



Annual Report and Accounts 2009/2010

1st December 2009 to 31st March 2010

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Welcome to our annual report

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

We were established on the 1st April, 2006 following the merger of three 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.

NTW provides mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We are now one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ around 7,000 staff, operate from over 160 sites and provide a range of comprehensive services including some regional and national services.

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

Our main hospital sites are:

Walkergate Park, Newcastle upon Tyne;

St. Nicholas Hospital, Newcastle upon Tyne;

St. George's Park, Morpeth;

Northgate Hospital, Morpeth;

Cherry Knowle Hospital, Sunderland;

Monkwearmouth Hospital, Sunderland; and

Prudhoe Hospital.

Welcome to our annual report



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

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



We will do this by:

- Modernising and reforming services in line with local and national strategies and the needs of individuals and communities, providing first class care in first class environments;
- Maximising the benefits of NHS Foundation Trust status and being a sustainable and consistently high performing organisation;
- Supporting the provision and development of high quality services by being a model employer, an employer of choice, and making the best use of the talents of all of our workforce;
- Fully embracing and supporting service user, carer, staff and public involvement, including our membership in all aspects of our work;
- Providing high quality evidence-based and safe services supported by effective integrated governance arrangements;
- Improving clinical and management decision making through the provision and development of effective information; and
- 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;
- Avoidable deaths, injury or illness;
- Avoidable suffering or pain;
- Helplessness;
- Unnecessary waiting or delays;
- Waste; and
- Inequality.

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

- The NHS provides free health care to all;
- Access to NHS services is based on clinical need, not an individual's ability to pay;
- The NHS aspires to the highest standards of excellence and professionalism;
- NHS services must reflect the needs and preferences of patients, their families, and their carers;
- The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities, and the wider population;
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources; and
- The NHS is accountable to the public, communities and the patients that it serves.

Our values underpin all we do. We:

- Put people who use our services and their carers at the centre of everything we do;
- Treat people who use our services and carers with respect and dignity;
- Support and respect our staff, encourage their development, acknowledge their expertise, and value their role;
- Always look to do things better – encouraging and valuing improvement and innovation;
- Promote effective team and partnership working;
- Show trust, having integrity, and be honest, open and transparent in all we do;
- Embrace diversity; and
- Listen to the views of others.

As a public benefit corporation NTW has members. We have four membership constituencies to represent stakeholder interests:

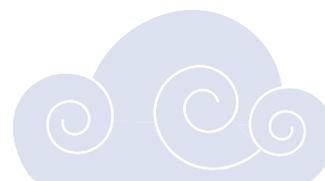
- Public constituency;
- Service users and carers constituency;
- Staff constituency; and
- Partner organisation constituency.

We have published an Annual Report covering the period 1st April, 2009 to the 30th November 2009 and in the following report we highlight:

- Our achievements from April 2009 to 30th November 2009, which contributed to our authorisation as an NHS Foundation Trust on 1st December 2009;
- Our first steps as a Foundation Trust from 1st December 2009 to 31st March 2010; and
- Our plans to "Build for the Future", looking to the year ahead and beyond.

We also present in this report:

- Our Quality Report for the period 1st April 2009 to 31st March 2010; and
- Our Summary Audited Accounts for the period 1st December 2009 to 31st March 2010.



Chair and Chief Executive's statement

2009/2010 was an exceptional year and it gives us great pleasure to present in this Annual Report: the achievements which contributed to our authorisation as an NHS Foundation Trust; our first steps as a newly authorised organisation; and our plans to "Build for the Future".

Securing NHS Foundation Trust status was a landmark achievement. Through the application process we successfully demonstrated to Monitor, the independent regulator, that we are delivering services that meet the needs of local people and that we have clear and robust plans in place to "Build for the Future".

Foundation Trust status gives staff and local people a real opportunity to have a say in how their local mental health and disability services are provided. They are now represented by a Council of Governors made up of staff, service users, carers and partners from a broad geographical area and a wide range of skills and experiences. They will play an important role in making key decisions affecting our Trust and the vital services we provide. They will hold us to account and help shape the future direction of the Trust.

Providing good quality services for people who need our care is a top priority and over the last year we've had a real focus on improving the quality of our services. We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure the organisation was fit for the future. This enabled us to focus on improving the quality of our services by identifying, drawing upon feedback from staff, patients, carers and our partners, what we do well and what we need to improve upon to provide consistently high quality care. Through this organisational learning process we have identified four Quality Goals which form the basis of our quality

priorities over the next five years. These Quality Goals and the many improvements we have made in the areas of patient safety, clinical effectiveness and patient experience are included in our first Quality Report on page 28.

Because of our commitment to quality, we were delighted to be chosen by Monitor as one of just two mental health organisations in the country to be involved in their national quality pilot. In the wake of some high profile quality issues at some long established Foundation Trusts, Monitor is looking to strengthen the way it assesses the quality of governance arrangements. As well as supporting them in this work we will be using the outcome of the pilot work to help us to further strengthen the way we encourage, support and assess the quality of our services.

Over the coming year our commitment to improving quality will continue as we increasingly encourage and empower staff in all services to look for ways to innovate and continually improve.

This Annual Report was approved by the Trust Board of Directors on the 26th May, 2010 and duly signed by Dr Gillian Fairfield.



Jules Preston, MBE
Chairman



Dr Gillian Fairfield
Chief Executive

Whilst our efforts to date have been rewarded with our new status, this is very much only the beginning. Undoubtedly, the NHS faces some real challenges in moving forward in the coming years, not least in ensuring success in one of the most difficult financial climates we have ever faced.

We have, however, a strong track record of rising to tough challenges and we are confident that we can meet this one by continuing to focus on the right things and work together through 2010 - "Building for the Future".

It is with great pleasure that we present this report and we would like to take this opportunity to thank all of our service users, carers, members, staff, partners, and directors for all of their support which has helped us progress towards achieving our vision to:

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

Director's Report

Welcome to the Director's report where we provide an analysis of our organisation's business.



The Trust board

The following pages include:

- A review of the Trust's achievements 1st April, 2009 to 30th November 2009;
- An operating and financial review of the Trust's activities 1st December 2009 to 31st March 2010 - our first steps as a Foundation Trust; and
- Our plans to "Build for the Future" - looking to the year ahead and beyond.

The directors of Northumberland, Tyne and Wear NHS Foundation Trust present their operating and financial review report for the period 1st December 2009 to 31st March 2010. Details of the Trust's Board of Directors are shown on page 93.

In preparing this report the directors confirm that they have provided the external auditors with a Letter of Representation. This letter has been duly considered by the Trust's Audit Committee and Board of Directors and confirms all relevant audit information, of which the Directors are aware has

been passed onto the external auditors. The Trust's directors have also taken all reasonable steps to ensure that the Trust's external auditors are aware of all material facts known to the Trust in relation to the Trust's annual report and accounts for 1st December 2009 to 31st March 2010.

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

Director's Report

Operating Review Our achievements

In this section of the report we highlight some of the many achievements against our seven strategic objectives over the period 1st April 2009 to 30th November 2009 which have enabled us to improve the range and quality of services we provide.

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

Development of the new £27 million specialist centre for children and young people with mental health and/or learning disabilities, Woodland View at Prudhoe Hospital, started in October 2009.

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

Rose Lodge, our new £6 million Assessment and Treatment Centre for people with a learning disability living in Gateshead and South Tyneside opened in October 2009. It is called Rose Lodge in recognition of the work done over the last twenty years by a carer,

Rose Hedley, in promoting the need for a better and more local service; previously people would have gone to Prudhoe or Northgate Hospital for treatment, a significant distance from their home.

Work also started on improving Bothal and Belsay at Northgate Hospital to provide specialist assessment and treatment services for men and women with learning disabilities and mental health needs or challenging behaviour.

With the support of commissioners and the local Learning Disability Partnership Board a new specialist community based Intensive Support Team was established in Sunderland to work with people whose behaviour severely challenges traditional services.

We consulted on the modernisation of adult mental health urgent care services in Gateshead during the year and, following the approval of a business case, we are now working towards setting up an urgent day care service to

work with in-patient and Crisis Resolution Home Treatment services. This new service will support individuals as close to home as possible and avoid unnecessary admissions.

At Cherry Knowle Hospital in Sunderland significant improvements were made to East and West Willows to provide single rooms for service users and female-only living areas.

Our successful exercise therapy service developed in Gateshead is now available for people with mental health problems in South Tyneside, along with a new fully equipped gym at the Bede Wing, South Tyneside General Hospital. The six-strong team provide each individual an "exercise prescription" so they get an overall mind and body assessment tailored to personal needs.

With the support of our commissioners, there was a significant investment in older people's services, particularly



Courtyard at Rose Lodge



Woodland View (artist impression)



Exercise Therapy team with NTW Chairman



Bamburgh clinic



Mother and Baby unit



Walkergate Park

South of Tyne. In-patient areas have been refurbished to improve ward environments and in Sunderland those needing long-term complex care moved from Rosewood at Cherry Knowle Hospital to more appropriate accommodation in Wearmouth View at Monkwearmouth Hospital. The investment also allowed the development of Challenging Behaviour and Home Treatment teams. These teams support service-users and carers in their own homes and their work has successfully reduced the number of people admitted to hospital.

Our forensic mental health and learning disability services support people who may have been in contact with the criminal justice system and whose needs are best met in a secure environment. With the support of commissioners, planning is underway on the development of a new £6.2 million purpose-built low secure unit for

men with a learning disability who have been in the service for many years and are now ageing.

Following the approval of a business case, a forensic outreach clinic was established in Sunderland. The service has recently been evaluated and it is clear that it is having a positive impact on the health economy and is valued by all involved, including the service users.

Neuro-rehabilitation services have continued to develop spasticity and dystonia clinics with the opening of a new outreach clinic in Sacriston, County Durham. The former Communicate Service was reviewed in partnership with our commissioners and redesigned to provide a responsive patient-focused service that has significantly improved people's access to high-tech and specialist equipment.

In partnership with Tees, Esk and Wear Valleys NHS Foundation Trust we secured extra funding to expand the regional Health and Deafness service. An integrated care pathway was also developed for mothers suffering from post-natal depression across North Tyneside, Newcastle and Northumberland to ensure that they can be effectively supported by primary care, our Perinatal Mental Health team and regional Mother and Baby unit at St. George's Park in Morpeth.

One of our key objectives is to achieve the replacement of Cherry Knowle Hospital and during the year we worked with NHS South of Tyne on the consultation relating to site options for the replacement of in-patient mental health services for adults and older people currently on that hospital site, as well as some local learning disability services.

Director's Report

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

In October 2009 the Care Quality Commission (CQC) announced the results of the 'Annual Health Check', which rates NHS trusts across the country for the quality of their services and financial management. This rating is based on performance against national standards, existing commitments and national priorities during 2008/2009. The CQC awards each trust a rating on a scale from "weak" to "excellent". Whilst we were delighted to be rated as "excellent" for use of resources, an improvement on our "good" rating the previous year, we were disappointed with a rating of "fair" for the quality of services, as we had achieved "excellent" in 2008. The CQC's summary showed that we had scored the maximum possible points in a number of areas, however it was our performance against three extra indicators introduced during the year that resulted in our "fair" rating.

We have, however, now made significant progress in each of these three areas, increased our focus on improving the quality of services and we are committed to regaining our "excellent" rating.

The Trust's performance in terms of quality is outlined in our Quality Report on pages 28 to 61. In terms of our financial performance the Trust delivered all of its financial targets, and these are outlined in the Financial Review on page 16.



NTW Staff

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

In June 2009 the Board agreed to introduce a programme methodology to ensure a standard, consistent and focused approach to the delivery of this transformational change. The Board also agreed to develop a Commercial Unit equipped with the knowledge, skills and capability necessary to consolidate and co-ordinate strategic commercial effort in this difficult climate.

NTW is a pathfinder trust for the North East Transformation Coalition building on lean methodology and also one of the Northern Care Pathways and Packages pilot Trusts developing currencies for payment by results in mental health services. Improvements made as a result of our participation in these initiatives are featured in our Quality Report, page 39.

Foundation Trust status will enable us to maximise opportunities to innovate, reduce waste, modernise current services and develop new services.

We will therefore progress these initiatives during 2010 as they are central to our success in realising our vision and our ability to sustain our high performance.

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

The Trust refreshed its workforce strategy, "Excellent Staff - Excellent Care" during 2009 as a part of our preparations for Foundation Trust status. We believe that effective people management across the Trust is central to the successful delivery of changing demands in service delivery and integral to our approach to exploiting new market opportunities.

We are committed to developing leaders at all levels who are innovators and entrepreneurs - able to introduce and implement change to meet service need. We have introduced a highly successful leadership course which brings clinicians and managers together to develop their leadership, change management and workforce planning skills. The course is followed up by Action Learning Sets and a Workforce Development Project.

We continue to also encourage professional leadership and have active clinical networks in place. The Strategic Forum was established to bring together both clinical and managerial leaders on a monthly basis, led by the Chief Executive, and this is an effective mechanism for developing leadership and encouraging dialogue.

During 2009 we also established our "250 Events" where we invite 250 representatives from across the Trust to participate in themed events aimed at helping us shape the future of the organisation. These events have focused on our Foundation Trust application,



250 listening event



FT membership recruitment

including: markets and services; improving communications; review of the leadership programme; and workforce planning.

We have continued to work hard to ensure that staff have access to the benefits of modern working practices and that the principles of Improving Working Lives standards continue to be embedded within the organisation. We hold the Gold Level Award from the Healthy People Healthy Business Award and are a 'Mindful Employer' committed to being positive about mental health. During 2009 we promoted a range of staff

benefit initiatives including public transport travel passes, a family car scheme and home computers.

In the 2009 national NHS staff survey we were in the top 20% of comparable trusts in the country in 13 out of the 40 key findings. These included those relating to the percentage of staff feeling valued by their work colleagues, access to flexible working hours and equal opportunities for career progression.

Further details relating to our work in partnership with our staff are outlined on page 76.

Director's Report

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

During 2009 we continued to grow our membership, and we set ourselves the target of having at least 9,000 public, service user and carer members by the time we were authorised as a Foundation Trust, and staff worked hard to reach that target by October 2009.

We recruited people by:

- talking to members of local voluntary and community groups;
- encouraging our staff to recruit friends, relatives, and service users and carers; and
- running recruitment road shows in town centres and at major events such as festivals and summer shows.

We also worked with other health and voluntary organisations to pilot health and well-being drop-in sessions at libraries and community centres. These were so successful at recruiting members and sharing health information with local people that we'll be rolling out the sessions across the Trust area during 2010.

During the autumn, we also held our first Council of Governor elections. We were delighted that around 70 staff, members of the public, service users and carers put themselves forward for election, and we were able to fill all but two of our Council seats.

We hope to fill the remaining two seats during the coming year. Further details relating to our membership and Council of Governors are outlined on page 66.



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

- In Northumberland staff worked with the local Users Voice Group to pilot the postcard initiative, a way of quickly getting and responding to service user feedback about our services. We now plan to roll the project out across the Trust.
- All four wards at Roycroft Clinic at St. Nicholas Hospital achieved Investors in Children status for their efforts to involve their young service users in the ongoing development of the service.
- Young people's feedback has helped to shape the development of Benton House in Newcastle and meet the needs of young people and their families using our Child and Adolescent Mental Health Services.
- Northumberland Community Children, Young People and Specialist Service achieved Investing in Children status, and as part of that work an agenda day allowed young people to identify issues that

were important to them. This resulted in the service focusing on developing support to meet the needs of adolescents.

- Susan Trench, the Learning Disability Directorate's Involvement and Inclusion Facilitator continued to work with Skills for People supporting the Northgate Committee Group, made up of service users. The Committee Group met regularly throughout the year to discuss topical issues, listen to invited speakers and ask them questions. The speakers included Dr Gillian Fairfield and Jules Preston.
- Susan also supported service user involvement in the recruitment of the new chaplain for Northgate Hospital and St. George's Park and supports Andrew Davidson in his role as a service user governor.
- Hotel services worked with service users on the Northgate Hospital site to review the hospital menu. This work included food tasting sessions and the service users provided feedback on what food they liked and didn't like.

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

During 2009/2010 we completed a review of our governance structures. This review was to ensure that we have the best structure in place to continue our development of high quality services and to monitor quality. Our staff recognise the importance of the Trust's values and this is acknowledged by our staff recognition awards, highlighted throughout this report, which are structured to ensure our staff are recognised for improving the quality of the care that they provide.

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

- Quality Goal One:
Reduce incidents of harm to patients;
- Quality Goal Two:
Improve the way we relate to patients and carers;
- Quality Goal Three:
Improve multi-disciplinary team working to benefit the patient pathway;
- Quality Goal Four:
Ensure the right services are in the right place at the right time for the right person.

The improvements we have made to improve the quality of services are included in our Quality Report for 2009/2010 on page 28.

Other notable achievements include:

Our Urgent Care Management Team was nominated for an NHS Health and Social Care Leadership For Improvement Award for its work on the strategy. Dene Ward and West Willows at Cherry Knowle Hospital, Sunderland Self Harm Team, and the Lead Nurse for our Sunderland Services were all finalists in the Sunderland Echo Best of Health Awards.

Bluebell Court at St. George's Park in Morpeth was one of a handful of units across the country to receive a Full Monty award for implementing all 75 standards in the national Star Wards initiative to improve the patient experience on adult in-patient wards.

Our Northumberland Child and Adolescent Learning Disability Service was the first in the country to receive national recognition through the Quality Network for Multi-Agency Children, Young People and Specialist Services for outstanding achievement in developing age appropriate services.

Following the pilot of a Parenting Support Group in Newcastle, our Learning Disability Community Team devised a training manual to help other professionals deliver this course to parents with a learning disability. The manual was recently accepted on the National Academy for Parenting Practitioners database, and a Sure Start initiative is looking to work with the team to deliver the course in Newcastle.

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

During 2009 we were pleased to be awarded £1.3 million in national funding to provide same-sex accommodation as a part of the drive to improve privacy and dignity across the NHS. This helped us to deliver a plan that virtually eliminated the use of mixed-sex accommodation across the Trust.

Based on the outcome of a self-assessment, NHS Trusts were required to sign a "Declaration of Compliance" by the end of March 2010 declaring whether they were compliant with the commitment to deliver same-sex accommodation. The Trust Board was pleased to sign this declaration of compliance.

One of our priorities for the year was to reduce incidents of harm to patients as the safety of people in our care is extremely important to us. As featured in our Quality Report on pages 31 to 33 we did achieve a reduction in the number of incidents of harm and our Safety Team was commended in the North East Safer Care awards for research using Google Earth to map suicide hotspots as part of the regional work to prevent suicides.

Director's Report



Opening of the Dene Ward, Cherry Knowle Hospital

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

During 2009 we continued to progress the Trust-wide implementation of a single clinical system (RiO) and this work is now nearing completion. The system provides clinical staff with up-to-date access to a patient's record across different sites improving the quality and safety of services.

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

One of the first developments from this warehouse has been a clinical dashboard for the Trust's Older People's Service. We were one of ten national pilot sites

selected for the development of Clinical Dashboards and the only Mental Health Trust to be selected. Connecting for Health rated the Trust's delivery joint first in an assessment of the pilot sites work.

We also invested in an IT system to automate Time and Attendance and Electronic Rostering processes. This will help us standardise ward shift patterns and ensure that the optimum combination of staff and skill mix can be assigned to each shift, automate time recording, introduce electronic rostering and improve management reporting of time, attendance and absence information. We will be progressing this work in 2010.

Work also continued on the development and refinement of information governance policies and procedures with the aim of safeguarding confidential information.

Be an influential organisation that supports and enables social inclusion.

The Trust recognises that working with partner organisations is essential in providing high quality care to individuals and their families. We conducted a detailed audit of our partnerships and as a result a robust stakeholder management process has been established, with named directors leading on key partner relationships. We also established a new post of Head of Partnerships with the remit of co-ordinating all stakeholder and partnership arrangements across the Trust.

Working in partnership brings benefits to everyone - service users, carers, staff and the Trust itself - and it is with those benefits in mind that we designed our governance arrangements and in particular representation on the Council of Governors, page 94.

As one of the largest mental health and disability trusts in the country, we are committed to promoting social inclusion and stamping out stigma. During 2009 we promoted our "Happiness Is" campaign across the north east as a part of our public events to highlight the work of the Trust and sign up new members.



'Happiness is...'

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

Staff from across the Trust's Learning Disability Directorate also worked on the development of the "See It – Say It" campaign, which was launched in November 2009. It aims to reinforce that every member of staff has a duty to protect service users from abuse, and this initiative will be rolled out across the Trust in 2010.



Our staff in Learning Disability Services continued to work with colleagues across adult and older people's mental health to ensure reasonable adjustments are made to ensure people with learning disabilities have equal access to assessment and treatment for their mental health needs.

They also continued to work closely with local Partnership Boards and services at Sunderland City Hospitals NHS Foundation Trust and Newcastle Hospitals NHS Foundation Trust in setting up acute health liaison posts. These staff work with acute hospital staff to help them understand and support the physical health needs of people with learning disabilities.



Our work with our partners is also highlighted on page 72.

Director's Report

Our first steps

This section of the report highlights the first steps we took as an NHS Foundation Trust during the period 1st December 2009 to 31st March 2010.

Our success at becoming an NHS Foundation Trust was announced through the Chief Executive's Bulletin, on our web site and in "Laying the Foundations", our Foundation Trust Newsletter. This was an opportunity to thank all of those who had contributed to our success but it also signalled the beginning of another very busy period.

We held the first of our Council of Governors meetings and began a series of sessions to help them better understand the services we provide, our plans, performance and governance arrangements. The Trust's Chair, Jules Preston, met with many of the governors individually to talk about the Trust, their role, how they would like to help shape the Trust's services and their development needs.

In February 2010 we presented to the governors our Annual Plan proposals and they provided valuable feedback on the plans, how they would like to be involved in the development of our future Annual Plans and their views on how we can improve the quality of our services. We have used this feedback to inform our Annual Plan for 2010/2011 and our quality priorities.



Council of Governor's session

After months of careful planning in February we held our first annual "Shining a Light on Excellence Awards 2009/2010". We received over 200 nominations in total and two judging panels had the difficult job of whittling down those entries to a shortlist of five in each of our twelve categories. Shortlisted members of staff were then invited to attend the gala awards evening hosted by Jules Preston, Chairman and Dr Gillian Fairfield, Chief Executive.

Many of the winners of the awards are showcased in this report.

In March 2010 over 250 clinicians and senior managers attended the Trust's launch event for our Next Steps programme at St. James' Park in Newcastle. As outlined on page 15, NTW is introducing

a programme management approach to deliver the future changes needed to build upon our Integrated Business Plan, achieve our key strategic objectives and realise our visions and values.

Most importantly, this is about how we truly ensure that our organisation is designed around our service users, their needs, and delivering the best possible outcomes for them with the resources we have available.

The event allowed us to bring together all the thinking about how best to take this work forward and embed the Next Steps programme into the organisation enabling us to start "Building for the Future".

“Building for the future”

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

We have identified six strategic programmes of work, each with an executive sponsor to take forward key elements of our transformational change agenda:

Next Steps

Safety

Leadership

Continuous Improvement System

Service Line Management

Knowledge Management

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

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

From April 2010 all health and adult social care providers who provide regulated activities are required by law to be registered with the Care Quality Commission. To do so, providers must show they are meeting new essential standards of quality and safety across all of the regulated activities they provide.

We were pleased that the Commission confirmed our registration without conditions and are committed to retaining this unconditional registration.

During the coming year we will also progress the following major service development plans:

- Refocus social and residential support to the provision of specialist health support to individuals.
 - Develop new models of care for long term low secure forensic learning disabilities in new purpose built facilities.
- The Trust has developed a detailed three year plan for Monitor covering our plans for the period 2010/2011 to 2012/2013.
- To receive your free copy of our Summary Annual Plan please contact our Communications Department.
- Modernise services for older people, relocating services into modern facilities and maximising community services models.
 - Modernise services for working age adults, relocating services into modern facilities and maximising community service models.
 - Build new purpose built facilities for working age adults, older people and those with a learning disability in South of Tyne (Cherry Knowle re-provision).
 - Fully integrate and re-provide facilities for Tier 4 Child and Adolescent Mental Health and Learning Disability Services on the Prudhoe site.
 - Conclude the transformation of Learning Disability Services (campus closure).

Financial review

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

Reporting to Monitor, the independent regulator

Overall for the year 1st April 2009 to 31st March, 2010, the Trust achieved an underlying surplus (excluding extraordinary items) of £7.6 million. Earnings before Interest Depreciation, Taxation and Amortisation (EBITDA) for the year were 8.5%, slightly ahead of the plan to deliver 7.6%. Of this surplus, £4.2 million has been reported in our final accounts as an NHS Trust covering the period 1st April 2009 to 30th November

2009. In the period 1st December 2009 to 31st March 2010, covered by the accounts included within this report, the Trust generated a surplus (excluding extraordinary items) of £3.4 million, and an EBITDA of 8.3%. In terms of our overall Monitor financial risk ratings, which cover the whole year to 31st March, 2010, the Trust has achieved overall a risk rating of 4 as outlined in the table below.

The Trust's underlying surplus and EBITDA were ahead of plan, largely due to non-recurring benefits arising from the reversal of provisions for expected backdated pay costs which have not materialised as expected in year.

Table 1 – Foundation Trust Risk Ratings

| Foundation Trust Risk Ratings | Achieved | Risk Rating | Weight |
|----------------------------------|----------|-------------|--------|
| EBITDA Achieved (% of LTFM Plan) | 113.2% | 5 | 10% |
| EBITDA Margin | 8.5% | 3 | 25% |
| Return On Assets | 7.5% | 5 | 20% |
| I&E Surplus Margin | 2.8% | 4 | 20% |
| Liquidity Ratio | 36 days | 4 | 25% |
| Overall Rating | | 4 | |

Review of the primary accounting statements

This is the first set of annual accounts as an NHS Foundation Trust and they cover the period 1st December 2009 to 31st March 2010. A summary set of accounts are included within this report on pages 101 to 118.

Accounting policies

These accounts have been prepared using International Financial Reporting Standards (IFRS). There have been no new IFRS accounting standards issued in 2009/2010 subsequent to the standards applied in the Trust accounts for the period 1st April 2009 to 30th November 2009.

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

There are no significant changes in accounting policies from those used in the previous accounting period, the main change being that disclosures now reflect the requirements of a Foundation Trust rather than those required as an NHS Trust.

Statement of comprehensive income

In reviewing our performance, Monitor excludes extraordinary items of expenditure. In the period

in question the Trust incurred extraordinary expenditure in the form of impairments to its land and buildings. While underlying performance is showing a strong surplus, the Statement of Comprehensive Income for the period 1st December 2009 to 31st March 2010 shows a technical retained deficit of £926k for the period, arising from reductions in the value of land and buildings due to prevailing economic conditions. In the period from 1st December 2009 to 31st March 2010, the Trust has recognised a reduction in value in land and buildings of £5.1 million of which £4.3 million has been recognised as a technical loss in retained earnings, and a further net reduction of £775k in owned assets charged to the revaluation reserve, with a net reduction of £13k in donated assets charged to the donated assets reserve. The retained deficit of £926k, and reductions in revaluation and donated assets reserves of £775k and £13k respectively give a total comprehensive expense for the period of £1,714k.

It should be noted that while impairments of assets record a reduction in value of the organisation as shown in the Statement of Financial Position, they do not represent a cash expenditure, and have no impact on the underlying financial stability of the organisation. It is for this reason that they are excluded from the analysis of our performance.

The Statement of Comprehensive Income includes operating income

of £2.7 million, which may not be recoverable by the Trust. This is therefore offset by a matching provision for bad debts (impaired receivables) in operating expenses. This represents an increase of £2.7 million from the figure reported in the accounts for the eight months to 30th November, 2009. This is largely due to charges raised for Social and Residential Services, which have been disputed by local authorities. Of the total provision for bad debts, £2.4 million relates to Social and Residential Services of which £1.4 million relates to Northumberland, £0.4 million to Newcastle and £0.3 million to North Tyneside.

Private Patient Income remains low, with £94k received over the period, or 0.1% of operating income. This is within the private patient income cap of 1.5% as approved by Parliament.

Financing costs have increased over the period, due to additional loans drawn down from the Department of Health. £61k worth of interest has been incurred over the period, although the majority of the Trusts financing costs over the period (£1,242k) relate to the Trust's Private Finance Initiative facilities at St. George's Park and Walkergate Park. Public Dividend Capital payments over the period have reduced as they are paid as 3.5% of net asset values, which have reduced over the period.

Management costs are £4.8 million or £4.6% of total income.

Financial review

Statement of Financial Position

The Statement of Financial Position summarises the overall value of the Trust as at the 31st March, 2010 due to the reductions in retained earnings, public dividend capital, revaluation reserve and donated assets reported in the Statement of Comprehensive Income, overall taxpayers equity has reduced by £2.2 million over the period.

The losses in fixed assets have been offset by asset investments of £10.7 million over the period, which means that overall the worth of fixed assets has grown by £2.8 million after accounting for depreciation.

Monies owed to the organisation (receivables) have decreased considerably as particularly NHS organisations have settled outstanding debt, such as that incurred for additional cost and volume activity, as the financial year end approaches. Amounts due to other organisations have also decreased as the Trust has reached settlements on a number of outstanding issues. Overall working balances are relatively strong, with the Trust holding cash of just over £20 million at the year end, slightly ahead of plan, and appropriate provisions having being made for outstanding debt that may not be recoverable in full.

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

Table 2 – Payment of Trade Creditors

| | Number | £000 |
|---|--------|--------|
| Total Non-NHS trade invoices paid in the period | 19,680 | 26,432 |
| Total Non-NHS trade invoices paid within target | 18,604 | 25,628 |
| Percentage of Non-NHS trade invoices paid within target | 94.5% | 97.0% |
| Total NHS trade invoices paid in the period | 518 | 36,328 |
| Total NHS trade invoices paid within target | 446 | 35,779 |
| Percentage of NHS trade invoices paid within target | 86.1% | 98.5% |

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

The Trust took out additional loans of £9 million over the period as part of an agreed facility to fund the development of Woodland View, our new facility for integrated provision of Tier 4 services for children and young people.

Overall the Trust has an approved Prudential Borrowing Limit set by Monitor setting the total amount that it is authorised to borrow. This has been set at £74.8 million, of which a net balance of £60.4 million had been drawn down at 31st March 2010. In addition, the Trust has access to a committed working capital facility of £22.5 million from Barclays Bank to ensure that commitments arising from current operating expenditure can be covered at all times. The Trust has no plans to call on this facility.

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

Overview of financial performance and investment for the year 1st April 2009 to 31st March 2010

These accounts describe part of the year's performance, but should be seen in context of financial performance across the whole year. As already described on page 16, the Trust delivered an overall risk rating of '4' for financial

performance under Monitor's Compliance Framework. This represents a successful year, and one which has been delivered broadly in line with plan.

Income from activities underperformed against plan during the year, largely due to underperformance of £1.3 million across our Forensic Services. This was due to activity decreasing in the earlier part of the year as improvement works to the patient environment were undertaken, and also due to a shift in activity between block and cost and volume contracts. This is to be addressed by moving all of our Forensic Services onto the same basis, being commissioned on a collaborative block basis across the region to more effectively manage joint financial risk between commissioners and provider. Income for Social and Residential Services for people with a learning disability was also below plan, largely due to vacant beds, and continuing disputes with local authorities on amounts payable. Transfers of services to other providers are now underway, with the first tranche of Sunderland homes transferred and all Newcastle homes transferred to new providers from 1st April 2010. Providers for Gateshead and North Tyneside homes are in place, and the transfers are expected to take place in 2010/2011. Discussions are ongoing with Northumberland. Other contracts overall performed largely in line with plan, as described in the section on contract performance on page 24.

Non-patient income performed well due to higher than planned

funding for training and research.

Adverse variances in income were offset by lower than planned spending, primarily in staffing, as vacancies were held and as the Trust was able to release provisions for expected pay costs which did not arise in year.

In terms of value for money, the Trust set a cost improvement target of £8.1 million and has delivered £8.2 million through a wide range of initiatives across the Trust, including a range of service re-design, enhanced productivity and cost reductions.

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

Financial review

The Trust invested £19.9 million in improvements to the Trust's infrastructure through the year. The programme of ensuring all in-patient wards reach acceptable Trust standards continued and was supplemented by additional work on removing ligatures points within buildings and on ensuring that all of our accommodation met the standards required for 'delivering same-sex accommodation'. The Board of Directors was able to make a statement of assurance at its March Board that same-sex accommodation had been virtually eliminated. These schemes accounted for £5.6 million of the Trust's capital expenditure.

Work started on the new £27 million development for children and young people, Woodland View, which is due to open in 2011, and Rose Lodge, the assessment and treatment unit for people with learning disabilities across Gateshead and South Tyneside was completed and opened in October. Work continued on developing the scheme to replace Cherry Knowle with state of the art facilities for the people of Sunderland, and the full business case for this is expected in 2011.

Our capital programme is funded through the generation and retention of surpluses, the use of funding set aside to cover deterioration of our infrastructure (depreciation), the sale of assets and through loans. Across the year the Trust has drawn down £12 million in loans and has £14 million remaining of its existing facility. This loan is repayable over ten years.

In addition to these investments, the Trust continued investing in information technology, with further investment in our clinical information system, a new time and attendance system, and developing a national pilot for clinical dashboards in conjunction with Connecting for Health.

Future financial performance - building for the future

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. This judgement has been made using a range of considerations including rigorous review of the financial strategy through the Monitor assessment process, review of the updated financial strategy presented to the Board of Directors in March, 2010 and the independent view of its auditors and other advisors.

The financial strategy takes full account of the risks to the health economy arising from the current economic situation and the state of the national public finances.

The Board of Directors have reviewed detailed assumptions concerning funding, inflation and pressures and approved a financial strategy which supports the delivery of our business objectives and Integrated Business Plan for the next five years.

Key elements of the strategy include:

- Delivering a surplus year on year rising to £9.3 million by 2014/2015, with an EBITDA of 10.2%;
- Putting in place a programme of organisational transformation which reduces costs by 20% over the life of the strategy while improving the quality of services. This will be driven by the Trust's Next Steps Programme;
- Capital investments of £124 million completing the programme of modernising the Trust estate and improving the patient environment. This will be funded through asset sales of £22 million, additional loans of £35 million above those drawn down to date and £21 million above current approved loans, and internally generated resources including retained surpluses; and
- Maintaining a Monitor risk rating of '4'.

A high level analysis of financial performance planned over the period is shown below:

Table 3 – Analysis of Planned Financial Performance 2010 - 2015

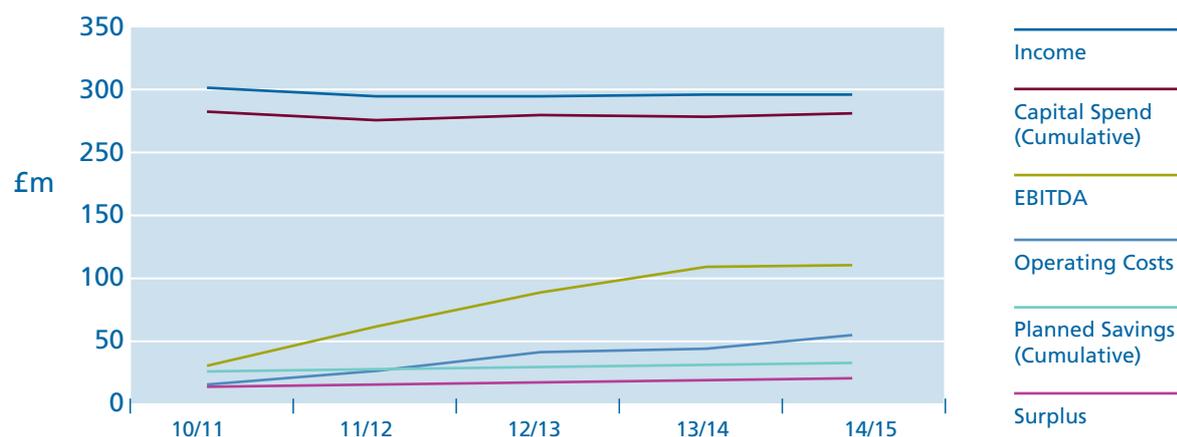


Table 4 – Planned Monitor Risk Ratings 2010 - 2015

| Financial risk rating | 2010/2011 | 2011/2012 | 2012/013 | 2013/2014 | 2014 /2015 |
|-----------------------|-----------|-----------|----------|-----------|------------|
| EBITDA margin | 3 | 3 | 4 | 4 | 4 |
| EBITDA, % achieved | 5 | 5 | 5 | 5 | 5 |
| ROA | 5 | 5 | 5 | 5 | 5 |
| I&E surplus margin | 4 | 4 | 5 | 5 | 5 |
| Liquidity ratio | 4 | 4 | 4 | 4 | 4 |
| Weighted average | 4 | 4 | 4 | 4 | 4 |

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

The Board of Directors recognises the significant challenge to the NHS over this period where growth in overall health budgets will be limited or non-existent while demand increases. We have focused our strategy on improving the use of resources to maximise quality, with no expectations of growth built into our planning. A full risk analysis has been undertaken by the Board of

Directors which considers further risks to our base case assumptions and mitigating actions that we would put in place to manage these risks, over and above those already planned. This will be kept under continuous review.

The Board of Directors believe that our current performance and delivery over the last three years in preparing for and achieving

Foundation Trust status, has given us a sound basis on which to plan for the future and to successfully manage the significant challenges and risks ahead, as we become one of the top performing foundation trusts in the country.

**The Board of Directors
June 2010**

Financial review

External audit

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

During the period the Trust's external auditors focused on the audit work covered by Monitor's Audit Code.

The total fee for external audit for the period was £58,000 which was entirely attributable to work related to the review of financial statements.

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

The Council of Governors has approved such a policy following Audit Committee review and recommendation. However, the external auditor has not been asked to undertake any additional services yet.

The policy seeks to safeguard auditor objectivity and independence in the main by requiring the external auditor to confirm compliance with Ethical Standards issued by the Auditing Practices Board (APB) and, in particular, Ethical Standard 5. This deals with 'non-audit services provided to audit clients,' which requires that a member of a professional accountancy body should behave with independence and integrity in all professional, business and financial relationships.

Integrity implies not merely honesty but fair dealing and truthfulness. Auditors should ensure that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest. The ethical standard requires that auditors have procedures to identify and deal with potential conflicts of interest.

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

Counter fraud activities

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

Anyone suspecting fraudulent activities within the Trust's services should report their suspicions to the Director of Finance or telephone the confidential hotline on 0800 028 4060.

Charitable funds

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

As at the 31st March 2010 the Trust's share of charitable funds was £1.1 million.

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

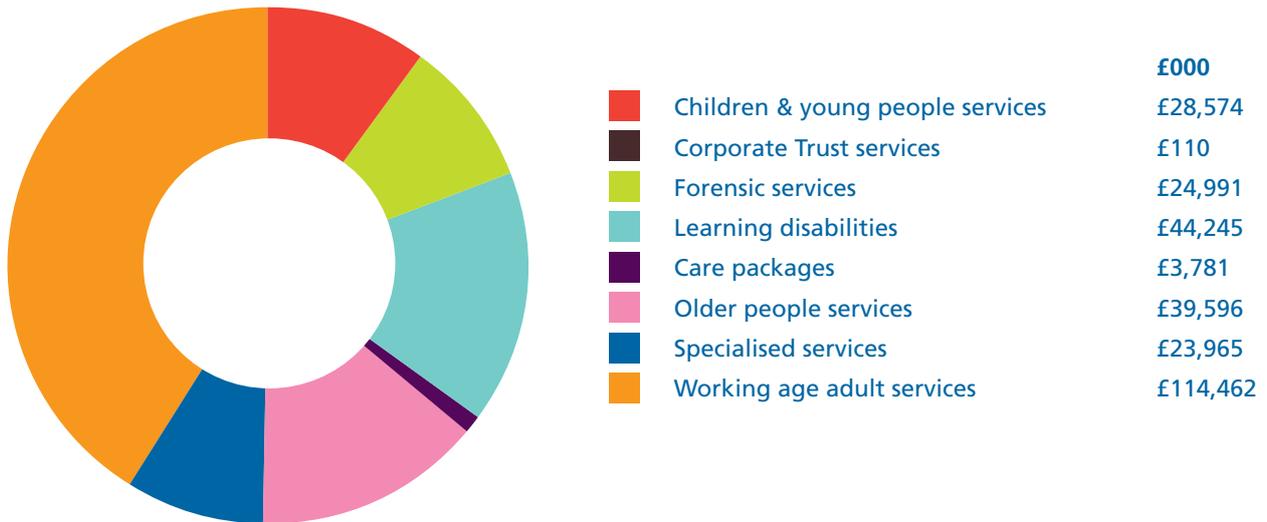
Newcastle Healthcare Charity
Charity Funds Office
Room 203
Cheviot Court
Freeman Hospital
High Heaton
Newcastle upon Tyne
NE7 7DN

Political and charitable donations

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

Our performance against contracts

Figure 1 - 2009/2010 Patient care income per service



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

The Trust's main commissioners are the six Primary Care Organisations; Northumberland Care Trust, Newcastle, North Tyneside, South Tyneside, Gateshead, and Sunderland Primary Care Trusts (PCTs). These organisations form part of an overarching commissioning partnership for

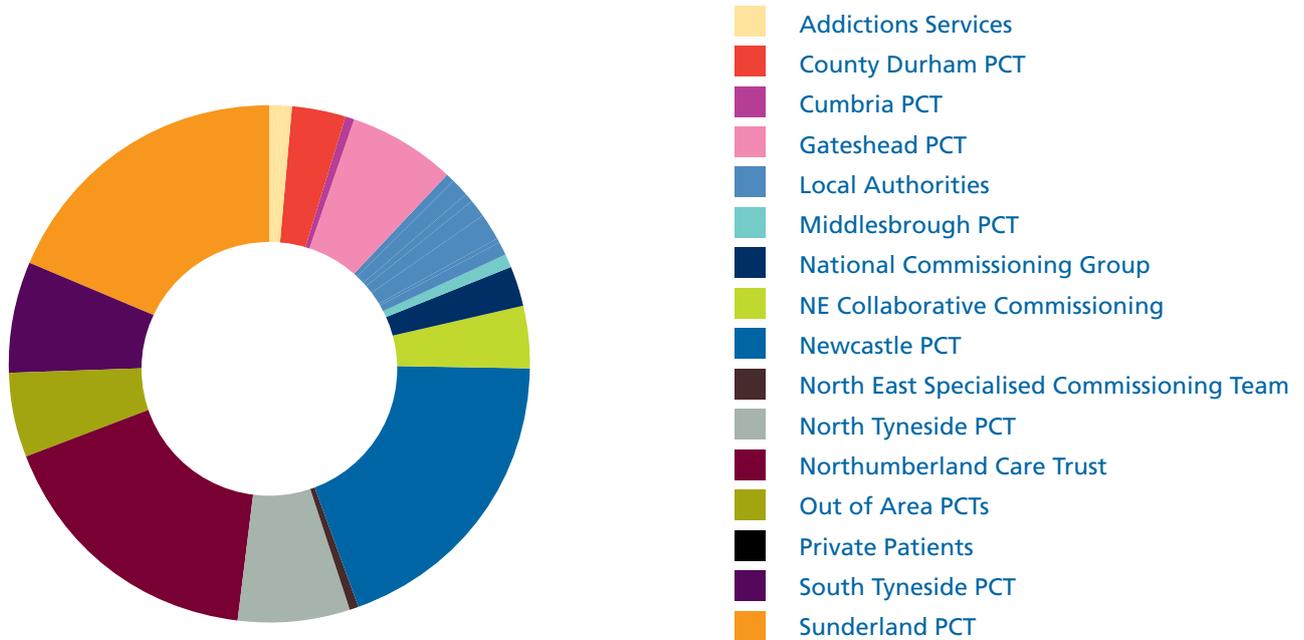
Mental Health and Disability Services in the shape of the North East Commissioning Team, currently hosted by County Durham PCT. These six commissioners are also responsible for local practice based commissioning. The Trust is also commissioned by County Durham PCT to provide some mainstream Adult and Older People's Services for the population of North Easington.

In addition, significant contracts are held with local authorities and regional and national specialist commissioning groups. The Trust anticipates future contracts will be held with children's trusts

and individual service users as personalised budgets develop. The Trust is currently engaged with local children's trust partnership arrangements and in influencing the debate on personalised care packages.

Our performance against contracts

Figure 1 - 2009/2010 Patient care income by commissioner



The Trust has legally binding contracts in place to deliver the services commissioned and positive relationships with commissioners. They monitor our performance through monthly monitoring reports and regular contract review meetings. We performed broadly in line with 2009/2010 patient care contracts over the year.

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

Risk management

Risks are uncertain future events that could influence the achievement of the Trust's strategic, clinical, financial and organisational objectives. We have developed effective systems to manage risk and provide the Board with assurance of this. To support this work we appointed a Head of Assurance during 2009.

Regular reports are provided throughout the year to the Audit Committee, Quality and Performance Committee and Board of Directors to ensure that progress with developing risk management and assurance systems is reported and to provide assurances that risk is being managed.

Throughout the year the Trust has taken action to ensure that the assurance system is effective. We have identified against our seven strategic objectives the key risks that would jeopardise our ability to achieve our objectives, these risks were added into our Assurance Framework and the Senior Management Team periodically review the risks.

Assurance Framework

The Assurance Framework focused on providing the Board of Directors with the assurance that the organisation's significant risks were being appropriately managed and that there was adequate evidence of this process. Gaps in controls and assurances were actively considered throughout the year. The Trust commissioned Internal Audit to conduct independent reviews of the arrangements and controls in place in respect of specific areas. These reviews

provided the Board of Directors with the assurance that risks were being mitigated.

The Board Assurance Framework was reviewed bi-monthly by the Board of Directors, as a part of the Integrated Performance Report.

Head of Internal Audit Opinion

The Head of Internal Audit Opinion for the period was issued on 15th April 2010. The overall opinion that it contains is:

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

Risk Management Framework

The Trust is required to have a Board approved Risk Management Framework that sets out the Trust's approach to the management of risk and implementation of a system, which supports informed decisions in the identification, assessment, treatment and monitoring of risks.

The Trust's Risk Management Strategy was approved by the Board of Directors in January 2009.

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

Risk management

Risk management accreditation schemes

The Trust achieved 100% compliance across all standards in February, 2009, under the revised NHS Litigation Authority Risk Management Standards, combining the Clinical Negligence Scheme for Trusts with the Risk Pooling Scheme for Trusts.

Sustainability and climate change

We continue to implement environmental initiatives across the organisation in support of the Climate Change Act 2008 and NHS targets in reducing its carbon footprint and impact on the environment.

We recognise that our use of buildings and construction plans can have a major impact on the environment, but how we use, adapt and construct new buildings can also provide us with opportunities in terms of reducing emissions and waste.

Design of buildings and construction projects not only have an impact on the environment in terms of the buildings ongoing operational use, but during the construction phase of a project it is also important to consider the impact the construction process has on the environment.

In delivering sustainable hospital developments we aim to minimise any adverse impacts of demolition and construction through the design process, materials selection, construction techniques and operational methods.

We have worked with the Waste Resource Action Programme and now maximise the recovery of construction, demolition and excavation arisings, minimising the quantity of waste being sent to landfill, and reducing the consumption of finite natural resources in new builds. These objectives are pursued while avoiding adverse impact on cost, quality or other requirements in the brief, and minimising transport usage (especially the transport of heavy materials by road) is considered where feasible.

We have introduced specific targeted outcomes on three aspects of materials resource efficiency and these now form part of our procurement contract agreements:

- All contractors are required to undertake a pre-demolition audit to maximise the material recovered from the demolition of existing buildings.
- On Trust major projects at least 10% of the total value of materials used should derive from recycled and reused content in the products and materials selected.
- All contractors are required to develop a Site Waste Management Plan to be developed from the pre-design stage to inform the adoption of good practice waste minimisation in design.

In addition to working with the Waste Resource Action Programme, we have used BREEAM (Building Research Establishment's Environment Assessment Method) healthcare on all new capital developments and major refurbishments. BREEAM sets the standards for best practice in sustainable design and is an excellent measure in assessing a building's environmental performance.

Our plans to support sustainability and climate change are discussed and managed through our capital development project structures.

Table 5 - Sustainability and climate change

| Area | | Non-financial data (applicable metric) | Non-financial data (applicable metric) | | Financial data (£k) | Financial data (£k) |
|-----------------------------------|---|---|---|---------------------------------|------------------------|------------------------|
| | | 2008/2009 | 2009/2010 | | 2008/2009 | 2009/2010 |
| Waste minimisation and management | - Absolute values for total amount of waste produced by the Trust | | | - Expenditure on waste disposal | | |
| | - Methods of disposal (optional) | | | | | |
| | Clinical:- High Temperature Alternative Treatment | 93.98 - | 8.93 80.35 | | 54,435 - | 4742.64 31902.16 |
| | Domestic - Landfill | 1376.94 tonnes | 1321.86 tonnes | | 88,927 | 101,369 |
| | Confidential – Recycled | - | 264 tonnes | | - | 17,160 |
| | Waste Paper/ Cardboard - Recycled | | £15 Per collection | | | 360 |
| | Food Waste - Sewerage | 2750 meals | 2,550 meals | | 11,000 | 10,200 |
| Finite Resources | - Water | 192451m3 | 188450m3 | - Water | 386774 | 381710 |
| | - Electricity | 10604308KWH | 10799671KWH | - Electricity | 1332392 | 1,191,574 |
| | - Gas | 44213185KWH | 40547169KWH | - Gas | 1,542,217 | 1,477,706 |
| | - Other energy consumption | 560GJ | 2150GJ | - Other energy consumption | 2000 | 8500 |

Quality report 2009/2010

Chief Executive's statement

High Quality Care for All (June 2009) set the vision for quality to be at the heart of everything the NHS does. All providers of NHS healthcare are now required to produce a Quality Account: an annual report to the public about the quality of services delivered and it gives me great pleasure to present Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for 2009/2010.

Our vision as an organisation is to: 'Improve the well-being of everyone we serve through delivering services that match the best in the world'

We developed our vision, values and priorities through wide involvement and in consultation with patients, carers, staff and partners. High quality patient care is at the centre of everything we do at Northumberland, Tyne and Wear NHS Foundation Trust. We fully embrace and support patients, carers and staff and work hard to achieve and maintain the highest quality standards. Improving our understanding of service quality as experienced by those people who use our services is very important to us.

High Quality Care for All defined quality as centred around three areas: patient safety, clinical effectiveness and patient experience. Using feedback from

complaints, compliments and serious untoward incidents we have listened to the views of our patients, carers, staff and partners and in response to this we have identified four trust-wide objectives, which we will be looking at in depth during 2010/2011, linked to these three areas.

Our staff are dedicated to the delivery of high quality services.

This year we had our best results, to date, in the National NHS Staff Survey. The survey confirms that our staff feel that their jobs make a difference, and importantly, staff understand how their job contributes to the success of the organisation. This ensures that staff feel supported, involved in decision making and are able to make the changes needed to improve the quality of care.

Having now achieved Foundation Trust status on the 1st December, 2009 our Council of Governors will ensure that everyone connected with our services are able to hold us to account and help us shape the future direction of the Trust.



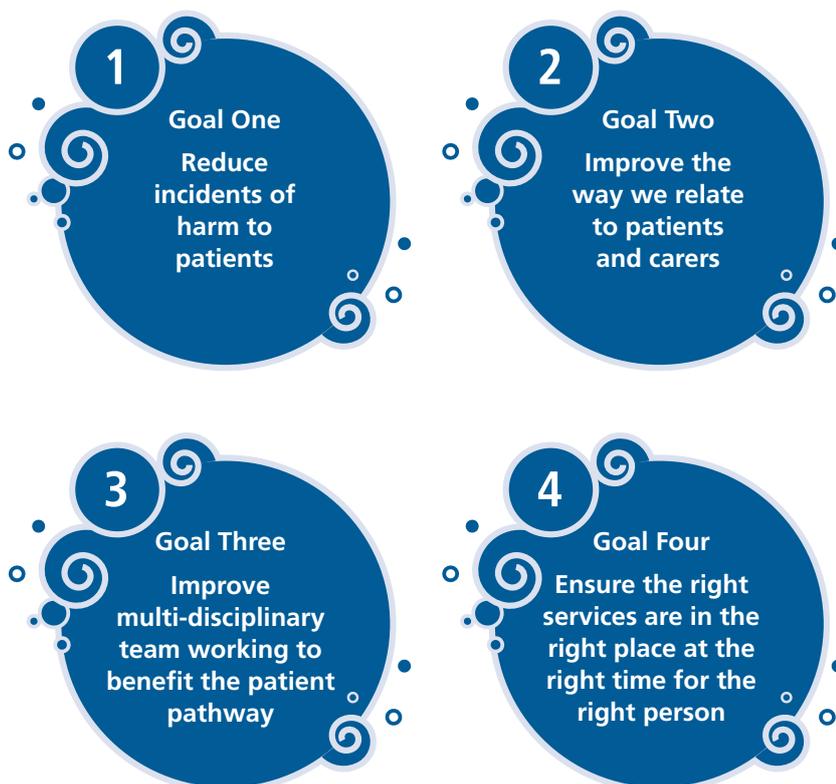
We have developed effective quality monitoring and reporting systems and the quality of our services is a key item at every Trust Board meeting. We have also reviewed and improved our governance system to ensure that the Trust Board remains focused on the quality and safety of services, thereby, enabling us to continually improve upon the three elements of quality: patient safety; clinical effectiveness and patient experience.

To the best of my knowledge I confirm that the information in this document is accurate.

Dr Gillian Fairfield
Chief Executive
28th May, 2010

Our quality priorities

We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure that the organisation was fit for the future. This enabled us to focus on improving the quality of our services by identifying, drawing upon feedback from staff, patients, carers and our partners, what we do well and what we need to improve upon to provide consistently high quality care. Through this organisational learning process we identified the following four Quality Goals which form the basis of our quality priorities over the next five years:



These four Quality Goals will enable us to continually improve upon the three elements of quality: patient safety, clinical effectiveness and patient experience as shown in the table overleaf.

Specific and measurable targets for each Quality Goal will be set annually and approved by the Board of Directors and Board of Governors. We will monitor and report progress against each target through our Integrated Performance and Assurance Report on a quarterly basis to the Board of Directors and Council of Governors. Improvements will also be measured in conjunction with our patients, carers and partners through 'real time' initiatives.

Quality report 2009/2010

Table 6 – Quality Goals

| Number | Element of Quality | Quality Goals |
|--------|------------------------|--|
| 1 | Safety | Reduce incidents of harm to patients |
| 2 | Patient experience | Improve the way we relate to patients and carers |
| 3 | Clinical effectiveness | Improve the development of multi-disciplinary team working to benefit the patient pathway |
| 4 | Clinical effectiveness | Ensure that the right services are in the right place at the right time for the right person |

Improving our organisational structure to improve quality of care

Governance structures have been in place throughout 2009/2010, including a formal sub-committee of the Board focused on quality and performance. This committee's remit includes patient safety, patient experience and clinical outcomes and effectiveness, integrated with performance monitoring and risk management. Trust-wide sub groups which report to this committee include the Patient Safety Group, the Complaints Assurance Group and the Clinical Effectiveness Group.

Each of the Trust's operational directorates also has a Quality and Performance Group in place, focused on improving the quality of care within their clinical area.

At an individual and team level, we recognise and acknowledge the work of our staff in improving the quality of care for service users, through our staff recognition awards.

Our performance in 2009/2010 against the Quality Goals and Priorities for 2010/2011

In the following sections the improvements we have made during 2009/2010 and the targets set for 2010/2011 against each Quality Goal are outlined. The targets set for 2010/2011 have been approved by the Board of Directors and Council of Governors.

Priority One: Safety

Goal One: Reduce incidents of harm to patients



The safety of people in our care is extremely important to us. Serious incidents in healthcare are uncommon but when they do happen they can have a devastating and far reaching effect. It is essential that all serious incidents are reported, actively investigated and wherever possible the cause eliminated. We must also learn lessons from serious incidents to prevent a recurrence.

Our aim in 2009/2010 was to continue a culture of high reporting and reduce the number of serious untoward incidents. During 2009/2010, the Trust successfully reduced the number of incidents of harm to patients whilst supporting an open incident reporting culture. All serious incidents continue to be actively investigated and reported to the Trust Board.

During 2010/2011 we will be launching a core Safety Programme. This, together with the lessons learnt from reported incidents, will ensure that the safety of patients is a top priority for the coming year.

Progress made in 2009/2010

The Trust has continually developed its incident reporting system throughout the last year, and during 2009/2010 for the first time all incidents were recorded and reported on the newly developed NTW Safeguard system, this enables us to assess the number and nature of reported incidents across the Trust and establish a baseline for assessment against the above aim.

Improvements made in 2009/2010

- Training programme for Investigating Officers and the After Action Review process
- Introduction of joint investigation with both the investigating officer and lead clinician
- Lessons Learnt Group established
- Improvement and modernisation of in-patient services
- Practice Development newsletter produced
- Trust actively involved in national development programme on patient safety
- Continue to demonstrate a culture of high reporting
- Reduction in the number of incidents of harm

2009/2010 our aim - to continue a culture of high reporting and reduce the number of serious untoward incidents

Quality report 2009/2010

For the period 2009/2010 there was an increase across the organisation for all incidents, this is predominantly to do with an increase in awareness about incident reporting, which is evidenced in the findings of our staff survey.

Information relating to incident reporting and the processes to support it are covered within sessions of statutory and mandatory training that are provided to all staff on an annual basis.

Within the same reporting period the organisation has seen a significant decrease in serious incidents being reported, some of this decrease is attributable to a Single Incident Policy being implemented and embedded across the Trust. The new policy is now fully compliant with NHS North East Strategic Health Authority Serious Incident Guidelines.

Not all of these serious incidents relate to harm to patients as there are other categories of serious incidents which are also reported and these have seen a slight increase over time e.g. Information Governance. All serious incidents are reviewed to improve the quality and safety of all care provided and to prevent further harm to patients where possible.

Figure 3 – All Incidents (April 2008 – March 2010)

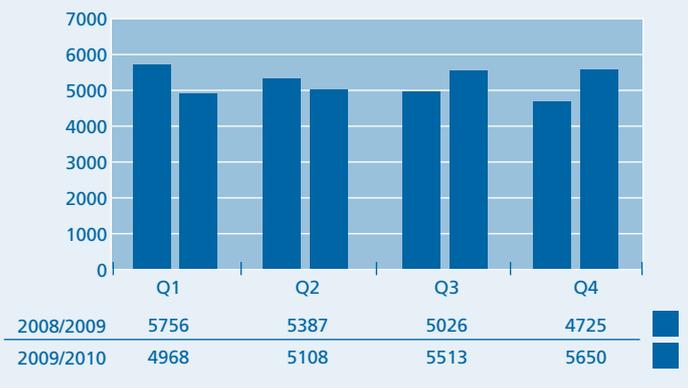
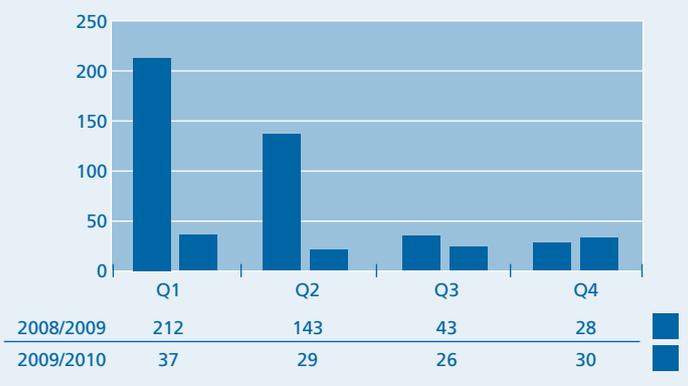


Figure 4 – All SUI Activity (April 2008 – March 2010)



Action plans for 2010/2011

Table 7 – Action plans for 2010/2011 to reduce incidents of harm to patients

| Aim/Objective | Rationale | Target by 31st March, 2011 |
|---|--|--|
| 1. Reduction in unexpected deaths from inpatients on leave/absent without leave or who have been discharged from inpatient care within the past three months. | Evidence shows that patients who are absent from the ward or have been recently discharged from hospital present with increased clinical risks. NTW want to focus on these areas of risk to reduce harm to patients. | <ul style="list-style-type: none"> • Elimination of unexpected deaths from self harm of in-patients on leave. • Elimination of unexpected deaths from self harm of in-patients who are awol/or abscond from hospital. • Reduction by 20% of unexpected deaths from self harm of in-patients within 3 months of discharge. |
| 2. Ensure all appropriate clinical staff receive effective care co-ordination training in accordance with Trust policy. | To ensure all clinical staff are appropriately trained to deliver safe high quality care. | 90% |
| 3. Patients on CPA to have a risk assessment and care plan review a minimum of every six months. | Evidence through clinical audit and serious and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk. | 95% |
| 4. To ensure GPs receive care plan information within seven days of a review. | It is a Trust priority to reduce risk by improved communication and multi-disciplinary/inter agency working. | 95% |
| 5. To ensure GPs receive discharge summaries within 24hrs of discharge. | It is a Trust priority to reduce risk by improved communication during periods of transition. | 95% |

Quality report 2009/2010

Priority Two: Patient experience

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



It is not only important that we offer patients the right care at the right time but that their experience of care whilst with us is as positive as it possibly can be.

We want to be better at listening, responding and learning from people's experience as this will help us improve our services.

Our aim in 2009/2010 was to reduce the number of complaints and improve the timeliness and quality of responses.

During 2009/2010 we made a series of improvements across the organisation which has helped us improve the way we listen, respond and learn from complaints. Our Board of Directors also now regularly visit services and we now receive "real time" patient feedback. Continuing this work is a priority for us during 2010/2011.

Improvements made in 2009/2010

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- Implementation of a new national complaints management process has supported us in reducing the number of complaints made
- 'Patient Opinion' supporting real time feedback from patients has been introduced
- Introduction of regular Board members' visits to services to 'listen and learn'
- Appointment of Foundation Trust Governors
- Carers Charter introduced at the Carers Conference
- Improved timeliness and quality of responses
- National Mental Health Patient Survey – improvements made in overall rating of care and being treated with dignity and respect

2009/2010 our aim - to reduce the number of complaints and improve the timeliness and quality of responses

Figure 5 – Number of complaints Received



Progress made in 2009/2010

The Trust received 282 complaints in 2009/2010 compared to 258 in 2008/2009.

Since the initiation of the new complaints process in July, 2009, access for service users and carers to raise their comments and concerns has been actively promoted. This has been done through the distribution of standard and accessible complaints information leaflets (“Have Your Say”) to all wards and departments. The leaflets are also available in a variety of languages. Access to raising concerns has also been promoted through closer working with the Patient Advice and Liaison Service (PALS) and the introduction of Patient Opinion. This has resulted in an increase in the overall number of complaints with a greater number being addressed at local level.

Compliance with meeting the agreed time frame averaged at 73% in 2009/2010 as compared to 72% in 2008/2009.

Figure 6 – Meeting Agreed Response Timeframe



Quality report 2009/2010

Action plans for 2010/2011

Table 8 – Actions plans for 2010/2011 to improve the way we relate to patients and carers

| Aim/Objective | Rationale | Target by 31st March, 2011 |
|---|--|---|
| 1. All Trust services have accessible patient information providing details on care and services they provide (based on what the patients say they need). | To improve access and understanding in relation to Trust services. | 100%. |
| 2. To improve waiting times for referrals to multi-disciplinary teams. | To ensure Trust services are responsive and accessible. | 100% seen with 18 weeks. |
| 3. To increase the number of service users who are involved in their care plan. | To increase engagement of service users in their own care following feedback from patients. | 95%. |
| 4. To improve the choice and availability of therapeutic and recreational activities for inpatients including 'out of hours' and at weekends. | In response to feedback from Care Quality Commission, patients and carers this is an identified area for improvement. | Define standard expected. Baseline current activities and improve availability of therapeutic and recreational activities, by a factor of 50% by 2012 for out of hours and at weekends. |
| 5. To develop a standardised Trust 'family and friends' assessment. | In response to carers and in accordance with standards set out in the Trust carers charter to increase the involvement of carers in assessments. | A developed standardised assessment. |

Priority Three: Clinical effectiveness

Goal Three: Improve multi-disciplinary team working to benefit the patient pathway



Following a review of Working Age Adult services South of Tyne, we established an internal Project Board to oversee a number of work streams established to deliver key service improvements. The work streams are focussing on improving: multi-disciplinary working; care coordination; risk assessment and management; records; transition between services; the involvement of carers; team and service design; and safeguarding.

Our aim for 2009/2010 was to make demonstrable progress in all aspects of this programme of work, and key achievements included commencing team and service redesign, improving the access point to secondary services, and reducing the time taken for referrals to be allocated to a key worker.

Our priority for 2010/2011 is to maintain this momentum with the aim of continuing to achieve improvement in services.

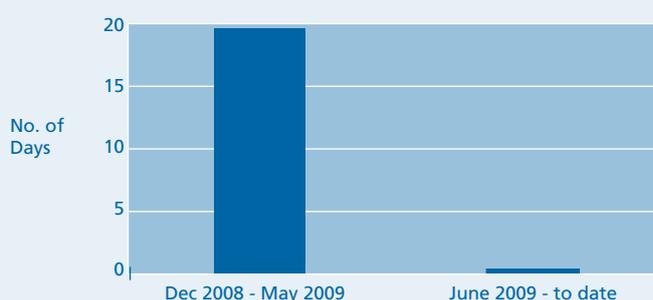
Improvements made in 2009/2010

- Established Internal Service Development Programme for South of Tyne and Wear
- Established Project Board and Steering Group
- Established projects and prioritised key work streams
- Begun to implement the team and service redesign in Sunderland
- Significantly reduced the time taken for referrals to be allocated to a key worker following referral to the Community Treatment Team
- Designed improved access point to secondary services

2009/2010 our aim - to ensure the progression of the South of Tyne Internal Service Development Programme

Quality report 2009/2010

Figure 7 – Reduction in waiting time from referral to allocation of key worker



Progress made in 2009/2010

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A service improvement event was held to look at how we could reduce the time a service user waits to be allocated a key worker from the time of referral. This event took place in June 2009, at which point the average time taken was 200 days. The improvement event enabled us to identify improved processes and a number of changes were made to the referral/allocation process and the waiting time was reduced to only one day.

Table 9 – Action Plans for 2010/2011 to improve multi-disciplinary team working to benefit the patient pathway

| Aim/Objective | Rationale | Target by 31st March, 2011 |
|--|---|--|
| <p>1. To complete phase 1 of the South of Tyne Internal Work Programme:</p> <ul style="list-style-type: none"> Establish & implement new community mental health teams in Sunderland Implement Creating Capable Teams Training Programme Implement a safe patient transfer protocol Implement a single access point for secondary mental health care services Develop an agreed format for core assessment Develop shared, collaborative care arrangements | <p>Patients requiring specialist mental health treatment need access to integrated multi-disciplinary teams in all settings to ensure comprehensive assessments and treatment plans. Phase 1 of the South of Tyne Internal Work Programme involves redesign of services to replace traditional service model.</p> <p>The new teams will develop policies and procedures that support effective multi disciplinary team working and focus on the desired and agreed patient outcomes.</p> <p>Moving to the new model involves transfers of care for patients within the existing system. This is unavoidable but will be carried out in accordance a carefully designed protocol to maximise safety in the transitional period.</p> <p>Specialist Mental Health Services will work with primary care, local authority, third sector and other partners to develop agreed access points and shared care arrangements, thus ensuring that the right help is available to service users in the right place at the right time.</p> | <p>Completion of phase 1:</p> <ul style="list-style-type: none"> Establishment of teams 90% of clinical staff trained Protocol agreed, in place and effective Single access point for secondary mental health services Format agreed and implemented effectively Agree shared care arrangements with partners. |

Priority Four: Clinical effectiveness

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



The development of services based on a risk and needs perspective will enable a better understanding, ensuring that resources can be assigned to best meet individual needs.

We are an active member of the national Care Packages and Pathways Project, one of the projects aims being to ensure that the right services are in the right place for the right person.

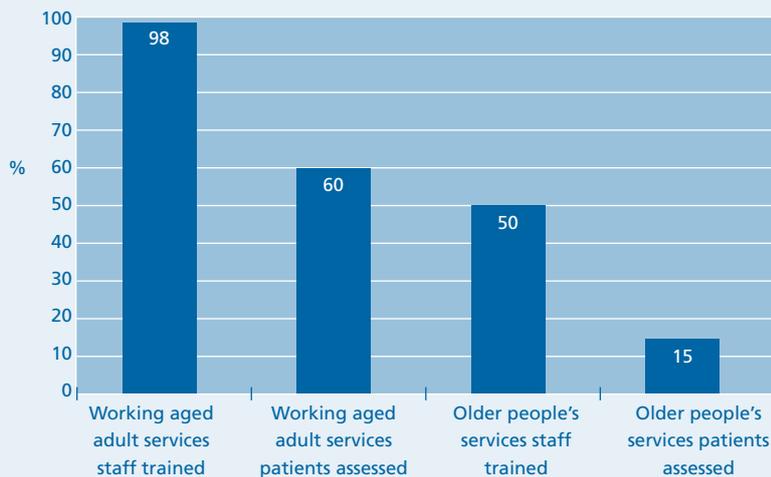
During 2009/2010 we established a Care Pathways and Packages Programme to coordinate the work within the Trust. Significant progress was made enabling the Trust to better understand Working Age Adult Services from a needs-based perspective and to ensure that resources can be assigned over time to those areas which best meet patient needs and have greatest clinical effectiveness. Work also started in Older People's Services. This work will continue during 2010/2011.

Improvements made in 2009/2010

- Care Pathway and Packages Programme Board and infrastructure developed
- Changes made to electronic patient information system to allow recording and reporting of needs assessment scores (MHCT)
- Working Age Adult and Older Peoples staff trained in the use of the needs assessment tool
- Mapping of patients in Working Age Adult Services according to need undertaken
- Mapping of patients in Older People's Services commenced

Quality report 2009/2010

Figure 8 – Percentage of staff trained and patients assessed



Progress made in 2009/2010

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This graph shows the significant progress made over the past year in services for working age adults. With almost all staff in this area now trained in the use of the needs assessment tool, the numbers of patients assessed and allocated to a needs-based system will increase as their care is routinely reviewed.

In Older People's services, the work has started more recently however having learned the lessons from the other clinical directorates as to how best to support staff to use the needs assessment tool, it should be possible to produce similar results in a shorter space of time.

Table 10 – Action Plans for 2010/2011 to ensure the right services are in the right place at the right time for the right person

| Aim/Objective | Rationale | Target by 31st March, 2011 |
|--|--|--|
| 1. As part of the Trust's Transformation Programme (Next Steps), agree Trust-wide service groupings and standards. | To be clear about the patient groups we serve and to define patients according to need to allow appropriate service responses. | <ul style="list-style-type: none"> • 100% of defined service grouping • 100% of standards proposed for each service grouping. |
| 2. As part of the Trust's Care Packages and Pathways work: <ul style="list-style-type: none"> • Increase the % of patients assessed using the clustering tool • Increase the % of staff trained in the use of the clustering tool. | To improve the accuracy and coverage of mapping service users by need. | <ul style="list-style-type: none"> • 95% of Working Age Adults and Older Peoples Services patients • 95% of Working Age Adults and Older Peoples Services staff. |

Statements of assurance from the Trust Board

Annual Quality Accounts

The Directors of Northumberland, Tyne and Wear NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated.

We have appointed a member of the Trust Board, the Acting Executive Director of Performance and Assurance, to lead and advise us on all matters relating to the preparation of the Trust's annual Quality Accounts.

The Trust has embedded into its annual audit plan a rolling programme of audits focused on quality performance metrics. In 2009/2010 an audit of the compliance framework performance indicators was undertaken and significant assurance was gained.

The internal and clinical audit plans are also aligned to the Trust's corporate risk register and assurance framework.

Review of services

During 2009/2010 Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 239 NHS services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all of the data available to them on the quality of care in 239 of these NHS services.

The income generated by the NHS services reviewed in 2009/2010 represents 100% of the total income generated from the

provision of NHS services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2009/2010.

Participation in clinical audits

During 2009/2010, eight national clinical audits and one national confidential enquiry covered NHS services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

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

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The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust were eligible to participate in during 2009/2010 are as follows:

Table 11 – Eligible National Clinical Audits and National Confidential Enquiries 2009/2010

| National Clinical Audits 2009/2010 | National Confidential Enquiries 2009/2010 |
|--|--|
| Prescribing Observatory for Mental Health (POMH – UK) Topic 9: Use of Antipsychotic medication for people with learning disabilities Topic 6 Assessment of side effects of depot antipsychotic medication Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and Psychiatric Intensive Care (PICU) wards Topic 7: Monitoring of patients prescribed Lithium Topic 8: Medicines reconciliation | Suicide and Homicide by people with mental illness |
| Dementia (Trust not invited to participate) | |
| Psychological Therapies (Trust not invited to participate) | |
| Treatment Resistant Schizophrenia (Trust not invited to participate) | |
| | |

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in during 2009/2010 are as follows:

Table 12 – Participation in National Clinical Audits and National Confidential Enquiries 2009/2010

| National Clinical Audits 2009/2010 | National Confidential Enquiries 2009/2010 |
|---|--|
| Prescribing Observatory for Mental Health (POMH – UK) Topic 9: Use of Antipsychotic medication for people with learning disabilities Topic 6 Assessment of side effects of depot antipsychotic medication Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and PICU wards Topic 7: Monitoring of patients prescribed Lithium Topic 8: Medicines reconciliation | Suicide and Homicide by People with Mental Illness |

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

Table 13 – National Clinical Audits 2010/2011

| National Clinical Audits 2010/2011 |
|-------------------------------------|
| Anxiety and Depression |
| Prescribing Topics in Mental Health |

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 14 – National Clinical Audits 2009/2010 Data Collection

| National Clinical Audits 2009/2010 | Cases submitted | Cases required | % |
|---|---|--|-----|
| Prescribing Observatory for Mental Health (POMH – UK) | | | |
| Topic 9: Use of Antipsychotic medication for people with learning disabilities | 28 | Number determined by each organisation | N/A |
| Topic 6: Assessment of side effects of depot antipsychotic medication | Data collection in progress | Number determined by each organisation | N/A |
| Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and PICU wards | 446 | Number determined by each organisation | N/A |
| Topic 7: Monitoring of patients prescribed Lithium | 84 | Number determined by each organisation | N/A |
| Topic 8: Medicines reconciliation | 44 | Number determined by each organisation | N/A |
| National Clinical Audits 2009/2010 | Cases submitted | Cases required | % |
| Suicide and Homicide by People with Mental Illness | The Trust complies with the requirements of National Confidential Enquiries | | |

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

Table 15 – National Clinical Audits – Action Plan

| Project | Actions |
|---|---|
| Use of Antipsychotic medication for people with learning disabilities | Action plans have been locally developed for individual services according to their results |
| Topic 6: Assessment of side effects of depot antipsychotic medication | Action plans have been locally developed for individual services according to their results |

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The reports of six local clinical audits were reviewed by the Trust in 2009/2010 and the Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 16 – Local clinical audits and Action Plans 2009/2010

| Project | Directorate | Actions |
|--|----------------------------|--|
| Quality Information for Service Users Compliance to "Standards for Better Health" C16 | Trust-wide | <p>Clinical teams that participated in the audit should address the action plans produced by the clinical audit officers. These plans to be monitored by their specific Directorate.</p> <p>Clinical Teams that have not participated in the audit should consider the audit results and produce their own clinical area action plans to be monitored by their specific Directorate.</p> <p>All staff to be made aware of the need to adhere to the following Trust policies: Sharing Letters with Service Users policy, Care Coordination policy and Mental Health Act requirements via supervision. This will address the effective implementation of policy and the correct use of documentation.</p> <p>Care Coordination documentation relating to patient information to be reviewed for standardisation wherever possible.</p> <p>Review of the policy "The Production of Accessible Information for Patients, Carers and the Public" NTW(0)03.</p> <p>Development of a patient/carer information strategy.</p> |
| Clinical Risk Management audit | Working Age Adult Services | <p>Case record re-audit to be completed to give assurance of achievement of record keeping standards.</p> <p>To implement a rolling Record Keeping Practice audit programme.</p> <p>Record keeping training to be provided to all clinical staff via a rolling programme in clinical risk management, care co-ordination and RIO electronic record recording.</p> <p>Management supervision practice guidance notes to be drafted and standardised.</p> <p>Clinical leadership arrangements to be reviewed and strengthened.</p> <p>Care Practice standards training to be provided to locality clinical managers, team and clinical Leads.</p> <p>Individual staff clinical performance concerns raised through the audit to be managed through clinical practice development plans or, if necessary through formal performance.</p> |
| Clinical supervision | Older People's Services | <p>All medical staff to undertake formal clinical supervision in line with Trust policy.</p> <p>All clinical supervision sessions need to be recorded, using the clinical supervision template within the policy.</p> <p>All medical staff need to complete a supervision contract as per Trust policy.</p> <p>All medical staff should complete electronic matrix to confirm when their supervision sessions have taken place, for audit and recording purposes.</p> <p>A medical representative should be an active member of the Trust-wide Clinical Supervision Group.</p> |

| Project | Directorate | Actions |
|---|--------------------------------------|--|
| Sudden Death in Epilepsy (SUDEP) | Learning Disabilities Services | <p>All Learning Disability Services staff who provide clinical care to service users to attend the annual epilepsy and SUDEP training. Ward managers to prioritise staff attendance based on the skill mix of staff who will be on duty to ensure that effective standards of care and support are offered to service users with epilepsy.</p> <p>Staff records re attendance at these sessions should be recorded and up to date.</p> <p>Service Managers to be informed of issues which delay attendance at these training sessions in order to look at the resource implications.</p> <p>Train the trainer workshops to be introduced across the Directorate.</p> <p>Copy of SUDEP report to be circulated to the following groups:</p> <ul style="list-style-type: none"> Other Directorate Quality and Performance Groups Trust Resuscitation Group Trust Patient Safety Group |
| Health records audit | Children and Young People's Services | <p>A directorate approach to action planning was agreed at the quality and performance group and actions included:</p> <ol style="list-style-type: none"> 1) Each clinical team will produce their own individual action plan against their results and compliance with the action plan will be checked by clinical governance staff. 2) A standardised and unified approach to clinical documents will be embraced where possible across the directorate. 3) Records and record keeping training will be offered to all clinical teams across the directorate and delivered by the practice development department. 4) All staff should attend the Trust's risk management training. |
| Quality information for service users Standards for Better Health(C16) | Forensic Services | <p>Each clinical team developed an individual action plan based on their results. The main themes emerging from the results across the directorate were that:</p> <ol style="list-style-type: none"> 1) All patients must be offered copies of all clinical letters (unless this is demonstrably detrimental to their care) as per Trust policy Sharing letters with Service Users NTW (0) 22 2) All carers must be offered a carers assessment. |

During 2009/2010, 20 local clinical audits were completed by individual healthcare professionals evaluating aspects of care that they themselves selected as being important to them and/or their team.

Northumberland, Tyne and Wear NHS Foundation Trust has approved nine priority clinical audit projects for 2010/2011 which have originated from issues within the organisation's assurance framework and risk register.

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Table 17 – Clinical audit priorities for 2010/2011

| National | |
|--------------|---|
| 1 | Prescribing Observatory for Mental Health - UK |
| 2 | Anxiety and Depression |
| NTW Priority | |
| 1 | Patients at risk of malnutrition |
| 2 | Care Pathways and Packages/HoNOS(Health of the Nation Outcome Scales) |
| 3 | Delivering Same Sex Accommodation (DSSA) |
| 4 | Care Co-ordination, Unified Health Records, Clinical Supervision |
| 5 | Safeguarding Children (Rapid Response) |
| 6 | Re-admissions within 28 days |
| 7 | Mental Health Act Compliance - Section 17 leave forms |
| 8 | Safeguarding Adults |
| 9 | Absent without leave |

Research

The number of patients receiving NHS services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee was 725. They were recruited to the following research programmes:

Table 18 – Patients recruited to participate in research 2009/2010

| | |
|---|------------|
| Dementia and Neurodegenerative diseases | 224 |
| Mental Health | 430 |
| Health Service research | 71 |
| Total | 725 |

Participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Goals agreed with commissioners: commissioning for quality and innovation

A proportion (0.5% £1.1 million) of Northumberland, Tyne and Wear NHS Foundation Trust's income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and commissioners who entered into contracts for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009/2010 and for the following twelve month period are available on request from the Northumberland, Tyne and Wear NHS Foundation Trust Performance and Assurance Directorate.

In 2009/2010 Northumberland, Tyne and Wear NHS Foundation Trust received all payments associated with achieving quality improvement and innovation goals.

Table 19 – Commissioning for quality innovation: indicators

| Aim | Rationale |
|--|--|
| To increase the quality of personalised care plans for those patients who have an identified risk. | To improve the quality of assessment of risk ensuring it is part of a continuous care planning process. To use the Management Review Process to monitor the quality of assessment of risk where there has been a Serious Untoward Incident. |
| To improve the quality of Care Co-ordination seven day follow-up by increasing the percentage of 'face-to-face' contacts and reducing the number of 'telephone' contacts. | Improving the Quality of the follow-up of discharged patients, as per the Care Quality Commission target on Care Co-ordination seven day follow-up. |
| All GPs and providers identified on the care plan to receive a copy of the care plan and risk assessment within seven days of review and/or discharge from hospital. | Improving communication across care providers. |
| To enhance quality of hospital admission and discharge planning for persons with a learning disability by reducing number of inappropriate admissions to learning disability assessment/treatment wards and enhancing quality of discharge. | A number of people with a learning disability spend time on acute assessment and treatment wards either due to inappropriate admission or delays in discharge following completion of assessment/treatment. |
| To ensure compliance with statutory principles embodied within the Mental Capacity Act 2005; enhancing the protection of persons who lack capacity to make particular decisions, and enhancing their ability to make decisions. | Assessments of a persons capacity to understand elements within a care plan are not always 'decision specific' and when lack of capacity is established 'Best Interest' decision making is not always evidenced. |
| To improve access for Black Minority Ethnic (BME) communities by Improving Access to Psychological Therapy services (IAPT)/Early Intervention in Psychosis services (EIP)/Assertive Outreach Teams (AOT)/Crisis and Home Treatment services. | The Count Me In Census suggests that people from BME communities continue to experience poorer outcomes and experiences from secondary care mental health services. These indicators will be used nationally to measure improvement. |
| To improve the quality of carers experiences of contact with Crisis Resolution Teams. | Reported dissatisfaction from Carers Groups re: quality of experience. To enhance responses to carers in crisis situations. |

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Care Quality Commission

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission.

The Trust received its registration confirmation on the 23rd March, 2010. Northumberland, Tyne and Wear NHS Foundation Trust has been registered to carry out two regulated activities across twenty-three locations:

- Treatment of disease, disorder or injury; and
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Northumberland, Tyne and Wear NHS Foundation Trust has no conditions applied to its registration.

The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2009/2010.

Periodic reviews

Northumberland, Tyne and Wear NHS Foundation Trust is not subject to periodic review by the Care Quality Commission during the reporting period.

Special reviews

Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data quality

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2009/2010 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

| • which included the patient’s valid NHS number was: | |
|--|---------------------------------|
| 99.5% | for admitted patient care |
| 99.5% | for out patient care |
| N/A | for accident and emergency care |
| • which included the patient’s valid General Practitioner Registration Code was: | |
| 99% | for admitted patient care |
| 99.8% | for out patient care |
| N/A | for accident and emergency care |

Information Governance Toolkit attainment levels

Northumberland, Tyne and Wear NHS Foundation Trust score for 2009/2010 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 77%.

Clinical coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission.

Review of quality performance

This section of the Quality Report provides a review of the Trust’s quality performance through the use of specific national and local quality indicators that are capable of measuring our performance using a standardised definition and recognised data source. The indicators used cover patient safety, patient experience and clinical effectiveness which are the essential elements of a quality service. The local quality indicators were identified as priority indicators by the Trust and commissioners.

Table 20 - National quality indicators and performance in 2008/2009 and 2009/2010

Patient safety

| Patient safety measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|---|---|--------------------------|--------------------------|
| Reducing healthcare acquired infections: number of MRSA. | Reducing healthcare infections is a key national priority for all Trusts. | 0 | 0 |
| Reducing healthcare acquired infections: number of Clostridium Difficile. | Reducing healthcare infections is a key national priority for all Trusts. | 6 | 3 |

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Clinical effectiveness

| Clinical effectiveness measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|--|---|--------------------------|--------------------------|
| Enhanced Care Co-ordination patients received follow-up contact within seven days of discharge from hospital. | Ensuring those individuals discharged on Enhanced Care co-ordination receive a follow up within 7 days is a national target. | 96.6% | 96.4% |
| Ensuring appropriate inpatient facilities for 16/17 year olds: number of 16/17 year old admissions to adult wards. | Ensuring that appropriate inpatient facilities for 16/17 year olds are provided to avoid admission to adult wards is a national target. | 2 | 1 |
| Admissions to inpatient services had access to crisis resolution home treatment teams. | The provision of crisis resolution/ home treatment teams is a national target. | 100% | 100% |
| To meet all Core Standards. | Compliance with all Core Standards is a national requirement. | Fully met | Fully met |

Patient experience

| Patient experience measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|---|--|---|--|
| Minimising delayed transfers of care | To enhance the quality of hospital admission, reduce the number of inappropriate admissions or delays in discharge following completion of assessment/treatment. | 5.27% | 2.7% |
| Patient Survey: Did the psychiatrist(s) treat you with respect and dignity? | To maintain and improve upon the level of patient satisfaction relating to dignity and respect. | Inpatient 2008/2009 - Best performing 20% of NHS Mental Health trusts | The 2009/2010 community mental health survey is currently underway Expected month of publication July/August 2010 |
| Patient Survey: Did you have confidence and trust in nurses? | To improve upon the level of patient satisfaction. | Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts | |
| Patient Survey: Did the nurses treat you with respect and dignity? | To maintain and improve upon the level of patient satisfaction relating to dignity and respect. | Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts | |
| Patient Survey: Did staff explain the purpose of medication? | To maintain and improve upon the level of patient satisfaction relating to the information provided regarding their care. | Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts | |
| Patient Survey: Were you told about possible side effects of medication? | To maintain and improve upon the level of patient satisfaction relating to the information provided regarding their care. | Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts | |

Local quality indicators and performance in 2008/2009 and 2009/2010

Table 21 - Patient safety – performance in 2008/2009 and 2009/2010

| Priority | Patient Safety measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|----------|---|---|---|--|
| Trust | Continue a culture of high reporting and reduce the number of serious untoward incidents. | To improve patient safety across the Trust. | Incidents 20,894 reduced from 24,611 or 17% from 2007/2008. | Incidents 20,446 reduced from 20,894 or 2% from 2008/2009. |
| CQUIN | To increase the quality of personalised care plans for those patients who have an identified risk. | To improve the quality of assessment of risk ensuring it is part of a continuous care planning process. To use the Management Review Process to monitor the quality of assessment of risk where there has been an SUI. | N/A | In 2009 - 2010 as part of CQUINN the lead commissioner joined the Serious Untoward Incident panel. Three specific questions were monitored closely through the SUI panel: <ul style="list-style-type: none"> • Has a risk assessment been carried out? • Is there evidence of risk assessment transferring through to care planning? • Is there evidence of risk assessment transferring to contingency planning? Results of which have helped inform the quality requirements in the 2010/2011 contract. |
| CQUIN | To improve the quality of Care Co-ordination seven day follow-up by increasing the percentage of 'face-to-face' contacts and reducing the number of 'telephone' contacts. | Improving the quality of the follow-up of discharged patients, as per the Care Quality Commission target on Care Co-ordination seven day follow-up. | N/A | 88.5%. |
| CQUIN | All GPs and providers identified on the care plan to receive copy of care plan and risk assessment within seven days of review and/or discharge from hospital. | Improving communication across care providers. | N/A | An Audit was undertaken in 2009 - 2010. There have now been two quality requirements included in the 2010/2011 contract specifically linked to discharge Summaries and risk assessment plans being received by GPs in a timely manner. |

Quality report 2009/2010

The following vignettes highlight three aspects of the Trust's work which have contributed to improving patient safety in 2009/2010.

Trust-wide: Hospital-acquired infections

Element of Quality – Safety Priority area One

The Trust is committed to promoting and protecting the health of service users, staff and visitors. We work in partnership with other health organisations in the north east to control the occurrence of healthcare-acquired infections both through formal relationships and through day-to-day working practice.

We have our own internal infection prevention and control team comprising qualified and experienced nurses, a Director of Infection Prevention and Control, and expert microbiology advice. A system of link nurses carries the expertise to the wards while a robust reporting system ensures that the Trust Board and clinical directorates are kept fully aware of any issues regarding infection and cleanliness. We have in place training for all staff, appropriate policies and guidance, and annual work and audit programmes to ensure we comply with the Hygiene Code. We are fortunate that the level of infections within our Trust is low but this does not make us complacent and we are continually seeking to maintain and improve standards. We routinely monitor all infections within the Trust and report serious infections to the Health Protection Agency. Any serious infection is analysed and reported to the infection prevention and control committee and clinical services to identify where lessons for the future may be learnt.

Forensic Services: Royal College of Psychiatrists Quality Network

Element of Quality – Safety Priority area One

Being a member of the Quality Network has enabled our Forensic Services to be at the forefront of developing safety systems and sharing best practice. Being part of the national network has given us the opportunity to help shape new guidance relating to the speciality not only for ourselves but also nationally. The views of the people who use this service are very much taken into account with patients being invited to participate in a telephone conference facilitated by the Quality Network. One of the areas that we are currently looking to focus our attention on and make improvement where possible, is the use of occupational therapy within our Learning Disability medium secure services.

Older People's Services: Accreditation for Inpatient Mental Health Services (AIMS)

Element of Quality – Safety Priority area One

The Older People's Directorate participated in the national pilot accreditation scheme for in-patient units (AIMS) operated by the Royal College of Psychiatrists, the professional body who set the standards of care people can expect when admitted for a stay in hospital. The process required a team of clinicians and managers to initially look at information provided by patients, carers and the Trust, they then visited the wards to check the standard of the service for themselves and that the information provided was correct. Three of our wards, Akenside, Hawthorn and Hauxley, took part in the pilot of eleven units across the country. We are pleased to report that all three wards reached the accredited standard and one, Hauxley, was accredited 'excellent'.

As this was such a positive process for both our patients and staff we are rolling the programme out across all of our acute in-patient wards over the next year.

Table 22 - Clinical effectiveness – performance in 2008/2009 and 2009/2010

| Priority | Clinical effectiveness measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|----------|---|---|--------------------------|---|
| Trust | Ensure the completion of the South of Tyne Internal Work Programme. | Improving the quality of services South Of Tyne including the development of true multi-disciplinary team working. This will bring significant benefits across the patient pathway. | N/A | <ul style="list-style-type: none"> Established Internal Service Development Programme for South of Tyne and Wear. Established Project Board and Steering Group. Established projects and prioritised key work streams. Begin to implement the team and service redesign in Sunderland. Significantly reduced the time taken for referrals to be allocated to a key worker following referral to the Community Treatment Team. Designed improved access point to secondary services. |
| Trust | Care Pathways and Packages Programme. | Enable the Trust to understand services from a needs based perspective to ensure that resources can be assigned over time to those areas which best meet patient need and have greatest clinical effectiveness. | N/A | <ul style="list-style-type: none"> Care Pathway and Packages Programme Board and infrastructure developed. Changes made to electronic patient information system to allow recording and reporting of needs assessment scores (MHCT). Working Age Adult and Older Peoples staff trained in the use of the needs assessment tool. Mapping of patients in Working Age Adult Services according to need undertaken. Mapping of patients in Older People's Services commenced. |

continued overleaf

Quality report 2009/2010

| Priority | Clinical effectiveness measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|----------|---|---|--------------------------|--|
| CQUIN | Enhance quality of hospital admission and discharge planning for persons with a learning disability by reducing number of inappropriate admissions to Learning Disability Assessment/Treatment wards; and enhancing quality of discharge. | A number of persons with a learning disability spend time on acute assessment wards either due to inappropriate admission or delays in discharge following completion of assessment/treatment. | N/A | In 2009/2010 an Audit Tool was produced in collaboration with the Trust commissioners. The results of which have informed the CQUIN for Learning Disability Services in 2010/2011. |
| CQUIN | Ensure compliance with statutory principles embodied within Mental Capacity Act 2005, enhancing the protection of persons who lack capacity to make particular decisions and enhancing their ability to make decisions. | Assessments of a person's capacity to understand elements within a care plan are not always 'decision specific' and when lack of capacity is established 'best interest' decision making is not always evidenced. | N/A | |

The following vignette highlights one aspect of the Trust's work which has contributed to improving clinical effectiveness in 2009/2010.

Working Age Adults Services: Rapid Process Improvement Workshop

Element of Quality – Clinical Effectiveness Priority area Four

Providing an efficient and effective service to the people who we come into contact with us is very important and something we value highly. Over the past year the Working Age Adult Directorate has started to work on an important service improvement programme that will bring together all the various disciplines who provide care for our patients. Whilst continuing as far as possible to ensure the safety of our patients, we have undertaken to modernise and strengthen the efficiency and effectiveness of our services by identifying and cutting out steps in processes that are unnecessary or do not add value.

Using this process, one of our Community Treatment Teams has already successfully improved their service in the following areas.

This good practice will now be shared widely throughout the Trust.

Before the Rapid Process Improvement Workshop:

- 200 day waiting from referral to allocation
- Waiting list in excess of 350 patients
- 40% of referrals not appropriate for the Community Treatment Team
- 50% of patients discharged without being seen

After the Rapid Process Improvement Workshop:

- Referral to allocation waiting time reduced from 200 days to 1 day
- Clear access criteria agreed for the team
- New ways of working agreed by the team, e.g. Triage Huddle, Referral Pro forma, Capacity tool adopted
- Multi-disciplinary team working improved

Table 23 – Patient experience – performance in 2008/2009 and 2009/2010

| Priority | Patient Experience measures | Rationale for this measure | Performance in 2008/2009 | Performance in 2009/2010 |
|----------|---|--|--|--|
| Trust | Reduce the number of complaints and improve the timeliness and quality of responses. | Complaints are a vital indicator of patient satisfaction and our ability to resolve complaints shows our willingness to respond and learn from shortfalls in the experiences of our patients. | Complaints received - 258. Compliance with meeting the agreed time frame - 72%. | Complaints received - 282 . Compliance with meeting the agreed time frame -73%. |
| CQUIN | Improve access for BME communities to IAPT/EIP/AOT/ Crisis and Home Treatment services. | The 'Count Me In' census suggests that people from BME communities continue to experience poorer outcomes and experiences from secondary care mental health services. These indicators will be used nationally to measure improvement. | N/A | North East Public Health Observatory in process of analysing data submitted, no results published. |
| CQUIN | Improve quality of carers experience of contact with Crisis Resolution Teams. | Reported dissatisfaction from Carers Groups re: quality of experience. To enhance responses to carers in crisis situations. | N/A | A survey was compiled after engagement from carer representatives and the survey completed in 2009/2010. |

Quality report 2009/2010

The following two vignettes highlight aspects of the Trust's work which have contributed to improving the patient experience.

Children and Young People's Services: Integrated Service – Woodland View

Element of Quality – Patient experience Priority area Two

It was very important to us that during the planning and preparation for building our new Children's and Young People's development, Woodland View, that the wishes and views of the people who would be using the services were taken very much into account. Looking for a way in which the young people could be included and have a 'loud' voice became part of a beneficial learning experience for everyone involved.

Over a number of years we have worked with Skills for People, an organisation which specialises in working with young people. Teaming up with the young people currently using our services, a DVD has been produced. This is owned and updated by the young people, who have the ultimate decision as to what should or should not be included. They have recorded their own thoughts, feelings and experiences of what it is like to be a patient.

The DVD has also been used to let the Project Board know what they would like to see in the new facility and it has very much influenced the decisions made.

Learning Disability Services: 'See it - Say It' Campaign

Element of Quality – Patient experience Priority area Two

We are very proud of our 'See it – Say it' campaign. Abuse in any shape or form will not be tolerated by our Trust. It is our responsibility as a provider to uphold our 'duty of care' to those people coming into contact with our services. This responsibility is at the centre of everything that we do and is rooted in our values.

'See it – Say it' was developed to help encourage and support a climate of openness in which people would feel comfortable about raising any concerns they may have, and that these could then be resolved in an honest, supportive and timely way.

We will measure the success of our campaign by everyone connected with our services, patients, carers and staff, knowing and appreciating what constitutes abuse, how to recognise this and how to then take the appropriate action.

The following table shows the Trust's performance against the relevant indicators set out in Appendix B of the Monitor Compliance Framework and the Care Quality Commission Periodic Review for 2009/2010.

The Trust declared to the Care Quality Commission in November, 2009 that it was fully compliant with all Core Standards between 1st April 2009 and 31st October 2010. Since this declaration the Trust has not reported any significant lapse in or insufficient assurance of compliance against a core standard after 31st October 2009.

The Trust received its registration confirmation from the Care Quality Commission on 23rd March 2010. Northumberland, Tyne and Wear NHS Foundation Trust has been registered to carry out two regulated activities across twenty-three locations:

- Treat of disease, disorder or injury; and
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Northumberland, Tyne and Wear NHS Foundation Trust has no conditions applied to its registration.

Table 24 - Monitor Compliance Framework - national standards and priorities 2009/2010

| Targets – national requirements (as defined by Monitor) | Threshold | 2009/2010 | Comment |
|---|-----------|------------|---|
| Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT - assumed a 15% reduction if no level agreed in contract). | N/A | 3 | NTW had 6 reported cases in 2008/2009. |
| MRSA Bacteraemia - maintaining the annual number of MRSA bloodstream infections at less than half the 2003/2004 level (assumed target is 50% of 2003/2004 if no level agreed in contract) [Note 1]. | 0 | 0 | NTW had 0 reported cases in 2008/2009. |
| Screening all relevant elective in-patients for MRSA [Note 2]. | N/A | 100% | NTW relevant elective in-patients Walkergate Park Wards 3/4. |
| 18 week maximum wait by 2008 - Admitted patients: maximum time of 18 weeks from point of referral to treatment [Note 3]. | 90% | 100% | To be achieved from 31st December 2008 and monitored thereafter. |
| 18 week maximum wait by 2008 - Non admitted patients: maximum time of 18 weeks from point of referral to treatment [Note 3]. | 95% | 100% | To be achieved from 31st December, 2008 and monitored thereafter. |
| Mental Health Targets | Threshold | 2009/2010 | Comment |
| 100% enhanced CPA patients receiving follow-up contact within 7 days of discharge from hospital [Note 4]. | 95% | 96.4% | NTW performance 2008/2009 96.6%. |
| Minimising delayed transfers of care [Note 5]. | <7.5% | 2.7% | NTW performance 2008/2009 5.27%. |
| Admissions to inpatient services had access to crisis resolution home treatment teams [Note 6]. | 90% | 100% | To be achieved from 30th June, 2008 and monitored thereafter. |
| Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT). | 7 | 7 | |
| To meet all Core Standards. | N/A | Fully Met. | |

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Monitor Compliance Framework notes

Note 1

Where Trusts have less than twelve cases in a year, this target will not apply as long as there is no increase in the actual number of cases reported compared to the prior year. For the purpose of assessing in-year performance against trajectory with an annual target of twelve or less, the trajectory will be expressed as a pro rata of the target on a monthly basis.

Note 2

With the exception of: day case ophthalmology; day case dental; day case endoscopy; minor dermatology procedures; children/ paediatrics unless already in a high risk group; maternity/obstetrics except for elective caesareans and any high risk cases; and mental health patients.

Note 3

To be reported in aggregate across all specialities. In addition, where a Trust's data is significantly outside the range of 90-110% completeness, it may be rated amber for governance risk in the event that it fails to take effective action to rectify this position. By way of indication, significant may be outside a data completeness range of 75-125%. The Operating Framework sets the aim of moving towards achievement of this target in each speciality. Where an NHS Foundation Trust has failed to meet the thresholds for admitted (90%) or non-admitted (95%) patients with respect to any individual speciality (defined as treatment function) over a quarter it is required to report each speciality

to Monitor as part of its normal quarterly monitoring. Monitor may then require an action plan from the trust to address the position. Once the Department of Health and the Care Quality Commission have published further guidance on requirements by specialty, we will consider how and when we can ensure alignment.

Note 4

Follow up contact can include face to face or telephone contact. Guidance on what should and should not be counted when calculating the achievement of this target can be found on Unify2 and STIES.

Note 5

The definition of delayed discharge can be found on the website of the National Mental Health Delivery Unit: www.nmhdu.org.uk

Note 6

This target applies to all admissions of working age adults, excluding transfers and Psychiatric Intensive Care Unit (PICU). As set out in the Guidance Statement on Fidelity and Best Practice for Crisis Services the crisis resolution home treatment team should:

- a) Provide a mobile twenty-four hour, seven days a week response to requests for assessments;
- b) Be actively involved in all requests for admission. For the avoidance of doubt, 'actively involved' requires face to face contact unless it can be

demonstrated that face to face contact was not appropriate or possible. For each case where face to face contact is deemed inappropriate, a self-declaration that the face to face contact was not the most appropriate action from a clinical perspective will be required;

- c) Be notified of all pending Mental Health Act assessments;
- d) Be assessing all these cases before admission happens; and
- e) Be central to the decision making process in conjunction with the rest of the Multi-disciplinary Team.

Care Quality Commission period review 2009/2010

The table below shows the Trust's performance in 2009/2010 against a range of indicators:

Table 25 – Performance against Key Indicators 2009/2010

| Section | Forecast | 2009/2010 | Comment |
|--|---|------------|---|
| Core Standards | Fully Met. | Fully Met. | Declaration made November, 2009. No reported lapse since declaration. |
| Mental Health Indicators | | | |
| Access to crisis resolution home treatment (CRHT). | Achieved | 100% | 1,812 admissions gatekept by CRHT. |
| Access to healthcare for people with a learning disability. | Not part of assessment process. | | Information supplied. |
| Best practice in mental health services for people with learning disabilities. | Unknown due to thresholds not published. | | Eight green ratings and four amber ratings. |
| Care programme approach (CPA) 7 day follow up. | Achieved | 96.4% | 1,561 patients followed up within seven days of discharge. |
| Child and adolescent mental health services (CAMHS). | Unknown due to thresholds not published. | | Five areas rated four and one area rated three. |
| Mental health minimum data set (MHMDS) data completeness. | Unknown due to thresholds not published. | | Data still being ratified. |
| Ethic coding data quality. | Achieved | | Threshold to achieve >85% NTW 2008/2009 = 92.814%. |
| Delayed transfers of care. | Achieved | 2.7% | |
| Drug users in effective treatment. | Achieved | | Statistically banded. |
| Patient experience. | Achieved | | Statistically banded. |
| Staff satisfaction. | Achieved | | Statistically banded. |
| Patterns of care from mental health minimum data set (MHMDS). | Unknown due to thresholds not published. | | Data still being ratified. |
| Learning Disability Indicators | | | |
| Campus closure. | Achieved. | | |
| Care plans. | Achieved. | 100% | |
| Care Quality Commission National Indicators | Overall rating unknown at the date of publication | | |
| Care Quality Commission Registration Status | Registered 23rd March with no conditions | | |
| Care Quality Commission Quality of Financial Management Score | Forecast "excellent" rating | | |

Quality report 2009/2010

Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

The following comments have been received from Newcastle Local Involvement Networks and Overview and Scrutiny Committees in relation to the Trust's Quality Account Report for 2009/2010:

Newcastle LINKs:

"I would like to thank you for allowing Newcastle LINKs the opportunity to view and respond to the Northumberland, Tyne and Wear NHS Foundation Trust's (NTW) Quality Account Report for 2009/2010. This document was discussed at the Newcastle LINKs Executive Board Meeting today and I have been instructed to prepare the following response.

It is unfortunate that the timing of the consultation hasn't allowed sufficient time for the LINKs Executive Board to respond fully to the Quality Account. The timetable of the LINKs Executive Board meetings are set in advance and it has proved difficult to have the Quality Account as an agenda item due to this. The Executive Board did find the information contained in the Quality Account both comprehensive and informative. Furthermore, Newcastle LINKs would like to offer the opportunity for representatives of NTW to attend a LINKs Executive Board meeting at an early point next year to discuss the 2010/2011 Quality Account and to clarify anything that Executive Board Members do not understand and to answer any questions. This will be a specially convened half-an-hour slot before the Executive Board's main agenda.

The Executive Board would, however, like to raise a number of general points in relation to 2009/2010 Quality Account at this stage. First of all the document is written using text size and font which makes it difficult to read. Those members of the Executive Board who have visual impairments found it impossible to read and

those who do not have visual impairments struggled with the majority of the document and in particular the diagrams and tables.

The Executive Board would suggest that the text size in general needs to be increased and it needs to be standard procedure of NTW to produce any consultation documents in large print and in a timely manner to allow proper consultation.

It would also be of benefit if the report could be written using more plain English. Clearly some medical terminology needs to be used; however, more simple language should be used wherever possible. There is also use of jargon and acronyms without explanation of what they mean. This should be rectified with full names and terms being used initially with the acronyms in brackets afterwards and then the acronyms can be used in the rest of the document. An appendix of acronyms may also be useful to provide at the end of the document.

The LINKs Executive Board would also suggest that examples of real cases could be used to support some of the figures and tables provided. This would aid understanding and also bring the document and figures more closer to those who read the document.

The Newcastle LINKs Executive Board Members trust that their comments and suggestions are helpful and look forward to working closer with NTW on next year's Quality Account".

Newcastle OSC:

Newcastle OSC confirmed they would not be making a comment on the Trust's Quality Account.

**North East Mental Health/
Learning Disability
Commissioning Group:**

"Thank you for the opportunity to comment on the quality account for Northumberland, Tyne and Wear NHS Foundation Trust, 2009/2010.

I confirm the accuracy and fairness of your report's account of the range of services your Trust provides.

Your four priorities of:

- Reducing incidents of harm to patients;
- Improving the way we relate to patients and carers;
- Improving MDT working to benefit the patient pathway;
- Ensuring the right services are in the right place at the right time for the right person

are fully aligned with our commissioning perspective and signpost the Trust's renewed emphasis on improved patient satisfaction and safety together with innovation and partnership.

This has been particularly evident in the progressive work being undertaken on a new model of care across South of Tyne and in the way the Trust's new senior team have actively engaged in developing the cultural and practical elements of the quality agenda within your organisation and in partnership with the commissioners.

We look forward to further developing this partnership approach in 2010 in our current work around unexpected deaths and across all vital areas of patient safety and quality of provision".

Governance Review

Accountability

The Board of Directors is accountable to the Council of Governors, the majority of whom are elected by the Public and Staff members, for the performance of the Foundation Trust and to ensure that the Foundation Trust does not breach its Terms of Authorisation.

The accountability is discharged by the Chief Executive in the form of a Performance Report to the Council of Governors every month, together with other relevant information.

The Board of Directors will present to the Council of Governors at a General Meeting scheduled for the 29th September, 2010 the following information:

- The Annual Accounts;
- Any report of the auditor on them; and
- The Annual Report.

We have also put in place mechanisms and processes to understand the Governors', members' and the wider community's views that influence the strategic direction of the Trust. These are linked to our partnership arrangements and networks with partners as outlined on pages 70 to 81 .

Accounting Officer's status

The NHS Act 2006 (Chapter 5) designates the Chief Executive of the NHS Foundation Trust as Accounting Officer. In this capacity the Chief Executive reports to the Board of Directors on how the expected outcome and goals are

intended to be delivered through the Foundation Trust's Business Plan, identifying key risks and mitigation strategies.

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

See page 102 for the Accounting Officer's responsibilities in the preparation of the accounts.

Board of Directors

Biographical details of the Board of Directors are set out on page 87.

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

External auditors

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

The Foundation Trust's external auditors, The Audit Commission, have been appointed by the Council of Governors for 2010/2011.

Code of Governance

Compliance with the Code of Governance

Monitor, the independent regulator for NHS Foundation Trusts published a Code of Governance in October 2006 by bringing together the best practice of public and private sector corporate governance. Foundation Trusts are expected to be fully compliant with all sections of the Code.

Monitor requires NHS Foundation Trusts to make a disclosure statement in two parts as required by the UK Listings Authority on listed companies on the application of the combined code.

The two parts are:

Report on how it applies the main and supporting principles of the code; and either confirms that it complies with the provisions of the code or, where it does not, to provide an explanation.

Board of Directors' statement on main and supporting principles

The Council of Governors and Directors unequivocally support the main and supporting principles of the Code of Governance published by Monitor, the independent regulator of NHS Foundation Trusts.

In the directors' opinion, Northumberland, Tyne and Wear NHS Foundation Trust complied throughout the review period (1st December 2009 to 31st March, 2010) with the main and supporting principles of the Code of Governance.

THE BOARD OF DIRECTORS, CHAIR AND CHIEF EXECUTIVE AND BOARD BALANCE

The Board of Directors

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

In preparation for seeking Foundation Trust status, in 2009 the Board of Directors reviewed the size, composition and succession of directors, in line with the Trust's business objectives. The Board of Directors will continue to do this and make recommendations as appropriate to the Council of Governors.

The Board of Directors ensure that the members of the Board develop an understanding of the views of

the Governors and members about the Foundation Trust by:

- Board members attending Governor development sessions;
- The minutes of the Council of Governors Meetings being received at meetings of the Board of Directors;
- The attendance of some directors at the Council of Governor meetings to consider the Annual Plan, with the outcome subsequently being reported to the Board of Directors; and
- Joint development sessions including the full Board of Directors and Council of Governors.

The Chair, Chief Executive and Senior Independent Non-Executive Director

The Chair

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

Jules Preston (appointed on the 1st December 2009 for a period of one year), the Chair of the Foundation Trust under the period of review, has had no other significant commitments during the period of review.

Senior Independent Non-Executive Director

Ken Grey was appointed on the 1st December 2009 as Senior Independent Director of the Foundation Trust.

The Chief Executive

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

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

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

Governance Review

Board balance

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

During the period of review 1st December 2009 to 31st March 2010 no Non- Executive Directors left the Board and no new Non- Executive Directors joined the Board.

The Board of Directors is satisfied that the Non-Executive Directors who served on the Board of Directors for the period under review, 1st December 2009 to 31st March 2010 were independent.

Board of Director appointments

Non-Executive Director appointments that predate Foundation status were appointed by the NHS Appointments Commission for terms of four years. Any new Non- Executive Directors' terms of office will be three years.

The re-appointment of a Non- Executive Director after their first term of office is subject to a satisfactory performance appraisal. Any term beyond six years (i.e. two terms) for a Non-Executive Director is subject to a particularly rigorous interview and satisfactory appraisal, and should take into account the need for progressive refreshing of the Board.

A vacancy arising as a result of a Non-Executive Director serving more than three years is advertised externally. Non-Executive Directors may serve longer than six years (e.g. two, three year terms) only in exceptional circumstances and will be subject to annual re-appointment.

The Chair can be appointed by the Council of Governors for two terms of office of four years, the second term of office being subject to satisfactory appraisal. Any term beyond this will be subject to external competition. For the appointment of the Chair, the Nominations Committee of the Board of Directors prepares a job description, including an assessment of the time commitment expected recognising the need for availability in the event of a crisis. The Chair's other significant commitments will be disclosed to the Board of Directors and the Council of Governors before appointment and will be included in the annual report.

The Board requires all of its Directors to devote sufficient time to the work of the Board to discharge the office of Director and to use their best endeavours to attend meetings. Details relating to the Board of Directors, membership of Committees and attendance at meetings is shown from page 92.

Statement of the decisions taken by the Board of Directors

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

Register of Directors' Interests

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

The Board of Directors do not consider any of the interests declared to be material and therefore do not compromise the directors' independence.

Board of Directors' statement on Code Provisions:

The Board of Directors is required to either confirm that it complies with the provisions of the code or where it does not, to provide an explanation.

The Council of Governors and directors unequivocally support the Code Provision of the Code of Governance published by the Independent Regulator of NHS Foundation Trusts. As a newly authorised foundation trust, in the directors' opinion Northumberland, Tyne and Wear NHS Foundation Trust complied with the provisions throughout the review period, 1st December 2009 to 31st March 2010, with the exception of those issues that were planned to take place after this period so that they could be appropriately considered.

Plans and/or meetings are in place to consider the progressing of:

- The process for the evaluation of the Chairman's performance (A.1.3);
- The Council of Governors adopting the lead role for setting agendas for their meetings and the inviting of attendees (B.1.6 and B.1.8); and
- The updating of a document by the Board of Directors that sets out its policy on the involvement of members, patients, clients and the local community at large, including a description of the kind of issues it will consult on, which will be made available to the public (G.1.1). This document will also include how the public interests of patients

and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums already in place (G.1.2).

The Council of Governors Membership Group is meeting to consider:

- Finalising arrangements for how governors will seek the views of members and keep members informed (B.1.4); and
- The process for canvassing the opinion of members, and for appointed governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and the subsequent communication of the views to the Board of Directors (D.1.5).

Once the Council of Governors Membership Group's work is active, the Board of Directors will monitor how representative the NHS Foundation Trust's membership is and the level and effectiveness of member engagement, and review the Trust's Membership Strategy (G.1.6).

Governance of the Foundation Trust

The Board of Directors focuses its attention as a Board on strategy issues. It delegates detailed consideration of operational issues to the respective standing committees.

These standing sub-committees are:

- Audit Committee;
- Remuneration Committee; and
- Mental Health Legislation Committee.

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

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

- Quality and Performance Committee;
- Finance Infrastructure and Business Development Committee; and
- Modernisation Organisational Development and Programmes Committee.

These Committees of the Board function at a high level, providing direction and monitoring. While reporting to the Board they are also scrutinised by the Audit Committee.

Governance Review

The Foundation Trust directors are responsible under the National Health Service Act 2006 to prepare accounts for each financial year, which give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies
- make judgements and estimates which are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Council of Governors

The Board of Directors believe that the Council of Governors are representative, act in the best interest of the Foundation Trust, hold the directors to account and will, over the coming year, feed back to the constituencies and stakeholder organisations that elected or appointed them.

The Council of Governors consist of: public governors, service user/ carer governors, staff governors, who are all elected; and partner governors who are all appointed.

The Council of Governors have been established to include both elected and appointed governors and their roles and responsibilities are set out in the Trust's constitution.

Service users and carers are represented separately with six seats each, reflecting our commitment to these groups. Public governors represent those in their local government area. Substantively employed staff are automatically members unless they decide to opt out. They are represented by one governor for medical staff and two each from non-clinical and clinical groups. The Trust has, in partnership with the staff side, elected for an opt-out system for staff members.

We have also sought to ensure that our partners - including commissioners, universities and voluntary organisations - are represented.

Details relating to the composition of the Council of Governors, the register of interests and attendance at meetings is shown on page 118, along with whether a Governor has declared any interests.

As at the 31st March, 2010 the Council of Governors had the following vacancies; two local authority nominations (North Tyneside and South Tyneside)

and two service user governors (Children/Young People and Older People's Services). To maintain the balance of the Council of Governors, pending the appointment to the two service user vacancies, one community/voluntary nominated governor and one University nominated governor was suspended.

Terms of Office for governors

Elected Governors can hold office for a period of three years and will be eligible for election following that period subject to a maximum term of six years. Appointed Governors can hold office for a initial period of three years up to a maximum of six years.

Statement of the decisions taken by the Council of Governors

The roles and responsibilities of the Council of Governors which are to be carried out in accordance with the Foundation Trust's Constitution, Terms of Authorisation and Code of Governance are:

At a General Meeting:

- Appoint or remove the Chair and other Non-Executive Directors;
- Approve an appointment (by the Non-Executive Directors) of the Chief Executive;
- Decide the remuneration and allowances, and other terms and conditions of office, of the Non-Executive Directors;
- Appoint or remove the Foundation Trust's financial auditor;
- Appoint or remove any other external auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs;
- Be presented with the annual accounts, any report of the financial auditor on them and the annual report;

and, as required:

- Hold the Board to account for the performance of the Foundation Trust; and as required;

- Provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning;
- Respond as appropriate when consulted by the Board of Directors;
- Prepare and from time to time review the Foundation Trust's Membership Strategy and its policy for the composition of the Council of Governors and of the Non Executive Directors; and
- When appropriate make recommendations for the revision of the constitution.

During 2010 we will support the governors to establish regular links between governors and the directors and the local community, especially our members, to ensure targeted and specific programmes of engagement relevant to the diverse needs of each community are developed and progressed.

An important part of their role is to communicate with the group of people who elected them and we will support the governors to achieve this over the next year.

Our newly appointed governors are beginning to get involved in the activities of the Trust and provided their views on the Trust's Annual Plan for 2010/2011. They have also given their ideas on how we can improve the quality of services

and how they could be involved in this work.

Contacting a governor

Members are free to contact governors at any time via the Chairman's/Chief Executive Office (telephone number 0191 2232903 or email address governors@ntw.nhs.uk).

Declaration of interests

All Governors are asked to declare any interest on the Register of Governors' Interests at the time of appointment. This is reviewed and maintained by the Foundation Trust Board Secretary.

The Register is available for inspection, on request, from Eric Jarvis, Board Secretary, Chief Executives Office, St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne, NE3 3XT (eric.jarvis@ntw.nhs.uk).

Appointment and Terms of Office

The Governors' Nominations Committee leads the process for the appointment of Non- Executive Directors (including the Chair's) and the Remuneration Committee leads the process for the appointment of Executive Directors.

Governance Review

Nominations Committee

The Trust has established a Nominations Committee and its membership and terms of reference is prescribed by our constitution. The functions of the Committee include determining the criteria and processes for the selection of candidates for office as Chairman or other Non Executive Directors of the Trust, having first consulted with the Board of Directors.

The Committee is also responsible for considering and making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non Executive Directors.

Committee membership is shown on page 94 to 95.

Information, development and evaluation

Reports from the Executive Directors, which include in-depth performance and financial information, are circulated to Board Directors prior to every Board of Directors meeting enabling them to discharge their respective duties. Senior management give presentations to the Board on significant matters during the year.

The Council of Governors receive regular presentations from the Executive Team to allow them to discharge their duties.

Induction

On appointment or election all directors and governors are offered an appropriate induction and are therefore encouraged to keep abreast of matters affecting their duties as a director or governor and to attend training relevant to their role.

Performance evaluation of the Board of Directors, its Committees and individual directors (including the Chair)

Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non-Executive Directors in their appraisals and the Chief Executive for Executive Directors. The Chief Executive is appraised by the Chair.

Appointment of external audit

The Council of Governors is responsible for the appointment of the Trust's external auditors based on the recommendation of the Trust's Audit Committee.

Membership

We are committed to maximising our membership and their involvement to ensure that we achieve the benefits associated with having a membership and our Foundation Trust status.

As at the 31st March 2010 we have recruited around 10,600 public members.

The Trust has four membership constituencies to represent stakeholder interests: Public constituencies; Service users and carers constituencies; Staff constituency; and Partner organisations constituency.

The Council of Governors have been established to include both elected and appointed governors and their roles and responsibilities are set out in the Trust's constitution.

The composition of the Council of Governors is set out on page 94 to 95.

Our rationale in developing the constituencies has been to involve and seek the contribution of all key parties in our services. Local government boundaries have been used to define the six public constituencies.

Service users and carers are represented separately. Substantively employed staff automatically become members unless they decide to opt out. The Trust has, in partnership with the staff side, elected for an opt out system for staff members.

We have also sought to ensure that our partners - including commissioners, universities and voluntary organisations - are represented.

Membership analysis

The Trust wishes to fully engage all members in active membership and is therefore aiming for a membership that affords maximum input rather than maximum numbers. With this in mind a minimum number of members for each Membership constituency is set out in our Constitution and Membership Strategy.

The table shows an analysis of our membership as at the 31st March, 2010 and our targets for one year post authorisation.

Membership strategy

Anyone aged 14 and over living in the geographical areas we cover can be a member of our Foundation Trust. Our target is to recruit at least 12,800 public members one year post-authorisation and improve the representative profile of our membership. The Council of Governors have formed a sub-group to look specifically at membership and our membership recruitment programme for the year will therefore focus on increasing the total number of members and progress the recruitment strategies recommended by the sub group.

Table 26 - Analysis of membership

| Constituency | Actual - 31st March 2010 | Target - 1 Year Post Authorisation |
|-------------------------|--------------------------|------------------------------------|
| Gateshead | 966 | 1741 |
| Northumberland | 1463 | 2841 |
| Newcastle-upon-Tyne | 2518 | 2483 |
| North Tyneside | 1226 | 1792 |
| South Tyneside | 936 | 1383 |
| Sunderland | 2390 | 2560 |
| Sub-total | 9499 | 12800 |
| Service users: | | |
| Working Age Adults | 301 | 200 |
| Children & Young people | 97 | 100 |
| Older People | 65 | 100 |
| Learning Disability | 81 | 100 |
| Neuro-Disability | 121 | 100 |
| Not Known | | |
| Sub-total | 665 | 600 |
| Carers: | | |
| Working Age Adults | 103 | 200 |
| Children & Young People | 135 | 100 |
| Older People | 99 | 100 |
| Learning Disability | 84 | 100 |
| Neuro-Disability | 83 | 100 |
| Not Known | 504 | 600 |
| Sub-total | 10,668 | 14000 |
| Total all public | | |
| Medical | 194 | 165 |
| Other Clinical | 2503 | 2046 |
| Non Clinical | 4121 | 3491 |
| Total | 6818 | 5702 |

Working in partnership

Service users and carers

We are committed to putting the people who use our services at the centre of everything we do and are committed to involving service users and carers in policy, practice and service development. We would like to thank all of the service users, carers and stakeholders who have worked with us over the last year in many areas. Here are a few examples.

Young people at the Roycroft Clinic at St. Nicholas Hospital worked with a community-based media organisation to produce a comic guide for new users of the clinic.

The Woodland View Young People's Design Group won the Trust's Service User and Involvement Award for showing real commitment to empowering service users to shape every step of the ongoing development of this £27 million specialist centre for children and young people with mental health and/or learning disabilities.

The Wellness Recovery Action Planning Training Team won the Trust's Learning and Development Award. The judges were impressed by this well-evaluated in-house programme that actively involves service users in positively promoting recovery.

In Northumberland staff worked with the local Users Voice Group to pilot the 'Points of U', a way of quickly getting and responding to service user feedback about our services. We now plan to roll the project out across the Trust. Service users and carers continue to influence the development of our new services and are represented on our main Project Development Boards, including Woodland View and the South of Tyne model of care development.

The PALS (Patient Advice and Liaison Service) gives service users and carers an alternative to making a formal complaint. Jean Francombe was nominated by service users for the Trust's Unsung Hero Award who described her as "someone who always has time for others". Four years ago Jean set up the PALS Service at the Tranwell Unit in Gateshead and since then it has gone from strength to strength thanks to her compassion, commitment and dedication.

Complaints and compliments

As outlined in our Quality Report on page 34, we are committed to improve the way we relate to patients and carers. It is not only important that we offer patients the right care at the right time but that their experience of care whilst with us is as positive as it possibly can be.

Our aim in 2009/2010 was to reduce the number of complaints and improve the timeliness and quality of responses. During the year we made a series of improvements which has helped the way we listen, respond and learn from complaints.

The Trust received 282 complaints during 2009/2010 and all of these were thoroughly investigated.

The complaints were categorised, as recommended by national guidance, as follows:

Category 1 - 105;

Category 2 - 74;

Category 3 - 91;

Joint Complaints - 12

Final local resolution responses to complaints should be within the negotiated or extended agreed timescale with the complainant and our average compliance for the year was 73%. We are committed to improving our response times in the forthcoming year.

Of the 282 complaints received in the year 34 complaints are still being investigated.

The Quality and Performance Committee regularly analyse the complaints received and identify trends. Recurring themes identified in 2009/2010 include communication with service users, communication with carers, providing for individual needs, transfers between services, cover for clinicians on leave, environmental issues and staff attitude. Lessons learnt are disseminated across services with the aim of improving the quality of care.

Compliments are featured in the Chief Executive's Bulletin and this is an excellent opportunity to highlight the appreciation of service users and carers.

The Lower Willows Domestic Team in Sunderland won the Trust's Support Team of the Year Award after having been nominated by service users and staff. The Team impressed the judges with their dedication and commitment to maintaining a very high standard of cleanliness. Their nomination said that they took great pride in their work and are valued and respected members of the ward team.

Service users survey 2009

The Mental Health Acute In-patient Service User Survey is a large scale, national survey of service users' experience of hospital services for people with acute mental health problems. The 2009 survey was the first of its kind replacing the annual Community Mental Health Service Users survey.

The Trust was asked to provide a sample of a maximum of 1,000 adults aged 16 to 64 who had a stay of at least 48 hours over a specific time period on an acute ward or psychiatric intensive care unit. We provided a sample of 255 patients who met the criteria to the Picker Institute Europe, who carried out the survey.

Seventy-seven service users returned a completed questionnaire giving a response rate of 33.5% against an average response rate of 29.3%.

We were pleased to note that most patients are appreciative of the care they receive:

- 74% rated their care as excellent, very good or good
- 12% rated their care as fair
- 13% rated their care as poor
- 1% did not reply to this specific question

The survey confirmed that our services were rated significantly better than other services nationally in three areas:

- The extent to which we help service users keep in touch with family or friends
- The level of confidence and trust in our nurses
- The care given to ensure there is privacy when discussing a persons condition or treatment

We are using the findings from the survey to work with service users to identify priorities and agree on our quality improvement activities for the forthcoming year.

Working in partnership

Voluntary and community sectors

The Trust works in partnership with a number of community voluntary sector organisations in the provision of mental health and disability services. The following are some examples of our work with these partners during 2009/2010 which have helped us improve the range and quality of services available:

Working with the Newcastle and Gateshead Art Studio we transferred the management of the art studio at St. Nicholas Hospital to them with the aim of improving social inclusion.

The National Autistic Society, who run the Hayes Independent Hospital in Hayes, Bristol, sought our help during the year to strengthen their operational and governance arrangements. We were pleased to be able to offer them our support as they provide a much needed service to people with Asperger's syndrome and complex needs.

Our successful partnership with Macmillan Cancer Care continued with Dorothy Matthews, our Macmillan Clinical Nurse Specialist in Palliative Care for people with learning disabilities, winning the International Journal of Palliative Nursing's coveted Palliative Care Nurse of the Year ward at a glittering event in London in March 2010.

Dorothy has worked in this joint-post for six years, ensuring that people with learning disabilities have the same choice and receive the same quality of care at the end of life as everyone else.

Increasingly our services are working with people with more difficult and complex needs and they cannot be successfully supported without our services working closely with a whole range of agencies. The Learning Disability Intensive Support Team in Sunderland won the Trust's award for Partnership Working, in recognition of their work with local agencies.

Following a very generous donation from the League of Friends, the Gees Club at Northgate Hospital was refurbished. The Gees Club provides a centre for service user activities during the day, whilst also acting as a social club to residents in the evenings and weekends. Service users were involved in the refurbishment project, helping to choose the new design and fittings.

Overview Scrutiny Committees (OSCs) and LINKs

Following the detailed audit of our partnership arrangements named directors now lead on key partner relationships, including those with each of the six OSCs which are responsible for the scrutiny of our services. The named directors attend the OSC meetings, present regular updates on the Trust's plans and make specific presentations on any proposed changes to services.

A list of the consultations with the OSCs regarding service changes is shown on page 87. Our Chair and Chief Executive meet with the

Chairs of the Scrutiny Committees and our work with the OSCs are also routinely reported to the Board.

South Tyneside Scrutiny Committee established a commission on mental health services in the borough and we worked with the panel who reviewed the whole range of community based services, including our Crisis Team. The commission are scheduled to publish their report in 2010 and we will work with the Scrutiny Committee on the agreed action

plan. Our Head of Partnerships has developed good working relationships with the six Local Involvement Networks (LINKs) and we now link into their workplans, as appropriate, and respond to any of their requests for information and support. We would like to specifically thank the LINKs for their helpful and positive input into our Quality Accounts.

The issues considered by OSC's 2009/2010 are outlined in the table below:

Table 27 – Issues considered by Overview and Scrutiny Committees 2009/2010

| Committee | Issue and date |
|----------------|--|
| Northumberland | <ul style="list-style-type: none"> No issues have been presented by the Trust |
| Newcastle | <ul style="list-style-type: none"> May, 2009 – presentation on the NHS duty to involve (section 242) Updates to proposed changes to community accommodation in Newcastle WAA community teams Updates on changes to inpatient learning disability services (north of Tyne) |
| North Tyneside | <ul style="list-style-type: none"> Presentation of our Annual report 2008/2009 |
| Gateshead | <ul style="list-style-type: none"> Changes to the inpatient services and creation of an urgent care day service at the Tranwell unit Changes to Elmwood ward Enhancement to rehabilitation and recovery services South of Tyne Supporting Carers |
| South Tyneside | <ul style="list-style-type: none"> Commission on mental health services in the borough PRIDE consultation Challenging behaviour services South of Tyne |
| Sunderland | <ul style="list-style-type: none"> Restructure of community learning disability nursing services in the city. Reports on activity levels in acute inpatient admissions units PRIDE consultation |
| Durham | <ul style="list-style-type: none"> PRIDE consultation Easington Services consultation |

Working in partnership

Statutory agencies

We work with a wide range of statutory partners including local authorities, children's trusts, the police, Probation Service and the Prison Service.

During 2009/2010 we worked hard to strengthen our relationships with local authorities and introduced a programme of joint Chief Executive meetings throughout the year to discuss, identify and resolve issues of common concern and agree, where appropriate, a joint approach.

We continued to develop our links with each of the Local Strategic Partnerships, including the Health Groups.

During 2009 we focused specifically on revisiting and strengthening our working arrangements at an operational level with the local authority in Newcastle and in the forthcoming year we will be focussing on doing the same in Northumberland and Gateshead.

We have the following formal partnership arrangements in place but they do not include pooled budgets:

- Sunderland City Council- Learning Disabilities and Adult Mental Health Services (Rehabilitation and Recovery); and
- Northumberland Care Trust- Working Age Adult and Older People's Mental Health Services.

In other localities, arrangements are more informal. All arrangements are, however, subject to regular review to ensure they are effective.

Universities

Education, training and research are essential tools to ensure the Trust continues to deliver excellence through innovation and continuous improvement. Evidence of positive relationships include our jointly funded academic posts. These include:

Chair in Forensic Psychiatry with Newcastle University;

Honorary Clinical Lecturer at Newcastle University;

Chair of Developmental Disability Psychology with Northumbria University;

Chair in Developmental Psychiatry with Northumbria University;

Two Chairs in Old Age Psychiatry;

Chair in Child Psychiatry.

GPs and other NHS Trusts

We have a history of effective partnership working with GPs and other NHS Trusts and our work during 2009/2010 included:

Working with Newcastle Hospitals NHS Foundation Trust and Sunderland City Hospitals NHS Foundation Trust, the Community Team Learning Disability in Newcastle worked on the Newcastle Symbols project to develop an agreed set of symbols

that can be used across all local children's services to support youngsters with communication problems.

Our staff continued to work closely with local Learning Disability Partnership Boards and services at Sunderland City Hospitals NHS Foundation Trust and Newcastle Hospitals NHS Foundation Trust in setting up acute health liaison posts. They work with acute hospital staff to help them understand and support the physical health needs of people with learning disabilities.

Ashley Murphy, our Primary/ Secondary Health Facilitation Nurse Specialist, won Clinician of the Year at the Trust's Award Ceremony in recognition of her work to improve the care that people with a learning disability receive from Sunderland City Hospital.

Staff in our Community Learning Disabilities Teams in Newcastle and Sunderland provided training to GP practices to enable them to provide annual health checks for local people with learning disabilities.

Volunteers

The Trust's Voluntary Services Department is based at St. Nicholas Hospital and employs three team members. The aim of the department is to promote and develop a range of voluntary activities that meet the needs of service users and carers and strengthen and enable social inclusion, service user involvement and community participation through volunteering.

The department continued to support a comprehensive range of volunteer projects over the year including St. Nicholas Hospital shop (run by service users), chapel volunteers, Kiff Kaff Band and Kiff Kaff Dining Room Assistant, Walkergate Community Garden, welcome volunteers at Hadrian Clinic reception, an Art Therapy Assistant at Northgate Hospital, and the Tans Restaurant/Opus project at Hexham.

The Kiff Kaff at St. George's Hospital in Morpeth won the Trust's "Making a Difference" award. This user led café and shop offers realistic workplaces for people with complex and often long term health needs. It helps them gain real skills and qualifications that are really valued by service users, carers, staff and visitors.

Congratulations also went to Lilian Burdis, our Volunteer of the Year. Lilian has been a volunteer at Grange unit in Monkwearmouth for 15 years. She was nominated for the award due to her passion for helping others through her gift of music.

Befrienders also provide social support on a one to one basis to individuals living in the community. Following training, the volunteer is matched with an individual who has been referred to the voluntary services by their Care Co-ordinator. The Befriending Scheme aims to widen social opportunities and help to build confidence and self esteem by offering encouragement and motivation.

We greatly appreciate all of the time, commitment and effort donated by our volunteers.

Working in partnership with staff

Staff engagement

The size of NTW, both in terms of geography and staff numbers, presents the Trust with a challenge, but we are committed to effective staff engagement and listening and learning from staff feedback.

The Board of Directors have undertaken an ongoing programme of visits to services and departments to meet and discuss key issues with staff. Any issues highlighted by staff are then followed through and resolved.

The Strategic Forum meets monthly and is an opportunity for senior managers and clinicians from across services to meet with the senior team and discuss and debate issues of strategic importance.

Our Communications Strategy was refreshed in 2009 and, in line with the strategy, a number of regular methods of communicating with and engaging staff were introduced.

As well as regular team meetings, the Trust has introduced a monthly core briefing system, Trust Update. The Chief Executive personally delivers the Trust Update at the Strategic Forum Meeting and members then cascade the Trust Update down to staff throughout the organisation in their regular Team Meetings. The core brief includes information on decisions taken at the monthly Trust Board Meeting and weekly Senior Management Team Meetings, and relevant local, regional and national NHS news.

Our "250" events give representatives from across the Trust the opportunity to participate in themed events helping us shape the future of the organisation.

Every week the Chief Executive's Bulletin is published with a message from Dr. Gillian Fairfield and key news about the Trust, as well as relevant regional and national NHS news. This is circulated to all staff via email and it is also available on the Trust's

intranet. Staff are also encouraged to print off copies to go on staff notice boards for colleagues who do not have access to a computer.

Following feedback from staff, a bi-monthly staff magazine 'The Beacon' was developed. This focuses on a different key theme every issue and the aim is to keep staff up-to-date with Trust developments and successes in a user-friendly format. To keep staff up-to-date with progress on our work towards NHS Foundation Trust status, a monthly Newsletter 'Laying the Foundations' was also published during 2009.

Our Improving Working Lives structure provides an excellent vehicle to engage staff in discussions and feedback on how best we can support them in looking after their health and well-being. We were delighted to be the only NHS organisation in the region to receive a 'Healthy People, Healthy Business' continuing excellence award for our work in this area.

The 2009 national annual staff survey confirmed that our overall staff engagement score was above average when compared with trusts of a similar type and we will continue to find ways to improve the ways in which we communicate with and engage with staff.

Employee consultations

We value the strong working relationships we have developed with our staff side representatives. We have established Trust and Directorate consultative forums, as well as regular informal meetings where staff side and management representatives meet regularly to discuss issues and ensure they are addressed at an appropriate level.

Staff side representatives also attend key Trust Committees including the Modernisation, Organisational Development and Programmes Committee and the Organisational Change Group. Representatives also play a crucial role in promoting good employee relations and supporting effective change management, as well as assisting in the training and development of staff.

Working together we have achieved the following:

- Developed, and in recent months, reviewed a number of human resource policies;
- Established an information advice and guidance project in our Training Department;
- Seconded a union representative to work in our Training Department;
- Continued to implement Agenda for Change, in partnership; and
- As a part of our service modernisation and organisational change programme worked together to resolve issues and progress our plans.

We also have a number of policies which allow staff to raise any matters of concern. These include:

- Grievance NTW(HR)05;
- Whistleblowing NTW(HR)06;
- Handling Concerns about Doctors NTW(HR)02; and
- Dignity and Respect at Work NTW(HR)08.

During 2009/2010 our consultations with staff included the following;

Working Age Adults:

- Reconfiguration of services in Gateshead to establish a Day Service
- Senior Clinical Staff Review in Planned Care North and South of Tyne
- Acute Day Services Review
- Transfer of services from Elmwood in Gateshead to Shearer House
- Review of Allied Health Professional structure
- Review of accommodation for community services North of Tyne
- Review and relocation of Art Services
- Review of staffing at Howburn Close

Working in partnership with staff

Children, Young People and Specialist Services:

- Review of Communicate Services

Older People's Services:

- Reconfiguration of Challenging Behaviour Services in Sunderland

Forensic Services:

- Management of Psychological Services

Learning Disability Services:

- Re-provision of Newberry, Newhaven and The Bungalows, in line with the National Campus Programme
- Review of Social and Residential Services
- Closure of Midway East and development of Rose Lodge
- Review of Community Nursing in Sunderland
- Review and potential re-provision of Autism Services.

Support Services:

- Review of staffing in Cherry Knowle Hospital Dining Room
- Review of Domestic Supervisors rota at Monkwearmouth and Cherry Knowle Hospitals
- Review of Porters rota at Monkwearmouth Hospital
- Review of Snack Shop at Newcastle General Hospital
- Review of Patient Monies Department
- Centralisation of all IM&T Services at St. Nicholas Hospital
- Review of annualised hours contracts in South Tyneside and transfer to central nurse bank
- Review and restructuring of the Nursing Directorate
- Review and restructuring of Managers posts in Clinical Governance
- Review and restructuring of Business Support and Business Advisor functions
- Review of Sunderland City Hospitals Laundry Contract
- Review of Cleaning Services in Benton House

Staff satisfaction

The national annual staff survey indicates how the Trust is perceived by our staff, relative to other comparable trusts locally and nationally. A more satisfied workforce is likely to be more sustainable and provide better patient care, with motivated and involved staff being better placed to know what is working well and how to improve services for the benefit of patients and the public.

Of the Care Quality Commission's sample of 841 staff, 389 returned the 2009 survey. The survey findings confirmed that when compared to other mental health and learning disability trusts in the country we are in the top 20% of trusts in 13 out of the 40 key findings.

In this report we are required to provide specific details on the top four and bottom four ranking scores, and these are shown in the tables below.

Table 28 - Staff survey response rates 2008 and 2009

| | 2008 | | 2009 | | Trust improvement/ deterioration |
|---------------|-------|------------------|-------|------------------|-------------------------------------|
| | Trust | National average | Trust | National average | |
| Response rate | 44% | 54% | 47% | 55% | Increase of 2% |

Table 29 – Staff survey top four ranking scores 2008 and 2009

| | 2009 | | 2008 | | Trust improvement/ deterioration |
|--|-------|------------------|--------------------------------------|------------------|-------------------------------------|
| | Trust | National average | Trust | National average | |
| Top four ranking Scores 2009 | | | | | |
| Question: Percentage of staff experiencing physical violence from staff in the last 12 months | 0% | 2% | 3% | 2% | 3% improvement |
| Question: Percentage of staff believing the Trust provides equal opportunities for career development | 95% | 90% | 88% | 88% | 7% improvement |
| Question: Percentage of staff experiencing discrimination at work in the last 12 months | 4% | 8% | Question not included in 2008 survey | | Not applicable |
| Question: Percentage of staff using flexible working options | 80% | 72% | 78% | 72% | 2% improvement |

Working in partnership with staff

Table 30 – Staff survey bottom four ranking scores 2008 and 2009

| Bottom four ranking scores 2009 | 2009 | | 2008 | | Trust improvement/ deterioration |
|---|-------|------------------|--------------------------------------|------------------|-------------------------------------|
| | Trust | National average | Trust | National average | |
| Question: Percentage of staff experiencing physical violence from patients/relatives in the last 12 months | 22% | 18% | 23% | 19% | 1% improvement |
| Question: Staff motivation at work | 3.79 | 3.84 | Question not included in 2008 survey | | Not applicable |
| Question: Percentage of staff suffering work related injury in the last 12 months | 10% | 8% | 8% | 8% | 2% deterioration |
| Question: Percentage of staff reporting good communication between senior management and staff | 26% | 29% | 28% | 28% | 2% deterioration |

In 2010/2011 we will be progressing the following work to address the concerns raised by staff in the annual staff survey.

Staff experiencing physical violence and aggression from patients and relatives and staff suffering work related injury:

We will analyse all reported incidents of physical violence and aggression, the number of staff trained and sickness and absence data to identify connections. We will work with managers and staff to review and improve our Prevention of Management of Violence and Aggression training.

Staff Motivation:

We will ensure that all staff have an annual appraisal and an agreed personal development plan giving them clear objectives linked to the organisation's goals and clear feedback on their performance, including recognition of their achievements. We will also continue to support the Trust's Leadership Programme.

Communication with staff:

Drawing upon staff feedback we will review our Communication Strategy to improve the ways in which we communicate and involve staff.

Sickness absence data

Our Workforce Strategy sets out the corporate approach to the management of absence. We have introduced a new Absence Policy and provide a Managing Attendance Module for managers within our training programme. Managers are responsible for the management of absence within their own areas with the support of human resource surgeries/clinics and dedicated support from Human Resources.

Our rate of sickness absence as at the 31st March, 2010, on a rolling average basis, was 6.29%, compared with 6.69% as at the 31st March 2009.

We are also in the process of introducing a pilot across Working Age Adult Services using First Care Ltd to support the management of sickness and absence using a dedicated call centre, with Occupational Health support. We aim to achieve a reduction in sickness and absence of 1% over the period of the pilot.

Occupational health

We currently work with a number of occupational health departments across the region and during 2009 we sought tenders for both occupational health and counselling Services for staff with the aim of moving to one provider. We propose to award this tender during 2010 and the new services will have a greater focus on health and well-being as well as managing absence.

Involvement of our employees in our Foundation Trust's performance

We are committed to fully involving all of our staff in taking an active role and interest in the quality and performance of our services.

A detailed Performance Report is prepared on a monthly basis for the Board of Directors, the Trust's Senior Management Team, senior managers and clinical leaders.

The weekly Chief Executive's bulletin highlights issues that are discussed at the Board and senior management Team, including an update on performance against key indicators and steps being taken to improve performance and the quality of services.

Staff are also involved in discussions relating to strategy and performance in the Strategic Forum and through the "250" events, and this gives them the opportunity to recommend the action required to ensure continued success and delivery of high quality services.

We value the effort and involvement that our staff make to improving quality and performance and the weekly Chief Executive's bulletin features thank you's and compliments from patients and carers, together with local and national recognition awards our staff have achieved.

We held our first "Shining a light on Excellence" awards 2009/2010 in March 2010. The 200 nominations were reviewed by two judging panels and a shortlist of five in each of the twelve categories were identified. Shortlisted members of staff were invited to attend the gala awards evening and many of the winners are featured in this report.

A special souvenir edition of the Beacon Magazine will showcase both the winners and runners up.

Equality and diversity

The Trust has in place a Single Equality Scheme which sets out our three year strategy to mainstream equality, diversity and human rights. We are benchmarked on our performance against our Single Equality Scheme action plan by NHS North East and we are performing above average on the 30 agreed core actions.

Liz Latham, Director of Human Resources and Organisational Development, is the Lead Director for Equality and Diversity supported by Chris Rowlands, our Equality and Diversity Manager.

Performance against our action plan is monitored by the Modernisation Organisational Development and Programmes Committee.

The following tables show the equality and diversity data relating to our membership and staff:

Table 31 – Equality and diversity – analysis of staff 2008/2009 and 2009/2010

| | Staff 2008/2009 | % | Staff 2009/2010 | % |
|------------------------|--------------------|-------|--------------------|-------|
| Age | | | | |
| Under 20 | 2 | 0.03 | 9 | 0.14 |
| 20-24 | 117 | 1.76 | 156 | 2.47 |
| 25-29 | 475 | 7.16 | 459 | 7.26 |
| 30-34 | 598 | 9.01 | 573 | 9.06 |
| 35-39 | 775 | 11.68 | 762 | 12.05 |
| 40-44 | 1109 | 16.72 | 1074 | 16.99 |
| 45-49 | 1274 | 19.20 | 1259 | 19.91 |
| 50-54 | 1051 | 15.84 | 1011 | 15.99 |
| 55-59 | 725 | 10.93 | 650 | 10.28 |
| 60-64 | 429 | 6.47 | 336 | 5.31 |
| 65+ | 79 | 1.19 | 34 | 0.54 |
| Total | 6634 | | 6323 | |
| Ethnicity | | | | |
| White | 5628 | 84.84 | 5435 | 85.96 |
| Mixed | 17 | 0.26 | 17 | 0.27 |
| Asian or Asian British | 54 | 0.82 | 49 | 0.77 |
| Black or Black British | 21 | 0.32 | 24 | 0.37 |
| Other | 19 | 0.3 | 20 | 0.31 |
| Undefined | 486 | 7.33 | 363 | 5.74 |
| Not Stated | 409 | 6.17 | 415 | 6.56 |
| Total | 6634 | | 6323 | |
| Gender | | | | |
| Male | 1986 | 29.94 | 1889 | |
| Female | 4648 | 70.06 | 4434 | |
| Undisclosed | 0 | 0 | 0 | |
| Total | 6634 | | 6323 | |
| Recorded Disability | 7 | 0.11 | 22 | 0.35 |

To strengthen our equality and diversity arrangements the Trust has:

- Identified Equality and Diversity Champions in each Directorate;
- Established an Equality and Diversity Sub Group to progress our action plan; and
- Supported a comprehensive Trust-wide training programme.

We also use Equality Impact Assessments to ensure that all of our activities (policies and procedures) are examined to confirm that there is no potential for discrimination against a particular group of people.

The Trust holds Positive About Disabled People (the Two Ticks symbol) and Mindful Employer status.

Table 32 - Equality and diversity membership – analysis of membership as at 31st March 2010

| Public constituency | Number of members |
|------------------------|-------------------|
| Age (years): | |
| 0 – 16 | 600 |
| 17 – 21 | 1028 |
| 22 + | 7871 |
| Ethnicity: | |
| White | 6067 |
| Mixed | 4 |
| Black or Black British | 54 |
| Asian or Asian British | 23 |
| Other | 3351 |
| Gender: | |
| Male | 3033 |
| Female | 6466 |

| Patient constituency | Number of members |
|----------------------|-------------------|
| Age (years): | |
| 0 – 16 | 10 |
| 17 – 21 | 26 |
| 22 + | 1133 |

Other disclosures in the public interest

Training and development

We are committed to making sure our staff have the training and development opportunities they need to do their jobs, and our success in this area has been recognised with good practice and case studies from the Trust featured in publications produced by Skills for Health.

During 2009/2010 we focused a lot of our attention on improving access to and attendance at "essential training". With this aim in mind we:

- Introduced a compulsory two day induction programme for all new starters, which included "essential" training;
- Encouraged more staff across the Trust to take up statutory and mandatory training including an e-learning route. This has resulted in an improvement in attendance; and
- Ensured that all staff underwent safeguarding training either through e-learning or traditional taught sessions. This initiative resulted in an award from the Virtual College.

We also designed an e-learning stress awareness package to support our important work in this area.

The continued roll out of our Leadership and Management Development Programme was a priority and, in consultation with staff, we evaluated the programme to ensure that it continued to give staff the requisite skills and attitudes to achieving change in a

challenging financial environment. This programme consistently receives positive feedback from all participants.

We are in the process of reviewing our training and development programme, infrastructure and processes and recommendations will be made to the Senior Management Team in 2010.

Clinical audit

We participate in national clinical audits and national confidential enquiries pertinent to our services. These are outlined in our Quality Report for 2009/2010 on pages 28 to 61.

We also support a programme of local clinical audits and these are featured in our Quality Report for 2009/2010 on pages 44 to 47.

The audit outcomes contribute to providing assurance to the Board that governance arrangements are in place, our policies are monitored and corrective action taken if necessary.

Mental Health Act Annual Statement

In January, 2010 the Care Quality Commission (CQC) published its Annual Statement relating to the Trust for the period April 2008 to September, 2009. The CQC visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act commissioners meet and talk with detained patients in private and also talk with staff and managers about

the services provided. They also scrutinise Mental Health Act documentation and records relating to the care and treatment of detained patients.

The Annual Statement confirmed that, with very few exceptions, detained patients spoke highly of their care and of the staff who looked after them. Commissioners were impressed with the diligence of the Mental Health Act managers in ensuring that all detentions sampled were found to be lawful and they were also pleased to note that pharmacist and pharmacy technicians were involved in the review of prescribing at ward level. Whilst commissioners noted the variations across the Trust in the standard of the patient environment they were encouraged by the investment in the provision of new psychiatric intensive care units.

Mental Health Act commissioners will continue to visit in the coming year to monitor the operation of the Act and we value their feedback as it helps us to improve our services.

Infection prevention and control

We have developed infection prevention and control specifications for all clinical areas which make it clear what standards the services need to achieve to protect our service users and staff.

We are committed to playing our part in the prevention and control of infection in the community and are fully involved in the NHS North East infection control networks.

Hospital acquired infections

The Trust's target relating to Clostridium difficile year-on-year reduction (to fit the trajectory for the year, as agreed with the Primary Care Trust, assumed a 15% reduction if no level was agreed in the contract). The Trust had six reported cases in 2008/2009 and the incidence reduced to three cases in 2009/2010.

In 2009/2010 the Trust had no reported case of MRSA Bacteraemia as in 2008/2009.

Health and safety

The Trust has continued to provide health and safety guidance and support throughout the year and provides an assurance of our commitment in maintaining a safe environment for all.

The Trust works in partnership with staff side representatives to drive this agenda forward and during the year we further developed a lone working project, giving 50 staff working in the community safety equipment to help them raise the alarm should they need help. Over the next year we hope to give a further 480 staff this equipment.

In December 2008 we welcomed the Health and Safety Executive (HSE) to the Trust to look at how we support our staff to identify and manage stress in their working lives. This was a very positive visit, with many areas of good practice highlighted by the HSE. During 2009 we worked hard to continue to improve in this area, and expect the HSE to revisit us early in 2010 to assess our progress against our agreed plans.

Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Trust's Safety Department is responsible for and processes the reporting of all RIDDOR incidents directly to the Health and Safety Executive. We reported 48 incidents in 2009/2010 compared to 38 in 2008/2009, reflecting our continued commitment to being an open and transparent organisation which encourages staff to report incidents.

Serious untoward incidents

As outlined in the Trust's Quality Report, Quality Goal 1 is to reduce incidents of harm to patients. We are committed to be a learning organisation and our aim in 2009/2010 was to continue a culture of high reporting and reduce the number of serious untoward incidents. We reviewed our Incident Policy, strengthening the after action review process so that areas for improvement and good practice can be quickly highlighted and shared across the organisation.

As shown on page 32 during 2009/2010 we successfully reduced the number of incidents of harm to patients whilst supporting an open incident reporting culture. All serious untoward incidents continue to be actively investigated and reported to the Trust Board.

During 2010/2011 we will be launching a core Safety Programme. This, together with the lessons learnt from reported incidents, will ensure that the safety of patients is a top priority for the coming year.

Fire safety inspection

We continue to work with Tyne and Wear Fire and Rescue Service with the aim of ensuring that the organisation continues to comply with the Regulatory Reform (Fire Safety) Order 2005.

Fire safety training is an integral part of our essential training programme for staff.

Other disclosures in the public interest

Emergency planning and business continuity management

During 2009 the country experienced its first influenza pandemic since the 1960's. Whilst the pandemic wasn't as severe or widespread as originally feared, it gave us the opportunity to mobilise and test our Emergency Plan and resources.

Working with partner organisations across the north east we set up our Emergency Planning and communication structures and:

- Provided training to all staff groups in flu awareness;
- Provided enhanced training to qualified staff to enable them to treat service users who may contract the flu;
- Purchased extra equipment, including gloves, aprons, face masks and stocks of anti-viral medication to treat any inpatient with flu like symptoms;
- Offered a vaccination programme to staff and patients who were at high risk; and
- Participated in a series of table top exercises to ensure our plans were robust.

To help support us in this work in the future we appointed a Health Emergency Planning and Business Continuity Officer in January, 2010.

Research and development

The national health research strategy, Best Research for Best Health (2006), emphasises the need to improve the quality, timeliness and clinical impact of health

research. We have a reputation for supporting high quality research and have close links for research and teaching with a number of universities, including Newcastle with whom there is a formal Partnership Agreement between the Trust and the Faculty of Medical Sciences.

The Joint Research Executive brings together the Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University to develop and deliver close partnership working in relation to research.

We also have longstanding collaborative relationships with Northumbria, Durham and Sunderland Universities, as well as others nationally and internationally. Examples include: Kings College London; University College London; York; Liverpool; Manchester, etc.

Our research programmes continue to progress, particularly in the fields of brain ageing and dementia, child and adolescent development, and the treatment, safety and effectiveness in severe mental illness.

Professor Ian McKeith and Professor John O'Brien, two of our honorary psychiatrists, were appointed as National Institute for Health Research Senior Investigators. These honorary appointments recognise outstanding leaders in health research, and both professors have made great contributions to Newcastle's reputation for research

on brain ageing and dementia.

Health promotion

We continued to encourage smoking cessation for both our service users and staff, and were delighted when our partner in this – FRESH North East – won the Chief Medical Officer's award and Chartered Institute of Public Relations gold award for its work.

During the summer Northgate Hospital hosted a Spring into Summer activity day for service users, promoting health and physical activities, and we opened a new gym facilities for service users and staff to use.

We worked in partnership with SUSTRANS in Northumberland to encourage cycling and walking, and we are currently exploring opportunities to encourage walking and gentle exercise for service users.

The promotion of NHS-funded services

The Code of Practice for the Promotion of NHS-Funded Services published by the Department of Health in March 2008 requires us to include in our Annual Report the expenditure on the promotion of our services.

We confirm that for the period post-Foundation Trust authorisation, 1st December 2009 to 31st March 2010, expenditure on promoting our services was nil.

Trust Board

Trust board pen portraits



Jules Preston, MBE

Trust Chairman

Experience and Skills/Expertise;

- Current Chairman Sunderland East End Regeneration Company
- Non Executive Director, Northumberland, Tyne & Wear Strategic Health Authority
- Significant business experience including senior posts with Manpower Services Commission and Sunderland Training and Enterprise Council
- Non-Executive Director, Sunderland Health Authority
- Magistrate

Qualifications:

- Member of Institute of Business Consultants
- Investors in People Assessor



Dr Gillian Fairfield

Chief Executive

Experience and Skills/Expertise;

- Previously Chief Executive of Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust 2004 - 2008
- Medical Director of Hull and East Riding Community Mental Health NHS Trust 2000 – 2004
- Medical Director and Deputy Head of the National Prison Health Task Force 1999
- Policy Advisor in Mental Health at the Department of Health 1998
- British Medical Association Travelling Fellow studying managed care in USA 1997
- Qualified Medical Practitioner with wide clinical experience including general practice and public health

Qualifications:

- MA in Business Administration (MBA)
- Masters in Public Health (MPH)
- Member of the Faculty of Public Health Medicine (MFPH)
- Qualified Medical Practitioner MB ChB, DCH

Trust Board



Anne Ward Platt

Non-Executive Director
and Deputy Chairman

**Experience and Skills/
Expertise;**

- Currently involved in extensive management consultancy including conciliation, complaints and conflict management
- Background in Education
- Non Executive Director of Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
- Non Executive Director of Northumberland Mental Health NHS Trust
- Author of "Conciliation in Healthcare: managing and resolving complaints and conflict" (2008)
- Experience in health related project management, and health and social care research

Qualifications:

- BA (Hons) English
- PGCE (Bristol)
- Member of the Society of Authors



Ken Grey

Non-Executive Director

**Experience and Skills/
Expertise;**

- Non Executive Director, Northgate and Prudhoe NHS Trust
- Significant business experience including as a senior manager with British Telecom
- Chairman of Newcastle upon Tyne Health Care Charity
- Independent Chairperson of the Newcastle Children's Fund (2001- 2008)
- Secretary to the Neurosciences Foundation of West Bengal
- Magistrate

Qualifications:

- BSc Electrical Engineering
- BA Economics
- Diploma in Management Studies
- NVQ Assessor



Fiona Standfield

Non-Executive Director

**Experience and Skills/
Expertise;**

- Extensive managerial and business experience, including Sales Director and Programme Delivery Director of Royal Mail
- Management Consultant
- Non Executive Director, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
- Vice Chair Board Northern Stage
- Non Executive Director Northumberland Tourism
- Regional Advisory Panel Member, Common Purpose
- Governor Westfield School, Newcastle upon Tyne

Qualifications:

- BA (Hons) French and Theology (Leeds)
- PGCE Modern Languages (Brasenose, Oxford)
- EFQM, BTEC and NVQ Assessor



Chris Watson

Non-Executive Director

**Experience and Skills/
Expertise;**

- Significant management and business expertise including:
- Senior Manager, Northumbria Water
- Director of Constructing Excellence in the North East

Qualifications:

- BSc Civil and Environmental Engineering
- Member of Institution of Civil Engineers
- MBA



Paul McEldon

Non-Executive Director and Chairman of the Audit Committee

**Experience and Skills/
Expertise;**

- Audit Manager for KPMG
- Extensive Business and finance experience, currently Chief Executive of North East Business and Innovation Centre
- Financial Director of Sunderland City Training and Enterprise Council
- Founding Director and Company Secretary of Sunderland Science Park

Qualifications:

- Member of the Institute of Chartered Accountants for England and Wales
- BA (Hons) Accountancy and Financial Analysis
- Member of Sunderland City Software Project



Judith Curry

Non-Executive Director

**Experience and Skills/
Expertise;**

- Significant business experience in Financial Services
- Specialist interest in performance, compliance, corporate partnerships and marketing
- Experience includes corporate sales in Barclays and Lloyds and various senior posts in Lloyds TSB
- Non-Executive Director, Humber Mental Health NHS Trust
- Associate of the Chartered Insurance Institute
- Director of the City of Newcastle Golf Club

Qualifications:

- MSc in Management
- ACII
- APD in Sales Management

Trust Board



James Duncan

Finance Director and
Deputy Chief Executive

**Experience and Skills/
Expertise;**

- Extensive financial experience in the NHS including:
- Director of Finance, Northgate and Prudhoe NHS Trust (including 6 months as Acting Chief Executive)
- Director of Finance, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
- Previous Member of Shared Systems Partnership Board Procurement NE Project Board
- National Case Mix Office - Mental Health Project Board
- Current Chair of Care Pathways and Packages Consortium Project Team and Member of Programme Board

Qualifications:

- BA Politics and History
- Chartered Institute of Public Finance and Accountancy



Gary O'Hare

Director of Nursing and
Operations

**Experience and Skills/
Expertise;**

- Extensive nursing experience, both clinical and managerial, at local and national level, including:
- Director of Nursing, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
- Joint Project Manager for a number of national initiatives on the management of violence and aggression for the Department of Health and the National Patient Safety Agency
- Member of the Mental Health & Learning Disability Nurse Directors & Leads National Forum
- Member of NIMHE National Acute Mental Health Programme Board and Acute Inpatient Care Steering Group
- Member of the NHS Employers Group at national level representing Allied Health Professionals

Qualifications:

- EN (MH)
- RMN
- Diploma in the Care and Management of the Mentally Disordered Offender (ENB A71)



Suresh Joseph

Medical Director

**Experience and Skills/
Expertise;**

- Extensive clinical experience in General Adult Psychiatry
- Honorary Clinical Lecturer in Psychiatry, University of Newcastle upon Tyne
- Past Honorary Secretary, Faculty of General and Community Psychiatry, Royal College of Psychiatrists
- Past Chair, Faculty of General and Community Psychiatry, Royal College of Psychiatry
- Chair, Faculty Education and Curriculum Committee, Royal College of Psychiatrists, and Faculty Lead for Roles and Responsibilities Issues
- National expertise in Role and Service Redesign

Qualifications:

- MB BS,
- MMedSc
- FRC Psych



Elizabeth Latham

Director of Workforce
and Organisational
Development

**Experience and Skills/
Expertise;**

- Extensive human resources experience including:
- Head of Personnel South Durham Health NHS Trust
- Director of HR, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust

Qualifications:

- Diploma for Bi-lingual Secretaries
- Member of Chartered Institute of Personnel and Development (MCIPD)



Lisa Quinn

Acting Director of
Performance and
Assurance

**Experience and Skills/
Expertise;**

- Extensive NHS business, performance and finance experience including:
- Business Development & Planning Accountant, Newcastle City Health NHS Trust
- Associate Director of Finance and Business Support, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
- Associate Director of Financial Delivery and Business Support, Northumberland, Tyne and Wear NHS Trust

Qualifications:

- Member of the Chartered Institute of Management Accountants
- Member of the Association of Accounting Technicians

Trust Board

Board of Director Details

| Name/Position incl. Member of Committees | Date of Appointment | Current Expiry of Term | Board of Directors | | Audit | | MODP | | FIBD | | Q & P | | Remuneration | | Mental Health Legislation | |
|--|---------------------|---------------------------|--------------------|------------|-------|------------|------|------------|------|------------|-------|------------|--------------|------------|------------------------------|------------|
| | | | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend |
| Judith Curry Non-Executive Director | 01.12.09 | 30.11.11 | 5 | 5 | 2 | 1 | - | - | - | - | 4 | 4 | 0 | 0 | - | - |
| James Duncan Deputy Chief Executive/ Executive Director of Finance/Chairman of Finance Infrastructure and Business Development Committee | 01.12.09 | N/A | 5 | 5 | - | - | 3 | 1 | 4 | 3 | 4 | 2 | - | - | - | - |
| Dr Gillian Fairfield Chief Executive | 01.12.09 | N/A | 5 | 3 | - | - | - | - | - | - | - | - | - | - | - | - |
| Ken Grey Non-Executive Director/ Senior Independent Director | 01.12.09 | 30.11.12 | 5 | 4 | - | - | 3 | 2 | - | - | - | - | 0 | 0 | - | - |
| Dr Suresh Joseph Executive Medical Director | 01.12.09 | N/A | 5 | 5 | - | - | 3 | 1 | 4 | 1 | 4 | 1 | - | - | 3 | 1 |
| Elizabeth Latham Executive Director of Workforce and Organisational Development/chair of the Modernisation Organisational Development and Programmes Committee | 01.12.09 | N/A | 5 | 4 | - | - | 3 | 2 | 4 | 0 | 4 | 1 | - | - | - | - |

| Name/Position incl. Member of Committees | Date of Appointment | Current Expiry of Term | Board of Directors | | Audit | | MODP | | FIBD | | Q & P | | Remuneration | | Mental Health Legislation | |
|--|---------------------|---------------------------|--------------------|------------|-------|------------|------|------------|------|------------|-------|------------|--------------|------------|------------------------------|------------|
| | | | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend | No. | No. Attend |
| Paul McEldon Non-Executive Director/ Chairman of Audit Committee | 01.12.09 | 31.03.12 | 5 | 4 | 2 | 2 | - | - | - | - | - | - | 0 | 0 | - | - |
| Gary O'Hare Executive Director of Nursing and Operations/ Chairman of the Quality and Performance Committee | 01.12.09 | N/A | 5 | 5 | - | - | 3 | 1 | 4 | 2 | 4 | 2 | - | - | 3 | 1 |
| Lisa Quinn Acting Executive Director of Performance and Assurance | 01.12.09 | 31.05.10 | 5 | 5 | - | - | 3 | 1 | 4 | 3 | 4 | 3 | - | - | 3 | 3 |
| Anne Ward Platt Non-Executive Director/ Vice Chair | 01.12.09 | 31.12.10 | 5 | 5 | - | - | - | - | - | - | 4 | 4 | 0 | 0 | - | - |
| Jules Preston Chairman/Chairman of the remuneration Committee | 01.12.09 | 30.11.10 | 5 | 4 | - | - | - | - | - | - | - | - | 0 | 0 | - | - |
| Fiona Standfield Non-Executive Director/ Chair of Mental Health Legislation Committee | 01.12.09 | 31.12.10 | 5 | 5 | - | - | - | - | - | - | - | - | 0 | 0 | 3 | 3 |
| Chris Watson Non-Executive Director | 01.12.09 | 31.12.10 | 5 | 5 | 2 | 2 | - | - | 4 | 0 | - | - | 0 | 0 | - | - |

Council of Governor's

Council of Governor details

| Constituency/Appointing Organisation | Name | Date of First Appointment | Period Elected Years | Period of Office Months | Term of Office 1st or 2nd | In Post at 31st March, 2010 | No. of Board of Governor Meetings | No. Attended | No. of Nomination Committee | No. Attended | Declaration of Interest |
|---|------------------|---------------------------|----------------------|-------------------------|---------------------------|-----------------------------|-----------------------------------|--------------|-----------------------------|--------------|-------------------------|
| Staff (Non Clinical) | Billy Anderson | 1/12/09 | 3 | 4 | 1st | 1st | 2 | 2 | 0 | 0 | No |
| Staff (Clinical) | Nigel Atkinson | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| Public (Gateshead) | Thomas Bentley | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | 0 | 0 | No |
| Service User (Neuro Disability Services) | Russell Bowman | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | No |
| Staff (Non Clinical) | Keeley Brickle | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | No |
| Service User (Adult Services) | Alasdair Cameron | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | Yes |
| Carer (Adult Services) | Ann Clark | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |
| Staff (Medical) | Alan Currie | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |
| Service User (Learning Disability Services) | Andrew Davidson | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| Public (North Tyneside) | James Finan | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| Local Authority (Gateshead Council) | Mary Foy | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | No |
| Carer (Children and Young Peoples Services) | Janet Fraser | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | 0 | 0 | No |
| Public (Sunderland) | Jane Hall | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | 0 | 0 | No |
| Carer (Learning Disability Services) | George Hardy | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| PCT (Sunderland Teaching PCT) | Patricia Harle | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | Yes |
| Service User (Adult Services) | Elizabeth Hicks | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |

| Constituency/Appointing Organisation | Name | Date of First Appointment | Period Elected Years | Period of Office Months | Term of Office 1st or 2nd | In Post at 31st March, 2010 | No. of Board of Governor Meetings | No. Attended | No. of Nomination Committee | No. Attended | Declaration of Interest |
|--|-----------------|---------------------------|----------------------|-------------------------|---------------------------|-----------------------------|-----------------------------------|--------------|-----------------------------|--------------|-------------------------|
| Carer (Adult Services) | Norman Hildrew | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |
| Community and Voluntary (Voluntary Organisation Network North East) | Brendan Hill | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | Yes |
| University (Newcastle University) | Barry Hirst | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | 0 | 0 | Yes |
| Local Authority (Newcastle City Council) | Liz Longfield | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | No |
| Public (Northumberland) | Claire Mills | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | Yes |
| Local Authority (Northumberland County Council) | Simon Reed | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 0 | N/A | N/A | Yes |
| Carer (Older Peoples Services) | Anneva Spark | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| Public (South Tyneside) | Raymond Staward | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |
| Carer (Neuro Disability Services)/Lead Governor (including Reserve Chairman/Chairman of the Nominations Committee) | Richard Tomlin | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | 0 | 0 | Yes |
| Staff (Clinical) | Paul Veitch | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 1 | N/A | N/A | No |
| Public (Newcastle) | Oliver Wood | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |
| PCT (North Tyneside) | Dave Willis | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | No |
| Local Authority (Sunderland Council) | Norma Wright | 1/12/09 | 3 | 4 | 1st | Yes | 2 | 2 | N/A | N/A | Yes |

Remuneration report

Salary and pension entitlements of senior managers

The Trust has a Remuneration Committee. Its membership for 2009/2010 was made up of the Chairman and Non-Executive Directors. The policy on the remuneration of senior managers is that the Committee's remit covers the remuneration of the Chief Executive, Executive Directors and other senior employees (as defined by the NHS Foundation Trust Annual Reporting Manual 2009/2010).

The Remuneration Committee did not meet during the period 1st December 2009 to 31st March 2010.

All substantive senior managers' contracts are permanent with three months' notice (except the Director of Finance whose notice period is four months) and termination payments (including redundancy and early retirement) are as per the general NHS terms and conditions applicable to other staff. The Acting Director of Performance and Assurance is employed on a fixed-term basis pending the advertisement and appointment of a substantive Director.

Performance pay did not apply for the period in question, with the exception of the Medical Director who receives a national award for Clinical Excellence in respect of his clinical duties.

Past and present employees are covered by the provisions of the NHS Pensions Schemes. Details of the benefits payable under these provisions can be found on the NHS

Pensions website at www.pensions.nhsbsa.nhs.uk. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme; the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The remuneration and pension benefits tables disclosed on page 97 to 99 have been subject to audit and an unqualified opinion has been given.



Dr Gillian Fairfield
Chief Executive
28th May, 2010

Remuneration

| Name and Title | Salary Bands of £5000 | Other Remuneration | Benefits in Kind* |
|---|-----------------------|--------------------|-----------------------------|
| | | £000 | Rounded to the nearest £100 |
| Jules Preston - Chair | 5 - 10 | 0 | 0 |
| Anne Ward Platt - Non-Executive and Deputy Chair | 0 - 5 | 0 | 0 |
| Ken Grey - Non-Executive | 0 - 5 | 0 | 0 |
| Fiona Standfield - Non-Executive | 0 - 5 | 0 | 0 |
| Chris Watson - Non-Executive | 0 - 5 | 0 | 0 |
| Paul McEldon - Non-Executive | 0 - 5 | 0 | 0 |
| Judith Curry - Non Executive | 0 - 5 | 0 | 0 |
| Gillian Fairfield - Chief Executive | 60 - 65 | 0 | 0 |
| James Duncan - Director of Finance and Deputy Chief Executive | 40 - 45 | 0 | 9 |
| Elizabeth Latham - Director of Human Resources | 30 - 35 | 0 | 0 |
| Gary O'Hare - Director of Nursing and Operations | 35 - 40 | 0 | 21 |
| Suresh Joseph - Medical Director | 60 - 65 | 0 | 0 |
| Lisa Quinn - Acting Director of Performance and Assurance | 30 - 35 | 0 | 0 |
| Colin McCoy - Director of Forensic Services | 25 - 30 | 0 | 2 |
| Kate Simpson - Director of Learning Disability Services | 25 - 30 | 0 | 0 |
| Russell Patton - Director of Adult Services | 25 - 30 | 0 | 12 |
| Adele Coulthard - Director of Service Development | 30 - 35 | 0 | 0 |
| Bruce Dickie - Director of Children, Young People and Specialist Services | 25 - 30 | 0 | 6 |
| Malcolm Aiston - Associate Director of Estates and Facilities | 25 - 30 | 0 | 6 |
| Sandra Good - Commercial Director | 15 - 20 | 0 | 0 |
| Timothy Docking - Acting Director of Older People's Services | 25 - 30 | 0 | 13 |
| Mark Knowles - Acting Director of Learning Disability Services | 20 - 25 | 0 | 0 |

*All benefits in kind are leased cars

Remuneration report

Period in office

| Non Executive Directors | | |
|-------------------------|---------------------|--|
| Jules Preston | 01/12/09 - 31/03/10 | Chair |
| Anne Ward Platt | 01/12/09 - 31/03/10 | Non Executive and Deputy Chair |
| Paul McEldon | 01/12/09 - 31/03/10 | Non Executive Director |
| Ken Grey | 01/12/09 - 31/03/10 | Non Executive Director |
| Fiona Standfield | 01/12/09 - 31/03/10 | Non Executive Director |
| Chris Watson | 01/12/09 - 31/03/10 | Non Executive Director |
| Judith Curry | 01/12/09 - 31/03/10 | Non Executive Director |
| Executive Directors | | |
| Gillian Fairfield | 01/12/09 - 31/03/10 | Chief Executive |
| Suresh Joseph | 01/12/09 - 31/03/10 | Medical Director |
| James Duncan | 01/12/09 - 31/03/10 | Finance Director and Deputy Chief Executive |
| Gary O'Hare | 01/12/09 - 31/03/10 | Director of Nursing and Operations |
| Elizabeth Latham | 01/12/09 - 31/03/10 | Director of Workforce and Organisational Development |
| Lisa Quinn | 01/12/09 - 31/03/10 | Acting Director of Performance and Assurance |
| Other Directors | | |
| Adele Coulthard | 01/12/09 - 31/03/10 | Director of Service Development |
| Bruce Dickie | 01/12/09 - 31/03/10 | Director of Children, Young People and Specialist Services |
| Colin McCoy | 01/12/09 - 31/03/10 | Director of Forensic Services |
| Patton Russell | 01/12/09 - 31/03/10 | Director of Adult Services |
| Kate Simpson | 01/12/09 - 31/03/10 | Director of Learning Disability Service |
| Malcolm Aiston | 01/12/09 - 31/03/10 | Associate Director Estates and Facilities |
| Sandra Good | 01/12/09 - 31/03/10 | Commercial Director |
| Timothy Docking | 01/12/09 - 31/03/10 | Acting Director of Older People's Services |
| Mark Knowles | 01/12/09 - 31/03/10 | Acting Director of Learning Disability Service |

Pension Benefits

| | Real Increase in pension at age 60 | Real Increase in pension at lump sum | Total accrued pension at age 60 at 31-03-10 | Lump sum at age 60 related to accrued pension at 31-03-10 | Cash Equivalent Transfer Value at 31-03-10 | Cash Equivalent Transfer Value at 01-12-09 | Real Increase in Cash Equivalent Transfer Value | Employer's contribution to Stakeholder Pension |
|--|------------------------------------|--------------------------------------|---|---|--|--|---|--|
| | Bands of £2.5k £000 | Bands of £2.5k £000 | Bands of 5k £000 | Bands of 5k £000 | £000 | £000 | £000 | £00 |
| Gillian Fairfield Chief Executive | 0 - 2.5 | 2.5 - 5.0 | 55 - 60 | 165 - 170 | 1125 | 1106 | 0 | 0 |
| James Duncan Director of Finance | 0 - 2.5 | 2.5 - 5.0 | 25 - 30 | 80 - 85 | 396 | 378 | 8 | 0 |
| Elizabeth Latham Director of Human Resources | 0 - 2.5 | 0 - 2.5 | 25 - 30 | 80 - 85 | 620 | 610 | 0 | 0 |
| Gary O'Hare Director of Nursing | 2.5 - 5.0 | 7.5 - 10.0 | 45 - 50 | 140 - 145 | 812 | 736 | 45 | 0 |
| Suresh Joseph Medical Director | 2.5 - 5.0 | 7.5 - 10.0 | 85 - 90 | 260 - 265 | 2036 | 1903 | 70 | 0 |
| Lisa Quinn Director of Performance | 0 - 2.5 | 2.5 - 5.0 | 20 - 25 | 70 - 75 | 339 | 312 | 16 | 0 |
| Colin McCoy Director of Forensic Services | 0 - 2.5 | 5.0 - 7.5 | 45 - 50 | 140 - 145 | 939 | 869 | 39 | 0 |
| Kate Simpson Director of Learning Disability Service | 0 - 2.5 | 0 - 2.5 | 20 - 25 | 70 - 75 | 413 | 396 | 7 | 0 |
| Russell Patton Director of Adult Services | 0 - 2.5 | 0 - 2.5 | 25 - 30 | 80 - 85 | 498 | 495 | 0 | 0 |
| Adele Coulthard Director of Service Development | 0 - 2.5 | 0 - 2.5 | 20 - 25 | 65 - 70 | 358 | 345 | 5 | 0 |
| Bruce Dickie Director of Children, Young People and Specialist Services | 0 - 2.5 | 0 - 2.5 | 25 - 30 | 75 - 80 | 384 | 380 | 0 | 0 |
| Malcolm Aiston Associate Director of Estates and Facilities | 0 - 2.5 | 2.5 - 5.0 | 30 - 35 | 95 - 100 | 586 | 543 | 24 | 0 |
| Timothy Docking Acting Director of Older Peoples Services | 0 - 2.5 | 5.0 - 7.5 | 20 - 25 | 70 - 75 | 401 | 363 | 23 | 0 |
| Mark Knowles Acting Director of Learning Disability Services | 0 - 2.5 | 2.5 - 5.0 | 25 - 30 | 85 - 90 | 501 | 459 | 24 | 0 |

Sandra Good - Commercial Director is not a member of the Trust's superannuation scheme

Remuneration report

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.

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Summary Annual Accounts

Statement of the Chief Executive's responsibilities as the Accounting Officer of Northumberland, Tyne and Wear NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed the Northumberland Tyne and Wear NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Northumberland Tyne and Wear NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

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

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



Signed

28 May 2010

Dr Gillian Fairfield
Chief Executive
Northumberland Tyne and Wear
NHS Foundation Trust

Statement on Internal Control 2009/2010

1 Scope of responsibility

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

The roles and responsibilities of the Foundation Trust's directors have been developed to cover all aspects of risk, and these arrangements are reflected in their job descriptions. The Foundation Trust's performance is routinely monitored by the senior management team, Foundation Trust sub-committees and by the Trust Board of Directors, and effective governance arrangements have been in place throughout the period to provide the necessary assurances that performance and risk are effectively managed throughout the organisation. These governance arrangements have been in place for the period from 1st December 2009 to 31st March 2010 covered by these accounts.

The Foundation 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 Foundation Trust's performance framework, national performance management arrangements, 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 policies, aims and objectives of Northumberland Tyne and Wear NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Northumberland, Tyne and Wear NHS Foundation Trust for the period from 1st December 2009 to 31 March 2010 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

The Acting Executive Director of Performance and Assurance has overall lead responsibility for performance risk management within the Foundation Trust. While the Acting Executive Director of Performance and Assurance has 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 Foundation 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 Foundation Trust during the year. This includes providing training for all new staff as well as additional sessions and workshops specific to roles. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place.

Sub-committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Each of the Foundation Trust's directorates has governance committees in place covering quality and performance, service development and operational management. Risk registers are maintained and reviewed by each directorate and reviewed through the Foundation Trust-wide governance structures. The Quality and Performance Committee consider directorate risk registers and the Corporate Risk Register every two months. The Mental Health Legislation

Summary Annual Accounts

Committee is a standing committee of the Board of Directors with delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.

4 The risk and control framework

The Foundation Trust continually reviews its risk and control framework through its governance and operational structures. It has identified its major strategic risks, and these are monitored and maintained and managed through the Board of Directors Assurance

Framework and Corporate Risk Register, supported by directorate risk registers. The Foundation Trust's strategic risks and mechanisms to control them have been identified as follows:

| Risk No. | Description | Key actions to manage risk |
|----------|---|--|
| 1 | Loss of income through competition – Plurality, World Class Commissioning | <ul style="list-style-type: none"> Legally binding contracts with three year duration or 18 months post authorisation as a Foundation Trust Development of strong relationships with partners and GPs Compete effectively on quality and cost Effective marketing strategy and development of Commercial Unit. |
| 2 | Failure of clinical services/ Reputational risk | <ul style="list-style-type: none"> Further develop risk management processes including management and learning from serious incidents Trust Board to continually focus on quality and safety. Listen to service users and carers and increase their involvement through Foundation Status. |
| 3 | Failure to deliver the Integrated Business Plan | <ul style="list-style-type: none"> Effective performance management systems and clear accountability for delivery Continue development of trust wide integrated information systems. |
| 4 | Variable quality of estate and consequent impact on patient satisfaction, delivery of targets, quality of service, safety | <ul style="list-style-type: none"> Significant investment underway, planned to improve the quality of the estate to a consistently high standard. |
| 5 | Failure to manage workforce and organisational changes | <ul style="list-style-type: none"> Directorate workforce plans have been developed within each directorate to support changes. |
| 6 | Failure to achieve Cost Reduction and Efficiency Programme or effectively manage its impact on service | <ul style="list-style-type: none"> Cost Improvement Plan in place for five years with specific schemes agreed for 2010/2011 and 2011/2012 Programme management approach to organisational transformation being developed, overseen by new post of Director of Service Development and Programmes with dedicated programme office. Central to this is the core Next Steps programme, which will focus on re-designing care pathways to ensure that at every stage we are using our resources to bring maximum benefit to our service users. |

These risks are reviewed through the Foundation Trust's governance structure. In year risks are reviewed against this strategic framework and reported to the Board of Directors in detail every two months through the Assurance Framework and Corporate Risk Register. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and ongoing assessment and reviews of risk scores.

The governance structure supporting this was put in place, following extensive review, with the aim to ensure continuing best practice in governance and risk management, and has been in place across all of this accounting period and up to completion of these accounts and the annual report. The following sub-committees of the Foundation Trust Board of Directors are in place:

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

Each of the three sub-committees is chaired by an Executive Director and has Non-Executive Director membership. The Quality and Performance Committee acts as the core risk management committee of the Foundation Trust Board of Directors, ensuring that there is a fully integrated approach to performance and risk management. This committee provides oversight to the performance and assurance

framework, Foundation Trust risk management arrangements for both clinical and non-clinical risk, and has full responsibility for overseeing the Foundation Trust's performance against core standards as part of this role. The Quality and Performance Committee reviews the risk register for each directorate, and the Assurance Framework and Corporate Risk Register every two months. The committee also considers all aspects of quality and performance, in terms of delivery of internal and external standards of care and performance. The Modernisation, Organisational Development and Programmes Committee is responsible for ensuring the effective management of the strategic development of the organisation, while the Finance, Infrastructure and Business Development Committee ensures that all matters relating to Finance, Estates, Information Management and Technology and Business and Commercial Development are effectively managed and governed.

The Senior Management Team is responsible for the co-ordination and operational management of the system of internal control and for the management of the achievement of the Foundation Trust's objectives agreed by the Board of Directors. Operational management, through the Foundation Trust's directors, is responsible for the delivery of Foundation Trust objectives and national standards and for managing the risks associated with the delivery of these objectives through the implementation of the Foundation Trust's risk and control framework. Governance

groups have been in place across all directorates throughout this accounting period, with each directorate having in place an Operational Management Group, a Quality and Performance Group and a Service Development Group. To fulfil this function it reviews the Foundation Trust Assurance Framework and Corporate Risk Register, as well as reviewing directorate risk registers. It also receives and considers detailed reports on performance and risk management across the Foundation Trust. Summary reports on the work of internal audit are also presented to the Senior Management Team on a regular basis, with the emphasis on lessons learned and follow up actions required.

Throughout the year the Audit Committee has operated as the key standing committee of the Board of Directors with the responsibility for assuring the Board of Directors that effective processes and systems are in place across the organisation to ensure effective internal control, governance and risk management.

Summary Annual Accounts

The Audit Committee is made up of three Non-Executive Directors, and reports directly to the Board of Directors. The Committee achieves its duties through:

- Review of the assurance framework in place across the organisation and detailed review of the Foundation Trust's self assessment against core standards.
- Scrutiny of the corporate governance manual for the Foundation Trust.
- The agreement of external audit, internal audit and counter fraud plans and detailed scrutiny of progress reports. The Audit Committee pays particular attention to any aspects of limited assurance, any individual areas within reports where particular issues of risk have been highlighted by internal audit, and on follow up actions undertaken. Discussions take place with both sets of auditors and management as the basis for obtaining explanations and clarification.
- Receipt and detailed scrutiny of reports from the Foundation Trust's management concerning the governance and performance management of the organisation, where this is considered appropriate.
- Review of its own effectiveness against national best practice on an annual basis. The terms of reference for the committee were adopted in line with the requirements of the Audit Committee Handbook and Monitor's Code of Governance.

Confirmation was received during this accounting period from the Counter Fraud and Security Management Service that the Foundation Trust has again 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 Foundation Trust is assessed as continuing to perform in the top decile nationally for its counter fraud work.

The Board of Directors has had an Assurance Framework in place for the full period from 1st December 2009 to 31st March 2010 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 Foundation Trust's strategic objectives. It also has supported the process for assessing compliance with the standards for better health, which underpinned the Trust declaration on self-assessment against core standards, which was made in October 2009. This is supported by a Corporate 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 Foundation Trust Board of Directors 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 Quality and Performance Committee and the Trust Strategic Forum (an advisory group consisting of around 100 of the most senior clinical and management leaders across the Foundation 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 National Health Service Litigation Authority scheme, where the Foundation Trust has 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 Foundation Trust application process, including review by Monitor, the Department of Health and independent auditors.

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

- continuing the 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 Acting 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; and
- finalising the roll out of the RiO information system and improved directorate information systems to help deliver several of the clinical directorates' objectives.

As an NHS Trust, the organisation produced a declaration on its self-assessment against Core Standards, which has been informed by the process identified above. The Trust declared itself fully compliant with the Core Standards for Better

Health. The Foundation Trust has also completed the process of registration with the Care Quality Commission and has achieved full registration, with no conditions, from 1st April 2010.

The framework described has identified no significant gaps in control.

The Foundation 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 are complied with. All policies implemented across the organisation have been subject to equality impact assessments.

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

The Foundation Trust also has effective arrangements in place for Information Governance with performance against the Information Governance Toolkit reported through the IM and T Committee, Finance, Infrastructure and Business Development Committee and the Senior Management Team. The Foundation Trust put in place a range of measures to manage risks to data security and has met its target to ensure encryption of all portable data devices. The Foundation Trust has reported no serious untoward incidents with respect to data loss within the year.

Summary Annual Accounts

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

The Foundation Trust has a financial strategy, which is approved by the Board of Directors, and which is subjected to review at least twice a year. This review is made by the Finance Infrastructure and Business Development Committee, the Senior Management Team and the Board of Directors. The financial strategy supports the Foundation Trust's Integrated Business Plan, and identifies clear plans for the delivery of cost improvements to meet organisational objectives and the financial demands generated by the prevailing economic climate. These cost improvement plans are set out in detail for 2010/2011 and by scheme for 2011/2012, with outline plans in place for 2012/2013 to 2014/2015. Cost Improvement Plans are reviewed on a monthly basis by the Finance Infrastructure and Business Development Committee, for both their deliverability and their impact. The Board of Directors receives an update on cost improvements on a monthly basis. Cost Improvement and Service Delivery Plans are integrally linked with Workforce Development Plans, which are in place for each directorate. Each directorate reviews its own performance on Cost Improvement Plans at its monthly Operational Management Group. The Foundation Trust actively benchmarks its performance, and is a member of the Mental Health Benchmarking Club. The Foundation Trust also has taken part in the benchmarking of support services through use of a national benchmarking tool. The Foundation Trust actively reviews its reference costs, and achieved a reference cost of "99" for the year 2008/2009.

In 2008/2009, as an NHS Trust, Northumberland Tyne and Wear was rated as excellent for Use of Resources under the Auditor's Local Evaluation Tool, and as one of the top four NHS Trusts in the country. These systems and processes have been maintained in 2009/2010, and are kept under review by the Audit Committee on behalf of the Board of Directors.

6 Annual Quality Report

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

2009 - 2010 has been the initial development year of Quality Accounts/Report for Northumberland, Tyne and Wear NHS Foundation Trust. The Trust has built on the extensive work undertaken to develop the Trust Integrated Business Plan and has drawn on the various guidance published in-year in relation to Quality Accounts.

We developed our vision, values and priorities through wide involvement and in consultation with patients, carers, staff and partners. We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure that the

organisation was fit for the future.

In addition to the wider involvement centred on the Trust Integrated Business Plan, the Trust held a staff engagement event (250 event) in July 2009 specifically focused on Quality Accounts and Quality priorities. Since becoming a Foundation Trust in December 2009, the Trust has also engaged with its Council of Governors in relation to Quality Priorities and Quality Accounts.

Through this engagement the Trust has been able to ensure the areas chosen provide a balanced view of the Organisations priorities for 2009 - 2010.

In preparation of the Quality Account/Report the Trust appointed the Acting Executive Director of Performance and Assurance to lead the development of the Quality Account. A formal review process was established, involving a presentation of our initial draft account to our partners (OSC, LINks and commissioners). The Quality Account drafts were formally reviewed through the Trust governance arrangements (Senior Management Team, Quality and Performance Committee, Council of Governors and Board of Directors).

The Trust used established and embedded policies associated with incident and complaints reporting which have supported the production of data in relation to priorities 1 and 2. Due to the developmental nature of priorities 3 and 4, the Trust established formal project boards to govern the work

associated with these areas.

The Trust has used its existing governance arrangements, systems and process to support the development of its Quality Account.

Information supporting quality priorities 1 and 2 has been reported through to the Trust Quality and Performance Committee and Board of Directors monthly. Priorities 3 and 4 have been reported through to the relevant Project Board and through to the Board of Directors. Updates on all priority areas have been provided through to the Trust Senior Management Team meeting.

The Trust has embedded into its annual audit plan a rolling programme of audits focused on quality performance metrics. In 2009/2010 an audit of the compliance framework performance indicators was undertaken and significant assurance gained. The internal and clinical audit plans are also aligned to the Trust's corporate risk register and assurance framework.

In addition to the rolling programme of audits highlighted above the Trust is continually reviewing its internal control arrangements associated with the Quality Report. Two external reviews have been undertaken in 2009 - 2010 which have reviewed and assessed quality governance arrangements:

- Monitor Foundation trust Assessment process Autumn 2009
- Monitor Quality Governance Pilot Spring 2010

The Board has also considered a board memorandum associated with Monitors proposed Quality Governance Framework. The memorandum highlighted a number of developmental areas; these along with recommendations from the Monitor Quality Governance Pilot will form an improvement plan in 2010 - 2011.

7 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, and the Foundation Trust governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The 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) NHS North East (v) Monitor's assessment in authorising the organisation for Foundation Trust status (vi) Monitor Quality Governance pilot.

There are a number of processes and assurances that contribute towards the system of internal control as described above. These are subject to continuous review and assessment. The Assurance Framework encapsulates the work that has been undertaken throughout the year in ensuring that the Board of Directors has an appropriate and effective control environment. This has identified no significant gaps in control and where gaps in assurance have been identified, action plans are in place to ensure that these gaps are addressed.

8 Conclusion

My review confirms that Northumberland Tyne and Wear NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. No significant internal control issues have been identified.



Chief Executive Officer
(on behalf of the board)
Date: 28th May 2010

Summary Annual Accounts

Independent Auditor's report to the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust

Opinion on the summary financial statements

I have examined the summary financial statement for the period ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, and associated notes in respect of the Better Payment Practice Code, The Late Payment of Commercial Debts (Interest) Act 1998, Management Costs and Related Party Transactions.

This report is made solely to the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My work was undertaken so that I might state to the Board of Governors those matters I am required to state to it in an auditor's report and for no other purpose. In those circumstances, to the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for the audit report or for the opinions I form.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises only Introduction, Chair and Chief Executive's Statement, Directors' Report, Financial Review, Our performance against contracts, Risk management, Quality Report 2009/2010, Governance review, Membership, Working in partnership with staff, Equality and diversity, Other disclosures in the public interest and the un-audited part of the Remuneration Report.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the period ended 31 March 2010.

Cameron Waddell
 Officer of the Audit Commission
 Audit Commission
 2nd Floor, Nickalls House
 Metro Centre
 Gateshead
 NE11 9NH
 28 May 2010

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 £58,000 (£52,000 plus VAT, less a rebate for work relating to International Financial Reporting Standards) for the period 1 December 2009 to 31 March 2010 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 period ended 31st March 2010 have been prepared by the Northumberland, Tyne & Wear NHS Foundation Trust under Schedule 7 of the National Health Service Act 2006, paragraphs 24 and 25 and in accordance with directions given by Monitor, the Independent Regulator of Foundation Trusts, and have been prepared on a going concern basis.



Dr Gillian Fairfield
Chief Executive
28 May 2010

Summary Annual Accounts

Statement of Comprehensive Income for the Period 1 December 2009 to 31 March 2010

| | 01/12/09 - 31/03/10 £000 |
|---|--------------------------------|
| Operating Income from Continuing Operations | 104,538 |
| Operating Expenses from Continuing Operations | (102,313) |
| Operating Surplus | 2,225 |
| Finance Costs | |
| Finance income | 18 |
| Finance expense - financial liabilities | (1,309) |
| Finance expense - unwinding of discount on provisions | (23) |
| PDC Dividends payable | (1,837) |
| Net Finance Costs | (3,151) |
| Share of Profit/(Loss) of Associates/Joint Ventures accounted for using the equity method | 0 |
| Corporation tax expense | 0 |
| (Deficit) from Continuing Operations | (926) |
| Surplus/(deficit) of discontinued operations and the gain/(loss) on disposal of discontinued operations | 0 |
| (Deficit) for the Period | (926) |
| Other comprehensive Income: | |
| Revaluation (losses) and impairment losses property, plant and equipment | (775) |
| Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets | (13) |
| Total Comprehensive (Expense) for the Period | (1,714) |

Money we received for delivering health care mainly from other health bodies, and from other operations such as providing social services to other trusts. It also includes any profit on the disposal of assets.

Money spent in delivering our services including impairments and losses on disposal of assets.

Bank interest received.

Interest payable on loans and the Trusts PFI schemes.

An adjustment to account for the changes in value of money over time.

Money paid to the government for the use of our land and buildings.

Impairments relating to loss in value of our buildings that have been charge to reserves.

Statement of Financial Position as at 31 March 2010

| | 31 March 2010 £000 | 1 December 2010 £000 | |
|---|-----------------------|-------------------------|--|
| Non-Current assets | | | |
| Intangible assets | 2 | 3 | Value of software licences used as assets but not owned. |
| Property, plant and equipment | 219,331 | 216,575 | Value of land, buildings and equipment that we own. |
| Trade and other receivables | 98 | 114 | |
| Total non-current assets | 219,431 | 216,692 | |
| Current assets | | | |
| Inventories | 376 | 362 | Amount owed to us that we will receive within a year - mainly from other NHS organisations. |
| Trade and other receivables | 11,697 | 14,805 | |
| Non-current assets for sale and assets in disposal groups | 4,928 | 5,128 | The value of land and buildings that will be recovered through sale rather than continuing use. |
| Cash and cash equivalents | 20,092 | 12,936 | |
| Total current assets | 37,093 | 33,231 | |
| Current liabilities | | | |
| Trade and other payables | (19,204) | (20,818) | Amount that is due to be paid to other organisations within a year. |
| Borrowings | (2,408) | (1,388) | Amount that is due to be repaid on the Trusts loan and pfi liabilities within a year. |
| Provisions | (1,938) | (1,521) | Amount set aside to cover events that have happened for which we expect to make a payment within a year. |
| Other liabilities | (3,028) | (2,702) | |
| Total current liabilities | (26,578) | (26,429) | Includes deferred income and the balance of government grants to be released to revenue within a year. |
| Total assets less current liabilities | 229,946 | 223,494 | |
| Non-current liabilities | | | |
| Borrowings | (57,993) | (49,168) | Amount that is due to be repaid on the Trusts loan and pfi liabilities in more than a year. |
| Provisions | (4,612) | (4,789) | |
| Other liabilities | (325) | (330) | |
| Total non-current liabilities | (62,930) | (54,287) | |
| Total assets employed | 167,016 | 169,207 | |
| Financed by taxpayers' equity: | | | |
| Public dividend capital | 201,394 | 201,871 | Notional amount that the government has invested in the Trust. |
| Revaluation reserve | 16,466 | 17,266 | Increases in the value of land and buildings since the Trust was set up. |
| Donated asset reserve | 898 | 944 | Net amount by which expenditure has exceeded income since the Trust was set up. |
| Income and expenditure reserve | (51,742) | (50,874) | |
| Total taxpayers' equity | 167,016 | 169,207 | |

The financial statements were approved by the Board on 26 May 2010 and signed on its behalf by:



Dr. Gillian Fairfield
Chief Executive
28 May 2010

Summary Annual Accounts

Statement of Cash Flows for the Period 1 December 2009 to 31 March 2010

| | 01/12/10 - 31/03/10 £000 |
|--|-----------------------------|
| Cash flows from operating activities | |
| Operating surplus from continuing operations | 2,225 |
| Operating surplus/(deficit) of discontinued operations | 0 |
| Operating surplus | 2,225 |
| Non-cash income and expense: | |
| Depreciation and amortisation | 2,289 |
| Impairments | 4,311 |
| Reversals of impairments | (50) |
| Transfer from the donated asset reserve | (13) |
| Decrease in trade and other receivables | 3,430 |
| (Increase) in inventories | (14) |
| (Decrease) in trade and other payables | (354) |
| Increase in other liabilities | 321 |
| Increase in provisions | 217 |
| Other movements in operating cashflows | (73) |
| Net cash generated from operations | 12,289 |
| Cash flows from investing activities: | |
| Interest received | 19 |
| Purchase of property, plant and equipment | (9,430) |
| Sales of property, plant and equipment | 953 |
| Net cash generated (used in) investing activities | (8,458) |
| Cash flows from financing activities: | |
| Public dividend capital received | 39 |
| Public dividend capital repaid | (516) |
| Loans received | 9,000 |
| Loans repaid | (300) |
| Capital element of finance lease rental payments | (7) |
| Capital element of private finance initiative obligations | (390) |
| Interest paid | (65) |
| Interest element of finance lease | (6) |
| Interest element of private finance initiative obligations | (1,359) |
| PDC dividend paid | (3,071) |
| Net cash generated from financing activities | 3,325 |
| Increase in cash and cash equivalents | 7,156 |
| Cash and cash equivalents at 1 December 2009 | 12,936 |
| Cash and cash equivalents at 31 March 2010 | 20,092 |

The operating surplus taken from the Statement of Comprehensive Income.

Better Payment Practice Code - Measure of Compliance

| | Number | £000 |
|---|--------|--------|
| Total Non-NHS trade invoices paid in the period | 19,680 | 26,432 |
| Total Non NHS trade invoices paid within target | 18,604 | 25,628 |
| Percentage of Non-NHS trade invoices paid within target | 94.5% | 97.0% |
| Total NHS trade invoices paid in the period | 518 | 36,328 |
| Total NHS trade invoices paid within target | 446 | 35,779 |
| Percentage of NHS trade invoices paid within target | 86.1% | 98.5% |

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

| | £000 |
|---|------|
| Amounts included in finance costs from claims made under this legislation | 0 |
| Compensation paid to cover debt recovery costs under this legislation | 0 |
| Total | 0 |

Management costs

| | 01/12/09 - 31/03/10 £000 |
|------------------|-----------------------------|
| Management Costs | 4846 |
| Income | 104,062 |

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

Summary Annual Accounts

Related party transactions

| | Receivables £000 | Payables £000 |
|--|---------------------|------------------|
| Value of transactions with board members in the period | 0 | 389 |
| Dr Gillian Fairfield, Chief Executive | 0 | 221 |
| - son is a scholar at Deloitte. The Trust processed purchase invoices for professional fees totalling £220,771 during the reporting period. | | |
| - Associate of Care Quality Commission. The Trust processed purchase invoices for rates totalling £10,761 during the reporting period. | | |
| James Duncan, Executive Director of Finance | 0 | 11 |
| - brother in law is a partner at Dickinson Dees. The Trust processed purchase invoices for legal fees totalling £31,125 during the reporting period. | | |
| Chris Watson, Non Executive Director | 0 | 31 |
| - Water Production Manager at Northumbria Water Ltd. The Trust processed purchase invoices for water rates totalling £126,493 during the reporting period. | | |
| Value of transactions with key staff members in the period | 0 | 126 |
| Value of transactions with other related parties in the period | 0 | 0 |
| Department of Health | 817 | 0 |
| Other NHS Bodies | 1,527 | 3,509 |
| Charitable Funds | 0 | 4 |
| Subsidiaries/Associates/Joint Ventures | 0 | 0 |
| Other | 0 | 0 |
| NHS Shared Business Services | 0 | 0 |

Related party balances

| | Receivables £000 | Payables £000 |
|--|---------------------|------------------|
| Value of balances (other than salary) with board members at 31 March 2010 | 0 | 101 |
| Dr Gillian Fairfield, Chief Executive | 0 | 33 |
| - son is a scholar at Deloitte. The Trust has purchase invoices payable for professional fees totalling £33,144 at 31 March 2010. | | |
| - Associate of Care Quality Commission. The Trust has purchase invoices payable for rates totalling £2,583 at 31 March 2010. | | |
| James Duncan, Executive Director of Finance | 0 | 3 |
| - brother in law is a partner at Dickinson Dees. The Trust has purchase invoices payable for legal fees totalling £9,416 at 31 March 2010. | | |
| Chris Watson, Non Executive Director | 0 | 56 |
| - Water Production Manager at Northumbria Water Ltd. The Trust has purchase invoices payable for water rates totalling £55,549 at 31 March 2010. | | |
| Value of balances (other than salary) with key staff members at 31 March 2010 | 0 | 56 |
| Value of balances (other than salary) with related parties in relation to doubtful debts at 31 March 2010 | 0 | 0 |
| Value of balances (other than salary) with related parties in respect of doubtful debts written off in year at 31 March 2010 | 0 | 0 |
| Value of balances with other related parties at 31 March 2010 | 0 | 0 |
| Department of Health | 118 | 91 |
| Other NHS Bodies | 4,355 | 534 |
| Charitable Funds | 39 | 1 |
| Subsidiaries/Associates/Joint Ventures | 0 | 0 |
| Other | 0 | 0 |
| NHS Shared Business Services | 0 | 0 |

The Department of Health is regarded as a related party. During the period Northumberland, Tyne & Wear NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

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

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the HM Revenue and Customs, Cumbria County Council, Gateshead Council, Newcastle upon Tyne City Council, Northumberland County Council, North Tyneside Council, South Tyneside Council and Sunderland City Council.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the trustees for which are also members of the NHS trust board.

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 2987 or email 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