we pay our bills on time.

Our finance staff support services in managing their budgets and also make sure that all our staff are paid.

Over the last year they have worked hard on updating our financial strategy and also, as part of our FT application, on

developing a long term financial model that sets out how we will manage our money over the next five years to achieve our aims.

Providing services from 160 sites across the region means our estates and facilities staff are kept busy looking after a wide range of buildings and sites. From general maintenance to working with outside contractors to re-develop and build new facilities for the Trust, this team is vital to our ability to provide high quality care.

Over the last year they have been involved in more than 100 building schemes, as well as a comprehensive programme to remove potential ligature points from hospital units across the Trust. The team also produced a comprehensive estates strategy that will guide how we develop our service accommodation over the coming years.

Making sure staff working from over 160 sites have easy access to information is a real challenge for our information management and technology team. When the Trust was created it inherited many different computer systems and the team has worked hard to streamline those systems.

They are rolling out one email address for all staff and are looking at ways more staff can have access to e.communication tools. IM&T staff have worked closely with the corporate affairs team to develop a new-look website for the organisation, which was launched in March 2009, and over the coming year the two departments will work together on re-developing the Trust's intranet system.

The biggest piece of work that the team has been involved in over the last year has been the roll out of RiO, an electronic patient record, across clinical services. The RiO system is a central store for patient notes, which means that clinical staff can quickly and easily find the information they need to be able to treat individuals, whether they are in a hospital or being cared for in their own homes.

The team has worked with many clinical teams to introduce the new RiO system, and over the next year will continue to roll it out across the Trust.

## Performance and Assurance

Previously part of the finance directorate, our performance and assurance team came together during 2008-09 under the leadership of our Acting Director of Performance and Assurance.

The team works closely with colleagues in front line and support services to gather information about how the Trust is performing against national, local and Trust targets on a monthly and annual basis. Staff then use the information gathered to produce detailed reports that the Trust Board, key committees, and individual directorates use to assure themselves of the organisation's performance.

The work of this team is key to helping the organisation identify areas of under performance so action can be taken to make improvements.

Our performance and assurance staff also work closely with external organisations to verify our performance against key targets, such as the annual Health Check.

# Our Staff

**Our staff – their skills, experience and commitment to the services they provide – are key to the Trust’s ongoing success.**

## Partnership

Over the last year our staff have been involved in shaping not only the modernisation of the services in which they work, but also the ongoing development of the Trust.

As we’ve worked on our FT application they have been actively involved in service development plans as well as our estates, workforce and marketing strategies. We know this involvement has been appreciated by staff, and over the next 12 months we will find more opportunities to bring together staff from across the Trust and from different services to continue to influence the future of the organisation. We prize the strong working relationships we have developed with our staff side representatives. Together we have developed a number of new human resource policies, provided a comprehensive manager training programme on those policies, and drawn up a Staff Charter which is used in individual’s annual appraisals.

Staff side representatives are increasingly at the heart of decision making as members of a number of key committees and groups, including the FT communications sub-group. They also meet regularly with members of the senior management team to discuss key issues and developments.

## Workforce Planning

Making sure we have the right number of staff with the right skills in the right place at the right time is crucial to us being able to provide existing services, and develop new ones.

Over the last year workforce staff have worked closely with individual services to develop five year workforce plans. Over the next 12 months we will work with staff side representatives on delivering those plans

## Training and development

We are committed to making sure our staff have the training and development opportunities they need to do their jobs.

The development of an electronic system, linked to staff records, has helped us to provide a number of different training programmes over the last year. The system also gives us up to

date information about what training staff are having, and their training needs so we can improve the way we plan training programmes.

During 2008-09 we piloted a leadership development programme. It was so successful that a rolling programme was launched in September 2008. By December 2009 around 220 managers will have completed the course that involves taught sessions, completing a service improvement project, and action learning sets. Yvonne Carter was shortlisted for a HR Practitioner of the Year award for designing and leading the programme.



Leadership development programme graduates



In partnership with Sunderland College we developed an in-house vocational programme offering information advice, guidance and skills for life training. We also worked with the Open University to develop an integrated vocational programme.

For the second year running we worked with the Trades Union Council on the Deal Project that encourages junior staff to take up training opportunities, and also offers them the opportunity to develop basic IT skills.

Over the last year we worked closely with the six local authorities in the Trust area to develop joint training around safeguarding children and vulnerable adults.

Getting the time away from work to take part in traditional courses can sometimes be difficult, so over the last 12 months we have developed e.learning packages for safeguarding training, and for mandatory training.

For clinical staff we have worked with Dr. Esther Cohen-Tovee and Dr. Derek Milne to develop new clinical supervision cascade training, and with Kevin Crompton, clinical specialist trainer, to develop training in echo cardiography.

Early in 2009 we also adopted twice monthly common start dates for all new staff so that on their first two days of employment with us they can attend a corporate induction programme.

### **Improving Working Lives**

Looking after the health and well being of our staff is an important part of our work.

During 2008 we were delighted to achieve the gold level of the Healthy People Healthy Business award. To gain the award we had to, among other things, run five health promotion campaigns and we focussed on smoking cessation, healthy eating,

vulnerable and lone workers, alcohol and drug awareness, and bullying and harassment. During 2009 we will work towards achieving continuing excellence level and we also hope to get the new Regional Healthy Workplace Award.

In June 2008 we promoted Carers Week to staff and invited all employees to take part in a survey about their carer responsibilities at home. The results showed that many of our staff are carers outside work but did not know about the support we could offer, so over the next year we will work hard to promote our flexible working policy.

In August and September 2008 staff also had the opportunity to take part in a Health and Wellbeing Survey in preparation for a Health and Safety Executive visit to look at how we identify and deal with stress among our staff. The independent survey produced some extremely good overall results, but each of our directorates are now looking at their individual results and

learning from each other's examples of good practice in managing stress.

Our annual travel pass scheme, launched in February 2008, continues to be popular with staff as does our new cycle to work scheme that we introduced for staff in April 2008. In January 2009 we introduced a new home computer initiative and so far more than five per cent of our staff have taken advantage of the scheme to buy a new computer for their home.

In March 2009 we reviewed our progress and commitment to the Mindful Employer initiative and the charter for employers who are positive about mental health. We were delighted to receive confirmation that we can continue to be a member of a scheme that aims to raise awareness of mental ill health, provide information and support in recruiting and retaining staff, and support people whose mental health affects their ability to find or keep a job.



Workforce and organisational development staff

## Staff survey

The results of the NHS Staff Survey 2008 showed that staff satisfaction in working for the Trust is continuing to grow year on year. Our staff rated the organisation amongst the top 20% in the country in nine key areas including:

- The percentage of staff feeling satisfied with the quality of their work and the patient care they deliver
- The Trust's commitment to a work-life balance
- The percentage of staff working extra hours
- The percentage of staff taking advantage of flexible working options
- The availability of hand washing materials
- The percentage of staff who have reported errors, near misses or incident
- The perception of effective action from the Trust towards violence and aggression
- The percentage of staff having equality and diversity training the past 12 months

When compared to the previous year the survey results also showed a drop in the percentage of staff experiencing harassment, bullying or abuse from patients and their families, and also improvements in the number of staff having well structured appraisals and personal development plans.

However the survey did show that staff are still reporting that they experience higher than the national average number of incidents of physical violence from patients or their relatives.

Although staff rate us very highly for taking effective action in these circumstances, it is not acceptable for anyone to be subjected to physical violence or aggression, abuse or harassment as they go about their work. Over the coming year we are determined to continue to work hard to prevent these incidents wherever possible, and to take effective action when they do happen.

## Sickness rates

Our sickness absence rate for 2008-09 was 6.7%, and over the last year we have done a lot to look at why our overall sickness rate is above our target of 5%.

The rate varies between individual services, and each has also looked at what they can do to better manage sickness, learning from services where rates are lower. We know that where services are going through periods of change sickness levels are higher, and we are looking at what extra support we can give to those services.

We are also exploring options to improve the occupational health services provided to our staff, and we are considering working with external agencies to help better manage short term sickness.

## Equality and diversity

We are committed to providing equal opportunities and managing diversity in both the employment of our staff, and the delivery of our services.

During the last year we have adopted a single equality scheme. It sets out why we believe equality, diversity and human rights are important and the actions we will take over the next three years to embed these principles in our work and make sure that our staff or the people who need our services are not discriminated against on the grounds of race, gender, disability, sexual orientation, religion or belief, or age.

Chris Rowlands, our equality and diversity officer, has become part of an 18-strong national team that is responsible for race equality cultural competency training as part of the Delivering Race Equality in Mental Health's work programme.



# Our Research

**Research in the NHS focusses on making a difference to the health of the people we serve. Our Trust has a strong research background and a reputation for the quality and benefits of its research.**

Our research programmes focus on:

- Brain ageing and dementia
- Child and adolescent development
- Evaluating new mental health services
- Forensic and prison mental health services
- Learning disabilities
- Neurological rehabilitation
- Treatment safety and effectiveness in severe mental illness

In the 2008 national assessment of NHS research and development annual reports all seven programmes were rated strongly. We also contribute to programmes led by other NHS trusts on addictions and service user centred research.

All our research is carried out in partnership with other health organisations and universities, and we have particularly strong partnerships with Newcastle and Northumbria universities.

The National Institute for Health Research (NIHR) is the new overarching NHS research organisation, made up of a number of research networks, including the Mental Health Research Network (MHRN) and the Dementias and Neurodegenerative Diseases Research Network (DeNDRoN)

Our Trust hosts the MHRN North East hub and the regional DeNDRoN local network.

The Comprehensive Local Research Networks (CLRNs) support topics not covered by the specific networks, and we are closely involved in the running and development of the CLRN for the Northumberland, Tyne and Wear area.



# Taking Care of Public Health

## Promoting and protecting the health and well-being of the people who need our care, our staff and visitors is one of our priorities.

To help we provide services to support infection prevention and control, integrated emergency management, and health and well-being under the remit of our Associate Director for Public Health. We are one of the few NHS trusts in England to have such a post.

We have an active infection prevention and control team, which works closely with other

organisations to tackle healthcare acquired infections. During the last year we did not have any cases of MRSA bacteraemia, the most severe type of infection, and just six cases of Clostridium Difficile infection.

Over the last 12 months staff across the Trust, including our Trust Board, have backed the roll out of the national CleanYourHands campaign across the organisation. In October 2008 we also ran a successful infection control poster competition that attracted around 70 entries from staff, the people who use our services, and the local community.

We were delighted when for the second year running in the annual NHS staff survey our staff

ranked us in the top 20% of comparable trusts for making hand hygiene facilities available to them.

In line with national priorities for the NHS we have worked hard to ensure we have effective plans in place to respond to any influenza pandemic. We have run a series of table top exercises with staff to test our plans, and have also worked with neighbouring NHS organisations to share learning and good practice.

In July 2008 we became smoke free when a few remaining rehabilitation wards joined the majority of our hospital wards and units in banning smoking indoors. We continue to work with colleagues at Fresh North East to support service users and

our staff to give up smoking. We have plans to trial a smoke free hospital site for staff during 2009.

In February 2009 we welcomed the setting up of Balance, a region-wide organisation aimed at reducing alcohol misuse in the North East. During the last year we also saw the publication of "Better Health, Fairer Health," the regional public health strategy that will be incorporated into our own health and well being strategy.



Our Chair congratulates poster competition entrants



# Listening to Concerns

**As part of our drive to get genuine feedback on our services we positively welcome comments from the people who use our services and their families.**

Last year we received 95 written complaints, compared to 105 the previous year. Some 74% of complaints were dealt with within four weeks, compared to 89% in the previous year. The reduction was due to a number of reasons including further work needing to be carried out on individual complaints, the complexity of issues being investigated, and delays in meeting with key staff.

Each was thoroughly investigated and a written response from the Chief Executive was sent along with information on the complainant's right to refer their concern to the Healthcare Commission if they were unhappy with the way we dealt with their complaints. We were contacted by the Commission about three complaints, and it responded to a total of nine cases, including some from the previous year.

One case went to the Health Service Commission, which decided to close it without making further recommendations to us, and another case remains open with the Ombudsman.

As a result of feedback from people who use our services and their families we have made a number of improvements to the way we provide care. They include:

- Better ventilation on one of our wards
- The introduction of special individual therapies to ease anxiety and agitation for some service users
- The appointment of a specialist practitioner to provide extra support to staff and service users when necessary
- Meetings and training with staff to improve communication skills

From April 1st 2009 a new two stage complaints process for health and social care replaced the three stage system for

complaints about NHS services. We were one of the national pilot sites for this new system, which aims to focus on the complainant's needs, increasing local resolution, and using feedback to improve services.

Unlike the former Healthcare Commission, the new Care Quality Commission will not be involved in complaints handling, but it will require health and social care organisations to demonstrate that they investigate complaints effectively.

# Service User and Carer Comments

**All our services regularly receive compliments and thank yous from service users, their relatives and carers, grateful for the help they have had. Here is just a small sample of those received during the last 12 months:**

"All the staff are absolutely marvellous. Nothing is a bother to them. I couldn't have asked for better...they really are something special."

"Thank you most sincerely for the excellent standard of healthcare, treatment and assurance you have all provided."

"I would like to thank you for all your help and support...we are very grateful for everything you have all done for my wife and family."

"Your understanding and compassion was greatly appreciated. You all have our sincere admiration for the good work you do."

"Thank you for your support and help, understanding and kindness. Also for helping to give me the confidence to go out and about again".

"I've had the best time of my life at the unit, it was mint. Thanks for looking out for me with my up and down behaviour."

"The caring expertise and kind humanity that has been shown to us has been exemplary."

"The help, advice and care I received has been exceptional... the staff are a credit to your service. They have listened, advised and pulled out all the stops to help our family; they have gone beyond the "call of duty"."

"We couldn't have wished for better care and attention – what a team!"

# Quality

The Annual Health Check measures how we, and other NHS organisations, perform in the following areas:

- Quality of services
- Use of resources as determined by the Auditor's Local Evaluation
- Performance in improvement reviews, which assess the whole system performance of services provided to the public

In 2007-08 the Healthcare Commission assessed the quality of services provided by NHS trusts by their performance in delivering:

- Core standards
- Existing national targets
- New national targets

As a result the Healthcare Commission determined that we achieved:

**Excellent for the quality of our services**

**Good for our use of resources.**

In April 2009 the Healthcare Commission merged with other bodies to form the Care Quality Commission. It has determined that in the Health Check for 2008 – 09 mental health and learning disability trusts will be assessed against their performance in delivering core standards and national priorities or indicators in the following areas:

- Quality of Services - assessing whether trusts are getting the basics of healthcare right. Are they meeting the Government's core standards and existing commitments for the NHS and making and sustaining ongoing improvements in services?
- Quality of Financial Management – assessing how well trusts are managing their financial resources drawing on work carried out by the Audit Commission and by Monitor, the independent regulator of FTs

We currently expect to achieve:

**Good or Excellent for the quality of our services**

**Excellent for the quality of our financial management**

The annual Health Check ratings for 2008-09 are confirmed and published in October 2009. The ratings for all NHS trusts in England will be published on the Care Quality Commission's website [www.cqc.org.uk](http://www.cqc.org.uk), which provides the methodology used for calculating the key performance indicators.

# Developing Quality

In 2007-08 we declared insufficient assurance against one of the national core standards – C16 information to patients. However over the last year we have carried out a considerable amount of work to improve the information we provide to the people who use our services. As a result we were able to declare full compliance against all 24 core standards for 2008-09.

In relation to Use of Resources we also made significant progress in a number of areas.

Throughout the last year we worked hard to develop our performance report and improve the information we provide to

services and the Trust Board, and this work will continue during 2009-10.

Over the coming year we will also work with our local NHS partners on how we effectively respond to new legislation that requires all NHS organisations to produce annual Quality Accounts by 2010.

The Quality Accounts will mean that for the first time all NHS organisations will publish details of the quality of care they provide through indicators agreed with local service commissioners.

Strategic health authorities across the country are leading on making sure there is a coherent

and concerted approach to the development and use of Quality Accounts across each region of England. In the publication "High Quality Care For All" Lord Ari Darzi defined quality as encompassing three components:

- Patient safety
- Clinical effectiveness
- Patient experience

The challenge for NHS organisations is to make improvements across all three areas to meet what both clinical staff and the people they care for believe make up a high quality service.

The first Quality Accounts will be published in 2010 based on quality improvements made over the coming year. We welcome this focus on the quality of our services and, in line with Lord Darzi's views and work completed by the National Mental Health Network, we are considering that our Quality Accounts should concentrate on:

- Safety
- Patient and carer experience
- Clinical outcomes
- Workforce and staff experience



# Annual Health Check

Component	2007-08 Outcome
Core Standards	Fully Met
Existing National Targets	Fully Met
Crisis Resolution Team Implementation – Has the organization put in place the right number of crisis teams (correctly configured)?	Achieved
New National Targets	Excellent
Audit of Suicide Prevention - A measure of an organisation's progress in auditing their systems and processes for suicide prevention	Achieved
CMHT Integration (Older People) - degree to which community mental health teams serving older people have integrated with health and social care staff	Achieved
Data Quality on Ethnic Group - Proportion of data with useful ethnic group coding	Achieved
Drug Misusers Sustained in Treatment - Increase in the percentage of people sustained in treatment in community services for 12 weeks	Achieved
Experience of Patients - Survey of users of mental health services	Achieved
Infection Control - Process in place to control infection	Achieved
Obesity: Compliance with NICE Guidance 43 - Trust plans in place for development of public health policies to prevent & manage obesity	Achieved
Schizophrenia: Compliance with NICE Guidelines	Underachieved (Access to CBT reduced from 61.3% to 42.0%)
Support in the Community - Selected questions from the H C community mental health service user survey will be used to calculate an overall score for "support in the community"	Achieved
Healthcare Commission Quality of Services Score	Excellent
Healthcare Commission Use of Resources Score	Good

Component	2008-09 Expected
<b>Core Standards</b>	<b>Fully Met</b>
<b>Health &amp; Well-being</b>	<b>Data quality on ethic group</b>
<b>Clinical Quality</b>	<b>Patterns of care from mental health minimum data set (MHMDS)</b>
	<b>Completeness of mental health minimum data set (MHMDS)</b>
	<b>Access to crisis resolution home treatment (CRHT)</b>
	<b>Child and adolescent mental health services (CAMHS)</b>
<b>Safety</b>	<b>Care programme approach (CPA) 7 day follow up</b>
<b>Patient Focus &amp; Access</b>	<b>Delayed transfers of care</b>
	<b>Best practice in mental health services for people with learning disabilities (Green Light Toolkit)</b>
	<b>Experience of patients</b>
	<b>Number of drug misusers in effective treatment</b>
	<b>NHS staff satisfaction</b>
<b>Campus provision</b>	<b>Unknown</b>
<b>Number of people with a care plan</b>	<b>Achieved</b>
<b>Care Quality Commission Quality of Services</b>	<b>Good / Excellent</b>
<b>Care Quality Commission Quality of Financial Management</b>	<b>Excellent</b>

Our outcomes against some of the new national priority indicators is unknown due to national threshold not being currently available.

# Longer Term Planning and Risk Management

We have worked closely with staff throughout the organisation to strengthen our five year Integrated Business Plan and update a number of our supporting strategies including the finance, workforce, estates, and marketing strategies.

We have also reviewed our high level strategic and corporate risks, and the measures we have put in place to control and manage those risk.

# Emergency Management

Over the last year we have updated our integrated emergency management policy and introduced a new emergency planning support plan, which we will embed throughout the Trust during 2009-10.

We have also strengthened our links with partner organisations through our involvement in several multi-agency emergency planning exercises held in the region, including Exercise Falcon in November 2008.

# Taking Care of the Environment

We take an active approach to environmental issues and during 2008-09 we continued to make progress in managing and minimising the environmental impact of what we do.

A number of our new build and refurbishment schemes have incorporated features designed to reduce our environmental impact. They include building designs that minimise energy consumption, using sustainable construction methods, and materials from sustainable sources.

We appointed an energy officer to look at how we can reduce our energy consumption and carbon footprint as we work towards the carbon reduction agenda set by the NHS Sustainable Development Unit.

During 2008-09 we also formed partnerships with other organisations, such as the Carbon Initiative in Sunderland, which is working towards making Sunderland a low carbon city.

In terms of measurable performance, the Trust continues to perform well when measured against national targets of 35-55GJ/100m<sup>3</sup> for new buildings and major refurbishments and 55-65GJ/100m<sup>3</sup> for existing building stock.

The Display Energy Certificates (DECs) produced during 2008 show energy performance which is categorised as A-G, with a performance of A-D being better than a typical

hospital performance and E-G being worse than the typical performance. Of the major sites where the DECs have been produced, the Trust has achieved three sites rated at Band C and four at Band D. This demonstrates that all are within the expected performance band.



# Looking Forward to 2009-2010

2008-09 was a good year for Northumberland, Tyne and Wear NHS Trust – but we are always striving to improve.

We are working hard to maintain “good” or “excellent” ratings for the quality of our services and use of resources in the forthcoming annual Health Check.

We hope to become an NHS Foundation Trust during 2009-2010. The freedoms that this will bring will allow us to work more closely with our staff, service users, carers, and the public through our membership.

We are pleased to have recruited over 8,400 public members so far, but we want more and have set ourselves the target of signing up a total of 14,000 members over the coming months.

FT status will also give us more financial flexibility to invest in services and our ongoing modernisation programme to improve the accommodation on many of our 160 sites.

Financially the NHS will face tougher times in the coming years. In line with the rest of the NHS we have been asked to look at what we can do to improve quality, foster innovation, drive up productivity, and work with others on prevention initiatives.

Our services already have a strong track record of using limited resources in innovative ways to improve patient care. Through our continuous improvement programme we are seeing real examples of front line staff using their skills and know-how to identify issues, and make simple changes to dramatically improve the services they provide.

Over the next year we will build on the work that has gone on so far to empower staff to do things differently, and drive forward with more improvements and innovation. Our programme approach to improving quality and patient safety will be crucial to our success in the future.

The future is challenging, and we still have lots to do to achieve our vision of improving the well-being of everyone we serve by delivering services that match the best in the world.

However by working with our staff, service users, carers, and partners we are confident that the Trust will rise to the challenges ahead and ensure a bright future for the organisation.

If you would like to know more about our plans for the future see our summary Integrated Business Plan on our website [www.ntw.nhs.uk](http://www.ntw.nhs.uk).



Recruiting FT members

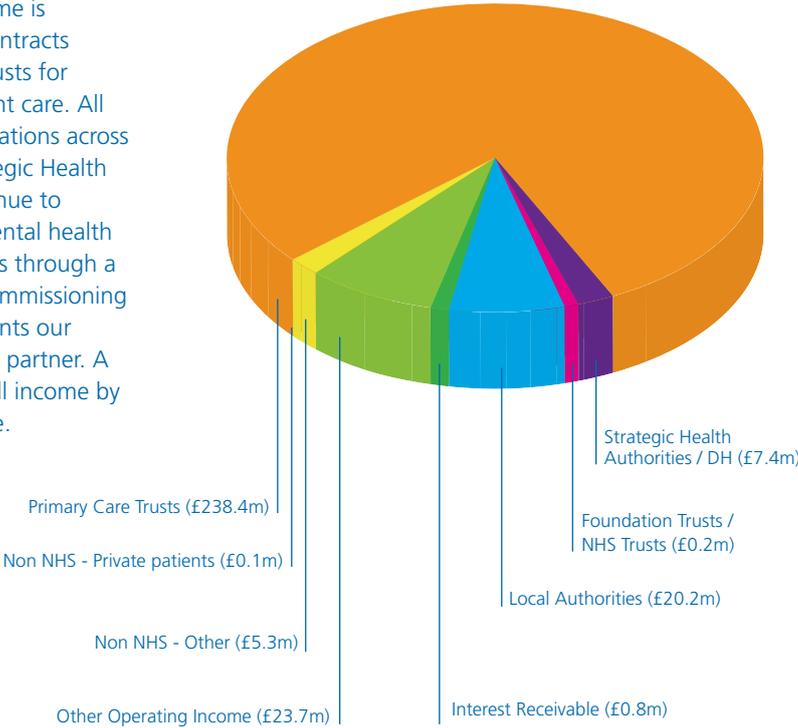


# Operating and Financial Review

## Financial Performance Income and Expenditure Review

The Trust's overall income in 2008/09 was £295m. The majority of our income is achieved through contracts with primary care trusts for the delivery of patient care. All primary care organisations across the North East Strategic Health Authority area continue to commission their mental health and disability services through a single North East Commissioning Team, which represents our main commissioning partner. A breakdown of overall income by source is shown here.

### Our Income



Income has remained relatively stable through the year. Some reduction in patient care income has been experienced:

- Across North of Tyne contracts as the final contract reductions associated with the Northumberland Care Trust Recovery Programme were implemented
- Through the loss of two contracts for the provision of drug and alcohol services in South Tyneside and Sunderland

These reductions were largely offset by additional funding for a number of new developments including:

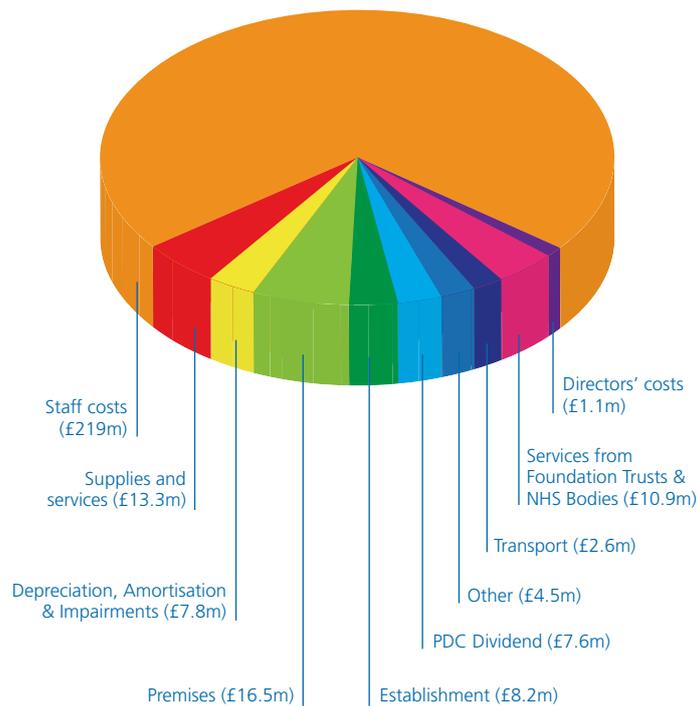
- New community services for older people in Sunderland and South Tyneside (p13)
- Additional funding for psychiatric intensive care services for North of Tyne in Greentrees (p12)

- The adolescent medium secure services for people with a learning disability in the new Lennox ward (p14)

The majority of our patient care income continues to be contracted for on a block contract basis, whereby commissioners agree to pay a fixed sum for services provided by the Trust. We are working with our main commissioners to develop contracts which consistently identify income by service type and activity, with common prices for services across all contracts. This exercise is due to be completed during 2009-10 and will be reflected in contracts from 2011-12 onwards. It has been agreed that this will be on an income neutral basis for the Trust.

Overall we have spent £291m on delivering our contracted services. A breakdown of that expenditure is shown below.

### Our Expenditure



Taking the above into account, the Trust has delivered a revenue surplus of £3.8m, which is £1m greater than the total that we had originally planned for within budgets. This was largely due to one-off revenue funding that we received from our main commissioners across North and South of Tyne to enable us to progress capital works associated with reducing the environmental risk of self harm across our estate.

The delivery of the surplus in year is in line with that expected within our five year financial strategy, as reported in last year's annual report, and the Trust continues to perform strongly in this area.



## Other Financial Targets

In addition to delivering our planned surplus, the Trust delivered all of its other financial targets:

- We kept our net borrowing within the target set by Government (External Finance Limit)
- We paid the right amount back to Government for the use of our buildings, land and equipment as measured by the Capital Cost Absorption Ratio. This equated to 3.6% of the average value through the year, which is within the planned target of 3-4%
- We incurred capital expenditure in line with the amount we were allowed to spend on new land buildings and equipment (Capital Resource Limit)

- We paid the people who provide us with goods and services on a timely basis (Better Payment Practice Code). Performance against the Government target is that all creditors should be paid within 30 days, and this is disclosed on page 56

The Trust also routinely monitors its performance against Monitor's compliance framework for financial performance and delivery for the year against this framework is shown below. Under the framework the Trust would be assessed as a risk rating of 4 and would therefore receive a use of resource rating of excellent.

We have focussed much effort on improving our understanding and management of costs over the last two years and this has been reflected in an improvement in reference costs

from 107 for the year 2006-07 to 100 in 2007-08. Reference costs are an indication of how our unit costs compare to the national average (benchmarked as 100) but must be read with care for mental health services as many of our services are not included. Units of service are very rudimentary and significant issues remain with achieving common definitions for services nationally. We are using our reference cost analysis to support the identification of variation and opportunities for productivity and efficiency improvement across the Trust.

## Cost Improvement Delivery

The Trust set itself a target for delivering recurring cost improvement savings of £9.7m in year or 3.4% of operating expenditure. This was slightly in excess of national efficiency requirements due to our aim to deliver growing surpluses to support investment in developing first class care environments, and also to take into account the delivery of the final elements of the Northumberland Care Trust Recovery Programme. The target was delivered in full.

## Asset Valuations

The changing economic environment has impacted on the valuation of our estate in year. While we are currently undertaking a full valuation of our estate in anticipation of the requirements for accounting for our assets under International Reporting Standards (IFRS), we have recognised that the value of our land and buildings has decreased in year. While historically the Department of Health has produced indices by which assets should be adjusted to reflect current costs on an annual basis between full valuations, no such indices were published this year. However, in February HM Treasury published its annual review of asset values which contained indices highlighting a drop in land value of 29% and a drop in building value of 5%. We have determined that it is appropriate to use these indices to reflect current asset values and as a result overall asset values on the balance sheet have reduced by nearly £29m. In accordance with current nationally accepted accounting practice and Department of Health Guidance, this loss in value has not been taken through income and expenditure but is reflected in a reduction in the Trust revaluation

Shadow FT Risk Ratings	Achieved	Risk Rating
EBITDA Achieved (% of Plan)	106.6%	5
EBITDA Margin	6.3%	3
Return On Assets	5.3%	4
I&E Surplus Margin	1.3%	3
Liquidity Ratio	34.1%	4
<b>Overall Rating</b>		<b>4</b>

reserve, as this loss does not represent a consumption of economic resources, but a temporary change in value, and therefore should not count against nationally approved expenditure for the NHS.

## Preparation for the Introduction of International Reporting Standards

The Treasury has agreed that all government bodies should adopt International Reporting Standards and a rolling programme is in place for transfer to these standards. The NHS will adopt the standards in 2009-10 and this will impact on the accounting policies used by the Trust. The main impacts are:

- Valuation of assets under a different valuation methodology known as Modern Equivalent Value
- Changes in accounting for Private Finance Initiative (PFI) transactions, which will mean that assets funded through PFI will appear on balance sheet as assets belonging to the Trust. This will mean that St George's Park and Walkergate Park will be recognised as Trust Assets, adding around £57m to the balance sheet value

- Changes in accounting for leases. This has been reviewed by the Trust and is expected to have minimal impact

The overall impact of IFRS has been assessed by the Trust and over the next five years the net impact on income and expenditure will be a reduction in surplus of approx 0.5% year on year and an improvement in Earnings Before Interest Taxation, Depreciation and Amortisation of approximately 1.3%. The reduction in surplus will be offset by reductions in capital charges from the reduction in asset values recorded in the accounts during the current year. Asset valuations overall are not currently expected to vary significantly from those reported in the current year, although there will be impacts on the valuations of individual assets. The Trust is well prepared for the adoption of IFRS reporting:-

- It has completed the restatement of the opening balance sheet as at 1st April 2008 to IFRS and submitted the required return to the Department of Health and auditors before the deadline of 31st December 2008
- It has prepared the 2008/09 accounts in accordance with UK GAAP and has a work plan

in place to restate the 2008/09 balances to comply with IFRS and submit these to auditors by 4th September 2009

- The Trust has completed quarterly IFRS readiness assessments to enable the Department of Health to monitor the progress of IFRS implementation
- The Trust has in place an IFRS working group and steering group which will continue to ensure the successful implementation of the Trust's IFRS plans



## In Year Capital Investment

The major elements of our capital programme are described throughout this report. We have delivered a significant programme of investment in the current year totalling just under £21m, in supporting the delivery of the Trust's strategy to ensure that all care is provided in first class environments. Highlights of the programme for the current year include:

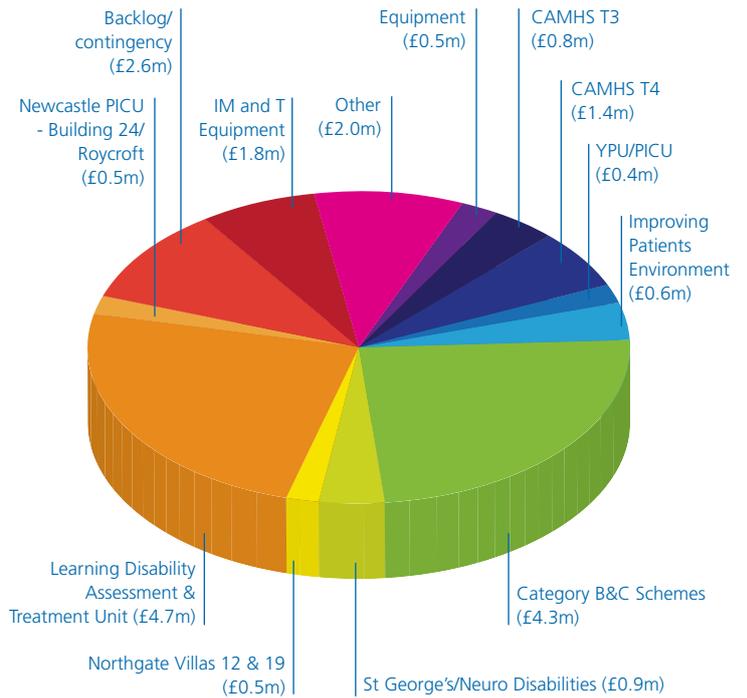
- Preparatory work for the development of integrated CAMHS Services which will replace existing facilities for children and adolescents. The business case for the full development is expected to be formally approved in May 2009
- A new Assessment and Treatment Unit for Gateshead and South Tyneside residents
- Start of a £7m programme to improve in-patient facilities to meet common Trust standards for the environment, with particular focus on improving facilities South of the Tyne (Category B/C schemes)

- Completion of the combined development of the new PICU facility North of Tyne and the adolescent learning disability medium secure facility on the St. Nicholas Hospital site
- Investment in IM and T including a single network infrastructure for the Trust, home working technology, and teleconferencing to improve productivity and improvements in hardware and capacity across the organisation

We continue to work closely with our P21 partner, Laing O'Rourke, in progressing our capital programme, and we are seeing high levels of delivery in terms of achieving projects on time and on budget. As noted elsewhere in the report, we continue to achieve awards and national recognition for the excellence of our building programme.

An analysis of capital investment is shown below:

## Our Capital Expenditure



## Financial Strategy Review

We have reviewed our financial strategy within the year and within this review a number of significant changes have been taken into account. These are documented within the Trust's medium term financial strategy but include:

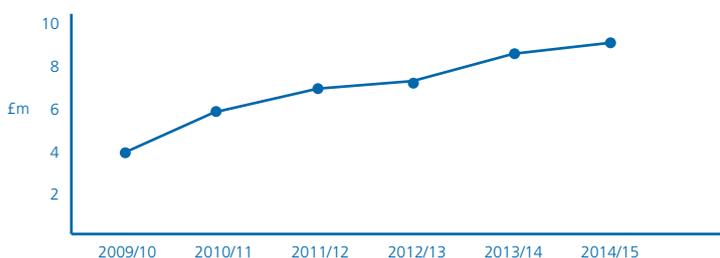
- The significant impact of the changing economic environment over the last year
- Moving to a new methodology of financial accounting as required under International Financial Reporting Standards
- Further reviewing the impact of the development of a more competitive health market through World Class Commissioning
- Review of expected service developments
- Review of projected capital expenditure

Our overall strategy remains consistent with that in place for the previous year. The additional risks associated with the current economic climate have caused us to downgrade our income assumptions going forward and our associated growth in surplus over the next six years. Over the next six years, and taking into account the impact of IFRS, the Trust's surplus is expected to grow to £8.9m. To achieve this, cost improvements of £60m will be required over the period, representing just under 4% of manageable operating costs. This is to account for expected reductions in income uplifts going forward. We are focussing our attention on productivity and efficiency improvements, and also on the removal of waste in our processes.

Capital investment over the next six years is planned to be £126m, which will be focussed on ensuring we deliver a minimum and universally good Trust standard for the quality of our care environments, while continuing to develop real centres of excellence.

Highlights of this programme will be the replacement of facilities currently provided on the Cherry Knowle site in Sunderland, completion of the integrated child and adolescent mental health service tier 4 development on the Prudhoe site, the completion of the assessment and treatment unit for Gateshead and South Tyneside, re-provision of learning disability forensic low secure rehabilitation services on the Northgate site and Trust-wide investment in minimum standards across all in-patient environments.

### Projected Normalised



### Projected Capital



# Statement on Internal Control 2008/09

## 1 Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Trust, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The roles and responsibilities of the Trust's Directors have been developed to cover all aspects of risk, and these arrangements are reflected in their job descriptions. The Trust's performance is routinely monitored by the Senior Management Team and by the Trust Board and effective governance arrangements have been in place throughout the year to provide the necessary assurances that performance and risk are effectively managed throughout the organisation. These governance arrangements have been reviewed, and strengthened through the year, with a streamlined governance structure being in place from December 2008 (see section 4).

The Trust works with its commissioners, the Strategic Health Authority and other partner organisations, to agree objectives and targets. These are monitored through, amongst others, the Trust's performance framework, the Annual Health Check, and contract monitoring arrangements with Commissioners.

## 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 organisation's policies, aims and objectives
- 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 Trust for the year ended 31 March 2009, and up to the date of approval of the annual report and accounts.

## 3 Capacity to handle risk

Up to 1st February 2009, the Director of Nursing had overall lead responsibility for Risk Management within the Trust. From 1st February, responsibility transferred to the new post of Executive Director of Performance and Assurance, who has the responsibility for overseeing the Trust's arrangements for performance and risk management. While these Directors have had a lead role in terms of reporting arrangements, 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.

Resources to enable effective risk management across the Trust have been reviewed, and structures put in place to support the delivery of

integrated risk management. A wide range of Risk Management training has continued to be provided throughout the Trust during the year. This includes providing training for all new staff as well as additional sessions and workshops specific to roles. The Trust has a Board Approved Risk Management Strategy in place and this was reviewed, revised and approved at the Trust Board in January 2009.

Sub-committees of the Trust Board are in place both to ensure effective governance for the major operational and strategic processes and systems of the Trust, and also to provide assurance that risk is effectively managed. As mentioned above these arrangements have been further strengthened and streamlined through the year and this is further detailed in section 4 below.

The Trust successfully achieved the NHS Litigation Authority (NHSLA) Risk Management Standards Level 1 compliance in February 2009, achieving the highest attainable score at this level (50/50) in this newly introduced standard for the management of clinical and non-clinical risk. The Trust is aiming to deliver level 2 through 2009/10.

## 4 The risk and control framework

The Trust has reviewed its risk and control framework through the year to further strengthen it. This section will describe the arrangements that were in place up to December 2008, and the strengthened arrangements put in place from this date.

Up to December 2008, the sub-committee structure of the Board with respect to the management of risk consisted of a number of domain committees as identified below.

- Safety Committee
- Patient Focus Committee
- Clinical and Cost Effectiveness Committee
- Accessible and Responsive Care Committee
- Care Environment and Amenities Committee
- Finance and HR Committees and I M and T Steering Group

These committees each had a Director lead who was accountable to the Trust Board for providing assurance on delivery against the core and developmental standards and objectives pertinent to the domain. The Domain Committees had wide representation from across the

Trust and all included service user representation. As part of their responsibilities the Domain Committees held responsibility for reviewing Trust wide delivery against the core standards and providing assurance to the Trust Board that compliance against these standards was being met.

This committee structure has been strengthened and streamlined, following extensive review, with the aim to ensure continuing best practice in governance and risk management. The revised risk and governance structure was approved by the Trust Board in November 2008 with effect from 1 December 2008. The following sub-committees of the Trust board were approved to replace the domain committees previously in existence:

- Quality and Performance
- Modernisation Organisational Development and Programmes
- Finance, Infrastructure and Business Development

The Quality and Performance Committee acts as the core risk management committee of the Trust Board, ensuring that there is a fully integrated approach to performance and risk management.

This committee provides oversight to the performance and assurance framework, Trust risk management arrangements for both clinical and non-clinical risk, and has full responsibility for overseeing the Trust's performance against core standards as part of this role. The assurance role previously undertaken by the Domain Committees has been fully integrated into the responsibilities of this committee, ensuring a more holistic and integrated approach to the management of risk at the highest level.

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, IM and T and Business and Commercial Development are effectively managed and governed.

Throughout the year the Audit Committee has operated as the key standing committee of the Trust Board with the responsibility for assuring the Trust Board that effective processes and systems 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. The Committee achieves its duties through:

- Review of the assurance framework in place across the organisation and detailed review of the Trust self assessment against core standards
- Scrutiny of the corporate governance manual for the Trust
- The agreement of external audit, internal audit and counter fraud plans and the review of progress reports. 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 Trust management concerning the governance and performance management of the organisation
- 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



Confirmation was received during 2008/09 from the Counter Fraud and Security Management Service that the Trust has retained a rating of Level 3 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 Trust is assessed as being in the top decile nationally for its Counter Fraud work.

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 Trust objectives agreed by the Trust Board. Operational management through the Trust Directors is responsible for the delivery of Trust objectives and national standards and for managing the risks associated with the delivery of these objectives through the implementation of the Trust's risk and control framework. Governance Groups have been in place across all Directorates throughout 2008/09 and these have been further standardised and strengthened since December, with each Directorate having in place an Operational Management Group, a Quality and Performance Group and a Service Development Group.

The Trust Board has had an Assurance Framework in place for the full year and has monitored delivery against the gaps in controls and assurance identified. The Assurance Framework includes controls and assurances relating to the key risks to the achievement of the Trust's strategic objectives. It is also fully integrated with the process for assessing compliance with the standards for better health, which underpins the Trust declaration on self-assessment against core standards. This is supported by a Risk Register within which risks are assessed using a nationally approved methodology. The Integrated Assurance Framework and Corporate Risk Register has been reported to the Trust Board every two months, and has been subject to extensive review through the year, with the risks being assessed in detail by the Senior Management Team, the Trust Strategic Forum (an advisory group consisting of around 100 of the most senior clinical and management leaders across the Trust) and amendments made which further align the framework to the risks to the delivery of strategic objectives

The risk management strategy and governance structure identified above has 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 NHSLA

scheme, where the Trust attained Level 1 compliance, with an assessment of 100% delivery against all standards. The Assurance Framework and arrangements for governance have also been subjected to external review through the Historical Due Diligence process conducted by independent auditors on behalf of Monitor, and by the Department of Health and the Strategic Health Authority as part of the application process for Foundation Trust Status. As a result of our governance arrangements the Trust was assessed as "excellent" for its quality of services and "good" for its use of resources in the 2007/08 annual health check. The Trust is aiming to achieve an excellent rating in both areas in 2008/09.

Further work in place, identified through the Assurance Framework, to strengthen Governance arrangements is as follows:

- Further embedding of the assurance framework into the work of the Directorate Governance groups
- A review of systems and processes for the ongoing management of the Risk Register being undertaken by the Executive Director of Performance and Assurance
- Developing our working relationships with commissioners in order to help manage the risks relating to some strategic objectives

- Developing the assurance framework to incorporate maintenance objectives more effectively
- Further developing the utilisation of the assurance framework as the core tool for the audit committee to approve the plans for internal and external audit, and the overall process for gaining assurance that key controls in the organisation are effective
- Finalising the roll out of the RiO information system and improved directorate information systems to help deliver several of the clinical directorates' objectives; and
- Further development of work relating to our Foundation Trust application, which will help to strengthen our controls. Approval of our FT application will also provide significant assurances that our controls are considered to be effective

The Trust has produced a declaration on its self-assessment against Core Standards, which has been informed by the process identified above and by consultation with relevant Overview and Scrutiny Committees, other stakeholders and patient and carer groups. The Trust is fully compliant with the Core Standards for Better Health.

The framework described has identified no significant gaps in control.

The Trust involves external 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 within the Local Implementation Teams to monitor progress against National Service Framework Targets. Working with commissioners to identify common risks through a range of partnership groups. Working with Patient Advisory Liaison Groups
- Identifying and managing risks with the Strategic Health Authority through its performance management framework
- Working with key stakeholders as identified above in reviewing its self assessment against core standards

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.

The 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 Trust put in place a range of measures to manage risks to data security and has met its target to ensure encryption of all portable data devices. The Trust has reported no serious untoward incidents with respect to data loss within the year.

## 5 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with further assurance. The Assurance

Framework itself provides me with evidence that the effectiveness of controls in place to manage the risks associated with achieving key organisational objectives have been systematically reviewed. My review is also informed by positive comments made by (i) the National Health Service Litigation Authority, having achieved Level I for the Clinical Risk Management Standards for Mental Health and Learning Disability, (ii) External Audit, (iii) Mental Health Act Commission and (iv) Northumberland, Tyne and Wear Strategic Health Authority.

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, Audit Committee, and Trust governance committees.

There are a number of processes and assurances that contribute towards the system of internal control as described above. These have been thoroughly reviewed through the year, and revised governance arrangements put in place to further strengthen and embed the operation of the Assurance Framework across the Trust and to further integrate the various processes of control in operation across the Trust. The Assurance Framework encapsulates the work that has been undertaken throughout the year in ensuring that the Trust Board has an appropriate and effective control environment. This has identified no significant

gaps in control and where gaps in assurance have been identified, action plans are in place to ensure that these gaps are addressed.



Signed by Dr Gillian Fairfield, Chief Executive Officer, on behalf of the board on 27 May 2009.



# Charitable Funds

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

As at 31 March 2009, the Trust's  
share of charitable funds was  
£923,915.

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

# Summary of Accounts



## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts 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 laid down by the Secretary of State with the approval of the Treasury;
- 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 and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. 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 directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board



Dr. Gillian Fairfield  
Chief Executive  
8 June 2009



James Duncan  
Finance Director  
8 June 2009

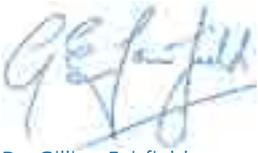
## STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

Statement of the Chief Executive's responsibilities as the accountable officer of the trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.



Dr. Gillian Fairfield  
Chief Executive  
8 June 2009



## **INDEPENDENT AUDITOR'S STATEMENT TO THE BOARD OF DIRECTORS OF NORTHUMBERLAND, TYNE AND WEAR NHS TRUST**

### **Summary Financial Statements**

I have examined the summary financial statement which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cash Flow Statement and associated notes set out on pages 51 to 58.

This report is made solely to the Board of Directors of Northumberland, Tyne and Wear NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### **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 statement.

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.

### **Basis of opinion**

I conducted my work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statement" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

### **Opinion**

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements on 8th June 2009 and the date of this statement.

Cameron Waddell  
Officer of the Audit Commission  
Nickalls House  
Metro Centre  
GATESHEAD  
NE11 9NH  
15 September 2009

## SUMMARY FINANCIAL STATEMENTS

### 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

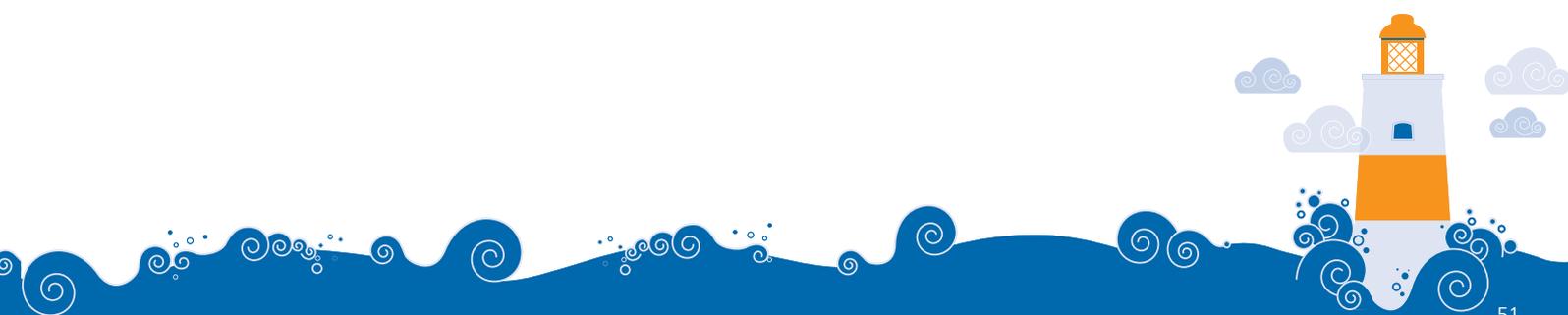
A full set of accounts is available on request from Mr James Duncan, Director of Finance, Executive Suite, First Floor, Main Building, St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT. (James.Duncan@ntw.nhs.uk)

The audit fee of £232,189 (£199,200 plus VAT) for 2008/09 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 the Accounts

These accounts for the year ended 31 March 2009 have been prepared by the Northumberland, Tyne & Wear NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.



## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2009

	2008/09 £000	2007/08 £000	
<b>Income from activities</b>	<b>271,017</b>	266,388	Money we received for delivering health care, mainly from other health bodies
<b>Other operating income</b>	<b>23,671</b>	25,654	Money we received from other operations - such as providing social services and non-health care services to other trusts
<b>Operating expenses</b>	<b>(283,918)</b>	(280,537)	
<b>OPERATING SURPLUS</b>	<b>10,770</b>	11,505	Money spent in delivering our services
Profit on disposal of fixed assets	3	29	
<b>SURPLUS BEFORE INTEREST</b>	<b>10,773</b>	11,534	Bank interest received
Interest receivable	797	833	
Interest payable	0	(2)	Interest paid on the late payment of invoices
Other finance costs - unwinding of discount	(72)	(78)	
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	<b>11,498</b>	12,287	Adjustments made to account for changes in money value over time
Public Dividend Capital dividends payable	(7,646)	(8,789)	Money paid to the government for the use of our land and buildings
<b>RETAINED SURPLUS FOR THE YEAR</b>	<b>3,852</b>	<b>3,498</b>	We are required to make sure we do not spend more than we receive. This year we spent £3,852k less than we received

All income and expenditure is derived from continuing operations.

## BALANCE SHEET AS AT 31 March 2009

### FIXED ASSETS

Intangible assets  
Tangible assets

### TOTAL FIXED ASSETS

### CURRENT ASSETS

Stocks and work in progress  
Debtors  
Cash at bank and in hand

### TOTAL CURRENT ASSETS

**CREDITORS:** Amounts falling due within one year

### NET CURRENT ASSETS

### TOTAL ASSETS LESS CURRENT LIABILITIES

### PROVISIONS FOR LIABILITIES AND CHARGES

### TOTAL ASSETS EMPLOYED

### FINANCED BY:

### TAXPAYERS' EQUITY

Public dividend capital  
Revaluation reserve  
Donated asset reserve  
Government grant reserve  
Income and expenditure reserve

### TOTAL TAXPAYERS' EQUITY

	31 March 2009 £000	31 March 2008 £000	
	5	7	Value of software licences used as assets but not owned
	208,255	224,812	Value of land, buildings and equipment that we own
<b>TOTAL FIXED ASSETS</b>	<b>208,260</b>	<b>224,819</b>	
	301	315	Amount owed to us that we will receive within a year - mainly from other NHS organisations
	16,192	19,985	
	3,639	3,639	
<b>TOTAL CURRENT ASSETS</b>	<b>20,132</b>	<b>23,939</b>	
	(12,833)	(12,597)	Amount we owe that is due to be paid within a year - mainly to other NHS organisations
<b>NET CURRENT ASSETS</b>	<b>7,299</b>	<b>11,342</b>	
	215,559	236,161	Amount set aside to cover events that have happened in the year for which we expect to have to make a payment
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(11,046)</b>	<b>(10,264)</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>204,513</b>	<b>225,897</b>	
	201,871	197,440	Amount that the government has notionally invested in the trust
	(5,792)	23,824	Decrease in the value of land and buildings since the trust was set up
	1,926	2,013	
	55	19	
	6,453	2,601	Net amount by which income has exceeded expenditure since the trust was set up
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>204,513</b>	<b>225,897</b>	

Of the Tangible Fixed Assets as at 31 March 2009, £214,000 related to land valued at open market value and £117,000 related to buildings valued at open market value.

The financial statements were approved by the Board on 27 May 2009 and signed on its behalf by:



Dr. Gillian Fairfield  
Chief Executive  
8 June 2009



## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2009

	2008/09 £000	2007/08 £000
Surplus for the financial year before dividend payments	11,498	12,287
Fixed asset impairment losses	(829)	(371)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(28,885)	16,474
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	104	0
<b>Total gains and losses recognised in the financial year</b>	<b><u>(18,112)</u></b>	<b><u>28,390</u></b>

This statement shows any gains or losses from the income and expenditure account plus any movements in reserves. In the accounts of a company, the total would be the amount owed to shareholders.

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2009

	2008/09 £000	2007/08 £000
<b>OPERATING ACTIVITIES</b>		
Net cash inflow from operating activities	23,020	18,436
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	906	770
Interest paid	0	(2)
<b>Net cash inflow from returns on investments and servicing of finance</b>	<b>906</b>	<b>768</b>
<b>CAPITAL EXPENDITURE</b>		
(Payments) to acquire tangible fixed assets	(20,818)	(19,799)
Receipts from sale of tangible fixed assets	3	39,276
<b>Net cash inflow/(outflow) from capital expenditure</b>	<b>(20,815)</b>	<b>19,477</b>
<b>DIVIDENDS PAID</b>		
	(7,646)	(8,789)
<b>Net cash inflow/(outflow) before financing</b>	<b>(4,535)</b>	<b>29,892</b>
<b>FINANCING</b>		
Public dividend capital received	5,900	7,480
Public dividend capital repaid	(1,469)	(34,571)
Other capital receipts	104	0
<b>Net cash inflow/(outflow) from financing</b>	<b>4,535</b>	<b>(27,091)</b>
<b>Increase in cash</b>	<b>0</b>	<b>2,801</b>

This is the total operating surplus as per the income & expenditure account, +/- any movements in debtors, creditors, stock, etc.



## MANAGEMENT COSTS

	<b>2008/09</b>	2007/08
	<b>£000</b>	£000
Management costs	<b>14,602</b>	14,673
Income	<b>294,112</b>	290,516

Management costs are defined as those on the management costs website at [www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSmanagementcosts](http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSmanagementcosts)

## BETTER PAYMENT PRACTICE CODE - MEASURE OF COMPLIANCE

	2008/09	
	Number	£000
Total Non-NHS trade invoices paid in the year	<b>63,280</b>	<b>67,829</b>
Total Non-NHS trade invoices paid within target	<b>59,874</b>	<b>65,657</b>
Percentage of Non-NHS trade invoices paid within target	<b>95%</b>	<b>97%</b>
Total NHS trade invoices paid in the year	<b>2,130</b>	<b>112,687</b>
Total NHS trade invoices paid within target	<b>1,960</b>	<b>111,650</b>
Percentage of NHS trade invoices paid within target	<b>92%</b>	<b>99%</b>

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

	<b>2008/09</b>	2007/08
	<b>£000</b>	£000
Amounts included within Interest Payable arising from claims made under this legislation	<b>0</b>	2
Compensation paid to cover debt recovery costs under this legislation	<b>0</b>	1
<b>TOTAL</b>	<b>0</b>	<b>3</b>

## RELATED PARTY TRANSACTIONS

Northumberland, Tyne & Wear NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year the Trust has undertaken the following transactions with companies/organisations with which the indicated Board Members or members of the key management staff or parties related to them has an interest.

	Payments to Related Party
	£
<b>James Duncan - Director Of Finance</b> - Brother in law is a partner at Dickinson Dees. The Trust processed purchase invoices from Dickinson Dees for Legal Fees totalling £25,563 in 2008/09.	25,563
<b>Roy McLachlan - Chief Operating Officer</b> - Chair of St Oswald's Hospice. The Trust processed purchase invoices from the Hospice for Consultants' Fees totalling £7,601 in 2008/09	7,601
<b>Adele Coulthard - Director of Older Peoples Services</b> - Member of management committee of North of England Association of Psychoanalytic Psychotherapists. The Trust processed purchase invoices from NEAPP for training courses totalling £14,485 in 2008/09.	14,485
<b>Jules Preston - Chairman</b> - Chair of Assessment North East Ltd. The Trust processed purchase invoices from Assessment North East regarding Investors in People totalling £5,288 in 2008/09.	5,288
<b>Gillian Fairfield - Chief Executive</b> - Son (university student) - Deloitte's Undergraduate Scholar Scheme 2007. The Trust processed purchase invoices from Deloitte's for professional fees totalling £183,555 in 2008/09.	183,555
<b>Chris Watson - Non Executive Director</b> - Water production manager at Northumbria Water Ltd. The Trust processed purchase invoices for water rates totalling £413,182 in 2008/09.	413,182



## RELATED PARTY TRANSACTIONS

The Department of Health is regarded as a related party. During the year Northumberland, Tyne & Wear NHS 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 listed below:

City Hospitals Sunderland NHS Foundation Trust	NHS Litigation Authority
County Durham PCT	NHS Pensions Agency
County Durham and Darlington NHS Foundation Trust	NHS Purchasing and Supply Agency
Cumbria PCT	Northumbria Healthcare NHS Foundation Trust
Gateshead Health NHS Foundation Trust	North East Ambulance Service NHS Trust
Gateshead PCT	North East Strategic Health Authority
NHS London	North Tyneside PCT
National Services Division	Northumberland Care Trust
Newcastle PCT	South Tyneside PCT
Newcastle upon Tyne Hospitals NHS Foundation Trust	Sunderland Teaching PCT
NHS Business Services Authority	South Tyneside NHS Foundation Trust

Other PCT's and NHS Trusts are also transacted with in the normal course of the Trust's activities.

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 Audit Commission, 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.

## REMUNERATION REPORT - SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

The Trust has a Remuneration and Terms of Service Committee. Its membership for 2008/09 was made up of the Chair 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 all Directors.

All senior managers' contracts are permanent with three months notice (except the Director of Finance four months) and termination payments (including redundancy and early retirement) as per general NHS terms and conditions for all other staff.

Past and present employees are covered by the provisions of the NHS Pensions Schemes. 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. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for by the Trust as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. An NHS Pension Scheme (England and Wales) Resource Account is published annually and these accounts can be viewed on the NHS Pensions Agency website at [www.nhspa.gov.uk](http://www.nhspa.gov.uk) or copies can also be obtained from The Stationery Office.

The remuneration and pension benefits tables disclosed below have been subject to audit and an unqualified opinion has been given.



## PERIOD IN OFFICE

### Non Executive Directors

Chair	1/4/08 - 31/3/09	Jules Preston
Non Executive Director and Deputy Chair	1/4/08 - 31/3/09	Anne Ward Platt
Non Executive Director	1/4/08 - 31/3/09	Paul McEldon
Non Executive Director	1/4/08 - 31/3/09	Ken Grey
Non Executive Director	1/4/08 - 31/3/09	Fiona Standfield
Non Executive Director	1/4/08 - 31/3/09	Chris Watson
Non Executive Director Designate	1/12/08 - 31/03/09	Judith Curry *

Note \*

Pending Foundation Trust authorisation, Judith Curry is classed as a Non Executive Director Designate, and therefore currently has no Trust Board voting rights and is unable to contribute towards the Audit Committee being quorate.

### Executive Directors

Chief Executive	1/4/08 - 31/10/08	Andrew Fairbairn
Chief Executive	1/10/08 - 31/3/09	Gillian Fairfield
Medical Director	1/4/08 - 31/3/09	Suresh Joseph
Director of Finance and Deputy Chief Executive	1/4/08 - 31/3/09	James Duncan
Director of Nursing and Operations	1/4/08 - 31/3/09	Gary O'Hare
Director of Workforce and Organisational Development	1/4/08 - 31/3/09	Elizabeth Latham
Chief Operating Officer	1/4/08 - 31/1/09	Roy McLachlan
Acting Director of Performance and Assurance	1/2/09 - 31/3/09	Lisa Quinn

### Other Directors

Director of Forensic Services	1/4/08 - 31/3/09	Colin McCoy
Director of Learning Disability Services	1/4/08 - 31/3/09	Kate Simpson
Director of Working Age Adults Services	1/4/08 - 31/3/09	Russell Patton
Director of Older People's Services	1/4/08 - 31/3/09	Adele Coulthard
Director of Children, Young People and Specialist Services	1/4/08 - 31/3/09	Bruce Dickie
Associate Director Estates and Facilities	1/4/08 - 31/3/09	Malcolm Aiston

## REMUNERATION

	2008-09			2007-08		
	Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind (Bands of £00)	Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind (Bands of £00)
Name and Title	£000	£000	Rounded to the nearest £100	£000	£000	Rounded to the nearest £100
Jules Preston - Chair	20-25	0	0	20-25	0	0
Anne Ward Platt - Non-Executive and Deputy Chair	5-10	0	0	5-10	0	0
Ken Grey - Non-Executive	5-10	0	0	5-10	0	0
Fiona Standfield - Non-Executive	5-10	0	0	5-10	0	0
Chris Watson - Non-Executive	5-10	0	0	5-10	0	0
Paul McEldon - Non-Executive	5-10	0	0	0	0	0
Judith Curry - Non Executive Designate	0-5	0	0	0	0	0
Gillian Fairfield - Chief Executive	85-90	0	0	0	0	0
James Duncan - Director of Finance and Deputy Chief Executive	120-125	0	27	120-125	0	13
Elizabeth Latham - Director of Human Resources	90-95	0	34	90-95	0	0
Andrew Fairbairn - Chief Executive	130-135	0	0	195-200	0	0
Roy McLachlan - Chief Operating Officer	85-90	0	0	105-110	0	0
Gary O'Hare - Director of Nursing and Operations	95-100	0	53	90-95	0	73
Suresh Joseph - Medical Director	180-185	0	0	55-60	0	0
Lisa Quinn - Acting Director of Performance and Assurance	10-15	0	0	0	0	0
Colin McCoy - Director of Forensic Services	80-85	0	0	80-85	0	61
Kate Simpson - Director of Learning Disability Services	75-80	0	0	80-85	0	0
Russell Patton - Director of Adult Services	80-85	0	21	80-85	0	35
Adele Coulthard - Director of Older People's Services	90-95	0	0	90-95	0	0
Bruce Dickie - Director of Children, Young People and Specialist Services	80-85	0	10	80-85	0	9
Malcolm Aiston - Associate Director of Estates and Facilities	75-80	0	12	0	0	0
Alan Hall - Chief Executive	0	0	0	60-65	0	10
Don Chroston - Non-Executive	0	0	0	5-10	0	0

All benefits in kind are leased cars.



## PENSION BENEFITS

	Real Increase in pension at age 60	Real Increase in pension lump sum	Total accrued pension at age 60 at 31-03-2009	Lump sum at age 60 related to accrued pension at 31-03-09	Cash Equivalent Transfer Value at 31-03-09	Cash Transfer Value at 31-03-08	Real Increase in Cash Equivalent Transfer Value	Employer's contribution to Stakeholder Pension
	Bands of £2.5k	Bands of £2.5k	Bands of £5k	Bands of £5k				
	£000	£000	£000	£000	£000	£000	£000	£00
<b>Gillian Fairfield</b> Chief Executive 1/10/08 - 31/3/09	5 - 7.5	15 - 17.5	45 - 50	140 - 145	931	628	286	2005
<b>Andrew Fairbairn</b> Chief Executive 1/4/08 - 31/10/08*	0 - 2.5	0 - 2.5	105 - 110	325 - 330	0	2034	0	0
<b>James Duncan</b> Director of Finance	0 - 2.5	5 - 7.5	20 - 25	70 - 75	342	247	89	626
<b>Elizabeth Latham</b> Director of Human Resources	0 - 2.5	2.5 - 5	25 - 30	75 - 80	556	395	151	1056
<b>Roy McLachlan</b> Chief Operating Officer 1/4/08 - 31/1/09	0 - 2.5	0 - 2.5	35 - 40	115 - 120	792	595	182	1275
<b>Gary O'Hare</b> Director of Nursing	2.5 - 5	7.5 - 10	35 - 40	110 - 115	624	447	166	1161
<b>Suresh Joseph</b> Medical Director	12.5 - 15	40 - 42.5	75 - 80	235 - 240	1763	1088	647	4530
<b>Lisa Quinn</b> Director of Performance 1/2/09 - 31/3/09	0 - 2.5	5 - 7.5	15 - 20	55 - 60	258	181	72	504
<b>Colin McCoy</b> Director of Forensic Services	0 - 2.5	0 - 2.5	40 - 45	125 - 130	788	598	175	1224
<b>Kate Simpson</b> Director of Learning Disability Services	0 - 2.5	2.5 - 5	20 - 25	65 - 70	369	276	86	605
<b>Russell Patton</b> Director of Adult Services	0 - 2.5	2.5 - 5	25 - 30	75 - 80	449	330	110	772
<b>Adele Coulthard</b> Director of Older People's Services	0 - 2.5	2.5 - 5	20 - 25	60 - 65	322	237	79	554
<b>Bruce Dickie</b> Director of Children, Young People and Specialist Services	0 - 2.5	2.5 - 5	20 - 25	70 - 75	344	254	83	584
<b>Malcolm Aiston</b> Associate Director of Estates and Facilities	0 - 2.5	5 - 7.5	25 - 30	80 - 85	491	343	140	977
<b>Alan Hall</b> Former Chief Executive **					0	637	0	0

\* Note that Andrew Fairbairn retired on 31/10/08.

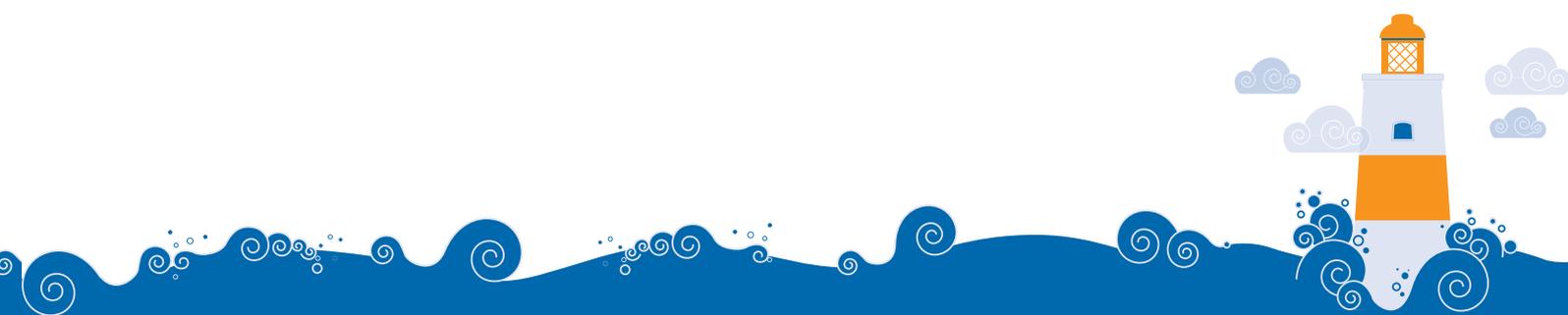
\*\* Note that Alan Hall left NTW on 2/9/07

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.



This report is available on request in other languages, large print or audio versions, but 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 2981 or email [communications@ntw.nhs.uk](mailto:communications@ntw.nhs.uk)

We are constantly looking for ways to improve our public documents and if you have any ideas please tell us on the above contact details.

A PDF version of this report is available on the Trust's website – [www.ntw.nhs.uk](http://www.ntw.nhs.uk)