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Annual Report & Summary Annual Accounts 2011/2012

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

Northumberland, Tyne & Wear NHS Foundation Trust

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& Summary Annual Accounts 2011/2012

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Welcome to our Annual Report

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

We provide Mental Health, Learning Disability and Neuro-rehabilitation Services to a population of 1.4 million people across the Northumberland, Tyne and Wear area. We are one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ over 6,000 staff, operate from 100 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 sites are:

Walkergate Park, Newcastle upon Tyne;

St. Nicholas Park, Newcastle upon Tyne;

St. George's Park, Morpeth;

Northgate Hospital, Morpeth;

Cherry Knowle Hospital, Sunderland;

Monkwearmouth Hospital, Sunderland;

Ferndene, Prudhoe.

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

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

Welcome to our Annual Report

We will do this by:

- Modernising and reforming services, in line with local and national strategies and the needs of individuals and communities; providing first class care in first class environments;
- Maximising the benefits of NHS Foundation Trust status and being a sustainable and consistently high performing organisation;
- Supporting the provision and development of high quality services by being a model employer, an employer of choice, and making the best use of the talents of all of our workforce;
- Fully embracing and supporting service users, carers, staff and public involvement, including our membership in all aspects of our work;
- Providing high quality evidence-based and safe services supported by effective integrated governance arrangements;
- Improving clinical and management decision making through the provision and development of effective information;
- Being an influential organisation that supports and enables social inclusion.



Welcome to our Annual Report

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

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

Our values underpin all we do. We:

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

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

In the following Report we highlight:

- Our achievements between 1st April 2011 to the 31st March 2012;
- How we are successfully transforming our services and improving the quality of care we provide to our service users;
- Our plans for the year ahead and beyond.

We also present in this report:

- Our Quality Report for the period 1st April, 2011 to the 31st March, 2012;
- Our Summary Audited Accounts for the period 1st April 2011 to the 31st March, 2012.

Welcome to our Annual Report

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



Chair and Chief Executive's Statement

The past year has been one of significant change, challenge and excitement for NTW as we have continued on our journey to transform and improve the quality of our services. Now in our third year as a NHS Foundation Trust, over the course of the last year a huge amount has been achieved by the people who work within our organisation.

For regular readers of our Annual Report, and guests attending our Annual Members' Meeting, you will be aware that each year we choose a theme. The theme for this year's report and members' meeting is: **Transforming Services**, and scattered throughout this report you will find some excellent examples of how we are doing just that.

Our on-going Transforming Services Programme will help continue our drive to improve the quality of care for our patients. Our transformation plans have been taking shape over many months following the successful piece of work undertaken by senior NTW clinicians to review our existing service models and patient care pathways.

They build upon what our staff, service users, carers and key partners such as local GPs have told us how we can further improve our services. Our transforming services programme is an integral part of the work in refreshing our Integrated Business Plan which will be approved by our Board of Directors in June 2012. We believe that by setting out on this path we can improve the quality of the services we provide in the extremely challenging economic environment that we face. This is an exciting time for the Trust.

We're delighted that NTW ended the financial year as one of the top performing NHS Foundation Trusts in England. We have the highest rating of Green for the way we govern the delivery of our services and we also have a financial risk rating of four. This is a fantastic achievement for our organisation and has come as a result of all the hard work and effort put in by our staff as they continue to spread excellent standards of good-practice right across our organisation.

In 2011, we also undertook the most significant re-organisation of our operational management structure since NTW was established six years ago. The new management business model went live in June with the creation of a three group structures: Urgent Care Services, Planned Care Services and Specialist Care Services. We now have clinical leadership at the very centre of our decision making process. This will help to ensure that our services are focussed on providing patient care based on need, and one that segments the Trust business in such a way that it is easier to manage and more easily understood by those who use and commission our services.

We have continued to work successfully with our partners to develop new services such as the South of Tyne and Wear Memory Protection Service, Community Child and Adolescent Mental Health Services across North and South of Tyne and Offender Health Services. We have also seen important specialist services such as our Eating Disorders Service thrive and grow in a very challenging competitive environment.

We have continued our programme of accreditation for our in-patient services across the Trust, which helps us to demonstrate the high standards of care that we deliver. We have developed better information in partnership with carers, and developed for the first time a leadership programme for service users. We have also continued to invest in and modernise our estate. This was highlighted by the opening of Ferndene, our new £27 million, purpose-built Children and Young People's unit in October 2011.

Chair and Chief Executive's Statement

We are also progressing well with our plans to develop new in-patient accommodation for the population of Sunderland and South Tyneside. Preparatory work is underway with the demolition of the former Ryhope General Hospital. In the summer of 2012, construction work will start on the new development at Cherry Knowle, closely followed by the planned development of a Dementia Care Centre at Monkwearmouth hospital.

We have continued to perform well against national standards set by Monitor and local targets set by our Commissioners. We have been challenged by the Care Quality Commission to improve the way we deliver services in some areas, but have also been praised for much of the work that we do and the dedication and care shown by our staff.

Our learning disability services in South Tyneside were also commended by the national health inspector, the Care Quality Commission (CQC). The CQC are the independent regulators of health and social care in England and their job is to make sure that the care provided meets government standards of quality and safety. Rose Lodge, our specialist centre for the assessment and treatment of adults with a learning disability, was inspected to check how well service users experience effective, safe and appropriate care that meets their needs and protects their rights.

The visit was intended to pilot a nationwide inspection of learning disability services. In the first of the reports published by the CQC arising from the inspections, Rose Lodge was named as an example of good practice and the service received a very positive report from the inspection team. From the inspection it was clear that care plans are regularly reviewed and our service users were fully involved in the process. The inspectors also spoke to a number of family members of service users who said that the care, treatment and support offered at Rose Lodge is "excellent".

Our Governors are a key component of the Trust's governance structure and we look forward to their remit being broadened now that the NHS Health and Social Care Bill is officially an Act of Parliament. As well as fulfilling their statutory responsibilities in appointing Non-Executive Directors and our External Auditors, they have a key role in working with the Board to determine the Trust's Annual Plan and future business strategy. In January, we welcomed Martin Cocker, a chartered accountant and very experienced auditor for over 30 years, as a new Non-Executive Director. Martin's vast experience will certainly strengthen the skills of the Board and we very much look forward to working closely with him in the coming years.

We have delivered a lot, and in a year where we have undertaken a significant change in the way we manage our services. We have been challenged in many ways and thanks to the hard work of our staff and partners; we have maintained our focus on delivering good and safe services. The coming year will bring new challenges and we know that we are going to have to fundamentally change the way we deliver care to meet the need to improve the quality of our services with reduced funding. This won't be easy, but we are confident that if we keep our focus on delivering the best possible services to those that need us, we can deliver again.

This Annual Report was approved by the Trust's Board of Directors on 30th May, 2012.

Dr Gillian Fairfield
Chief Executive

Jules Preston, MBE
Chairman

Transforming Services

Introduction

Throughout this Annual Report you will find some excellent examples of how we are working hard to transform our services. Our transformation plans have been taking shape over many months following a successful piece of work undertaken by a number of our senior clinicians to review our existing service models and patient care pathways.

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

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

Our transformation plans also build upon what our staff, service users, carers and key partners, such as local GPs, have told us how we can further improve our services. These proposals represent changes to services which will improve care, save money, and which are consistent with our long term vision for the way we should be delivering patient care in the future. The plans have been developed into a number of work streams.

We have started the process of re-design of our community services. Delivering better, more joined up care, as early as possible and when someone needs it, is essential to our strategy. In our access work stream, we have started the process of implementing a new model for accessing our services. It will be developed in Sunderland from April 2012 and called the Sunderland Initial Response Team. This will ensure that we can address people's needs quickly and direct them to the most appropriate care when they feel the need for urgent support. We have agreed to invest £550k from our transformation funding to make this happen. Once we have developed and tested this model we will look to roll it out across the Trust.

Our Transforming Community Services work stream is driving changes in the way our community services work and this includes how we work alongside GPs, Local Authority services and other providers to provide, better more joined up care. This is at the centre of our transformation programme. To date we have agreed to support a facilitation team working across community services to enable us to standardise good clinical practice quickly. We have agreed to start the roll-out of mobile working across Sunderland and South Tyneside, and are investing in technology to enable community staff to work more effectively and spend more time with patients.

Transforming Services

We are also setting up a pilot with GPs, the Local Authority and other partners in Newcastle to look at bringing together the way we deliver services so that our service users can be better enabled to live and work in their own communities, supported in the right way when they need it. By re-designing the way we deliver our community care we believe we can deliver better care for all of our service users.



Our Specialist Services work stream is looking to ensure that all of the specialist services that we deliver are sustainable for the long term. We value our specialist services not just for their contribution in their own right, but also the value they bring in enabling us to maintain a level of knowledge and expertise which can support and enhance our delivery of mainstream services. This is an area which we plan to develop much more actively over the coming years.

By improving the way we deliver joined up care pathways, alongside our partners in care, we will reduce our reliance on hospital beds. This will be achieved through reducing the need for admission by supporting people early when they need it, enabling better discharge from hospital and by having more effective, joined up support systems in the community. This will enable us to release resources to meet our financial challenges by reducing the number of wards and sites that we use. By taking this approach we believe we can both reduce costs and improve services at the same time.

Our in-patient work stream is looking at how we can do this as a part of whole system change, and is also looking at how we can actively manage lengths of stay by better engagement across the care pathway, timely interventions and more effective discharge. A key task of this work stream is to ensure that where people need an in-patient stay, we focus on their needs in a well-staffed, appropriate environment which will support their recovery with re-integration into the community as soon as possible.

At the Trust's Board of Directors meeting in March 2012, the Board formally considered and agreed to begin a formal staff consultation on a number of proposals linked to these transformation plans. These consultations will enable us to take a wide spectrum of views into account, in order for us to develop final proposals to take to the Board for approval when the consultation ends in June 2012.

This is an exciting time for the Trust and if approved the plans will be implemented later this year. You can find out more about our transformation plans and an update on progress throughout the year by visiting our website www.ntw.nhs.uk

Highlights of the Year

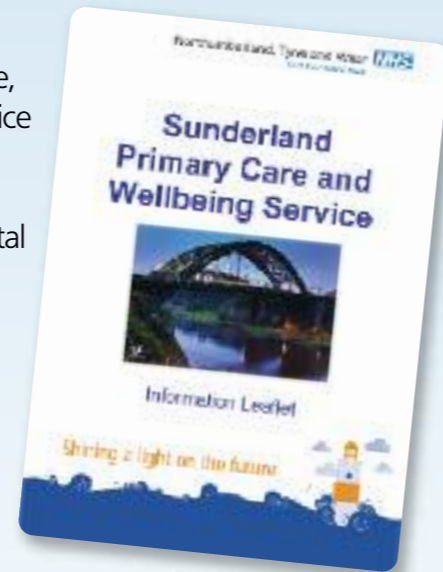
2011

April Improving Access to Psychological Therapies, Sunderland

Our Trust, working in partnership with voluntary sector providers Sunderland Mind, Washington Mind, and Sunderland Counselling Service, was commissioned by NHS South of Tyne & Wear to deliver a new service aimed at 'Improving Access to Psychological Therapies – IAPT' for the people of Sunderland aged 16 years and over. Sunderland Primary Care and Wellbeing Service was launched as an integrated Primary Care Mental Health and Improving Access to Psychological Therapies (IAPT) Service and builds on the wealth of experience of both NTW and the voluntary sector in providing a range of services for people experiencing mental health problems in the City of Sunderland.

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

The aim of the service is to ensure that service users benefit from the range of talking therapies available and that people accessing the new service move to recovery.



May Ward 21 adult services move to St George's Park

Following discussions with key partners and substantial public involvement, the Trust's Board of Directors approved the move of acute inpatient mental health services from ward 21 North Tyneside District Hospital, to St George's Park, Morpeth.

This relocation of adult services ensures that we can deliver high quality safe and therapeutic care for the residents of North Tyneside. Ward 21 was based on an acute hospital site in North Tyneside which often led to difficulty in accessing supporting mental health services. In addition the ward was originally designed for providing acute treatment, and not always suitable for providing mental health care. After careful consideration, St George's Park was deemed the most suitable location for the old Ward 21 service.

The vast majority of mental health services, including community and rehabilitation services, continue to be provided within the boundaries of North Tyneside. This move greatly enhances the quality of care provided to residents of North Tyneside who are in receipt of acute inpatient care by helping to address their safety, privacy and dignity needs.



Highlights of the Year

June

New management structure goes live

In June, our new operational management structure went live. Our new Group triumvirates: Urgent Care Services, Planned Care Services and Specialist Care Services replaced the previous model of five directorates. The new structure now has clinical leadership at the very centre of Group decision making process. This will help to ensure that our services are focussed on providing patient care based on need, and one that segments the Trust business in such a way that it is easier to manage and more easily understood by those who use and commission our services.



July

NTW to provide three new services

The Trust was successful in tendering for two major services for NHS South Tyne and NHS North of Tyne. From the 1st April 2012, NTW will become the sole provider of Specialist Children & Young People's Mental Health and Learning Disability Services in South of Tyne and Wear. The bringing together of a number of services under one provider will help to ensure that equitable and responsive community services are provided for young people, their families and carers.



A new Memory Protection Service for Dementia will also start from 1st April 2012. It will involve the development of services which will provide access to information, support and specialist diagnosis, followed by a range of interventions and on-going care with the ultimate aim that the outcomes for the person with dementia and their carers should be the best possible state of independence, health and wellbeing. The service will treat Service Users living in South Tyneside, Gateshead and Sunderland.

In addition to the two successful tenders, NTW was also awarded the contract to provide a community based eating disorder service to children and young people living North of the Tyne. This new service will help children and young people to be treated for eating disorder related conditions close to home.

August

Mother & Baby Service rated as excellent

Our Mother and Baby Unit, Beadnell Ward, was accredited as excellent by the Quality Network for Perinatal Mental Health Services.

The unit based at our St George's Park hospital provides six beds for mothers and their babies and provides care for service users with significant maternal mental health problems such as severe postnatal depression, psychotic depression and bipolar disorder.



There are four categories of accreditation, of which the unit have received the highest 'excellence' status. In order to achieve recognition units must demonstrate standards around access and admission, environment and facilities, as well as staffing levels and care and treatment.

Highlights of the Year

2011

September Annual Members' Meeting

In September the Trust was delighted to welcome more than 200 people to our Annual Members' Meeting (AMM) which was held at St James' Park in Newcastle upon Tyne, our second meeting as a Foundation Trust. There was lots of positive feedback from those who attended commenting on the excellent exhibition stands highlighting the work of our services.



October Ferndene, Children & Young People's unit opens

Our new £27 million inpatient centre on the Prudhoe Hospital site opened. Ferndene provides inpatient services for children and young people requiring mental health care, including those with a learning disability. A large percentage of young people with learning disabilities also have a diagnosed mental health problem and Ferndene is the first service of its kind in the country to provide these services in such an integrated way.



The unit has 40 beds in four different wards for children and young people with different needs. All the young people have their own bedroom, most of which have en-suite facilities. There is also a wide range of therapy, educational, social and recreational facilities; a flat for visiting families; and office accommodation for staff.

November Plans to transform our services take shape

Our transformation plans have been taking shape over many months following the successful piece of work undertaken by senior NTW clinicians to review our existing service models and patient care pathways. Those plans also build upon what our staff, service users, carers and key partners such as local GPs have told us how we can further improve our services.



These proposals represent changes to services which will improve care, save money, and which are consistent with our long term vision for the way we should be delivering patient care in the future.

Highlights of the Year

Rose Lodge, Learning Disability unit praised by the Care Quality Commission (CQC)

December



Our learning disability services in South Tyneside were commended by the national health inspector, the Care Quality Commission (CQC). The CQC are the independent regulators of health and social care in England and their job is to make sure that the care provided meets government standards of quality and safety. Rose Lodge, our specialist centre for the assessment and treatment of adults with a learning disability, was inspected to check how well service users experience effective, safe and appropriate care that meets their needs and protects their rights.

Following the inspection Rose Lodge was named as an example of good practice and the service received a very positive report from the inspection team. The inspectors spoke to a number of family members of service users who said that the care, treatment and support offered at Rose Lodge was "excellent".

2012

NTW one of the top performing NHS Trusts in England

January



NTW started the year as one of the top performing NHS Foundation Trusts in England. We have the highest rating of Green for the way we govern the delivery of our services and we also have the best possible financial risk rating of four. This is a fantastic achievement for our organisation and has come as a result of all the hard work and effort put in by our staff as they continue to spread excellent standards of good-practice right across our organisation.

Demolition of Ryhope hospital begins

February



Demolition of the existing Ryhope hospital buildings started in Sunderland. The aim is to enable maximum site clearance and preparation ahead of construction on our new £56 million hospital to replace previous buildings on the Ryhope and Cherry Knowle sites.

Shining a Light on Excellence Awards

March



In March 400 members of staff attended our annual staff awards ceremony at the Newcastle/Gateshead Hilton Hotel in order to celebrate our 6,000 staff and volunteers and the sterling work they do in their everyday lives.

Award Winning Trust

During the course of 2011/12, individuals and teams from across Northumberland, Tyne and Wear NHS Foundation Trust received recognition and reward for their hard work, both regionally and nationally. Details appear below:

- Beadnell Mother and Baby Unit at St George's Park has been accredited as excellent by the Perinatal CCQU which is the Quality Network for Perinatal Mental Health Services. The unit provides care for patients with significant maternal mental health problems such as severe postnatal depression and bipolar disorder. There are four categories of accreditation, of which the unit have received the highest 'excellence' status.
- The Trust's forensic services were commended for their work in partnership with Northumbria Probation Trust following the launch of the Stalking and Advisory Consultation Service. The service which was set up in 2009 provides advice to probation staff on managing offenders who demonstrate stalking behaviour, as well as addressing staff concerns where they feel they may be the focus of stalking behaviour. Dr Nadkarni, Consultant Forensic Psychiatrist who is a recognised expert in the field of stalking, leads the service in partnership with Northumbria Probation Trust.
- New tools which have been developed to improve the way patients' notes are electronically recorded won a national award. Staff from a variety of roles have worked together to develop a new set of records which will improve the service to patients. As a result the Trust was awarded the 'Best Support using Information Technology' in the National Care Programme Approach Awards. Care Programme Approach, also known as CPA is the level of need and support required for people with mental health problems.
- Dr Faheem Ahmad, Consultant Psychiatrist at the Hadrian Clinic won 2nd place in the Bright Ideas in Health NHS Innovation Awards in the Innovative Technology or Device Category. Dr Ahmad has designed novel software which improves the productivity and efficiency of the clinician by reducing the time taken to write clinical notes from an average 20 minutes to 5 minutes per consultation. The Bright Ideas in Health Awards 2011 showcase the most exciting, new ideas developed by front line staff working in the NHS in the North East. The awards have been running for 8 years, set up by NHS Innovations North and in that time have assessed more than 2800 ideas, protected more than 200 items of intellectual property and commercialised more than 60 technologies and services.
- Dave Norcott, Care Co-ordinator within the Newcastle Early Intervention Team, won a NomadE5 award in recognition to outstanding contribution to colleagues and service users.
- Tyne House at Prudhoe hospital achieved Investing in Children membership. Susan Graham, Occupational Therapist was instrumental in working with the wider team to demonstrate a high level of involvement of young people throughout the service.
- Dorothy Matthews, Macmillan Nurse in our Learning Disability services won the Jennifer Cole Award from the University of Northumbria. The award recognises a student (studying within the field of cancer and palliative care) who has achieved well academically and who has made significant improvements for patients within their own area of palliative care practice.

Award Winning Trust

- Our Safeguarding team in conjunction with Angela Glascott of the patient and carer engagement team were successful in achieving a North East Patient Safety Award from the SHA for the project 'Voice of the Child'. The project highlights the impact on children of living with an adult who suffers from a mental health illness. The project including production of a DVD will be used to promote the 'Think Family' approach across adult and children's services in NTW thus improving the understanding of safeguarding adults and children as everybody's business.
- Nicola Armstrong of the patient and carer engagement team was appointed as Honorary Research Associate/Lecturer with Northumbria University. Nicola is both supportive and inspirational in her work within research; she has helped to forge a solid partnership between NTW and Northumbria University in her patient and carer engagement work through her wealth of knowledge and experience.
- A visual post incident support tool, developed by staff working on Lennox Ward at St Nicholas hospital was shortlisted for a Nursing Times Award in the category of Learning Disability Nursing. The concept of patient friendly post incident support was borne from working within female forensic, child and adolescent secure learning disability services. These services frequently experience high episodes of violence and aggression directed at staff and fellow patients as well as self-injurious behaviour, which often results in the use of control and restraint and/or seclusion. They found through literature searches and networking with peers that there were no specific post incident tools for people suffering from reduced or impaired communication. The tool was designed with the assistance of Northgate hospitals forensic speech and language therapy department.
- Carole Rutter, Infection Control Nurse was awarded a Flu Fighter Award for going above and beyond the call of duty in delivering the NHS's annual flu campaign. The Flu Fighter Awards recognise teams and individuals who have gone the extra mile to make the annual flu campaign a success.
- Hauxley, St George's Park; Lamsley, Tranwell Unit; Meadow View, Cherry Knowle; and the Grange Rehabilitation Service all attained AIMS Accreditation. AIMS (Accreditation for Inpatient Mental Health Services) is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement which identifies and acknowledges services which have high standards of organisation and patient care and to attain accreditation is a great achievement.
- In March 2012, we had several teams shortlisted at the Sunderland Echo's Best of Health Awards. The awards recognise outstanding contribution to patient care. Dr Chrys Perera was awarded 'Hospital Doctor of the Year'. He was nominated by nine of his former service users. David Bleasdale, from our Sunderland Facilitation Team was awarded 'Nurse of the Year'. David works within our Sunderland Learning Disability services. The Belief in Recovery team won 'Team of the Year'. The team have worked together to produce and provide highly valued training that improves the quality of patient care, experience and their recovery outcomes.
- Keswick House, planned care service was selected to participate in a study that aims to assess the quality of care delivered to people in every inpatient rehabilitation unit in England. Keswick Ward has been invited to take part in phase three and as a result will receive the getReal intervention. This involves five weeks of intensive training and support from a specialist occupational therapist, activities worker and service user. Prior to receiving the getREAL intervention a study research team interviewed patients about their experiences of the unit and the kinds of things they do with their time. The study research team also collect information from individual hospital records about the care delivered on the unit and interview the ward manager.

Annual Members' Meeting 2011

In September 2011 the Trust was delighted to welcome more than 200 people to our Annual Member's Meeting (AMM) which was held at St James' Park in Newcastle upon Tyne, our second meeting as a Foundation Trust. There was lots of positive feedback from those who attended.

Over 40 services hosted exhibition stands highlighting their achievements and guests - including staff, service users, carers, governors, partners and members of the public - were all able to see first hand how providing good quality services for people who need our care has been a top priority for the Trust in the last year.



Shining a light on Excellence Awards 2012

In March NTW organised a prestigious awards ceremony to celebrate its 6,000 staff and volunteers and the sterling work they do in their everyday lives.

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

Over 300 nominations for the 13 award categories came directly from the workforce, so people were able to put forward their own co-workers who they thought deserved public recognition. The entries were considered by two judging panels whose membership included our commissioners from North and South of Tyne, Governors, staff, service users and carers and Executive Directors.



Clinical Team of the Year: Two Winners in this category

Westbridge Hostel has presided over 75% successful discharges of individuals into their own homes. Some success stories include helping a patient format and present their own radio show, help another pass their driving test and help a patient to go back to her own home with appropriate support when it did not seem possible earlier on in her journey.

The Urgent Care Inpatient team have undergone major changes with the move of ward 21 from North Tyneside and wards changes to single gender admission wards. All staff have undergone training to allow them to admit to all four wards.



Urgent Care Inpatient Services



Westbridge Hostel

Clinician of the Year

Julie is ward manager of Druridge Ward at St George's Park which helps care for people with severe cognitive impairment, challenging behaviour and complex needs associated with Dementia. She has been pivotal in the development of a culture in which change has been able to thrive enabling her team to deliver a high quality care service.



Elsa Jackson

Healthcare Worker of the Year

Elsa started as a health care assistant, but was selected to become the discharge co-ordinator on Bede Wing. She has taken on the role with extreme sincerity and passion. Elsa has helped to re-house a considerable number of service users, or help them through the process. She never turns anyone away despite her large case load. She is a true inspiration.



Julie Young

Service User & Carer Involvement Award

The team put a tremendous amount of work into the opening of Ferndene. The work with the young people started in 2005, and they gave significant input into the plans over the next 6 years. The young people voted on the name of the building, had input into the rules and pre-admission information packs and helped pick furniture.



Brian Allen, Chaplaincy Team Leader



Young People's Project Design Team

Making a Difference Award

Brian, an Anglian priest, has been a chaplain for over 20 years. Through his work as part of a multi disciplinary team, he has ensured that spiritual care is recognised as being an important part of the holistic care provided. During his time at the trust he has raised the profile of mental healthcare locally and across the region.

Learning & Development Award

The team are based at Benton House and have implemented a systematic training programme to train the team to a high level in applied behaviour analysis with the aim of making a well respected and valued service into an internationally recognised centre of excellence. This means an increased quality of care for service users plus a sharing of learning through teaching and training of others.



Julie Tuck

Support Team of the Year

The team provide administrative and legal support which helps to ensure a consistent approach to the hearing process. Staff are described as being "unfailingly helpful and supportive" and providing a "Rolls Royce" service which is hugely beneficial to clients. Without the work of the team the work of panel members would be extremely difficult.



Sunderland Primary Care & Wellbeing Service

Innovation Award

A team containing an autism co-ordinator, consultant psychiatrist, consultant psychologist and a community nurse have developed a clear pathway of care in relation to the assessment and diagnosis of autism within the Northumberland Children and Young People's Service.



Terry Mann (posthumously)

Volunteer of the Year & Chairman's Award

Ron volunteers in the neuro-rehabilitation service. Following a serious accident Ron was left a tetraplegic. In appreciation of the treatment he received, he wanted to give something back. He has made a significant contribution by utilising his IT qualifications and skills to provide a very high standard of work; his contribution is of great value to our healthcare professionals. Ron displays amazing fortitude and has a wicked sense of humour. Ron also won the Chairman's award which is the overall winner chosen from the winners of each of the evenings awards.



Service Model Review Group

Behind the Scenes Award

Julie is an Office Manager at Claremont House who makes an outstanding difference to the productivity and effectiveness of the teams she works with which has made a significant improvement in front line care offered to service users. Julie is a respected supervisor and has been asked to manage difficult situations with the aim of improving the productivity and effectiveness of the administration service.



North of Tyne Behavioural Analysis & Intervention Team

Partnership Working Award

The team have worked in partnership with three local voluntary sector organisations to become a wave 3 IAPT service and to develop potential models of partnership working. A new service model commenced from February 2011, in which existing NTW primary care staff and existing NTW IAPT trainee staff came together with newly recruited staff to jointly deliver a Sunderland IAPT and primary care mental health service.



The Mental Health Act Team



Northumberland Children and Young People's Service, Autism Diagnostic Team

Unsung Hero Award

Terry received two nominations in this year's awards. Terry was passionate about his job and the wellbeing of service users. He made sure people were safe and was very popular with service users and their families. Terry died suddenly in October which has been a huge loss to everyone. He has taken with him a wealth of knowledge that can never be replaced and a fantastic sense of humour.



Ron Harnett

The Big Idea: Improving Quality and Performance across NTW Award

In 2010 a group of clinicians were brought together under the leadership of Dr Vivien Twaddle. The group demonstrated excellent partnership working throughout. They had a huge challenge which they could only accomplish by working together towards a common purpose. It is now up to others to shape and deliver the high level vision of services that has been created but the work of the group is the 'star' that can guide us on our journey to transform the Trust.

Staff awards are an ideal platform to allow the Trust to publically say thank you to all our staff and volunteers for all that they do. Dr Gillian Fairfield, Chief Executive said "Thank you to each and every one of you who by your sheer hard work and commitment are making sure that NTW continues to provide the best possible care for those that need our services."

Transforming Services

Mobile Solutions

Our Transforming Community Services work stream have been working hard on developing plans that will drive real changes in the way our community services work and this includes how we work alongside GPs, Local Authority services and other providers to provide, better more joined up care.

The Trust has invested in mobile technology to enable our community staff to work more effectively and spend more time with their service users.

Our service users and clinicians are already benefitting from the rollout of a single patient information system across the organisation in RiO. However, though community based clinical staff no longer record in paper notes, they still need to return to base to complete their clinical recording via a Personal Computer. This often delays clinical entries or means staff travel excessively and often work late.

As a key innovation in helping transform our community based services, investment is being made in mobile technology to free clinical staff from the constraints of the office. A number of community team staff South of Tyne, have been supplied with tablet laptops, which incorporate mobile broadband access to RiO and other key Trust software applications.

Early analysis is encouraging, showing benefits such as increased productivity, with staff spending less time on travelling and more time on direct clinical work. The standard and speed of record keeping has improved with staff having access to a patient's notes at the point of contact, along with the ability to add urgent notes immediately after visiting a patient.

Since January the Trust has deployed over 300 devices and we plan to deploy an additional 1,000 laptops across the entire Trust by the end of 2013. By mobilising clinical community staff and delivering the benefits of an accessible and secure clinical record across the Trust, we will improve our service to patients whilst also reducing costs.

Although not without teething problems, staff are telling us that the mobile solution has greatly improved their ability to do their jobs with comments such as:

“When I got my new tablet with handwriting, voice recognition and 3G connectivity it's the first time I've ever had NHS IT kit which I would have bought and paid for myself, it's made my life easier and my patients care safer.”



Director's Report

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

The following pages include:

- An operating and financial review of the Trust's activities 1st April 2011 to 31st March 2012
- Our Transformation Plans
- Our future plans - looking to the year ahead and beyond

The Directors of Northumberland, Tyne and Wear NHS Foundation Trust present their operating and financial review report for the period 1st April, 2011 to the 31st March, 2012. Details of the Trust's Board of Directors are shown from page 176.

In preparing this report the Directors confirm that they have provided the external auditors with a Letter of Representation. This letter has been duly considered by the Trust's Audit Committee and Board of Directors and confirms all relevant audit information, of which the Directors are aware has been passed onto the external auditors. The Trust's Directors have also taken all reasonable steps to ensure that the Trust's external auditors are aware of all material facts known to the Trust in relation to the Trust's annual report and accounts for 1st April 2011 to the 31st March, 2012.

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

Operating Review

Our Achievements

In this section of the report we highlight some of the many achievements against our seven strategic objectives over the period 1st April, 2011 to 31st March 2012 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.

Our new £27 million specialist centre for children and young people with mental health and / or learning disabilities, Ferndene at Prudhoe Hospital, opened in October 2011.

Ferndene, combines learning disability and mental health care for children and young people and is the first such integrated service of its kind in the country.

The modern facilities provide accommodation for children and young people from the north-east of England and Cumbria and some of the specialist services also receive referrals from across the United Kingdom.

Director's Report

Ferndene has 40 beds in four different units. All the young people have their own bedroom, most of which have en-suite facilities. There is also a wide range of therapy, educational, social and recreational facilities; a flat for visiting families; and office accommodation for staff.

The young patients were fully involved in the development and design of the new unit via regular meetings with trust staff, the architects and construction partners.

Ferndene was developed by the Trust with the Laing O'Rourke construction partnership, including MAAP architects. It is part of the Trust's £107 million investment programme to improve patient accommodation over the next four years.

Plans to provide new inpatient accommodation for residents living in Sunderland and South Tyneside also continued to develop during the year. PRIDE is a major capital project that will provide new in-patient accommodation at Ryhope and a new centre for excellence for dementia on the Monkwearmouth hospital site in Sunderland.

Demolition of the existing Ryhope buildings is well underway. The aim is to enable maximum site clearance and preparation ahead of construction. Several moves were completed in December 2011 to decant staff across the Cherry Knowle site and elsewhere to enable demolition.

The Planning Application for Ryhope for a new 122-bed hospital, which also retains the existing 15-bed Meadow View Ward was submitted in November 2011. It received planning permission in February 2012.

A Planning Application for a new 24-bed dementia care unit to work alongside Wearmouth View at Monkwearmouth was submitted on 31 January 2012. Planning permission was received in May 2012.

Detailed functional, architectural, engineering, and environmental design plans are currently being developed with a view to starting construction work at Ryhope in the summer of 2012.

During the year the Trust was successful in tendering for three major services for NHS South Tyne and NHS North of Tyne. From the 1st April 2012, NTW will become the sole provider of Specialist Children & Young People's Mental Health and Learning Disability Services in South of Tyne and Wear. The bringing together of a number of services under one provider will help to ensure that equitable and responsive community services are provided for young people, their families and carers.

A new Memory Protection Service for Dementia will also start from 1st April 2012. It will involve the development of services which will provide access to information, support and specialist diagnosis, followed by a range of interventions and on-going care with the ultimate aim that the outcomes for the person with dementia and their carers should be the best possible state of independence, health and wellbeing. The service will treat Service Users living in South Tyneside, Gateshead and Sunderland.

Director's Report

NTW was also awarded the contract to provide a community based eating disorder service to children and young people living North of the Tyne. This new service will help children and young people to be treated for eating disorder related conditions at home.

During the year work also started on a new facility on the Northgate Hospital site for men with a learning disability who require a low secure, long stay environment. Work on this unit will be completed in 2013.

Our learning disability services in South Tyneside were also commended by the national health inspector, the Care Quality Commission (CQC). The CQC are the independent regulators of health and social care in England and their job is to make sure that the care provided meets government standards of quality and safety. Rose Lodge, our specialist centre for the assessment and treatment of adults with a learning disability, was inspected to check how well service users experience effective, safe and appropriate care that meets their needs and protects their rights.

Hauxley, St George's Park; Lamsley, Tranwell Unit; Meadow View, Cherry Knowle; and the Grange Rehabilitation Service, North Tyneside all attained AIMS Accreditation. AIMS (Accreditation for Inpatient Mental Health Services) is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement which identifies and acknowledges services which have high standards of organisation and patient care and to attain accreditation is a great achievement.

Beadnell Mother and Baby Unit at St George's Park has been accredited as excellent by the Perinatal CCQU which is the Quality Network for Perinatal Mental Health Services. The unit provides care for patients with significant maternal mental health problems such as severe postnatal depression and bipolar disorder. There are four categories of accreditation, of which the unit have received the highest 'excellence' status.

Following discussions with key partners and substantial public involvement, the Trust's Board of Directors approved the move of acute inpatient mental health services from ward 21 North Tyneside District Hospital, to St George's Park, Morpeth.

This relocation of adult services will help to maintain high quality safe and therapeutic care for the residents of North Tyneside. Ward 21 was based on an acute hospital site in North Tyneside which often led to difficulty in accessing supporting mental health services. In addition the ward was originally designed for providing acute treatment, and not always suitable for providing mental health care. After careful consideration, St George's Park was deemed the most suitable location for the old Ward 21 service.

The vast majority of mental health services, including community and rehabilitation services, continue to be provided within the boundaries of North Tyneside. This move greatly enhances the quality of care provided to residents of North Tyneside who are in receipt of acute inpatient care by helping to address their safety, privacy and dignity needs.

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

In early 2012, the Trust's Board of Directors approved a proposal to the remodel and improve access to assessment and diagnostic services for young people and adults living in South of Tyne and Wear suspected of having an Autism Spectrum Condition. This is in response to a specific request by South of Tyne and Wear Commissioners. These changes will roll-out in 2012.

Director's Report

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

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

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

In 2011, we also undertook the most significant re-organisation of our operational management structure since NTW was established six years ago. The new management business model went live in June with the creation of a three group structures: Urgent Care Services, Planned Care Services and Specialist Care Services. We now have clinical leadership at the very centre of our decision making process. This will help to ensure that our services are focussed on providing patient care based on need, and one that segments the Trust business in such a way that it is easier to manage and more easily understood by those who use and commission our services.

Our Service Model Review published a report of their work in 2011. The review brought together expert clinicians from across the Trust to work and help develop our vision for future delivery of services, ensuring that our services are designed around patients' needs. This work involved a whole system review, within an environment where we are looking to increase quality while significantly reducing cost in meeting current demand.

The work of the Service Model Review is helping to shape and evidence plans which, if approved in 2012, will help us to transform our services and improve the quality of care we provide to our service users.

In March 2012, the Trust's Board of Directors, formally considered some of those initial plans and agreed to begin a formal staff consultation on a number of proposals, which are an integral part of our on-going Transforming Services Programme and will help continue our drive to improve the quality of care for our patients.

Those plans also build upon what our staff, service users, carers and key partners such as local GPs have told us how we can further improve our services. These proposals represent changes to services which we think we can implement now, which will improve care, save money, and which are consistent with our long term vision for the way we should be delivering patient care in the future. These consultations will enable us to take a wide spectrum of views into account, in order for us to develop final proposals to take to the Board for approval when the consultation ends in June 2012. This is an exciting time for the Trust and if approved the plans will be implemented later this year.

Director's Report

Our transformation programme sits within our overall trust programme approach which consists of a number of strategic and operational programmes:

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

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

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

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

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

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

Our programme approach ensures that we coordinate all the key work we need to deliver change and modernisation.

We're delighted that NTW ended the year as one of the top performing NHS Foundation Trusts in England. We have the highest rating of Green for the way we govern the delivery of our services and we also have the best possible financial risk rating of four. This is a fantastic achievement for our organisation and has come as a result of all the hard work and effort put in by our staff as they continue to spread excellent standards of good-practice right across our organisation.

The Trust's performance, in terms of quality is outlined in our Quality Report from page 62.

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

Director's Report

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

In 2011 the Trust, in partnership with Keele University, developed and approved a Leadership programme for its workforce. The programme started with a 'Top 50 Senior Leaders' programme with educational and practical workshops held throughout 2011. Work to create tailored leadership programmes for individual staff groups is continuing.

The success of our new business model implemented in June 2011 will be underpinned by our aim to develop clinical, managerial and professional leaders that will help us to transform our services. Our aim is to have leaders at all levels across the organisation who are innovators and entrepreneurs - able to introduce and implement change to meet service need and continually drive up quality.

Good leadership doesn't just happen – it has to be supported by an investment in the development of current and future leaders.

The Prime Minister recently reinforced the importance of senior nursing leadership on NHS wards and inpatient units, and the critical role they play in ensuring that the highest level of care is provided to our service users.

The Trust recognised the importance of the contributions of the senior nurses to the success of the organisation and has developed a bespoke ward managers' leadership development programme.

Staff will be well aware of a number of national investigations and reports which have highlighted the positive benefits to rotating staff within services as part of good governance, staff development, and improving patient safety and quality of care.

We also know we are in a much more challenging working environment and we need to have a much more flexible workforce in terms of skills and experience. In considering all of these points, the Trust launched a programme of ward manager rotations in January 2012. The next ward manager / senior nurse rotation will be in the summer of 2012 and a rolling programme for all other levels of inpatient nursing staff has already commenced.

We also continued to achieve an increase in the number of staff receiving their mandatory training through improving awareness and access to online training modules making it easier for staff to undertake the required course. Following a review of staff statutory and mandatory training requirements, some modules of training now only have to be retaken every three years. This frees up valuable staff time to complete core modules more specifically relevant to their type of job role.

Director's Report

The Trust continued to work closely with our external occupational health provider: Team Prevent in order to provide a full employee health and well-being service for NTW.

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

The trust also continues, where appropriate, to refer staff to our staff counselling service provided by Care First. Care First is a leading provider of confidential, professional counselling, information and advice services.

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.

Further details relating to our work in partnership with our staff are outlined from page 150.

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

The Trust has worked hard to build, develop and maintain the membership base to ensure appropriate community representation.

In setting membership targets the Council of Governors, via the membership sub group, has given consideration to the balance between quality of engagement with members and quantity of members.

Our target of to maintain a public membership of 12,000 people and that the focus of activity should focus on:

- Ensuring the membership is refreshed and that membership figures are maintained.
- Improving user and carer membership numbers
- Maintaining a good spread of members in the different localities.
- Engaging in new and meaningful ways with members.

Further details relating to our membership and Council of Governors are outlined from page 140.

At a service level we worked hard to involve people in innovative ways. We continued to roll out our 'Points of You' service user and carer experience evaluation initiative to all adult services across the Trust. 'Points of you' was created in 2010 by the Trust's service user & carer involvement workers in partnership with service users and carers in the community. The voice of our patients and carers is increasingly and rightly becoming the most accurate reflection of our performance. Experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services allowing us to monitor the quality with which we deliver and act upon issues that our patients and carers bring to our attention.

Director's Report

In 2011 the Trust also developed plans for a leadership development course specifically tailored for service users and carers. The course aims to:

- Support and encourage service users and carers to be effective in influencing and contributing to service improvements
- Work together to develop leadership skills. To share ideas and experiences and learn from each other
- Empower users and carers within their own local services
- Encourage participants to create and sustain a self-supporting network.

The leadership development course will begin in August 2012.

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

Our staff recognise the importance of Trust's values and this is acknowledged by our Shining a Light on Excellence Staff Awards, highlighted earlier this report, which are structured to ensure our staff are recognised for improving the quality of the care that they provide.

The improvements we have made to improve the quality of services are included in our Quality Report for 2011/12 from page 62.

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

- **Quality Goal One:** Reduce incidents of harm to patients;
- **Quality Goal Two:** Improve the way we relate to patients and carers;
- **Quality Goal Three:** Ensure the right services are in the right place at the right time for the right person.

In 2011 the Trust reviewed its existing safeguarding and public protection arrangements which were based within the appropriate directorates. The Senior Management Team recognised that such arrangements were in need of review to enable improvements to be made in an informed way, thereby ensuring safer processes and giving assurance that is more robust. To carry out this review a working group was established and a three stage review process was undertaken.

A preferred option for a future Safeguarding and Public Protection infrastructure, in line with our transformation plans, was carefully considered and approved by the Senior Management Team. As a consequence, our Children's and Adults Safeguarding and Public Protection teams have been significantly strengthened with new posts created totalling over a £330,000 investment by the Trust.

Director's Report

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

Based on the outcome of a self assessment NHS Trusts were required to sign a "Declaration of Compliance" by the end of March, 2012 declaring whether they were compliant with the commitment to deliver same sex accommodation. The Trust Board was pleased to sign this declaration.

Other notable achievements are included within our awards section featured earlier in this report.

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

During the year we continued to progress the Trust-wide implementation and upgrade of a single clinical system (RiO) across the Trust. The system provides clinical staff with up-to-date access to a patient's record across different sites improving the quality and safety of services. We also identified and piloted appropriate technical solutions for mobile access to RIO.

The NTW Dashboard Project is a significant piece of work for the trust and its development continued in 2011. The idea originally initiated through our involvement in the National Pilot for Clinical Dashboards led by Dr Jonathan Richardson. We piloted a Clinical Dashboard in four areas, two inpatient wards and two community teams in older people's services.

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

The Trust Clinical dashboard is now live in every ward and team setting and can be accessed by all staff through the Trust intranet.

The Newcastle Memory Assessment Service at the Campus for Ageing and Vitality were part of a pilot site to introduce a patient view dashboard. The dashboard is a visual display board which contains useful patient and carer information for use in the patient reception area.

Simple readable information about the memory services was developed as well as providing a user friendly catalogue of information with regard to Dementia. The dashboard incorporates the trust wide patient information leaflets, which can be viewed in a choice of size or languages, or even available in audio format, as well as a live link to the Alzheimer's Society patient information leaflets.

The Alzheimer's society leaflets are catalogued like a bookshelf so patients and carers can browse the information.

The dashboard screens are innovative and very easy to use. Users can access maps of the hospital, service information, self-help leaflets, complaints information and provide useful feedback to the Trust. The printing and email facility (accessed using an on-screen keyboard) has proved to be a useful feature if the user accesses information that they would like to retain for future reference.

Director's Report

The dashboard also has a patient feedback screen where patients can provide feedback about the services and the reports can be viewed by the team.

The dashboard has received excellent feedback from users and now the results of the pilot have been accepted for presentation in the Canadian Academy of Geriatric Psychiatry Conference in September and will be presented by Dr M S Krishnan.

Due to the success of the pilot the Clinical Dashboard visual display screen equipment has been rolled out across the Trust. To date 29 screens have been installed with another 10 screens due to be installed in the coming months which include main reception areas across the Trust as well as wards and departments.

Be an influential organisation that supports and enables social inclusion.

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

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

Dr Dominic Slowie was appointed in 2010 to assist and advise us in this important work. He is working in the Trust two days a week. Dominic has worked in a number of GP practices in our locality and has worked with a number of Primary Care networks in his recent role as GP Consultant to the Strategic Health Authority.

Effective partnerships are critical to the success of our transformational agenda. During the coming year commissioning responsibilities will move from PCTs to Clinical Commissioning Groups (CCGs), which are led by GPs. The Trust has invested significant efforts in meeting the new leaders of the CCGs and building collaborative on-going relationships with them and the wider primary care community. There has been extensive listening and consultation around our new service model design and implementation and we are already benefiting from productive relationships as we move forward in further improving the quality and responsiveness of all of our clinical services.

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

Our work with our partners is highlighted from page 142.

Transforming Services

Strengthening our Safeguarding Team

The Trust has a significant role to play within safeguarding and public protection arrangements and a duty to work with our partners to meet this complex agenda.

The Executive Director of Nursing and Operations has overall Trust board responsibility for safeguarding and public protection and regularly reports safeguarding and public protection issues and exceptions through the Senior Management Team (SMT) and Trust Board.

In 2011 the Trust reviewed its existing safeguarding and public protection arrangements which were based within the appropriate directorates. The Senior Management Team recognised that such arrangements were in need of review to enable improvements to be made in an informed way, thereby ensuring safer processes and giving assurance that is more robust. To carry out this review a working group was established and a three stage review process was undertaken.

The three stages of the review consisted of a significant mapping exercise of current obligations and arrangements, feedback on how the Trust arrangements were working in practice and reviewed potential structure options needed to resource safeguarding and public protection arrangements.

A preferred option for a future Safeguarding and Public Protection infrastructure, in line with our transformation plans, was carefully considered and approved by the Senior Management Team.



As a consequence, our Children's and Adults Safeguarding and Public Protection teams have been significantly strengthened with new posts created totalling over a £330,000 investment by the Trust.

Our future plans - looking to the year ahead and beyond

During 2011/12 we reviewed our Integrated Business Plan to reflect the environment we now work in.

Over the next year we will be focusing on achieving the key transformational priorities identified in our revised Integrated Business Plan with the aim of significantly reducing demand on inpatient beds, improving first line interventions, better support and maintenance to allow people to be cared for in the least restrictive environment for them and managing effective discharge and step down.

These key priorities include:

- Commencement of the replacement of Cherry Knowle Hospital at Ryhope in Sunderland, providing new high quality inpatient facilities for adults and older people with mental health problems, including people with learning disabilities, living in Sunderland and South Tyneside. Development will also take place at Monkwearmouth Hospital where a Dementia Care Centre, serving both Sunderland and South Tyneside, will be built;
- The completion and opening of a new facility on the Northgate Hospital site for men with a learning disability who require a low secure, long stay environment;
- The development of a Full Business Case relating to the provision of a new purpose built assessment and treatment unit for people with autism on the Northgate Hospital site, to support the new service model and replace the existing facilities which are in a poor condition;
- Working with Social Care Commissioners to focus the Trust's remaining Social and Residential Care Services upon those with more complex needs rather than those whose needs are mainly social care;
- Launching a pilot Initial Response Team in April 2012 to improve access to urgent mental health services for people living in Sunderland. This work will be undertaken in conjunction with the development of a Universal Crisis Team for Sunderland. We will also work with the Northumbria Ambulance Service to provide improved access to Trust-wide urgent mental health services through the NHS 111 telephone service;
- As a part of transforming community services we will invest in technology and support staff in developing new ways of working with the aim of creating more capacity and capability in community services. This will improve the quality of care provided to patients, avoiding unnecessary admissions and enabling those that are admitted to leave hospital earlier and receive appropriate care in the community;
- Our Specialist Services provide a level of specialist knowledge and expertise that bring significant benefits to patients. We will review each and every one of them to ensure that they are of high quality and sustainable;

Director's Report

Subject to the outcome of consultation we will also continue to improve our services by:

- Consolidating Psychiatric Intensive Care Unit services across South of Tyne to deliver an improved patient experience;
- Redesigning the Stepped Care Pathways in Gateshead and Northumberland;
- Redesigning Community Children and Young People's Services in Newcastle and Northumberland moving away from the old service configurations North of Tyne to a new integrated model which is based upon the Choice and Partnership approach (CAPA), as introduced by the Trust South of Tyne;
- Improving the pathway for older people's community services in Sunderland by extending hours;
- We will also work with our partners and stakeholders to review inpatient learning disability services North of Tyne and increase the range and effectiveness of the Trust's liaison services.
- We are also aiming to develop a wider public consultation on our proposed changes to services by the Autumn of 2012.

Whilst the coming year will therefore be an exciting time for the Trust we acknowledge that alongside the excitement of change and the opportunities for improving services comes the anxiety of what that might mean to those that use our services, our staff and partners.

We are committed to continuing to communicate with and involve all stakeholders in our service transformation plans, building on the good work we did, as a part of our Service Model Review. This will include helping members of staff to develop the skills they need and give them support during a period of transition.

To achieve this we have established the Transitional Employment and Development Approach, in agreement with staff side, to enable the Trust to manage the reductions we are planning in the overall workforce, while protecting employment for those that currently work with us. We will look to support staff as we move through our service transformation programme to move into new roles and to develop the new skills which are needed to deliver the high quality services that we aspire to and our patients deserve.



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, 2011 to the 31st March, 2012, the Trust achieved an underlying surplus (excluding extraordinary items) of £8.7m. The reported deficit was £12.2m which includes £0.3m relating to costs of organisational re-structure and £20.6m of net impairments, which are a recognition of reductions in the value of our land and buildings.

While reductions in asset values reduce the overall nominal value of the organisation, they do not impact on the underlying cash or operational position of the Trust. Assets (unless they are currently available for sale) are also valued under Modern Equivalent Asset Valuation, which represents a valuation of assets for current use. This is a technical valuation which assumes that no preparation is required for land, excludes fees and also the costs of any special features such as security or safety features, which are integral to the design and function of our facilities to meet our patients' needs. This valuation therefore usually differs significantly from the cost of a building or its market value. For all of these reasons impairments are treated as exceptional items for Monitor compliance purposes, and excluded from the risk rating calculation shown below. Earnings before Interest Depreciation, Taxation and Amortisation (EBITDA) for the year were 8.4%, slightly ahead of the plan to deliver 7.8%, and consistent with that reported last year.

Table 1 – Foundation Trust Risk Ratings

FT Risk Ratings	10/11 Achieved	11/12 Achieved	11/12 Risk Rating
EBITDA Achieved (% of LTFM Plan)	113.5%	109.8%	5
EBITDA Margin	8.5%	8.4%	3
Return On Assets	7.6%	7.6%	5
I&E Surplus Margin	3.0%	2.9%	4
Liquidity Ratio	31 days	25 days	4
Overall Rating			4

The Trust's underlying surplus and EBITDA were ahead of plan, largely due to management of contingency reserves through the year, where again the Trust set aside contingency to manage risks arising in the year. These were managed through the year, with each of the Trust's Operational Groups delivering in line with their financial targets. Our liquidity ratio decreased as cash was invested in improvements to our estate in line with plan.

Financial Review

Review of the Primary Accounting Statements

A Summary set of accounts are included within this report from page 194. A full set of accounts are available on request. The period covered is 1st April 2011 to 31st March 2012.

Accounting Policies

These accounts have been prepared using International Financial Reporting Standards (IFRS).

While there were a number of minor accounting policy changes in year, they have limited or no impact on the production of the accounts. However, in line with the move to Whole Government Accounting, which looks to standardise and reconcile the production of the overall accounts across Government Services, the Trust has had to make a number of accounting adjustments which have led to a restatement of balances for 2010/11. These have had no impact of the key financial figures in the statement of comprehensive income and the Statement of Financial Position.

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

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

Statement of Comprehensive Income

In reviewing our performance, Monitor excludes extraordinary items of expenditure. As indicated above the Trust incurred impairment costs of £20.6m. The largest element of this relates to reduction in the value of Ferndene of £16.3m on its transfer into operational use, and there was also a reduction in value of just over £2m arising from the loss of value associated with the demolition of assets in preparation for the development of the PRiDE scheme in Sunderland. This is due to the difference between real costs incurred in the construction of an asset and the technical value assigned to it in operational use (see above). Re-structuring costs of £0.3m represented the last element of redundancy costs associated with our Business Model Review, which saw our new management structure, described earlier in this report, becoming operational from 1st June 2011.

Income from activities reduced by 0.6%, largely as a result of like for like funding reducing by 1.5% in line with national efficiency requirements, and continued planned reductions in the provision of social and residential services during the year. This was offset by new contracts awarded as described on page 15. Other operating income excluding impairment reversals remained fairly constant through the year. Private Patient Income remains low, with £117k received over the period, or 0.04% of operating income.

Operating expenditure excluding exceptional items (impairments, loss on disposal of assets and restructuring costs) reduced by 0.6%, in line with income.

Statement of Financial Position

The Statement of Financial Position summarises the overall value of the Trust as at the 31st March, 2012. Within year, overall taxpayer's equity has decreased by £11.5m due to the impact of impairments offset by the operating surplus. The reasons for changes in asset values have been described above. All of the Trust's assets are valued on an annual basis by the District Valuer to reflect current conditions and in line with good practice.

Within our current assets position trade and other receivables have increased by £7.5m. £3m of this is due to the issue of invoices and credit notes to reflect rebasing adjustments across Primary Care Trusts (PCTs). This is mirrored in increases in our creditor's position. Another £2m increase relates to current debt with local authorities which has been settled since the financial year end. £1m relates to payments due on land sales. Cash has decreased by £6.5m in line with plan as we invest in our programme of improvement in our physical estate. The biggest increase in our current liabilities mirrors the rebasing adjustments across Primary Care Trusts as described above. An additional £3m relates to capital invoices for work completed and not yet paid.

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 shorter. **An analysis of our performance is shown below.**

Table 2 – Payment of Trade Creditors

Better Payment Practice Code	2011/12 No. Bills Paid Within Target	2011/12 Value of Bills Paid Within Target	2010/11 No. of Bills Paid Within Target	2010/11 Value of Bills Paid Within Target
Non-NHS Trade Creditors	93.3%	93.9%	95.5%	97.0%
NHS Creditors	81.6%	97.3%	89.8%	99.2%

The payment levels have decreased from last year's performance, in terms of numbers paid, although the reduction in values paid is less significant. The Trust is currently reviewing its strategy for management of creditors, and changes in the transactional processing team are being reviewed and embedded following their implementation in 2011/12.

No payments were made in year under the Late Payment of Commercial Debts (Interest) Act 1998.

The Trust drew down no new loans in 2011/12. Long term borrowing at the end of the year stood at £67.1m following repayment of £4.0m in year, against a long term Prudential Borrowing Limit set by Monitor of £71.1m. The Trust continues to have no plans to draw on its working capital facility of £22.5m.

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, 2011 to the 31st March, 2012

Overall within the year, the Trust delivered a surplus after exceptional items of £8.7m, £2.5m ahead of our original plan, and delivered an overall performance of 4 against Monitor's financial risk rating assessment.

The delivery of the surplus was largely due to the Trust managing its in year financial position through the year, after setting aside contingency funding to manage risks that emerged during the year. Each of the Trust Operational Groups, which were operational from 1st June 2011, delivered broadly in line with financial plan, with overall operational services delivering a contribution which was 0.6% ahead of plan.

This was particularly pleasing given the transitional nature of the year, in terms of management structures. At the same time operational Cost Improvements were delivered, with a total of £9.2m delivered against a target of £11.7m. Slippage was experienced on a number of centrally managed schemes, which have been incorporated into our planning for 2012/13. Significant volatility was experienced across our Specialist Care contracts in 2011/12, with under-delivery on forensics, neuro-psychiatry services and children's services being offset by over delivery on our Multiple Sclerosis contract and over-performance against plan on our Adult Eating Disorders Service. This latter service was managed at close to full capacity throughout the year, having been expanded at risk following the loss of a tender for the service in 2010/11.

While overall risks were managed successfully, negotiations with commissioners on our contracts for 2012/13 have been successfully concluded with the aim of removing significant elements of risk from a commissioner and provider perspective. Pressures continued in management of ward staffing and across medical staffing in particular, and a range of measures have been put in place to manage these pressures more effectively through 2012/13. In year, underspends in other areas, particularly across staffing in community settings and specialist care enabled the Trust to successfully manage its overall financial position.

The Trust invested £21.7m in buildings and other assets through the year, with investments in St. George's Park, the completion of Ferndene, and preparation for the new PRiDE development on the Cherry Knowle site. Work also commenced on the new low secure rehabilitation unit at Villa 19 on the Northgate site. A range of smaller investments were made across all of our sites to maintain and improve standards and in particular to ensure compliance with CQC requirements. £1.25m was invested in information technology, including investment in mobile technology to support the Transforming Community Services Programme. Within the year we also completed the sale of surplus land at Prudhoe, as well as a number of minor sales in accordance with our plans to realise financial benefit from those assets that are surplus to our on-going service requirements.

Future Financial Performance - Transforming Services

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trusts have 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, 2012 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. It also takes into account financial assumptions published by Monitor.

The Board of Directors continues to review detailed assumptions concerning funding, inflation and pressures and has approved a revised five year financial strategy which supports the delivery of our business objectives, and in particular our transformation strategy. Key elements of the strategy include:

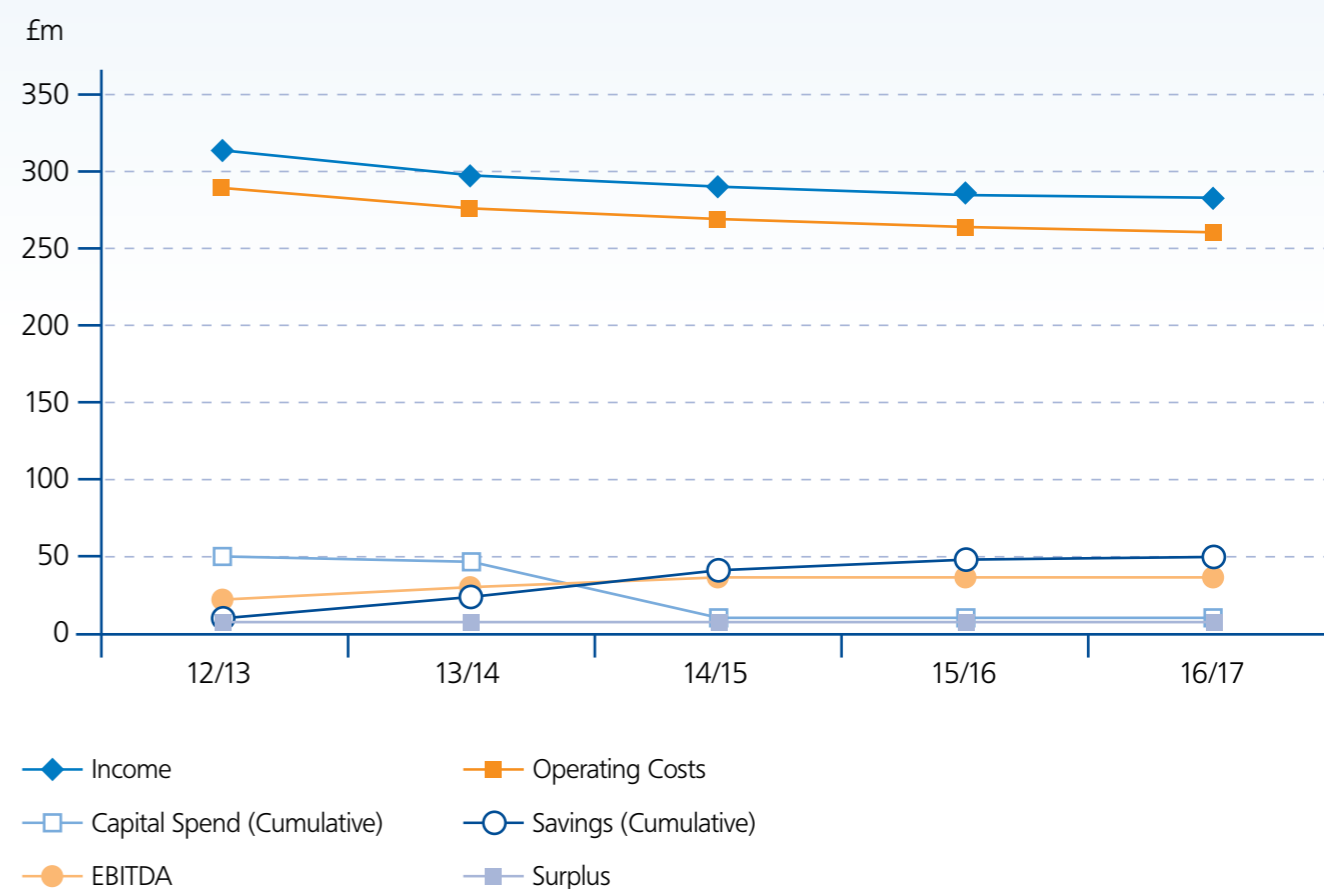
- Implementation of our trust wide Service Model through our transformation programme. This will see us focus on developing more effective integrated care pathways, with the emphasis on early interventions, helping people to sustain themselves in their own homes and communities, enabling recovery and ensuring effective access and step-down through our services and those of our partners. This will significantly reduce our reliance on in-patient beds.
- Where people need a bed this will be in a suitable environment, with the right level of staff to promote recovery and step down. Our strategy includes plans for financial investment in wards as we reduce the number of wards, with our aim to deliver an improved number of staff on each of our wards and an increase in the ratio of qualified to unqualified staff.
- Continuation of our transition fund to support the implementation of transformational service change. This transition fund is developed in conjunction with our commissioning partners and we have already started the process of investment in change. This has enabled us to pump prime our new access service in Sunderland, which went live from April 2012, support the development of facilitation teams to promote standardisation across community services, and invest in mobile technology across our community teams.
- Investing in our staff as we move through a significant change period. The Board of Directors has approved a Transitional Employment and Development Approach (TED) which will enable us to support staff to transition to different roles across the organisation as we switch the emphasis from in-patient to community services. Our aim is to ensure we maintain our staff in employment, and develop them to deliver new roles, as we reduce our overall number of established posts. We aim to avoid redundancies through this process and manage the changes through our natural turnover of staff. We have invested £1m in this approach in each year of our five year strategy.

- We will invest £123m in our estate over the next five years, with the most significant element being the £68m investment in the PRiDE scheme which will see the development of new in-patient facilities on the Cherry Knowle site and the creation of a Centre for Excellence for Dementia on the Monkwearmouth site in Sunderland. We are drawing down a loan of £40m to support this investment for which we have agreed an extension to our Prudential Borrowing Limit with Monitor to £101.3m.
- As a result of the above, we will maintain surpluses at £6.7m over the next five years. Cash balances will reduce to just above £10m midway through the strategy, in line with our plan to minimise our reliance on loans, and maximise the use of our working balances to manage investment. Due to this the Trust plans will see a reduction in our risk rating from 4 to 3 midway through the strategy before returning to a 4 rating by 2016/17.

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

Table 3 – Analysis of Planned Financial Performance 2012 - 2017

Key Financial Data 2012 – 2017:



Financial Review

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

Table 4 – Planned Monitor Risk Ratings 2011 - 2017

Financial risk rating	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Metric						
EBITDA margin	3	3	3	4	4	4
EBITDA, % achieved	5	5	5	5	5	5
ROA	5	4	4	4	4	4
I&E surplus margin	4	4	4	4	4	4
Liquidity ratio	4	3	3	2	3	3
Weighted average	4.1	3.6	3.6	3.6	3.9	3.9
Financial criteria						
Underlying performance	3	3	3	4	4	4
Achievement of plan	5	5	5	5	5	5
Financial efficiency	5	4	4	4	4	4
Liquidity	4	3	3	2	3	3
Overall rating (taking into account overriding rules)	4	4	4	3	4	4

The Board of Directors are planning to ensure that we focus on improving the quality of our services, while working with significant reductions in resources through delivery of a programme of significant service model change. Our Transformation Programme has been developed to enable us to deliver better, more integrated care while planning significant reductions in resources available. We are working closely with our staff, partners in care and with our commissioners to manage this change.

Our financial strategy is designed to support and underpin our business and service development strategy, and enable us to provide better more integrated and safer services year on year to the people who need us.

Financial Review

Regulatory Ratings

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

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

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

Monitor's Compliance Framework sets out the approach Monitor will take to assess the compliance of NHS foundation trusts with their terms of Authorisation ("the Authorisation") and to intervene where necessary.

Monitor asks foundation trusts to assess their own compliance with the terms of their authorisation, as part of its risk based approach to regulation. NHS foundation trusts submit an annual plan, quarterly and ad hoc reports to Monitor.

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

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

Table of analysis:

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

	Annual Plan 11-12	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12
Financial Risk Rating	4	5	5	5	4
Governance Risk Rating	Green	Amber/Red	Amber/Red	Green	Green

Financial Review

In both 2009-10 and 2010-11 Northumberland, Tyne and Wear NHS Foundation Trust achieved its planned financial risk rating. In 2011-12, the Trust also achieved a 4 risk rating. However, in quarters 1- 3 the financial risk rating was slightly higher than plan due to the Trust's EBITDA and surplus margins being higher than planned in those quarters.

By the end of 2011-12 the Trust has achieved its planned governance rating. In quarters 1 and 2 the Trust was rated amber/red for Governance, this was due to the Care Quality Commission (CQC) applying moderate concerns against two of the Trust's registered locations after planned compliance reviews. The Trust developed formal action plans to address the issues which were submitted to the Care Quality Commission. On completion of the actions the Care Quality Commission revisited both of the locations and declared them both compliant with the requirements of registration.



Transforming Services

Ferndene

Our new £27 million Children & Young People's inpatient centre on the Prudhoe Hospital site in Northumberland opened in October 2011. The site has many advantages for the service, particularly the surrounding countryside which many of the young people are able to benefit from.

Some 40% of young people with learning disabilities also have a diagnosable mental health problem and this rate is even higher in those with severe learning disabilities. And national guidance promotes the development of integrated services for children and young people by making access easier to a range of specialist services and increasing the capacity of specialist staff. Ferndene is the first such young people's learning disability and mental health unit of its kind in the country and by providing this more integrated service we are aiming to further improve the quality of care that we provide and deliver better outcomes for young people.

The modern facilities provide accommodation for children and young people from the north-east of England and Cumbria and some of the specialist services also receive referrals from across the United Kingdom.

Ferndene has 40 beds in four different units. All the young people have their own bedroom, most of which have en-suite facilities. There is also a wide range of therapy, educational, social and recreational facilities; a flat for visiting families; and office accommodation for staff.

The young patients have been fully involved in the development and design of the new unit via regular meetings with trust staff, the architects and construction partners.

Ferndene was developed by the Trust with the Laing O'Rourke construction partnership, including MAAP architects. It is part of NTW's £107 million investment programme to improve patient accommodation over the next four years.

The unit won a number of awards at the North East Constructing Excellence Awards in spring 2012. The awards celebrate the excellence of achievements by individuals, projects and organisations in the construction industry.



The Trust and Laing O'Rourke won the "Integration and Collaborative Working" award for our joint work on Ferndene. The unit also won in the "Client of the Year" award – for the client that has shown the greatest drive to ensure that best practice principles are adopted on its projects and throughout its supply chain.

Finally, Ferndene won the top award for "Project of the Year", ahead of nine other shortlisted projects, including the new Tyne Tunnel. This award is given to the project that has shown the highest level of technical achievement, innovation and application of best practice, while delivering a project to time and budget with team working throughout the supply chain.

The judges also commented amongst other things on how the needs of the young people had been at the centre of the project. Ferndene was also highly commended in the "Legacy and Sustainability" award, reflecting its environmental features in a rural setting and energy saving measures.

The Trust and Laing O'Rourke will now go forward to the national Constructing Excellence Awards in November 2012 in the three winning categories.

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 statutory audit work, for which the fee was £45,000 (excluding VAT). This was made up of work relating to financial statements for £37,500, quality report for £6,100 and the whole of government accounts for £1,400.

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 had such a policy in place since February 2010, following Audit Committee review and recommendation. The External Auditor has not been asked to undertake any additional services during 2011/12.

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

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

Counter Fraud Activities

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

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

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, 2012, 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

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

Examples of the use of charitable funds during 2011/12 include the supply of:

	£
• horticulture activities including construction of a workshop	13,742
• furniture and furnishings	9,644
• patient entertainment	3,958
• social training, including toys, games and books	2,102
• craft and gardening equipment	503

Political and Charitable Donations

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

Transforming Services

NTW leading the way with Mental Health Clustering and Patient Pathways

As the Trust moves forwards with its transformation programme, the considerable amount of time and effort that it has spent leading the development of the Care Pathways and Packages approach is beginning to pay off.

The approach seeks to robustly allocate each service user to a needs-based classification system. It is anticipated that this system of clusters will form the basis of a national Payment by Results (PbR) payment system for mental health services. For these purposes the working assumption is that service users with similar needs will require broadly similar interventions and these in turn should attract similar payments.

However, whilst PbR is undoubtedly an important application of the CPP approach, the Trust has always placed as much emphasis on the other uses of the model. Having trained all appropriate staff in use of the model, they have now been able to allocate 95% of 'in scope' service users to a cluster. This needs-mapping information is proving invaluable in the rational planning of service model revisions. By having a clear understanding of the type and level of demand for services it is possible to re-deploy our most valuable resource (our staff) in the most efficient way, thus maximising throughput.

In addition to this work on efficiency, the model is also contributing to the drive for clinical effectiveness. Here Multi-Disciplinary Groups of staff are describing the packages of care that will become the standard working practices for each team. The care will of course be individualised but the aim is for the initial offer to be consistent where needs (clusters) are the same.

To ensure this evidence-based care can be delivered, a skills framework has been developed. This aims to challenge some professional boundaries by identifying the skills required to deliver the prescribed care rather than the discipline. The same framework will then be used to describe the skills of our existing workforce, thus allowing us to place staff with particular-skill sets in the teams where they are most needed. It also allows us to produce a bespoke training needs analysis to meet any deficits identified.

Our staff are engaged in a series of workshops to agree sets of quality and outcome metrics which are meaningful to the service users in each cluster and the staff working with them. These will allow commissioners to understand value for money and NTW to understand and drive up the quality and effectiveness of its services.

The work described here has focused on the nationally mandated clusters for working age adults and older people. It is though important to recognise that staff in our forensic, learning disability, children and young people's services and neurological services are also engaged in innovative pieces of work to describe their service users by need. Much of this has already influenced national thinking and has already been adopted by the Department of Health.



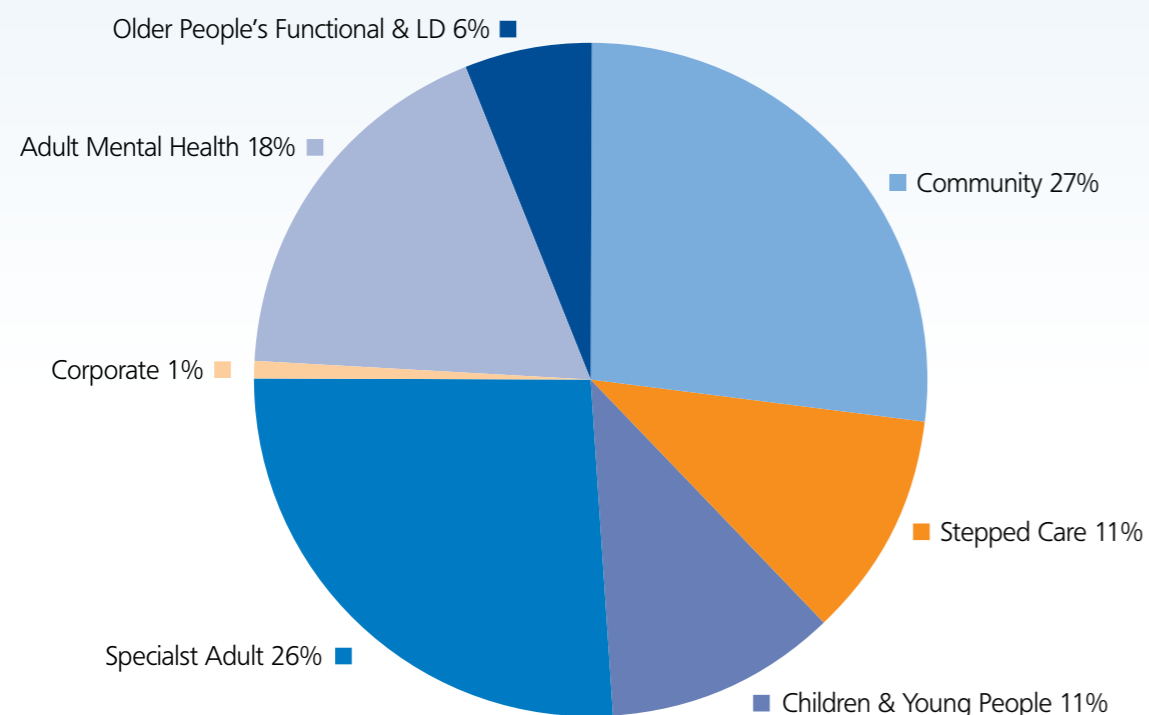
Our Performance against Contracts

The Trust provides services to a broad range of Commissioners. Seventy-nine 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 local Primary Care Organisations; Northumberland Care Trust, Newcastle, North Tyneside, South Tyneside, Gateshead, and Sunderland Primary Care Trusts (PCTs). The overarching North East Collaborative Commissioning Team (hosted by County Durham PCT), which commissioned specialist mental health and learning disability services on behalf of North East PCTs ceased to exist in 2011/12, with responsibility for commissioning being transferred to either PCTs or the regional North East Specialised Commissioning Team.

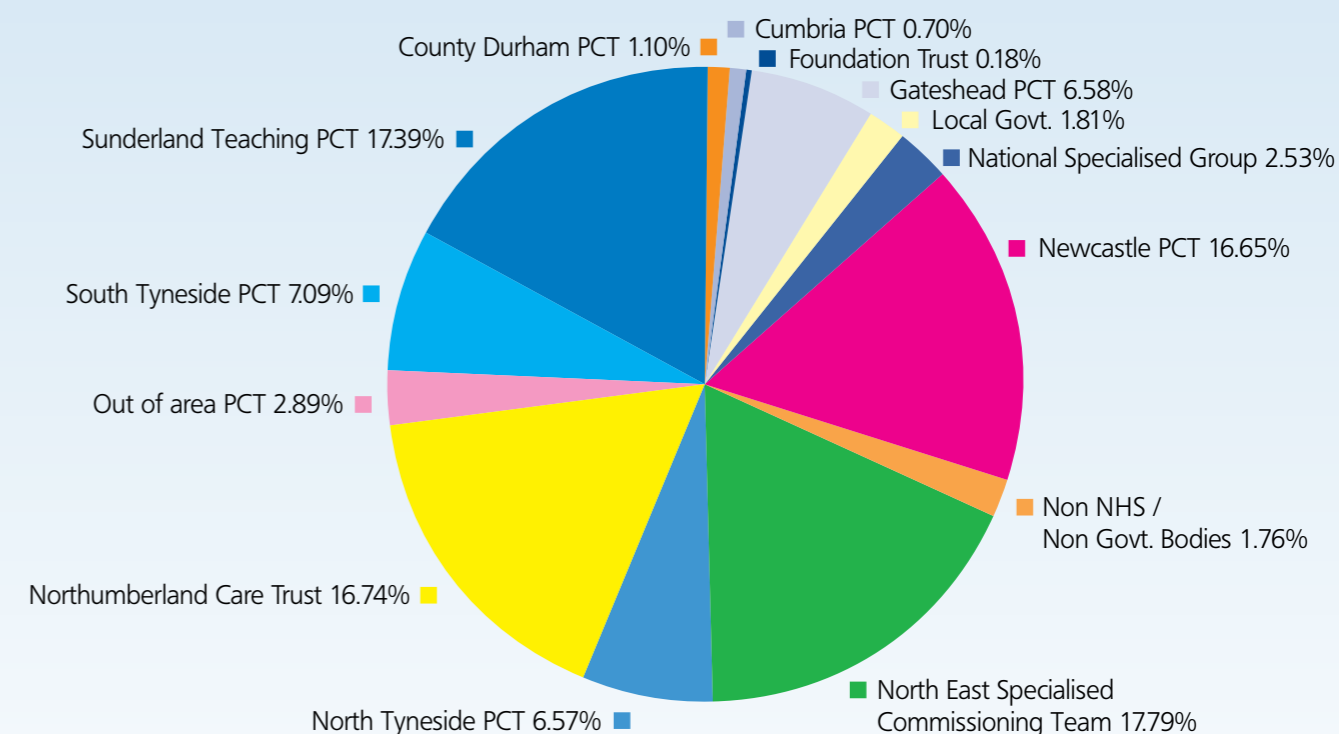
In addition, significant contracts are held with Local Authorities and Regional and National Specialist Commissioning Groups.

Figure 1 - 2011 / 2012 Patient Care Income per Service



Our Performance against Contracts

Figure 2 – 2011 / 2012 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 2011 /2012 patient care contracts over the year.

This year we have worked closely with the main commissioners to prepare for the introduction of mental health payment by results (PbR). 2012-13 is the introductory year for a major change in the way that mental health care is currently funded, a shift from block contracts to PbR currencies which are associated with individual service users and their interactions with mental health services. The Trust has agreed activity and income baselines with commissioners using new contract currencies based on mental health care clusters. The Trust will monitor and report activity and income against both existing contract currencies and the new proposed clusters.

Risk Management

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

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

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

Assurance Framework

The Assurance Framework aims to provide the Board of Directors with assurances that significant risks, which could prevent the trust achieving its strategic objectives, are being effectively managed. **In 2011/12:**

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

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

Risk Management

Head of Internal Audit Opinion

The final Head of Internal Audit Opinion for the period was issued on the 23rd May 2011. **The overall opinion that it contains is:**

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

Risk Management Accreditation Schemes

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

Transforming Services

New Memory Protection Service

In the summer of 2011 NTW awarded a new £2m service to encourage early diagnosis, treatment and support for dementia sufferers.

The new memory protection service has been launched to provide access to information, support, early diagnosis, treatment and care for people with dementia, their families and carers across Sunderland, Gateshead and South Tyneside.

The service - which will see an annual investment of £2m each year - brings together health professionals and organisations involved in all aspects of dementia care including GPs, hospitals, voluntary and community organisations and our own specialist mental health services.

Last year NHS South of Tyne and Wear, working on behalf of Sunderland Teaching, South Tyneside and Gateshead Primary Care Trusts awarded the contact for the new service to NTW.

The memory protection service aims to improve early diagnosis of dementia which can lead to better quality of life and prolonged independence. It will also focus on improving access to dementia care and treatment and will help to engage dementia sufferers and their carers with the appropriate services. It will help to provide information, advice and support, signposting to other services, diagnosis and treatment and will also be available to all carers of people who may have dementia.

The Memory Protection Service which will provide an extension to the existing memory services provided by NTW South of Tyne and Wear and is aimed at encouraging people with early indications of a memory deficit to receive timely help and support.

Taking early action in the safeguarding of memory function offers the best opportunity for individuals to maximise their future independence and choice, and represents a more positive, modern and pro-active approach to an increasingly recognised need.

There are currently around 1700 new cases of dementia in Gateshead, South Tyneside and Sunderland each year and this figure is estimate to rise by 30-40% over the next 15 years.

Dementia is a progressive condition. Whilst there is no cure, treatment and support can help slow progression, meaning people are able to keep their loved ones for longer and help them maintain their independence.



Introduction to the Quality Report

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 100 sites and covering more than 2,200 square miles, our 6,000 staff provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We also provide a range of specialist regional and national services.

This makes Northumberland, Tyne and Wear NHS Foundation Trust one of the largest NHS Trusts of its kind in the country.

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

Why are we producing a Quality Report?

All NHS Trusts are required to produce an annual Quality Report, to provide information on the quality of services to service users and the public.

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. We can use this information to make decisions about our services and to identify areas for improvement.



NTW Staff Awards ceremony 2012 - celebrating excellence in service delivery.

Chief Executive's statement



"Quality is at the heart of everything we do in the Trust. Whether it is in our hospitals, or in our patients' homes, it is the quality of what we provide combined with the way we provide it, that makes for a good experience for our service users."

I am delighted to present the Northumberland, Tyne and Wear NHS Foundation Trust Quality Report for 2011/2012. The purpose of the report is to enable the Trust to be transparent and accountable for the quality of the services it provides.

The annual Quality Report gives us an excellent opportunity to promote the importance of quality by setting priorities for the coming year and highlighting achievements over the past year. **Quality is at the heart of everything we do in the Trust.** Whether it is in our hospitals, or in our patients' homes, it is the quality of what we provide combined with the way we provide it, that makes for a good experience for our service users.

Service quality is about four key things, the clinical effectiveness of the treatments and interventions we offer, the safety of those receiving, working in or visiting our services, the experience of those using or supporting those who use our services, and the accessibility of our services for patients.

The Trust has many initiatives which are designed to improve quality and you will find many examples detailed in this Quality Report. Our Service Model Review, undertaken in 2011, brought together expert clinicians from across the Trust to work and help develop our vision for the future delivery of services, ensuring that our services are designed around patients' needs.

The recommendations of the Service Model Review Group are now at the very heart of our plans to transform our services. These transformation plans, through a number of work streams, will allow us to increase quality while significantly reducing cost in meeting current demand.

We know that 2012 will be a challenging year for all public services but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services.

This quality report reflects our determination to develop our understanding and measurement of quality as experienced by users of our services, and our ambition to deliver continuous quality improvement in all our services. To the best of my knowledge the information presented in this report is accurate and represents a balanced view of the quality of services that the Trust provides. I hope you will find it informative and stimulating.

Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

This document summaries the organisation's drive and determination to improve the quality of services we provide to our service users. Our Vision to improve the wellbeing of everyone we serve through delivering services that match the best in the world continues to be encapsulated in our quality priorities.

We are committed to working collaboratively with our service users, their carers and all key partners. Their views are pivotal for us in helping to shape our ongoing transformation plans and providing high quality services. That is why we are sharing, in this document, the feedback we have received from service users, carers, LINKs, commissioners and the actions we have undertaken as a result of this feedback.

The progress we have made over the last twelve months has been encouraging, however, there is more that can and will be done. We have designed a number of key service principles which will be embedded in our future clinical practice. They are:

Service principles

- You can reach us, simply and quickly
- The earlier the better
- To get the right care, safely and easily
- From our flexible and skilled workforce
- In collaboration with families, carers and partnership organisations
- So that you can gain/re-gain independence, as far as possible
- By making smooth and sustainable steps forward
- Reaching us again, simply and quickly

It is important that we can also demonstrate effectively the quality of our services and with this in mind that we continue to develop and improve our quality and performance dashboards and expand our patient experience feedback systems across the Trust. These systems provide our clinicians and managers with real time information and performance data regarding service users' experiences of our services. Access to such information allows us to be more responsive and dynamic in our approach to governance and quality.

The case studies incorporated into this year's Quality Report show examples of service improvement and the work surrounding our wider service transformation.

To the best of our knowledge, the information contained within this document is accurate.



Suresh Joseph

Dr Suresh Joseph
Medical Director



Gary O'Hare

Gary O'Hare
Director of Nursing
& Operations

Quality Priorities

Introduction to our quality goals and priorities

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

Using feedback from service users, carers staff and partners as well as information gained from incidents, complaints and other quality reports, the Trust has identified three **quality goals** covering the 5 year period from 2009 to 2014, based on safety, patient experience and clinical effectiveness.

Each year we set new **quality priorities** to help us to achieve our quality goals.

Taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2011/2012, we will **reflect** on how these actions have affected progress against the Quality Goal and we will **look forward** to next year, setting new Quality Priorities for 2012/2013.

We are committed to taking any Quality Priorities that are not fully achieved during 2011/12 forward to 2012/13 to ensure we meet the targets that were set in these important areas.

The progress of all Quality Priorities will be monitored every month at the Trust Quality and Performance Committee as part of the integrated performance report.

Our Quality Goals support the delivery of the Trust Strategic objectives.

NTW Strategic Objectives:

1. 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
2. Be a sustainable and consistently high performing organisation
3. Be a Model Employer, an Employer of Choice and an Employer that makes the best use of the talents of the entire workforce
4. Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work
5. Provide high quality evidence based and safe services supported by effective integrated governance arrangements
6. Improve clinical and management decision making through the provision and development of effective information
7. Be an influential organisation which supports and enables social inclusion

Quality Priorities

Our Quality Goals 2009-2014:

Patient Safety

QUALITY GOAL ONE: Reduce incidents of harm to patients

We will demonstrate success by reducing the severity of incidents and the number of serious untoward incidents across the Trust.

Patient Experience

QUALITY GOAL TWO: Improve the way we relate to patients and carers

We will demonstrate success by improving the overall score achieved in the patient survey and by reducing the number of complaints received.

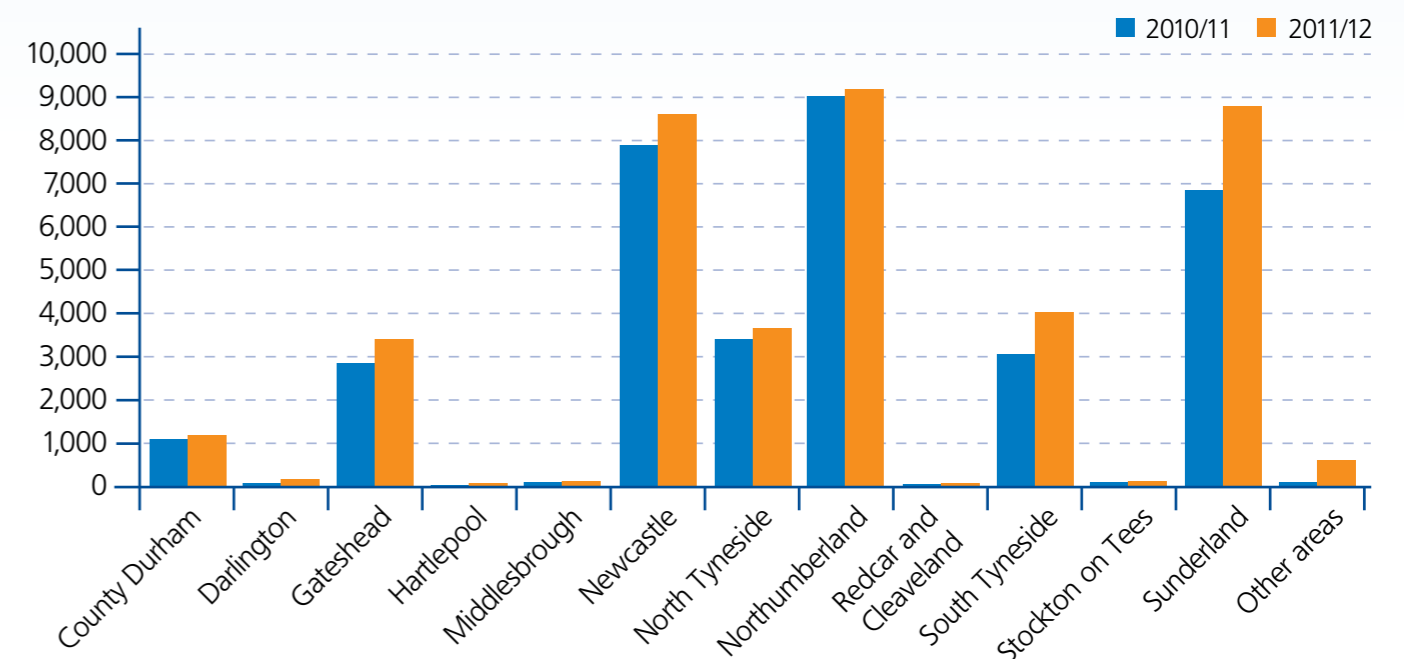
Clinical Effectiveness

QUALITY GOAL THREE: Ensure the right services are in the right place at the right time for the right person

We will demonstrate success by delivering demonstrable improvements in service delivery.

The Trust is currently providing care for almost 40,000 people. Working from over 100 sites and covering more than 2,200 square miles, we provide a range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. The chart below shows the number of current service users as at 31st March 2012, split by locality, with a comparison of the same figures from 2010/11.

NTW Service Users by locality 2010/11 & 2011/12:



The chart shows that our Service User numbers have increased by 4,908 during 2011/12. Each locality area has seen an increase in numbers of Service Users with the biggest increase being in Sunderland.

Quality Goal One: Reduce incidents of harm to patients

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

Looking Back: Progress against our quality priorities to support this goal in 2011/2012:

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
1	To develop a succinct summary of leave policy.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To develop a summary of the leave policy for staff, in the form of 5 key points, to be considered when planning leave.	The summary of the leave policy has been created and rolled out to all appropriate staff. ACHIEVED
2	Ensure relevant staff are trained in leave management.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	95%	Good progress has been made towards achieving the 95% target however at the end of March 2012 the Trust total was 83%. This priority will be carried forward to 2012/13.
3	In line with Trust policy, every patient who goes on leave should have a care plan detailing clear arrangements for leave to ensure we improve care coordination arrangements and communication between the wards and CMHTs/other teams for the planning of leave.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	Sample audit of records Report on findings and agree improvement areas Implementation of improvements Re-audit.	The audit has been undertaken and improvement areas identified. The re-audit occurred during March 2012. ACHIEVED
4	Implement the model of Risk Assessment used by the self harm teams across all mental health services. Develop the training package and implement the training plan.	Effective risk management has been identified as a way of reducing harm to patients.	Implement agreed training plan.	The training package has been developed and is now being rolled out as per the training plan. ACHIEVED

Quality Goal One: Reduce incidents of harm to patients

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
5	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months.	Evidence through clinical audit and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	95%	Good progress has been made towards achieving the 95% target however at the end of March 2012 the Trust total was 77.6%. This priority will be carried forward to 2012/13.
6	To ensure GPs receive care plan information within 7 days of a review.	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working.	95%	Work has continued throughout 2011/12 between NTW and local GP's to identify a suitable and safe process to achieve these targets.
7	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%	The priorities will be carried forward to 2012/13 and will also be a CQUIN target that will be monitored by our Commissioners.

Quality Goal One: Reduce incidents of harm to patients

How have the quality priorities in 2011/2012 helped progress towards this goal?

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

Incident reporting in general has increased over the last 3 years. The main increases have been in incidents classed as 'no harm' and 'minor harm' which is evidence of the Trusts positive reporting culture. In the 2011 staff survey 97% of our staff said that if they had witnessed an error, near miss or incident in the last month they had reported it.

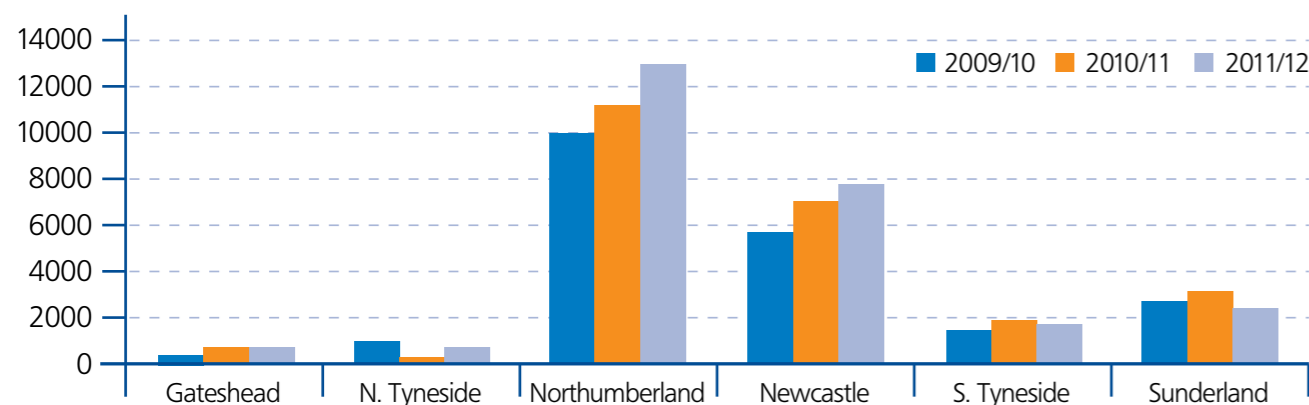
This information confirms that training and awareness around incident reporting is having a positive impact on the numbers of incidents reported. This also demonstrates that the Incident Policy and other policies such as Safeguarding Adults and Children, Information Governance, Prevention and Management of Violence and Aggression are also being implemented as the information relating to incidents flows through the organisation, and allows services to investigate, reflect and improve the quality and safety of care.

Over 26,000 incidents were recorded and reported during 2011/12, an increase from the previous year of over 2,000 incidents.

Number of incidents reported, by impact:	2009/10	2010/11	2011/12	Change
No harm	8,083	6,806	8,591	+1,785
Minor, Non-permanent harm	11,739	15,439	15,810	+371
Moderate, Semi Permanent harm	1,281	1,645	1,545	-100
Major, Major Permanent harm	153	105	109	+4
Catastrophic, Death	82	56	73	+16
Total incidents reported	21,338	24,051*	26,128	+2,077

*Reported in the 2010/11 Quality Account as 23,793 incidents – since that report was completed an additional 258 incidents have been reported relating to 2010/11.

Incident activity by locality 2009-2012:



Quality Goal One: Reduce incidents of harm to patients

Serious Untoward Incidents information:

The Trust currently reports serious incidents in line with the Strategic Health Authority / Commissioner guidance. There have been 2 major changes to the classification of serious incidents in the reporting period 2009 – 2012. From April 2010 an under 18 admission to an adult ward was classified as a serious incident, from March 2011 fractured neck of femurs which are acquired whilst a patient were classified as a serious incident.

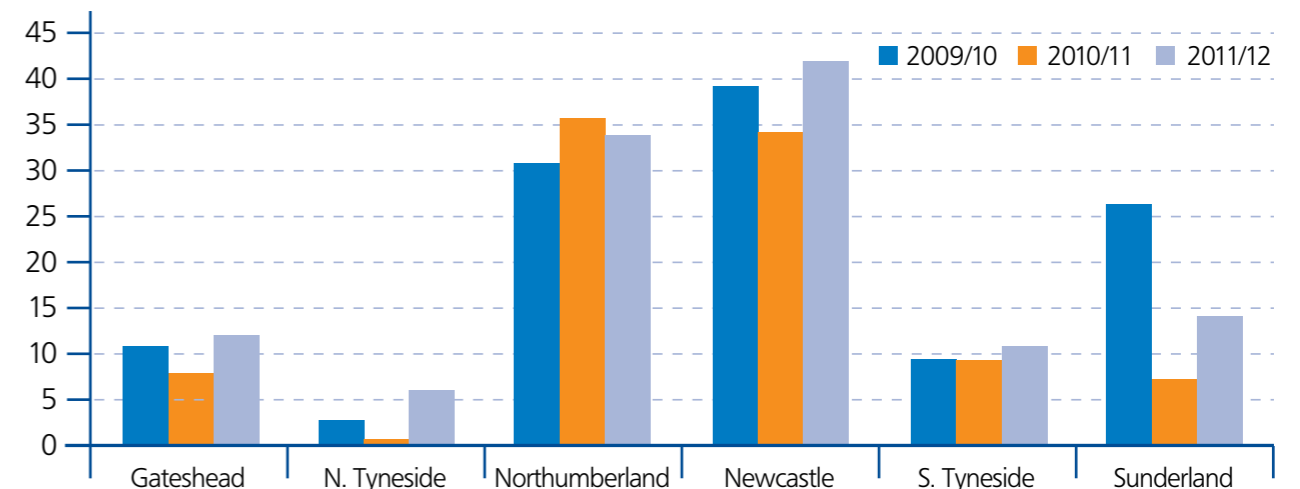
Number of serious incidents reported	2009/10	2010/11	2011/12	Change
Unexpected Deaths	82	56	73	+17
Homicides	0	3	3	0
Assaults	4	3	5	+2
Self Harm	5	10	9	-1
Under 18 Admissions	4	10	6	-4
Fractured Neck of Femur	0	2	17	+15
Information	4	1	1	0
Other	20	10	4	-6
Total serious incidents reported	119	95	118	+23

The increase in major incidents is a direct result of the reporting and recording in 2011 of fractured neck of femurs which account for 17 of the 23 additional cases reported.

From the information shown it appears that the unexpected death rate has increased significantly from 2010 to 2011, however there are still a number of unexpected deaths to be formally investigated by the coroner and as such there is an expectation that this figure will change over time (see below table).

Number of serious incidents reported	2009/10	2010/11	2011/12
Unexpected Deaths	82	56	73
Number of coroner verdicts pending	2	3	27

Serious Untoward Incidents by locality 2009-2012:



Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To ensure all staff are trained in leave management.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To have a minimum of 90% of applicable staff trained in leave management (the target has been reduced from 95% to take into account sickness absence and staff turnover).
2	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months This quality priority is being carried forward from 2011-12.	Evidence through clinical audit and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	To achieve a target of 95% by March 2013.
3	To ensure GPs receive care plan information within 7 days of a review. This quality priority is being carried forward from 2011-12.	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working.	To achieve a target of 95% by March 2013.
4	To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being carried forward from 2011-12.	It is a Trust priority to reduce risk by improved communication during periods of transition.	To achieve a target of 95% by March 2013.
5	To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning.	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To develop an audit tool, agree audit sample and timeframe by June 2012. To conduct audit and identify improvements by September 2012. To implement improvements by March 2013.

Quality Goal One: Reduce incidents of harm to patients

Case study: Transforming Community Services

The Transforming Community Services work stream is working to develop plans that will drive real changes in the way our community services work and this includes how we work alongside GPs, Local Authority services and other providers to provide, better more joined up care.

As part of this exciting project we have commenced the roll-out of mobile working across Sunderland and South Tyneside, by investing in technology to enable community staff to work more effectively and spend more time with their service users.

Our staff are telling us that the mobile solution has greatly improved their ability to do their jobs with comments such as:

“ I have found that my mobile solution has improved my ability to do my job in a more efficient way. It allows for more flexible working and less time spent travelling. I have also found it useful to use the mobile solution to fill in assessment information during sessions. This means that I do not have to spend time after sessions completing paperwork. Additionally my clinical notes are more up to date as I am able to access RiO anywhere.”
(Principal Clinical Psychologist).

“ Mobile working has increased my availability to spend more time completing RiO and feel less stressed due to not having the time constraints of returning to base to do it. It is easy to use and the support from IT been great. I am now able to locate information freely when visiting patients rather than getting back to service users at a later date.”
(Support Worker)

These changes are making a positive difference to the patient experience and quality of our community services in Sunderland and South Tyneside and will be look forward to the technology being rolled out to community teams across NTW in the coming months.

Implementation of this technology provides a huge benefit to the working lives of our staff and ultimately a big step forward in improving levels of care as our clinicians are able to spend more face-to-face time with their patients.

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

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

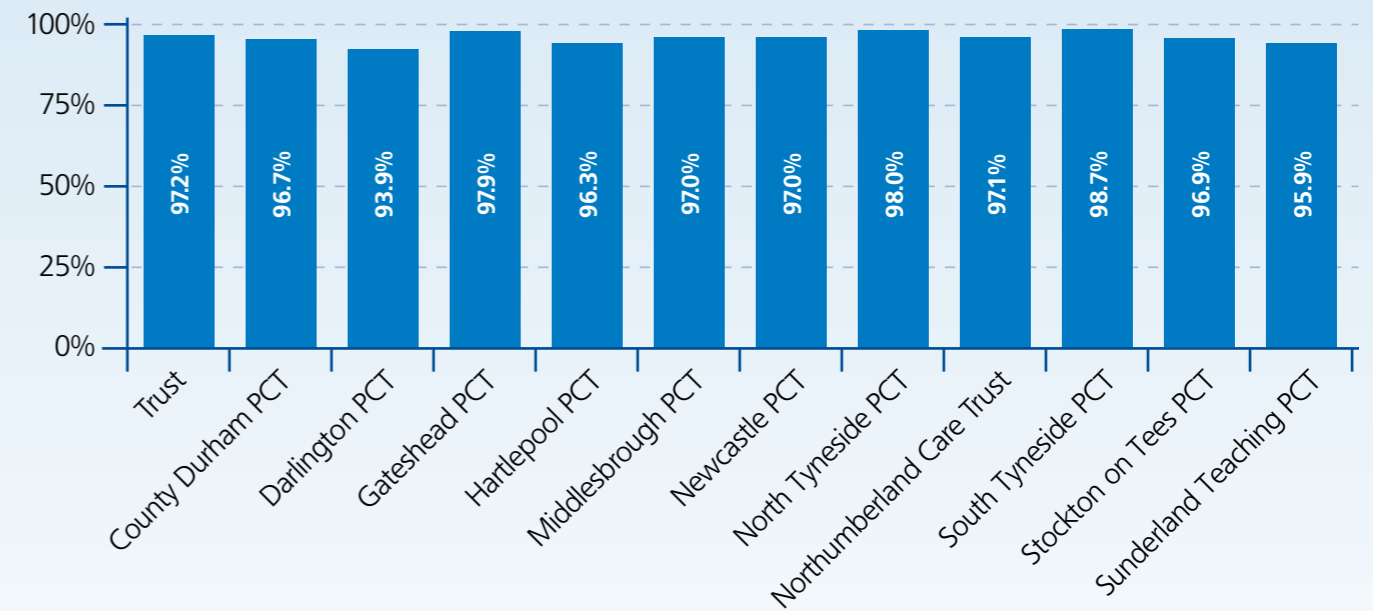
Looking Back: Progress against our quality priorities to support this goal in 2011/2012:

Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
1 Greater availability or variety of activities within inpatient services.	This is a key area of improvement demonstrated through patient feedback.	85%	This project was rolled out during 2011/12 however it has proved problematic to find a reliable and consistent approach to recording the data. This priority will be carried forward to 2012/13.
2 Greater Service User collaboration in assessment and care planning.	To ensure that the views and wishes of people are central to their care planning.	Quarter 1 – agree independent audit process involving staff and patient views. Quarters 2-4 implement in line with audit plan.	The core documentation to measure service user involvement in care planning is now in use and carer champions have been appointed across inpatient wards. At 31st march 2012 we have seen an overall improvement in service user involvement in their care plan which has now increased to 76.2%. The Trust will continue to monitor this with the aim to achieve 95%. ACHIEVED
3 To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services.	All service areas to have evidence of good ways of listening to the views and ideas of people who use services and explaining what has happened as a result of their feedback.	100%	This has been successfully rolled out for adults. Will continue through 2012/13 to incorporate children and young people and community services. This priority will be carried forward to 2012/13
4 Greater choice, quality of food and timing of meals to inpatient areas.	This is a key area of improvement demonstrated through patient feedback.	Implement recommendations of the food survey.	Work is in progress to improve in this area. This priority will be carried forward to 2012/13
5 To improve waiting times for referrals to multidisciplinary teams.	To ensure Trust services are responsive and accessible.	100% seen within 18 weeks.	During the year 97.2% of service users were seen within 18 weeks (at the end of March 2012 the actual figure was 88.1% - this was mainly due to the transfer of children's services South of Tyne in October 2011). This priority will be carried forward to 2012/13

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

Multi-disciplinary waiting times by locality.

Proportion of referrals to multidisciplinary teams in 2011/12 who waited less than 18 weeks for their first contact with the team:



	% of service users waiting less than 18 weeks for contact with a team during 2011/12	% of service users waiting less than 18 weeks at 31/03/2012	Number of service users waiting more than 18 weeks at 31/03/2012
Trust	97.2 %	88.1%	867**
County Durham PCT	96.7%	69.7%	50
Darlington PCT	93.9%	70.8%	7
Gateshead PCT	97.9%	86.2%	69
Hartlepool PCT	96.3%	28.6%	7
Middlesbrough PCT	97.0%	71.4%	5
Newcastle PCT	97.0%	91.6%	116
North Tyneside PCT	98.0%	92.6%	37
Northumberland Care Trust	97.1%	92.4%	96
South Tyneside PCT	98.7%	73.0%	290
Stockton on Tees PCT	96.9%	53.3%	8
Sunderland Teaching PCT	95.9%	91.3%	160

** includes 22 Out of Area service users

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

How have the quality priorities in 2011/2012 helped progress towards this goal?

2011 Patient Survey – What service users said about community based care in Northumberland, Tyne and Wear NHS Foundation Trust

The Care Quality Commission uses national surveys to find out about the experiences of service users when receiving care and treatment. The most recent survey, completed in 2011 by over 250 Service Users, showed the following results:

Summary scores for patient survey question	Score: (a higher score is better)	How this score compares with other Trusts
For questions about health and social care workers	8.5 out of 10 (8.6 in 2010/11)	About the same
For questions about medications	7.0 out of 10 (7.4 in 2010/11)	About the same
For questions about Talking Therapies	7.3 out of 10 (6.9 in 2010/11)	About the same
For questions about Care Coordinator	8.4 out of 10 (8.5 in 2010/11)	About the same
For questions about Care Plan	6.8 out of 10 (6.3 in 2010/11)	About the same
For questions about Care Review	7.6 out of 10 (7.4 in 2010/11)	About the same
For questions about Crisis Care	6.8 out of 10 (no previous score for this question)	About the same
For questions about Day to Day living	6.0 out of 10 (5.8 in 2010/11)	About the same
Overall questions	6.5 out of 10 (6.9 in 2010/11)	About the same

The results show that people are generally very positive about the health and social care workers they had come into contact with. The vast majority said that workers listened carefully to them, gave them enough time for discussion and took their views into account. Many people also commented that they were treated with respect and dignity and they had trust and confidence in their health care worker.

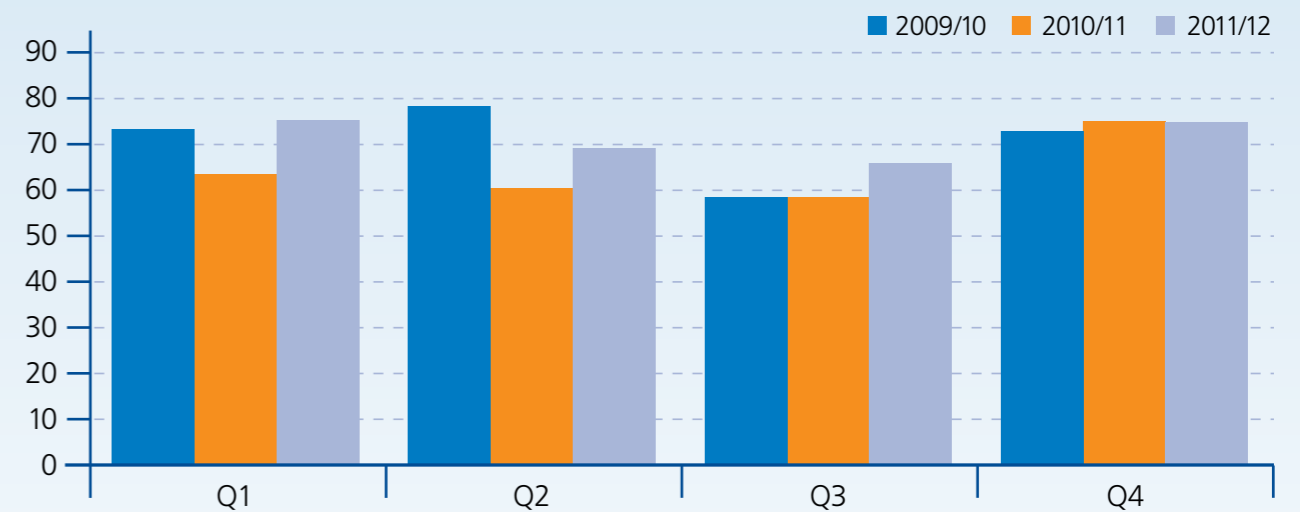
More detail on the 2011 survey results for this Trust can be found at the below link: <http://www.cqc.org.uk/survey/mentalhealth/RX4>

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

Complaints:

Complaints have increased during 2011/12 with a total of 284 received during the year (253 in 2010/11, 283 in 2009/10).

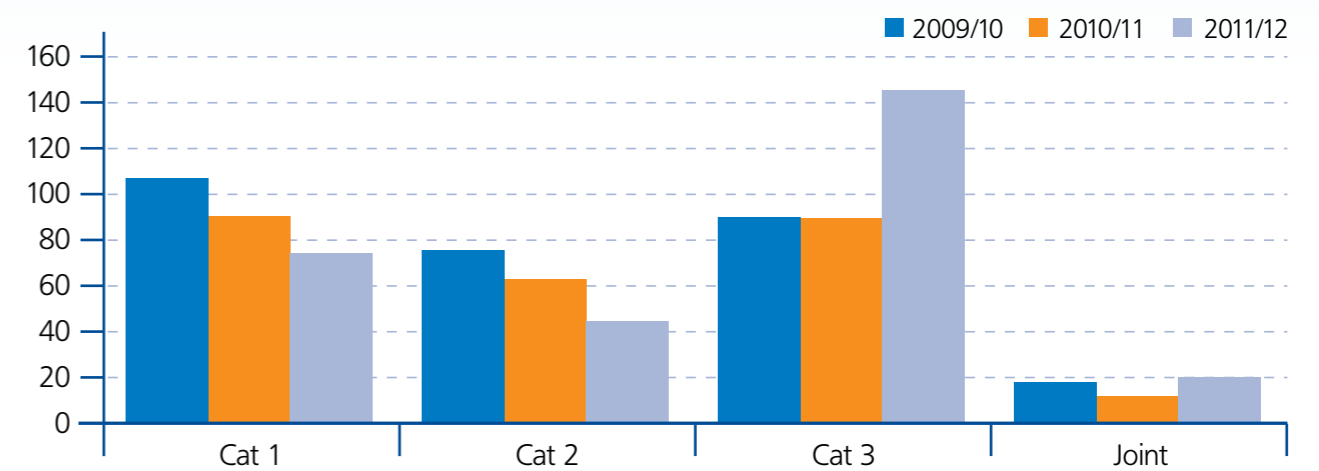
Complaints activity 2009-2012:



Complaints by category:

Complaints are categorised as Category 1, 2 or 3 and there are also complaints which are joint complaints with other organisations. The below chart shows how our complaints were categorised during 2009-2012:

Complaints by category 2009-2012:



The Trust actively encourages patients to express their views, to allow us to actively reflect on the services we provide, and to review how we improve these services. Each complaint is fully investigated, with feedback provided to patients, carers and families.

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

Definitions of complaint categories:

- Category 1 complaints** low impact on the provision of care such as a request for information of a comment about a service
- Category 2 complaints** minimal/potential risk to provision of care such as staff attitude or standard of care
- Category 3 complaints** high impact on provision of care such as a serious untoward incident or professional misconduct.

The Trust has put in place a number of improvements around the complaints process in 2011/12 including the following:

- Weekly reviews of complaints relating to clinical teams looking specifically at the themes and outcomes of complaints, through the governance arrangements of each the 3 clinical groups.
- Performance reports to the Service Managers around complaints received relating to their respective areas.
- Improvements to the recording of complaints centrally to support effective feedback to patients, carers and families in a timely manner.

The Trust has made changes to the complaints process, introducing improvements to the way services are provided. The following gives a breakdown of some of the improvements made.

- Improvements have been made to reduce complaint waiting times, and communicate fully when there are delays.
- Improvements to communications with patients, family and carers, the Trust has improved communications with patients, families and carers, to explain services that are provided within secondary care.
- Improvements have been made to the care plans and contingency plans for individual patients following complaints.

Case Study: Engagement with Service Users and Carers as part of Transforming Services

Following the Board's endorsement of the proposals for the new service model in June, several service user and carer engagement events were held from September to January.

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

Feedback from these events about the model was very positive. Service users and carers told us they like:

- That it is needs based with the emphasis being on community care and services being as close to home as possible.
- That access to services is simpler and easier.
- That there is strong emphasis on the continuity of care - easier transition through services, less bouncing around the system, less repetition and less time in hospital.
- That it is an integrated, whole systems approach with effective partnerships and involvement of carers.
- That staff can spend more time on seeing people and less time on administrative tasks and travelling around.
- That there is standardisation of quality throughout the system and access to expertise across all services.

Some common questions and concerns were raised, including:

- Is this too ambitious?
- Is this going to be staged?
- Can we staff this?
- Can we afford this?
- How can we ensure that clinical issues take priority?
- What do partners think?
- How are we going to measure outcomes?

We asked how they wanted to be involved and they told us that they would like:

- To provide input based on personal experience
- To provide a perspective from those in "after care".
- To provide input from the perspective of the carer.
- To be part of a focus group – contacted for information, advice, whatever would be most useful.
- To have opportunities to meet up together, attend courses, conduct surveys, offer advice at the end of a telephone.
- To have a way you can really be listened to.

But, overwhelmingly they told us that they wanted a "network of networks" - a forum which gives service users and carers the opportunity to challenge the work currently being undertaken as part of the Trust's Transforming Services Programme, to influence the future work of the Programme and to disseminate information to service user and carer groups represented by the network's members.

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

This idea was supported by the Transforming Service Board and the first meeting of the Service User and Carer Reference Group was held on 12th April at the Royal Station Hotel, Newcastle. There will be bi-monthly, half-day events. Initial feedback has been very positive. Those there on the day told us that this is a significant step forward for service user and carer involvement.

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services. This priority is being carried forward from 2011/12.	This is a key area of improvement demonstrated through patient feedback.	Target applies to adult urgent care and stepped care only: 30% by June 2012 42% by September 2012 62% by December 2012 85% by March 2013
2	To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services. This priority is being carried forward from 2011/12.	All service areas to have evidence of good ways of listening to the views and ideas of people who use services and explaining what has happened as a result of their feedback.	70% by June 2012 75% by September 2012 85% by December 2012 100% by March 2013
3	Greater choice, quality of food and timing of meals to inpatient areas. This priority is being carried forward from 2011/12.	This is a key area of improvement demonstrated through patient feedback.	Devise new catering booklets to assist service users and carers Incorporate patient feedback into revised menus. Enhance current electronic patient meal ordering system. Ensure all menus are nutritionally analysed.
4	To improve waiting times for referrals to multidisciplinary teams. This priority is being carried forward from 2011/12.	To ensure Trust services are responsive and accessible.	90% by June 2012 92% by September 2012 95% by December 2012 100% by March 2013
5	To reduce the proportion of patient complaints received relating to attitude of staff, putting measures in place to identify good practice and highlighting training needs.	Complaints received relating to attitude of staff account for a significant proportion of complaints received (26% of complaints received October 2011 – January 2012).	Review themes from complaints and agree actions. Implement actions and report on current numbers and % of complaints.

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

Case study - Social Activity Volunteers

NTW Foundation Trust values the time, goodwill and enthusiasm offered by volunteers who enrich and personalise the patient experience and complement the work of our healthcare professionals.

In response to identified need, we have recently increased the involvement of volunteers to assist with social activities in some of our in-patient Wards. We currently have thirty five new volunteers engaged in these areas and are planning to recruit more.

Social and recreational activity plays an important role in developing and maintaining good health. In a ward setting, social stimulation can offer distraction and relief and can often contribute to the rebuilding of confidence and self-esteem. Volunteers are well placed to motivate and assist patients to engage in social activities by offering fresh ideas, a new perspective and by having the freedom to spend time with patients without the competing demands of paid staff. For instance, a volunteer can have the luxury of playing a game of scrabble with a patient all the way through without constant interruption.

In a group or through one to one engagement, volunteers can chat to patients, discuss newspaper articles, assist with arts and crafts, crosswords and quizzes, play board games, cards or pool, and weather permitting, help to pot a few plants in garden areas. The list is endless and is dependent upon the recipient's interests. Interaction is a two way process and we have one volunteer who is delighted to have been taught dominoes by an elderly day patient.

Some new paid social activity posts have been established in Urgent Care to whom volunteers will be able to offer support and assistance. We remain extremely appreciative of all of our volunteers for their immense contribution, dedication, energy and commitment.



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

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

Looking Back: Progress against our quality priorities to support this goal in 2011/2012:

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
1	To improve the access to services for Adults in Crisis.	In response to commissioner, patient, carer and other stakeholder feedback. The Trust is looking to improve the access and responsiveness of services, to ensure services are redesigned around patient needs.	To have implemented pilots of new models of service delivery and started to evaluate those pilots.	The pilot has commenced and the evaluation will be incorporated into a CQUIN target for 2012/13. ACHIEVED
2	To increase the percentage of patients in each cluster reviewed within the timeframes set out in the national Mental Health clustering booklet.	This year the allocation to cluster will start to have clinical and financial implications. It is essential that clustering is accurate and up to date. The timescales set out in the booklet represent good clinical practice and take account of the nature of each patient group (cluster).	75% of adult and older peoples services.	During 2011/12 75.3% of service users in adult and older peoples services had been clustered within the correct timeframes. ACHIEVED
3	As part of the Trust care pathways and packages work: Increase the % of staff trained in the use of the clustering tool.	To improve the accuracy and coverage of mapping service users by need.	95%	97.3% of staff have been trained in the use of the clustering tool at the end of March 2012. ACHIEVED

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

How have the quality priorities in 2010/2011 helped progress towards this goal?

As a direct result of delivering the 2010/11 Quality Priorities (Goal Three) the Trust has developed an Initial Response Team.

Case Study: How the Initial Response Team (IRT) can really make a difference

“A call was received into the IRT at 12 noon. It was a self referral from a young man in a distressed state. He reported having a two week history of feeling low in mood with increased anxiety symptoms and he was having some thoughts of wanting to end his life. He stated that he had no plans to act on these thoughts and would be willing to work with services to address his current symptoms and needs.”

“I arrived at the gentleman’s home at 12:17. I provided a face to face triage appointment lasting approximately 30 minutes during which I assessed the gentleman’s immediate needs and risks. The gentleman had excellent support from his family and was willing to engage with the service. It was decided, to avoid any further deterioration in his mental health, to refer him to the universal crisis team. The relevant documentation was completed and he was seen by the crisis team later that evening. The gentleman has received a period of home based treatment, including a medical review, his symptoms have settled and his mood has greatly improved.”

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

Service Improvement and Developments throughout 2011/12

The below table highlights some of the service developments that the Trust has made:

South of Tyne Memory Protection Service	The aim of this new service is to provide information, support, early diagnosis and treatment for people with dementia across Sunderland, South Tyneside and Gateshead.
North of Tyne Psychiatric Intensive Care Unit (PICU)	All PICU services North of Tyne have been combined into one unit in Greentrees Ward at St Nicholas Hospital, Newcastle. This is to ensure that service users requiring access to PICU services can be managed safely and appropriately by a dedicated team of clinical staff who are experts in that field.
Ward 21 (North Tyneside)	There had been concerns raised for some time about the suitability of this ward due to its design and location. Action has been taken to address the issues and as a result the ward was moved to a temporary base at St Nicholas Hospital and in April 2012 the service moved to St Georges Park in Morpeth.
Sunderland / South Tyneside Older People Liaison	This service provides specialist assessment and management advice for mental health needs in older adults receiving general hospital care across Sunderland and South Tyneside.
North of Tyne Children and Young Peoples Services (CYPS)	The services provided by the Linhope and Aisling teams in Mid-Northumberland were combined into a single unit based at the Howard Centre in Morpeth to allow more coordinated working alongside other CYPS services.
South of Tyne Children and Young Peoples Services (CYPS)	In October 2011, NTW became responsible for providing Specialist Child and Adolescent Mental Health & Learning Disability services South of Tyne, which had previously been provided across a number of different organisations. The service provides holistic, accessible, family based interventions which are based upon principles of early intervention, participation and inclusivity.
Ferndene	This new centre, based in Prudhoe, provides inpatient services for children and young people requiring mental health care - including those with a learning disability. The 40 bed centre provides modern accommodation and also includes a four bedded psychiatric intensive care unit which will care for young people who previously would have been referred outside of the area.
Complex Neurodevelopmental Disorders Service (CNDS)	This is a new service which provides a range of assessment and intervention services to children and young people from birth to their eighteenth birthday with complex neurodevelopmental disorders.

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

NTW Equality Strategy 2012-2016

The Equality Strategy 2012-2016 contains the Equality Objectives that the Trust has set to meet its Public Sector Duties in line with the Equality Act 2010. Our equality objectives are SMART, with targets and measures set for each. The objectives are aligned to the findings and recommendations of the Trust's Service Model Review and to the Department of Health initiative, the Equality Delivery System, which has the intention of driving Equality and Diversity performance across the whole of the NHS.

The principles of our strategy are as follows:

- Support and respect for everyone's Human Rights as a fundamental basis for our work with people
- Identifying and removing barriers that prevent people we serve from being treated equally
- Treating all people as individuals respecting and valuing with their own experiences and needs
- Finding creative, sustainable ways of supporting Human Rights improving equality and increasing diversity
- Working with the people who use our services and staff towards achieving equality
- Learning from what we do - both from what we do well and from where we can improve
- Using everyday language in our work
- Working together to tackle barriers to equality across our organisations

Our equality objectives have been published on our website and can be found at the following link:

<http://www.ntw.nhs.uk/section.php?l=1&p=217>

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Enhancing the Quality of care in inpatient units and developing fit for purpose community teams.	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model.	Consultation on redesigned pathways of care. Consider responses from consultation process and implement proposals.

The NTW approach to National Institute for Health and Clinical Excellence (NICE) guidance

The National Institute for Health and Clinical Excellence (NICE) recommends best practice guidelines to health professionals in the NHS. The guidelines make recommendation on medical treatment including drug treatments.

Our Transforming Services work is based upon a service model review which included relevant NICE guidance. Further developments to our electronic patient record (RiO) will mean that care packages and pathways for Service Users are built into the system and this is also based on NICE guidance. During 2012/13 the Trust is undertaking an internal review of how we are doing against all NICE guidance that is applicable to our services including the NICE Quality Standard on Dementia.

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2011/2012 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 273 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 273 of these NHS services.

The income generated by the NHS services reviewed in 2011/2012 represents 100% per cent of the total income generated from the provision of NHS services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2011/2012.

Participation in clinical audits

During 2011/2012, 5 national clinical audits and 1 national confidential enquiry covered NHS services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Trust was eligible to participate in during 2011/2012 are as follows:

National Clinical Audits 2011/2012
1. National audit of Schizophrenia
2. Prescribing anti-psychotics for people with dementia
3. Assessment of the side effects of depot anti-psychotics
4. Monitoring of patients prescribed lithium
5. Use of anti-psychotic medication in CAMHS
National Confidential Enquiries 2011/2012
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

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 2011/2012, 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.

Mandatory statements relating to the quality of NHS services provided

National Clinical Audits 2011/2012	Cases Submitted	Cases Required	%
1. National audit of Schizophrenia	76 cases enrolled by the Trust	80 cases required per participating Trust	95%
2. Prescribing anti-psychotics for people with dementia	91 cases enrolled by the Trust	10,199 cases enrolled nationally	<1%
3. Assessment of the side effects of depot anti-psychotics	47 cases enrolled by the Trust	6,105 cases enrolled nationally	<1%
4. Monitoring of patients prescribed lithium	28 cases enrolled by the Trust	5,683 cases enrolled nationally	<1%
5. Use of anti-psychotic medication in CAMHS	46 cases enrolled by the Trust	1,628 cases enrolled nationally	2.8%
National Confidential Enquiries 2011/2012			
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH) (this is an on-going study and data is from 01/01/2005 – 31/05/201)	Suicide – 202 cases applicable Homicide – 34 cases applicable	98.73% of applicable cases submitted 202 required – 199 returned 34 required – 34 returned	98.73%

The reports of 5 national clinical audits were reviewed by the provider in 2011/2012, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Monitoring patients prescribed Lithium	All of these reports were reviewed by the Trusts Medicines Management Committee and appropriate actions taken from the audit recommendations.
Medicines reconciliation	
The use of anti-psychotics in people with Learning Disabilities	
The use of anti-psychotics in children	
The use of anti-psychotics in people with dementia	

The reports of 4 local clinical audits were reviewed by the provider in 2011/2012 and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Management Group	Actions
1. Seclusion Audit (Ind. 846).	Trust wide	New Policy in development as a result of audit.
2. Audit of diagnostic formulations within the Electronic record (Rio) (Ind. 884).	Urgent Care	Actions identified and implementation reviewed through Group meetings.
3. Face Risk Assessment Audit- Inpatient (Ind. 894).	Urgent Care	Actions identified and implementation reviewed through Group meetings.
4. Standards of medical recommendation on section papers (Ind. 899).	Urgent/Planned	Actions identified and implementation reviewed through Group meetings.

Mandatory statements relating to the quality of NHS services provided

Research

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2010/2011 that were recruited during that period to participate in research approved by a research ethics committee was 766.

Increased 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. This means involvement in large-scale NIHR Portfolio research which aims to influence practice and deliver real benefits to patients.

The Trust was therefore involved in the conduct of 64 clinical research studies in mental health related topics during 2011/2012, 31 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased considerably in 2011/2012 and there were 22 clinical staff participating in ethics committee approved research employed by the Trust.

In addition we have retained a strong collaborative focus with the Trust continuing to act as Host organisation for the two relevant north east based NIHR Clinical Research Networks (Mental Health Research Network and Dementias and Neurodegenerative Diseases Research Network) and also working closely with Northumberland Tyne and Wear Comprehensive Local Research Network (NTW CLRN), while partnerships with both Newcastle and Northumbria Universities have led to successful collaborative bids for research funding.

Mandatory statements relating to the quality of NHS services provided

Goals agreed with commissioners

Use of the CQUIN payment framework

The CQUIN (Commissioning for Quality and Innovation) framework was launched in 2009 following recommendations made in the report 'High Quality Care for All'.

The CQUIN framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at board level in all organisations. It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2011/2012 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

For 2011/12, £3.5m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators. At the time of writing this Quality Report all indicators were achieved with the exception of HONOSCA (South of Tyne Quarter 2 only) and IAPT (North of Tyne Quarter 4 only) which equates to a value of £24k.

Further details of the agreed goals for 2011/2012 and for the following 12 month period are available electronically at

<http://www.institute.nhs.uk/images/documents/wcc/PCT%20portal/CQUIN%201112/North%20East%202011-12/Northumberland%20Tyne%20and%20Wear.pdf>



Multi-faith center, at Walkergate Park Newcastle.

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2011/2012 and 2012/13 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2011/12	2012/13
Reduction of inappropriate anti-psychotic prescribing.	✓	✓
NHS Safety Thermometer.		✓
Enhancing the quality of communication between NTW and the service users' GP.		✓
To implement the use of a specialised services clinical dashboard.		✓

CQUIN Indicators to improve Patient Experience	2011/12	2012/13
Patient experience to be evaluated through formalised commissioner visits.	✓	
Reduce waiting times from referral to actual treatment for service users accessing Primary and Secondary mental health services treatment.	✓	✓
Out of Area placements.		✓
To build on the findings of the Carers 2010/11 survey.	✓	✓
The implementation of the ESSEN scale (or similar) in Forensic Services to assess the therapeutic climate within a care setting.	✓	
To embed the development of service user defines meaningful activity plans (covering 25 hours per week) within Forensic Services.	✓	
To ensure access to appropriate communication aids in a timely manner.	✓	
To improve access to appropriate environmental control service (ECS).	✓	
To introduce and implement a recovery and outcomes based approach to the care pathway.		✓
To improve access to specialised mental health services.		✓

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to improve Clinical Effectiveness	2011/12	2012/13
Staff receive training in relation to Autistic Spectrum Conditions (ASC) to ensure that people with ASC are able to access a wider range of clinical services.	✓	
To improve access to services and improve the responsiveness for adults in crisis.	✓	
To utilise the Recover Star data to demonstrate improved outcome scores for service users over time.	✓	✓
Implementation of internal service development programme – South of Tyne.	✓	✓
End of Life Integrated Care Pathway and associated care planning.	✓	
To further increase the percentage of adults and children with Learning Disabilities with an active, up to date, physical healthcare plan in place.	✓	
To increase the percentage of people with mental health illness who receive appropriate physical health care.		✓
Care Pathways and Packages Project (CPPP) – to be paid in line with the achievement of milestones in the service development plan.		✓
Dual Diagnosis.		✓
Children and Young Peoples services.		✓
Implement and analyse the use of standardised outcome measures for Children and Young Peoples services.	✓	
Improving the quality of the pathway through Forensic Services.	✓	
Improving recovery planning in Forensic Services.	✓	
To implement the secure forensic care pathway feasibility project.		✓
To implement a secure pathway.		✓
To develop a Clinical Quality Network.		✓
To optimise length of stay in specialised mental health services.		✓

Mandatory statements relating to the quality of NHS services provided

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2011/2012. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigation by the CQC during the reporting period. The CQC registers, and therefore licenses Northumberland, Tyne and Wear NHS Foundation Trust as a provider of care services as long as we meet essential standards of quality and safety. The CQC monitors us to make sure that we continue to meet these standards.

CQC Quality & Risk Profile

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

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

The latest QRP identifies the Trust as being a low risk of non-compliance against each of the following areas:

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

Statements from the Care Quality Commission (CQC)

During 2011/12, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

- Monkwearmouth Hospital
- Northgate Hospital
- Grange Park Social and Residential Home
- Ferndene
- Cherry Knowle Hospital
- South Tyneside District General Hospital
- Rose Lodge
- St Nicholas Hospital

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

Mandatory statements relating to the quality of NHS services provided

External Accreditations

The Trust has gained national accreditation for the quality of service it provides in many wards and teams. The table below provides a summary of our clinical accreditations.

External Accreditation	No. of Wards/Services Accredited
Accreditation for Inpatient Mental Health Services (AIMS)	12 (7 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Older Peoples	3 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - PICU	4 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Rehabilitation	2 (1 with excellence)
ECT Accreditation Service	2 (2 with excellence)
Psychiatric Liaison Accreditation Service	1
Memory Service National Accreditation Programme	1 (1 with excellence)
Quality Network for Perinatal Mental Health Services	1

Data Quality

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

Planned actions:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to data quality and performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more streamlined process.
Awareness of data quality	We will continue to implement the Audit Commission's Standards for Data Quality to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will continue to implement the Clinical Standards for record keeping, measuring staff adherence to the requirements.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2012/13 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Mandatory statements relating to the quality of NHS services provided

Case Study: North East Quality Observatory (NEQOS) Benchmarking of 2010/11 Quality Account

During 2011 NTW commissioned NEQOS to undertake a benchmarking exercise against other NHS Mental Health Trusts Quality Accounts. It compared NTW's Quality Account 2010/11 with those of 58 other Mental Health organisations looking at all 77 indicators in the NTW account.

A summary of the top 12 indicators (including the 3 mandatory indicators for all Foundation Trusts) has been provided in the following table:

	Top 12 Indicators reported in 2010/11 Quality Account Benchmarking Exercise	Target	Average	NTW
1	National Clinical Audit participation	100%	88%	100%
2	National Confidential Enquiry participation	100%	99%	100%
3	% admissions to adult urgent care wards gatekept by CRHT (mandatory)	90%	96.06%	96.40%
4	% inpatients receiving follow up contact within 7 days of discharge (mandatory)	95%	97.10%	96.60%
5	% inpatients classed as delayed transfers of care (mandatory)	<7.5%	3.76%	4.60%
6	MHMDS data completeness (1)	99%	98.50%	99.50%
7	CPA formal review within 12 months	95%	93.90%	95%
8	Serving new psychosis cases by early intervention teams	95% (against plan)	126.20%	133.20%
9	MHMDS data completeness (2)	50%	72.90%	76.30%
10	Access to healthcare for people with a learning disability	24%	23.50%	24.00%
11	Proportion of patients on CPA who have has a HoNOS assessment within the last 12 months	50%	78.70%	81.80%
12	Proportion of LD service users with care plan in place	n/a	92%	100%

The benchmarking data provides a good level of positive assurance as it demonstrated that NTW was at or above target in all 12 indicators and higher than the cohort average in 10 of the 12 indicators. The report highlighted that NTW included 77 indicators in its overall Quality Account which was the highest number within the set compared.

Mandatory statements relating to the quality of NHS services provided

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2011/2012 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

99.4% for admitted patient care;
99.8% for outpatient care.

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

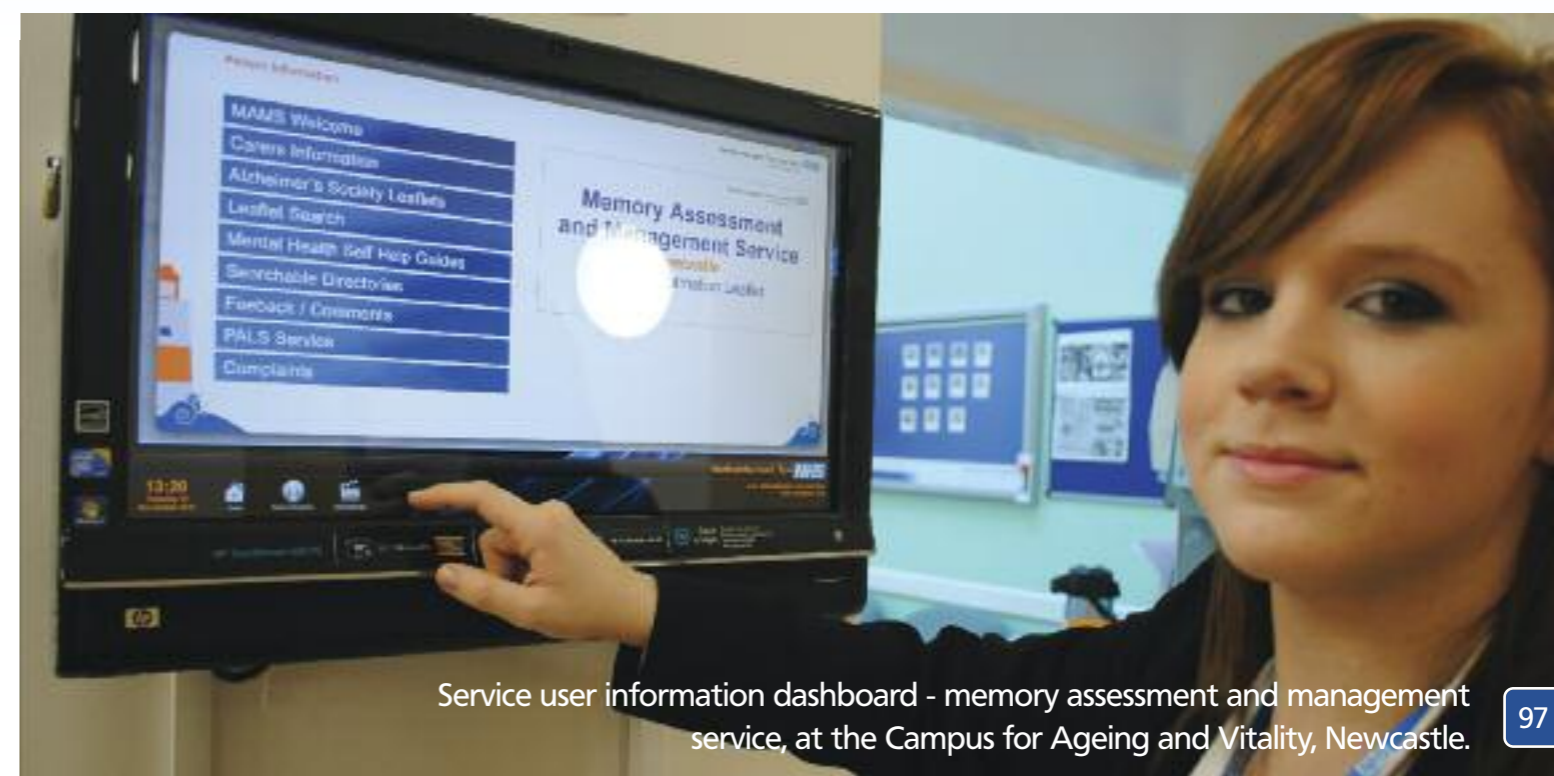
100% for admitted patient care;
100% for outpatient care.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Report overall score for 2011/2012 was 69% and was graded red (not satisfactory). NTW was level 2 compliant on 44 out of 45 controls. At the 31st May 2012 the Trust was fully compliant with all 45 controls and therefore green and satisfactory rating is expected for next published assessment.

Clinical Coding error rate

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



Service user information dashboard - memory assessment and management service, at the Campus for Ageing and Vitality, Newcastle.

Review of Quality Performance - Patient Safety

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

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness). Some of the indicators from our 2010/11 report are no longer included and we have added one new indicator in the clinical effectiveness section as we feel this gives a more appropriate balance of our performance measures.

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

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Infection prevention & control – number of MRSA bacteraemia	Reducing healthcare infections is a key national priority. <i>Data source: manual</i>	0 infections (also 0 in 2010/11)
Infection prevention & control – number of Clostridium Difficile cases	Reducing healthcare infections is a key national priority. <i>Data source: manual</i>	0 infections (2 in 2010/11)
Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority. <i>Data source: Safeguard</i>	There have been no breaches of same sex accommodation requirements during 2011/12 (also none in 2010/11).
Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement. <i>Data source: RiO</i>	As at the end of March 2012, 99.3% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95%.
2011 Staff Survey	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution. <i>Data source: CQC NHS Staff Survey 2011</i>	The 2011 staff survey showed that: <ul style="list-style-type: none"> 19% of staff had experienced physical violence from patients, service users or the public in the last 12 months – this score is higher than average for other similar Trusts (19% in 2010). 20% of staff had experienced harassment, bullying or abuse from patients, service users or the public in the last 12 months (18% in 2010). Staff were asked if they felt the Trust takes effective action if they are attacked, bullied or harassed – the score for this question was higher than the average for other similar Trusts. (the survey is available via the following link http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)

Review of Quality Performance - Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Use of HCR20 (Violence Risk Assessment Scheme) by adult medium and low secure inpatient services	Locally agreed CQUIN indicator in 2011/12 – the use of this tool leads to better assessment of risk, leading to safer clinical environments and safer rehabilitation and discharge processes. <i>Data source: manual</i>	At the end of March 2012, 100% of locally commissioned forensic inpatients had an HCR20 risk assessment within 6 months. (100% also achieved by the end of March 2010/11)
Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years. <i>Data source: ESR</i>	By the end of March 2012: The number of staff trained in Safeguarding Adults – 94.2% The number of staff trained in Safeguarding Children – 96% (2010/11 – Safeguarding Adults 94% and Safeguarding Children 98%)
Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge. <i>Data source: RiO</i>	At 31st March 2012, 3.4% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (4.6% in 2010/11).
The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2011/12 to capture carers' views and measure satisfaction so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. <i>Data source: manual</i>	During 2011/12 an action plan was developed from points raised from the Carers' survey and the plan has been carried out throughout the year.
Commissioner visits to services	Locally agreed CQUIN indicator in 2011/12 to measure patient experience with visits to services providing an opportunity to discuss with service users the care that they are receiving.	During 2011/12 commissioners' have visited 10 different locations across the Trust
Waiting times from referral to actual treatment for adult primary care mental health, psychological therapies and IAPT services and secondary care psychological therapy in Northumberland.	Locally agreed CQUIN indicator in 2011/12 to reduce waiting times <i>Data source: RiO</i>	March 2011: Primary care 66% Secondary care 83% March 2012: Primary care 88% Secondary care 100%

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Comments left via the Trust or other websites	Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.	<p>'I would like to thank all of the staff at Bede 1 and Bede 3 for all their care and attention that my son has had since his admission many months ago. He was quite poorly when he came in and I was concerned because his illness seemed to last a long time but with the staff's care and expertise you have all made him much better.'</p> <p>'The Crisis Team were excellent and did everything they could. I just want to say thank you. You've really been an excellent service and helped me on my road to recovery. Keep up the good work!'</p>

Case Study – The Model Teams Project

In September 2010 the Model Teams project was introduced, using tools and techniques from both Productive Mental Health Ward and lean thinking. The aim of the project was to use Rapid Process Improvement Workshops to work with teams to develop model processes which could then be shared with other teams. One of the wards that has been involved in this project is Collingwood Court which is an adult urgent care ward based at St Nicholas Hospital. The ward has been working on several processes over the past 18 months and below is a summary of some of the changes introduced:

Daily reviews - instead of having weekly ward rounds, every patients care is reviewed daily by a multi-disciplinary team which means that decisions can be made quickly, responding to patients' changing needs. These reviews are now in place in all adult urgent care wards and are also starting to be implemented in other services such as Learning Disabilities and Older Peoples services.

Qualified Nurse 1:1 sessions - we have devised a process to ensure that these sessions are structured, recovery focused and recorded accurately. We have developed packs for patients which includes leaflets to help them understand what to expect from a 1:1 session. We used visual means of recording the sessions to allow staff to see at a glance whether they were achieving the target of a minimum of 2 sessions per week per patient.. The staff are now achieving 2 sessions per week in 71% of cases compared to 28% before the new system was introduced.

Patient status at a glance board - the team have been working on these boards which display information 'at a glance' and reduce the time spent looking for information. These have proved to be really successful and we are currently ordering the boards for all adult urgent care wards however many other areas are also interested in using them.

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)												
CRHT Gate kept Admissions	Both Monitor and CQC require us to demonstrate that certain in-patients have been assessed by a CHRT prior to admission. Data source: RiO	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions. During 2011/12, 99.6% of the North East PCT admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 90%. In 2010/11 the performance was 96.4%.												
7 Day Follow Up contacts	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement. Data source: RiO	During 2010/11, 1,702 service users (96.6%) were followed up within seven days of discharge. In 2011/12, 1,941 service users (97.3% of those discharged from inpatient care in the year) were followed up within seven days of discharge. Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: <table border="0"> <tr> <td>Gateshead PCT:</td> <td>100%</td> </tr> <tr> <td>Newcastle PCT:</td> <td>99.4%</td> </tr> <tr> <td>North Tyneside PCT:</td> <td>100%</td> </tr> <tr> <td>Northumberland Care Trust:</td> <td>99.3%</td> </tr> <tr> <td>South Tyneside PCT:</td> <td>99.2%</td> </tr> <tr> <td>Sunderland PCT:</td> <td>100%</td> </tr> </table>	Gateshead PCT:	100%	Newcastle PCT:	99.4%	North Tyneside PCT:	100%	Northumberland Care Trust:	99.3%	South Tyneside PCT:	99.2%	Sunderland PCT:	100%
Gateshead PCT:	100%													
Newcastle PCT:	99.4%													
North Tyneside PCT:	100%													
Northumberland Care Trust:	99.3%													
South Tyneside PCT:	99.2%													
Sunderland PCT:	100%													
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users. Data source: RiO	By the end of March 2012 95.5% of seven day contacts were conducted face to face. During 2010/11 this figure was 98.7%.												
Emergency re-admission rates	Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services. Data source: RiO	During 2010/11 226 (7.5% of mental health inpatients were readmitted within 28 days of discharge and 407 (13.6%) of learning disability patients were readmitted within 90days of discharge. In 2011/12, 239 (7.7%) of mental health inpatients were readmitted within 28 days and 451 (14.5%) of learning disability patients were readmitted within 90 days of discharge.												

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Patient outcomes – numbers of patients in settled accommodation	CQC and Monitor require us to calculate how many of our service users are in settled accommodation. <i>Data source: RiO</i>	Last year, at the end of March 2011, 72% of adult service users were recorded as living in settled accommodation. By the end of March 2012, the number of service users recorded as living in settled accommodation had increased to 80.1%.
Increase percentage of people with Learning Disabilities for inpatient service who have an active, up to date physical health care plan in place	This CQUIN expands the 2010/11 CQUIN to ensure the physical health needs of LD patients are met which focused on LD inpatients and did not include LD adult community patients. <i>Data source: RiO and manual collection</i>	By the end of March 2011, the number of service users with Learning Disability recorded as having a physical healthcare plan reviewed within 6 months was 100%. By the end of March 2012 - 93.1% of relevant service users in Newcastle (CQUIN target 90%) and 87.1% in Sunderland (CQUIN target 85%).
End of Life Integrated Care Pathway be implemented	CQUIN target - To support system-wide implementation of the integrated end of life pathway, to improve the quality of end-of-life care. <i>Data source: manual</i>	During 2011/12 a project group was formed and they agreed an action plan for development of advanced care plan practice including recording and reporting of % advanced care plans in place at per team level. The milestones in the action plan have been rolled out as agreed.
The implementation of the Recovery Star (a recovery focussed outcome tool)	CQUIN target – To increase the number of service users with a recovery focussed outcome plan. <i>Data source: manual</i>	During 2011/12 the rollout of the Recovery Star has been successful. Reports have been completed for the three agreed areas (Stepped Care, Urgent Care Inpatients and some specific areas of community Planned Care).

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)																
To ensure all clinical staff receive training in relation to Autistic Spectrum Conditions	Locally agreed CQUIN indicator for 2011/12 to ensure that people with Autistic Spectrum Conditions are able to access a wider range of clinical services. <i>Data source: ESR</i>	The Target of training 1500 clinical staff, using a recognised e-learning tool, by the end of 2011/12 was exceeded.																
Staff Survey results 2011	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution. <i>Data source: NHS Staff Survey 2011</i>	The 2011 staff survey showed that 88% of staff agreed that their role makes a difference to patients (91% in 2010/11). 71% of staff felt satisfied with the quality of work and patient care they are able to deliver (77% in 2010/11). Targeted work is in progress during 2012/13 to identify ways to improve staff satisfaction which will hopefully be reflected within the 2012 survey. (the survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)																
Staff absence through sickness	High levels of staff sickness impact in patient care: therefore the Trust monitors sickness absence levels carefully. <i>Data source: ESR</i>	The 12 month rolling average staff sickness absence figures have increased when compared to 2011 but remain lower than 2010 figures: <table border="1" data-bbox="2190 1438 2807 1684"> <thead> <tr> <th></th> <th>Short term sickness</th> <th>Long term sickness</th> <th>Total average sickness</th> </tr> </thead> <tbody> <tr> <td>31st March 2010</td> <td>2.23%</td> <td>4.01%</td> <td>6.24%</td> </tr> <tr> <td>31st March 2011</td> <td>1.76%</td> <td>3.75%</td> <td>5.51%</td> </tr> <tr> <td>31st March 2012</td> <td>1.57%</td> <td>4.19%</td> <td>5.76%</td> </tr> </tbody> </table> The Trust continually monitors these levels and aims to reduce sickness absence through the application of the Managing Sickness Absence Policy.		Short term sickness	Long term sickness	Total average sickness	31st March 2010	2.23%	4.01%	6.24%	31st March 2011	1.76%	3.75%	5.51%	31st March 2012	1.57%	4.19%	5.76%
	Short term sickness	Long term sickness	Total average sickness															
31st March 2010	2.23%	4.01%	6.24%															
31st March 2011	1.76%	3.75%	5.51%															
31st March 2012	1.57%	4.19%	5.76%															

Review of Quality Performance

Proposed new mandatory indicators (pilot year)

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction, has recently considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. They have subsequently recommended the introduction of mandatory reporting against a small, core set of quality indicators based upon the NHS Outcomes Framework. Ministers have accepted this advice and are likely to introduce this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period.

More information on the NHS Outcomes Framework can be found at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

NTW has decided to be proactive and to report against the proposed core set of quality indicators for 2011/12. Below are the three indicators which relate to Mental Health and Disability organisations and our performance:

NHS Outcomes Framework Domain	Indicator	2011/12 performance
Domain 3: Helping people to recover from episodes of ill health or following injury.	Emergency readmissions to hospital within 28 days of discharge.	7.7% patients were readmitted within 28 days of discharge during 2011/12.
Domain 4: Ensuring that people have a positive experience of care.	Percentage of staff who would recommend the provider to friends or family needing care (NHS Staff Survey).	NTW 2011 score 3.46 out of 5. National average 2011 score 3.42 out of 5.
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	Rate of patient safety incidents and percentage resulting in severe harm or death (NPSA data).	Rate of patient safety incidents per 1000 bed days = 23.93. The proportion of patient safety incidents that resulted in severe harm or death = 0.13.

In the Quality Accounts for 2012/13 these indicators will be accompanied by a supporting commentary and a comparison against the national average for each metric. The commentary will aim to explain variation from the national average and any steps taken or planned to improve quality.

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

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

Comments made last year:

Our partners made some useful comments last year and we have tried, wherever possible, to incorporate these suggestions into the 2011/12 Quality Account.

More information split by locality was requested so that partners could understand performance in their own areas. We have tried to split our information by area wherever possible in response to this suggestion.

We are continuing to work on our Quality Priorities relating to patient meals and patient activities which were highlighted as important areas by our partners. We have also included a case study regarding our social activity volunteers to demonstrate the work undertaken so far in improving this area.

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

The Glossary of terms, which was welcomed by partners in our 2010 /11 Quality Account, has been expanded to include more definitions.

In response to concerns about font sizes we have ensured that no small font sizes are used where possible.

An Easy Read version of the Quality Account has been produced and will be published at the same time as the main Quality Account document.

Comments made this year:

The Trust has also acted upon the comments made this year in it's final published account.

Statement from NHS North of Tyne

The report provides a fair account of the healthcare services provided and the performance achieved during 2011/12.

Key achievements are highlighted in the report, including:

- Reduction of incidents of harm to patients.
- Delivery of Cquin targets, including:
 - improving the physical health of people with Learning Disability;
 - improving support for carers;
 - enhancing autism awareness across the Trust;
- Progressing the Trust Transformation Agenda to:
 - improve the way the Trust relates to patients and carers, and
 - ensure the right services are in the right place at the right time for the right person.

NTW have been a very effective local and national catalyst to developing and driving forward the Care Pathways and Packages Project. The Trust has helped to bring partners together across Tyne and Wear to implement a new, national approach to planning and delivering patient care.

Commissioners look forward to continuing to working with NTW during 2012/13 to deliver their quality goals, including safety, improved patient experience and clinical effectiveness. Other core work will include the continued development and implementation of clinical pathways and tariff through the Care Packages and Pathways Project, and delivery of Cquin targets, which include:

- improving the physical health of people with LD and Mental health conditions,
- communication with GP's across a range of indicators,
- reduction in waiting times

Phil Clow

Associate Director Commissioning, NHS North of Tyne

Statement from Newcastle Local Improvement Network (LINK)

Newcastle LINK considered NTW's Quality Account bearing in mind:

- Newcastle LINK's response to NTW's 2010/2011 Quality Account
- NTW's progress on last year's priorities
- NTW's priorities for 2012/2013
- Newcastle LINK's reports from 2011/2012

General Comments

Accessibility of draft Quality Accounts

Last year Newcastle LINK suggested that NTW consider what draft formats were released during the consultation period to ensure the draft Quality Account was accessible. This year Newcastle LINK received colour copies in both standard and large print. This was welcomed.

NHS changes

Last year Newcastle LINK suggested that NTW make reference to changes in health and social care and how this could affect quality of services. Newcastle LINK welcomes the incorporation of case studies around the Transformation Agenda and hopes that these will be informative. Newcastle LINK recommends that the first case study explains what it being done practically to implement their principles into new services.

NTW's progress on last year's priorities

Patient safety (Quality Goal One)

It is a shame to see that despite achieving priorities one and four, there has been an increase in the number of incidents reported. The way the data is presented on this table needs to be improved as, at the moment, it is not obviously clear if there has been an improvement or not.

Patient Experience (Quality Goal Two)

Newcastle LINK would welcome more information about Quality Priority two to help show that it has been achieved. If there is greater service user collaboration in assessment and care planning there should be some evidence from users which shows this happening.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK would question whether priority one has been achieved. An evaluation of the pilot is needed to see if there has been improvement in access to services for Adults in Crisis.

Newcastle LINK is pleased to see that NTW has continued its work on Equality and Diversity. It is important that those groups and individuals who need support to access the services provided by NTW are engaged and their needs understood fully.

Newcastle LINK is keen for this work to continue and that NTW continues to make progress to meet the challenges set by the Equality Act 2010. Newcastle LINK would welcome more details on how the equality principles will be implemented in practice.

Statement from Newcastle Local Improvement Network (LINK)

NTW's priorities for 2012/2013

Newcastle LINK makes the following comments about the 2012/13 priorities.

Patient safety (Quality Goal One)

Newcastle LINK is pleased to see that priorities two to five have been carried over from last year as these may help reduce the number of incidents this year. Newcastle LINK also welcomes priorities four to six as issues around communication and transition between services were highlighted in the Newcastle LINK's report 'People's experiences of mental health services.'

Patient experience (Quality Goal Two)

Newcastle LINK is pleased to see that NTW is carrying forward priority one as Newcastle LINK's report, 'People's experiences of mental health services' found that service users felt there was a lack of activities in in-patient services.

Newcastle LINK supports reducing the number of complaints about the attitude of staff. NTW notes that some of their complaints are about transfers between services. Newcastle LINK suggests that priority five includes reducing complaints around transfers between services as Newcastle LINK's report, 'People's experiences of mental health services' noted this as an issue.

Finally, the table containing NTW's data from the National CQC Patient Experience survey appears to show that there has been no improvement. If this is not the case NTW should reconsider how to display that data.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK supports NTW's suggestion to enhance quality of care in inpatient units and developing fit for purpose community teams. Last year Newcastle LINK suggested that some people may not have equality of access to specialist services. This should be considered.

Statement from Newcastle Overview and Scrutiny Committee

Newcastle Overview and Scrutiny Committee have confirmed that they do not wish to comment on providers Quality Accounts in 2011/12.



Richardson Eating Disorder Service, Newcastle.



NTW Exercise Therapy Team, Gateshead and South Tyneside.

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2011-12			Q1	Q2	Q3	Q4
			Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Finance			5	5	5	4
Governance			Amber/	Amber/	Green	Green
			Red	Red		
Targets - National requirements	Threshold	Weighting				
Referral to treatment waiting times – non-admitted (95th percentile)	18.3 weeks	1	17.0	16.4	16.4	14.1
Monitor Compliance Framework/Risk Ratings 2011-12						
Mental health indicators	Threshold	Weighting				
Care Programme Approach (CPA) patients comprising either:						
- receiving follow up contact within 7days of discharge	95%	1.0	97.7%	96.9%	95.9%	98.2%
- having a formal review within 12 months			99.3%	99.4%	99.1%	99.0%
Minimising mental health delayed transfers of care	≤75%	1.0	3.1%	4.2%	2.9%	3.4%
Admissions to inpatient services had access to crisis resolution home treatment teams	90%	1.0	99.8%	100.0%	100.0%	100.0%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	112.0%	149.6%	120.0%	113.5%
Data completeness: identifiers (6 Indicators)	99.0%	0.5	99.4%	99.6%	99.6%	99.7%
Data completeness: outcomes for patients on CPA (3 Indicators)	50%	0.5	66.4%	64.5%	52.0%	75.6%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5				

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2011-12			Q1	Q2	Q3	Q4
Other	Threshold	Weighting				
Moderate CQC concerns regarding the safety of healthcare provision	N/A	2.0 (Compliance Action)	Yes	Yes	No	No
Major CQC concerns regarding the safety of healthcare provision	N/A	2.0	No	No	No	No
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) (or as subsequently amended with the CQC's agreement)	N/A	4.0	No	No	No	No
Registration conditions imposed by Care Quality Commission			No Conditions	No Conditions	No Conditions	No Conditions
Restrictive registration conditions imposed by Care Quality Commission			No Conditions	No Conditions	No Conditions	No Conditions



Appendix 2: NHS Performance Framework

NHS Performance Framework (Application to Mental Health Trusts)					Q1	Q2	Q3	Q4
Performance Indicator	Data Source	Data Frequency	Performing	Under Performing	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation	MHMDS	Quarterly	60%	40%	71.4%	71.4%	76%	80.1%
2. Proportion of adults on CPA receiving secondary mental health services in employment	MHMDS	Quarterly	10%	5%	71%	72%	71%	72%
3. The proportion of patients on CPA discharged from inpatient care who are followed up within 7 days	MH Comm. Team Activity Return	Quarterly	95%	90%	97.7%	96.9%	95.9%	98.4%
4. The proportion of patients on CPA who have had an HONOS assessment in the last 12 months	MH Comm. Team Activity Return	Quarterly	90%	75%	72.6%	73.2%	81.8%	83.1%
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	90%	99.3%	99.4%	99.1%	99%
6. Proportion of patients who recorded incidents of physical assault to them (1)	Count me in census	Will be Quarterly from MHMDS	Actual number recorded, not scored		291	256	254	193
7. The number of episodes of absence without leave (AWOL) for the number of patients detained under the Mental Health Act 1983 (1)	MHMDS	Quarterly	Actual number recorded, not scored		38	100	109	99
8. The number of new cases of psychosis served by early intervention teams per year against contract plan	MH Comm. Team Activity Return	Quarterly	95%	90%	112%	149.6%	120%	113.5%
9. The number of admissions to the trust's acute wards that were gate kept by the crisis resolution home treatment teams	MH Comm. Team Activity Return	Quarterly	95%	85%	99.8%	100%	100%	100%
10. The number of admissions to adult facilities of patients who are < 16 years of age	MHMDS from 11/12	Quarterly	0	1	0	0	0	0
11. Delayed transfers of care to be maintained at a minimal level	SITREPS KHO3	Quarterly	75%	10%	3.1%	4.2%	2.9%	3.4%
12. Data Quality on Ethnic Group	MHMDS	Quarterly	85%	75%	97.8%	96.2%	92.6%	90.9%
13. Data completeness - Identifiers:	MHMDS	Quarterly	97%	95%	99.4%	99.6%	99.6%	99.7%

Key to colours

Performing or exceeding target	
Above threshold but below expected performance	
Less than expected performance range	
No target provided - numbers only	



Appendix 3: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as of 31st March 2012:

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

Key

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

Appendix 3: CQC Registered locations and services

CQC Registered Locations, Regulated Activities and Service Types - Social and Residential

Registered Home / Service	Regulated Activity				Service Type			
	Accommodation for persons who require nursing or personal care	Treatment of disease, disorder or injury	Diagnostic and screening procedures	Personal care	Care home service without nursing	Care home service with nursing	Domiciliary care service	Supported living service
Avonridge	●				●			
Acacia House	●				●			
Basra	●				●			
Burnaby House	●				●			
Denewell Avenue	●				●			
Easterfield Court	●				●			
Elsdon Mews	●				●			
Flax Cottages	●				●			
Grange Park Avenue	●				●			
Hirst Villas	●				●			
Haig Road	●				●			
Harwood House	●				●			
Lyndhurst Grove	●				●			
McNulty Court	●				●			
Newgate Street	●				●			
Northgate Hospital				●			●	●
Prudhoe House	●				●			
Roseate House	●				●			
Roslin	●				●			
Shian	●				●			
Springdale	●				●			
Sixth Avenue	●				●			
St Albans Place	●				●			
Stonecroft	●				●			
Woodlands Cottage	●				●			
The Willows	●				●			
Woolington Court	●	●	●		●			

Appendix 4 - Statement of Directors Responsibilities in respect of the Quality Report

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

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board Minutes and papers for the period April 2011 to May 2012
 - Papers relating to Quality reported to the Board over the period April 2011 to May 2012
 - Feedback from the commissioners dated May 2012
 - Feedback from governors dated May 2012
 - Feedback from the LINKs dated May 2012
 - The Trusts complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated
 - The national patient survey 2011
 - The national staff survey 2011
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/12
 - CQC quality and risk profiles dated April 2012
- The Quality Report presents a balanced picture of the NHS Foundation Trusts performance over the period covered
- The performance information included in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report; and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Reports regulations – published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board

30th May 2012

30th May 2012



Chairman

Chief Executive

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

Independent Auditor's Report to the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital (described in the Quality Report as '7 day follow-up contacts'); and
- Minimising delayed transfers of care (described in the Quality Report as 'Delayed transfers of care').

I refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issues by the Independent Regulator of NHS Foundation Trusts ("Monitor").

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that caused me to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- The Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2011-12; and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material aspects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

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

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

I read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2011 to April 2012;
- Papers relating to quality reported to the Board over the period April 2011 to April 2012;
- Feedback from the Lead Commissioner, NHS North of Tyne;
- Feedback from LINKs
- The Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2011 to March 2012;
- The 2011 national patient survey
- The 2011 national staff survey
- Care Quality Commission quality and risk profiles dated April 2012;
- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2011 to March 2012; and
- Any other information included in our review

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

I am in compliance with the applicable independence and competency requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) Standard of Professional Practice and Ethics. My team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the board of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2012, to enable the Board of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

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

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

My limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents listed above under the respective responsibilities of the Directors and auditors. A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The nature form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of my assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Northumberland, Tyne and Wear NHS Foundation Trust.

Appendix 6: Glossary of Terms

AIMS	Accreditation for in-patient mental health services.
Care Co-ordinator	A named person to co-ordinate the services a patient receives where their needs are numerous or complex, or where someone needs a range of different services.
Care Packages and Pathways	A project to redesign care pathways that truly focus on value and quality for the patient.
Commissioners	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality.
CMHT	Community Mental Health Team.
CRHT	Crisis Resolution Home Treatment – a service provided to patients in crisis.
Clinician	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc.
Clusters	Clusters are used to describe groups of patients with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach. CPA is a term for describing the process of how mental health services patients' needs, plan ways to meet them and check that they are being met.
CYPS	Children and Young Peoples Services – also known as CAMHS.
Dashboard	An electronic system that presents relevant information to staff, service users and the public.
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage.
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so.

Appendix 6: Glossary of Terms

HoNOS	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LD	Learning Disabilities.
Lead Professional	A named person to co-ordinate the service a patient receives if their needs are not complex.
Leave	A planned period of absence from an inpatient unit which can range from 30 minutes to several days.
MHA	Mental Health Act.
MHMDS	Mental Health minimum data set – a standard set of information sent from mental health providers to the Information Centre.
Monitor	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Monitor Compliance Framework	Monitor asks Foundation Trusts to assess their own compliance with the terms of their authorisation. NHS foundation Trusts submit an annual plan, quarterly and ad hoc reports to Monitor.
Multi- Disciplinary Team	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement.
NHS Performance Framework	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
NHS Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method of surveying patients harms and analysing results so that you can measure and monitor local improvement.

Appendix 6: Glossary of Terms

NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians.
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research.
NPSA	National Patient Safety Agency.
NTW	Northumberland, Tyne and Wear NHS Foundation Trust.
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
Pathways of care	Service user journey through the Trust – may come into contact with many different services.
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers.
Points of You/How's it Going	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided.
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
RIO	Electronic patient record.
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.
SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable.
SUI	Serious untoward incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
Transition	When a service user moves from one service to another i.e from an inpatient unit to being cared for by a community team at home



Accountability

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

The accountability is discharged by the Council of Governors receiving regular reports from the Chief Executive and Executive Directors, and in particular, receiving the following reports at the Annual Members Meeting, which is scheduled for 26th September 2012:

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

We have also put in place mechanisms and processes to understand the Governors, members and the wider community's views that influence the strategic direction of the Trust. **These are linked to our partnership arrangements and networks with partners as outlined from page 142.**

Accounting Officer Status

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

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

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

Compliance with Monitor's Code of Governance

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

Monitor requires two disclosures in the Annual Report as follows:

- 1) The Trust must report on how it applies the main and supporting principles of the code.
- 2) The Trust must confirm via a specific statement that it complies with the provisions of the code or – where it does not – to provide an explanation.

Statement of Compliance with Monitor's Code of Governance

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

Board of Directors

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

In accordance with the Trust's 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.

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

The Chairman on behalf of the Board of Directors keeps the size, composition and succession of Directors under review, in line with the Trust's business objectives, and makes recommendations as appropriate to the Council of Governors via the Nominations Committee. The work of the Nominations Committee (and subsequently the Council of Governors) relating to the Non-Executive Directors appointment / reappointment process for 2011 was informed by such recommendations and it was formally acknowledged that the future process would seek to redress gender and ethnic minority imbalance with the Board of Directors, if possible.

Governance Review

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

The Board of Directors keeps its performance and effectiveness under on-going review by a combination of post Board of Directors' meeting reflections, Board time outs, a development programme, the review of governance arrangements and the annual assessment of its committees.

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

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

The Chairman

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

Jules Preston has been the Chairman of the Foundation Trust under the period of review and has had no other significant commitments during the period of review.

Senior Independent Non-Executive Director

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

Governance Review

The Chief Executive

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

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

The Chief Executive leads the performance appraisals of the Executive Directors.

Independent Non-Executive Directors

The Board of Directors is satisfied that the Non-Executive Directors, who served on the Board of Directors for the period under review, 1st April, 2011 to the 31st March, 2012 were independent.

The Board of Directors is satisfied that there were no relationships or circumstances likely to affect independence, and the criteria at A.3.1 of Monitor's Code of Governance were taken into account in arriving at their view. This is reinforced through the appointments / re-appointments process applied by the Nominations Committee.

Register of Directors' Interests

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

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

Board of Director Appointments

During the period of review 1st April, 2011 to the 31st March, 2012 there was one change to the Board of Directors. Judith Curry was a Non-Executive Director up to 30 November 2011, when her term of office came to an end. Martin Cocker joined the Board of Directors as a Non-Executive Director from 1 January 2012.

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

The Council of Governors is responsible for the appointment / re-appointment of the Chairman and Non-Executive Directors and has established a Nominations Committee to provide the Council with recommendations.

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

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

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

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

Governance of the Foundation Trust

The business of the Foundation Trust is managed by the Board of Directors, who 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.

The Board of Directors focuses its attention as a Board on strategy issues. It has a Scheme of Decisions Reserved to the Board and delegates as appropriate to standing committees or senior management.

These standing committees are:

- **Audit Committee;**
- **Remuneration Committee;**
- **Mental Health Legislation Committee;**
- **Finance Infrastructure and Business Development Committee;**
- **Quality and Performance Committee.**

The Integrated Governance Handbook allows the Board to convene such Committees as it sees fit to discharge its duties. This includes sub-committees of the Board, which the Integrated Governance Handbook requires to be given time limited objectives. The Handbook also encourages organisations to implement a lean, manageable and functional governance structure.

The governance structure was reviewed by the Board of Directors in November 2011 when the status of the Finance Infrastructure and Business Development Committee and the Quality and Performance Committee changed from sub-committees to standing committees. In addition the Modernisation, Organisational Development and Programmes Sub-Committee was stood down and any remaining functions transferred to other committees. The rationale for the changes is that the new structure consists of committees with long term objectives that are imperative to the ongoing discharge of the Trust's duties.

These Committees of the Board function at a high level providing assurance and monitoring. While reporting to the Board of Directors, their work in relation to risk management will be reviewed by the Audit Committee. Each committee self-assesses its effectiveness at least annually.

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 financial position of the Trust and of the income and expenditure, changes in taxpayer's equity and cash flows for the year. In preparing those accounts, Directors are required to:

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

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

THE COUNCIL OF GOVERNORS

The Board of Directors believe that the Council of Governors are representative, act in the best interest of the Foundation Trust, hold the Directors to account and feedback to the constituencies and stakeholder organisations that elected or appointed them.

The Council of Governors have been established to include both elected and appointed governors and their roles and responsibilities are set out in the Trust's constitution. Elected governors consist of public governors, service user / carer governors and staff governors, and appointed governors are from partner organisations.

Service users and carers are represented separately with six seats each, reflecting our commitment to these groups. Public Governors represent those in their local government area and have six seats. However any individual who lives outside one of the six local government areas but within England and Wales may become a public member and he / she will be represented by the Newcastle upon Tyne public governor. 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 Local Authorities, Commissioners, Universities and Voluntary organisations are represented.

Details relating to the composition of the Council of Governors and attendance at meetings is shown from page 186.

Governance Review

The details shown from page 186 also show that three governors resigned from the Council of Governors and that three nominated governors were stood down by their organisation.

The details also show commencement dates for governors with four governors commencing during 2011/12, all of whom were nominated by their organisation as follows:

- Dave Allan by Sunderland Council from 18 May 2011.
- Kevin Graham by Newcastle Council from 6 October 2011.
- John Miller by Northumbria University from 16 January 2012
- Ray Brown by Mental Health North East from 9 February 2012.

There have been no elections during 2011/12.

As at the 31st March, 2012 the Council of Governors had vacancies for three local authority nominated governors (Northumberland, North Tyneside and South Tyneside), two services user governors (Adult services and Children and Young People's services) and one public governor (Gateshead).

Terms of Office for Governors

Elected Governors hold office for a period of three years and are eligible for re-election at the end of that period and may not hold office for more than six consecutive years, and shall not be eligible for re-election if they have already held office for more than three consecutive years.

Appointed Governors hold office for a period of three years and are eligible for re-appointment at the end of that period and may not hold office for longer than six consecutive years, and shall not be eligible for re-appointment if they have already held office for more than three consecutive years.

Statement of the decisions taken by the Council of Governors

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

At a General Meeting:

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

and as required:

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

Governors have been supported to establish regular links between Governors and the Directors, and the local community, especially our members to ensure targeted and specific programmes of engagement relevant to the diverse needs of each community is developed and progressed.

An important part of their role is to communicate with the group of people who elected them and we support the Governors to achieve this.

Contacting a Governor and / or Director

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

Register of Governor's Interests

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

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

Appointment and Terms of Office

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

Nominations Committee

The Council of Governors has established a Nominations Committee and its membership and terms of reference are prescribed by our constitution. Its role includes making recommendations to the full Council of Governors on the appointment of the Chairman and Non-Executive Directors and the associated remuneration and allowances and other terms and conditions.

The Committee has been very active during the period of review, and following Nomination Committee recommendations, the Council of Governors approved:

- The appointment of Martin Cocker from 1st January 2012 for a term of 3 years, replacing Judith Curry, who came to the end of her term on 30th November 2011.
- The reappointment of Paul McEldon from 1 April 2012 for another 2 years and 9 months.
- The appointment of Nigel Paton from 1 July 2012 for a term of 3 years, replacing Anne Ward Platt, who will come to the end of her term on 30th June 2012.

The work undertaken by the Nominations Committee in relation to the Non-Executive Directors during the period under review has included reviewing the process for appointment / reappointment, reviewing job descriptions and person specifications, considering the need for external support and the subsequent selection of such support, reviewing applications, appraisals, independence and time commitments, interviewing candidates and reporting to the Council of Governors.

Governance Review

This work was undertaken within the previously agreed principle that all appointments of Non-Executive Directors including the Chairman will be by external advertisement. In addition the Committee performed its annual review of Non-Executive Directors' remuneration for Council of Governors' approval.

The Nominations Committee's role also includes the termination of Non-Executive Directors, where this is not as a result of resignation or a Non-Executive Director coming to the end of his / her term. This role applies in limited circumstances such as gross misconduct or a request from the Board of Directors for the removal of a particular Non-Executive Director.

Committee membership is shown from page 184.

Key Council of Governor's duties carried out in 2011/12

In addition to the Council of Governors performing their annual duties, e.g. holding the Board to account, providing views on the Trust's forward planning, Non-Executive Directors' appointments, etc., during the period under review it has appointed the External Auditor based on the recommendations of the Audit Committee and the governor's audit working group, reviewed and amended the Trust's Constitution and refreshed the Membership Strategy.

Information, Development and Evaluation

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

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

On appointment or election all Directors and Governors are offered an appropriate induction and are therefore encouraged to keep abreast of matters affecting their duties as a Director or Governor and to attend training relevant to their role.

Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non-Executive Directors in their appraisals and the Chief Executive for Executive Directors. The Chief Executive is appraised by the Chair. The Board of Directors routinely reviews its performance and the Committees self-assess performance against their terms of reference annually. The Council of Governors has also assessed its effectiveness.



Transforming Services

Improving Access Pilot in Urgent Services, Sunderland Initial Response Team

The Access work stream is a key part of our transformation plans and was the first recommendation from the Service Model Review to become operational. The aims of the pilot are to help us look at how we can improve our processes and systems in order to provide easier, more reliable and quicker responses to requests for help, whilst at the same time routing referrals into and where appropriate out of NTW.

Whilst our clinicians were working on the Service Model Review report, we hosted several engagement events where we presented our transformation plans and invited attendees to share their initial thoughts on some of the emerging themes. We were delighted with the amount of positive feedback we received and we know that our partners are enthusiastic and will fully support us as we move along on our journey to implement the new models.

One area of feedback from GPs and service users highlighted some existing frustrations around access to crisis services and the need to review and address some problems we have with delays in allocating some routine service referrals.

We have listened closely to what our partners, service users and what our staff have told us and all the feedback received has been a huge help in informing and shaping this innovative pilot work.

Following these discussions with key partners, and recommendations of the Service Model Review, the Initial Response Team has been established to improve access to Urgent Mental Health Services for the population of Sunderland.

All callers requesting help urgently undergo a telephone clinical triage and from there receive one of the following outcomes:

- Face to Face Triage by Rapid Response Nurses
- Routing to a more appropriate service both internally and externally
- Providing advice and help to inform care and treatment
- Direct referral to the Universal Crisis Team for Crisis Assessment



The first four weeks of activity saw a total of 1,388 contacts, 74 of which received a rapid response face to face triage, 80 received a Universal Crisis Team assessment, 780 were given advice and help and 246 were routed to a more appropriate service.

Under the previous system all of these calls would have gone to the Sunderland Crisis and Home Based Treatment Team, even though many of these contacts would not have been appropriate. Previously there was only one telephone line meaning many calls were not answered, frustrating referrers. There are now five telephone lines into the Initial Response Team which has provided improved capacity to answer calls.

This is an exciting development and the service will be monitored closely and reviewed to ensure it is delivering the desired outcomes. Further expansion of the Initial Response Team in other localities is the longer term aim and this development will help to inform that wider work.

Membership

We are committed to maximising our membership and their involvement to ensure that we achieve the benefits associated with having a strong and vibrant membership. At the 31st March, 2012 we have recruited around 12,500 public members.

Membership Analysis and Strategy

The Trust has worked hard to build, develop and maintain the membership base to ensure appropriate community representation.

In setting membership targets the Council of Governors, via the membership sub group, has given consideration to the balance between quality of engagement with members and quantity of members.

Our target of to maintain a public membership of 12,000 people and that the focus of activity should focus on:

- Ensuring the membership is refreshed and that membership figures are maintained,
- Improving user and carer membership numbers,
- Maintaining a good spread of members in the different localities,
- Engaging in new and meaningful ways with members.

Our approach to membership is one of inclusivity, with membership available to everyone who:

- Is at least 14 years old and,
- Lives in the areas served by the Trust i.e. Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead or Sunderland or the rest of England and Wales,
- Has used our services in the last 4 years or,
- Has cared for someone who has used our services in the last 4 years or,
- Is a member of staff on a permanent contract or who has worked for the Trust for 12 months or more.

Membership

The table below shows an analysis of our membership as at the 31st March, 2012

Foundation Trust Membership: Present Numbers and Targets - as at 31st March 2012

Constituency	31st March 2011	31st March 2012
General Public		
Gateshead	1,047	1,063
Northumberland	1,608	1,617
Newcastle upon Tyne	2,708	2,776
Rest of England and Wales	-	185
North Tyneside	1,617	1,657
South Tyneside	959	960
Sunderland	2,567	2,534
Sub total	10,506	10,791
Service Users		
Working age adults	326	346
Children and young people	122	137
Older people	72	68
Learning disability	128	165
Neuro-disability	143	148
Unknown*	18	11
Sub total	809	875
Carers		
Working age adults	117	125
Children and young people	225	334
Older people	104	104
Learning disability	92	103
Neuro-disability	101	101
Sub total	638	767
Total All Public	11,954	12,433
Staff		
Medical	201	204
Other Clinical	2,510	2,538
Non Clinical	3,886	3,765
Total All Staff	6,597	6,507
Total Members	18,551	18,940

Note: *Included in total are 11 service users who have not stated which service they use and are therefore recorded as unknown.

Working in Partnership

Local Authorities, Health and Wellbeing Boards, Overview and Scrutiny Committees (OSC's) and LINKs

The Trust has positive relationships with each of the six main local authorities where we provide services and we have continued to develop our partnership working. We continue to strengthen our links at Chief Officer and operational manager levels in each locality.

This year has seen the introduction of Health and Wellbeing Boards in each locality. The trust is very pleased to have been invited to be members of four of the Boards in our area - Northumberland, North Tyneside, Newcastle and South Tyneside. We have been actively involved in the development of the Boards where we are members. The remaining Boards, Gateshead and Sunderland have not included NHS providers in their membership at this time. Health and wellbeing boards are a forum for local leaders from the NHS, public health and Local Authorities, elected representatives, and representatives of HealthWatch to discuss how to work together to improve the health and wellbeing outcomes and services for local people.



We have regular and productive engagement with the main health scrutiny committees in each locality. Directors regularly attend the Overview and Scrutiny Committee (OSC) meetings, present updates on the Trust's plans and make specific presentations on any proposed changes to services. A list of issues presented to Health Overview and Scrutiny Committees is shown from page 143. Our Chair and Chief Executive meet with the Chairs of the Scrutiny Committees and our work with the OSCs is also routinely reported to the Board.

Our Head of Partnerships has developed good working relationships with the six Local Involvement Networks (LINKs). We now link into their workplans, as requested, and respond to any of their requests for information and support.

We would like to specifically thank the LINKs and Overview and Scrutiny Committees for their helpful and positive input into our Quality Accounts.

Working in Partnership

The issues considered by OSC's 2011/2012 are outlined in the table below:

Table 27 - Issues considered by Overview and Scrutiny Committees

Committee	Issue
Northumberland OSC	<ul style="list-style-type: none"> Annual update presented in January 2012. Changes to Psychiatric Intensive Care Units Improvements to Northumberland Child and Adolescent Mental Health Services
Newcastle OSC	<ul style="list-style-type: none"> Contribution to the commission into the Mental Health Needs of Offenders
North Tyneside OSC	<ul style="list-style-type: none"> Presentations to the committee on inpatient services for the population of North Tyneside following the relocation of ward 21
South Tyneside	<ul style="list-style-type: none"> Supporting commissioners to present the new Children and Young People's service following being awarded the tender.
Gateshead	<ul style="list-style-type: none"> Supporting commissioner to present the new Children and Young People's service following being awarded the tender.
Sunderland	<ul style="list-style-type: none"> Changes to inpatient services for people with a Learning Disability Contributions to the Policy review into delayed discharge Supporting commissioner to present the new Children and Young People's service following being awarded the tender.
Regional developments	<ul style="list-style-type: none"> Commission into Veterans' Mental Health Involvement in the NTW Quality Account

- All OSC's have a link director and contact with trust via Head of Partnerships,
- All LINKs have contact with the Trust via Head of Partnerships.

Working in Partnership

Voluntary and Community Sectors

The Trust works in partnership with a number of Community Voluntary Sector organisations in the provision of Mental Health and Disability Services.

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.

We are currently working in partnership with Northumberland Care Trust to disestablish out formal partnership arrangement for Working Age Adult and Older People's Mental Health Services. We are committed to developing new partnership arrangements which better meet the requirements of current service provision.

Universities

Education, training and research are essential tools to ensure the Trust continues to deliver excellence through innovation and continuous improvement. This can be evidenced through our partnership working on the establishment of the Centre for Ageing and Vitality, part of the Newcastle Science City development.

Evidence of positive relationships with local Universities is the jointly funded academic posts of:

- Chair in Forensic Psychiatry with Newcastle University
- Honorary Clinical Lecturers at Newcastle University
- Two Chairs in Old Age Psychiatry
- Chair in Child Psychiatry
- Honorary Professor of Addiction Psychiatry (Newcastle University)

Relationships with local Universities are further enhanced by the inclusion of two Governor posts on the Council of Governors.

GPs and other NHS Trusts

Effective partnerships are critical to the success of our transformational agenda. During the coming year commissioning responsibilities will move from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs), which are led by GPs. The Trust has invested significant efforts in meeting the new leaders of the CCGs and building collaborative on-going relationships with them and the wider primary care community. There has been extensive listening and consultation around our new service model design and implementation and we are already benefiting from this productive relationship as we move forward in further improving the quality and responsiveness of all of our clinical services.

Working in Partnership

Voluntary Services Report

The past year has offered another opportunity to enable, support and celebrate volunteering within the Trust. Volunteers have offered their time, skills and enthusiasm in a number of new initiatives and our diverse range of existing projects have remained supported and continue to enrich the patient experience.

A range of events have offered volunteers some well-deserved recognition and a very special award was given to a volunteer at the Trust Shining a Light on Excellence Award ceremony. On a sad note, our Volunteer Co-ordinator, Wendy Spratt, was diagnosed with cancer in December 2011, and has been undergoing treatment. Wendy has remained remarkably positive and resilient during her illness and we wish her a full and speedy recovery. Having a key member of staff absent in a small team of three has presented new challenges. We reviewed our priorities and curtailed recruitment for a couple of months to ease the situation. Despite this we have had an overall increase in volunteer numbers over the year, with 391 registered, an increase of 60 from last year.



Working in Partnership

New Projects Developed during 2011/12

Urgent Care - In response to Care Quality Commission recommendations and identified patient need, social activity volunteers have completed training and commenced work within three adult mental health wards at Cherry Knowle Hospital. Recruitment and training is also underway for their inclusion on Bede Wing and with Older People's Functional Inpatient Services. It is well documented that recreation can offer relief and distraction to service users and helps to build confidence and self-esteem. Volunteers are well placed to assist with social and recreational activities by offering new ideas, a fresh perspective and by having the freedom to spend time with patients without the competing demands of paid staff.

Planned Care - Eleven volunteers have registered within the Vocational Rehabilitation Garden Project at Cherry Knowle Hospital, a fabulous area offering service users the opportunity to build transferable horticultural skills and knowledge.

The volunteers help to motivate current service users, assist with the planning and maintenance of the garden, become involved with small woodwork projects and assist with promotional activities and sales.

Social activity volunteers have commenced work in the community Dementia service at Castleside Day Unit. Feedback has been positive in relation to their involvement and there are plans to incorporate more volunteers and extend the service to include a befriender. The patients of Castleside Day Unit have also enjoyed musical performances from our very own Kiff Kaff band.

Psychology Research - A number of new opportunities requiring the skills and time of individual volunteers have been established across a variety of directorates over the year, with volunteers offering their assistance in psychology research projects.

On-going Volunteering Initiatives

In addition to our new initiatives we have continued to recruit, train and support volunteers in a diverse range of established projects across all directorates. Opportunities include the St Nicholas Hospital Shop, The Tans Restaurant, Kiff Kaff café, Community befriending, Chaplaincy, Exercise Therapy, Memory Clinic, Hadrian Clinic Welcome Volunteers, User Involvement Volunteers within Neuro Rehabilitation, library and knowledge centres and Psychology research. We also have social activities volunteers with the STARR project in Neuro Rehabilitation, Wellington House, Bamburgh Clinic, Northgate Hospital, St. Albans House and with a service level agreement in place, on Cherryburn Ward at the Campus for Ageing and Vitality.

Working in Partnership

New Planned Opportunities

We are currently seeking volunteers to run a tuck shop at Ferndene and help to create a welcoming and friendly 'youth club' type atmosphere.

Volunteer Recognition - Trust Event

To offer our volunteers recognition for their commitment and contribution, a 'thank you' event was held at the Great North Museum in Newcastle in June 2011 organised on behalf of the Trust Board. Jules Preston, Trust Chair provided an opening speech and Gary O'Hare, Director of Nursing and Operations and Elizabeth Moody, the then Urgent Care Nurse Director, chatted to volunteers.

A buffet was provided, there was musical entertainment from the Kiff Kaff band and volunteers were able to visit the new Planetarium. The event took place on 9th June, a date associated with the iconic Geordie anthem, the Blaydon Races. The band played the tune especially for John Osbourne, volunteer, who was participating in the race that evening.

Meeting the Queen

Many of our Volunteers in the Northumberland region had their contribution acknowledged when they received personal invitations from the Duchess of Northumberland in her capacity of Lord Lieutenant to meet the Queen and Duke of Edinburgh at a garden party at Alnwick Castle and Garden in June 2011.

The event was held in recognition of the county's carers and volunteers. The Queen unveiled a plaque to acknowledge and celebrate their contribution. Former north east boxer Glenn McCrory and Newcastle United legend Alan Shearer also attended in their roles of Deputy Lord Lieutenants.



Working in Partnership

Shining a Light on Excellence Awards

The annual Shining a Light on Excellence Awards offers an opportunity to highlight achievements in the Volunteer category. We were doubly delighted this year when Ron Harnett, not only won the Volunteer of the Year Award, he became the worthy recipient of the Chairman's Award. Ron, a former neuro-rehabilitation patient who initially wished to give something back, has continued to volunteer for over twenty years and with assistance, uses a voice activated computer to undertake an administrative role.

Over the years Ron has also undertaken a considerable amount of fund raising.

Dennis Bell was runner up in the volunteer category for his work at the Tans Restaurant, which is part of the Opus Employment Project in the vocational rehab service. Dennis donates his time, energy and considerable culinary skills and has earned the nickname of 'Mr Kipling' for his fabulous cakes and scones. All of the valued Tans volunteers make a very worthy contribution to the service and we were delighted when the whole team were also shortlisted for an award for their outstanding commitment, together with Nigel Kennedy, one of our long standing, dedicated and valued befrienders.

PLANS FOR NEXT YEAR

During the absence of our Volunteer Co-ordinator our future plans have some limitations however we do aim to:

- Gain feedback, from service users, staff and volunteers with regards to the involvement of social activity volunteers,
- Review Volunteer training,
- Review Volunteer policies and procedures.

Transforming Services

Ward 21

Following discussions with key partners and substantial public involvement, in 2011 the Trust's Board of Directors approved the move of acute inpatient mental health services from Ward 21 North Tyneside District Hospital, to St George's Park, Morpeth.

This relocation of adult services will ensure that we can deliver high quality safe and therapeutic care for the residents of North Tyneside. Ward 21 was based on an acute hospital site in North Tyneside which often led to difficulty in accessing supporting mental health services. In addition the ward was originally designed for providing acute treatment, and not always suitable for providing mental health care. After careful consideration, St George's Park was deemed the most suitable location for the old Ward 21 service.

The vast majority of mental health services, including community and rehabilitation services, continue to be provided within the boundaries of North Tyneside. This move greatly enhances the quality of care provided to residents of North Tyneside who are in receipt of acute inpatient care by helping to address their safety, privacy and dignity needs.



Ward 21 at Hartside
Willow View

Working in Partnership with Staff

Staff Engagement

We remain truly committed and passionate about engaging effectively with our staff, listening and learning from staff feedback. Engagement with our workforce has continued to be a key priority during this last year, however, the size of the trust, both in terms of geography and staff numbers, presents us with a challenge in achieving meaningful engagement with our whole staff group.

Commencing the engagement work with our transforming services programme has been a priority this year and as part of our work in this area we held a number of large scale staff engagement events which were attended by over 400 staff from a diverse range of services and functions. These events provided a valuable opportunity for staff to receive an update on the work and thinking to date as well as providing time for group discussions which ultimately enable staff to shape the organisation for the future and we value the input staff give to these events.

The Board of Directors have continued with their on-going 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.

During this last year we reviewed the focus and membership of the Strategic Forum. This group meets monthly and is an opportunity for senior managers and clinicians from across services to meet with the senior team and discuss and debate issues of strategic importance. A lot of time this year has been spent discussing and debating the service model review and more recently our transforming services programme and associated plans.

Our regular methods of communication continue. These include the monthly core team brief which the Chief Executive personally delivers at the Strategic Forum Meeting. Senior managers cascade the Brief to staff throughout the organisation in their regular Team Meetings. The core brief includes information on decisions taken at the monthly Trust Board Meeting, current key issues within the trust, relevant local, regional and national NHS news and regular updates on our performance. Teams add on their local team brief items for discussion and it is an opportunity to discuss and ask questions key pieces of work or performance ratings.

Every week the Chief Executive's Bulletin is published with a message from Dr. Gillian Fairfield with a focus on the discussions and decisions at the senior management team, key news about the Trust as well as relevant regional and national NHS news. This is circulated to all staff via email and is also available on the Trust's intranet. Staff are also encouraged to print off copies to go on staff notice boards for colleagues who do not have access to a computer.

Working in Partnership with Staff

The Groups have all recently appointed new Improving Working Lives champions and these key individuals are starting to explore how the IWL framework / structure can provide an excellent vehicle to engage staff in discussions and obtain feedback on how best we can support them in looking after their health and wellbeing and this is an area of work we are developing further with our Occupational Health provider, Team Prevent. The champions are also starting to look in detail at the 2011 survey results for their Group.

We continue to hold the Healthy People, Healthy Business continuing Excellence Awards for our work in this area and we continue to work in accordance with the Investors in People standards, having previously been accredited with the award and this helps us to evidence the work we do in talking to and engaging our staff.

The 2011 national annual staff survey indicates that we need to continue with our work on staff engagement and ensure that we involve staff in making important decisions and in encouraging suggestions for improving services and hence this work will continue to be a key feature in the year ahead. We believe good local line management is at the heart of meaningful engagement and we have invested significantly in leadership and management development programmes over the last year.



Working in Partnership with Staff

Employee Consultations

We continue to value the strong working relationships we have developed with our staff side representatives. Following the Business Model Review we revisited our consultative mechanisms and agreed with staff side representatives to have two main consultative forums; a Trust wide meeting and an Operational meeting, the latter of which addresses Group business leaving the trust wide forum as an opportunity to discuss key trust wide and strategic issues with trade union representatives.

Both forums have met on a regular basis and are supported by informal meetings where staff side and management representatives meet regularly to discuss issues and ensure they are addressed at an appropriate level.

Staff side representatives also attend key trust committees and representatives play a crucial role in promoting good employee relations and supporting effective change management, as well as assisting in the training and development of staff and work relating to health and safety.

Working together we have achieved the following:

- As a part of our preparations to launch the transforming services programme we worked together to progress our plans and prepare for the formal launch,
- Worked together to develop the Human Resource Framework and the transitional employment and development approach (TED),
- Continued our ongoing review of a number of human resource policies and associated guidance notes,
- Continued an information advice and guidance project in our Training Department.

We also have a number of policies which allow staff to raise any matters of concern and we run a series of HR policy training events which relate to these areas. These include:

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

Working in Partnership with Staff

During 2011/2012 specific consultations with staff have included the following:

Urgent Care

- Review of Ward 21, North Tyneside and re provision of the service to St George's Park. This work commenced in the previous year and concluded this year,
- Closure of the Bungalow, Northgate Hospital.

Planned Care

- A wide range of work associated with the review of social and residential homes including the full transfer of over 150 staff within the Sunderland locality to Choices Care, full transfer of over 80 staff within the North Tyneside locality to United Response and work associated with the planned transfer of two homes in Gateshead in May 2012,
- Relocation of Morpeth community mental health team from Howard Centre Morpeth to Greenacres, Ashington,
- Relocation of Sunderland based community teams, Sunderland EIP Services and Sunderland Psychology Services from Cherry Knowle Hospital to various locations within the Sunderland locality,
- The commencement of relocation of services provided out of the Fairnington Centre, Hexham to Hexham General Hospital,
- Relocation of Sunderland Community LD teams from Broadway House, Sunderland to various locations within the Sunderland locality,
- Redeployment of staff from Byron House as a result of the Service Model Review changes to the Community Mental Health Resource (CMHR) centres in Newcastle City Council based at Scrogg Road and Summerhill,
- Interim restructure of ISERT and Health Facilitation Community Teams,
- Commencement of a review of Day Service Provision in Northumberland.

Specialist care

- Transfer of services from children and young people's wards at Prudhoe hospital to the newly built Ferndene unit, this included consultation and implementation of a new shift pattern for staff,
- A TUPE transfer of staff from former providers of children and young people's mental health services south of tyne into the trust followed by commencement of a formal 90 day consultation to implement a new service model.

Working in Partnership with Staff

Support Services

- Continued review and implementation of the housekeeper and villa support assistant roles,
- TUPE transfer of domestic staff from South Tyneside and Gateshead into the Trust,
- Continued review of restaurant and catering facilities, concluding the work undertaken at St George's Park and commencing with Ryhope Hospital,
- Transfer of remaining weekly paid staff to monthly paid,
- Restructure of the pharmacy department to ensure alignment with new groups and enhance service delivery,
- Restructure of the mental health act and medical records departments, centralising at St Nicholas Hospital and ensuring alignment with Groups.

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.

For the second year running the Trust chose to survey all staff alongside the Department of Health's sample of 850 staff. The trust had a 43.8% response rate for the wider survey (an improvement in the response rate from last year) and a 36% response rate in the smaller sample which was a decrease from the response rate last year.

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 4 out of the 38 key findings.

Following the Business Model Review, this is the first year the staff survey results have been reported per Group and we will be working closely with the information from our staff to identify key areas of work and priorities for the coming year. Each Group has appointed an IWL Champion and these people have commenced work with their Workforce Advisor to analysis and understand the key messages for each Group. The analysis will be considered at a senior level by both clinicians and managers in the new triumvirate structures and we are planning a trust wide 250 event in July to discuss the survey results and communication within the trust.

Working in Partnership with Staff

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 2011 (2010 figures are included for comparison)

Response Rate	2010		2011		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
	53%	53%	36%	48.4%	Decrease of 17%

Table 29 – Staff Survey Top Four Ranking Scores 2010 and 2011

Top Four Ranking Scores 2011	2010		2011		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Question: Percentage of staff receiving health and safety training in the last 12 months	93%	80%	94%	83%	1% Improvement
Question: Percentage of staff appraised within last 12 months	89%	82%	82%	83%	3% Improvement
Question: Percentage of staff appraised within last 12 months with a personal development plan	83%	73%	83%	73%	No change
Question: Percentage of staff experiencing work related stress	31%	31%	29%	33%	2% Improvement

Table 30 – Staff Survey Bottom Four Ranking Scores 2010 and 2011

	2010		2011		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Bottom Four Ranking Scores 2011					
Question: Percentage of staff experiencing physical violence from patients / relatives in the last 12 months	19%	14%	19%	12%	No change
Question: Staff motivation at work	3.73	3.82	3.68	3.81	Deterioration of 0.05
Question: Percentage of staff experiencing physical violence from staff in last 12 months	2%	1%	4%	1%	2% Deterioration
Question: Percentage of staff agreeing that their role makes a difference to patients	90%	90%	88%	90%	2% Deterioration

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

- We will analyse all reported incidents of physical violence and aggression, the number of staff trained and sickness and absence data to identify connections. We will be using improved performance information to help us in this work.
- We will continue to work with managers and staff to review and improve our Prevention of Management of Violence and Aggression training and this year we will be moving to one standard model of training.

Staff Motivation / Staff feeling valued by their work colleagues

- We will ensure that all staff have an annual appraisal and an agreed personal development plan giving them clear objectives linked to the organisation's goals and clear feedback on their performance, including recognition of their achievements. We will also continue to support a range of leadership, management and development activities and build on the work we have achieved through our successful Investors in People (IIP) accreditation.

In summary, the main areas for future focus and improvement are job satisfaction, staff motivation, communications and engagement and these topics will be at the heart of the 250 event in July.

Employee Equality and Diversity

We have a robust approach to policy making to ensure that all new and due for review policies, procedures and functions are subject to equality analysis (equality impact assessment under previous legislative terminology), to ensure that they do not discriminate against people who share a protected characteristic under the Equality Act 2010. Equality analysis ensures that recruitment, career development and promotion within the organisation is a transparent process based on merit and without protected characteristic defined barriers.

In addition to these measures we have the following:

- During the reporting period covered an Equality Strategy for 2012-2016 which ensures that the Trust remains compliant with the Equality Act 2010, but also sets out our key equality objectives and the measures that we will use to gauge our performance against them,
- Dignity and Respect at Work Policy that has been updated in light of the Equality Act 2010 requirements,
- Equality and Diversity Briefings for staff,
- A mandatory requirement for Equality and Diversity Training, which includes as part of its purpose to provide information on matters of concern to them as employees,
- Redeployment and Attendance and Sickness Policies – containing our approach to making reasonable adjustments for disabled employees.

Working in Partnership with Staff

The Trust has maintained its 'Two Ticks' status. The symbol is a recognition given by Jobcentre Plus to employers who have agreed to make certain positive commitments regarding the employment, retention, training and career development of disabled people.

These commitments are:

- To interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities,
- To ensure there is a mechanism in place to discuss, at any time but at least once a year, with disabled employees, what both parties can do to make sure disabled employees can develop and use their abilities,
- To make every effort when employees become disabled to make sure they stay in employment,
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make sure these commitments work,
- To review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

Mindful Employer

Northumberland, Tyne and Wear NHS Foundation Trust has signed the Mindful Employer Charter.

Signing up to the Charter shows that the Trust:

- Shows others and our staff that we are a good employer,
- Expresses our corporate social responsibility,
- Reduces recruitment and training costs,
- Helps towards complying with legislation (e.g. DDA and HSE),
- Reduces sickness levels,
- Enhances customer service,
- Improves productivity,
- Makes the Trust a more attractive place to work for people with mental health issues and others,
- Helps the Trust retain staff who have experienced discrimination in the past,
- Makes our Trust a healthier workplace.

Working in Partnership with Staff

Sickness Absence Data

Our Workforce Strategy sets out the corporate approach to the management of absence. We have continued to embed our Managing Attendance Policy and provide a Managing Attendance Module for managers within our policy training programme. This work is supported by a range of other policies and initiatives including flexible working, managing stress at work and the promotion of health and well-being campaigns. Managers are responsible for the management of absence within their own areas with the support and advice of human resource surgeries / clinics and dedicated support from the Case Management Team as appropriate.

Our rate of sickness absence as at 31 March 2012 on a rolling average basis was 5.76% compared with 5.51% as at the 31 March 2011.

We have concluded the pilot across the former 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. However a decision was made to not continue with this scheme. Notice to end this pilot was served in January 2012.

A revised Attendance Management policy will be issued in June 2012 and Attendance Workshops will be held across the Trust with managers to provide additional support out with the formal policy training.

During the period 1 April 2011 to 31 March 2012 there were eight early retirements from the Trust agreed on the grounds of ill health. The estimated additional pension liabilities for these ill health retirements will be £524,662.56.

Occupational Health / Counselling and Health Promotion

Our Occupational Health and Counselling Services have been in place since 1 December 2010. We meet regularly with both organisations to make continuous improvements to the services provided to our staff. We receive a range of comprehensive data regarding performance against the contract and this is shared with managers within the groups as they continue to manage absence, stress and promote health and well-being within the workforce.

In addition to individual support offered to staff in 2011 Team Prevent carried out a series of health promotion days. These were very successful and we have spent time planning how in 2012 they will offering more focused Health and Wellbeing sessions based around a 'passport to better health'.

Checks carried out during health promotion days include:

- Blood pressure Checks
- Cholesterol checks
- The effects of smoking
- BMI checks
- Awareness of alcohol consumption
- Exercise regimes

Team Prevent is also assisting us in undertaking a health surveillance programme for staff.

Working in Partnership with Staff

In terms of wider health promotion work we promoted information in accordance with national events including no smoking day, men's health week, as well as promotions for Fruity Friday and a health, fun and fitness day at Northgate hospital. Health promotion information is placed on the intranet including access to a seasonal health and wellbeing magazine, information about our counselling service, information to encourage physical activity, working in partnership with gyms offers of discounted gym membership.

During the year the Trust was successful in gaining funding to encourage physical activity across NTW, the Trust is planning to run Zumba taster sessions and a pedometer challenge with the funding and these events will be held to tie in with the Olympics.

Involvement of our Employees in our Foundation Trust's Performance

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

A detailed Performance Report is prepared on a monthly basis for the Board of Directors, Trust's Senior Management Team, Senior Managers and Clinical Leaders.

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

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

The continued roll out of the performance dashboards has enabled managers to easily access a wide range of performance information relating to their teams and staff can access their own personal information in 'my dashboard' relating to for example, training records and absence history.

We value the effort and involvement that our staff make to improving quality and performance and there is a dedicated section on the trust intranet where all thank you messages are shared.



Complaints and Compliments

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 2011 / 2012 was to reduce the number of complaints which was achieved and improve the quality of responses which was also achieved.

The Trust received 237 complaints during 2011 / 2012 (253 complaints during 2010 / 2011) and all of these were thoroughly investigated. **The complaints were categorised, as recommended by national guidance, as follows:**

Complaints	2011 / 2012	2010 / 2011
Category 1	61	88
Category 2	38	63
Category 3	120	91
Joint Complaints	18	11

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 72%. We are committed to continually trying to improve our response times.

Recurring themes identified in 2011 / 2012 include; staff attitude, communication with service users and communication with carers and families.

Lessons learnt are disseminated across services with the aim of improving the quality of care.

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

Transforming Services

Specialist Community Child and Adolescent Mental Health and Learning Disability Services South of Tyne and Wear

In 2011, The Trust, in collaboration with Action for Children, Barnardo's and Investing in Children, was awarded the contract by NHS South of Tyne and Wear to be the sole provider of specialist community child and adolescent mental health and learning disability community services across Sunderland, Gateshead and South Tyneside.

The new service will provide services for children and young people with complex, severe or persistent mental health needs and learning disabilities and the bringing together of a number of services under one provider will help to ensure that equitable Community services are provided for children, young people and their families.

The new service will work as an integral part of services to support children and families and will focus on improving outcomes for them whilst delivering care in appropriate places and at convenient times. The service was commissioned following extensive consultation with children, young people and their families and will actively include their participation.

The service will work alongside and complement existing services in Gateshead, South Tyneside and Sunderland and we are confident that this will lead to improved mental health outcomes for our young service users living in those areas. We want this to develop into a flagship service for young people and families in these areas and our aim is to deliver the best possible service to them.



Equality and Diversity

The Trust has in place an Equality Strategy which sets out how we will meet our requirements under the Equality Act 2010. It contains our Equality Objectives to mainstream equality, diversity and human rights.

Our Equality Objectives for 2012-2016 are to ensure:

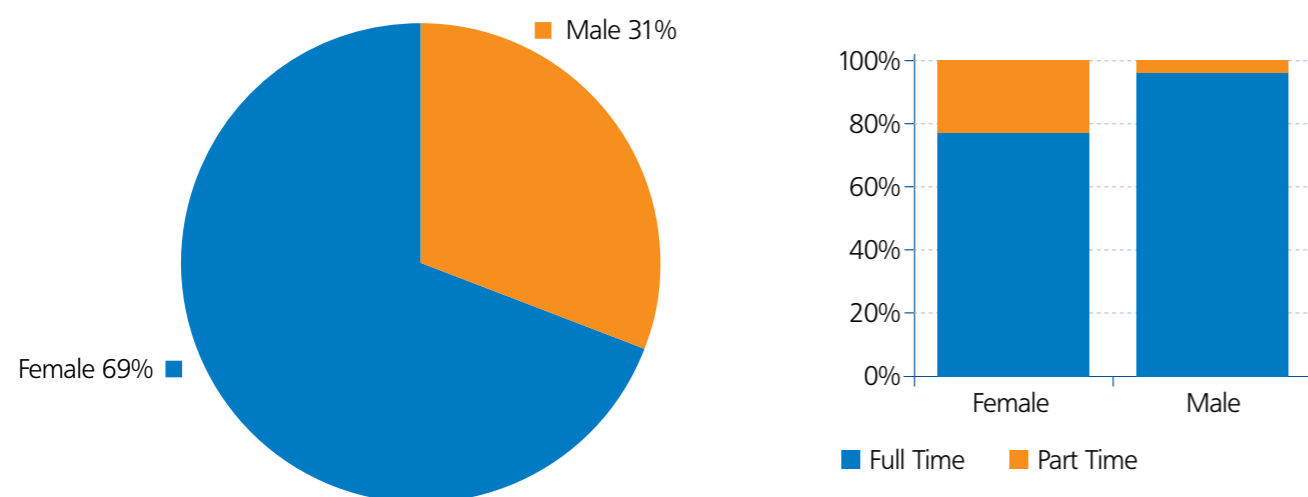
- Through the implementation of the service model review we will build services that do not discriminate on the basis of age,
- Through the implementation of the service model review we will build services that do not discriminate on the basis of disability,
- Ensure a barrier and discrimination free access point to Trust Services in the operation of the Initial Response Team,
- Campaign to increase reported levels of protected characteristics for staff,
- The Transitional Employment and Development Scheme to be implemented as a successful way of managing workforce requirements during a period of service transformation,
- Develop leadership capacity in the Trust to meet existing and future business challenges and promote cultural change.

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

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

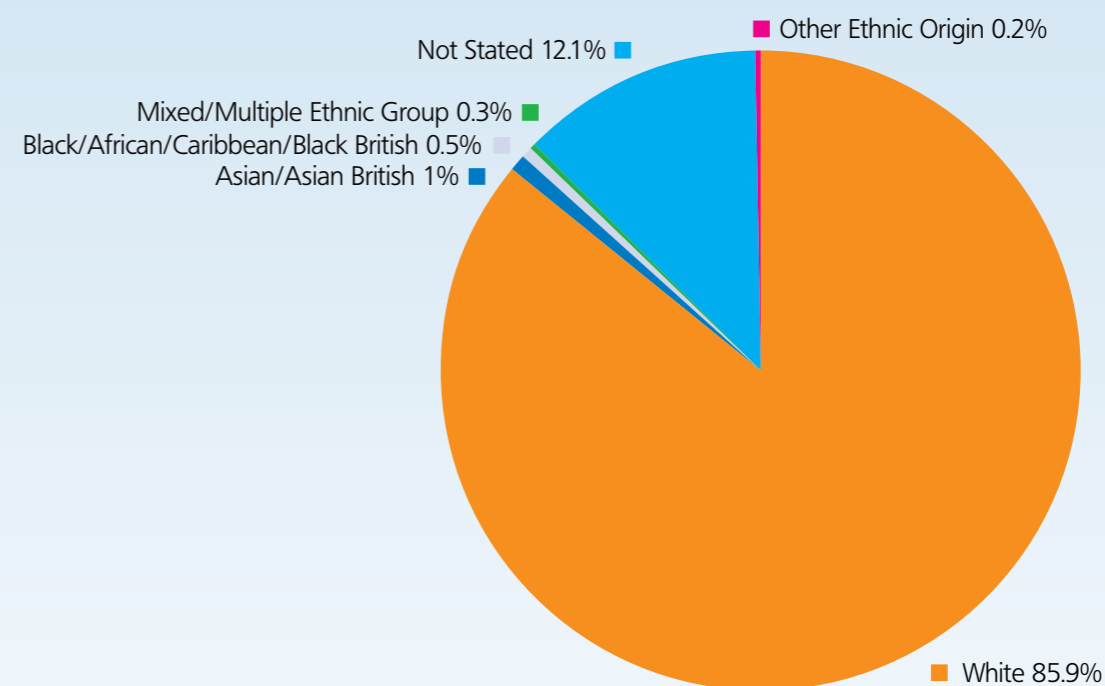
The tables below show the equality and diversity data relating to Staff:

Trust Gender Profile:

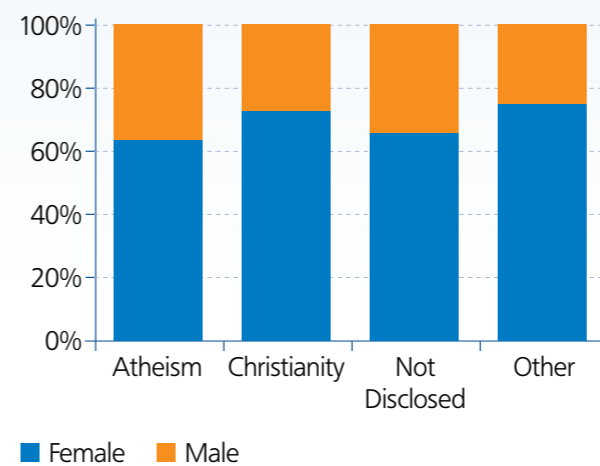


Equality and Diversity

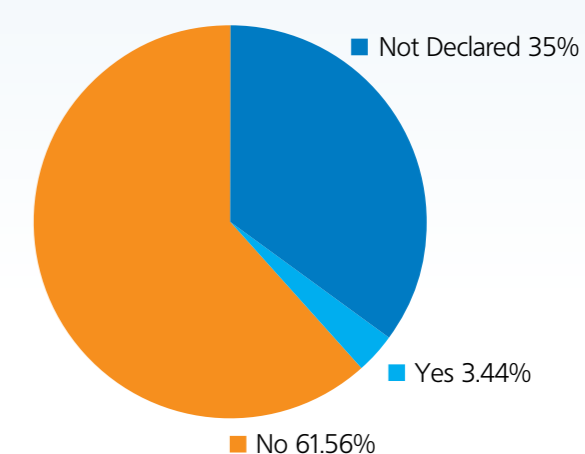
Trust Ethnic Profile:



Profile by Religion & Belief:



Staff Declaring Disability:



Trust Profile	
Sexual Orientation	Staff FTE
Bisexual	Redacted
Gay	Redacted
Heterosexual	43%
Lesbian	Redacted
Not Disclosed	56%

Transforming Services

Providing Improved Mental Health and Learning Disability Environments in Sunderland and South Tyneside (PRIDE)

Work on plans to provide new inpatient accommodation for residents living in Sunderland and South Tyneside continued to develop throughout the year. PRIDE is a major capital project that will provide new in-patient accommodation at Ryhope and Monkwearmouth hospital sites in Sunderland.

With support from our partners at Sunderland City Council and the Teaching Primary Care Trust, in-patient services for Sunderland residents will be provided in new 122-bedded accommodation at the Ryhope site and will house - adult admission, intensive care, stepped care, and older people's functional illness services. With additional support from South Tyneside Council, a 24-bedded Dementia Care Centre is proposed for Sunderland and South Tyneside residents and will be built at Monkwearmouth Hospital.

This will provide specialist in-patient facilities that support the Trust's community-focused Dementia Care Pathway, which includes the recently introduced Memory Protection Service. The development at Ryhope will enable complete withdrawal from the leased Cherry Knowle site. The development at Monkwearmouth will enable decant from and demolition of The Grove at Ryhope, and withdrawal from leased accommodation in Palmer Community Hospital at Jarrow.

As part of our transformation agenda, the Trust's Board of Directors and Senior Management Team have considered future options for services, and have sought to develop flexibility of design to support future planned in-patient provision. Analysis of our future needs for beds indicate that these new facilities will enable flexible fit for purpose, state-of-the-art, effectively staffed in-patient capacity.

A detailed public and patient involvement strategy and implementation plan is regularly reviewed and updated. The strategy and plan aims to ensure that service redesign proposals are developed and tested and are informed by the views of our stakeholders and that detailed design decisions are developed with the help and engagement of our staff, service users and their carers.

Demolition of the existing Ryhope buildings was completed by spring of 2012. The aim was to enable maximum site clearance and preparation ahead of construction in summer 2012. Construction work on the Dementia Care Centre will start in late 2012.

As you have read work on PRIDE is gathering momentum and the project is integral to our efforts to transform our in-patient services and provide services in a state-of-the-art environment which actively promotes the recovery of our service users.



Artist's impression of the Dementia Care Centre.



Artist's impression of the new Ryhope Hospital.

Other Disclosures in the Public Interest

Training and Development

This year the focus of the training team has been on ensuring our staff, have fair and equitable access to the training and development opportunities and are fully compliant with the essential training required to undertake their roles.

We are committed to making sure that the Trust fulfils the specific training requirements that allow our staff to deliver the best and safest possible care to our patients.

Following the Business Model Review, the Training and Development department has undergone a number of significant changes. The previous model of a split corporate and clinical training team has been changed to create one central training delivery team with one Training Manager responsible for the delivery of all Trust essential training.

In this new team there is a shared responsibility for the delivery of both clinical and corporate training and cross training of trainers has commenced. The new team has played an important role in the delivery of training to meet both CQC essential standards and a number of CQUIN targets during the year.

During 2011 / 2012 a lot of effort has been put into improving access to and attendance at Care Quality Commission related training. A rolling programme of training commenced in October 2011 and over 11,250 places have been made available across the subject areas over the 6 month period

A number of new elements have been introduced to the training portfolio in 2011/12, including new HR policy training that is focused on the practical skills elements required to implement policies including Recruitment, Whistle blowing and Managing Attendance. We have new first aid and moving and handling trainers who are delivering sessions across the Trust, many of which are bespoke and delivered in local work areas.

Additionally we have:

- Worked on development of the workforce dashboards in conjunction with IT to improve the quality of information available to managers and staff on training activity,
- Developed a new programme on Values and Attitudes for roll out in 2012/13 in line with the NHS Educational Outcomes Framework and CQUIN requirements,
- Continued the rolled out a single point of access for E learning via the National Learning Management System, maintaining our position in the top 20 organisations nationally for usage. This has been supported by a designated NLMS administrator and increased facilitated E Learning sessions,
- Provided new Advanced Apprenticeships in Care to reflect the changes required by the QCF as well operating a hugely successful Business Administration Apprenticeship programme, with many apprentices now taking up full time employment with the Trust,
- Provided for the first time Foundation Degrees in Care via Teeside University for an initial cohort of 24 support staff.

Other Disclosures in the Public Interest

Leadership Programme Board; Leadership and Management Development

In NTW we are keen to ensure that our leaders can help us to create a vision for how the Trust's services should be delivered in the future and to help us to implement the changes that will be needed.

We also need to ensure that frontline clinicians and the wider workforce have the required leadership knowledge, skills and behaviours to drive radical service redesign and improvement.

We need to make the most of the skills that our leaders have; we need to develop the skills of our leaders; we need to nurture and to develop our leaders of the future.

With this in mind we have re-designed and re-launched our leadership and management development course (LMDC), the structure and the content of which have been adapted to meet the leadership agenda of today and of tomorrow. Our staff will be able to access a flexible package of learning and development opportunities, with emphasis on self-assessment and evaluation, which will include input from the delegate's line managers, colleagues, course facilitators and service users.

We are also developing bespoke packages of development opportunities for prioritised groups of staff within this framework, including ward managers, team leaders and senior operational managers. In order to enhance the leadership skills of senior Trust leaders, at an important stage in the change cycle, a 'Developing Excellent Leaders' module has been delivered by Keele University.

The leadership course is working towards the achievement of the following goals:

- To develop leadership and change management skills in order to achieve the Trust's strategic objectives,
- To articulate a way of identifying and developing leaders at all levels of the organisation,
- To contribute to the ways in which we are able to maximise the potential of all staff.

The LMDC recommenced in December of 2011. Phase one culminates in a three day taught course, which accommodates 16 delegates a month. The course is booked through to the end of March 2013. Phase two will be launched in May of 2012. The course is using a 360 degree feedback structure to aid in its evaluation.

The Leadership Programme is also:

- Exploring the concept and practice of Talent Management and developing recommendations for how the Trust may develop and maximise the potential of staff,
- Contributing to the development of a common skills framework by identifying and rationalising the number of job titles that we have and exploring ways of articulating this in the way that we write job descriptions.

Other Disclosures in the Public Interest

Clinical Audit

We participate in national clinical audits and national confidential enquiries pertinent to our services. These are outlined in our Quality Report for 2011/2012 starting from page 62.

We also support a programme of local clinical audits and these are featured in our Quality Report for 2011/2012 starting from page 62.

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.

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. Over the last year clinical areas have been risk assessed against these standards and action plans implemented where necessary.

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 had six reported cases of clostridium difficile infection in 2008 / 2009 and the incidence reduced to three cases in 2009 / 2010, two cases in 2010 / 2011 and two cases in 2011 / 2012.

In 2011 / 2012 the Trust had no reported case of MRSA Bacteraemia as in 2009 / 2010 and 2010 / 2011.

Other Disclosures in the Public Interest

Health Safety and Security Management

The Patient Safety Department have continued to provide sound advice and support across the organisation in relation Health Safety and Security Management, which demonstrates the Trust's commitment to ensuring and maintaining a safe and security focused environment for our patients, staff and visitors to the Trust.

In 2010 the Trust provided 640 electronic devices for lone workers. During the past year the Trust have implemented a robust and comprehensive monitoring system to ensure lone workers, using these devices, gain maximum benefit and are supported in their use. In practical terms these devices have been used to protect staff and in one incident this year the lone worker device helped to provide a speedy response from the police and therefore protect staff from serious harm. There has been an encouraging increase in the use of these devices over the past year and the Trust Lone Working Device Co-ordinator has provided on-going support to individuals and teams.

Representatives from Team Prevent our new Occupational Health provider attend many of our Trust group meetings this proves very useful in further developing the partnership working so that we get the very best for our staff from the services Team Prevent provide.

The Health and Safety Executive (HSE) have made one visit to the organisation with the last twelve months which related to a slipping Incident in one of our community premises the HSE inspector was satisfied that all systems were in place and no further action was taken.

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 2011/2012 was to continue a culture of high reporting and reduce the number of serious untoward incidents.

During 2011 / 2012 we successfully reduced the number of incidents of harm to patients whilst supporting and open incident reporting culture. All serious untoward incidents continue to be actively investigated and reported to the Trust's Board of Directors.

Fire Safety Inspection

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

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

Other Disclosures in the Public Interest

Emergency Planning and Business Continuity Management

The Trust has continued to ensure it recognises its role in being prepared to respond to emergencies which may impact upon the Trust or require support from Trust services.

We have continued to work with partners to ensure a joined up approach to Integrated Emergency Management. This includes training for those who have key roles in emergency response and multi-agency exercises to test the response to emergency scenarios.

Key areas of work for 2012/13 include involvement in Olympics preparedness and supporting the formation of Local Health Resilience Partnerships, which will come into operation from April 2013.

Research and Development

Nationally Research and Development remains firmly on the agenda, with DH, through the National Institute of Health Research (NIHR), ring-fencing the national research funding budget to ensure continued progress.

Increasing research participation

Locally this progress has seen an upward trend towards increases in research participation in NTW over the last four years while we have exceeded our annual target for 2011/12 of 800 by recruiting 835 research participants for NIHR Portfolio research in NTW.

Exploiting opportunities for investment from commercial research

As suggested in Plan for Growth (2011)* it is ever more important that the expertise within the NHS attracts investment into NHS Trusts in the form of commercial research. We have provided input into four commercially funded trials in 2011/12.

Developing the next generation of research leaders

A key challenge for NTW has been to ensure the continued success of our existing portfolio of high profile research activities while continuing to support and develop the new themes and strands of research which will lead to increased research income in the future. **Existing high profile areas of research strength remain:**

- Bi-polar disorder
- Brain Ageing and Dementia
- Child and adolescent mental health

Other Disclosures in the Public Interest

While areas in which we have seen significant progress over the last 12 months are:

- Addictions
- Health Services Research
- Service User led research
- Neuro-rehabilitation

Collaborations

We have retained a strong collaborative focus with the Trust continuing to act as Host organisation for the two relevant north east based NIHR Clinical Research Networks (Mental Health Research Network and Dementias and Neurodegenerative Diseases Research Network) and also working closely with Northumberland Tyne and Wear Comprehensive Local Research Network (NTW CLRN), while partnerships with both Newcastle and Northumbria Universities have led to successful collaborative bids for research funding.

Reducing set-up times for research

A further key outcome for NIHR nationally is to reduce the time it takes to set up a research study and to recruit the first participant. Future NIHR funding will be made contingent on reductions in these timescales. As a Trust we have worked hard to streamline the processes through which we set up and approve research, issue Honorary contracts, and support researchers to manage their projects, developing an excellent working relationship with NTW CLRN in the process.

Developing a new strategic approach to R&D

Work has continued in 2011/12 towards developing a new strategic approach to R&D and a framework of a new set of objectives was agreed by the Board. We have also attempted to promote an integrated model of practice development and improvement within the Trust, which will be informed by high quality service evaluation and the translation of research evidence into practice.

*Plan for Growth (2011) available at: http://cdn.hm-treasury.gov.uk/2011budget_growth.pdf

The Promotion of NHS Funded Services

Actual marketing spend in 2011/12 was £14,503. This relates to promotional materials and activities for our specialist (and key others) services to referrers – Richardson Eating Disorders Service; Regional Affective Disorders Service; Mother and Baby Unit; South of Tyne Memory Protection; Improving Access to Psychological Therapies services and for producing generic, branded, up to date information about the Trust which is used for service users, carers, staff and referrers.

Transforming Services

Rose Lodge impresses the Care Quality Commission (CQC)

In September 2011, a team of Inspectors visited Rose Lodge in Hebburn, South Tyneside which is a specialist centre for the assessment and treatment of working age adults with a learning disability who require inpatient treatment. The inspection team consisted of CQC inspectors, a professional advisor and two 'experts by experience' who are people who have first-hand experience of using services, either as a patient or as a family carer.

This visit was intended to pilot a nationwide inspection of learning disability services, which the CQC announced that they would undertake in response to the high profile Panorama Castlebeck documentary, where the BBC highlighted systemic abuse by staff towards residents with a learning disability. These visits are intended to take a different and more inclusive approach to assess two particular standards of care namely,

- how well service users experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights, and
- how well do we ensure that we protect our service users from abuse.

The team's resulting report gave a very positive view of the quality of care provided at Rose Lodge, with regard to achieving the two standards under inspection

Patients spoke very positively about the care, treatment and support they receive at Rose lodge and felt that they were very well supported in independent decision-making by staff and were very happy with all aspects of the service, particularly the inpatient environment.

The inspectors reported that the admission specification was comprehensive, which included the details of the home crisis team that manage all admissions and information on the assessment tools that must be completed prior to admission.

From the inspection it was clear that care plans are regularly reviewed and our service users were fully involved in the process. It was reported that staff created plans of care that met with patients assessed needs and that staff followed these plans and, where required, the plans were created in a format that could be easily understood by the service users and their carers. Potential risks to patients living in the service were assessed and minimised through an effective risk assessment and review system.



Interior courtyard, Rose Lodge

Part of the inspection checked that patients were given a range of leisure activities throughout the week and the inspectors were pleased to see that each patient had an individual programme of activities which is displayed on their bedroom wall in a format they could understand.

Service users told the inspectors first-hand that any concerns they had were listened to, taken seriously and acted upon and made reference to the trust's Say it, See it dignity campaign which they felt linked to trust values and is underpinned by trust policies and national guidelines.

Very importantly, the inspectors also spoke to a number of family members of service users who said that the care, treatment and support offered at Rose Lodge was "excellent".

Board of Directors Pen Portraits

Jules Preston, MBE - Trust Chairman



Experience and Skills / Expertise:

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

Qualifications:

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

Dr Gillian Fairfield, Chief Executive



Experience and Skills / Expertise:

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

Qualifications:

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

Board of Directors Pen Portraits

Anne Ward Platt, Non-Executive Director and Deputy Chairman



Experience and Skills / Expertise:

- Director of WP Medical and Professional Services Ltd. - a company providing consultancy and medico-legal services.
- Director of AWP Associates - specialising in conciliation, complaints and conflict management.
- Freelance journalist with focus on health and management issues.
- Author of "Conciliation in Healthcare: managing and resolving complaints and conflict" (2008).
- Background in Education.
- Non Executive Director of Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Non Executive Director of Northumberland Mental Health NHS Trust.
- Experience in health related project management, and health and social care research.

Qualifications:

- BA (Hons) English (Bristol)
- PGCE (Bristol)
- Member of the Society of Authors
- Member of the Medical Journalists' Association

Board of Directors Pen Portraits

Ken Grey, Non-Executive Director



Experience and Skills / Expertise:

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

Qualifications:

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

Board of Directors Pen Portraits

Paul McEldon, Non-Executive Director



Experience and Skills / Expertise:

- Director of Customer First UK Ltd.
- Audit Manager for KPMG.
- Extensive Business and finance experience, currently Chief Executive of North East Business and Innovation Centre.
- Financial Director of Sunderland City Training and Enterprise Council.
- Founding Director and Company Secretary of Sunderland Science Park.
- Director and Deputy Chairman of the National Enterprise Network.

Qualifications:

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

Martin Cocker, Non-Executive Director



Experience and Skills / Expertise:

- Independent non-executive director and chairman of the Audit Committee, Etalon Group Limited.
- Independent non-executive director and chairman on the Audit Committee, EFKO Foods PLC.
- Significant business-advisory experience, including Managing Partner North Russia Region, Deloitte & Touche, Managing Partner Deloitte & Touche Central Asia Audit Group and Partner and Leader of Ernst & Young's Energy Group in Moscow, Russia.

Qualifications:

- BSC Joint Honours Mathematics and Economics
- Member of the Institute of Chartered Accountants of England and Wales.

Fiona Standfield, Non-Executive Director



Experience and Skills / Expertise:

- Director Witton House Associates, specialising in the provision of business advice to the tourism and heritage sectors.
- Extensive managerial and business experience, including Sales Director and Programme Delivery Director of Royal Mail.
- Non Executive Director, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Vice Chair, Northern Stage (Theatrical Productions) Limited.
- Non Executive Director Northumberland Tourism.
- Regional Advisory Panel Member, Common Purpose.
- School Governor and Trustee of Northumbrian Educational Trust.
- Non Executive Director Audiences North East.

Qualifications:

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

Board of Directors Pen Portraits

Chris Watson, Non-Executive Director



Experience and Skills / Expertise:

- Significant management and business expertise including:
- Senior Manager, Northumbria Water.

Qualifications:

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

James Duncan, Executive Director of Finance and Deputy Chief Executive



Experience and Skills / Expertise:

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

Qualifications:

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

Board of Directors Pen Portraits

Dr Suresh Joseph, Executive Medical Director



Experience and Skills / Expertise:

- Extensive clinical experience in General Adult Psychiatry.
- Record of achievement in service redesign, professional leadership and development, and clinical management roles.
- Wide experience of psychiatric training and education, and workforce issues at regional and national level.
- Honorary Clinical Lecturer in Psychiatry, University of Newcastle upon Tyne.
- Past Honorary Secretary, Faculty of General and Community Psychiatry, Royal College of Psychiatrists.
- Past Chair, Faculty Education and Curriculum Committee, Royal College of Psychiatrists, and
- National expertise in Role and Service Redesign.

Qualifications:

- MB BS,
- MMedSc,
- FRC Psych

Elizabeth Latham, Executive Director of Workforce and Organisational Development



Experience and Skills / Expertise:

- Extensive human resources experience including:
- Member of the NHS Pension Scheme Governance Group.
- Head of Personnel South Durham Health NHS Trust.
- Director of HR, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

Qualifications:

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

Board of Directors Pen Portraits

Gary O'Hare, Executive Director of Nursing and Operations



Experience and Skills / Expertise:

- Extensive clinical experience in Psychiatric Intensive Care and Forensic Mental Health nursing.
- Extensive nursing and operational delivery experience, both clinical and managerial, at local and national level, including:
- Formerly Director of Nursing at Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Led 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.
- Strong academic links with Northumbria University.

Qualifications:

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

Lisa Quinn, Executive Director of Performance and Assurance



Experience and Skills / Expertise:

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

Qualifications:

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



Board of Directors

Board of Director Details 2011 / 2012

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit Committee		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
Jules Preston Trust Chairman Chairman of the Remuneration Committee	01.12.09	30.11.13	9	9	-	-	-	-	-	-	-	-	2	2	-	-
Dr Gillian Fairfield Chief Executive	01.12.09	N/A	9	5*	-	-	-	-	-	-	-	-	-	-	-	-
Anne Ward Platt Non-Executive Director / Deputy Chair	01.12.09	30.06.12	9	9	-	-	-	-	-	-	8	6	2	2	-	-
Ken Grey Non-Executive Director / Senior Independent Director	01.12.09	30.11.13	9	9	-	-	2	0	-	-	-	-	2	2	-	-
Martin Cocker Non-Executive Director	01.01.12	31.12.14	3	3	2	2	-	-	-	-	-	-	1	1	-	-
Judith Curry Non-Executive Director	01.12.09	30.11.11	6	6	5	5	-	-	-	-	5	4	2	1	-	-
Paul McEldon Non-Executive Director Chairman of Audit Committee	01.12.09	31.12.14	9	9	7	7	-	-	-	-	-	-	2	1	-	-
Fiona Standfield Non-Executive Director Chair of MHL Committee	01.12.09	31.12.13	9	8	-	-	2	2	-	-	-	-	2	2	7	7
Chris Watson Non-Executive Director	01.12.09	31.12.12	9	7	7	6	-	-	6	3	-	-	2	2	-	-
James Duncan Deputy Chief Executive / Executive Director of Finance Chairman of FIBD Committee	01.12.09	N/A	9	8	-	-	2	0	6	6	8	0	-	-	-	-

Board of Directors

Board of Director Details 2011 / 2012

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit Committee		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
Dr Suresh Joseph Executive Medical Director	01.12.09	N/A	9	5**	-	-	2	0	6	0**	8	1**	-	-	7	1**
Elizabeth Latham Executive Director of Workforce and Organisational Development Chair of MODP Committee	01.12.09	N/A	9	8	-	-	2	1	6	1	8	1	-	-	-	-
Gary O'Hare Executive Director of Nursing and Operations Chairman of Q & P Committee	01.12.09	N/A	9	8	-	-	2	0	6	0	8	3	-	-	7	1
Lisa Quinn Executive Director of Performance and Assurance	01.12.09	N/A	9	9	-	-	2	0	6	2	8	5	-	-	7	4

* Due to a period of sickness absence from October 2011 to February 2012, Dr Fairfield was unable to attend all Board meetings.

** Due to a period of sickness absence from January 2012 to March 2012, Dr Joseph was unable to attend all Board meetings and Committee meetings.

Please note:

- the membership of Trust committees is under review to streamline attendance and avoid duplication of directors.

- in November 2011, the Modernisation Organisational Development and Programmes Committee was stood down and any remaining functions transferred to other committees.

Council of Governors

Council of Governors Details 2011 / 2012

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, 2012	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee	No. Attended
Local Authorities (Sunderland Council)	Dave Allan	18.5.11	3	10	1st	Yes	3	3		
Staff (Non Clinical)	Billy Anderson	1.12.09	3	28	1st	Yes	4	2	2	1
Staff (Clinical)	Nigel Atkinson	1.12.09	3	28	1st	Yes	4	1		
Public (Gateshead)	Thomas Bentley	1.12.09	3	24	1st	No	3	3	2	1
Service User (Neuro Disability Services)	Russell Bowman	1.12.09	3	28	1st	Yes	4	4		
Staff (Non Clinical)	Keeley Brickle	1.12.09	3	28	1st	Yes	4	1		
Community and Voluntary (Mental Health North East)	Ray Brown	9.2.12	3	2	1st	Yes	1	1		
Service User (Adult Services)	Alasdair Cameron	1.12.09	3	28	1st	Yes	4	1		
Public (North Tyneside)	Margaret Chambers	1.3.11	3	13	1st	Yes	4	4		
Carer (Adult Services)	Ann Clark	1.12.09	3	28	1st	Yes	4	3		
Staff (Medical)	Alan Currie	1.12.09	3	28	1st	Yes	4	3		
Service User (Learning Disability Services)	Andrew Davidson	1.12.09	3	28	1st	Yes	4	0		
Local Authority (Gateshead Council)	Mary Foy	1.12.09	3	28	1st	Yes	4	1		
Carer (Children and Young Peoples Services)	Janet Fraser	1.12.09	3	28	1st	Yes	4	3	2	2
Local Authorities (Newcastle Council)	Kevin Graham	6.10.11	3	6	1st	Yes	2	1		
Public (Sunderland)	Jane Hall	1.12.09	3	28	1st	Yes	4	2	2	1
Carer (Learning Disability Services)	George Hardy	1.12.09	3	16	1st	Yes	4	2		
PCT (Sunderland Teaching PCT)	Patricia Harle	1.12.09	3	16	1st	Yes	4	3		
Carer (Adult Services)	Norman Hildrew	1.12.09	3	16	1st	Yes	4	3		

Council of Governors

Council of Governors Details 2011 / 2012

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, 2012	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee	No. Attended
Community and Voluntary (Voluntary Organisation Network North East)	Brendan Hill	1.12.09	3	16	1st	Yes	4	2		
University (Newcastle University)	Barry Hirst	1.12.09	3	16	1st	Yes	4	2	3	1
Service User (Adult Services)	Elizabeth Jewitt	1.12.09	3	16	1st	Yes	4	2		
Local Authority (Newcastle City Council)	Liz Langfield	1.12.09	3	16	1st	Yes	4	0		
University (Northumbria University)	John Miller	16.1.12	3	3	1st	Yes	1	1		
Public (Northumberland)	Claire Mills	1.12.09	3	16	1st	Yes	4	2		
Service Users - Older Peoples Services	Marian Moore	1.3.11	3	1	1st	Yes	0	0		
Local Authority (Northumberland County Council)	Simon Reed	1.12.09	3	16	1st	Yes	4	2		
Carer (Older Peoples Services)	Anneva Spark	1.12.09	3	16	1st	Yes	4	3		
Local Authorities (Sunderland Council)	Mel Speding	10.5.10	3	12	1st	No	1	0		
Public (South Tyneside)	Jeanette Telfer	1.3.11	3	13	1st	Yes	4	4		
Carer (Neuro Disability Services) Lead Governor and Reserve Chairman / Chair of the Nominations Committee)	Richard Tomlin	1.12.09	3	28	1st	Yes	4	4	2	2
Staff (Clinical)	Paul Veitch	1.12.09	3	28	1st	Yes	4	4		
PCT (North Tyneside)	Dave Willis	1.12.09	3	28	1st	Yes	4	2		
Public (Newcastle upon Tyne (and the rest of England and Wales))	Oliver Wood	1.12.09	3	28	1st	Yes	4	3		
Service Users Children and Young People's Services	Sophie Woods	1.03.11	3	11	1st	No	4	3		

Remuneration Report

Salary and Pension Entitlements of Senior Managers

The Trust has a Remuneration Committee. Its membership for 2011 / 2012 was made up of the Chairman and Non Executive Directors. The policy on the remuneration of senior managers is that the Committee's remit covers the remuneration of the Chief Executive and Executive Directors.

The Remuneration Committee met on two occasions during 2011 / 2012.

In considering the remuneration of senior managers, the Committee is provided with information on the annual uplifts given to "medical and dental" staff and those under "agenda for change", and considers circulars from the Department of Health on the pay of very senior managers in the NHS.

All substantive Executive Directors' contracts are permanent with three months' notice (except the Director of Finance whose notice period is four months) and termination payments (including redundancy and early retirement) are as per the general NHS terms and conditions applicable to other staff.

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

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

The remuneration and pension benefits tables disclosed on pages 189 to 192 have been subject to audit and an unqualified opinion has been given.



Dr. Gillian Fairfield
Chief Executive
30 May 2012

Remuneration Report

Council of Governors Details 2011 / 2012

Name	Title	Salary Bands of £5,000		Other Remuneration Bands of £5,000		Benefits in Kind Rounded to the nearest £100		Total Remuneration Bands of £5,000	
		2011/2012	2010/2011	2011/2012	2010/2011	2011/2012	2010/2011	2011/2012	2010/2011
Jules Preston	Trust Chairman	35-40	30-35	0	0	0	0	35-40	30-35
Anne Ward-Platt	Non Executive Director and Deputy Chair	5-10	5-10	0	0	0	0	5-10	5-10
Ken Grey	Non Executive Director and Senior Independent Director	10-15	5-10	0	0	0	0	10-15	5-10
Martin Cocker	Non Executive Director	0-5	-	0	-	0	-	0-5	-
Judith Curry	Non Executive Director	5-10	5-10	0	0	0	0	5-10	5-10
Paul McEldon	Non Executive Director	10-15	5-10	0	0	0	0	10-15	5-10
Fiona Standfield	Non Executive Director	5-10	5-10	0	0	0	0	5-10	5-10
Chris Watson	Non Executive Director	5-10	5-10	0	0	0	0	5-10	5-10
Dr Gillian Fairfield	Chief Executive	180-185	180-185	0	0	0	0	180-185	180-185
James Duncan	Deputy Chief Executive / Executive Director of Finance	125-130	120-125	0	0	9	31	125-130	125-130
Elizabeth Latham	Executive Director of Workforce and Organisational Development	95-100	95-100	0	0	0	0	95-100	95-100
Dr Suresh Joseph	Executive Medical Director	185-190	185-190	0	0	0	0	185-190	185-190
Gary O'Hare	Executive Director of Nursing and Operations	105-110	105-110	0	0	8	0	105-110	105-110
Lisa Quinn	Executive Director of Performance and Assurance	95-100	95-100	0	0	0	0	95-100	95-100
Dr Damian Robinson	Acting Executive Medical Director	25-30	-	0	-	0	-	25-30	-

Remuneration Report

Note:

- All benefits in kind are leased cars
- There were 2 Executive Directors who opted out of the NHS Pension Scheme during 2010/11. Payments in lieu of pension were made of £21,000 to Dr Gillian Fairfield and £21,000 to Dr Suresh Joseph. In both cases the total remuneration package remained unchanged.
- James Duncan's salary includes a period covering as Chief Executive from 20 October 2011 to 5 February 2012.
- There were no bonus payments made or exit packages awarded to Executive and Non Executive Directors included as senior managers.

The median remuneration of all Trust staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director are shown below. The calculation is based on full time equivalent staff of the Trust at 31 March 2012 on an annualised basis.

	2011/12	2010/11
Median total remuneration	£25,844	£25,585
Ratio to mid-point of the banded remuneration of highest paid director	8.06	8.14

Non Executive Directors		
Jules Preston	01/04/11 – 31/03/12	Trust Chairman
Anne Ward Platt	01/04/11 – 31/03/12	Non Executive Director and Deputy Chair
Ken Grey	01/04/11 – 31/03/12	Non Executive Director and Senior Independent Director
Martin Cocker	01/01/12 – 31/03/12	Non Executive Director
Judith Curry	01/04/11 – 30/11/11	Non Executive Director
Paul McEldon	01/04/11 – 31/03/12	Non Executive Director
Fiona Standfield	01/04/11 – 31/03/12	Non Executive Director
Chris Watson	01/04/11 – 31/03/12	Non Executive Director
Executive Directors		
Dr Gillian Fairfield	01/04/11 – 31/03/12	Chief Executive
James Duncan	01/04/11 – 31/03/12	Deputy Chief Executive / Executive Director of Finance
Elizabeth Latham	01/04/11 – 31/03/12	Executive Director of Workforce and Organisational Development
Dr Suresh Joseph	01/04/11 – 31/03/12	Executive Medical Director
Gary O'Hare	01/04/11 – 31/03/12	Executive Director of Nursing and Operations
Lisa Quinn	01/04/11 – 31/03/12	Executive Director of Performance and Assurance
Dr Damian Robinson	16/01/12 – 31/03/12	Acting Executive Medical Director

Note:

- Dr Damian Robinson acted up as Executive Medical Director to cover a period of sickness absence.

Remuneration Report

	Real increase (decrease) in pension at age 60	Real increase (decrease) in lump sum at age 60	Total accrued pension at age 60 at 31/03/12	Lump sum at age 60 related to accrued pension at 31/03/12	Cash Equivalent Transfer Value at 31/03/12	Cash Equivalent Transfer Value at 31/03/11	Real increase in Cash Equivalent Transfer Value
	Bands of £2.5k £000	Bands of £2.5k £000	Bands of £5k £000	Bands of £5k £000	£000	£000	£000
Gillian Fairfield Chief Executive	(0.0)-(2.5)	(5.0)-(7.5)	45-50	145-150	992	936	26
James Duncan Deputy Chief Executive / Executive Director of Finance	0.0-2.5	0.0-2.5	30-35	90-95	451	357	83
Suresh Joseph Medical Director	(5.0)-(7.5)	(17.5)-(20.0)	90-95	270-275	2092	2029	0
Elizabeth Latham Director of Human Resources	0.0-2.5	0.0-2.5	30-35	90-95	693	643	30
Gary O'Hare Director of Nursing	0.0-2.5	2.5-5.0	50-55	150-155	877	733	121
Lisa Quinn Director of Performance	0.0-2.5	2.5-5.0	25-30	85-90	413	313	90
Dr Damian Robinson Acting Executive Medical Director	0.0-2.5	0.0-2.5	40-45	130-135	833	698	24

Note:

- Dr Gillian Fairfield is in dispute with the NHS Pensions Agency as a result of a recalculation of her pension entitlements which has occurred in 2010/11. These disclosures are inconsistent with those reported in previous years.
- The real increases in Dr Damian Robinson's pension disclosures are the proportion relating to the time in post as Acting Medical Director.

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.

Summary Annual Accounts

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Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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 NHS Foundation Trust Accounting Officer 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 Annual 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.



30 May 2012

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

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

ANNUAL GOVERNANCE STATEMENT 2011/12

1 Scope of responsibility

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

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

The Executive Director of Performance and Assurance has overall lead responsibility for performance risk management within the Foundation Trust. While the Executive Director of Performance and Assurance has a lead role in terms of reporting arrangements, all directors have responsibility for the effective management of risk within their own area of direct management responsibility, and corporate and joint responsibility for the management of risk across the organisation.

Structures and systems are in place to support the delivery of integrated risk management, across the organisation. A wide range of risk management training has continued to be provided throughout the Foundation Trust during the year. This includes providing training for all new staff as well as training specific to roles in areas of clinical and corporate risk. Delivery of training against planned targets is monitored by the Board of Directors, and managed through the Trust Senior Management Team. Specific targets for improvement in clinical risk training are agreed within contracts with commissioners of our service. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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. Operations for the Foundation Trust are managed through an organisational structure, with operations divided into three groups, and each has governance committees in place for quality and performance and operational management. During the year as the Foundation Trust implemented its business model review, there has been a transition from the old directorate based structure to the three group structure, with measures put in place to ensure continuity and transition of the management of risk. Risk registers are maintained and reviewed by each Group and reviewed through the Foundation Trust-wide governance structures. The Quality and Performance Committee consider group top risks and the Corporate Risk Register every two months. The Mental Health Legislation Committee has 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 Group and corporate risk registers. The Foundation Trust's principal risks and mechanisms to control them are identified through the Assurance Framework, which is reviewed by the Board of Directors every two months. These risks are reviewed and updated through the Foundation Trust's governance structure. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and on-going assessment and reviews of risk scores.

The principal risks are considered as those rated over 15 at a corporate level on the standard 5 by 5 risk assessment measure. The table opposite summarises those risks and the key controls as reported in the Board Assurance Framework and Corporate Risk Register. All risks identified opposite are considered as in year and future risks.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Reference	Risk	Key Controls
SO1.1	That we do not develop and correctly implement service model changes.	Evidence base developed through Service Model Review Governance arrangements, including programme management structure under Trust Programmes Board. Clinical Reference Group Business Case Process
SO1.2	That we do not effectively engage commissioners and other key stakeholders leading to opposition or significant delay in implementing service model review changes and other major planned service changes.	Partnership arrangements, including Customer Relationship Management, engagement with Clinical Commissioning Groups Membership of Health and Well-being Boards for 4 out of 6 localities South of Tyne model of Care Board Newcastle Locality Partnership Development Northumberland Integrated Planning Group
SO2.2	That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and the cost improvement programme).	IBP/Long term financial model/ Updated Financial Strategy Transforming Services Programme – aligning long term strategy/ service redesign with funding Annual Delivery Plan (incl. Cost Improvement Plan) – management by FIBD Committee.
SO2.6	That we do not meet compliance and performance standards and/or misreport on these through data quality errors.	Financial and Performance Management reporting systems; other business critical systems Trust Essential Standards Working Group Group Governance – Q&P Cttees / Essential Standards sub groups Quality Accounts – Action Plan Data Quality Policy (revised March 11) Programme of visits to wards
SO3.1	That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity.	Workforce Strategy – monitored by MODP / Workforce Programme Board, from Dec 11) Workforce KPIs monitored through Q&P Committee and Board Group / Directorate Workforce Plans Time and Attendance and e-rostering system
SO5.1	That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust.	Monitoring of Quality Account Goal 1 (reducing harm to patients) Complaints, Litigation, Incidents, PALS and Point of You (CLIPP) reporting system in place across Clinical Services. Patient Safety Incidents reporting system, including SUIs Incidents Policy Infection Prevention and Control Policy and PGNs Medicines Management Policy and PGNs Safety Alerts Policy

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Reference	Risk	Key Controls
SO5.2	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Care Quality Commission inspections and action plans Clinical Environment Risk Assessment (CERA) process Capital programme to improve facilities
SO5.3	That there are risks to the safety of service users and others if the key components to support good care co-ordination are not embedded across the Trust.	Care Co-ordination and Care Programme Approach Policy and Practice Guidance Notes Care Co-ordination training
SO5.4	That there are risks to the safety of service users and others if the key components to support good Safeguarding and MAPPA arrangements are not embedded across the Trust.	Safeguarding Children and Safeguarding Adults Policies; Trust Action Plan; Local Safeguarding Boards; Trust-wide structure for Safeguarding in place; Trust Safeguarding – Public Protection Meeting
SO5.6	The risk that high quality, evidence-based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are not sufficiently responsive to demands.	Service Model Review Sunderland Access Pilot Waiting Times Monitoring and Management
SO5.7	The risk that high quality, evidence based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance.	Clinical Audit Policy Group and Trust-wide Clinical Audit programme Research and Development Policy Clinical Effectiveness Committee and its 'task and finish' sub-groups carrying out retrospective review of NICE guidance
SO5.10	That we do not ensure that we have effective governance arrangements in place to maintain safe services whilst implementing the Transforming Services Programme.	Governance Arrangements Programme Management arrangements Decision Making Framework
SO6.3	That we do not further develop integrated information systems across partner organisations.	Local partnerships to support integrated information across organisational boundaries. Trust Information Sharing Policy; Information Protocols
From Corporate Risk Register	Risk of injury or death of an inpatient from ligature use, including compliance with the Trust's Observation Policy.	Observation Policy and training arrangements SUI review process Anti –ligature programme Clinical Environmental Risk Assessment process and programme

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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, although the governance structure was reviewed and updated by the Board of Directors in November 2011.

The following committees were in place at the beginning of the year:

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

In their review of Governance the Board of Directors stood down the Modernisation, Organisational Development and Programmes Committee, in order to streamline committee structures.

Each of the 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 essential standards for quality and safety as part of this role. The Quality and Performance Committee reviews the top risks for each group, 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 was responsible for assuring the effective management of the organisational development in response to strategic change and this role is now undertaken through the Trust Programme Management Structure. The Finance, Infrastructure and Business Development Committee provides assurance that all matters relating to Finance, Estates, Information Management and Technology and Business and Commercial Development are effectively managed and governed.

Quality Governance arrangements are through the governance structures outlined above, ensuring there are arrangements in place from ward to board. **Review, monitoring and oversight of these arrangements takes place through the following among others:**

1. Trust Board
2. Quality and Performance sub-committee
3. Group Quality and Performance committees
4. Senior Management Team meetings

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

In 2010 the Trust supported Monitor in the development of a Quality Governance Framework. The Trust Board now reviews its performance against Monitor's published Quality Governance Framework on a quarterly basis.

The Trust has a data quality improvement plan in place to ensure continuous improvement in performance information and has made continued advances in this area through 2011-12 with the development of near real-time dashboard reporting from patient and staff level to Trust position. The Trust audit plan includes a rolling programme of audit against all performance and quality indicators.

Registration compliance is managed through the above quality governance structures and is supplemented by a Group Director being responsible for the oversight of all compliance assessments and management of on-going compliance through the Trust Essential Standards Group. There is a central log of all evidence supporting registration requirements and a process in place through the governance arrangements highlighted above to learn from external assessments and improve our compliance.

The Foundation Trust is registered with the Care Quality Commission and has maintained full registration, with no non-routine conditions, from 1st April 2010. During the year, the CQC undertook a number of registration visits to Trust sites. Where compliance actions were identified through these visits, the Foundation Trust delivered these in full and on time. The Foundation Trust is fully compliant with the requirements of registration with the Care Quality Commission, with no outstanding compliance actions.

The Trust recognises the significant organisational change that is required to meet the challenges of the external environment, the changing NHS and the requirement to improve the quality of our services with reducing resources. In response to this the Trust has developed its Transforming Services Programme, which developed from the Next Steps Programme in place. This programme is focussed on developing a new service model for the Trust, having implemented a new business model, which included putting clinicians at the heart of the Foundation Trust decision making process. The service model review, which was clinically led has developed a blueprint for the future development of the Foundation Trust services to meet our future challenges, and was presented to our Board of Directors in July 2011. The Trust programme approach will be led through the Trust Programmes Board, and its core programmes are Transforming Services and Safety. The Board of Directors receive a monthly update on Trust Programmes,

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

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Confirmation was received during this accounting period from NHS Protect that the Foundation Trust has gained a rating of Level 3 for its "qualitative assessment," which indicates that it is performing "well." Qualitative assessment is a means by which health bodies can establish their strengths and weaknesses in the different areas of counter fraud work, which helps them to focus their resources appropriately. With this continued rating, the Foundation Trust is assessed as continuing to perform in the top decile nationally for its counter fraud work.

The Risk Management Strategy, the associated Risk Management Policy and the governance structure identified above have been developed in line with nationally identified good practice and assurance of this has been received through independent assessment of performance against standards assessed through the National Health Service Litigation Authority scheme, where the Foundation Trust has Level 1 compliance, with 100% delivery against all standards. The Assurance Framework and arrangements for governance were subjected to external review through the Foundation Trust application process, including review by Monitor, the Department of Health and independent auditors during 2009, and are subject to ongoing review through Internal Audit.

The Foundation Trust involves public stakeholders in identifying and managing risks to its strategic objectives in a number of ways. **These include:**

- Working with partners in health and social services in considering Business and service change. The Foundation Trust has a framework for managing change to services agreed as part of its contracts with its main commissioners across the North East. The Foundation Trust also has good relationships with Overview and Scrutiny Committees, with an excellent record of obtaining agreement to significant service change.
- Active relationships with LiNKS, carer groups and Patient Advisory Liaison Groups, and works with these groups on the management of service risks.
- A Head of Partnerships Role reporting directly into the Chief Executive for sustaining effective relationships with the key public stakeholders.
- Active engagement with governors on strategic, service, and quality risks, including active engagement in the preparation of Quality Accounts and the setting of Quality priorities.

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.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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 Health Informatics Group, Finance, Infrastructure and Business Development Committee and the Senior Management Team. The Foundation Trust put in place a range of measures to manage risks to data security and has met the required standard of level 2 across all key standards in the Information Governance Toolkit.

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

The Foundation Trust has a financial strategy, which is approved by the Board of Directors, and which has been reviewed and approved by the Board of Directors in March 2012. The Financial Strategy has been considered 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 updated Integrated Business Plan, which was considered in draft form in March 2012, and identifies clear plans for the longer term use of resources to meet the organisational objectives and the financial demands generated by the prevailing economic climate. The strategy includes detailed plans for financial delivery in 2011/12 as well as setting out the longer term requirements for use of financial resources, and required investments to support significant organisational change through the Trust's Transforming Services Programme. The financial position is reviewed on a monthly basis through the Finance Infrastructure and Business Development Committee, through Senior Management Team and through the Board of Directors. Cost Improvement Plans are reviewed on a monthly basis by the Finance Infrastructure and Business Development Committee, for both their deliverability and their impact. The Board of Directors receives an update on cost improvements at each meeting. On-going plans for financial delivery have been developed through the Transforming Services Programme, and reviewed through the Senior Management Team and the Board of Directors. An integrated approach has been taken to financial delivery with resources allocated in line with the Trust Service Development Strategy. Financial and Service Delivery Plans are integrally linked with Workforce Development Plans, which are in place for each Group. Each Group 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.

Internal Audit provides regular review of financial procedures on a risk based approach, and the outcomes of these reviews are reported through the Audit Committee. The Audit Committee have received significant assurance on all key financial systems through this process. Internal audit is subject to periodic external review from the Audit Commission as the Foundation Trust's external auditor.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

6 Annual Quality Report

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

2011-12 is the 3rd year of developing of Quality Accounts/Report for Northumberland, Tyne and Wear NHS Foundation Trust. The Trust has built on the extensive work undertaken to develop the Trust Integrated Business Plan and has drawn on the various guidance published in relation to Quality Accounts.

The Trust has drawn upon service user and carer feedback as well as the Quality Accounts sub-group of the Council of Governors to inform the Quality Account/Report. We have also listened to partner feedback on areas for improvement and our response to these are incorporated in the 2011-12 Quality Account.

Whilst the national requirement is to set annual priorities the Trust has established 3 overarching Quality Goals which span the life of the Integrated Business Plan, ensuring our annual priorities enable us to continually improve upon the three elements of quality: Patient Safety, Clinical Effectiveness and Patient Experience as shown in the table below.

Goal	Description
Safety	Reduce incidents of harm to patients
Experience	Improve the way we relate to patients and carers
Effectiveness	Ensure the right services are in the right place at the right time for the right person

Our Quality Governance arrangements are set out in section 4 of the Annual Governance Statement. The Executive Director of Performance and Assurance has overall responsibility to lead the production and development of the Quality Account/Report. A formal review process was established, involving a presentation of our initial draft account to our partners (OSC, LINKS and commissioners). The Quality Account/Report drafts were formally reviewed through the Trust governance arrangements (Senior Management Team, Quality and Performance Committee, Audit Committee, Council of Governors and Board of Directors).

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

The Trust has put controls in place to ensure the accuracy of the data used in the Quality Account/Report. These controls include:

- Trust policies on quality reporting, key policies include:
 - NTW (O) 05 Incident Policy (including the management of Serious Untoward Incidents).
 - NTW (O) 07 Comments, Compliments and Complaints Policy.
 - NTW(O) 09 - Management of Records Policy
 - NTW(O) 26 - Data Quality Policy
 - NTW(O) 28 – Information Governance Policy
 - NTW(O) 34 - 7 Day Follow Up
 - NTW(O) 62 - Information Sharing Policy
- Systems and processes have been improved across the Trust during 2011-12 with the continued expansion of the near real-time dashboard reporting system, reporting quality indicators at every level in the Trust from patient/staff member to Trust level.
- The Trust has training programmes in place to ensure staff have the appropriate skills to record and report quality indicators. **Key training includes:**
 - Electronic Patient Record (RIO)
 - Trust Induction
 - Information Governance
- The Trust audit plan includes a rolling programme of audits on quality reporting systems and metrics.
- The internal and clinical audit plans are also aligned to the Trust's corporate risk register and assurance framework.
- In 2010 the Trust supported Monitor in the development of a Quality Governance Framework. The Trust Board now reviews it's performance against Monitor's published Quality Governance Framework on a quarterly basis.

Through the engagement and governance arrangements outlined above the Trust has been able to ensure the Quality Account/Report provides a balanced view of the Organisation and appropriate controls are in place to ensure the accuracy of data.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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, the counter fraud team, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, and the Foundation Trust governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Performance and Assurance Framework provide me with evidence that the effectiveness of controls in place to manage the risks associated with achieving key organisational objectives have been systematically reviewed. Internally I receive assurance through the operation of a governance framework as described above, including the Trustwide Governance Structure, Group level governance structures, internal audit reviews and the Audit Committee.

My review is also informed by (i) On-going registration inspections and Mental Health Act reviews by the Care Quality Commission (ii) the National Health Service Litigation Authority, having achieved 100% at Level I for the Risk Management Standards for Mental Health and Learning Disability, (iii) External Audit, (iv) NHS North East (v) Monitor's on-going assessment of the Foundation Trust's performance, and (vii) on-going review of performance and quality by our commissioners.

Throughout the year the Audit Committee has operated as the key standing committee of the Board of Directors with the responsibility for assuring the Board of Directors that effective processes and systems are in place across the organisation to ensure effective internal control, governance and risk management. The Audit Committee is made up of three Non-Executive Directors, and reports directly to the Board of Directors. **The Committee achieves its duties through:**

- Review of the assurance framework in place across the organisation and detailed review of the Foundation Trust's self-assessment against essential 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.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

- Receipt and detailed scrutiny of reports from the Foundation Trust's management concerning the governance and performance management of the organisation, where this is considered appropriate.
- Review of its own effectiveness against national best practice on an annual basis. The terms of reference for the committee were adopted in line with the requirements of the Audit Committee Handbook and Monitor's Code of Governance.

The Board of Directors itself has a comprehensive system of performance reporting, which includes analysis against the full range of performance and compliance standards, review of the Assurance Framework and Corporate Risk Register every two months, ongoing assessment of clinical risk through review of complaints, SUIs, incidents, and lessons learned. The Board of Directors receives an annual review of clinical audit, which is also considered in detail and reviewed by the Quality and Performance Committee. The Board of Directors also considers on a quarterly basis an epidemiological review of suicides, presented by our Director for Public Health.

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

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: 30 May 2012

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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

Opinion on the summary financial statements

I have examined the summary financial statement for the period ended 31 March 2012 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, and associated notes in respect of the Better Payment Practice Code, The Late Payment of Commercial Debts (Interest) Act 1998, Management Costs and Related Party Transactions.

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

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

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

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

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

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Northumberland, Tyne and Wear NHS Foundation Trust for the year ended 31 March 2012.

Cameron Waddell
Officer of the Audit Commission
Audit Commission
2nd Floor, Nickalls House
Metro Centre
Gateshead

30 May 2012

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Northumberland, Tyne & Wear NHS Foundation Trust

Summary Financial Statements

The financial statements which follow are only a summary of the information contained in the Trusts Annual Accounts, and therefore might not contain sufficient information for a full understanding of the Trust's financial position and performance.

The Trusts'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, Executive 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 £54,000 (£45,000 plus VAT) for the period 1st April 2011 to 31st March 2012 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 Trusts 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.

Foreward to the Accounts

These accounts for the period ended 31st March 2012 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
30 May 2012

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Statement of Comprehensive Income	2011/12 £000	2010/11 £000
Operating income from continuing operations	307,973	313,226
Operating expenses from continuing operations	(310,842)	(300,810)
Operating (deficit)/surplus	(2,869)	12,416
Finance costs		
Finance income	390	204
Finance expense - financial liabilities	(4,734)	(4,431)
Finance expense - unwinding of discount on provisions	(115)	(115)
PDC dividends payable	(5,057)	(5,126)
Net finance costs	(9,516)	(9,468)
Share of profit from associated and joint ventures	181	0
Corporation tax expense	0	0
(Deficit)/surplus for the year	(12,204)	2,948
Other comprehensive income:		
Impairments	(1,203)	(786)
Revaluations	(1,862)	5,480
Other reserve movements	0	(2)
Total comprehensive (expense)/income for the year	(11,545)	7,640

Money we receive for delivering healthcare mainly from other health bodies, and from other operations such as providing social services to other trusts.

Money spent on 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 losses in value of our buildings that have been charged to reserves.

Gains relating to upwards valuations of our buildings that have been added to reserves.

The prior year comparatives have been restated as a result of a change in accounting policy.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Statement of Financial Position	31 March 2012 £000	31 March 2011 £000
Non-current assets		
Intangible assets	0	0
Property, plant and equipment	229,652	237,427
Investments in associates and joint ventures	181	0
Trade and other receivables	1,116	116
Total non-current assets	230,949	237,543
Current assets		
Inventories	449	504
Trade and other receivables	15,381	7,817
Non-current assets for sale and assets in disposal groups	3,632	7,662
Cash and cash equivalents	21,811	27,310
Total current assets	41,273	43,293
Current liabilities		
Trade and other payables	(27,902)	(22,748)
Borrowings	(3,720)	(4,031)
Provisions	(1,317)	(2,415)
Other liabilities	(6,976)	(4,082)
Total current liabilities	(39,915)	(33,276)
Total assets less current liabilities	232,307	247,560
Non-current liabilities		
Borrowings	(63,342)	(67,062)
Provisions	(5,542)	(5,522)
Other liabilities	(263)	(271)
Total non-current liabilities	(69,147)	(72,855)
Total assets employed	163,160	174,705
Financed by taxpayers equity:		
Public dividend capital	201,394	201,394
Revaluation reserve	16,005	20,889
Income and expenditure reserve	(54,239)	(47,578)
Total taxpayers equity	163,160	174,705

The prior year comparatives have been restated as a result of a change in accounting policy.

The Financial Statements were approved by the Board on the 30 May 2012 and signed on its behalf by:



Dr Gillian Fairfield
Chief Executive
30 May 2012

Value of land, buildings and equipment that we own.

Amount owed to us that we will receive within a year mainly from other NHS organisations.

Value of land and buildings that will be recovered through sale rather than continuing use.

Amount that is due to be paid to other organisations within a year.

Amount that is due to be repaid on the Trusts loan and PFI liabilities within a year.

Amount set aside to cover events that have happened for which we expect to make a payment within a year.

Includes deferred income to be released to revenue within a year.

Amount that is due to be repaid on the Trusts loan and PFI liabilities in more than a year.

Amount set aside to cover events that have happened for which we expect to make a payment in more than a year.

Notional amount that the government has invested in the Trust.

Increases in the value of land and buildings since the Trust was formed.

Net amount by which expenditure has exceeded income since the Trust was set up.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Statement of Cash Flows	2011/12 £000	2010/11 £000
Cash flows from operating activities		
Operating (deficit)/surplus from continuing operations	(2,869)	12,416
Operating (deficit)/surplus	(2,869)	12,416
Non-cash income and expense:		
Depreciation and amortisation	7,460	7,545
Impairments	22,395	7,157
Reversals of impairments	(1,829)	(4,995)
Interest accrued and not paid	(6)	0
Dividends accrued and not paid or received	(104)	0
(Increase)/decrease in trade and other receivables	(8,564)	3,703
Decrease/(increase) in inventories	55	(128)
Increase in trade and other payables	3,364	2,614
Increase in other liabilities	2,894	1,049
(Decrease)/increase in provisions	(1,193)	1,272
Other movements in operating cashflows	2,208	(25)
Net cash generated from operations	23,811	30,608
Cash flows from investing activities:		
Interest received	390	209
Purchase of property, plant and equipment	(19,898)	(25,544)
Sales of property, plant and equipment	3,907	287
Net cash (used in) investing activities	(15,601)	(25,048)
Cash flows from from financing activities:		
Loans received from the Department of Health	0	14,000
Loans repaid to the Department of Health	(2,766)	(2,183)
Capital element of finance lease rental payments	(60)	(60)
Capital element of Private Finance Initiative obligations	(1,205)	(1,018)
Interest paid	(641)	(321)
Interest element of finance lease	(50)	(52)
Interest element of Private Finance Initiative obligations	(4,034)	(3,736)
PDC Dividend paid	(4,953)	(4,972)
Net cash generated (used in)/from financing activities	(13,709)	1,658
(Decrease)/increase in cash and cash equivalents	(5,499)	7,218
Cash and cash equivalents at 1st April	27,310	20,092
Cash and cash equivalents at 31 March	21,811	27,310

The operating (Deficit)/Surplus taken from the Statement of Comprehensive Income.

The prior year comparatives have been restated as a result of a change in accounting policy.

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

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

Better Payment Practice Code - Measure of Compliance	2011/12		2010/11	
	Number	£000	Number	£000
Non-NHS trade invoices:				
Total paid in the period	57,330	76,208	61,133	79,696
Total paid within target	53,467	71,535	58,399	77,286
Percentage of non-NHS trade invoices paid within target	93.3%	93.9%	95.5%	97.0%
NHS trade invoices:				
Total paid in the period	1,487	105,521	1,738	109,022
Total paid within target	1,213	102,620	1,560	108,198
Percentage of NHS trade invoices paid within target	81.6%	97.3%	89.8%	99.2%

The Late Payment of Commercial Debts (Interest) Act 1998	2011/12	2010/11
	£000	£000
Amounts included in other interest payable arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	1
Total	0	1

Management Costs	2011/12	2010/11
	£000	£000
Management costs	14,654	14,609
Income	305,844	307,161

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

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

Related Party Transactions 2011/12	Income £000	Expenditure £000
Transactions with board members:		
James Duncan, Executive Director of Finance & Deputy Chief Executive - brother in law is a partner at Dickinson Dees. The Trust processed purchase invoices for legal fees.	0	179
Chris Watson, Non Executive Director - Head of Asset Planning at Northumbrian Water Ltd. The Trust processed purchase invoices for water rates.	0	490
Value of transactions with board members	0	669
Value of transactions with key staff members	0	0
Value of transactions with other related parties:		
Department of Health	1,969	1,347
Other NHS Bodies	279,589	12,004
Subsidiaries / associates / joint ventures	80	0
Other	16,261	89,448
Total value of transactions with related parties in 2011/12	297,899	103,468
Related Party Balances 2011/12	Receivables £000	Payables £000
Balances other than salary with board members:		
Chris Watson, Non Executive Director - Head of Asset Planning at Northumbrian Water. The Trust held purchase invoices and accrued for invoices payable for water rates. The trust had also prepaid invoices for water rates in respect of charges relating to 2012/13.	8	86
James Duncan, Executive Director of Finance & Deputy Chief Executive - brother in law is a partner at Dickinson Dees. The Trust had accrued for invoices in respect of legal fees.	0	17
Value of balances (other than salary) with board members	8	103
Value of balances (other than salary) with key staff members	0	0
Value of balances (other than salary) with related parties in respect of doubtful debts written of in a year	0	0
Value of balances with other related parties:		
Department of Health	55	1,171
Other NHS Bodies	8,042	11,996
Subsidiaries / Associates / Joint Ventures	7	0
Other	2,856	7,724
Total balances with related parties at 31st March 2012	10,968	20,994

Summary Annual Accounts for the period 1st April, 2011 to the 31st March, 2012

The Department of Health is regarded as a related party. During the period the 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 organisation. Details of collectively significant transactions and balances:

Related Parties (continued)	Income 2011/12 £000	Expenditure 2011/12 £000	Receivables 31st March 2012 £000	Payables 31st March 2012 £000
NHS Foundation Trusts:				
Gateshead Health NHS Foundation Trust	-	1,045	-	-
Newcastle upon Tyne Hospitals NHS Foundation Trust	2,408	2,999	-	1,318
Northumbria Healthcare NHS Foundation Trust	-	1,543	-	-
South Tyneside NHS Foundation Trust	-	1,398	-	-
NHS Trusts, PCTs, SHAs and Department of Health:				
NHS London	6,639	-	-	-
North East Strategic Health Authority	10,931	-	-	2,070
County Durham PCT	4,036	-	-	-
Cumbria Teaching PCT	2,150	-	-	-
Gateshead PCT	17,603	-	-	-
Newcastle PCT	49,425	-	3,160	-
North Tyneside PCT	66,937	-	-	-
Northumberland Care PCT	44,393	-	-	2,177
South Tyneside PCT	18,616	-	-	1,095
Sunderland Teaching PCT	49,775	-	-	-
NHS Business Services Authority	-	1,898	1,394	-
Department of Health	1,969	1,347	-	1,171
Local Government bodies:				
Gateshead Council	3,013	-	-	-
North Tyneside Metropolitan Borough Council	2,080	-	-	-
Norumberland County Council	8,493	-	1,064	-
Central Government bodies:				
HM Revenue & Customs	-	54,224	-	2,306
National Insurance Fund	-	-	-	2,185
NHS Pension Scheme	-	32,863	-	2,659

In addition, the Trust has had material transactions (under £1,000,000) with other related parties including: Bristol PCT, City Hospitals Sunderland NHS Foundation Trust, Gloucestershire PCT, Middlesbrough PCT, NHS Litigation Authority, North East Ambulance Service NHS Foundation Trust, Portsmouth City Teaching PCT, Sheffield PCT, Tees, Esk and Wear Valleys NHS Foundation Trust, Cumbria County Council, Newcastle upon Tyne City Council, South Tyneside Council and Sunderland City Council.

The Trust has also had transactions with an associate, MHCO NTW LLP, in relation to the trusts joint venture with MHCO.

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