

Annual Report and Accounts 2012/2013



Northumberland, Tyne & Wear NHS Foundation Trust

Annual Report and Accounts 2012/2013

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

Contents

Welcome to our Annual Report	6
Directors' Report	10
Chair and Chief Executive's Statement	12
Operating Review of the Year	14
Our future plans	50
Financial Review	56
Our Performance against Contracts	68
Risk Management	72
Quality Report 2012/2013	74
Governance Review	142
Membership	154
Working in Partnership	158
Working with Staff	166
Complaints and Compliments	178
Equality and Diversity	180
Other Disclosures in the Public Interest	184
Board of Directors	192
Council of Governors	202
Remuneration Report	206
Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013	211

Welcome to our Annual Report

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

We provide Mental Health, Learning Disability and Neuro-rehabilitation Services to a population of 1.4 million people across the Northumberland, Tyne and Wear area. We are one of the largest mental health and disability organisations in the country with an income of approximately £300 million. We employ over 6,000 staff, operating from over 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 Hospital, 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 user, carer, staff and public involvement, including our membership in all aspects of our work;
- Providing high quality evidence-based and safe services supported by effective integrated governance arrangements;
- Improving clinical and management decision making through the provision and development of effective information;
- Being an influential organisation that supports and enables social inclusion.



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 2012 to the 31st March 2013;
- Our plans for the year ahead and beyond.

We also present in this report:

- Our Quality Report for the period 1st April, 2012 to the 31st March, 2013;
- Our Summary Audited Accounts for the period 1st April 2012 to the 31st March, 2013.



Director's Report

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

- Chair and Chief Executive's Statement;
- An operating review of our Trust's activities and highlights 1st April 2012 to 31st March 2013;
- Our future plans - looking to the year ahead and beyond;
- Financial Review.

The Directors of Northumberland, Tyne and Wear NHS Foundation Trust present their operating and financial review report for the period 1st April, 2012 to the 31st March, 2013.

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 2012 to the 31st March, 2013.

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).

Director's Report

NHS Foundation Trust board members



Fiona Standfield
Acting Chairman



Dr Gillian Fairfield
Chief Executive



Ken Grey
Non-Executive Director



Suresh Joseph
Medical Director



Paul McEldon
Non-Executive Director
and Deputy Chairman



Gary O'Hare
Director of Nursing
and Operations



Chris Watson
Non-Executive Director



Lisa Quinn
Director of Performance
and Assurance



Nigel Paton
Non-Executive Director



James Duncan
Finance Director and
Deputy Chief Executive



Martin Cocker
Non-Executive Director



Elizabeth Latham
Director of Workforce
and Organisational
Development

Director's Report

Chair and Chief Executive's Statement

By any standards this has been an extraordinarily busy year. We are on track to deliver our new 137 bed hospital at Cherry Knowle and our new specialist dementia care centre at Monkwearmouth Hospital later in 2013.

We have welcomed new colleagues to our Children and Young People's Specialist Services South of Tyne & Wear and built an £8 million forensic unit at Northgate Hospital. The Tyne unit will provide long term continuing care, treatment and rehabilitation to males over the age of 40 with a learning disability. Our Ferndene Hospital continues to be showered with awards and we have also continued the implementation of our transformation plans, putting our patients' best interests at the centre of every decision we make.

Some of these transformation plans have resulted in our staff changing roles and locations in the past year. Our significant progress is down to our committed staff. Our patients access a number of different services at various times in their life, whether that is inpatient or community based services. It is important that we provide the right care at the right time and in the right place, so it is only right that we thank all of our staff for their courage and flexibility.

As an NHS foundation trust specialising in mental health and disability care, we exist to help make life better for the thousands of people who live in our communities - those individuals who are affected by mental illness or disabilities. Our local and national indicators tell us that we are a good organisation but we want to be better. When we get it right, we celebrate. When we don't, we work with others to learn where we could do better and how we can make a difference.

One of the ways we can become a better and stronger organisation is by identifying and creating strategic partnerships with appropriate external organisations on specific areas of mutual interest. These partnerships can be a way for us to provide new services to our patients, services that we may not be able to set up or provide alone. Such partnerships can also help improve quality and patient safety by, for example, working on joint projects to confidentiality share clinical information. This year the theme of our annual report is working in partnership and throughout this report you will find some excellent examples of how we are doing just that.

In the coming year we will see the full Government and Department of Health response to the Francis Report. Earlier this year, Robert Francis QC published his report into the serious failings of care at Mid-Staffordshire NHS Foundation Trust. He found systematic and cultural failings right across the organisation.

Director's Report

The report is extensive and it will take several months for us to assess its contents in full, review the 290 recommendations and talk to our staff, patients, carers and partners so that we can prepare a full response to the report. There is no doubt the report will have an impact on all NHS organisations, so we'll await further news and information with great interest.

We believe that we can continue to deliver the highest standards of quality if we continue to work together.

In December 2012 we welcomed eight new governors to the Trust following a round of new governor elections. Our governors are vital to the Trust and act as a 'critical friend' by supporting, guiding and challenging our processes and decisions. Their varied backgrounds – medical, service user, staff or professional - mean that we can be sure their input is covering all aspects of the services we provide. We look forward to working with them in the coming years.

We are working more closely with local GPs, who are key stakeholders. We have been involving them more in our services. It is important that we forge good working relationships with the Clinical Commissioning Groups (CCGs) because they are now responsible for deciding how and where NHS money is spent.

So although times are challenging and we are not sure what is on the horizon, we can look back at the previous year with pride and admiration at what we are still achieving. As we head into another year of economic uncertainty, our confidence in this Trust remains as strong as ever.

This Annual Report was approved by the Trust's Board of Directors on 24th May, 2013.



Fiona Standfield
Acting Chairman



Dr Gillian Fairfield
Chief Executive

Director's Report

Operating Review of the Year

In this section of the report we highlight some of the many achievements against our seven strategic objectives over the period 1st April, 2012 to 31st March 2013 which have enabled us to improve the range and quality of services we provide.

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.

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.

Hopewood Park

Our new 137-bed hospital, currently under construction at Ryhope, will be named Hopewood Park. The name was formally approved by the Trust's Board of Directors at our Board meeting in March 2013.

We felt that a new hospital deserved a new name and Hopewood Park was the option favoured by the Pride project team. It has been inspired by the local natural landscape as well as partly being extracted from the word Ryhope. Ryhope's origins lie in the Old English words for 'rough valley', describing the densely wooded Ryhope Dene through which a natural stream flows before joining the sea.

The word Park has also been included as it emphasises the site's feeling of open space and landscaping with views over the North Sea.

In addition to approving the name of the overall hospital, we are pleased to be able to continue to commemorate a Second World War hero. A building on the old Cherry Knowle site is called the Barton unit, named after Pilot Officer Cyril Joe Barton VC. Cyril was posthumously awarded the Victoria Cross for heroic actions during a war time flying mission. He saved many lives in Ryhope by avoiding the village and pit head when crash landing his badly damaged Halifax bomber. The new central facilities building at Hopewood Park will be called the Barton Centre so we are pleased to be able to continue to commemorate Cyril in this way.

Hopewood Park is currently under construction but is expected to be open by summer 2014. It will house urgent care assessment and treatment, older people's functional mental illness, rehabilitation and psychiatric intensive care services. The existing 15 bed Meadow View unit on the site will be retained.



Director's Report

Specialist Dementia Care Centre



Our new 24 bed specialist dementia care centre at Monkwearmouth Hospital is also under construction and is due to open at the end of October this year. Along with other dementia services already at Monkwearmouth Hospital, this will form a specialist Dementia Care Centre for the people of Sunderland and South Tyneside.

Tyne opens its doors



Tyne opened in March 2013 at Northgate Hospital. The £8 million building is for patients previously residing on Coquet unit and provides long term continuing care, treatment and rehabilitation to males over the age of 40 who have a learning disability.

As the new building will cater for older people 'memory boxes' have been installed as a way to personalise the patient's bedrooms. The recessed boxes are outside the patient's bedroom doors and can be personalised with items that are personal to them such as photos or keepsakes.

Learning from previous projects has led to improvements such as the installation of an integrated plumbing system (IPS) which can now be accessed by a single key instead of previous projects where the panels had to be moved separately.

A new innovation which has been included in the new build is steri-spray showers which treat the water for legionella. The system is based on an idea from Ian Helmore who appeared on Dragon's Den. As well as the water being treated by chloride dioxide and cleaned as it enters the building, at the point the water hits you it gets treated by UV light which kills bacteria.

Another new innovation has been the development of an anti-ligature toilet roll holder. An appropriate design which was required for the service was not on the market and unwilling to compromise on patient / staff safety our estates team designed and patented our very own anti-ligature toilet roll holder.

Director's Report

Operating Review of the Year

Improving the Psychiatric Intensive Care Provision South of Tyne and Wear

We improved the quality of our Psychiatric Intensive Care service South of Tyne and Wear by extending the intensive care unit at Dene Ward on the Cherry Knowle hospital site. Historically the Trust had three small PICUs South of Tyne:

- Dene Ward, Cherry Knowle,
- Eighton Ward, Tranwell Unit,
- Bede 3, Bede Wing.



The proposal was to replicate the successful model North of Tyne and consolidate the South of Tyne PICU service by creating one unit at our Cherry Knowle site. As neither Bede 3, South Tyneside or Eighton ward were owned by the Trust, and because we are currently developing new facilities in Sunderland as part of the PRiDE project, the obvious location for this new facility was the Dene in Sunderland.

The Dene now benefits from additional staffing levels, access to an increased range of clinical support and an improved environment. Overall bed capacity reduced from 18 to 14. However the ward is supplemented by the development of extra care facilities on the acute care wards within Gateshead and South Tyneside.

Changes to stepped care services in Northumberland and Gateshead

In keeping with best practice, where possible, service users should be treated as close to home as possible. By redesigning the service we can provide more intensive support for service users within a community setting.

We consolidated our stepped care inpatient beds in Northumberland and Gateshead alongside the creation of a new community rehabilitation service. Langley ward at St George's Park and Swalwell in Gateshead had both been under-utilised for some time with both a low bed occupancy rate and low levels of referrals.



We were therefore able to close both Langley and Swalwell wards so that those staff resources could be used to put in place a transitions team and to create community rehabilitation models in Northumberland and Gateshead. Patients from Langley moved to inpatient services within other stepped care environments, including Kinnersley and Bluebell at St George's Park. Patients from Swalwell moved to Elm House.

Director's Report



Pathway redesign for Community Children and Young People's Services, Northumberland and Newcastle

We improved pathways, access and outcomes for children, young people and their families and carers who access children and young people's specialist services in the trust North of Tyne.

In order to develop standardised, evidence based care pathways and equity of provision across all our children and young people's community services, the trust is developing a new model which is based upon the Choice and Partnership Approach (CAPA). CAPA is a clinical system that has evolved

and is now being widely implemented across the UK and the rest of the World. It aims to re-design services to reduce waiting times and offer families treatment that responds to their needs whilst fully utilising the clinical teams skills.

Services in Newcastle are already utilising the CAPA framework however this has not yet been fully embedded across all of our mental health and learning disability services. It is envisaged that this new model will improve access to our services, improve treatment outcomes for young people and provide equity of service provision.

Improving the pathway for older people's community services in Sunderland by extending hours



We supported the new Universal Crisis Team (UCT) in Sunderland, by providing access to Older People's clinical expertise and advice 8am - 8pm, 7days a week.

This level of support is initially for Sunderland patients with a view to ultimately rolling it out across the rest of the trust area. As part of our service model it is essential that we provide scaffolding and support from clinical experts that are not part of our core teams, and our plans are that by extending the hours of work for our older person's community team we can ensure that we better meet the needs of older people who need urgent support at any time through the day.

Director's Report

Operating Review of the Year

Access Pilot in Sunderland proves successful and is rolled out across all of South of Tyne and Wear area

On 1st April 2012, a pilot that would hopefully improve access to our urgent care services went live in Sunderland. Following the recommendations of the Service Model Review the Access Team was 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

Under the previous system all telephone 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. The pilot was so successful it was rolled out across all of South of Tyne and Wear (Sunderland, Gateshead and South Tyneside) in November 2012.

Staffing levels at our Regional Gender Dysphoria service grow

The Gender Dysphoria service were provided extra resources to grow its service. Gender Dysphoria is a complex condition, in which an individual feels their gender identity does not fit with the gender they were assigned at birth. The service is based at Cherry Knowle Hospital, Sunderland and is provided by a multi-disciplinary team on an outpatient basis.



The service provides psychiatric assessment, psychosexual therapy, voice therapy and non-surgical treatment to individuals experiencing gender dysphoria, who require clinical intervention from professionals with specialist knowledge, training and experience.

Demand for the service exceeded staffing resource and therefore the North East Specialist Commissioning Team agreed an additional funding investment of £185,000 in order to increase staffing levels within the service. The new staffing resource will help to address the current waiting list and deliver a service that will ensure any new referrals accepted will be seen within 18 weeks.

Director's Report



Memory Protection Service for Dementia

A Memory Protection Service for South of Tyne and Wear formally opened on 2nd April 2012. The new service was 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.

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.

There are currently around 1,700 new cases of dementia in Gateshead, South Tyneside and Sunderland each year and this figure is estimated to rise by 30-40% over the next 15 years.

Palmer Ward in Jarrow is relocated to Monkwearmouth



With the building of our new specialist Dementia Care Centre our Dementia Care Services South of Tyne and Wear will be reconfigured at Monkwearmouth Hospital.

Palmer 1 in Jarrow, South Tyneside was utilised by the trust to provide inpatient dementia services in South Tyneside. The ward was based in a building owned by South Tyneside Foundation Trust. As a result of their site rationalisation plans we were asked to vacate the ward that housed Palmer 1 by October 2012.

Palmer 1 ward will eventually be relocated to Monkwearmouth Hospital upon the completion of the Dementia Care Centre. So that Palmer 1 could be vacated in time the agreed interim solution has seen the introduction of single sex assessment wards on Hawthorn and Sycamore at Cherry Knowle Hospital.

Wearmouth View will increase by 2 beds and following adaptation, Newberry ward at Monkwearmouth will provide a 7 bedded unit. Both services will be for patients who have complex needs with challenging behaviour. All services are open to service users from South Tyneside and Sunderland.

Director's Report

Operating Review of the Year

Children and Young Peoples Service South of Tyne

When NTW won the tender to deliver the CYPS South of Tyne, we knew the change was going to be challenging. The task was to bring together a wide range of differing services from 5 different providers and 13 teams across 3 local authority areas. The model of care ensures that the service delivered to all children and young people is the same including access to an on call system.



There were many difficult issues to overcome including an excess of 10,000 paper case files that needed to be sorted and an inheritance of 1,100 waiting cases. An enormous amount of work has been done to reduce the waiting list. The team are now able to respond to emergency referrals within 24 hours and urgent referrals within 72 hours.

The teams are coming together and adapting to working under the new Choice & Partnership Approach (CAPA) model. This has required adoption of new systems of working and an enormous cultural change for the teams making up the service. Huge credit should be paid to the individuals concerned with delivering and managing this service for achieving such a large amount of change in such a short period of time.

Digital Dictation

To enhance and support the investment in mobile working technology in our community teams, during the year we launched a digital dictation trial issuing blackberry smartphones to 52 clinicians whilst providing them with dedicated administrative support to transcribe recordings.



Transcription for the pilot is supplied by a bank of 17 trained staff who provide a 24 hour, 7 day a week service. Those members of staff providing transcription support are also working through the night providing dedicated administrative support to the Urgent Care Access Pilot in Sunderland and the Universal Crisis Teams.

Feedback on this new service has been excellent with staff initially sending simple progress notes through to see the process in action, before attempting anything more complex. This new development is making a difference to the working lives of our staff and we look forward to seeing how it develops before looking to roll out the system out trust wide.

Director's Report

Roycroft unit changes its name to Alnwood following extensive refurbishment

During the year the Roycroft Unit underwent extensive remodelling work in order to:

- Meet the Care Quality Commission (CQC) requirements relating to accommodation as identified following CQC visits;
- Provide improved facilities for young people/meet good practice guidance relating to services for young people "You're Welcome" (2011);
- Improve the service model, upskilling the staff and improving governance and leadership;
- Provide a service in line with the demand for beds, improving the use of existing resources/productivity and the sustainability/robustness of the service.

The unit moved from 3 wards to 2 with Lennox ward remaining in its current form. This enabled us to create more living and recreation space for young people admitted into the unit.

There is also now better seclusion and de-escalation facilities and the unit will meet the Delivering Same Sex Accommodation requirements. In addition there are now treatment rooms on the wards and the ward kitchens also underwent refurbishment so they can be used not only by staff to provide a wider selection of fresh food but also by young people.

To mark the refurbishment the unit decided to change its name to Alnwood. Ward 3 was renamed as Wilton and wards 1 and 2 were combined to become Ashby. Lennox ward remained unchanged.



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

Director's Report

Operating Review of the Year

Fiona Standfield took up the role of Acting Chairman

Following Mr Jules Preston MBE's decision to take up a new Chairmanship closer to his home in Yorkshire, Fiona Standfield was appointed into the role of Acting Chairman from 1st October 2012.

Many of you will know Fiona through her work as a Non-Executive Director in the Trust. She has extensive experience as a Non-Executive Director in the NHS coupled with wide commercial expertise and a passion for improving services for users and carers. Her thorough understanding of the NHS and the Trust means that she is ideally placed to carry forward our ambitious agenda of transformation. Over the coming months she will work closely with the Council of Governors and the Trust Board on the process to appoint a new Chairman.



The Duchess of Northumberland officially opened Ferndene

Her Grace, the Duchess of Northumberland officially opened Ferndene, the award winning children's inpatient in November.

Ferndene is our new £27 million facility located on the Prudhoe Hospital site which 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. The unit has 40 beds in four different wards, all with ensuite facilities. A wide range of therapy, educational, social and recreational facilities are available as well as a flat for visiting families and office accommodation for staff.

After the unveiling of the plaque there was a party for the children and young people at the unit in a "Harry Potter" theme acknowledging the link to the Duchess, Alnwick Castle and Harry Potter.



Director's Report

Integrated Drug and Alcohol Treatment Service for Northumberland



The Trust, in partnership with The Cyrenians and Turning Point, was successful in being awarded the contract to provide an Integrated Drug and Alcohol Treatment Service for Northumberland County Council.

The new service will move away from the existing focus on prescribing to one based on recovery and reintegration and it is also geared towards addressing the increasing incidence of alcohol addiction. Central to this new model is a single route into treatment, providing assessment and care coordination throughout the treatment journey. This will be provided at a number of sites across the county - treatment centres, custody suites, court, probation, hospitals and through close working with GP's and GP surgeries.

Following assessment, patients will move into recovery services, and the resources required to deliver the model reflect this, with harm reduction interventions available throughout. Recovery Care Plans (RCP's) will be completed with the service user at the centre of the process and unified case management will ensure regular reviews of the treatment journey ensuring progress checks with recovery at the centre.

North Tyneside Memory Protection Service



The Trust was successful in winning a three year contract for the provision of Memory Support Services in North Tyneside, effective from 1st October 2012. The Memory Support Service encourages and supports people who are worried about their memory to seek a memory assessment. The Service also provides a local point of contact for people with dementia and their family or carers across all stages of their journey, from diagnosis through to end-of-life. The service will form part of the portfolio of the Community Services Directorate in the Planned Care Group.

Appointment of new Group Medical Director for Specialist Services



In March 2012, Dr Rajesh Nadkarni, Forensic Consultant Psychiatrist was appointed to the post of Group Medical Director for the Specialist Care Group.

The previous incumbent Dr Carole Kaplan left the role to oversee the full NTW roll-out of the Access Model to improve access to urgent care services.

Director's Report

Operating Review of the Year

Veterans' Awareness Training

NTW, in partnership with our NHS colleagues Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), was awarded the contract to provide Veterans' Awareness Training across the region following a competitive tendering process. The aim of the training is to improve the health and wellbeing of veterans of the armed forces in the North East by increasing the skills, knowledge and competence of frontline and specialist staff on the specific needs of veterans, their families and carers.

We will be working with TEWV to provide a three tier training and awareness programme which includes:



Tier 1: Increasing the take up of the Royal College of General Practitioners existing e-learning package.

Tier 2: Developing and delivering basic awareness training to at least 600 non-clinical and front line staff, including those working in acute hospitals, the ambulance service, local authorities, substance misuse services and our own services.

Tier 3: Developing and delivering awareness and intervention training for clinicians, including those working in Improving Access to Psychological Therapies (IAPT) services and those working in our services, on the specific needs of veterans of the armed forces, their families and carers.

This initiative builds upon the trust's existing successful partnership with TEWV, including the Veterans' Wellbeing Assessment and Liaison Service (VWALS) led by Anna Burke at NTW and Symon Day in TEWV.

Veterans who have worked in the armed forces, particularly those that have undertaken tours in theatres of war such as Iraq and Afghanistan, can access our VWALS service. An assessment will help to establish what kind of help would be most appropriate and which existing services across the North East (including our own) are best placed to provide it.

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.

Director's Report



Transitional Employment and Development Approach (TED)

Our investment in a Transitional Employment and Development Approach (TED) continued throughout 2012/13. TED was created to help manage the staffing changes that will happen in the trust in the coming years as we adjust and transform our services.

We introduced TED to support those members of staff who are affected by the changes and to help them develop new skills to take on the challenges ahead. We have invested £1 million in TED which will support people through the transition into new jobs across the Trust, including training in new skills where this is appropriate.

Our aim is to secure good, sustainable jobs for our staff, and ensure that they feel safe and supported through any changes. We believe that we can manage the staffing reductions, which will arise through this programme, by using natural turnover and without making individuals compulsory redundant.



Investing in our leaders

For the past four years the Trust has run its own Leadership and Management Development Course (LMDC). It has been accessed by over 300 staff and is now offered to anyone in a leadership role, regardless of banding or seniority. The need to emphasise the critical role that leadership has to play in the safe and effective delivery of care was clearly highlighted in the Francis Report. For some time now we have been developing an additional range of leadership and management development activities.

We have developed a leadership module which will be included as part of the Trust induction and this will be delivered by members of the Senior Management Team. Additionally, we have developed first level leadership workshops for all staff. Staff will be aligned to a professional or vocational group, and will explore a key leadership theme that is of relevance to them.

In March we launched Phase Two of the Developing Excellent Leaders course. 50 of the Trust's senior leaders attended Phase One of this in 2011-12. Four to six workshops will be held in as many months, in partnership with Keele University. We are also developing a course for a second cohort, which will be for Service Managers and their equivalents. This is scheduled to commence in May 2013.

We are also developing a number of 'Advanced Level' initiatives that will offer bespoke leadership approaches to, for example, the development of teams and patient safety.

It is important that we practically support and nurture the development of our leaders and make use of their enhanced skills. All of this activity equals to a significant investment in the development of our leaders and their leadership capability. Leadership development is one way of helping us to manage the talent that we know we have in the organisation.

Director's Report

Operating Review of the Year

Listening and Improving Communications with our staff

In February, our Informatics Systems Development Team, working closely with our Communications Team, designed and developed a new intranet site for the trust. The site contains a number of new features specifically designed and developed in direct response to the feedback we received at last year's Staff Survey / Communications 250 event. One of the main themes identified from the 250 event told us that, whilst the majority of staff feel that communications in the form of the weekly bulletin are good, staff don't always feel that they are able to feed their views back up the organisation to senior management.

The views of our staff are hugely important - staff have the knowledge and experience to know what really works and we need to harness this knowledge to help improve our services and the way we communicate and engage with one another.

It's important that we create a culture where our staff feel that they can openly ask questions, or raise issues with their line manager in team meetings. Several new features on the Intranet should certainly help support that view and hopefully encourage more feedback and / or ideas from our staff.

'Share' is the name of our new 'Points of You' style system for feedback and / or ideas from staff. There is a link on the new intranet site which, when clicked, will open an electronic form. There are a series of questions which staff can complete and return.

'Chatterbox' is the name of our new in-house social media system. It's open to all staff and threads, posts or replies are automatically uploaded to the intranet. 'Chatterbox' is a way of linking in with other staff, having discussions and raising matters for the attention of others.

We also added a dedicated information hub onto the intranet homepage. The area is called 'What's happening across NTW' and it will be a great way to keep up-to-date with a number of pieces of work happening across the trust such as our transformation programme, seasonal flu campaign details or information on new buildings such as Tyne at Northgate, or the Pride buildings in Sunderland.

Another key new feature is a 'Top tips' section where staff are able to find specific advice or tips that may help you in your day-to-day work.

During the year the facility to upload generic screensavers to all trust personal computers was developed. Now once a month the Communications Team works with their Informatics colleagues to upload key NTW information to each PC's screensaver. It's another way to communicate key messages to our staff. The Staff Survey / Communications 250 event allowed us to take the suggestions and feedback of our staff and turn them into new ways for delivering our two-way communications.

Director's Report

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



Staff 250 event focusing on staff survey results and our communications with staff was held in July

Last July we held a staff 250 event focusing entirely on the results of our most recent staff survey and our communications with staff. It's important that we work with our staff so that we can learn more about what the day-to-day issues are and how we can work together to resolve these and build on the positives by working together.

We used the event to listen in more detail to what our staff have to say and put in place any steps needed to improve things. A wide variety of staff attended across all job disciplines and Trust locations. The outputs from the day were shared with all staff and have gone on to shape future trust strategy and communications mediums. We must all work together to ensure that NTW fulfils its aim to be a good employer and a good place to work for all.

Director's Report

Operating Review of the Year

GP Survey 2013

The Trust created a GP survey so that we can consider the views of local GP's on the mental health and disability services we provide. We would specifically like to hear their feedback on how easy it is to access our services, waiting times, communications from us and our ability to deal with patients in crisis. Their valued feedback will enable us to benchmark our current performance and help us to further improve services to our patients and GP's in the future. Local GP's have two options to complete the survey either via an electronic questionnaire or a hard copy which was sent out with an edition of the trust's GP Connect magazine.



CE 150 event

In March, we launched a new communications and engagement medium - the Chief Executive's 150 event. The staff who make up the membership of this group are not 'the usual suspects' or reflective of 'the chain of command'; instead they are staff from right across the organisation who were either self-nominated or been nominated by others and who are recognised as having a major contribution to make.

The Chief Executive's 150 is an environment where we will freely engage on a range of issues, from emerging strategic challenges to on-the-ground problems that need to be resolved. It will cut through bureaucracy and gain real insight into the mood of the organisation, find out what is preventing us from doing what we need to do, and understand what front line staff are concerned about most. It will be used to problem solve and gather information on important matters, enabling staff to provide an invaluable input to decision-making.



Director's Report

Royal College Perinatal Network Peer review 2012



Beadnell ward, Mother and Baby Unit was subject to a quality standards review by the Royal College Perinatal Network. This peer review follows the accreditation visit completed last year which awarded the service an excellence rating. We were delighted to hear that Beadnell had maintained its excellence rating.

The review was extremely positive and highlighted what they considered to be the unit's strengths. They felt the unit has good levels of staff retention; the staff are friendly, warm and welcoming and are a very cohesive team.

Staff described being well supported and the unit works hard to meet the individual needs of the patients. Patients and their families described the unit as having a 'family feel'; they felt involved in decisions about their care, liked the staff and thought that the unit's atmosphere contributed to them getting better.

Staff on the unit were delighted with the feedback and hope to continue maintaining the high standards whilst developing the service to meet the needs of patients and their families.

National accreditation and commendation for NTW's Inpatient Eating Disorder Service



In 2009 the Royal College of Psychiatrists began the process of setting up a quality network in eating disorders, known as QED. QED encompasses the standards of AIMS, plus an extensive range of eating disorder specific standards to help ensure excellent quality of service provision. NTW's Service Manager Elaine Fletcher attended the initial planning meeting along with Dr Melanie Bash, Consultant Clinical Psychologist with Richardson Eating Disorder Service. Dr Bash also contributed to the Advisory Group.

In October 2012 the inpatient unit of the REDS (Ward 31A at the RVI) volunteered for the first round of QED accreditation peer reviews. The process of preparing for the review day required producing evidence to support good practice encompassed in the standards of QED. The review day was a highly positive experience, which highlighted some of the excellent practice on the unit. The visit included patient and carer feedback and their experience of Ward 31A.

The Special Committee on Professional Practice and Ethics met and ratified the decision to accredit Ward 31A, Royal Victoria Infirmary, Level 1 (as excellent). Level 1 is very rare and prestigious and highlights the exceptional work of the whole team under the leadership of Ward Manager Tracey Welford and Dr Dahabra, Consultant Psychiatrist.

Director's Report

Operating Review of the Year

National Community Patient Survey

The results of this year's national NHS Community Survey have been published and we're happy to report that we improving in the majority of the sections of the survey.

There are 9 sections of the survey. On 1 section (Health & Social Care Workers) we scored better than the majority of other Trusts. On the remaining 8 areas NTW scored about the same as the majority of other Trusts. **In comparison to previous years: The Trust has improved in 6 of the 9 areas:**

Section	2010	2011	2012
Health & Social Care Workers	8.6	8.5	9.0
Medications	7.4	7.0	7.1
Talking Therapies	6.9	7.3	7.4
Care Co-ordinator	8.5	8.4	8.6
Care Plan	6.3	6.8	7.1
Care Review	7.4	7.6	7.5
Crisis Care	-	6.8	6.5
Day to Day Living	5.8	6.0	5.7
Overall	6.9	6.5	7.3

Prior to considering what further improvements are required it is important to note the work undertaken by the Trust since the survey took place. **Focusing on the 3 areas the trust deteriorated in the following improvements have been made:**

Care Review: Since the survey took place the Trust CPA within 12 months performance data has deteriorated by 2.3% to 96.9% (YTD September 2012). However the Trust has seen a significant improvement in discussing care plans with patients, a jump of 54.9% to 79.9%.

Crisis Care: Access pilot in Sunderland was implemented, single number to call. Agreed rollout to South Tyneside and Gateshead planned for December 2012. There is a Business Case to consider rollout to Northumberland, Newcastle and North Tyneside expected end of December 2012.

Day to Day Living: CQUIN agreed for 2012/13 in relation to physical health checks. An improvement of 2.5% to 9.6% of Patients on CPA in Employment. An improvement of 7.5% of Patients on CPA in settled accommodation to 79.4%.

Director's Report

Improving the pathway of care for people with a Learning Disability: appointment of the LD Pathway Lead and LD Clinical Advisor

Learning Disability services have been the focus of much public interest in the last 18 months following the Winterbourne View scandal. The Department of Health is in the process of implementing its recommendations following the interim report published in the summer, and the more recent report which has implications for all service providers.

As a major provider of LD services in this region, NTW were noted as a trust that delivered exemplary high quality services in Rose Lodge South Tyneside (as highlighted in the CQC report post Winterbourne View) We want to build on this reputation, as our thinking develops around how best to provide high quality care for this vulnerable group and their families.

The work that has already been undertaken as a result of the Service Model Review underpins significant service improvements for all of our patient groups and this includes those with a learning disability. We have recognized the need to give particular attention and impetus to developing appropriate care pathways for those with a learning disability.

Some months ago we appointed Lesley Clarke as Learning Disability Pathway Lead for the Trust. Lesley is well-known to many in the Trust as a Consultant Clinical Psychologist who has worked for many years with people with learning disabilities across our Urgent, Planned and Specialist Services. Lesley is working closely with the groups and transforming services to take forward the continued modernisation of our services for people with learning disabilities, to ensure that we provide the most appropriate services at the highest standard.

To further strengthen our approach we have asked Dominic Slowie, who until recently has been the Trust Primary Care Clinical Advisor, to take on a new role as Learning Disability Advisor to the Trust. Dominic is Chair of the North East Learning Disability Clinical Network and is member of the national steering group that is developing the core service specification for learning disability due to be published at the end of March 2013. These perspectives, together with his background in General Practice, passionate interest in Services for people with LD, and his awareness of physical healthcare issues, will further enhance our service developments.

Lesley and Dominic will spend much of the next few months visiting all of the Trust's Learning Disability services to listen to the thoughts and ideas of clinicians and service managers about what is working well, to share good practice and to look at opportunities for improvement. They will also be able to share some details about some of the regional and national drivers for service development that staff might find interesting and valuable.

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

Director's Report

Operating Review of the Year

Full roll-out of the Manchester Patient Safety Framework (MaPSaF)

The trust is rolling out the Manchester Patient Safety Framework (MaPSaF) across all of its wards and services. MaPSaF is a tool to help NHS organisations and healthcare teams assess their progress in developing a safety culture.

MaPSaF uses critical dimensions of patient safety. The dimensions relate to areas where attitudes, values and behaviours about patient safety are likely to be reflected in the organisation's working practices. For example, how patient safety incidents are investigated, staff education, and training in risk management.

MaPSaF can be used in many ways, for example:

To facilitate reflection on patient safety culture.

- To stimulate discussion about the strengths and weaknesses of the patient safety culture.
- To reveal any differences in perception between staff groups.
- To help understand how a more mature safety culture might look.
- To help evaluate any specific intervention needed to change the patient safety culture.

Assessments are carried out in workshops, led by a facilitator and in the coming months all of our wards and community teams will be undertaking the assessment so that we can benchmark current staff opinion on our safety culture.



Director's Report

A trust-wide Planning and Implementation Group (the Flufighters) was established to help prepare the trust for the 2012/13 annual Seasonal Flu Campaign



It is imperative that as many members of staff as possible take up the opportunity of a free flu vaccination each winter. It helps to prevent staff from catching a number of the more common flu viruses and also helps reduce the risk of those viruses spreading around the organisation and onto our patients.

The Strategic Health Authority expected an uptake of at least 70% of front line staff have the vaccination in each organisation. The establishment of this new preparation and implementation Group will helped in that task. This year we have seen a record number of staff participate in the flu vaccination campaign and the final jab-o-meter stood at 50.4%.

In 2011 our vaccination uptake was 13.8% so in two years we have seen a 265% increase in staff uptake. The flu team introduced a number of new measures to encourage vaccination and to make it more accessible.

One of these new measures was the introduction of ward based vaccinators. They were able to vaccinate their colleagues on the wards as well as other staff working into the wards such as allied health professionals, domestics and estates staff.

The flu fighting team also introduced a flu fighter mobile which travelled throughout our patch vaccinating staff. The group plan to evaluate lessons learned and work on improving for the next flu campaign.



Director's Report

Operating Review of the Year

Ferndene shortlisted for Nursing Times award

Ferndene, our 40 bedded integrated centre which provides integrated learning disability and mental health care for children and young people from across the North East was shortlisted for a Nursing Times Award in the category of Nursing Team of the Year.



Bede 1, 2 and 3 gain the 'Full Monty'

Bede wards 1, 2 and 3, Bede Wing in South Tyneside are celebrating after picking up the impressive, nationally recognised Star wards 'The Full Monty' status.

The 'Star Wards' campaign works with mental health trusts nationally to enhance inpatients' daily experiences and treatment outcomes. Its sole purpose is to improve the quality of life for mental health patients.

There are guidelines for 75 ideas to be implemented by both staff and patients on the wards - The Full Monty award recognises that they've achieved all 75.



Hawthorn and Bluebell achieve their AIMS

The Special Committee on Professional Practice and Ethics (SCPPE) have now confirmed ratification of the decisions made by the AIMS Accreditation Committee that both Hawthorn ward and Bluebell Court have both achieved their AIMS accreditation with an excellent rating.

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. Congratulations to both Hawthorn and Bluebell.

Director's Report

Bede 2, Bede Wing, Gainsborough Ward, Hadrian Clinic, Lower Willows and East Willows, Cherry Knowle all achieved their AIMS

Bede 2, Bede Wing, Lower Willows and East Willows, Cherry Knowle and Gainsborough Ward, Hadrian Clinic have all attained their AIMS Accreditation with the highest possible rating of excellence. 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.

Leas Stepped Care Unit in South Tyneside celebrated after successfully achieving Star Wards 'The Full Monty' status.

The Leas Stepped Care Unit in South Tyneside is celebrating after picking up the impressive, nationally recognised Star wards 'The Full Monty' status.

The Star wards campaign works with mental health trusts nationally to enhance inpatients' daily experiences and treatment outcomes. Its sole purpose is to improve the quality of life for mental health patients. There are guidelines for 75 ideas to be implemented by both staff and patients on the wards - The Full Monty award recognises that they've achieved all 75.

East Willows Recovery star



Staff on the East Willows Ward at Cherry Knowle Hospital have developed a 'recovery star' and are keen to share their good practice with others. The star is completed in collaboration with all patients when coming into urgent care services and focuses on identity and self-esteem. Within the star are ladders, where patients identify areas where they feel they need additional support, both during their stay and through their journey back into the community.

On the rungs of the ladder are key words such as 'self-reliance', 'learning', 'believing', 'accepting self' and 'stuck' which have been identified as key areas where support is needed. Positive suggestions and solutions to these issues are placed above and below the rungs.

There are two boards in place on the unit. The main board is an overview of the recovery star itself, and a sister board is changed on a monthly basis themed on one of the ladders. The theme of the sister board is decided by patients who are then supported by staff to develop the theme through group work.

Director's Report

Operating Review of the Year

Learning Disability Services meet CQC standards

Our learning disability services have been praised for their high standards following a Care Quality Commission (CQC) national programme of learning disability services inspections. The findings were revealed in a national report that analyses the results of 145 unannounced inspections carried out in the wake of the abuse uncovered by the BBC Panorama programme at Winterbourne View Hospital. Inspections focused on examining the care and welfare of people who use services, and whether people were safe from abuse.

Of the 145 locations inspected only 35 of the services, which included NTW learning disability services, met both standards with no concerns.



Senior Management Team Observational Shifts on Inpatient Wards

In February 2013 the Senior Management Team (SMT) decided to enhance its programme of service visits by introducing observational shifts for all SMT members. This involves members of the SMT spending a full shift on a ward.

This approach has been very well received by the individual services and has further increased the SMT's visibility on the ground. It has also given the SMT the opportunity to experience first-hand the challenges faced by our staff in delivering high quality care on a daily basis, as well as being exposed to the enthusiasm and commitment of our staff in meeting these challenges.

To date there have been over 30 shifts undertaken by SMT members with a rolling programme of future shifts in place.

The Executive Director of Nursing and Operations is reviewing all the observation shift reports from SMT members to identify key themes and issues, as well as highlight examples of positive practice.

The SMT will be holding a development session at the end of April to consider the initial key themes and issues and to agree the next steps.



Director's Report

Inpatient staffing levels

It is good management practice to undertake periodic reviews of staffing and skill mix and in recent years the trust has undertaken a number of work streams in relation to both areas. Decisions should be informed by detailed knowledge about a particular ward or department and, once made, should be monitored for their impact on patient and staff outcomes.

The work streams have included rebasing inpatient budgets in urgent care units, implementing a consistent shift pattern for all inpatient units to maximise patient engagement, experience, staff training and utilisation of resources. The trust has also developed and tested across all care groups a skill mix review tool. Work is currently on-going to further refine this tool.

Additionally the trust is developing nursing pools to be able to respond to increased clinical activity in a more systematic way and significantly reduce agency costs. The trust now has senior 'Points of Contact' at Band 7 and above on all its major sites to effectively manage any staffing issues.

Finally as part of the transformation programme the trust has set a target of 70% qualified to 30% unqualified staff ratio for its acute assessment and treatment inpatient units. As some inpatient wards have closed, staff have been moved to other wards, increasing the overall staffing establishment.

At a national level, there are no agreed staffing levels for mental health and learning disability services. However the 'National Mental Health and Learning Disability Nurse Directors and Leads Forum' has initiated a specific piece of work on staffing levels.

Locally, work will continue to ensure staffing levels and skill mix on all our inpatient units are appropriate to clinical need and patient safety and experience. We will continue our work to make sure we have the appropriate staffing levels across all our wards and services.

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

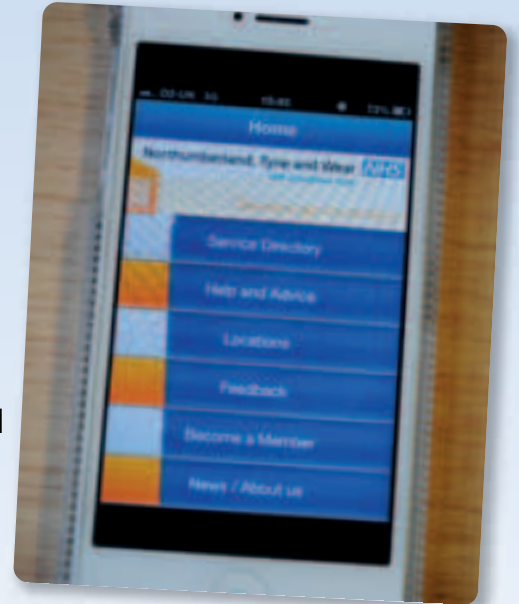
Director's Report

Operating Review of the Year

NTW App developed and launched

Our in-house Informatics Development Team developed our very own NTW application software (app). We are one of the very first NHS Trusts in the country to have such software.

Our staff, service users, carers and the general public can download the app, directly from app stores, onto their Smartphone or tablet computer such as an Ipad. The app stores useful information such as our service directory, location maps for our services, and users will also be able to give feedback on the service they have received and also download our awarding winning self-help guides.



Points of You Electronic System

In any organisation feedback from users of the service is vital to monitor and improve quality and performance. Two years ago the Trust introduced Points of You which is a tool designed to capture patient and carers' experiences. Points of You has proved so successful that we decided to roll out an electronic version of the tool.

Points of You, is a partnership between our Patient Carer Engagement Team and the Northumberland, Tyne and Wear Service User and Carer Network. It's all about looking for common themes from feedback and monitoring the quality of patient experiences as well as seeking assurances that we are acting upon what patients are telling us.

Points of You is in the form of questionnaires and cards that are freely available in inpatient and community areas. You can take a card, fill it in and then place it in a lockable box.

In community settings cards are posted out and returned in the freepost envelope provided. Returns are collated electronically and from the data the Patient Carer Engagement Team prepare a report which is sent to the Involvement and Information sub group, which reports to the Trust's monthly Quality and Performance Groups.

Points of You is available in all urgent and stepped care services and is currently being rolled out in specialist services. Since the introduction of the tool there have been real changes as a result of patient and carer feedback and it has also contributed to developing a positive staff culture around the project.



Director's Report



Continuing the development of our Dashboards

Good quality information and data supports clinicians and managers in the delivery and improvement of patient care. With the introduction and continued development of the trust's dashboards we can now easily access data which in turn helps us to monitor and improve the quality of care we deliver.

The NTW dashboards are an intranet based tool allowing access to the latest information that is held on various Trust systems, whether that be the Electronic Staff Record (ESR) and workforce Information, RiO and clinical information or oracle and finance information. The dashboards make information accessible for clinical and service decision making and we can easily see how well we are performing against our required quality standards and targets.

It was a great achievement to have developed this system in house and the dashboards are already proving to be an invaluable tool for:

- Improving clinical practice through tracking and monitoring against required clinical standards;
- ensuring that staff are aware of their data quality and recording responsibilities, hence improving the accuracy of data held electronically. As a consequence of the near real-time reporting through the dashboards our data quality has improved in relation to patient and staff information;
- The ability to look at clinical, workforce and financial information together at a team and unit level, helping us to understand variation within the Trust.

There are a number of different dashboards with different purposes, comprising of:

There are a number of different dashboards with different purposes, comprising of:	
My dashboard	All staff have access to "My dashboard", which acts as an easily accessible electronic record of your training, your absences, your caseload and your personal information. All members of staff are encouraged to check the data held about them and to take steps to correct any errors identified.
Workforce dashboard	Line managers can check information relating to their staff in the workforce dashboard, for example to check that everybody's statutory and mandatory training is up to date.
Clinical dashboard	Specific to clinical teams, the clinical dashboards provide real time clinical performance data (such as available beds) to inform clinical decision making.
Quality & Performance dashboard	Service managers and other appropriate staff can access this dashboard to see how well an area is performing against standards and performance targets set internally, by Monitor and by commissioners. This information can be interrogated through to client level, providing a useful tool in maintaining and improving performance against targets.
Finance dashboard	Budget holders can access their finance reports using this dashboard and "drill down" to analyse expenditure.

Director's Report

Operating Review of the Year

Continuing the development of our Dashboards (Continued)

The dashboards continue to be developed and have recently been further improved by the inclusion of some new features. Care co-ordinators and Lead Professionals can click onto 'My Dashboard' to see information on key aspects of care planning / clustering and key clinical and data quality measures. Staff can also see when these items have expired or are going to expire within 2 months which will allow them to plan for the timely update of this important clinical information in the electronic health record held on RiO.

The 'Information Training hold about me section' follows a similar layout and informs staff about the courses they have completed, those that are going to expire, those that have expired or those courses that they have not yet completed but are required to. From here they can see when a course will expire to give them enough time to book the course.

These new additions will clearly help to improve the quality of our services and our ability to evidence the standard of our practice. The Care Quality Commission (CQC) regularly reviews our dashboard information when reviewing or visiting a particular service area.

Clinical Effectiveness Framework and Training Star (Stepped Care Services)

Service users' needs are becoming increasingly more complex requiring a range of specialist interventions to support their recovery. In response to this our stepped care services have set up a working group to develop a training strategy for staff that will particularly focus on service user needs.

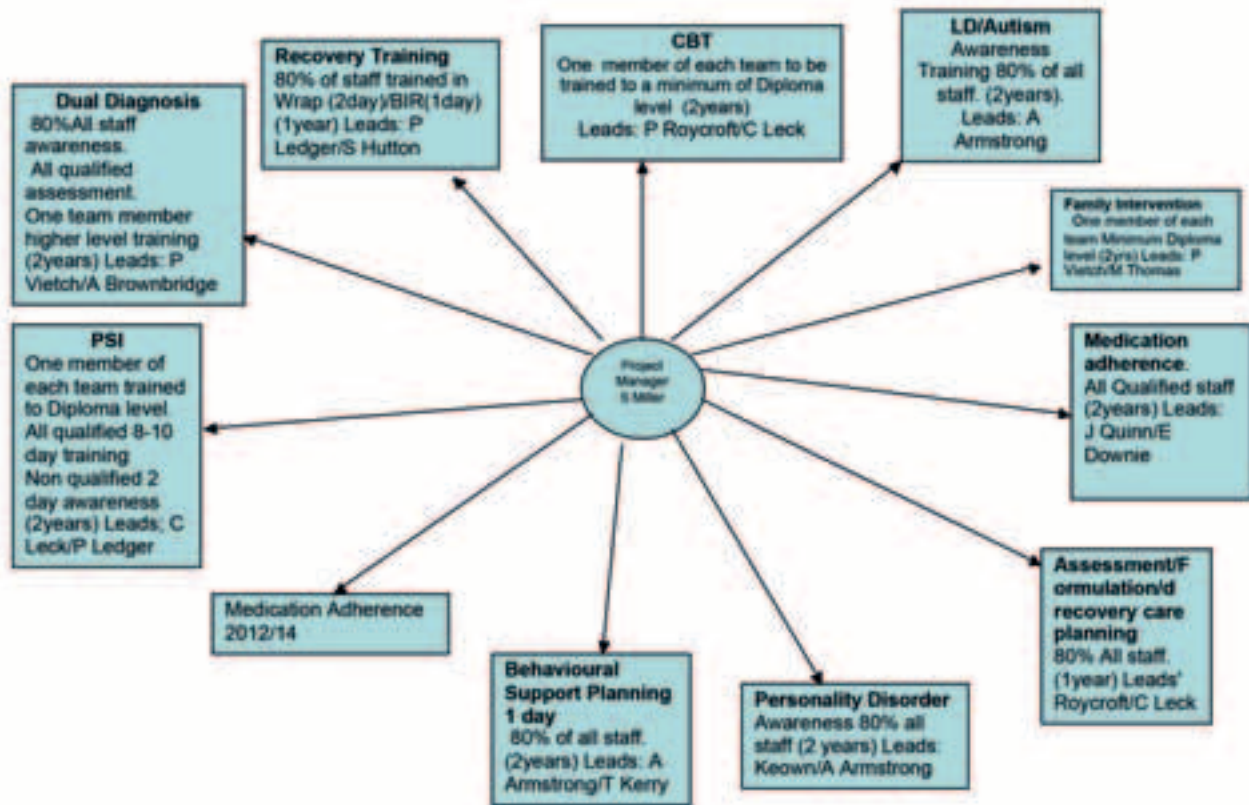
The three year strategy reflects the clinical effectiveness framework which outlines the key priorities, outcomes and key milestones to deliver specialist training to support a patient's recovery. This includes formulation assessment and care planning, motivational interviewing, CBT/PSI and family interventions. Training leads have been identified to develop objectives and deliver the training. A supervision model was also developed to ensure that staff are receiving the support required to increase their confidence and ensure safe practice.

In response to staff views and a wider analysis of training outcomes a training star was developed. The star maps both the service and individual's progress against the required outcomes. The star also supports the staff members personal development plans and connects individual objectives which service the goals of a rehabilitation and recovery service.

The training star is pictorial and easy to use, saves time, is easy to report against and provides a quick overview of progress. The training star helps ensure that service user needs are addressed by appropriately skilled and confident staff.

Director's Report

Stepped Care Division Clinical Effectiveness Training Star



Be an influential organisation that supports and enables social inclusion.

Clinical Council

A Clinical Council is being formed creating a forum which enables the Trust's Executive Team to communicate and engage senior clinicians' opinion on clinical issues. It will in-turn help facilitate dialogue between senior managers and senior clinicians on key issues for the Trust.

The Clinical Council will be jointly chaired by Dr Suresh Joseph, Executive Medical Director and Gary O'Hare Executive Director of Nursing & Operations and will be made up of elected members. Staff are able to vote for a nurse, doctor, support worker, psychologist and allied health professional from their directorate. Pharmacy staff and clinical admin staff will also be able to elect a member to represent their views.

The terms of reference set out that elected members are not in management positions.

Director's Report

Operating Review of the Year

Liz Bowman, Care Co-ordination Development Lead elected to be Chair of Care Programme Approach Association

Liz Bowman, Care Co-ordination Development Lead was elected to be Chair of Care Programme Approach Association for a term of 1 year which is kudos for NTW as well as Liz personally.

The Care Programme Approach Association (CPAA) was first established in 1993 as an informal network to support the implementation, operation, and development of the Care Programme Approach. Membership grew considerably, which led to the association becoming a learned society in 1996.

The main objections and functions of the CPA Association are to:

- Promote and support professional practice by developing, collecting, analysing, and disseminating information on the CPA to its members,
- Promote and support the delivery of quality mental health and learning disability care,
- To lend support to all those involved in the operation of the CPA,
- Develop and share good professional standards and practice in mental health and learning disability,
- Seek to influence national policy, strategy and activity, as well as regional and local processes and protocols,
- Develop and influence the provision of high quality relevant professional training to all.

The Association was endorsed by the Department of Health in their document 'Modernising the CPA' and membership is recommended in the CPA Audit pack.

Ferndene wins 'Best International Mental Health Project' award

Ferndene won the: 'Best International Mental Health Project' award at the International Design & Health Awards held in Kuala Lumpur, Malaysia. The Design and Health Awards are recognised as the world's leading advocacy programme recognising professional excellence in the research and practice of designing healthy built environments.



Director's Report

NTW welcomes Jane Cummings, Chief Nursing Officer

The Trust hosted its first Nursing Conference in March which was attended by over 240 staff of all grades and professions. The conference was to launch the consultation on the Trust Nursing Strategy for 2013 - 2016 and we were delighted to welcome the country's most senior nurse: Jane Cummings, Chief Nursing Officer, NHS Commissioning Board, as the keynote speaker.

The Nursing conference was entitled: Compassionate Care. The recent Public Inquiry report into Mid-Staffordshire NHS Foundation Trust, chaired by Sir Robert Francis QC identified **"a failure to put the patient first in everything that is done"** and the need for **"an increased focus on a culture of compassion and caring"**

It was therefore timely that Jane was able to attend and presented her keynote speech on the subject of Compassion in Practice; Nursing Vision and Strategy (the 6C's) in the context of the Francis Report.

Senior leaders from Unison and the Care Quality Commission also presented on the subjects 'duty of candour' and 'compassion versus coercion'.

The programme also included four parallel workshops designed to examine how we embed compassionate care in all that we do for our patients and their carers.

Jane Cummings worked as a nurse for many years specialising in emergency care before moving into general management. She has held a wide variety of clinical and managerial roles including Director of Commissioning, Director of Nursing and Deputy Chief Executive.

Jane started full time as the Chief Nursing Officer in June 2012 and published "Compassion in Practice", the national vision and strategy for nurses, midwives and care staff in December 2012.



Director's Report

Operating Review of the Year

Ferndene wins HSJ Award

Ferndene were celebrating success once again by winning a prestigious HSJ Award.

At a ceremony held at the Grosvenor House Hotel in London on 20 November Ferndene won the 'Good Corporate Citizenship' category.

To win is a huge achievement as over 1,000 entries were received and 155 organisations were shortlisted for just 19 awards.

Ferndene was acknowledged for establishing a young people's design group and for fully involving the young people in the design and build process. They were also acknowledged for appointing an ecological consultant with the aim of achieving a BREEM (Building Research Establishment Environmental Assessment method) "excellent" rating.

The building itself was commended for maximising the natural daylight and ventilation. It was also noted that the construction programme was timed to leave the removal of an existing roof until the colonies of bats who were living in it had headed to the woods to mate.

The judges described the centre as a **"stand out example"** of service user engagement and praised the use of community involvement and sustainable design.



Esther Cohen-Tovee has taken up the role of Chair of the BPS (British Psychological Society)

Esther Cohen-Tovee, Psychological Services took up the role of Chair of the British Psychological Society (BPS) Division of Clinical Psychology's Faculty of Leadership and Management in October. The Faculty is a national network of Clinical Psychologists, which brings together those in leadership and/or management roles and others who are interested in these areas. The Faculty has supported the development of national information and guidance around key topics such as the new Commissioning arrangements in the NHS and the implications of Care Packages and Pathways/Payment by Results.

Director's Report



Constructing Excellence Awards for Ferndene

The Constructing Excellence in the North East Awards took place on the 11 May 2012 and Ferndene, our £27m centre for integrated mental health and learning disability in-patient services for children and adolescents was successful in three categories, with a further award for the Trust as a whole.

The Trust won the award in the following categories:

- Project of the Year
- Client of the Year
- Integration and Collaborative working Award for our long term partnership with Laing O'Rourke

We were also highly commended in the Legacy Award-Sustainability. This was a fantastic achievement and congratulations go to all involved in delivering this excellent scheme and in delivering success from our long term partnership. The building has been a great success, and the feedback from patients and staff since its opening has been overwhelmingly positive.

Sunderland Echo best of health awards 2013

In March we had several staff nominated in the Sunderland Echo's Best of Health Awards. In total we have 17 Sunderland-based finalists were shortlisted this year so we were delighted that our staff have once again been recognised for their efforts in this way.

It is heartening that our service users, carers and their relatives have been so pleased with their care that they have taken the time to nominate our staff. It is also pleasing that their colleagues have recognised good practice and have nominated their peers.

Safeguarding and Patient and Public Involvement Team combine to win North East Patient Safety Award



Our Safeguarding team were successful in achieving a North East Patient Safety Award from the Strategic Health Authority 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 is 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.

accountable **caring** challenge
collaborative **commitment**
communicate courage
compassionate
development difference **dignity**
effective efficiency **empathy**
empowerment enablement encouragement
enthusiasm **equality** excellence fairness financial
health helpful **honesty** hope humility
improve inclusive individual innovation
integrity listening motivation
passionate patients people positivity
professional **quality-safety**
recovery **respectful** responsible
supportive teamwork
transparency trust
understanding valued vision

Director's Report

Exploring our values

In March 2013, the trust kicked-off a piece of work to explore what our current trust values mean to our staff, patients, their carers and our partners.

Our values underpin everything we do and we are keen to hear about what our staffs' understanding is of our current values, whether they evidenced in our day-to-day work and whether they are appropriate values for NTW. Most importantly, we are exploring whether you believe in and take ownership of those values and is there is a need to change them?

We started the values work at the recent Chief Executive's 150 event. Attendees were asked to reflect on what really brings them to work each day and the kinds of words that should appear in our own values statement. Should our values statement be single words, or bullet points, pictures, sentences or paragraphs?

We want as many people as possible to help us to create a new values statement for the trust. We asked attendees to conduct localised similar exercises away from the event. It's important that we all share the same story of who you are and where we want to be and this is your opportunity to be involved.

Once collated the exercises will help inform a new set of values for NTW.



Shining a Light on Excellence Awards 2013

On Friday 22nd March we held our fourth 'Shining a Light on Excellence Staff Awards' at the Gateshead Hilton Hotel. This year the awards were kindly supported by Laing O'Rourke and Crown House Technologies. The evening provided us with a great opportunity to acknowledge and reward all of the dedication and hard work that our staff and volunteers undertake.

It was a fantastic evening and the feedback received from staff was nothing short of excellent. We received 322 nominations in total and the judging panel had the difficult job of whittling those entries down to a shortlist of five in each of the 12 categories.

Being shortlisted for one of the awards was a significant achievement, especially when you consider the number of nominations received, but there had to be overall winners and runners up. **These were:**



Sunderland Access Team



Clinical Team of the Year



Sunderland Community Treatment Team



Lorna MacKenzie



Clinician of the Year



Dr Alex Reed



Claire Chambers



Healthcare Worker of the Year



Rob Clark



Michelle Douglas



Service User & Carer Involvement Award



Gateshead Personality Disorder Service User Voice Group



Veterans' Wellbeing, Assessment & Liaison Service



Making a Difference Award



Memory Protection Service, South of Tyne & Wear



Alwood (formerly Roycroft Unit)



Patient Safety Award



Informatics Systems Development Team



Informatics Infrastructure Team

Winner

Behind the Scenes Award

Runner Up



Anthony Weallans



Nicola Stansfield



Commercial Support Team



The Catering Department

Winner

Support Team of the Year

Runner Up



Transitional Employment and Development Approach (TED)



St Nicholas Hospital Police Liaison Group / Link

Winner

Partnership Working Award

Runner Up



Newcastle Crown Court Mental Health Liaison Team



Informatics Systems Development Team

Winner

Research & Innovation Award

Runner Up



Dr Simon Hackett



Lesley Smith

Winner

Unsung Hero Award

Runner Up



Julie Robson



John Ellison

Winner

Volunteer of the Year

Runner Up



Gardening Volunteers, Cherry Knowle Hospital



Informatics Systems Development Team

Winner

The Big Idea: Improving Quality and Performance across NTW Award

Winner



Seasonal Flu Team

Winner

Chairman's Award

Sunderland Access Team

All the entries, whether teams or individuals, demonstrated passion and great commitment to providing the best possible care for local people and this event really emphasised just how lucky NTW is to have the calibre of staff we have. We would like to congratulate all our winners, runners up and short listed entrants.

Director's Report

Our future plans - looking to the year ahead and beyond

The Board approved a revised Integrated Business Plan in September 2012 to reflect the environment we now work in.

Over the next year we will continue to focus 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:

- Completing the replacement of Cherry Knowle Hospital at Ryhope in Sunderland. The development, Hopewood Park, will provide 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;
- Completing the development of a specialist Dementia Care Centre at Monkwearmouth Hospital , serving both Sunderland and South Tyneside;
- Following the success of the Initial Response Team pilot in Sunderland we will implement Universal Crisis and Home Based Treatment Teams Trust wide. This will improve the quality of services for patients by providing new and enhanced services in the community;
- Developing a single point of access for planned care services in Sunderland and South Tyneside, as agreed with commissioners. This will provide better access to services and the detailed design work relating to new care pathways will initially focus upon: psychosis, non psychosis, cognitive disorders and learning disability;
- Continuing to work with the Newcastle upon Tyne Partnership, made up of the whole network of care providers in the city, with the aim of improving every stage of the patient's journey. This work will lead to improved patient flow through Community Mental Health Teams and improve timely discharge from hospital;
- Continuing to invest in technology and supporting 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;

Director's Report

- Expanding and improving Liaison and Self-Harm Services into local acute trusts in line with the nationally recognised Rapid Assessment, Interface and Discharge model. This work will initially focus on Sunderland and South Tyneside;
- Completing the transfer of the Trust's Social and Residential Care Services for people with a learning disability in Northumberland to alternative providers, in partnership with Northumberland County Council;
- Working with Northumberland County Council, service users, families and staff to implement a new model of care for those adults who require long term care and currently receive their care in three homes operated by the Trust;
- Progressing 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;

Subject to the outcome of consultation we will also continue to improve our services and in particular review:

- The Dementia Care pathway in Newcastle, including long term and end of life care which it is felt can be more appropriately provided in local nursing homes. This will enable the Trust to focus its resources and skills on those at an earlier stage of the illness who may exhibit challenging behaviour;
- The Stepped Care pathway North of Tyne supporting those who have been in long term care for a number of years to move to alternative accommodation in line with their health and social care needs. This will enable the Trust to focus its resources and skills on the care of those with complex care needs and invest additional monies in community rehabilitation services;
- Female assessment and treatment services South of Tyne to assess the provision in the light of the development of Hopewood Park;
- Female assessment and treatment services North of Tyne to assess the provision required to meet demand;
- Learning disability assessment and treatment services North of Tyne, in the light of national policy, including the up skilling of staff working in mainstream mental health services;

Director's Report

Our future plans - looking to the year ahead and beyond

Our Specialist Services provide a level of specialist knowledge and expertise that bring significant benefits to patients. Our key priorities include:

- Progressing the review of the Trust's Neurological Services, including Neuro-Rehabilitation and Neuro Psychiatry Services to ensure that they are of high quality and sustainable;
- Marketing Alnwood, the Trust's medium secure service for young people who have offended or present a risk of harm to themselves or others, following the completion of a major refurbishment programme;
- Reviewing the Trust's Forensic Services and developing a strategic plan for the services. The Trust will also continue to work with partners on the development of Diversion Services;

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. We will continue to do this through investment in the Transitional Employment and Development Approach enabling 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 continue to look to support staff as we move through our service transformation programme helping them 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.



Partnership Case Study

Transitional Employment and Development (TED) Approach

The Transitional Employment and Development (TED) Approach was implemented in April 2012 to support members of staff who are affected by organisational change and to help them develop new skills to take on new challenges. The main aim of TED is to keep people in meaningful employment but it also provides additional employment experiences and opportunities to develop and support the individuals during this time. **These may include: project work, assisting with training delivery, coaching others, covering temporary shortfalls in staff, working in a different environment to gain experience of another service.**

One of the key successes of TED is the partnership working with staff side and relationships have grown over the past few months. The TED Approach has been embraced by staff side who have been involved in its development. This work has been enhanced by having a dedicated staff side colleague working closely into TED, attending surgeries and advocating the Approach during the consultation process.

Since its implementation the TED team have issued 50 TED Telegrams to staff involved in consultations reaching over 600 staff. Around 90 staff have secured posts through TED including 17 who were awaiting redeployment prior to April 2012. A number of taster placements have also been put in place resulting in some staff moving away from their current types of duties and into something new this is very positive for staff who may feel they don't have the skills to try something different but are giving the opportunity to try!

Internally, the success of TED can be seen both from the numbers of staff placed in new roles but also from the excellent feedback from staff who have been through the process. TED regularly receive correspondence from these staff praising the team and the TED Approach for the support they have received whilst going through organisational change and for the speed in which they are placed into new roles which reduces the anxiety which change brings. Appointing Officers also praised the Approach for the prompt response of TED when they have vacancies and a process has been put in place involving three triumvirate directors to ensure the vacancy process runs smoothly.



Director's Report

Financial Review

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

Overview

The Trust ended the year with a surplus before exceptional items of £14.6m (£2.1m after exceptional items), against a planned surplus of £6.7m. Operational services over-delivered against plan by £2.4m and a further £0.5m was delivered by over-delivery on debt, interest and dividends. The Trust received non-recurring funding of £6.4m in 12/13, including that carried forward from previous years, of which £1.8m was unutilised. In addition, £3.1m of other reserves were unutilised during the year.

The over-delivery in operational services was largely driven by vacancies in staffing, particularly in supporting clinical professions and nursing, and also by over-delivery against targets for drug expenditure.

This was partially offset by a shortfall against income targets, particularly driven by low activity on Neuro-rehabilitation, Forensic rehabilitation (LD) and Children's Medium Secure Services. The latter two are non-recurrent issues with capital investment in improving environments being completed to allow both areas to be fully functional through 2013/14. Under-activity across neuro-rehabilitation is more long term and is subject to review by the Specialist Care Group.

Overall net impairments of £12.5m were recognised in the Statement of Comprehensive Income, made up of impairment charges of £16.2m and reversals of impairments of £3.7m. Impairment Charges recognise the change in value of Trust Assets, which reduces the nominal value of the organisation, but does not impact on the underlying cash or operational position of the Trust. Asset revaluations are treated as exceptional items for Monitor compliance purposes and excluded from the risk ratings calculation shown below.

Director's Report

Table 1- Foundation Trust Risk Ratings

FT Risk Ratings	11/12 Achieved	12/13 Achieved	12/13 Risk Rating
EBITDA Achieved (% of LTFM Plan)	109.8%	130.3%	5
EBITDA Margin	8.4%	10.0%	4
Return On Assets	7.6%	5.9%	5
I&E Surplus Margin	32.9%	4.7%	5
Liquidity Ratio	25 days	45 days	4
Overall Rating			5

The Trust's underlying surplus and EBITDA were ahead of plan, largely due to reserves being set aside for Transformation being unutilised in year. These will be used in future years, thereby reducing the planned surplus going forward. Liquidity increased, as cash reserves increased due to recovery of VAT on capital projects and over-delivery on surplus margin for the year.

Review of the Primary Accounting Statements

A Summary set of accounts are included within this report. A full set of accounts are available on request. The period covered is 1st April 2012 to 31st March 2013.

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 impact on the production of the accounts.

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.

Accounting policies for pensions and other retirement benefits are set out in note 37 to the accounts and details of senior employees' remuneration can be found in page 209 of the remuneration report.

Director's Report

Financial Review

Statement of Comprehensive Income

A surplus of £2.1m has been reported for the financial year. A surplus was generated of £14.6m prior to exceptional items, relating to recognition of the change in values of land and buildings through the year of £12.5m.

There has been an increase in valuation of £11.6m arising mainly from the revaluation of Northgate land, which is now classified as held for sale. Countering this, there has been a general decrease in value of £3.3m reflecting changes in the market price for specialised buildings.

Overall income for the period is £316.4m (£307.9m 2011/12). This is an increase of £8.5m (3%) on 2011/12. £1.9m relates to valuation changes recognised through the Statement of Comprehensive Income. Income from activities has increased by £6.1m mainly due to additional funding received for PRiDE (£3.6m) and £2.5m arising from the successful tender for community services for Children and Young People across Gateshead, Sunderland and South Tyneside. PRiDE funding was secured in advance of the scheme becoming operational, on the basis that this would support the transformation of services in Sunderland. Income also included £0.9m of funding from North of Tyne PCTs which was agreed recurrently to fund the development of a High Dependency Unit but in 2012/13 was used to support transformation North of Tyne.

Overall operating expenses for the period were £304.9m (£310.8m 2011/12). The most significant variance from 2011/12 is a lower level of charges (£5.9m) relating to the recognition of changes in values of land and buildings. Other significant variances relate to a reduction in premises costs, mainly due to a reduction in rent for the retraction of Social and Residential Homes and an increase in establishment costs for professional fees. The professional fees were part of an invest to save scheme to maximise the tax efficiency of capital schemes. Profit of £0.1m has been recognised for the 50% share of the profit in Newcastle Talking Therapies Limited Liability Partnership, which is a joint venture with Mental Health Concern Oakdale Ltd.

The Trust has met the requirement from section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act) that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Statement of Financial Position

The Statement of Financial Position summarises the overall value of the Trust as at the 31st March, 2013. Within the year, overall taxpayer's equity has increased by £11.5m due to the net impact of revaluations and the operating surplus generated in year. 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.

Director's Report

There is an overall increase in property, plant and equipment values of £5.2m (2%), from £229.7m in 2011/12 to £234.9m in 2012/13. This relates to £28.0m increase from capital expenditure, a net £3m reduction from recognised changes in asset values, £12.4m reduction for disposals and assets transferred as held for sale and a reduction of £7.4m for depreciation charges.

There has been a £1m decrease in the value of trade and other receivables relating to the disposal of Prudhoe land, disposed of in 2011/12 and being paid in instalments. £1.0m was received in July 2012 which leaves no non-current receivables and £1.0 in current receivables due in July 2013.

Working capital held (net current assets less net current liabilities) has increased by £26.1m, from £1.3m in 2011/12 to £27.4m in 2012/13. **The significant movements in current assets and liabilities are:**

- An increase in cash and cash equivalents of £11.6m from £21.8m as at 31st March 2012 to £33.4m as at 31st March 2013. This was mainly due to reductions in the costs of capital schemes due to VAT recovery and the surplus generated in year.
- An increase in assets held for sale of £10.8m from £3.6m to £14.4m. This largely relates to the revaluation of Northgate land described above.
- A net decrease of current liabilities, largely driven by the planned transfer of social and residential homes to other providers, an increase in current provisions and a reduction in income received to fund future activity (deferred income).

Borrowings have increased by £20.1m. £24.0m of the £40.0m loan agreed from the Foundation Trust Financing Facility has been drawn down and repayments of existing borrowings were made of £3.9m relating to repayment of loans from the Department of Health, repayment of a finance lease and repayment of the obligations due for PFI contracts.

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	2012/13 No. of Bills Paid Within Target	2012.13 Value of Bills Paid Within Target
Non-NHS Trade Creditors	93.3%	93.9%	95.4%	96.8%
NHS Creditors	81.6%	97.3%	76.3%	94.8%

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

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

Director's Report

Financial Review

Financial Strategy Going Forward

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 environment in which we work has not changed significantly over the last year. Health as a whole has been relatively protected compared with the rest of the public sector, with funding maintained at just above GDP deflator. This means that the overall NHS budget is expected to rise by 2.5-3% per annum in line with the underlying levels of cost growth across the economy. At the same time it is expected that demands for increased quality and demographic change will lead to increased cost pressures in the NHS of around 4-5%, which is in line with the historical trend. The gap between funding and expected cost pressures on the system gives rise to the expected funding gap, which equates to around 4% per annum.

Within the NHS the onus for the delivery of this funding gap has shifted to providers of care. Nationally a tariff adjustment is applied to contracts, which includes an assessment of expected inflation, from which a top-slice is taken. This has been held at 4% for the last 3 years and this is expected to continue over the life of this strategy. Furthermore, due to the continuing sluggish nature of the recovery across the UK and beyond, it is expected that restraint in public sector spending will continue beyond 2016/17, and therefore we should plan on this basis. The gap between the 2-3% funding in the system and the 1-2% reduction in funding to providers is retained by Commissioners to fund the demand gap.

This financial strategy includes plans to meet the financial requirements set out in the planning guidance, which means meeting current demands for services, while improving the quality of our services and managing a reduction in resources available by 4% year on year. We assume no growth in funding. Similarly we make no assessment of the impact of demographic changes, as this will be subject to on-going negotiation and discussion with commissioners. Funding is available within commissioner budgets to meet these pressures as described above, although risks remain about the degree to which they will be protected for mental health and disability services. In addition to demographic changes commissioners continue to face pressures in demands for urgent care, continuing care cost increases and prescribing costs, among others.

The Trust continues to be involved in the national rollout of Mental Health Payment by Results. 2013/14 is the second year of the national requirement for mental health trusts to use care clusters as the currency, and this year is the first in which it has been mandated that prices in contracts are set on a cluster basis.

In the wider environment, other parts of the public sector are placed under even greater constraints, with some of our key partners in care (local authorities, third sector) being particularly hard hit. We recognise that we will have to work alongside them to ensure we minimise waste and duplication, and focus on creating integrated care pathways across our services to deliver our mutual financial challenges.

Director's Report

Finally, we continue to recognise that we are going through a significant period of organisational change across the NHS with the commissioning of care shifting from Primary Care Trusts to Clinical Commissioning Groups and the NHS Commissioning Board from 1/4/13. This period of transition will bring with it a high degree of environmental risk, which could impact on effective decision making and the focus on delivery of the service transformation agenda over the coming years.

Principal Community Pathways

During 2012/13 we initiated the access project to improve access to urgent and crisis services. This has been delivered in Sunderland, South Tyneside and Gateshead and will be rolled out to Newcastle, North Tyneside and Northumberland in 2013/14. During 2012/13 we also worked on a range of measures to enable improvements in community productivity.

The Board have now approved development of our Principal Pathways Programme, which was formally initiated in May 2013. The aim of this Programme is to deliver community pathways, which are focussed on recovery and enabling people to receive the right care for them at the right time in their own community, through a standardised approach to safe, effective, evidence-based and consistent interventions.

This will require a fundamental re-design of processes, systems and structures across our community teams and standardisation and improvement in care transitions and care co-ordination. The work to date suggests that this can be delivered within existing community resources overall, through re-designing teams and the way they function to enable an increase in direct patient contact time from around 25% to above 40%.

While children's services are not within the scope of this work the design of the models of care between children's, adolescent and adult services will be consistent and the management of transitions will be key to their success. Children's community services have already been redesigned with savings of £1.3m achieved in the process. We plan to invest in the Transformation process with planned investment in transformation of around £6m in 2013/14 and £5m in each of the next two years.

Non-specialist In-patient Provision

By delivering more effective community pathways we expect that we can reduce reliance on in-patient beds. This will take further a process which we have been undertaking over a number of years. While the number of beds has reduced over the last five years by 356, this has been achieved through a wide range of measures; including investing in new community services and removing spare capacity.

Through 2012/13, we closed 6 inpatient wards (66 beds) in line with our plan, and invested in levels of in-patient staffing across remaining wards. We also continued our programme of investment in improved in-patient environments. Including 2012/13, the Trust will have invested around £100m in improving these in-patient environments in the period up to 31st March 2017.

This is consistent with our strategy of ensuring that when our patients need in-patient care, it is provided in an environment and with the appropriate staffing and care to promote and enable recovery. Going forward we will significantly reduce demand for in-patient beds by delivering more effective care and support in community settings. This does not include Children's beds or adult specialist beds but does include assessment and treatment beds for adults with a learning disability.

Director's Report

Financial Review

Specialist Care Services

Our strategy across Specialist Care Services is to ensure the provision of high quality, sustainable specialist care services, which enable us to deliver whole system care, recruit and retain national and international experts and deliver a consistent level of return to the organisation. This requires specialist services as a whole to absorb efficiency savings of 4% per annum through both service re-design and also through consideration of which services to develop, which to maintain and which to reduce.

Where specialist services interface with local services, their re-design will be integral to the principal pathways work, and the retention of expertise across the Trust is seen to be critical to the development of effective scaffolding for local services. There are no current plans to significantly reduce the number of beds. However, it is expected that the portfolio of services delivered from these beds will change over the life of the strategy. The Trust plan to invest around £10m in a specialist autism unit to replace existing facilities at Northgate during the next two years.

Social and Residential Services

The Trust continues to withdraw from these services and the process should be completed through 2013/14.

A new Monitor Compliance Framework will be in place during 2013/14, which measures underlying liquidity and the Trusts ability to cover interest and repayments on its long term debt. Under this framework the Trust predicts that it will deliver an overall rating of 3 year by year, which is the second highest rating.

Proposed Financial risk rating	2013/14	2014/15	2015/16	2016/17
Metric				
Liquidity	4	4	4	4
Capital Service Capacity	2	2	2	2
Overall rating	3	3	3	3

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.

Director's Report

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 1-4, 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 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

	Annual Plan 12-13	Q1 12-13	Q2 12-13	Q3 12-13	Q4 12-13
Financial Risk Rating	4	5	5	5	5
Governance Risk Rating	Green	Green	Green	Green	Green

The Trust has consistently delivered against plan with regards to its governance risk rating in 2012/13. Over-delivery on our financial rating has largely being driven by holding back reserves to fund the on-going transformation programme, and an improvement in liquidity driven by reduced VAT liability for capital schemes.

Director's Report

Financial Review

External Audit

The Trust's external auditor is Mazars LLP. 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 2012/13.

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 Northern Audit and 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 Executive Director of Finance or to the Trust's Local Counter Fraud Specialists on **0191 203 1406** or **07876 594661**. Alternatively fraud can be reported through the confidential free phone reporting line on **0800 028 40 60** between 8am and 6pm, Monday to Friday or on line at

<http://www.reportnhsfraud.nhs.uk>

Director's Report

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, 2013, 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.

Political and Charitable Donations

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

Partnership Case Study

Partnership working at the core of all our Forensic Community Services.

Diversion Services

We have been providing Police Custody and Court Diversion for Newcastle and North Tyneside over 9 years. They were recognised this year as pathfinder sites by the Department of Health. This service is based on close partnerships with health, social care and Criminal Justice.

A new unfunded service to provide diversion to Bedlington Police Station and Magistrates was established this year in partnership with the local IAPT and Crisis Team. The service has been commended by commissioners and a bid submitted to the Department of Health to support funding for this and another service in Sunderland. We won the contract this year to develop the specifications for diversion services in the North East in partnership with Revolving Doors Agency (charity focussed around those who are trapped in a cycle of offending and short sentences with complex health, housing and substance misuse needs) and our neighbouring Mental Health Trust.

Westbridge Forensic Hostel

Westbridge Hostel was developed in 2003 to assist in the discharge of patients detained in secure hospitals regionally. It is a partnership between Byker Bridge Housing Support and our Trust. The service model, which is focussed around recovery, is unique in that it has a range of disciplines from our Trust working jointly with Byker Bridge staff in providing a high quality service to socially excluded patients.

Forensic Community Personality Disorder Team

This team was funded by the Department of Health as a pilot. The model specifically thrives on partnerships with referring agencies. Innovative partnership working includes a Probation Officer being seconded into the team. The service provides an outreach clinic to Cumbria where there is lack of provision. Due to a change in commissioning, it is expected that the team will have a regional northern role, and is actively liaising with services from Leeds and Liverpool to provide a coordinated pathway for patients. The service has been commended by civil servants from the Department of Health at regional and national forums.

Forensic Psychiatry Community Team

This team received an award last year for Team of the Year. It was established three years ago and has managed to break down barriers and improved access to forensic opinion. The service model has been commended and presented at annual national conferences of the Royal College of Psychiatrists.

Sexual Behaviour Unit

A partnership between the Forensic Directorate, Northumbria Probation and Barnardos. It assesses and treats adults who might pose a risk in relation to sexual abuse. Staff from this service regularly works alongside those from other agencies and the service has a national reputation for its work and interagency cooperation.

Stalking Advisory and Consultation Service

A partnership between the Forensic Directorate and Northumbria Probation and assists in the management of high risk stalking offenders. It was commended for innovation nationally in the MAPPA news bulletin of the Ministry of Justice in July 2011.



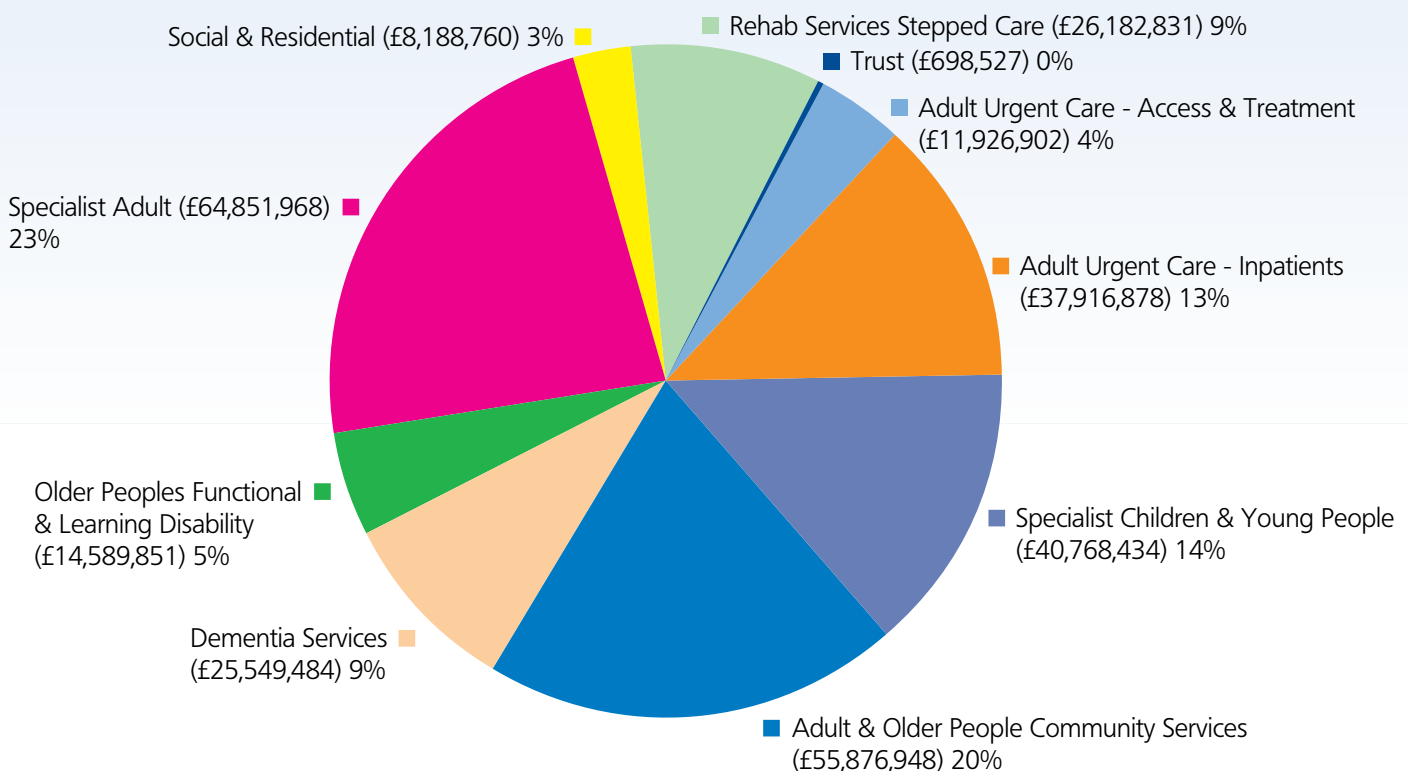
Our Performance against Contracts

The Trust provides services to a broad range of Commissioners. Eighty six 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 Trust also provides services for Tees and Durham patients. Middlesbrough PCT commissions on behalf of all Tees PCTs and County Durham PCT commissions on behalf of both County Durham and Darlington PCTs. Specialist care services are commissioned by the regional North East Specialised Commissioning Team.

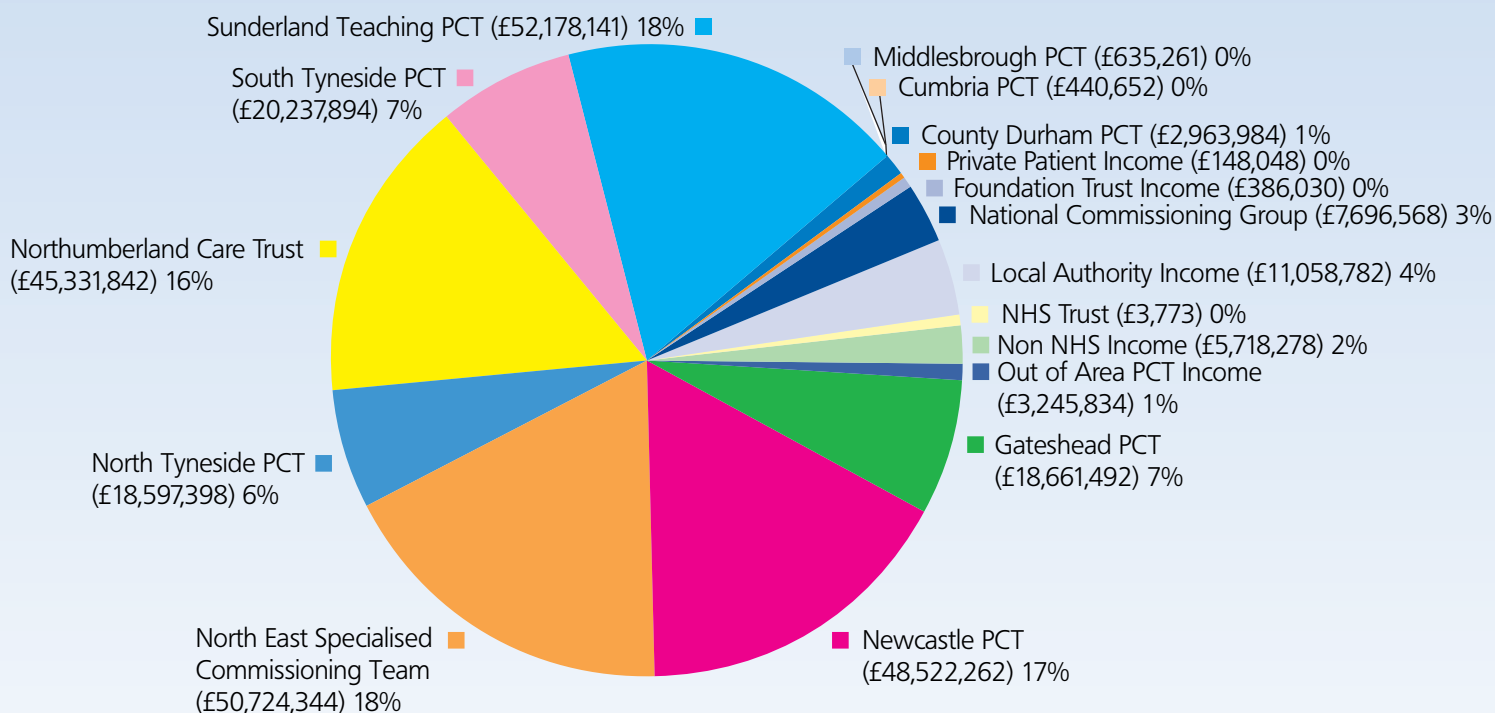
In addition, significant contracts are held with Local Authorities and National Specialist Commissioning Groups.

Figure 1 - 2012 / 2013 Patient Care Income per Service



Our Performance against Contracts

Figure 2 - 2012 / 2013 Patient Care Income by Commissioner



The Trust has received £16.8m income for patient care from non NHS commissioners. Of this, £11m was received from local authorities for the provision of social and residential homes and MH residential homes. £5.7m was received for patient care from Scottish, Welsh and Northern Irish health bodies and £0.148m was received for private patients. This other income received has had no impact on the provision of goods and services for the purposes of the health service in England.

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 2012 /2013 patient care contracts over the year.

This year we have worked closely with the main commissioners to introduce mental health payment by results (PbR). 2012-13 was 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 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. Further development will continue in 2013/14.

Partnership Case Study

Mental Health Panel Members

If you are a detained patient one of the most important groups of people exercising control and compulsion over your life are the hospital managers. It is they that detain and so also have the power to discharge. In NTW this power is delegated to the Panel Members.

If you have been, or are detained anywhere within NTW at sometime you will have come into contact with this small group of people who will have reviewed your detention in line with natural justice.

The Trust Panel Members are integral to the operation of the Mental Health Act and without them the trust would be unable to perform its statutory responsibilities.

Panel Members are charged with hearing reviews of detentions made by patients, carers and Responsible Clinicians. Panel Members work in groups of three but have to exercise independence of mind at all times to ensure that every hearing they sit on is fair and just. That the patient and their needs are at the forefront of what is being discussed and that they are fully included and understand the legal, medical and social issues surrounding their detention.

The trust has 40 Panel Members and they give many hours of their own time to prepare for hearings, reading complex medical, nursing, social, psychology, occupational therapy reports.

This small group are not what you would think, they are not experienced clinicians or lawyers they come from all walks of life, Fireman, Teachers, Administrators, Financers, Lecturers and so on. Their involvement with Mental Health Services, in most cases is not by acquaintance with our services but born out of a desire to offer something different in the way of support and help.



Partnership Case Study

Sunderland Primary Care and Psychological Wellbeing Service

The Sunderland Primary Care and Psychological Wellbeing Service has been operational since 2011. It was commissioned by NHS South of Tyne, to deliver an integrated primary care mental health and Improving Access to Psychological Therapy service. It's in keeping with the Department of Health guidelines and evidence for effective treatments published by the National Institute for Health and Clinical Excellence (NICE). The service is delivered in partnership with two third sector partners, Sunderland Counselling Service and Washington Mind. A number of the low intensity therapists are employed by the Third Sector but function within an integrated team.

Sunderland Primary Care and Psychological Wellbeing Service is a high volume, fast throughput service that receives in excess of 5,500 referrals a year. It provides rapid access to a triage appointment via self or professional referral, which allows for a quick decision to be reached with the person regarding the treatment of choice.

The service provides a menu of treatments from low intensity (including access to psycho-education classes and guided self-help to high intensity treatments incorporating a range of clinical approaches but primarily CBT focused. There are a number of quality measures in place. Patients provide self-reporting outcomes at each session and are requested to complete patient experience questionnaires. All of the clinical staff receive clinical and case management supervision in line with NICE guidance.



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 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 approved in November 2010 and reviewed in April 2012. 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 November 2012, the Trust obtained 100% compliance with the National Health Service Litigation Authority's risk management standards (Level 1) 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 2012/13:**

- 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; and from external organisations which examined different areas of clinical services and management.

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

Head of Internal Audit Opinion

The final Head of Internal Audit Opinion for the period was issued in May 2013. **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”



Quality Report 2012 / 2013

Introduction to the Quality Account

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 Account?

All NHS Trusts are required to produce an annual Quality Account, 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.

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



NTW Staff Awards ceremony 2013 - celebrating excellence in service delivery.

Chief Executive's statement

Our Board of Directors are committed to developing services of the highest quality, which enable and empower our patients to reach their potential and live fulfilling lives.

We aim to provide services that are patient centred, are accessible and focused on recovery. We also aim to support our patients as close to their home as possible. We work closely with our patients, their carers and our partners in other agencies to deliver integrated care in the best place and at the best time.

Our Quality Account outlines how we are doing in relation to these aspirations and gives an honest review of the progress we have made on the priorities we set last year and the work that remains for us to do.

Our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, commissioners, and local authority health overview and scrutiny committees (OSCs).



Our commitment to quality

Providing high quality services is of paramount importance to us. We primarily measure this through the experiences of our patients and their carers and by the outcomes of our clinical interventions.

We gather data from a variety of sources to ensure that we truly understand these experiences and do our best to respond quickly and appropriately with all necessary improvements. This report focuses on providing meaningful information and data that we use to continually monitor and plan improvements to the quality of our services.

Our Quality Account for 2012/13 reports on the progress made against our three quality goals which are:

Patient Safety - Reduce incidents of harm to patients

Patient Experience - Improve the way we relate to patients and carers

Clinical Effectiveness - Ensure the right services are in the right place at the right time for the right person

The quality priorities reported have been measured using our internal assurance structures such as patient records, clinical audits and internal/external inspections. We have used information from participation in national NHS surveys and conversations with patients and carers to help us in writing our Quality Account for 2012/13.

To the best of my knowledge, the information in this document is accurate.

Best wishes

Dr Gillian Fairfield

Chief Executive

A handwritten signature in blue ink, which appears to read 'G. Fairfield'. The signature is written in a cursive style and is positioned to the right of the printed name.

Medical Director and Director of Nursing and Operations statement

This Quality Account includes information which demonstrates to our service users, carers, commissioners and the public that we provide Mental Health, Learning Disability and Neurological services that are among the best.

We constantly strive to improve our services. In the past year we have developed and launched a range of new services which have strengthened and improved quality. We have improved access to our urgent care services, implemented new memory protection and Children's and Young People's community services and we also continue to invest heavily in new inpatient environments. These efforts will roll into 2013/14 as we continue our on-going transformation programme.

We have set out in this Quality Account how well we have performed against local and national priorities including how well we progressed with those areas we highlighted as our improvement priorities for 2012/13.

Positive outcomes from Care Quality Commission inspections alongside a comprehensive set of performance metrics demonstrate that we have established high standards of core service quality. We recognise that we have more work to do and continue to pursue excellence in all our service areas.

Priorities for 2013/14

We recognise some of the quality priorities we set ourselves are challenging but we are committed to always delivering any unmet standards from in previous years. Our Trust's quality goals are co-developed with stakeholders and communicated within the Trust and the community it serves. Each year the Trust holds events to engage service users, carers and other internal and external stakeholders to define quality goals and priorities for the coming year.

Our focus is always and will remain on patient safety, clinical effectiveness and the service user experience.

Best wishes



Dr Suresh Joseph
Medical Director



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 2012/2013, 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 2013/2014.

As in previous years, we remain committed to taking any Quality Priorities that are not fully achieved during 2012/13 forward to 2013/14 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;
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 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.

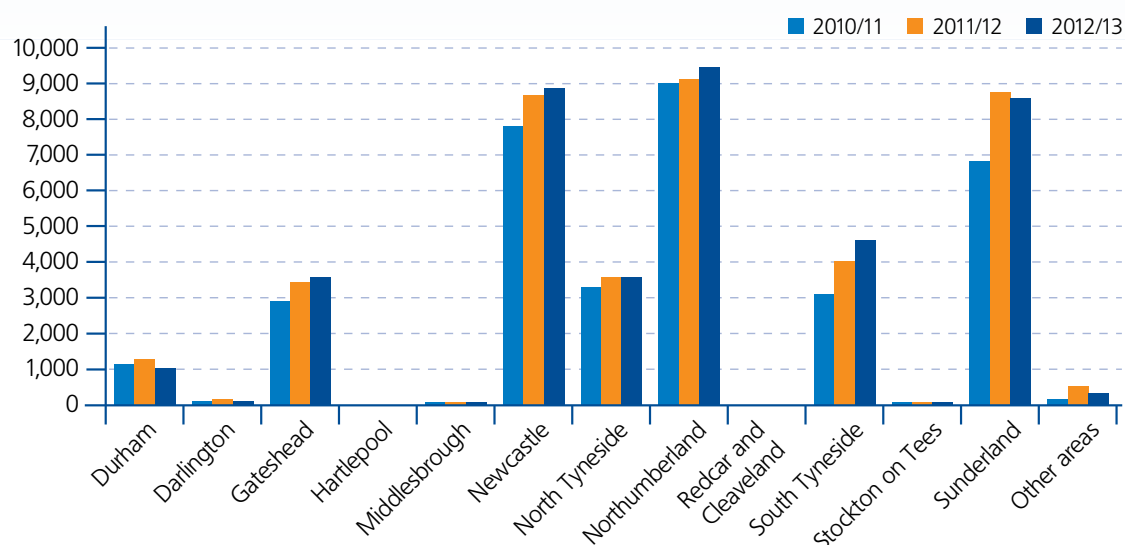
Clinical Effectiveness

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 just over 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 2013, split by locality, with a comparison of the same figures from 2010/11 & 2011/12:

NTW Service Users by locality 2010/11, 2011/12 & 2012/13:



The chart shows that our Service User numbers have increased by 835 during 2012/13. Most locality areas have seen an increase in numbers of Service Users with the biggest increases being in South Tyneside, Newcastle and Northumberland.

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 2012/2013:

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
1	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.	The target for this priority area was to develop a bespoke Leave Management training module for our staff and plan to roll it out across the organisation.	The target for this priority has been achieved. We will continue to monitor the training roll-out throughout 2013/14 to ensure all relevant staff are included. ACHIEVED
2	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months	Evidence through clinical audit and incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	95%	The target for this priority was not achieved although improvement was made throughout the year. CPA risk assessment = 78.2% CPA review = 68.5% Due to the development of care packages and pathways moving forward it will be more appropriate to monitor expected cluster review periods. This information will form part of a CQUIN for 2013/14 rather than a Quality Priority. ONGOING
3	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%	We were not able to demonstrate achievement of these targets during 2012/13 as there was not a consistent approach to the recording of this information. However this has now been rectified within our electronic patient information system (RiO) and these priorities will continue and extend to enable the sending of all documentation to GP's electronically during 2013. ONGOING
4	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%	We were not able to demonstrate achievement of these targets during 2012/13 as there was not a consistent approach to the recording of this information. However this has now been rectified within our electronic patient information system (RiO) and these priorities will continue and extend to enable the sending of all documentation to GP's electronically during 2013. ONGOING

Quality Goal One: Reduce incidents of harm to patients

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
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	<p>Significant risks occur if transitions are not properly managed.</p> <p>Delayed discharges are a key factor on lengths of stay within inpatient units.</p>	<p>To establish groups to look at specific points in the patient pathway:</p> <ul style="list-style-type: none"> - Alignment – to look at how community teams are aligned to inpatient wards. - Effective MDT and flow management – to develop minimum standards around documentation on admission and handover. - Discharge – to develop standards around discharge meetings and care coordination arrangements. <p>Guidelines for community and inpatient transitions of care to be developed.</p> <p>Pathway workshops to be held between inpatient and community team staff.</p>	<p>All milestones have been achieved for this priority for 2012/13 and this important piece of work will move forward to 2013/14 with new objectives to be achieved.</p> <p>ACHIEVED</p>



Quality Goal One: Reduce incidents of harm to patients

How have the quality priorities in 2012/2013 helped progress towards this goal?

Over the four years reported in our Quality Accounts there has been an overall reduction in the number of Patient Safety Incidents which are categorised as 'Catastrophic' however the Patient Safety Incidents classed as 'Moderate' and 'Major' have increased and this area is being very closely monitored by the Trust.

The Trust is proud of its open reporting culture and encourages its staff to report all incidents through its internal reporting systems.

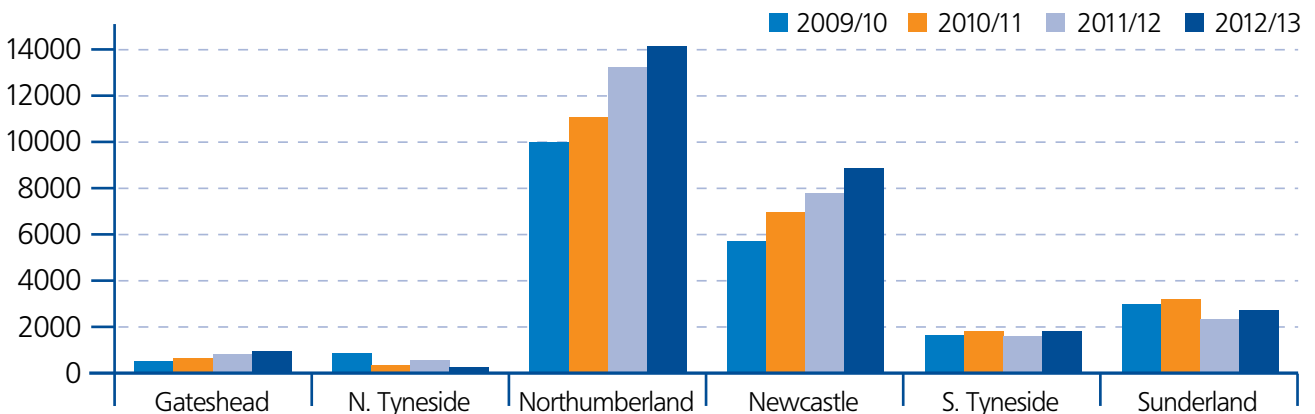
A total of 28,677* incidents were recorded and reported during 2012 /13, which is an increase from the previous year of 23,433 incidents. Those incidents are then split into two categories - Patient Safety Incidents and Non-Patient Safety Incidents:

*(figure as at 26th April 2013 - may be subject to change as additional data is reported/recorded)

Types of incidents reported:	2009/10	2010/11	2011/12	2012/13
Patient Safety Incidents	9,924	11,745	12,642	13,582
Non Patient Safety Incidents	11,426	12,347	13,692	15,095
Total incidents reported	21,350	24,092	26,334	28,677

The following graph shows all of the incidents which have been reported (patient safety incidents and non-patient safety incidents) split by locality:

Total Incident Activity by Locality:



Quality Goal One: Reduce incidents of harm to patients

Non-Patient Safety Incidents

The following table describes the types of incidents which are classed as non-patient safety incidents. These incidents are recorded in our internal systems but not formally reported through the National Reporting and Learning Service as Patient Safety Incidents are.

Number of non- patient safety incidents reported, by type:	2009/10	2010/11	2011/12	2012/13
Violence and Aggression (on staff)	6,875	6,785	8,086	9,748
Security	991	1,199	1,094	1,228
Staff Accident	715	658	775	685
Patient Ill Health (as part of clinical condition)	892	1,279	1,483	1,052
Information Governance	136	123	175	192
Inappropriate Patient Behaviour	216	708	540	574
Medication (Pharmacy related)	923	721	517	348
Fire	193	205	190	149
Other	485	669	832	1,119
Total incidents reported	11,426	12,347	13,692	15,095

We recognise we have had a significant increase in the number of incidents of violence and aggression towards staff in 2012/13. The highest level of increase was within Specialist Care Services particularly within the Children and Young People's in-patient services. Each incident is assessed, and consideration is given to Police involvement if the patient has capacity. There have been 14 individual patients who have accounted for a significant number of these incidents in the annual total.

Patient Safety Incidents

As previously mentioned the Trust is required to report all Patient Safety Incidents into the National Reporting and Learning Service.

A Patient Safety Incident is defined as, "Any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS funded healthcare. This is also referred to as an adverse event/incident or clinical error, and includes near misses".

The category 'Catastrophic, Death' includes all unexpected deaths at the point of reporting and is closely aligned to the serious incident related death activity. This number is likely to be reduced as verdicts are received and the figures from previous years have been amended to reflect this.

Number of Patient Safety Incidents reported, by impact:	2009/10	2010/11	2011/12	2012/13
No harm	3,123	3,014	3,770	3,256
Minor, Non-permanent harm	6,009	7,839	7,912	8,074
Moderate, Semi Permanent harm	602	756	804	1,994
Major, Major Permanent harm	73	49	59	169
Catastrophic, Death	117	87	97	89
Total patient safety incidents reported	9,924	11,745	12,642	13,582

Quality Goal One: Reduce incidents of harm to patients

Serious Incidents information:

The Trust currently reports serious incidents in line with our 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 and from March 2011 fractured neck of femurs which are acquired whilst a patient is in our care were also classified as serious incidents.

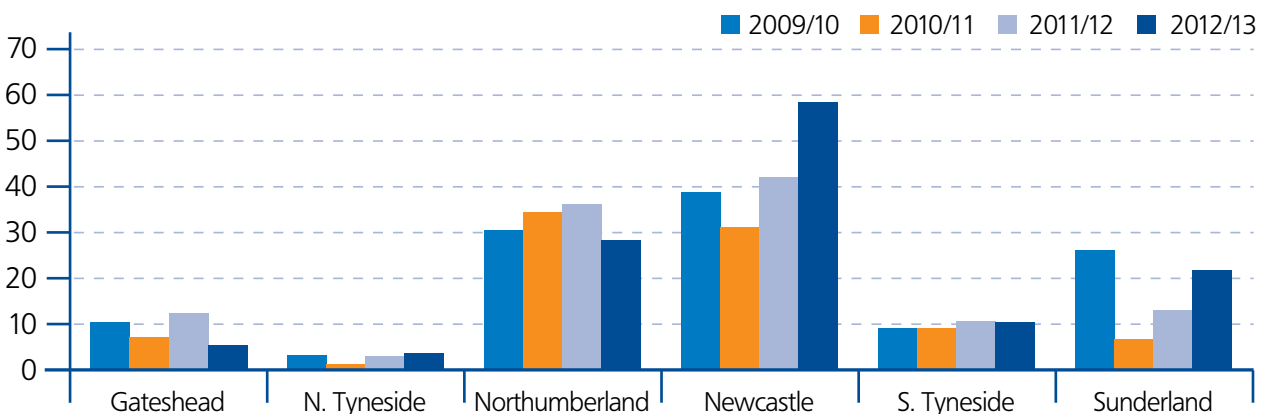
Number of Serious Incidents reported:	2009/10	2010/11	2011/12	2012/13
Unexpected Deaths	84	56	75	78
Homicides	0	3	3	1
Physical Assaults	4	3	5	8
Self Harm	5	10	9	9
Under 18 Admissions	4	10	6	4
Fractured Neck of Femur / Fractures	0	2	17	22
Information Governance	5	1	1	1
Other	16	6	5	7
Total number of serious incidents reported	118	91	121	130

From the information below shown the unexpected death rate has increased by 3 from 2011/ 12 to 2012/13 however there are still 59 coroner inquests to be held and as such there is an expectation that this figure will be reduced over time as from previous experience a number of verdicts are returned as natural causes.

Number of Serious Incidents reported:	2009/10	2010/11	2011/12	2012/13
Unexpected Deaths	84	56	75	78
Verdicts Pending	0	0	7	52

In response to the rise in the number of serious incidents relating to fractured neck of femurs the Trust has a new Quality Priority for 2013/14 to ensure all relevant staff have received appropriate falls risk assessment training. We hope that this will lead to a reduction of both falls and serious incidents relating to falls and will be monitoring this closely.

Serious Incidents by locality:



Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	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.	To achieve a target of 85% of applicable staff trained in this area by March 31 2014.
2	To ensure GPs receive care plan information within 7 days of a review. This quality priority is being continued from 2012-13	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.
3	To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being continued from 2012-13 and aligned to a CQUIN target	It is a Trust priority to reduce risk by improved communication during periods of transition	
4	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. This quality priority achieved the milestones set for 2012/13 but will continue through 2013/14 as an important part of our on-going transformation programme.	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To assess current transition arrangements between adult community teams and adult assessment and treatment teams. To conduct an audit of the impact of transition arrangements and create an action plan for improvement based upon the findings.
5	To ensure all relevant staff undertake falls risk assessment training	To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.	To review and revise the current training materials and set trajectories for numbers of applicable staff to be trained. To report each quarter on numbers of patient falls.
6	To improve the management of service users who do not attend appointments (DNA's)	To better understand the issues around service users who do not attend appointments and develop a plan to reduce non-attendance	To establish a baseline and set trajectories for improvement in this area in agreement with our Commissioners

Quality Goal One: Reduce incidents of harm to patients

Partnership Case Study

Personality Disorders

For some time the Gateshead Personality Disorders Team and Lamesley Ward at the Tranwell Unit have been working exceptionally well together in order to provide safe, efficient, evidence based care for clients with personality disorders, usually of the emotionally unstable type.

There is a small group of patients who present frequently and in crisis to services. In the past these patients often had long and unhelpful stays in inpatient wards. Ward staff felt stressed and found it difficult to manage the demands and threats of these patients. Alternatively if the patients were not admitted they felt abandoned, not listened to and often escalated risky behaviour until they were eventually admitted, often in a more distressed state.

However, through working closely and supportively together, it has been possible to develop robust care plans for these patients. Through the teams working together, and particularly the support provided to the inpatient team from the personality disorders team, ward staff have developed their skills and have improved confidence in their ability to appropriately support this group of patients and safely manage the potentially high clinical risk they pose.

The patients themselves are aware that they have clear care-plans and that all staff involved in their care from all parts of the service are aware of the care-plans and will stick to them. This provides an improved sense of security for the patient, which in turn can reduce their 'acting out' behaviour, which otherwise can be dangerous for the patient themselves and stressful for staff trying to support the patients. Ward staff are confident that the PD team nurse will attend the ward quickly when patients are admitted in order to plan for the admission and ensure clear, supportive safe plans remain in place for the patient's timely discharge. In summary, the excellent partnership working between the Gateshead Personality Disorders Team and Lamesley Ward at the Tranwell Unit has vastly improved the delivery of safe, efficient; evidence based care for clients with personality disorders in Gateshead and improved the satisfaction of staff working with this group of clients.

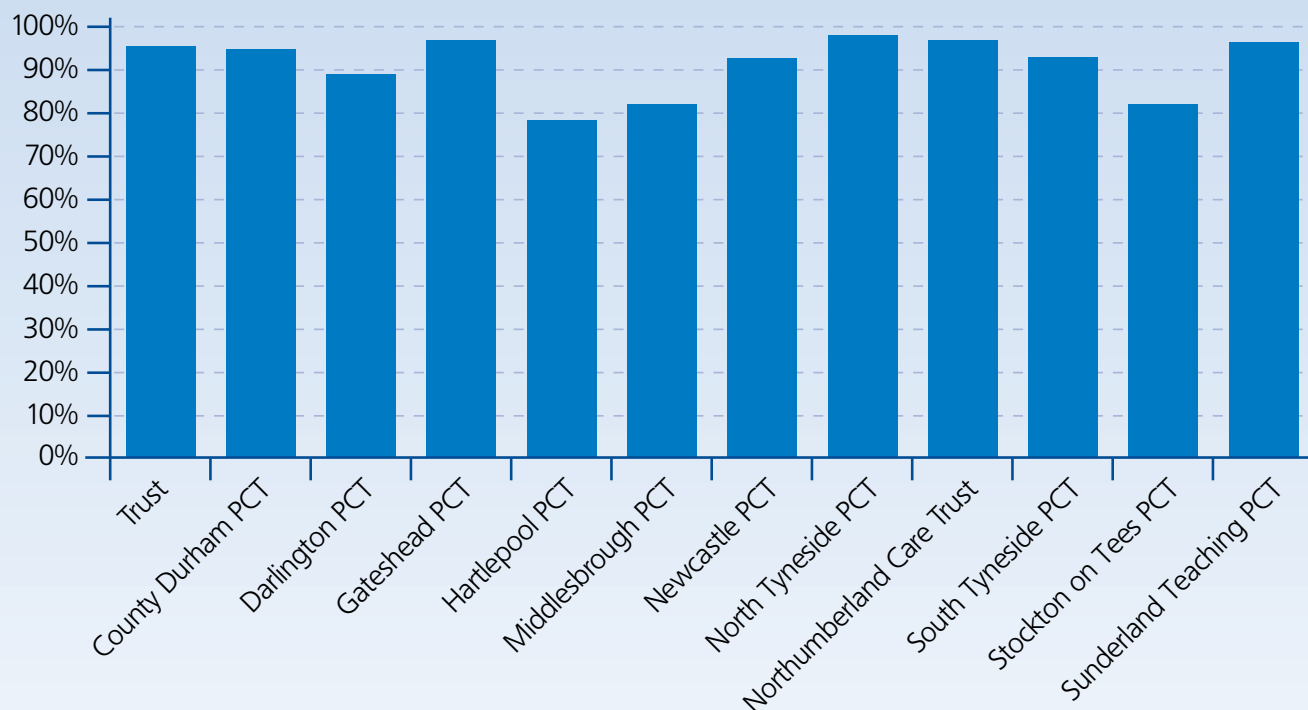


Quality Goal Two: Improve the way we relate to patients and carers

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
1	Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To deliver 5 activity sessions per day (with 20 per week to be offered out of hours)	The target for this priority was achieved and a system has been developed to capture this information. This is an important area for our service users and so we will take forward this priority into 2013/14 and continue to improve the availability and variety of activities. ACHIEVED
2	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.	To roll out 'Points of You' or similar feedback process to 100% of in-patient wards.	This quality priority has been achieved and there is a patient feedback process in place in 100% of our in-patient wards. The work undertaken within this priority area will be continued through 2013/14 as part of a CQUIN. ACHIEVED
3	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	Devise catering booklets to provide improved information to service users. Introduce revised menus. Establish a Catering Review Group. Enhance the electronic ordering system and ensure meals are nutritionally analysed.	This priority has been achieved this year with the exception of the enhancement of the electronic ordering system which will now take place in July 2013. We know from our feedback processes that this area is particularly important to our service users and so this will continue to be a priority for 2013/14. ACHIEVED
4	To improve waiting times for referrals to multidisciplinary teams	To ensure Trust services are responsive and accessible.	100% seen within 18 weeks	At the end of March 2013, 96.0% of our service users who were referred to a multidisciplinary team were seen within 18 weeks. For 2013/14 we will continue to strive towards the 100% target and this will also be monitored through a CQUIN target with our commissioners. ONGOING
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)	A reduction from the 2011/12 proportion of overall complaints that were attributable to staff attitude (26%)	The percentage of complaints that were attributable to staff attitude during 2012/13 was 22.6% which is a reduction from the previous year. This important area will continue to be monitored throughout 2013/14 as part of a CQUIN. ACHIEVED

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

Multi-disciplinary waiting times by locality:



	% of service users waiting less than 18 weeks for contact with a team during 2012/13	% of service users waiting less than 18 weeks at 31/03/2013	Number of service users waiting more than 18 weeks at 31/03/2013
Trust	96.0%	80.4%	1293*
County Durham PCT	95.2%	78.0%	33
Darlington PCT	89.5%	85.7%	2
Gateshead PCT	96.1%	81.1%	96
Hartlepool PCT	77.8%	60.0%	2
Middlesbrough PCT	83.2%	80.0%	3
Newcastle PCT	94.2%	82.5%	250
North Tyneside PCT	97.3%	85.6	70
Northumberland Care Trust	97.1%	80.3%	317
Redcar and Cleveland PCT	91.5%	100.0%	0
South Tyneside PCT	93.8%	76.0%	169
Stockton on Tees PCT	81.6%	71.4%	2
Sunderland Teaching PCT	96.9%	78.8%	331

* includes 18 Out of Area service users

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

How have the quality priorities in 2012/2013 helped progress towards this goal?

We have made progress against our overall goal of improving patient experience and this is reflected in our 2012 Community Patient Survey scores where we have showed an overall improvement in 6 of the 9 scores.

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 2012 by 225 community 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	9.0 out of 10	One of the best performing trusts
For questions about medications	7.2 out of 10	About the same
For questions about Talking Therapies	7.4 out of 10	About the same
For questions about Care Coordinator	8.6 out of 10	About the same
For questions about Care Plan	7.1 out of 10	About the same
For questions about Care Review	7.5 out of 10	About the same
For questions about Crisis Care	6.5 out of 10	About the same
For questions about Day to Day living	5.7 out of 10	About the same
Overall questions	7.3 out of 10	About the same

Comparison to previous years scores:

Section	2010	2011	2012
Health & Social Care Workers	8.6	8.5	9.0
Medications	7.4	7.0	7.2
Talking Therapies	6.9	7.3	7.4
Care Co-ordinator	8.5	8.4	8.6
Care Plan	6.3	6.8	7.1
Care Review	7.4	7.6	7.5
Crisis Care	-	6.8	6.5
Day to Day Living	5.8	6.0	5.7

The results show that people are very positive about the health and social care workers they had come into contact with, with the trust being classed as one of the best performing trusts in the country in this area.

More details on the 2012 survey results for this Trust can be found at the below link:

<http://www.cqc.org.uk/PatientSurveyMentalHealth2012>

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

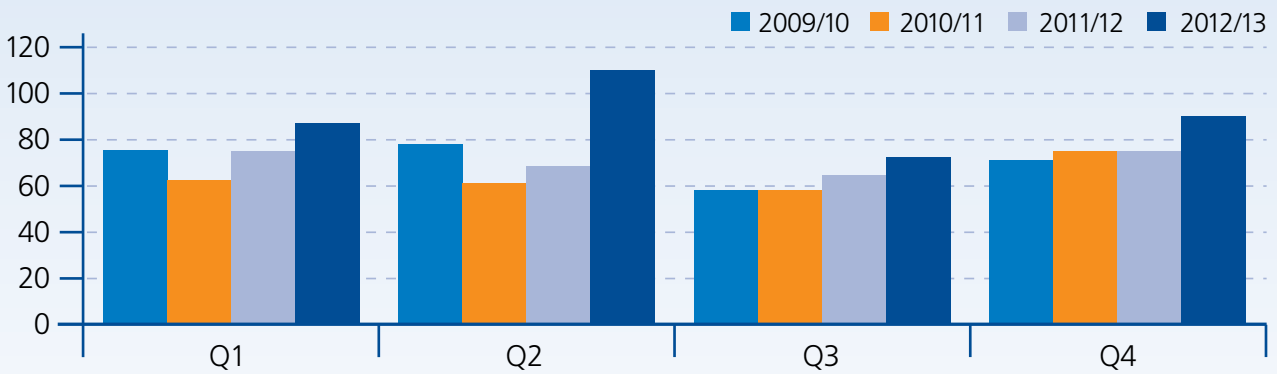
Complaints

NTW welcomes the valuable information gathered from our complaints process as this is used to inform our service improvements to ensure we provide the best possible care to our patients and carers.

As part of improvements made following organisational change both the policy and process of complaints have been enhanced, including sharing complaints leaflets through Coroners Offices, as a supportive mechanism for families and carers and improved working between PALS services and Complaints Team. We have also seen a natural increase in the number of complaints as our services have expanded.

Complaints have increased during 2012/13 with a total of 362 received during the year (284 in 2011/12, 253 in 2010/11 and 283 in 2009/10):

Number of complaints received, by quarter, 2009-13



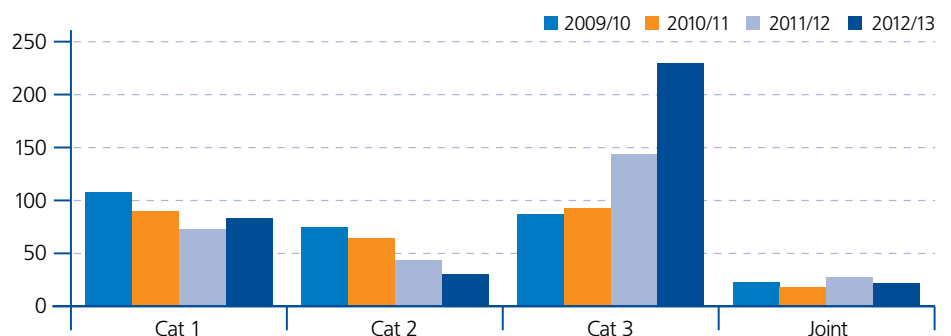
In 2012 / 13 complaints relating to appointments and delays for appointments have increased from 20 to 47. There has been also been increases in complaints relating to discharge planning / discharges and communication / information to patients. These are all evenly spread across the services within the Trust.

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 following chart shows how our complaints were categorised from 2009/10 to March 2013:

Definitions of complaint categories:

Cat 1	Low impact on the provision of care
Cat 2	Minimal/potential risk to provision of care
Cat 3	High impact on provision of care



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

When reviewing complaints and looking at individual complainant activity it would appear that complainants are fully understanding their rights to complain and are suitably supported by advocacy services to complain more formally.

During 2012 /13 there were 29 people who complained more than once about their care and treatment, 3 people who complained more than 5 times about their care and treatment and 1 person who complained 15 times about their care and treatment. These are each classified as individual complaints and therefore they account for much of the increase shown.

The Trust has recently issued a new complaints policy, and whilst there has been an increase in complaints in total over the last year, the biggest increase over the last year has been in category 3 complaints which are independently investigated and where local resolution has been attempted without a satisfactory outcome for the complainant. As part of the new policy implementation the categorisation of complaints that are being recorded and reported on will be reviewed to clarify in detail the correct classification of complaints at the point that the investigation is completed and the correct categorisation applied, based upon the complaint outcome.

Partnership Case Study

North Tyneside Carers Centre

In North Tyneside Planned Care, we have joint partnership working with the local Carer's Centre. The Carer's Centre has created a specific post focussing on carers for people with serious mental health problems. The worker is based within the Longbenton CMHT and takes referrals from other local CMHT's in the North Tyneside area. The Trust recognises the important role that carers bring in supporting people within their mental health recovery and is greatly valued by the CMHT's and makes an active contribution in completing both the carer's assessments and actively supporting carers in sometimes challenging circumstances.



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

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To achieve timely and appropriate activities with 85% being offered out of hours by 31/03/14.
2	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	To complete nutritional analysis of patient meals. To conduct a trial of electronic meal ordering and evaluate before rolling out across inpatient areas.
3	To improve waiting times for referrals to multidisciplinary teams	To ensure Trust services are responsive and accessible	100% of all patients (excluding CYPs) to wait less than 18 weeks by 31/03/14 CYPs North and South to achieve 95% wait less than 12 weeks by 31/03/14.
4	To roll out the 'Family and Friends' test in line with national guidance.	To establish a robust method of recording and reporting this information.	To determine the best method and time to capture this information and begin to report on findings from October 2013.
5	To implement the 6C's initiative (based upon the national guidance -'Developing the culture of compassionate care: Creating a new vision and strategy for Nurses, Midwives and Care-Givers')	To continue to improve the services we deliver to our service users and carers in line with this national guidance.	60% of all staff to have undertaken Values and Attitudes training by March 2014

Partnership Case Study

Speech and Language Therapy (SALT) Team

The Speech and Language Therapy (SALT) Team are part of the LD Community Treatment Team in Sunderland. They support adults with learning disabilities who have communication difficulties as part of a Multi-Disciplinary Team. They focus on supporting functional communication, and supporting service users to be involved and engaged in things that matter to them.

City of Sunderland College (CSC) offer a range of courses for students with additional needs, including learning disabilities. Students undertake a variety of courses including preparation for work, functional skills, and communication courses.

Many of the students who access courses at CSC have communication difficulties. These can range from specific difficulties in understanding complex information or concepts, difficulties with social skills and interaction, or difficulties in being understood and expressing wants and needs. Some students use Makaton, symbols or pictures to support their communication. CSC staff felt that extra support from the SALT team would be invaluable in helping students achieve their educational targets, whilst also providing a link with the community team. They approached the SALT team in 2010 to explore how closer links could be made.

Following an extensive pilot and ongoing project work to explore the potential role for SALT within college, a Service Level Agreement was arranged and commenced in September 2012. This SLA has generated enough income for NTW to recruit a new full time SALT to backfill time spent in college. This has enabled the SALT team to work systematically and regularly into the college environment to support students with learning disabilities and communication needs.

This Service Level Agreement has enabled us to recruit another SALT to backfill the time spent within college. We are now able to work directly with students and with our colleagues at CSC to support student's educational targets, and support the staff at CSC to create a 'Total Communication Environment', in which all ways of communicating are acknowledged and valued, to create an inclusive and supportive environment for students with communication difficulties.



Quality Goal Three: Ensuring 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 2012/2013:

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
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.	Undertake consultation exercises on various service improvements and consider responses before drafting service plans for approval by the Trust Board and our Commissioners.	All milestones have been achieved for this priority for 2012/13 but this important piece of work will move forward to 2013/14 with new milestones. ACHIEVED

How have the quality priorities in 2012/2013 helped progress towards this goal?

This goal is centred around the transformation of our services to ensure we can continue to deliver and improve our services to best suit the needs of our service users and carers.

Service Improvement and Developments throughout 2012/13

These are some of the key service developments that the Trust has made during 2012/13:

- Improving the Psychiatric Intensive Care Provision South of Tyne and Wear
- Pathway redesign for Community Children and Young People's Services, Northumberland and Newcastle
- Redesign of the Northumberland Stepped Care Services
- Redesign of the Gateshead Stepped Care Services
- Refurbishment of the Medium Secure Young Peoples Unit
- Redesign of the Newcastle Secondary Care pathway
- Redesign and new build for patients with a learning disability presenting with long term continuing care, treatment and rehabilitation needs
- Improving the pathway for older people's community services in Sunderland by extending hours
- Access Pilot in Sunderland rolled out across all of South of Tyne and Wear area

There is more detail about our transformation programme in our Annual Report 2012/13.

Quality Goal Three: Ensuring 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.

During this year we have undertaken the following:

Equality and Diversity Audits on a range of inpatient settings in line with guidance issued by the Equality and Human Rights Commission:

- Have established a single access point for interpretation services across the Trust.
- Have reviewed the membership of the Trust's Equality and Diversity Steering Group to ensure wider representation.
- Have rewritten the Trust's Managing Diversity Policy and revised our approach to Equality Impact Assessments.

Our equality objectives have been published on our website and can be found at the following link: <http://www.ntw.nhs.uk/section.php?!=1&p=217>



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

Looking Forward: What are our quality priorities in 2013/2014 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.	To ensure ongoing development, each of the three discreet clinical Groups have identified priorities for development throughout 2013/14.
2	To develop an approach to Outcome measurement using HoNOS 4 factor model and SWEMWEBS.	As the trust transforms its clinical services it is essential to understand the impact of the care delivered (both before, during and after any changes) in order to understand whether the changes have delivered the anticipated benefits.	To produce a viable implementation plan in line with national guidance. From July 2013 report on HoNOS 4 factor model and from October 2013 also report on SWEMWEBS.
3	To develop a programme of work to define the competencies to deliver NICE compliant psychological therapies.	To ensure our workforce is suitably trained to deliver the highest quality patient care.	Report against skills acquisition plan developed during 2012/13 Implement the skills acquisition plan. Assessment of gaps in meeting NICE psychological therapy competencies where these are not covered by the skills acquisition plan developed in 12/13. Develop a training plan, to include targets for numbers of staff to be trained with timescales and any additional resources required.

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

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

The National Institute for Health and Care Excellence (NICE) is responsible for developing evidence based guidance, standards and information to support high quality health and social care. NICE publish best practice guidelines for health professionals and the public recommending NHS medical treatment including drug treatments.

The Transforming Services programme incorporates all relevant NICE guidance and our electronic patient record (RiO) system ensures that care packages and pathways for Service Users reflect current guidance.

During 2012/13 the Trust commenced an internal review of how we are doing against all NICE guidance that is applicable to our services. Work on this has progressed with comprehensive reports being completed in the areas of Schizophrenia, Autism in Children and the Management of Violence. Baseline reviews have commenced in a number of areas where NICE has made recommendations including Dementia, the Management of Depression, Bipolar Disorder and Service User Experience.

We now have a robust process in place to assess current Trust practice against all new relevant guidance released from NICE. This ensures that we can regularly evaluate our approach whenever new guidance relevant to our services is released and determine the best way of modifying our services to incorporate appropriate evidence-based changes to practice.



Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2012/2013 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 274 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 274 of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 100% of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2012/13.

Participation in clinical audits

During 2012/13, 5 national clinical audits and 1 national confidential enquiry covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During 2012/13 Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust was eligible to participate in during 2012/2013 are as follows:

National Clinical Audits 2012/2013
1. National audit of Psychological Therapies for Anxiety and Depression
2. Prescribing Anti-Psychotics for people with Dementia
3. Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)
4. Prescribing for ADHD (POMH-UK Topic 13a)
National Confidential Enquiries 2012/2013
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 2012/2013, 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 2012/2013	Cases Submitted	Cases Required	%
National audit of Psychological Therapies for Anxiety and Depression	Audit on going at time of report	-	-
Prescribing Anti-Psychotics for people with Dementia	83	No minimum requested	-
Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)	82	No minimum requested	-
Prescribing for ADHD (POMH-UK Topic 13a)	50	50	100%
National Confidential Enquiries 2012/2013			
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Publication date June 2013	-	-

The reports of 3 national clinical audits were reviewed by the provider in 2012/2013, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Prescribing Anti-Psychotics for people with Dementia	Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations.
Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)	
Prescribing for ADHD (POMH-UK Topic 13a)	

Mandatory statements relating to the quality of NHS services provided

The reports of 7 local clinical audits were reviewed by the provider in 2012/2013 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	Quality Monitoring Tool (926)	Trust wide	Actions identified and implementation reviewed through Group Q&P meetings
2	Audit of the Quality of Tribunal Reports against agreed good practice standards (990)	Trust wide	Actions identified and implementation reviewed through Group meetings
3	Incidents/SUIs Learning From Incidents Key Message Cards (967)	Planned Care/Safety and Safeguarding	Actions Identified and re-audit planned
4	Food & Nutrition Policy Compliance (988)	Trust wide	Actions identified and implementation reviewed through Trust Food & Nutrition Group
5	Sharing Letters with Patients – Planned Care Community Services (962)	Planned Care	Actions identified and implementation reviewed through Planned Care DMG
6	GP Communication (964)	Trust wide	Actions identified and implementation reviewed through Planned Care DMG
7	To measure compliance against NTW Seclusion Policy NTW(C) 10. (846)	Trust wide	Actions identified and implementation reviewed through Safety and Safeguarding meeting

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 657.

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 69 clinical research studies in mental health related topics during 2012/2013, 31 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased during 2012/2013 and there were 58 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 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 2012/2013 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 2012/13, £6m 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 the majority of indicators were fully achieved with the exception of Waiting times (North of Tyne) and Reduction of Inappropriate Anti-psychotic Prescribing which did not meet minimal aspects of the end of year milestones.

Further details of the agreed goals for 2012/2013 and for the following 12 month period are available electronically

http://www.institute.nhs.uk/commissioning/pct_portal/2012_and_2013_cquin_schemes_for_the_north_of_england/

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2012/2013 and 2013/14 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to Improve Safety	2012/13	2013/14
Reduction of inappropriate anti-psychotic prescribing	✓	✓
NHS Safety Thermometer	✓	✓
Enhancing the quality of communication between NTW and the service users' GP	✓	✓
Management of patients failing to attend appointments		✓
To implement the use of a specialised services clinical dashboard	✓	✓
Improving CPA process for specialised services		✓

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to Improve Patient Experience	2012/13	2013/14
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' survey	✓	✓
To introduce and implement a recovery and outcomes based approach to the care pathway	✓	
Service user involvement and experience	✓	✓
Implement the 6C's initiative focussing on 'Compassionate Care'		✓
Access to mental health services – first time, right place		✓
To improve access to specialised mental health services	✓	
Literacy, IT, numeracy and vocational support for secure services		✓

CQUIN Indicators to Improve Clinical Effectiveness	2012/13	2013/14
To improve access to services and improve the responsiveness for adults in crisis	✓	✓
Innovative access for secure services		✓
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	✓	
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	✓
Care Pathways and Packages Project (CPPP)	✓	✓
Children and Young Peoples 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	✓	✓
Highly specialised services clinical audit outcome workshop		✓

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 2012/2013. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations 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

Partnership Case Study

Newcastle Talking Therapies

The Newcastle Talking Therapies service is delivered in partnership between NTW and an Independent Provider, Mental Health Concern and Oakdale. The service is delivered by staff employed by both separate organisations but who deliver the service on behalf of the partnership. The team are based at Silverdale in Newcastle West End but cover the whole of the City.

The team is made up of a range of mental health professionals including Psychological Wellbeing Practitioners, High Intensity CBT Therapists and counsellors. The service is managed by a senior team which consists of Operational Managers and Clinical Leads.

The service provides fast access to a triage to determine need and a menu of treatments from low intensity (including access to psycho-education classes and guided self-help to high intensity treatments incorporating a range of clinical approaches but primarily Cognitive Behavioural Therapy focused. There are a number of quality measures in place. Patients provide self-reporting outcomes at each session and are requested to complete patient experience questionnaires. All of the clinical staff receive clinical and case management supervision in line with NICE guidance.



Partnership Case Study

All About Me Books

The Children and Young People's Service Learning Disability Specialism have worked over a period of 12 years developing the use of 'All About Me Books' within Northumberland.

'My Books' were introduced and developed by the psychology service staff. These Books have evolved in Northumberland to the stage that other professionals and parents are now empowered and able to develop their own books across a range of services.

'My Books' are collaborative summary reports, alternatives to traditional psychological reports. They are collated from the input of caregivers usually parents, teachers and where possible from the young person themselves to provide a report or Book which summarises information about the young person in a readily accessible format. The Learning Disability specialist team provides mental health services to young people with mild, moderate and severe learning disabilities, including those within the Autistic Spectrum and with other developmental disorders and other complex co-morbid difficulties.

The books are developed from a systemic approach to problem solving known as Solution Focused Brief Therapy. A book is written in the voice of the child.

A key aspect to the process is to reach a consensus view on the strengths and difficulties of the child. By identifying their strengths provides a positive view of the person or problem and provides motivation to tackle the problems. This is an area often overlooked in day to day work where the problems exist and how to support them in being the best they can be. Psycho educational information is included and the opportunities for caregivers to share their knowledge and understanding and arrive at an agreement about how best to manage a child. This also provides the opportunity to consider and sometimes change their attributions about a child's behaviour.

The key role of the professional involved in coordinating the development of the Book is working with the people involved to allow them to realise the role that they play in dealing with the problem. The focus is on the process rather than the outcome with books being developed in book meetings with all the people present.

These are some of the main guiding principles in a mental health pathway. Most of all it is a voice for the young person and is a shared open document which has been found to be very much valued by families and professionals alike.

Mandatory statements relating to the quality of NHS services provided

CQC Registration Activity 2012/13

During 2021/13, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

Project	Location	Location Type
April - June	No visits received	-
July 2012	Newgate Street	Social and Residential Home
July 2012	South Tyneside District Hospital (Bede 1&2)	Healthcare
July 2012	Hirst Villas	Social and Residential Home
September 2012	Community Treatment Order visit (South Tyneside)	Healthcare
October 2012	Campus for Ageing and Vitality	Healthcare
November 2012	Stonecroft	Social and Residential Home
November 2012	Grange Park Avenue	Social and Residential Home
November 2012	Easterfield Court	Residential Care Home
November 2012	St George's Park	Healthcare
December 2012	Springdale	Social and Residential Home
December 2012	Prudhoe House	Social and Residential Home
December 2012	Assessment and Application for Detention (Newcastle and North Tyneside)	Healthcare
December 2012	Avonridge	Social and Residential Home
December 2012	Rose Lodge	Healthcare
January 2013	Woodlands Cottage	Social and Residential Home
January 2013	Denewell	Social and Residential Home
January 2013	Roslin	Social and Residential Home
January 2013	Acacia House	Residential Care Home
January 2013	Flax Cottages	Social and Residential Home
January 2013	The Willows	Residential Care Home
January 2013	Sixth Avenue	Social and Residential Home
January 2013	Burnaby	Social and Residential Home
January 2013	Elsdon Mews	Social and Residential Home
January 2013	Lyndhurst Grove	Social and Residential Home
February 2013	Woolsington Court	Social and Residential Home
March 2013	No visits received	-

We received 23 CQC compliance visits during 2012/13 and were fully compliant in 21 of those visits. At the time of writing this report there was an agreed action plan in place for the concerns raised at St Georges Park (Nov 2012) which will deliver compliance in 2013/14. For the minor concern raised at Woolsington Court (Feb 2013) a revisit has taken place and we are now compliant.

Reports from all of the planned reviews of compliance are available via the Care Quality Commission website at <http://www.cqc.org.uk>.

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)	13 (8 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Older Peoples	3 (2 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - PICU	3 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Rehabilitation	4 (3 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Eating Disorder Service	1 (1 with excellence)
ECT Accreditation Service	2 (2 with excellence)
Psychiatric Liaison Accreditation Service	2 (1 further unit awaiting outcome of assessment)
Memory Service National Accreditation Programme	Awaiting outcome of assessment
Quality Network for Perinatal Mental Health Services	1 (1 with excellence)

Data Quality

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

On-going 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 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.
Incident reporting process	We will ensure that robust systems are implemented to review the grading of all incidents reported through our internal systems to provide a consistent and accurate picture of incident activity in the trust.

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 2013/14 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 2011/12 Quality Account

The North East Quality Observatory System (NEQOS) provides expert clinical quality measurement services to most NHS organisations in the north east.

During 2012 NTW once again commissioned NEQOS to undertake a benchmarking exercise. It compares NTW's Quality Account 2011/12 with those of 54 other NHS Mental Health organisations.

A summary of the top 10 indicators found in all Quality Accounts (including the 3 mandatory indicators for all Foundation Trusts) has been provided in the following table:

	Top 10 Quality Account Indicators	Target	Average	Peer	NTW	# Trusts
1	National Clinical Audit participation	100%	93.6%	80.0%	100.0%	54
2	National Confidential Enquiry participation	100%	97.4%	100.0%	100.0%	52
3	% admissions to adult urgent care wards gatekept by CRHT (mandatory)	90%	97.6%	98.7%	99.6%	46
4	% in-patients receiving follow up contact within 7 days of discharge (mandatory)	95%	97.4%	97.6%	97.3%	49
5	% inpatients classed as delayed transfers of care (mandatory)	< 7.5%	2.8%	2.5%	3.4%	49
6	CPA formal review within 12 months	95%	95.9%	96.4%	99.2%	38
7	MHMDS data completeness: identifiers	99%	99.5%	99.4%	99.6%	37
8	Serving new psychosis cases by early intervention teams	95%	116.4%	116.0%	124.0%	28
9	MHMDS data completeness: outcomes	50%	81.3%	80.7%	64.6%	27
10	Proportion of patients on CPA who have HoNOS assessment within 12 months (non foundation trusts only)	90%	87.2%	90.0%	83.1%	17

The benchmarking data provides the trust with a good level of positive assurance as it demonstrated that NTW was at or above target in 8 of the 9 applicable indicators and higher than average in 7 of the 9 applicable indicators.

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 2012/2013 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.5% for admitted patient care;
- 99.8% 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 Assessment Report overall score for 2012/2013 was 74% and was graded green.

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.

Mandatory statements relating to the quality of NHS services provided

Performance against mandated core indicators

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. During 2012 they 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 introduced this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period. **The mandated indicators applicable to Northumberland, Tyne and Wear NHS Foundation Trust are as follows:**

- **The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period** (data governed by a national definition)

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reason - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement. The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are reminded of the requirement by sending automated reminders.

7 day follow up	Q1 12/13	Q2 12/13	Q3 12/13
NTW %	97.4%	98.1%	97.3%
National Average %	97.5%	97.2%	97.6%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	94.9%	89.8%	92.5%

- **The percentage of admissions to acute wards for which the Crisis Home Treatment Team acted as a gatekeeper during the reporting period** (data governed by a national definition)

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement. The Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by closely monitoring this requirement and alerting professionals to any deterioration in performance.

Gatekeeping	Q1 12/13	Q2 12/13	Q3 12/13
NTW %	100.0%	99.7%	100.0%
National Average %	98.0%	98.1%	98.4%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	83.8%	84.4%	90.7%

Mandatory statements relating to the quality of NHS services provided

- The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends

The Northumberland, Tyne and Wear NHS Foundation Trust consider that this data is as described for the following reasons. This is an externally commissioned survey.

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services by undertaking specific staff engagement sessions regarding the results of the staff survey and identifying actions for improvement such as the staff-led creation of new organisational values.

Family & Friends recommendation	2011 Staff Survey	2012 Staff Survey
NTW	3.46	3.52
National Average	3.42	3.54
Highest national	3.94	4.06
Lowest national	3.07	3.06

- Patient experience of community mental health services' indicator score with regard to a patients experience of contact with a health or social care worker during the reporting period

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - this is an externally commissioned survey.

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by engaging with patients and carers to ensure we are responsive to their needs and continually improve our services.

Patient experience of community mental health indicator scores	2010	2011	2012
NTW	86.5	85.8	90.9
National Average	87.3	86.8	86.6
Highest national	91	91.4	91.8
Lowest national	81.8	81.9	82.6

Mandatory statements relating to the quality of NHS services provided

- The number and, where available the rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death (data governed by a national definition).

The Northumberland, Tyne and Wear NHS Foundation Trust consider that this data is as described for the following reasons. This is an externally commissioned survey.

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - this is data we have uploaded to the National Learning and Reporting System (NRLS).

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this rate/number/percentage, and so the quality of its services by ensuring all serious Patient Safety Incidents are robustly investigated and lessons shared throughout the organisation (including the early identification of any themes or trends).

Oct 11 - Mar 12	NTW	National Average	Highest National	Lowest National
Number of PSI reported (per 1000 obd)	22.8	19.2	86.9	0
Number of 'Severe' PSI (% of incidents reported)	0.7%	0.5%	2.8%	0
Number of 'Death' PSI (% of incidents reported)	0.9%	0.8%	5.2%	0
Apr 12 - Sept 12				
Number of PSI reported (per 1000 obd)	31	23.8	72	0
Number of 'Severe' PSI (% of incidents reported)	0.8%	0.8%	8.9%	0
Number of 'Death' PSI (% of incidents reported)	0.6%	0.8%	4.3%	0



Review of Quality Performance

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 2011/12 report are no longer included and we have added some new indicators this year as we feel this gives a more appropriate balance of our performance measures. For indicators which relate to our CQUIN goals no comparator information is included as the milestones change from year to year.

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.

Review of Quality Performance - Patient Safety

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Health requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2012/13 (also none in 2011/12)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2013, 96.2% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (99.3% March 2012)
2012 Staff Survey - The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2011	The 2012 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.52 out of 5 (2011 3.50 out of 5). The average score for mental health trusts for this question is 3.54. The survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts
Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years Data source: ESR	By the end of March 2013: The number of staff trained in Safeguarding Adults – 92.6% The number of staff trained in Safeguarding Children – 94.3% (2011/12 – Safeguarding Adults 94.2% and Safeguarding Children 96%)

*data for this indicator governed by a national definition

Review of Quality Performance

Review of Quality Performance - Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	At 31st March 2013, 5.4% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (3.4% in 2011/12).
The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2012/13 to capture carers' views and measure satisfaction so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. Data source: manual	Carers Champions have been established within in-patient areas and Carers forums have been established. We have developed a carer specific 'Getting to know You' process which involves ensuring that Carers receive appropriate support and advice.
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 2012/13 to reduce waiting times Data source: RiO	March 2013: Primary care: 90% of patients were seen within 18 weeks of referral. Secondary care 90% of patients were seen within 18 weeks of referral. (March 2012: Primary care 88%, Secondary care 100%) Further analysis by locality is as follows: Gateshead PCT: 96.5% Newcastle PCT: 91.9% North Tyneside PCT: 90.6% South Tyneside PCT: 97.0% Sunderland PCT (primary care): 96.7% Sunderland PCT (secondary care): 95.3% Northumberland Care Trust (primary care): 91.2% Northumberland Care Trust (secondary care): 91.5%
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.	"Thank you for your kindness and sensitivity in dealing with my father. You dealt and delivered a difficult diagnosis with gentleness, humour and positivity. My father keeps saying how lovely you were to all he talks to these days and how relieved he is now. Thanks again". "For some months my son has been in your care. He came to you at a dark time and apparent lack of any will to live. The fact that a couple of weeks ago he moved on to rehabilitation is testimony to your help. You gave him an interlude of stability professional care with kindness and now and then a dash of reality. Can I offer my grateful thanks for your sustained efforts during his stay"

*data for this indicator governed by a national definition



Review of Quality Performance

Partnership Case Study

Guide to good practice

NTW in partnership with Northumbria University and local service user and carer organisations are conducting a study in to mental health recovery and Care Co-ordination. The plan is to produce a guide to good practice so that services both locally and nationally can be improved. The project won the 2010 gold award for its service user involvement plan from the Mental Health Research Network within the National Institute for Health Research.

The research project involves mental health service users and carers interviewing other service users and carers about their experiences and opinions of Care Co-ordination and recovery.

In order to fully prepare the interviewers for this and to expand their skills and increase their confidence a 10 week Research Course was developed at Northumbria University specifically for service users and carers. The course was a pilot but because of its success the desire would be to have it established as part of a programme. The aim is to develop a user and carer research network and increase the pool of people trained. Those who attended could either get a certificate of attendance or do a written assignment about their reflective learning and gain educational credits (equivalent to a single module at a first year undergraduate level).

The course included research theory, informed consent, capacity, ethics, safeguarding, interview skills, Care Co-ordination, service user research and recovery.

A number of students who took part in the course have now signed up to other University courses after gaining confidence and having made links with other tutors through this training. The project itself has a lot of national and local interest. Employees within NTW and the University are keen to continue working with those user and carer trained researchers on other up and coming projects. This training course is a clear example of positive partnership working and knowledge exchange between Higher Education, the Trust and service user/carer organisations locally.

Nicola Armstrong (from the patient/carer engagement team from NTW) who is the co-applicant on the project and helped to support the course as well as take part has been awarded an honorary research associate/lecturer position within Northumbria Universities School of Health, Community and Education Studies.

Review of Quality Performance

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*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. As at March 2013, 99.8% of the North East PCT admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 95%. In 2011/12 the performance was 99.6%
*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 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. In 2012/13, 2,020 service users (96.7% 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: Gateshead PCT: 97.6% Newcastle PCT: 97.1% North Tyneside PCT: 98.2% Northumberland Care Trust: 97.1% South Tyneside PCT: 97.7% Sunderland PCT: 95.0%
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 2013 95.5% of seven day contacts were conducted face to face. During 2011/12 this figure was also 95.5%.
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 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. In 2012/13, 270 (8.4%) of mental health inpatients were readmitted within 28 days and 530 (16.5%) of learning disability patients were readmitted within 90 days of discharge.
*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 Data source: RiO	At the end of March 2013, the number of service users recorded as living in settled accommodation was 77.1% (80.1% in 2011/12).

Review of Quality Performance

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)																				
Improving Physical Healthcare for mental health patients	<p>This 2012/13 CQUIN concentrates on identifying if current community service users on CPA have had a blood pressure check in 12 months .</p> <p>Data source: RiO and manual collection</p>	<p>Blood pressure check was used as a measure to determine if service users had seen their GP for a physical health check within 12 months.</p> <p>By the end of March 2013, the number of service users who had responded to say they had a check within 12 months was as follows:</p> <p>North Tyneside – 96.7% Newcastle – 97.2% Northumberland – 95.4% Gateshead – 97.2% South Tyneside – 96.6% Sunderland – 96.4%</p>																				
The implementation of the Recovery Star (a recovery focussed outcome tool)	<p>CQUIN target – To increase the number of service users with a recovery focussed outcome plan</p> <p>Data source: manual</p>	<p>During 2012/13 the rollout of the Recovery Star has continued with focus on improved recording and enhanced service user involvement. Research projects have been underway to review the effectiveness and reliability of the tool in conjunction with other methods of service user involvement.</p>																				
Staff Survey results 2012	<p>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</p> <p>Data source: NHS Staff Survey 2012</p>	<p>The 2012 staff survey showed that 89% of staff who responded agreed that their role makes a difference to patients (88% in 2011). 77% of staff who responded felt satisfied with the quality of work and patient care they are able to deliver (72% in 2011). Work continues during 2012/13 to identify ways to improve staff satisfaction.</p> <p>The survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts</p>																				
Staff absence through sickness	<p>High levels of staff sickness impact on patient care: therefore the Trust monitors sickness absence levels carefully</p> <p>Data source: ESR</p>	<p>The 12 month rolling average staff sickness absence figures have increased when compared to the previous 3 years. The Board of Directors agreed an action plan to address this issue at its meeting in April 2013.</p> <table border="1"> <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> <tr> <td>31st March 2013</td> <td>1.81%</td> <td>4.42%</td> <td>6.23%</td> </tr> </tbody> </table>		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%	31st March 2013	1.81%	4.42%	6.23%
	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%																			
31st March 2013	1.81%	4.42%	6.23%																			

*data for this indicator governed by a national definition

Review of Quality Performance

Staff Survey 2012

Following the publication of the 2012 staff survey there has been a number of actions that the Trust has specifically focussed on and these include;

- A Chief Executive's 150 event focusing on Trust values was held on 15 March 2013 with further events planned. The main themes for these events are discussion on values and engagement and also focusing on wider aspects of the staff survey.
- A Staff Governor Engagement Group is being established.
- Director and senior manager visits to wards departments have been in place for some time now and these will continue.
- Senior Management Team members have recently commenced 8 hour observational shifts and positive feedback is being received in relation to this from front line staff.
- The Workforce Directorate will continue to lead work on health and wellbeing, management of absence and quality of appraisal.

Further information on the annual staff survey can be found in our Annual Report 2012/13 (Section: Working with staff).



Review of Quality Performance

Partnership Case Study

Dual Diagnosis Therapists

The dual diagnosis therapists in South of Tyne have demonstrated success in working in partnership with a wide range of partnership services including a broad range of service user and carer groups across Sunderland, South Tyneside and Gateshead.

The 7 dual diagnosis therapists are embedded into planned care services in South of Tyne although they commonly work across organisational boundaries to fulfil their challenging clinical roles. As well as offering direct 1 to1 clinical support they also host regular training sessions and conduct group work aimed at achieving excellence in evidence based treatment delivery.

At the heart of their work is the promotion of recovery for service users with co-occurring substance misuse and mental health needs: who on occasion can feel particularly marginalised and often initially view themselves as been on the fringes of mainstream society.

The dual diagnosis therapist's partnership working is also illustrated by their cross team clinical practices within the Trust, with a particular focus upon assisting service users to maintain appropriate contact with not only their carers and families but also with Mental Health and Substance Misuse services.



Statements from lead Clinical Commissioning Groups (CCG) and local Healthwatch

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, North Tyneside, Gateshead, Sunderland and the local Healthwatch will be included within this document, and any comments from other localities will be made available on our website (www.ntw.nhs.uk). **Comments can be found from:**

- Gateshead Overview and Scrutiny Group
- Sunderland City Council Scrutiny Committee

Comments made last year:

Our partners made some useful comments last year and we have tried, wherever possible, to incorporate these suggestions into the 2012/13 Quality Account:

- Continue to include more locality based information.
- Provide more detail regarding complaints - the numbers, how we learn from them and any trends.
- Ensure information (such as incident reporting) is presented in an easy to understand format with simple explanations.
- Partners liked the case studies used in the Quality Account last year which helped them understand what the range of services the Trust provides.

Comments made this year:

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

Statements from lead Clinical Commissioning Groups (CCG) and local Healthwatch

Joint statement from North Clinical Commissioning Groups

Thank you for the opportunity to comment upon your 2012/13 Quality Account, which provides a fair account of the healthcare services provided and the performance achieved during 2011/12. This is a good report, which is easy and clear to follow. Solid progress has been made in the implementation of the CQUIN schemes, with all having been achieved in the year. Continued progress has been made towards increasing the reporting of patient safety incidents, and the open invite for commissioners to join the panel review of serious incidents demonstrates an open and honest approach to reporting and learning from the process. We have discussed the increase in category 3 complaints and you have agreed to include further information, including the proportion upheld.

Moving forward into 2013/14, the three goals are supported; the first two being underpinned and supported effectively through the CQUIN initiative i.e. reducing harm to patients and improving the relationship with patients and carers. It would be helpful to have more information regarding the transformational programme planned in relation to the third goal around clinical effectiveness and ensuring 'services are in the right place at the right time for the right person'. Supporting individual case studies which demonstrate the patient impact of service improvements would add further depth.

As part of this service transformation, the commissioners would like to see greater integration and coordination across sectors and with different providers, to ensure that patients move seamlessly and safely between, for example, community mental health teams, psychology services, primary care, and drug and alcohol services. Working with partners is key and perhaps should be given increased prominence in your report.

We note that you are working to address the high sickness levels and management of vacancies and wish to increase the ratio of qualified to unqualified staff as part of the overall quality improvement programme. We would welcome further correlation of the wider workforce data against quality and safety performance in future reports.

We recognise your significant involvement locally and nationally in developing and driving forward the Care Pathways and Packages Project. The Trust has been proactive in bringing partners together across Tyne and Wear in the planning of this new national approach to planning and delivering patient care. Overall, we would like to thank you for presenting your report to the commissioners and look forward to a further year of quality and safety improvements.

Martin Wright
Medical Director

Lesley Young-Murphy
Executive Director of Nursing
And Transformation

(on behalf of North Tyneside CCG, Northumberland CCG and the Newcastle Gateshead Alliance)

Statements from lead Clinical Commissioning Groups (CCG) and local Healthwatch

Statement from Sunderland Clinical Commissioning Group:

Sunderland Clinical Commissioning Group aims to commission safe, effective and efficient services that provide a positive experience for patients/ carers and staff. Commissioners of health services have a duty to ensure that the services commissioned are of good quality. Sunderland Clinical Commissioning Group takes this responsibility very seriously and considers this to be an essential component of the commissioning function.

Throughout 2012 up to March 2013, NHS South of Tyne and Wear were the responsible commissioning authority. They held monthly quality and contract review meetings with Northumberland, Tyne and Wear NHS Foundation Trust. These meetings continue under the responsibility of Sunderland Clinical Commissioning Group.

The purpose of these monthly meetings is to:

- monitor a broad range of quality indicators linked to patient safety, clinical effectiveness and patient experience,
- review and discuss relevant trust reports e.g. Incident and Complaints reports,
- review and discuss relevant external reports e.g. Care Quality Commission patient surveys,
- monitor action plans arising from the above reports,
- monitor performance against national targets.

Most of the information contained within this Quality Account is used as part of the quality monitoring process described above e.g. performance against locally agreed quality measures achievement against CQUIN indicators.

As required by the NHS Quality Accounts regulations Sunderland Clinical Commissioning Group (CCG) has taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

We would like to make note that within quality goal one: reduce harm to patients NTW did not achieve two of their five identified priorities however note that actions against these have been taken forward.

The CCG is pleased to note that this account highlights that the Trust is to undertake a review of all complaints for the past three years to look for any themes and or trends to help inform and improve the service for all patients, carers and their staff.

We believe that the information contained within the quality account would be more meaningful if it were presented at a local level however this is received by the CCG on a monthly basis as part of our contract monitoring meeting.

The CCG is supportive of the overall account and it is positive to note that the priorities for improvement in 2013/14 identified within the report have been developed collaboratively with commissioners, carers and the persons who use services in particular the continued innovative development of CQUIN measures to improve service quality and meaningful outcomes for service users and carers through the added 'Friends and Family' test and implementing the 6C's initiative.

Dr Geoff Stephenson
Medical Director
Sunderland CCG

Ann Fox
Director of Nursing, Quality & Safety
Sunderland & STyneside CCG's

Statements from lead Clinical Commissioning Groups (CCG) and local Healthwatch

Statement from local Healthwatch

Healthwatch Newcastle is aware that it can make a detailed response to the Northumberland, Tyne and Wear NHS Foundation Trust (NTW) Quality Account similar to those given by Newcastle LINK in previous years. However, considering the fact that Healthwatch Newcastle was established on 1 April 2013 and is currently developing its activities - including the recruitment of a Chair and Board members - the response of Healthwatch Newcastle will be limited this year to this letter. As a first comment the Contents page on page 2 needs to reflect the change from Local Involvement Networks (LINKs) to local Healthwatch.

Having viewed Newcastle LINK's response to last year's NTW Quality Account the main item to welcome is the introduction of appropriate case-studies into the document which highlights what is being done practically.

Newcastle LINK wrote a number of reports last year around patient experience. **Each report has recommendations which may help NTW and they are below:**

- An examination of the Choose and Book system
- Looking at walk in centres and minor injuries units in Newcastle
- Carers Perspectives on getting a break

Healthwatch Newcastle may be able to support NTW with its work, particularly around the engagement with service users and carers, when it recruits the volunteer Healthwatch Champions in the near future.

In terms of the priorities, Healthwatch Newcastle welcomes the descriptions and proposed targets for 2013/2014.

Healthwatch Newcastle will be fully operational next year and will look to provide a fuller and detailed response. However, this will be a decision by the Healthwatch Newcastle Chair and Board at the appropriate time.

Craig Duerden
Programme Manager
Healthwatch Newcastle

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2012-2013			Q1	Q2	Q3	Q4
			Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Finance			5	5	5	4
Governance			Green	Green	Green	Green
Targets - National requirements	Threshold	Weighting				
Referral to treatment waiting times – non-admitted (percentage)	95%	1	98.4%	99.2%	99.7%	97.1%
Referral to treatment waiting times - incomplete pathway (percentage)	92%	1				99.6%
Monitor Compliance Framework/Risk Ratings 2012-13			Q1	Q2	Q3	Q4
Mental health indicators	Threshold	Weighting	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Care Programme Approach (CPA) patients comprising either:						
- receiving follow up contact within 7 days of discharge	95%	1.0	97.0%	98.0%	97.4%	96.0%
- having a formal review within 12 months			97.8%	97.7%	97.6%	96.2%
Minimising mental health delayed transfers of care	≤7.5%	1.0	4.5%	4.7%	4.2%	5.4%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	1.0	100.0%	99.5%	100.0%	99.6%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	90.5%	113.6%	156.3%	117.9%
Data completeness: identifiers (6 Indicators)	99%	0.5	99.8%	99.7%	99.7%	99.7%
Data completeness: outcomes for patients on CPA (3 Indicators)	50%	0.5	85.9%	87.2%	86.8%	86.3%
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 2012-13			Q1	Q2	Q3	Q4
Other	Threshold	Weighting	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
CQC Compliance action outstanding	N/A	Special	No	No	Yes	Yes
CQC Enforcement Action withing last 12 months	N/A	Special	No	No	No	No
CQC Enforcement Action currently in place	N/A	4.0	No	No	No	No
Minor CQC concerns or impacts regarding the safety of healthcare provision	N/A	Special	No	No	Yes	Yes
Moderate CQC concerns or impacts regarding the safety of healthcare provision	N/A	Special	No	No	Yes	Yes
Major CQC concerns or impacts regarding the safety of healthcare provision	N/A	2	No	No	No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A	Special	No	No	Yes	Yes
Has the Trust been inspected by the CQC - if so was the Trust non-compliant with 1 or more essential standard?	N/A	Special	No	No	Yes	Yes
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)								
Performance Indicator	Data Source	Data Frequency	Performing	Under Performing	Apr - Jun 2012	Jul - Sep 2012	Oct - Dec 2012	Jan - Mar 2013
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation	MHMDS	Quarterly	60%	40%	79.7%	79.8%	78.8%	78.0%
2. Proportion of adults on CPA receiving secondary mental health services in employment	MHMDS	Quarterly	10%	5%	8.3%	8.9%	8.4%	8.5%
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%	97.0%	98.0%	97.4%	96.0%
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%	84.7%	86.6%	86.1%	85.4%
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	90%	97.8%	97.7%	97.6%	96.2%
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		223	293	234	244
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		99	134	79	80
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%	90.5%	113.6%	156.3%	117.9%
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%	100.0%	99.5%	100.0%	99.6%
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	7.50%	10%	4.5%	4.7%	4.2%	5.4%
12. Data Quality on Ethnic Group	MHMDS	Quarterly	85.0%	75%	88.6%	88.5%	87.7%	87.4%
13. Data completeness - Identifiers:	MHMDS	Quarterly	97%	95%	99.8%	99.7%	99.7%	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

CAPTION??

Appendix 3: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2013:

Location	Regulated Activities			Service Types							
	Treatment of Disease, Disorder of Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Cherry Knowle Hospital	●	●	●			●		●		●	
Craigavon Short Break Respite Unit	●	●	●					●			
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
Hepple House	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●			
Northgate 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	Personal care	Care home service without nursing	Domiciliary care service	Supported living service
Avonridge	●		●		
Acacia House	●		●		
Denewell Avenue	●		●		
Easterfield Court	●		●		
Elsdon Mews	●		●		
Flax Cottages	●		●		
Grange Park Avenue	●		●		
Hirst Villas	●		●		
Lyndhurst Grove	●		●		
Newgate Street	●		●		
Northgate Hospital		●		●	●
Prudhoe House	●		●		
Roslin	●		●		
Springdale	●		●		
Sixth Avenue	●		●		
Stonecroft	●		●		
Woodlands Cottage	●		●		
The Willows	●		●		
Woolington Court	●		●		

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

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) 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 2012/13;
- 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 2012 to April 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to April 2013
 - Feedback from the Commissioners dated May 2013
 - Feedback from the Local Healthwatch organisations dated May 2013

The Trusts complaints information presented to the Board that has not yet been published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2012 to March 2013;

- The 2012 national patient survey
- The 2012 national staff survey
- The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2013

CQC quality and risk profiles dated 31 March 2013

- 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 Accounts regulations - published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report available at www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275

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

24th May 2013

24th May 2013



Acting Chairman



Chief Executive



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

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

We have been engaged by the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 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; and
- Admissions to inpatient services had access to crisis resolution home treatment teams.

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

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's 2012/13 Detailed Guidance for External Assurance on Quality Reports; 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.

We 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 our report if we became aware of any material omissions.

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

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

- Board Minutes and papers for the period April 2012 to April 2013;
- Papers relating to quality reported to the Board over the period April 2012 to April 2013;
- Feedback from the Lead commissioner, received from North Clinical Commissioning Groups in May 2013
- Feedback from local Healthwatch organisations received in May 2013
- The Trusts complaints information presented to the Board that has not yet been published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2012 to March 2013;
- The 2012 national patient survey;
- The 2012 national staff survey;
- Care Quality Commission quality and risk profiles dated 31 March 2013;
- The Head of Internal Audit's annual opinion over the Trust's control environment for the period April 2012 to March 2013; and
- Any other information included in our review

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council 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, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

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

Assurance work performed

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

Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial 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 scope of our 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 5: Limited Assurance Report on the content of the Quality Report

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- The Quality Report is not prepared in all material respects in line with 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 2012/13 Detailed Guidance for External Assurance on Quality Reports; and
- The indicators in the Quality Report subject of limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Cameron Waddell CPFA and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
Rivergreen Centre, Aykley Heads,
Durham DH1 5TS

23 May 2013

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.
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.
HoNOS/HoNOS 4 factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool.

Appendix 6: Glossary of Terms

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.
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.

Appendix 6: Glossary of Terms

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.
Serious Incident	Serious 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.
SWEMWEBS	Warwick-Edinburgh Mental Wellbeing Scale – a clinical outcome measuring tool.
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.

Partnership Case Study

Devising Psychosis

Devising Psychosis was part of Self-made: a series of independent events exploring the relationship between art, society, and wellbeing. The project was funded by NTW Service User & Carer Network, Launchpad and Newcastle & Gateshead Arts Development.

Devising Psychosis was a free afternoon of talks, performance, visual art installations and conversation on the arts in wellbeing that took place in April 2012 at the Jubilee Theatre in St Nicholas Hospital. This included contributions from EIP service users, creative practitioners, academics, and NTW staff members.

Central to this was a Devising Theatre Project. Devising Theatre is a form of theatre where the script originates not from a writer or writers, but from collaborative, improvisatory methods by a group of people. The members of this project included service users and staff from the Newcastle and North Tyneside Early Interventions in Psychosis Service, Tender Buttons Theatre Company, North Tyneside & Newcastle Arts Studios.

They were interested in how artistic expression may give voice to the lived experience of psychosis, its influence on the recovery process and its relationship to mental health practice. As the project developed, this interest widened to consider the effect of relationships that were open to the creative potential of collaborative working in fostering personal and relational wellbeing.



Governance Review

Accountability

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

The accountability is discharged by the Council of Governors receiving regular reports from the Chief Executive and Executive Directors, and in particular, receiving the following reports at the Annual Members Meeting, which is scheduled for 25th September, 2013:

- **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 later in this report.

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.

Governance Review

Compliance with the Code of Governance

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

Monitor requires two disclosures in the Annual Report as follows:

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

Statement of Compliance with Monitor's Code of Governance

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

BOARD OF DIRECTORS

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 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 2012 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.

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.

Governance Review

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 the Chief Executive.

Jules Preston was Chairman of the Foundation Trust for the period 1st April, 2012 until 30th September, 2012 and Fiona Standfield has been Acting Chair from 1st October, 2012 to the end of the period under review. Neither member had 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 2012 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.

Governance Review

Board of Director Appointments

During the period of review 1st April, 2012 to the 31st March, 2013 there was one appointment to the Board of Directors.

Anne Ward Platt was a Non-Executive Director and Vice Chair up to 30th, June 2012, when her term of office came to an end. Nigel Paton joined the Board of Directors as a Non-Executive Director from 1st July 2012. Fiona Standfield became Vice Chair.

Jules Preston resigned as Chairman with affect from 30th September, 2012, and Fiona Stanfield became Acting Chair from 1st October, 2012 with Paul McEldon becoming Acting Vice Chairman from the same date.

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 / reappointment of the Chairman and Non-Executive Directors and has a Nominations Committee to provide the Council with recommendations. The work of the Nominations Committee and its associated outcomes are described later in this report.

A term of office for the Chairman and Non-Executive Directors is 3 years. The re-appointment of the Chairman or Non-Executive Director after their first term of office is subject to a satisfactory performance appraisal. Any term beyond 6 years (i.e. 2 terms) should only be 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 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 later in this report.

Governance Review

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 committees or senior management.

The Board of Directors meets in public seven times per year. The Board of Directors also meets three times per year in Board "Confirm and Challenge" meetings. This concept is a two way process whereby Operational Groups present to the Board of Directors their contribution and delivery of the Trust's strategy and their operational performance, both historic and forward plan. The Board of Directors are then able to confirm and challenge the work of the groups. Conversely, the groups also have an opportunity to debate Trust strategy with the Trust Board and inform future Board decisions in relation to strategic direction.

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 structures of the Trust were extensively reviewed in May 2012. Six committees of the Board report to the Board of Directors, each one is chaired by a Non-Executive Director and has robust Non-Executive Director input along with Executive Director membership.

Five of the committees are standing committees and deliver a statutory and assurance function.

These standing committees are:

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

The other committee is a time limited sub-committee, which provides the Board of Directors with assurance regarding the Trust's programmes, which deliver on the Trust's transformation and development agenda.

This sub-committee is:

- **Trustwide Programmes Board.**

Governance Review

While reporting to the Board of Directors, the work of the committees in relation to risk management will be reviewed by the Audit Committee. Each committee self-assesses its effectiveness at least annually.

The Foundation Trust Directors are responsible under the National Health Service Act 2006 to prepare accounts for each financial year, which give a true and fair view of the 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 and 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 Newcastle upon Tyne public governor. Substantively employed staff are automatically members unless they decide to opt out, which was determined by the Trust in partnership with Staff Side. They are represented by one governor for medical staff and two each from Non Clinical and Clinical Groups.

Governance Review

We have also sought to ensure that our partners including Local Authorities, Commissioners, Universities and Voluntary organisations are represented.

An elected governor's tenure comes to an end after 3 years, but he may seek re-election by the members of their constituency for a further 3 years. Such elections took place during the autumn of 2012 resulting in some changes from 1 December 2012.

Seven governors' tenure ceased on 30th November, 2012, either because they did not seek re-election or were not re-elected, and six nominated governors that were stood down by their organisation during the period under review.

The details also show commencement dates for governors with thirteen governors commencing during 2012/13.

Nine Governors were elected on 1 December 2012 as follows:

- Phil Brown - Staff - Clinical
- Stephanie Collier - Service User - Adult Services
- Grahame Ellis - Staff - Non-Clinical
- Glenys Goodwill - Public - Gateshead
- Claire Keys - Service User - Adult Services
- Austin O'Malley - Public - Newcastle upon Tyne (and the rest of England and Wales)
- Lucy Reynolds - Service User - Neuro Disability Services
- Rachel Simpson - Service User - Learning Disability Services
- Bob Waddell - Staff - Non-Clinical

Four governors were nominated by their organisation as follows:

- Graeme Miller by Sunderland City Council from 16 May, 2012
- Ian Lindley by Northumberland County Council from 12 September, 2012
- Alisdair Cameron by Launchpad from 1 December 2012
- Professor Pauline Pearson by Northumbria University from 1 February, 2013

As at the 31st March, 2013 the Council of Governors had vacancies for one service user governor (Children and Young People's services), two local authority nominated governors (North Tyneside and South Tyneside) and one community and voluntary sector nominated governor. In addition, following the Health and Social Care Act 2012, Primary Care Trusts ceased to exist after 31st March 2013, and therefore the Council of Governors had two vacancies that cannot be filled. This situation will be resolved following revision of the Trust Constitution.

Governance Review

Terms of Office for Governors

Elected governors hold office for a period of three years and are eligible for re-election at the end of that period and may not hold office for more than six consecutive years.

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.

It is a fundamental principle of the NHS Act 2006 that no governor shall receive any form of salary but reasonable reimbursement will be made for allowable expenses. The Trust's policy is that reasonable expenses will be reimbursed to attend authorised training and induction events, and meetings arranged by the Trust of the Council of Governors, members and local constituency, and where applicable, meetings of the Nominations Committee and governor working groups. Details are included in a policy document issued to governors.

Statement of the decisions taken by the Council of Governors

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

At a General Meeting:

- Appoint or remove the 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;

Governance Review

and as required

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

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](tel:01912232903) or email address governors@ntw.nhs.uk).

Declaration of Interests

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

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

Appointment and Terms of Office

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

Governance Review

Nominations Committee

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

The work undertaken by the Nominations Committee entails reviewing job descriptions and person specifications, process for appointment, 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. In addition the Committee performs an annual review of Non-Executive Directors' remuneration for Council of Governors' approval.

The Nominations Committee's role also includes the termination of NEDs, where this is not as a result of resignation or a NED 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 NED.

During the period under review following Nominations Committee, the Council of Governors approved the reappointment of Chris Watson from 1st January 2013 for 3 years. The Committee has also made good progress with the work relating to the appointment of a new Chairman by reviewing the job description and personal specification along with the appointment process and agreeing the responsibilities expected from an external executive search adviser.

Key duties carried out in 2012/13

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 Constitution and established working groups for Staff Engagement, Quality Scrutiny, Annual Plan and Constitution changes. In addition arrangements have progressed for the training and support of Governors to sit on Serious Untoward Incident panels and chairing consultant interview panels.

Governance Review

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 Senior Independent Director leads on the Chair's appraisal. The Board of Directors routinely reviews its performance and the Committees self-assess performance against their terms of reference annually. The Council of Governors also assesses its effectiveness.



Membership

At 31st March 2013, over 12,000 local people and over 6000 members of staff have signed up to be members of our Foundation Trust.

We are very proud to have so many local people supporting us by being members. We have continued to communicate regularly with our membership through newsletters and have also held our first meeting for members in March 2013, which focused on shared decision making and was a huge success. We have also engaged with the membership to hold elections for a number of new Governor positions.

Membership Analysis and Strategy

The Trust has continued to work hard to build, develop and maintain the membership base to ensure strong 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 2013

Present Numbers - as at 31st March 2013

Constituency	31st March 2013
Public	
Gateshead	1,008
Newcastle	2,655
Rest of England and Wales	572
North Tyneside	1,589
Northumberland	1,541
South Tyneside	872
Sunderland	2,290
	10,527
Service Users	
Children and young people	141
Learning disability	161
Neuro-disability	15
Older people	64
Adults	329
Unknown	14
	854
Carers	
Children and young people	480
Learning disability	104
Neuro-disability	94
Older people	96
Adults	125
	899
Staff	
Medical	221
Other Clinical	2,505
Non Clinical	3,592
	6,318
Summary	
Public	10,527
Service Users	854
Carers	899
Staff	6,318
Total:	18,598

Partnership Case Study

Alnwood

Alnwood is a nationally commissioned medium secure service for adolescents. Many of the young people within the service have fallen out of mainstream services and education, have often suffered trauma in their pasts and developed maladaptive coping strategies.

We recognise that we cannot meet their holistic needs alone and therefore have developed key partnerships with three external agencies.

1. **Voice** is a specialist independent advocacy service for young people and they work with all the NTW children and young people in inpatient services. They have been providing input for many years but until changes in management and leadership over the last 18 months did not feel their service was encouraged or valued.

A whole scale change has occurred in order to embed the practice of advocacy within the service. Regular meetings are now held between the advocate and the leaders within the unit. The advocates visit weekly. They are now key inducted which enables them to move freely around the building. All young people are seen weekly and a clear escalation protocol is in place where this cannot be achieved. The advocates have independently highlighted cultural improvements in the atmosphere and that all young people now say they have confidence to raise concerns.

The advocates now report they feel a genuine commitment from Alnwood to work in partnership to improve the lives, well being and experience of all young people.

- 2. Bridges School** - The young people within Alnwood have often not attended school consistently prior to admission. Based within Alnwood is a team of teaching staff from external provider The Bridges School. They provide comprehensive educational and vocational provision tailored to each person's individual need. To maximise opportunities for the young people a full weekly joint review is carried out to include risk assessments for each subject. A full range of subjects is offered and each term the young people have a presentation afternoon where their efforts are rewarded with certificates for attendance and achievement.

The Bridges school are subject to Ofsted inspections and they were inspected this year. Clinical staff were interviewed and the lead reviewer commended the working relationships between Alnwood and The Bridges. Ofsted rated the educational provision as outstanding.

- 3. Primary Care** - Physical health is known to be an issue for people with mental health problems and learning disabilities. To meet the needs of young people including all childhood immunisations Alnwood also works in partnership with Roseworth Surgery, a local GP practice. GP's hold a surgery at Alnwood twice weekly.

Our goal in Alnwood is to improve the health and well being of all young people who come into contact with us. Through close working with The Bridges and Roseworth surgery we are able to ensure health education and physical health needs are met.

In addition to enhancing a young person's care pathway, working with these agencies gives young people access to adults outside their immediate care team. This gives them opportunities to raise any concerns as well as giving them some more ordinary experiences.



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.

Shadow Health and Wellbeing Boards have continued their development in each locality. The Trust is very pleased to have been invited to be members of four of the Shadow Boards in our area - Northumberland, North Tyneside, Newcastle and South Tyneside. We have been actively involved in the development of these groups. The remaining localities, 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 and senior clinical managers attend the Overview and Scrutiny Committee (OSC) meetings to 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 later in this report. Our Chair and Chief Executive have continued to meet with the Chairs of the Scrutiny Committees and our work with the OSCs is also reported to the Board of Directors. During this year, we have hosted Newcastle and Gateshead Committees on visits to inpatient wards. Newcastle Committee visited the Hadrian Clinic and St Georges Park to consider our proposals regarding inpatient services for women. Gateshead Committee visited the Tranwell Unit and St Georges Park to learn more about mental health services in Gateshead, and also to see a modern inpatient environment. Both of these visits were very successful, with committee members commenting that they had found the visit very worthwhile.

The Trust has positive relationships with the 6 Local Involvement Networks (LINKs). We link into their workplans, as requested, and respond to any of their requests for information and support. Local Involvement Networks were abolished on 31st March 2013 and are being replaced by Healthwatch. As Healthwatch becomes more established the Trust will form similar links with those groups.

Working in Partnership

The issues considered by OSC's 2012/2013 are outlined in the table below:

Table 27 - Issues considered by Overview and Scrutiny Committees

Committee	Issue
Northumberland	<ul style="list-style-type: none">• Closure of a female ward at Hadrian Clinic and creation of a North of Tyne Pathway for female admissions
Newcastle	<ul style="list-style-type: none">• Closure of a female ward at Hadrian Clinic and creation of a North of Tyne Pathway for female admissions
North Tyneside	<ul style="list-style-type: none">• No issues have been formally considered
South Tyneside	<ul style="list-style-type: none">• Changes to Psychiatric Intensive Care Services
Gateshead	<ul style="list-style-type: none">• Changes to Psychiatric Intensive Care Services and Stepped Care Services
Sunderland	<ul style="list-style-type: none">• Changes to Psychiatric Intensive Care Services• Contributions to the scrutiny review of mental health services and Child and Adolescent services in the city

In addition, all Committees and LINKs were invited to consider and comment upon the NTW Quality Account, and were invited to the annual Members Meeting and other events.

- All OSC's have a link director and contact with the Trust via Deputy Director, Partnerships,
- All LINKs have contact with the Trust via Deputy Director, Partnerships and this will extend to local Healthwatch from April 2013

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.

Working in Partnership

Statutory Agencies

We work with a wide range of statutory partners including Local Authorities, Children's Trusts, the Police, Probation Service and the Prison Service. 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 are the jointly funded academic posts of:

- Chair in Forensic Psychiatry with Newcastle University
- Honorary Clinical Lecturers at Newcastle University
- Chair 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. This year commissioning responsibilities have moved 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.

We are already benefiting from these productive relationships as we move forward in further improving the quality and responsiveness of all of our clinical services.

Working in Partnership

Voluntary Services Report 2012/2013

Trust Volunteers have continued to offer their time, compassion, skills, and enthusiasm in a wide variety of roles across the Trust to offer practical assistance and to support staff in maintaining the dignity and respect of our patients by personalising services. Their dedication and commitment remains outstanding and once again recognition was offered to volunteers through Trust recognition events and their inclusion in the Shining a Light on Excellence Awards.

The Voluntary Services Department has undergone a couple of changes, with a new line manager, Anthony Deery, Group Nurse Director, Urgent Care and newly refurbished office accommodation.

Following a long period of absence it is wonderful to welcome back Wendy Spratt, our volunteer co-ordinator, who returned to work in November 2012 looking remarkably well after her gruelling cancer treatment. The combination of a high volume of volunteer applicants, staff absence and temporary office relocation, resulted in two short periods in which recruitment was curtailed. The past year has, however remained productive with 379 volunteers on our data base and new projects developed.

Project Developments over the Past Year

- Social Activities Volunteers commenced on Bede 1 and 2 and Ward 18 at South Tyneside General Hospital to undertake recreational activities with service users to offer positive distraction from their illness and to help build confidence and self-esteem.
- Young service users have been trained to work alongside staff members to operate a Tuck Shop at Ferndene in the early evenings. The role offers the youngsters an opportunity to increase organisational, numeracy, and interpersonal skills and the Tuck shop itself helps to create a youth club atmosphere within the unit.
- Volunteers have been registered to undertake a wide range of social and support activities at Ashmore House in Ashington to help to personalise the service.
- The Social Therapeutic and Recreational Rehabilitation Team (STARRT) have reconfigured an existing role in which volunteers now rotate between physiotherapy, psychology, speech and language therapy, occupational therapy and the STARRT Department.

Future Developments

- There are plans to include volunteers in the Memory Service at Monkwearmouth Hospital.

Working in Partnership

On-going Volunteering Initiatives

Urgent Care - Social Support Volunteers- East and West Willows, Bede Unit and Akenside Ward.
Exercise Therapy Volunteers - Tranwell Unit, Welcome Volunteers - Hadrian Clinic.

Planned Care - Social Activities Volunteers - Castleside Day Unit, Wellington House, and Ashmore House.
Community Befriending. Garden Project - Vocational Rehabilitation, Cherry Knowle Hospital, Restaurant Assistants at the Tans Restaurant, Hexham and the Kiff Kaff Café St Georges Park. Memory Clinic Welcome Volunteers at the Centre for the Health of the Elderly. Psychology volunteers in locations across the Trust.

Specialist Services - User involvement Volunteers and Admin support at Walkergate Park. Social Activities Volunteers - Northgate and STARRT Dept., Walkergate Park. Art Therapy and Psychology Volunteers- Northgate.

Support Services - Hospital Shop, St Nicholas Hospital, Library and Knowledge Service Assistants at Walkergate Park, Cherry Knowle Hospital and St Georges Park, Chaplaincy Support at St. Georges Park and Cherry Knowle hospital and the Kiff kaff Musical Band, St. Georges Park.

Volunteer Demographics

- 379 volunteers were registered with the department over the year.
- Ages ranged from 17 to 89, with 39% of volunteers under the age of 25.
- 28% of volunteers have first-hand experience of Trust services.
- Overall, 70% of volunteers are female. This is influenced by the large number of female psychology students within the service. In the 30 - 60 age group, the difference reduces to 61% female, with the over 60's having a 50% male/female split.
- Although 82% of volunteers are white British, we have volunteers who originate from 7 different countries.
- 40% of volunteers who left over the year moved into paid employment and 25% entered further education. Over a third of those entering paid employment found jobs within the NHS.

Working in Partnership

Service Improvements

- Volunteers can enhance services by offering extra time to individuals to offer social stimulation and strengthen our commitment towards a patient centred service. In the light of the Francis Report there has been a review of Volunteer Induction Training, the Volunteer Code of Conduct and the Volunteer Handbook, to further acknowledge the importance of patient safety and the contribution of volunteers in maintaining dignity and respect to our patients. There are also plans for Anthony Deery, Nurse Group Director, Urgent Care, to give a presentation to Volunteers in relation to the findings and recommendations of the Francis Report.
- In line with staff policy, all volunteer DBS (formerly known as CRB) checks are now undertaken electronically, offering volunteers a speedier service.
- The Voluntary Services Office has undergone a recent refurbishment that offers a vastly improved, volunteer friendly environment and excellent working area for staff.

Volunteer Recognition

The well-deserved winner of the Volunteer category at the Shining a Light on Excellence Awards was John Ellison, who assists with the Exercise Therapy Department at the Tranwell Unit in Gateshead. John uses his motivational skills to encourage service users to participate in a range of exercise initiatives, including gym work, cycling and football. He took the lead in organising the department's football group who now run independently in the community between the service users themselves. The Exercise Therapy Department consider John to be an invaluable member of their team.

Runners up for the award were our dedicated Gardening Volunteers based at Cherry Knowle Hospital under the leadership of Ray Lamb as part of the Vocational Rehabilitation Service. The volunteer gardeners assist with the development and maintenance of the garden area and offer invaluable support and motivation to service users. The project offers service users the opportunity to strengthen and develop useful transferable skills, develop team working skills and gain structure and routine to their days.

Also nominated were Patricia Hopper who has been playing the organ at the Saturday morning services at St. Georges Park for an amazing 40 years. Richard Pender was nominated for excelling in his role in supporting patients who participate in sports in the Forensic Unit at St. Nicholas Hospital. Anne Stokle, a staff member was also nominated for her amazing work with oppressed communities in Burma where she set up a learning disability school and clinic.

Working in Partnership

Trust 'Thank You' Events

To offer our volunteers recognition for their commitment and contribution, the Trust hosted a 'thank you' event at the Centre for Life, Newcastle in October 2012. In his opening speech Gary O'Hare, Director of Nursing thanked the volunteers for their magnificent contribution and acknowledged the difference they make to the quality of our services. Volunteers were treated to an afternoon tea and a magician provided entertainment.

Two seasonal celebrations were also held for Volunteers in December at St. Nicholas Hospital in Newcastle and Cherry Knowle Hospital in Sunderland.

Staff volunteering

The Voluntary Services team were amongst a group of NTW staff who gave up their time during the festive season to assist with Crisis at Christmas. Based at Crisis Skylight in Newcastle, the initiative offers companionship, hot meals and warmth to homeless people. Prior to Christmas, volunteers were involved in sorting out huge quantities of food and clothing donations, prepared shoe box gifts and helped with the decorations. During Christmas and Boxing Day, volunteers welcomed guests, served meals, assisted with entertainment and generally made sure that everything went to plan. Thank you to all staff who participated in this event.



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 2012 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 2012 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 on-going 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 2012/2013 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 Fairington 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.

Future Consultations

We will carry out future consultations in line with our transformation programme.

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 50.6% response rate for the wider survey (an improvement in the response rate from last year) and a 44% response rate in the smaller sample which was an increase 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 better than average on 14 key findings.

This is the first year where we can have historical group data from the business model review. 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. The analysis will be considered at a senior level by both clinicians and managers and a Trust wide 250 event in May will take place to discuss the survey results and Trust values.

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. These results are taken from the Department of Health report (850 sample).

Working in Partnership with Staff

Table 28 - Staff Survey Response Rates 2012 (2011 figures are included for comparison).

Response Rate	2011		2012		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
	36%	54%	44%	50%	Increase 8%

Table 29 - Staff Survey Top Five Ranking Scores 2012

	2012	Average	2011
Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	18%	22%	17%
Percentage of staff experiencing harassment, bullying or abuse from patients relatives or the public in last 12 months	26%	30%	20%
Percentage of staff having equality and diversity training in last 12 months	75%	59%	65%
Percentage of staff appraised	91%	87%	91%
Percentage of staff experiencing physical violence from staff in last 12 months	3%	4%	4%

Working in Partnership with Staff

Table 30 - The below table shows the bottom five ranking scores compared to other mental health and learning disability Trusts in England, some of these scores are scale summary scores, comprising responses from a number of questions and are measured on a scale of 0 to 5.

	2012	Average	2011
Effective Team Working	3.72	3.83	3.81
Staff motivation at work	3.74	3.84	3.68
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	26%	20%	19%
Percentage of staff able to contribute towards improvements at work	68%	71%	67%
Percentage of staff receiving job-relevant training, learning or development in last 12 months	80%	82%	78%

The three key findings are areas where staff experiences have improved since the 2011 survey.

These are;

- Job satisfaction
- Fairness and effectiveness of incident reporting procedures
- Percentage of staff having equality and diversity training in the last 12 months

The three key findings where staff experiences have deteriorated since the 2011 survey are;

- Percentage of staff suffering work related stress in the last 12 months
- Percentage of staff saying hand washing materials are always available
- Percentage of staff receiving health and safety training in the last 12 months

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,

Staff Motivation / Staff feeling valued by their work colleagues

- We are developing a new appraisal system which will ensure that all staff have an annual appraisal and an agreed personal development plan giving them clear objectives linked to the organisation's values and clear feedback on their performance, including recognition of their achievements. We will also continue to develop our leadership programmes for all staff.

In summary, the work will continue from 2011 to improve on staff engagement, staff motivation, job satisfaction, and any key themes that are identified from the 250 event.

Working in Partnership with Staff

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.

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.

Working in Partnership with Staff

Mindful Employer

Northumberland, Tyne and Wear NHS Foundation Trust have maintained the Mindful Employer Charter.

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.

Sickness Absence Data

Sickness Absence remains a key priority with current levels of absence at 6.23% compared with 5.67% in 2012. Proactive approaches to reducing the levels of absence are being piloted including the introduction of the Workforce Assistant to provide support and coaching to operational managers in helping them address absence issues in their own areas.

In addition a half day event with representatives from staff side has being arranged to explore initiatives for managing absence and supporting staff to stay well and remain at work. 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.

The introduction of changes to the way in which sick pay is received across the NHS is to be implemented from 1 April 2013 due to amendments to national terms and conditions. This provides a further opportunity to review the Trust's policies and processes in partnership with staff side colleagues.

The Trust has seen a direct impact on sickness absence levels due to the transforming services programme. Those areas that have been affected by organisational change have experienced higher absence levels than those not impacted by the programme and a targeted approach to areas where change is planned to occur has now been put in place in operational services.

Working in Partnership with Staff

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.

The OH contract is currently 16% over activity and solutions are being explored with the provider to enable the demand to be met. This includes the encouragement of telephone consultations rather than face to face appointments. The development of fast track services for mental health related absence and musculoskeletal problems. The Trust is also exploring the development of an in house CBT service.

Team Prevent continues to provide health promotion days. These are very successful and prove popular amongst staff; the events are now more focused to Health and Wellbeing with the sessions based around a 'passport to better health'. Checks carried out during health promotion days include:

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

Team Prevent is also assisting us in undertaking a health surveillance programme for 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 healthy heart. Exercise initiatives were piloted and have since been introduced across the larger Trust sites and these include, Zumba, Yoga and Boot Camp and are subsidised by the Trust. 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 and offers of discounted gym membership.

Working in Partnership with Staff

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.



Partnership Case Study

St Nicholas Hospital Police Liaison Group

St Nicholas Hospital Police Liaison Group has been established at St Nicholas Hospital for a number of years. It has proved to be an excellent forum to establish links with Northumbria Police and other external agencies, ensuring a good service for our patients. It gives confidence to the Trust and its staff that incidents are being examined closely on a regular basis and taken forward in an appropriate manner.

There is an established Police Officer who is the designated link for the hospital and we work together to ensure a robust and consistent approach to policing with regard to mental health. As well as this they act as a familiar face to staff and patients on wards.

Over the years the police have provided staff with support and assurance that assaults are taken seriously and progressed where necessary. This commitment has helped patients to understand the consequences of their actions.

The group has a wide agenda, which looks at incident trends, clinical issues, crime prevention and other site based issues. The police give regular updates of on-going cases, which help to provide information to victims of criminal activity. The group continues to be beneficial to clinical services in ensuring intelligence is fed to the wards to aid the development of risk assessments ensuring the safety of all.

Section 136 issues are closely examined and taken back to Northumbria police for feedback. This can be a two way process where police concerns regarding section 136 can be discussed and ultimately resolved.



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.

As part of improvements after organisational change, both the policy and process of complaints have been improved. The improvements include sharing complaints leaflets through Coroners Offices as a supportive mechanism for families and carers, as well as continued improvement between PALS services and the Complaints Team. We have also seen a natural increase as services have expanded and we have taken on new business.

The Trust received 362 complaints during 2012 / 2013 and all of these were thoroughly investigated. **The complaints were categorised, as recommended by national guidance, as follows:**

Complaints	2012/2013	2011/2012
Category 1	86	61
Category 2	37	38
Category 3	226	120
Joint Complaints	13	18
Ombudsman	8	10

Final local resolution responses to complaints should be within the negotiated or extended agreed timescale with the complainant and our average compliance for the year was 74%. We are committed to continually trying to improve our response times.

Recurring themes identified in 2012 / 2013 include; staff attitude, communication with service users and communication with carers and families.

We received 9 opinions which came in via the Patient Opinion website or the NHS Choices website. All opinions received a Trust response. Three of the opinions received were compliments.

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.



Controlling Anger
A self-help guide

Learning Disorders
A self-help guide

Depression
An information booklet

Domestic Violence
If you're experiencing physical, emotional or financial abuse, there's help for you.
A self-help guide

Be future

Northumberland, Tyne and Wear
NHS Foundation Trust



Health Anxiety
A self-help guide

Light on the

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.

The Trust's Equality and Diversity Steering Group was reconvened during 2012-13 and is playing an active role in assessing the appropriateness and monitoring the progress towards our equality objectives.

Highlights of work during the first year of our Equality Strategy have included:

- Deaf awareness training for the Initial Response Team
- Planning towards a 'census' campaign to increase the reported levels of protected characteristics for Trust Staff. The census will take place in early 2013-14 and will link in with the theme of Data and Information for the NHS Equality and Diversity Week.

This year we revised the Trust's Managing Diversity Policy to ensure we meet the requirements of the Equality Act and those of the Department of Health's Equality Delivery System. We also revised our reporting method for Equality Impact Assessments to ensure that all of our activities (policies and procedures) are examined to assess and where necessary take action to remove the potential for discrimination against staff, service users and carers who have protected characteristics as defined under the Equality Act 2010.

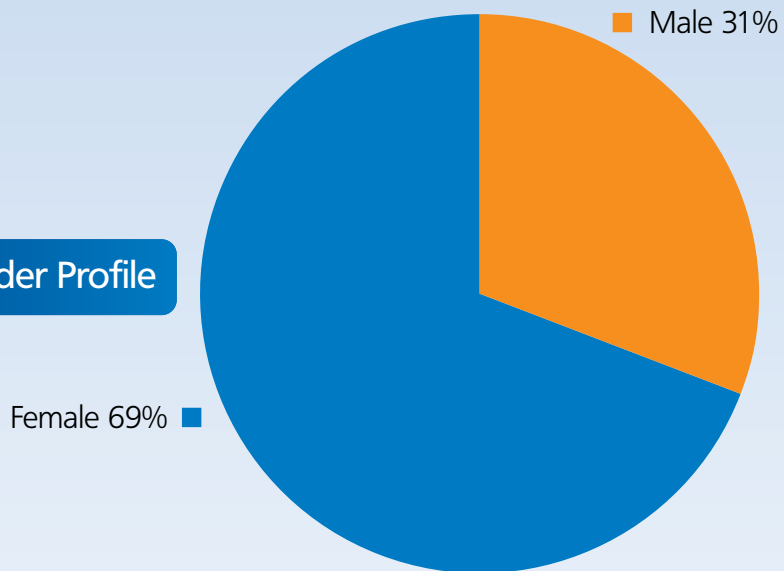
The Trust appointed a sole provider of interpreting and translation services for the Trust, improving ease of access and availability of these vital services across the Trust's wide geographical service area.

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

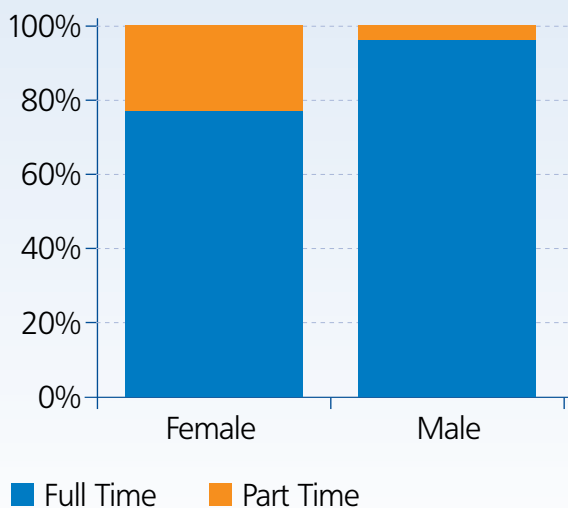
Equality and Diversity

The tables below show the equality and diversity data relating to Staff: It is the aim of our Census campaign to improve reporting in these areas for 2013-14.

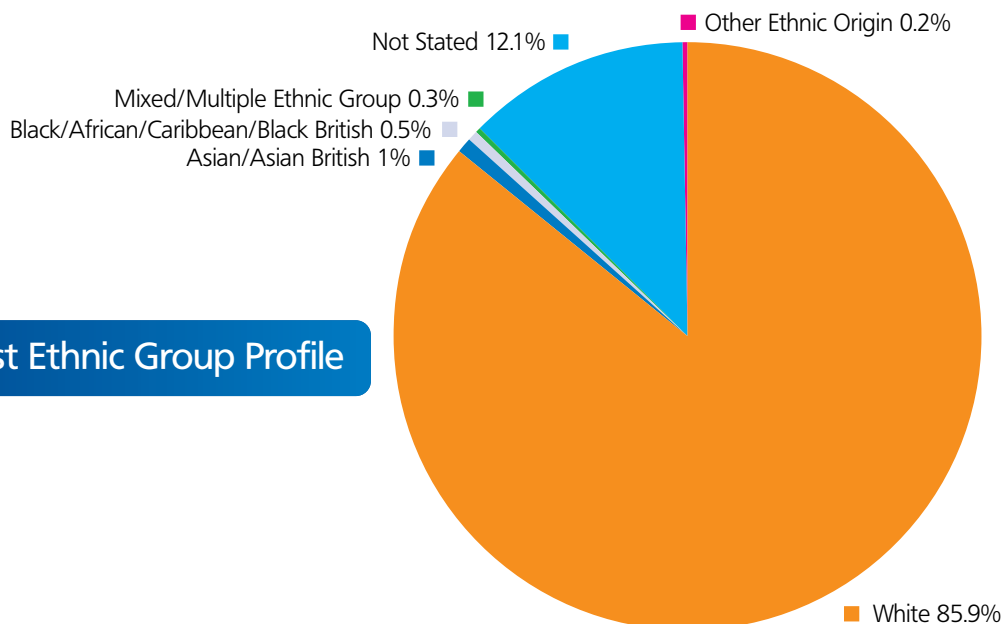
Trust Gender Profile



Full Time / Part Time Gender

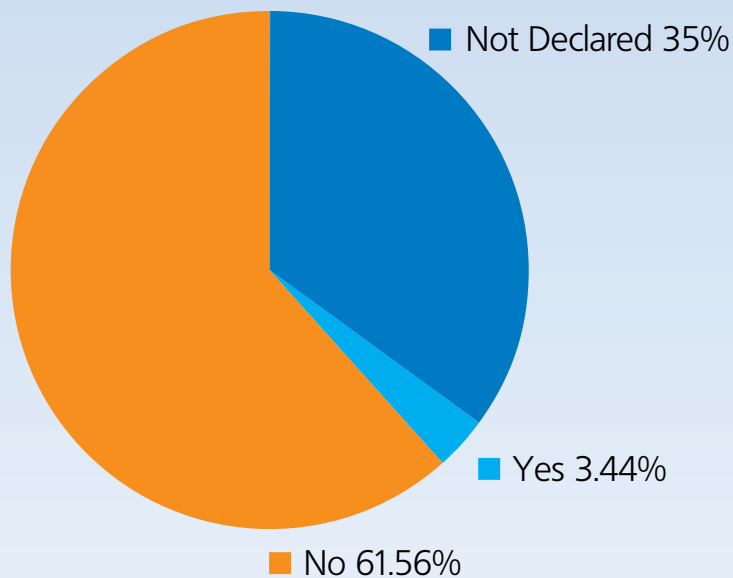


Trust Ethnic Group Profile

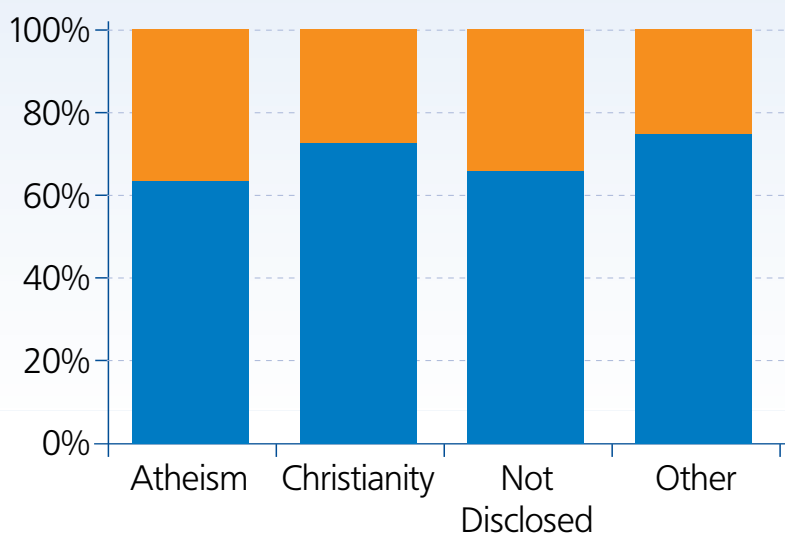


Equality and Diversity

Trust Profile - Staff Declaring Disability



Profile by Religion & Belief



■ Female ■ Male

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

Partnership Case Study

Criminal Justice and Liaison Service (CJLS)

Partnership working is defined by Glasby and Dickinson (2008) as an ability to achieve something together that could not be achieved separately. The CJLS and their partners are working collaboratively to improve the health outcomes for offenders across the whole of the Criminal Justice Pathway.

The Partnership members working with CJLS:- Police, GEO-AMY (prisoner escort staff), Probation, Magistrates, Solicitors, Court Officials, Social Services, CPS staff, 3rd sector agencies e.g. Drug and alcohol services, Mental Health Concerns Organisation, and any other professional agencies involved with the client.

The CJLS have shown success in demonstrating their ability to synthesise multi-dimensional partnership working throughout their first six months of operation. The CJLS have embraced the seven dimensions of effective partnership working (West & Markiewicz 2006) to exemplify theoretical concepts into practice.

Role clarity has been fundamental to the partnerships. Each have established then imparted their boundaries to allow greater understanding of the collaborative membership. Cultural congruity has been welcomed which has led to an understanding of the differences between the partnerships home organisational cultures. The CJLS have focused on quality and innovation in practice when working with the partner members. The service has shared their extensive knowledge and client centred approach which has led to true co-operation from the cohort.



Other Disclosures in the Public Interest

Training and Development

This year one of the key outputs from the training team has been to accurately identify essential training requirements and frequencies of refresher training for our staff groups. This work was carried out in collaboration with senior staff from the groups so that we could identify the specific training requirements that allow our staff to deliver the best and safest possible care to our patients.

The new training 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, in particular with regards to Mental Health Act training, Mental Capacity Act and DoLS.

There has been a focus on delivering the new values workshops that have evaluated incredibly well and the team have been supporting the roll out of care pathways and packages training.

We have tried to offer a flexible approach to training with trainers making themselves available to deliver training locally in clinical areas and offering sessions out of hours and we have continued to roll out a single point of access for E learning via the National Learning Management System.

Additionally we have:

- Developed new service specific PMVA training
- Supported the roll out of clinical supervision training across the Trust
- Introduced new HR skills workshops such as Return to Work Interviews.
- Continued to provide a hugely successful Business Administration Apprenticeship programme, with many apprentices now taking up full time employment with the Trust,
- Supported the on-going work developing the Trust wide clinical skills analysis.

Leadership Programme Board; Leadership and Management Development

The need to emphasise the critical role that leadership has to play in the safe and effective delivery of care was clearly highlighted in the Francis Report. In addition to the core Leadership and Management Development Course (LMDC) that has been accessed by over 300 staff and is consistently fully booked (currently until November 2013) we have developed an additional range of leadership and management development activities. The output of the Leadership Programme Board has significantly increased during the past year.

We have developed a leadership module in the Trust induction, which is to be delivered by members of the Senior Management Team. Additionally, we have developed First Level Leadership Workshops for all staff.

Other Disclosures in the Public Interest

The core component of our leadership strategy is Phase One of the LMDC. This is available for all staff in a leadership role, regardless of banding or seniority. It's a popular course that gives delegates the chance to focus on the development of their skills with the support of tutors and colleagues. The course has recently been comprehensively evaluated and the results of this process are to be published. The LMDC is regarded as essential training for all those in a band 7 role and above. We have also developed an additional array of training activities as part of Phase Two of the LMDC, including a bespoke Ward Manager Development course (which is also appropriate for those who aspire to apply for Ward Manager posts) and a Consultants Development Programme.

We have recently launched Phase Two of the Developing Excellent Leaders course. 50 of the Trust's senior leaders attended Phase One of this in 2011-12. Six workshops will be held in as many months and facilitated in partnership with Keele University. We are also developing a course for a second cohort, which will be for Service Managers and their equivalents. This is scheduled to commence in September of this year.

Additionally, we will be developing a number of 'Advanced Level' initiatives that will offer bespoke approaches to, for example, the development of teams and leading for safety. We have provided places for 16 staff to undertake external leadership development courses with the NHS North East Leadership Academy and more opportunities to undertake these prestigious courses will be announced later this year. It is important that we practically support and nurture the development of our leaders and to make use of their enhanced skills. Therefore, it is important to note that we expect all staff to utilise our internal courses and development opportunities before we would consider supporting and funding external leadership and management development courses. Our goal is to develop our talent but we expect our leaders to reciprocate by contributing to the development of others.

All of this activity equates to a significant investment in the development of leaders and our leadership capability. We live and work in challenging times but transformation and change brings opportunities as well as anxieties. Therefore we are also developing a number of approaches to working with teams who are embarking on significant changes to the way they work or who are experiencing difficulties. This is in addition to the coaching and development initiatives we offer to both individuals and teams.

Clinical Audit

We participate in national clinical audits and national confidential enquiries pertinent to our services. These are outlined in our Quality Report for 2012/2013.

We also support a programme of local clinical audits and these are featured in our Quality Report for 2012/2013.

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.

Other Disclosures in the Public Interest

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

There were no cases of MRSA bacteraemia reported in the Trust during the year 2012/13. Indeed, there have been no cases of MRSA bacteraemia in the last four years.

There has been a continued decline in the number of cases of Clostridium difficile infection reported. 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 2012/13 there was a single case of clinically symptomatic infection.

There were no other reportable infections during 2012/13. All cases of reportable infections are subject to detailed route cause analysis with dissemination of the findings to all clinical areas and relevant committees in the Trust.

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.

The Trust continues to roll out the Identicom Lone Worker devices. Since acquiring an extra 209 devices, 71 have been allocated and in total there are now 711 active devices. The trend regarding amber alerts continues to increase and a number of genuine red alerts have been recorded during this period. The devices continue to provide vulnerable Trust staff with the ability to raise a rapid response. Our Lone worker Coordinator continues to support our community managers and staff with a robust and comprehensive monitoring system to ensure the lone workers, using these devices, gain maximum benefits from their use.

The Trust Security Director has again proven his commitment to reducing antisocial behaviour relating to illegal substance use across the organisation by agreeing the proposal to make available the use of a Drug Search dog, which Northumbria Police are to train for us.

The Trust Health Safety and Security group continues to be well represented by staff side unions, managers and Team Prevent which proves very useful in further developing our partnership working.

The Health and Safety Executive (HSE) have not made any requests to visit or audit the Trust within the last financial year.

Serious 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 2012/2013 was to continue a culture of high reporting and endeavour to reduce the number of serious incidents.

As shown in our Quality Account 2012 / 2013 incidents have unfortunately slightly increased this can be attribute to many factors which the Trust are identifying through the Serious Incident investigations and management review processes.

All serious incidents continue to be actively investigated and reported to the Trust's Board of Directors as soon as we are made aware of them.

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 Preparedness, Resilience and Response

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.

An essential part of this is working with partners in the region to develop a multi-agency approach to planning for emergencies. In 2012, the Trust became a member of the Local Health Resilience Partnership and has also joined the Northumbria Health and Social Care Resilience Group.

The Trust's emergency plans have been reviewed and updated to reflect the changes externally in the NHS and meet new requirements from the Department of Health and NHS England.

Key areas of work for 2013/14 include involvement in multi-agency exercises to validate the Trust's plans and provide assurance to commissioners. We will also further develop the emergency preparedness training programme for key staff who have roles in supporting the Trust response to external emergencies and business continuity disruptions.

Research and Development

The Trust Research Strategy was agreed by the Trust Board in November 2012. This sets out a clear vision for developing a vibrant research culture in the Trust which will ensure that we contribute as much as possible to the generation of new knowledge for the benefit of all patients with mental health, learning disability and neuro rehabilitation problems, as well as rapidly implementing research informed, evidence-based practice for the direct benefit of patients under our care.

The strategy covers the development of involvement in large-scale research (National Institute of Health Research (NIHR) Portfolio), embedding research into mainstream clinical practice and developing our workforce to be research-aware and research active.

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 not quite exceeded our annual target for 2012/13, we have seen excellent engagement through recruiting 596 (latest figure from Jan 13) research participants for NIHR Portfolio research in NTW.

In addition the Trust has been successful in some large research funding bids, notably an NIHR-funded Research for Patient Benefit (RfPB) trial (FAB Study) and a Programme Grant for Applied Research (PGfAR) on Improving the diagnosis and management of neurodegenerative dementia of Lewy body type in the NHS (DIAMOND-Lewy).

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 2012/13 and have provided the first recruit nationally for an important new study from Roche - "Impact of Illness".

Other Disclosures in the Public Interest

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

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.

*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 2012/13 was £12,156. This relates to promotional materials and activities for our specialist services for referrers - Children & Young Peoples Inpatient Service; Richardson Eating Disorders Service; Regional Affective Disorders Service and Mother and Baby Unit. Promotional literature for these services has also been included in a Specialist Services Portfolio that was designed and developed during the year. This portfolio supports the marketing of the services provided by the Trust's Specialist Care Group. Marketing support has also been provided to promote local services such as the South of Tyne Memory Protection service.

Marketing support and promotional items were also provided to promote the Trust and its services at the Royal College of Psychiatrists International Congress in July 2012. In addition, the Marketing Team has produced generic, branded, up to date information about the Trust which is used for service users, carers, staff and referrers.

Partnership Case Study

Seasonal Flu Team

Work began in July on a campaign to increase the uptake of the seasonal flu vaccine in front-line staff. Representatives from Infection Prevention and Control, Communications, Estates, Medicines Management and operational services attended a planning group which was Director led.

The flu campaign in 2010 had only seen a 12% uptake in staff being vaccinated. The group tried to learn lessons from previous campaigns and agreed to introduce ward based vaccinators as a measure of making the flu vaccine more available. Work began to source volunteers who would be happy to undertake vaccinations.

71 volunteers were recruited from across the Trust and trained in giving vaccinations as well as immediate life support and anaphylaxis. The volunteers were then supported throughout the entire vaccination programme. The implementation of this initiative has seen a huge boost to the vaccination rates as it means that ward based vaccinators are accessible in different shift patterns, including nightshift and also vaccinate visitors to the ward such as estates, domestic, occupational therapy staff etc.

A mobile flu trailer was re-branded and introduced to be taken from site to site as well as to provide a location for outreach services to our community teams. Issues had to be resolved such as who would tow the trailer, how would it get its power supply, how would the drugs be stored safely and the cold chain maintained.

The different disciplines in the team all worked in partnership to deliver the flu campaign, from pharmacy ensuring the vaccines were ordered in time and in the right place, sufficient vaccines, that the cold chain was maintained. Estates were on hand to resolve issues with storage fridges, to arrange the transportation of the trailer, to ensure it had a power supply. The IPC matrons were on hand to co-ordinate the campaign, deliver training, support the ward based vaccinators and give vaccinations. Communications delivered the messages about the campaign using a variety of methods including the development of a flu jab-o-meter, the branding of the flu mobile, website design, screen savers, flu emails, and payslip flyers.

Managers and clinical nurse leaders from across directorates attended to ensure the message was delivered in their areas.



Everyone knew their role and each meeting was positive and highly effective. I personally have never been involved in such a positive meeting, there was no procrastination, it was very focussed and delivered. Any issues were broken down into manageable segments and dealt with positively. There was literally no issue the group could not overcome.



After 4 months of planning the campaign went live and ran for three months. There was a 50.4% uptake in vaccination rates which represents a rise of 316% in two years.

Board of Directors

Fiona Standfield - Acting Chairman



Experience and Skills / Expertise:

- Director Witton House Associates, specialising in the provision of business advice to the tourism and heritage sectors
- Chair, Northern Stage (Theatrical Productions) Limited
- North East Regional Advisory Panel Member, Common Purpose
- Business Development Director, Singingworks
- Trustee, Vindolanda Trust
- Associate Tutor Sunderland University, Faculty of Business and Law
- Ministry of Justice, Specialist Lay Member (Mental Health), First Tier Tribunal
- Extensive managerial and business experience, including Sales Sector Director and Programme Delivery Director Royal Mail Group

Qualifications:

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

Board of Directors

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
- General Medical Council Associate 2002-2012
- Board Member of Youth Justice Board for England and Wales 2012
- Qualified Medical Practitioner with wide clinical experience including general practice and public health
- 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

Nigel Paton, Non-Executive Director



Experience and Skills / Expertise:

- Director Legal of the Marine and Protective Coatings Business of Akzo Nobel
- General Counsel, ICI Paints.
- Lead M&A counsel, ICI PLC
- Extensive experience as international commercial lawyer.

Qualifications:

- LLb (Hons) Newcastle University)
- Law Society final Examination
- Programme for Executives, Carnegie Mellon University, Pittsburgh

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 to Justice of the Peace (Retired)

Qualifications:

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

Board of Directors

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

Paul McEldon, Non-Executive Director and Deputy Chair



Experience and Skills / Expertise:

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

Board of Directors

Martin Cocker, Non-Executive Director and Chairman of the Audit Committee



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.

James Duncan, Finance Director and Deputy Chief Executive



Experience and Skills / Expertise:

Extensive financial experience in the NHS including:

- Director of Finance, Northgate and Prudhoe NHS Trust (including 6 months as Acting Chief Executive).
- Director of Finance, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

Involvement in a number of national and regional bodies including:

- Chair-National Mental Health Payment by Results Finance Group
- Member of Mental Health PbR Product Review Group
- Chair of Care Pathways and Packages Consortium Project Team and Member of Programme Board
- Vice Chair of Mental Health Faculty of Healthcare Management Finance Association

Qualifications:

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

Board of Directors

Gary O'Hare, 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)

Dr Suresh Joseph, Medical Director



Experience and Skills / Expertise:

- Extensive clinical experience in General Adult Psychiatry.
- Record of achievement in service redesign, professional leadership and development, and clinical management roles.
- Wide experience of psychiatric training and education, and workforce issues at regional and national level.
- Honorary Clinical Lecturer in Psychiatry, University of Newcastle upon Tyne.
- Past Honorary Secretary, Faculty of General and Community Psychiatry, Royal College of Psychiatrists.
- Past Chair, Faculty Education and Curriculum Committee, Royal College of Psychiatrists, and
- National expertise in Role and Service Redesign.

Qualifications:

- MB BS,
- MMedSc,
- FRC Psych

Board of Directors

Elizabeth Latham, Director of Workforce and Organisational Development



Experience and Skills / Expertise:

Extensive human resources experience including:

- Member of the NHS Pension Scheme Governance Group.
- Head of Personnel South Durham Health NHS Trust.
- Director of HR, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.

Qualifications:

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

Lisa Quinn, Director of Performance and Assurance



Experience and Skills / Expertise:

Extensive NHS business, performance and finance experience including:

- Business Development & Planning Accountant, Newcastle City Health NHS Trust.
- Associate Director of Finance and Business Support, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust.
- Associate Director of Financial Delivery and Business Support, Northumberland, Tyne and Wear NHS Trust.

Qualifications:

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



Board of Directors

Annual Report 2012 / 2013 Board of Directors

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit Committee		FIBD		Q & P		Remuneration Committee		Mental Health Legislation Committee		Trust Programmes Board	
			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	30.09.12	5	5	-	-	-	-	-	-	2	2	-	-	-	-
Fiona Standfield Non-Executive Director / Chair of MHL Committee Vice Chair - 04.09.12 to 30.09.12 Acting Chair – from 01.10.12	01.12.09	31.12.13		10	9	-	-	-	-	-	-	3	2	5	5	-
Dr Gillian Fairfield Chief Executive	01.12.09	N/A		10	8	-	-	-	-	-	-	-	-	-	-	-
Anne Ward Platt Non-Executive Director / Vice Chair	01.12.09	30.06.12	3	3	-	-	-	-	3	3	1	1	-	-	-	-
Paul McEldon Non-Executive Director / Chairman of the Q&P Committee / Chairman of Trust Programmes Board Acting Vice Chair from 01.10.12	01.12.09	31.12.14		10	10	2	2	-	-	7	5	3	3	-	-	6
Ken Grey Non-Executive Director / Senior Independent Director / Director of the MHL Committee	01.12.09	31.12.13		10	8	-	-	1	1	-	-	3	3	3	1	-
Martin Cocker Non-Executive Director / Audit Committee Chair	01.01.12	31.12.14	10	9	6	6	-	-	-	-	3	2	-	-	-	-

Board of Directors

Annual Report 2012 / 2013 Board of Directors

Name / Position incl. Member of Committees	Date of Appointment	Current Expiry of Term	Board of Directors		Audit Committee		FIBD		Q & P		Remuneration Committee		Mental Health Legislation Committee		Trust Programmes Board	
			No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend	No.	No. Attend
Nigel Paton Non-Executive Director / Chairman of FIBD Committee	01.07.12	30.06.15	7	7	4	4	7	7	-	-	2	2	-	-	-	-
Chris Watson Non-Executive Director	01.12.09	31.12.15	10	7	6	6	3	1	7	4	3	3	-	-	-	-
James Duncan Deputy Chief Executive / Executive Director of Finance	01.12.09	N/A	10	9	-	-	10	9	-	-	-	-	-	-	-	-
Lisa Crichton-Jones Acting Executive Director of Workforce and Organisational Development	14.05.12	N/A	9	8	-	-	-	-	-	-	-	-	-	-	6	4
Dr Suresh Joseph Executive Medical Director	01.12.09	N/A	10	9	-	-	3	0	10	3	-	-	6	3	6	3
Elizabeth Latham * Executive Director of Workforce and Organisational Development	01.12.09	N/A	10	1	-	-	-	-	-	-	-	-	-	-	-	-
Gary O'Hare Executive Director of Nursing and Operations	01.12.09	N/A	10	8	-	-	3	1	10	3	-	-	1	0	6	2
Lisa Quinn Executive Director of Performance and Assurance	01.12.09	N/A	10	10	-	-	3	1	10	7	-	-	6	2	6	3

* Due to a period of sickness absence from May 2012 to March 2013, Elizabeth Latham was unable to attend all Board meetings.

Council of Governors

Annual Report 2012/2013 Council of Governors

Constituency / Appointing Organisation	Name	Date of First Appointment	Period Elected (Years)	Period of Office (Months)	Term of Office 1st or 2nd	In Post at 31st March 2013	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee Meetings	No. Attended
Local Authority (Sunderland Council)	Dave Allan	18.05.11	3	12	1st	No	1	0		
Staff (Non Clinical)	Billy Anderson	01.12.09	3	36	1st	No	3	2	2	2
Staff (Clinical)	Nigel Atkinson	01.12.09	3	40	2nd	Yes	3	2		
Service User (Neuro Disability Services)	Russell Bowman	01.12.09	3	36	1st	No	3	3		
Staff (Non Clinical)	Keeley Brickle	01.12.09	3	36	1st	No	3	1		
Staff (Clinical)	Phil Brown	01.12.12	3	4	1st	Yes	1	1		
Community and Voluntary (Mental Health North East)	Ray Brown	09.02.12	3	6	1st	No	2	2		
Community and Voluntary (Launchpad)	Alasdair Cameron	01.12.12	3	4	2nd	Yes	1	0		
Service User (Adult Services)		01.12.09	3	36	1st	No	3	3		
Public (North Tyneside)	Margaret Chambers	01.03.11	3	25	1st	Yes	4	3		
Carer (Adult Services)	Ann Clark	01.12.09	3	40	2nd	Yes	4	4		
Service User (Adult Services)	Stephanie Collier	01.12.12	3	4	1st	Yes	1	1		
Staff (Medical)	Alan Currie	01.12.09	3	40	1st	Yes	4	4		
Service User (Learning Disability Services)	Andrew Davidson	01.12.09	3	36	1st	No	3	0		
Staff (Non Clinical)	Grahame Ellis	01.12.12	3	4	1st	Yes	1	1	1	1
Local Authority (Gateshead Council)	Mary Foy	01.12.09	3	40	2nd	Yes	4	3		
Carer (Children and Young People's Services)	Janet Fraser	01.12.09	3	40	2nd	Yes	4	3	3	2
Public (Gateshead)	Glynis Goodwill	01.12.12	3	4	1st	Yes	1	0		
Local Authority (Newcastle Council)	Kevin Graham	06.10.11	3	18	1st	Yes	4	1		
Public (Sunderland)	Jane Hall	01.12.09	3	40	2nd	Yes	4	3	3	2

Council of Governors

Annual Report 2012/2013 Board of Directors

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 2013	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee Meetings	No. Attended
Carer (Learning Disability Services)	George Hardy	01.12.09	3	40	2nd	Yes	4	2		
PCT (Sunderland Teaching PCT)	Patricia Harle	01.12.09	3	38	2nd	No	3	3		
Carer (Adult Services)	Norman Hildrew	01.12.09	3	40	2nd	Yes	4	4		
Community and Voluntary (Voluntary Organisation Network North East)	Brendan Hill	01.12.09	3	36	1st	No	3	1		
University (Newcastle University)	Barry Hirst	01.12.09	3	40	2nd	Yes	4	3	3	2
Service User (Adult Services)	Claire Keys	01.12.12	3	4	1st	Yes	1	1		
Local Authority (Northumberland County Council)	Ian Lindley	12.09.12	3	6	1st	Yes	2	2		
Local Authority (Sunderland Council)	Graeme Miller	16.05.12	3	10	1st	Yes	4	1		
University (Northumbria University)	John Miller	16.01.12	3	16	1st	No	3	1		
Public (Northumberland)	Claire Mills	01.12.09	3	40	2nd	Yes	4	3	2	2
Service Users (Older Peoples Services)	Marian Moore	01.03.11	3	25	1st	Yes	4	3		
Public (Newcastle and the rest of England and Wales)	Austin O'Malley	01.12.12	3	4	1st	Yes	1	1		
University (Newcastle University)	Pauline Pearson	01.02.13	3	2	1st	Yes	1	0		
Service User (Neuro - Disability Services)	Lucy Reynolds	01.12.12	3	4	1st	Yes	1	1		
Service User (Learning Disability Services)	Rachel Simpson	01.12.12	3	4	1st	Yes	1	1		
Carer (Older People's Services)	Anneva Spark	01.12.09	3	40	2nd	Yes	4	3		
Public (South Tyneside)	Jeanette Telfer	01.03.11	3	25	1st	Yes	4	4		
Carer (Neuro Disability Services) Lead Governor and Reserve Chairman / Chair of the Nominations Committee)	Richard Tomlin	01.12.09	3	40	2nd	Yes	4	4	3	2

Council of Governors

Annual Report 2012/2013 Council of Governors

Constituency / Appointing Organisation	Name	Date of First Appointment	Period Elected (Years)	Period of Office (Months)	Term of Office 1st or 2nd	In Post at 31st March 2013	No. of Council of Governor Meetings	No. Attended	No. of Nomination Committee Meetings	No. Attended
Staff (Clinical)	Paul Veitch	01.12.09	3	36	1st	No	4	4		
Staff (Non- Clinical)	Bob Waddell	01.12.12	3	4	1st	Yes	1	1		
PCT (North Tyneside)	Dave Willis	01.12.09	3	40	2nd	No	4	3		
Public (Newcastle upon Tyne (and the rest of England and Wales))	Oliver Wood	01.12.09	3	36	1st	No	4	1		

Partnership Case Study

Joining Clinical Information Systems with Local Councils

The Informatics Systems Development Team have worked with Newcastle City Council to enable the secure exchange of electronic information in relation to patients where there is shared care.

Through joint working, NTW clinical and council social care staff identified a risk in that social care staff recorded information on their social care system (CareFirst) and Trust staff used RiO. Through care co-ordination the teams would work together but did not have easy access to each other's information. Whilst in some cases this was just inconvenient in other cases it was potentially unsafe as the social care system could hold information in relation to risk that was not held on the Trust system and vice versa.

The Systems Development Team worked with the council to develop a secure overnight exchange of information between systems. The appropriate information sharing agreements, technical controls and audit processes were agreed and put in place.

The system is now live and means that staff working on the council CareFirst system can see key information that has been recorded on RiO and staff working on RiO can see key information recorded on CareFirst. This effectively creates an electronic shared record between health and social care improving the service for patients and improving safety.

The project is being used as a model for working with other local authorities and it is planned to roll this out across other local authority areas during 2013 to further enhance partnership working.



Remuneration Report

Salary and Pension Entitlements of Senior Managers

The Trust has a Remuneration Committee. Its membership for 2012 / 2013 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 2012/ 2013.

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. External reports on job evaluation and market forces are commissioned when needed.

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.

The Trust reimburses the Chief Executive and Executive Directors any reasonable travelling, hotel, hospitality and other expenses wholly, exclusively and necessarily incurred in the proper performance of his /her duties. This is subject to the production of relevant invoices or other appropriate proof of expenditure in respect of claims submitted.

Pay for other directors, senior managers and all other non-medical and dental staff is in accordance with the national agenda for change terms and conditions, although there are a very small number of staff who still choose to remain on local terms and conditions of services. Pay for medical staff is in accordance with the national terms and conditions of service for hospital, medical and dental staff.

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 207 to 209 have been subject to audit and an unqualified opinion has been given.

Dr. Gillian Fairfield
Chief Executive
24th May, 2013



Remuneration Report

Board of Directors 2012 / 2013

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	
		2012/2013	2011/2012	2012/2013	2011/2012	2012/2013	2011/2012	2012/2013	2011/2012
Fiona Standfield	Acting Chair	20-25	5-10	0	0	0	0	20-25	5-10
Jules Preston	Trust Chairman	20-25	35-40	0	0	0	0	20-25	35-40
Paul McEldon	Non-Executive Director and Acting Vice Chair	10-15	10-15	0	0	0	0	10-15	10-15
Anne Ward Platt	Non-Executive Director and Vice Chair	0-5	5-10	0	0	0	0	0-5	5-10
Ken Grey	Non-Executive Director and Senior Independent Director	10-15	10-15	0	0	0	0	10-15	10-15
Martin Cocker	Non-Executive Director	10-15	0-5	0	0	0	0	10-15	0-5
Judith Curry	Non-Executive Director	-	5-10	-	0	-	0	-	5-10
Nigel Paton	Non-Executive Director	5-10	-	0	-	0	-	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	120-125	125-130	0	0	9	9	120-125	125-130
Elizabeth Latham	Executive Director of Workforce and Organisational Development	90-95	95-100	0	0	0	0	90-95	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	13	8	105-110	105-110
Lisa Quinn	Executive Director of Performance and Assurance	95-100	95-100	0	0	0	0	95-100	95-100
Lisa Crichton-Jones	Acting Executive Director of Workforce and Organisational Development	80-85	-	0	-	13	-	80-85	-
Dr Damian Robinson	Acting Executive Medical Director	0-5	25-30	0	0	0	0	0-5	25-30

Remuneration Report

Note:

- *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.*
- *Dr Gillian Fairfield served as a non-executive director for the Youth Justice Board from October 2012. Dr Fairfield's remuneration as a non-executive director was paid to the Trust for this period and earnings as an executive director of the Trust were retained.*
- *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 2013 on an annualised basis.

	2012/13	2011/12
Median total remuneration	£25,528	£25,844
Ratio to mid-point of the banded remuneration of highest paid director	8.16	8.06

Non Executive Directors		
Fiona Standfield	01/04/12 – 31/03/13	Acting Trust Chair
Jules Preston	01/04/12 – 30/09/12	Trust Chair
Paul McEldon	01/04/12 – 31/03/13	Acting Vice Chair
Anne Ward Platt	01/04/12 – 30/06/12	Non-Executive Director and Deputy Chair
Ken Grey	01/04/12 – 31/03/13	Non-Executive Director and Senior Independent Director
Martin Cocker	01/04/12 – 31/03/13	Non-Executive Director
Paul McEldon	01/04/12 – 31/03/13	Non-Executive Director
Chris Watson	01/04/12 – 31/03/13	Non-Executive Director
Nigel Paton	01/07/12 – 31/03/13	Non-Executive Director
Executive Directors		
Dr Gillian Fairfield	01/04/12 – 31/03/13	Chief Executive
James Duncan	01/04/12 – 31/03/13	Deputy Chief Executive / Executive Director of Finance
Elizabeth Latham	01/04/12 – 31/03/13	Executive Director of Workforce and Organisational Development
Dr Suresh Joseph	01/04/12 – 31/03/13	Executive Medical Director
Gary O'Hare	01/04/12 – 31/03/13	Executive Director of Nursing and Operations
Lisa Quinn	01/04/12 – 31/03/13	Executive Director of Performance and Assurance
Lisa Crichton-Jones	14/05/12 – 31/03/13	Acting Executive Director of Workforce and Organisational Development
Dr Damian Robinson	01/04/12 – 09/04/12	Acting Executive Medical Director

Remuneration Report

Note:

- *Fiona Standfield became Acting Chair with effect from 01/10/12. Fiona was previously Vice Chair from 04/09/12 to 30/09/12 and was a Non Executive Director from 01/04/12 to 03/09/12.*
- *Paul McEldon became Acting Vice Chair with effect from 01/10/12. Paul was a Non Executive Director from 01/04/12 to 30/09/12.*
- *Lisa Crichton-Jones acted up as Executive Director of Workforce and Organisational Development and Dr Damian Robinson acted up as Executive Medical Director, to cover periods of sickness absence.*

	Real increase (decrease) in pension at age 60	Real increase (decrease) in lump sum at age 60	Total accrued pension at age 60 at 31/03/13	Lump sum at age 60 related to accrued pension at 31/03/13	Cash Equivalent Transfer Value at 31/03/13	Cash Equivalent Transfer Value at 31/03/12	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
Dr Gillian Fairfield Chief Executive	(0) – (2.5)	(2.5) – (5.0)	50 - 55	150 - 155	1105	992	62
James Duncan Deputy Chief Executive / Executive Director of Finance	(0) – (2.5)	(0) – (2.5)	30 -35	95 - 100	487	451	13
Dr Suresh Joseph Executive Medical Director	(2.5) – (5.0)	(10.0)-(15.0)	90 - 95	270 - 275	2267	2092	67
Elizabeth Latham Executive Director of Workforce and Organisational Development	(0) – (2.5)	(0) – (2.5)	30 -35	95 - 100	743	693	14
Gary O'Hare Executive Director of Nursing and Operations	(0) – (2.5)	(2.5) – (5.0)	50 - 55	155 - 160	929	877	6
Lisa Quinn Executive Director of Performance and Assurance	(0) – (2.5)	(0) – (2.5)	30 - 35	90 - 95	443	413	8
Lisa Crichton-Jones Acting Executive Director of Workforce and Organisational Development	0 – 2.5	0 – 2.5	10 - 15	40 - 45	200	176	13
Dr Damian Robinson Acting Executive Medical Director	(0) – (2.5)	(0) – (2.5)	45 - 50	140 - 145	894	833	0

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.*

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.

Annual Accounts

Table of Contents

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Northumberland, Tyne and Wear NHS Foundation Trust	212
Annual Governance Statement	213
Independent Auditors Report	225
Summary Annual Accounts	226

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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 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.



24th May 2013
Dr Gillian Fairfield
Chief Executive
Northumberland, Tyne and Wear NHS Foundation Trust

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Northumberland, Tyne and Wear NHS Foundation Trust
ANNUAL GOVERNANCE STATEMENT 2012/13

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 2013 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, 2012 to the 31st March, 2013

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. 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 Assurance Framework and Corporate Risk Register every two months. The Senior Management Team also undertake this review from an operational perspective to ensure that risks are recorded effectively and consistently and that controls in place are appropriate to the level of risk. The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, and considers the effectiveness and completeness of assurances that documented controls are in place and functioning effectively. 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 directorate risk registers. The Foundation Trust's principal risks and mechanisms to control them are identified through the Assurance Framework, which is reviewed by the Board of Directors every two months. These risks are reviewed and updated through the Foundation Trust's governance structure. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and 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 below are considered as in year and future risks.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Ref.	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. Staff Side Engagement and Partnership Agreement. Service User and Carer Network Groups Community Strategy.
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).	Annual Plan/IBP/Long term financial model/ Updated Financial Strategy. Transforming Services Programme – aligning long term strategy / service redesign with funding. Annual Delivery Plan (including. Cost Improvement Plan) – management by FIBD Committee.
SO2.3	That the implementation of Payments by Results for Mental Health impacts on the Trust's financial stability.	Trust leading the development of Care Pathways and Packages. Review of Reference Costs through FIBD. Member and current Chair of national Finance Board. Memorandum of Understanding in place with commissioners. Joint Currency Implementation Group with commissioners.
SO2.7	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 Committees / Essential Standards sub groups. Quality Accounts – Action Plan. Data Quality Policy.
SO2.10	That we do not effectively monitor and review progress in implementing the IBP and Supporting Strategies	Performance Management Framework. Programme Governance Arrangements. Project Management Structure for Capital Schemes.
SO3.1	That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity.	Workforce Strategy. Workforce Programme Board. Workforce KPIs monitored through Q&P Committee. Group/Directorate Workforce Plans. Time and Attendance and e-rostering system. Transitional Employment & Development Approach (TED). Revalidation process.
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 Serious and Untoward Incidents (SUIs). Incidents Policy Infection Prevention and Control Policy and Practice Guidance Notes (PGNs). Medicines Management Policy and PGNs Safety Alerts Policy.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Ref.	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 Urgent Access Model 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.	NICE Guidance Implementation Policy. Clinical Audit Policy. Group and Trust-wide Clinical Audit programme. Research and Development Policy. Clinical Effectiveness Committee.
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. Board Assurance 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.
From Corporate Risk Register	That uncertainties during the transition to embedding new NHS structures and systems affect the ability of the Trust to progress its strategic objectives.	Contractual arrangements. Customer Relationship Management. Engagement with Clinical Commissioning Groups.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

The governance structure supporting and underpinning this are the Quality and Performance Committee, Finance, Infrastructure and Business Development Committee, and Mental Health Legislation Committee. There is also a Trust Programmes Board, which provides the Board with assurance regarding the Trusts programmes, which deliver on the Trust's transformation and development agenda. These structures were reviewed by the Trust Board in May 2012.

Each of the committees is chaired by a Non-Executive Director and has 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 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

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 an annual 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 2012-13 with continued development of 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.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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. This group reports into the Senior Management Team. 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. It has been agreed in March 2013 that the Essential Standards Group will co-ordinate and ensure a programme of clinical audits across all 16 outcomes under Care Quality Commission (CQC) Standards.

This formal governance framework is supplemented by a continuous Programme of Board visits, which are reported weekly through the Senior Management Team, and a rolling programme of observational shifts for Senior Management Team members has been instigated in the last quarter of the year.

The Foundation Trust is registered with the CQC 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 CQC. As at 31st March the Trust has two moderate concerns outstanding, regarding Medicines Management and Staffing at the St George's Hospital site, for which full action plans are in place and accepted by the CQC.

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. 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 is led through the Trust Programmes Board, and its core programmes are Transforming Services and Safety. The Board of Directors receive an update on Trust Programmes at every Board meeting.

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 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 the groups 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, 2012 to the 31st March, 2013

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 on-going 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 Deputy Director 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.

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.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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 Annual Plan and the updated Integrated Business Plan, which was formally approved by the Board in September 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 included detailed plans for financial delivery in 2012/13 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. The Financial Delivery Plan is reviewed on a monthly basis by the Finance Infrastructure and Business Development Committee, for both the deliverability and impact of the overall plan and individual schemes. The Board of Directors receive an update on the financial delivery plan 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 its contribution to the Trust Financial Delivery Plan at its monthly Operational Management Group. The Foundation Trust actively benchmarks its performance, through a range of local, consortium based and national groups.

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 internal audit plan for the year is approved on an annual basis by the Audit Committee, and the plan is derived through the consideration of key controls and required assurances as laid out in the Trust Assurance Framework. The Audit Committee have received significant assurance on all key financial systems through this process.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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.

2012-13 is the 4th 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 2012-13 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, 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) as well as being shared with partners.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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 2012-13 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 audit plan is fully aligned to the Trust's Corporate Risk Register and Assurance Framework, and integrates with the work of clinical audit where this can provide more appropriate assurance.
- 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 an annual 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, 2012 to the 31st March, 2013

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 (vi) 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, 2012 to the 31st March, 2013

- 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 Quality and Performance Committee receives a regular update on the performance of clinical audit. The Board of Directors also considers on a quarterly basis an epidemiological review of suicides, presented by our Trust lead 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: 24th May 2013

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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

Opinion on the summary financial statements

We have examined the summary financial statements for the year ended 31 March 2013 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity and the Statement of Cash Flows.

This report is made solely to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we 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, we do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

We conducted our 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. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statements is consistent with the statutory financial statements of Northumberland, Tyne and Wear NHS Foundation Trust for the year ended 31 March 2013.

Cameron Waddell, CPFA for and on behalf of Mazars LLP
Mazars LLP Chartered Accountants and Statutory Auditor
Rivergreen Centre, Aykley Heads, Durham, DH1 5TS

Date: 28th May 2013

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

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 statements might not contain sufficient information for a full understanding of the Trust's financial position and performance.

The Trusts Auditors, Mazars LLP, have issued an unqualified opinion 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 2012 to 31st March 2013 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.

Foreword to the Accounts

These accounts for the period ended 31 March 2013 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
24th May 2013



Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Statement of Comprehensive Income	Note	2012/13 £000	2011/12 £000
Operating Income from Continuing Operations	3	316,442	307,973
Operating Expenses from Continuing Operations	4	(304,991)	(310,842)
Operating Surplus / (Deficit)		11,451	(2,869)
Finance costs			
Finance income	11	355	390
Finance expense - financial liabilities	12	(4,758)	(4,734)
Finance expense - unwinding of discount on provisions		(108)	(115)
PDC Dividends payable		(4,949)	(5,057)
Net finance costs		(9,460)	(9,516)
Share of profit of Associates / Joint Ventures		127	181
Surplus / (Deficit) for the Year		2,118	(12,204)
Other comprehensive income:			
Impairments		(3,324)	(1,203)
Revaluations		11,568	1,862
Total Comprehensive Income / (Expense) for the Year		10,362	(11,545)

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 the disposal of assets.

Bank interest received.

Interest payable on loans and the Trusts PFI schemes.

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

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

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

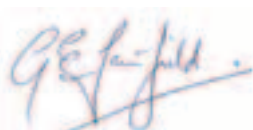
Gains relating to upwards valuations of our buildings that have been added to reserves.

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Statement of Financial Position	31 March 2013 £000	31 March 2012 £000	
Non-Current Assets			
Property, plant and equipment	233,795	229,652	Value of land, buildings and equipment that we own.
Investments in associates (and joined controlled operations)	229	181	
Trade and other receivables	112	1,116	
Total Non-Current Assets	234,136	230,949	
Current Assets			
Inventories	423	449	Amount owed to us that we will receive with a year mainly from other NHS organisations.
Trade and other receivables	11,640	15,381	Value of land and buildings that will be recovered through sale rather than continuing use.
Non-current assets for sale and assets in disposal groups	14,422	3,632	
Cash and cash equivalents	33,373	21,811	
Total Current Assets	59,858	41,273	
Current Liabilities			
Trade and other payables	(24,252)	(27,902)	Amount that is due to be paid to other organisations within a year.
Borrowings	(3,822)	(3,720)	Amount that is due to be repaid on the Trusts loan and PFI liabilities within a year.
Provisions	(3,286)	(1,317)	Amount set aside to cover events that have happened for which we expect to make a payment within a year.
Other liabilities	(1,009)	(6,976)	
Total Current Liabilities	(32,369)	(39,915)	
Total Assets Less Liabilities	261,625	232,307	Includes deferred income to be released to revenue within a year.
Non-Current Liabilities			
Borrowings	(83,494)	(63,342)	Amount that is due to be repaid on the Trusts loan and PFI liabilities in more than a year.
Provisions	(4,248)	(5,542)	Amount set aside to cover events that have happened for which we expect to make a payment in more than a year.
Other liabilities	(361)	(263)	
Total Non-Current Liabilities	(88,103)	(69,147)	
Total Assets Employed	173,522	163,160	
Financed by taxpayers equity:			
Public Dividend Capital	201,394	201,394	Notional amount that the government has invested in the Trust.
Revaluation reserve	22,009	16,005	Increases in the value of land and buildings since the Trust was formed.
Income and expenditure reserve	(49,881)	(54,239)	
Total Taxpayers' Equity	173,522	163,160	Net amount by which expenditure has exceeded income since the Trust was set up.

The financial statements were approved by the Trust Board on 24 May 2013 and signed on its behalf by:

Dr Gillian Fairfield
Chief Executive



Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Statement of Changes in Taxpayers Equity: 1st April 2012 to 31st March 2013	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income & Expenditure Reserve £000
Taxpayers equity at 1st April 2012	163,160	201,394	16,005	(54,239)
Surplus for the year	2,118	0	0	2,118
Transfer between reserves	0	0	(1,414)	1,414
Impairments	(3,324)	0	(3,324)	0
Revaluations - property, plant and equipment	11,568	0	11,568	0
Asset disposals	0	0	(826)	826
Taxpayers equity at 31st March 2013	173,522	201,394	22,009	(49,881)
<hr/>				
Statement of Changes in Taxpayers Equity: 1st April 2011 to 31st March 2012	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income & Expenditure Reserve £000
Taxpayers equity at 1st April 2011	174,705	201,394	20,889	(47,578)
(Deficit) for the year	(12,204)	0	0	(12,204)
Transfer between reserves	0	0	(1,416)	1,416
Impairments	(1,203)	0	(1,203)	0
Revaluations - property, plant and equipment	1,862	0	1,862	0
Asset disposals	0	0	(4,127)	4,127
Taxpayers equity at 31st March 2012	163,160	201,394	16,005	(54,239)

Summary Annual Accounts for the period 1st April, 2012 to the 31st March, 2013

Statement of Cash Flows	2012/13 £000	2011/12 £000
Cash flows from operating activities		
Operating surplus/(deficit) from continuing operations	11,451	(2,869)
Operating surplus/(deficit)	11,451	(2,869)
Non-cash income and expense:		
Depreciation and amortisation	7,387	7,462
Impairments	16,163	22,394
Reversals of impairments	(3,747)	(1,829)
Loss on disposal	59	221
Interest accrued and not paid	(47)	(6)
Dividends accrued and not paid or received	149	(104)
Decrease/(Increase) in Trade and Other Receivables	4,163	(8,564)
Decrease/(Increase) in Inventories	26	55
Decrease/(Increase) in Trade and Other Payables	(3,899)	3,364
Decrease/(Increase) in Other Liabilities	(5,869)	2,894
Increase / (Decrease) in Provisions	567	(1,193)
Other movements in operating cashflows	128	1,986
Net Cash Generated from Operations	26,531	23,811
Cash flows from investing activities:		
Interest received	354	390
Purchase of Property, Plant and Equipment	(27,809)	(19,898)
Sales of Property, Plant and Equipment	2,089	3,907
Net cash generated (used in) investing activities	(25,366)	(15,601)
Cash flows from from financing activities:		
Loans received from the Foundation Trust Financing Facility	24,000	0
Loans repaid to the Department of Health	(2,766)	(2,766)
Capital element of finance lease rental payments	(60)	(60)
Capital element of Private Finance Initiative obligations	(921)	(1,205)
Interest paid	(651)	(641)
Interest element of finance lease	(48)	(50)
Interest element of Private Finance Initiative obligations	(4,059)	(4,034)
PDC Dividend paid	(5,098)	(4,953)
Net cash generated (used in) financing activities	10,397	(13,709)
Increase/(Decrease) in cash and cash equivalents	11,562	(5,499)
Cash and Cash equivalents at 1st April	21,811	27,310
Cash and Cash equivalents at 31 March	33,373	21,811

The Operating (Deficit) / Surplus taken from the Statement of Comprehensive Income.

This report is available on request in other languages, large print, British Sign Language (BSL), Braille or audio versions; we will do our best to provide a version of this report in a format that meets your needs.

For other versions telephone **0191 223 2987**
or email **communications@ntw.nhs.uk**

Copies of this Quality Account can be obtained from our website (**www.ntw.nhs.uk**) and the NHS Choices website (**www.nhs.uk**). If you have any feedback or suggestions on how we could improve our Quality Account, please do let us know by emailing **communications@ntw.nhs.uk** or calling 0191 223 2987.

Printed copies can be obtained by contacting:

Communications Department
St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 223 2987