



City Hospitals Sunderland  
NHS Foundation Trust

**NHS**

# ANNUAL ACCOUNTS

2012/2013

annual accounts

12 | 13

# Statement of the Chief Executive's Responsibilities as the Accounting Officer of City Hospitals Sunderland NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the City Hospitals Sunderland 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 City Hospitals Sunderland NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

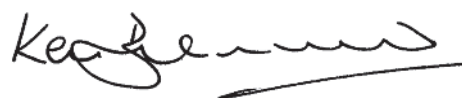
**In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:**

- 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 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.



K W BREMNER  
Chief Executive

Date: 29 May 2013



# 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 ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of City Hospitals Sunderland 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 City Hospitals 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 Trust is committed to a risk management strategy, which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process.

**The strategy identifies the key principles, milestones and operational policies governing the management of all types of risk faced by**

**the organisation. This strategy is subject to regular review.**

The Audit Committee meets regularly and is well represented ensuring scrutiny, monitoring, discussion and input. The Finance reports to the Board include reporting on internal Cost Improvement Programmes, which are examined in detail by the Finance Committee. Finance Reports are presented in a format consistent with those submitted to Monitor. The Governance Committee now leads the work of the Clinical Governance Steering Group and Corporate Governance Steering Group. The Board receives appropriate, timely information and reports from the Governance Committee enabling adequate and appropriate assessment of risk and management of performance.

As part of the on going process of review the Trust's top ten risks (previously adopted by the Board) were scrutinised to ensure that they properly reflected the risks which were identified in the departmental Risk Registers.

### **The Trust's risk management programme comprises:**

- single incident reporting process for all risks and hazards identified by systematic risk assessment, risk management review and adverse incidents reporting,
- common grading framework and risk register / risk action planning process applied to all types of risk across the organisation,
- comprehensive programme of multi-level risk management training for all new and existing staff,
- ongoing monitoring and review of both internal and external risk management performance indicators at all levels across the organisation,
- a communication strategy which ensures appropriate levels of communication and consultation with both internal and external stakeholders.





## 4. The risk and control framework

### The Trust's framework:

- identifies the principal objectives of the Trust and the principal risks to achieving them,
- sets out the controls to manage these risks,
- documents assurances about the effectiveness of the operation of the controls, and
- identifies to the Board where there are significant control weaknesses and/or lack of assurance.

These high level objectives and the principal risks to achieving them are underpinned by the detailed risks and associated actions set out in the Trust's risk register. Responsibility for the overall framework lies with the Board of Directors. The Board uses the framework to ensure that the necessary planning and risk management processes are in place to provide assurance that all key risks to compliance with authorisation have been appropriately identified and addressed.

The use of a common grading structure for incidents and risks ensures that relative risks and priorities are assessed consistently across all directorates. No risk is treated as acceptable unless the existing situation complies with relevant guidance and legislation (e.g. Control of Infection, National Patient Safety Agency, Health & Safety, Standing Financial Instructions).

The establishment of a dedicated risk management team and programme of risk management training, including use of the intranet, ensures that the strategy is co-ordinated across the whole organisation and progress is reported effectively to the Board and its risk sub committees.

The Trust's assurance framework incorporates the need to achieve compliance with the Care Quality Commission's requirements. This is assessed in year by the Clinical Governance Steering Group and the Corporate Governance Steering Group reviewing in detail compliance against the relevant standards.

The assurance framework is based on the Trust's strategic objectives and an analysis of the principal risks to the Trust achieving those objectives. The key controls, which have been put in place to

manage the risks, have been documented and the sources of assurance for individual controls have been identified. The main sources of assurance are those relating to internal management controls, the work of internal audit, clinical audit and external audit, and external assessments by outside bodies such as the Care Quality Commission, the NHS Litigation Authority and the Health and Safety Executive. The assurance framework is cross-referenced with the Board Risk Register.

The involvement of external stakeholders in the Trust's risk management programme is a key element of the Trust's Risk Management Strategy. This involves timely communication and consultation with external stakeholders in respect of all relevant issues as they arise.

This process applies in particular to the involvement of external stakeholders in patient safety and the need to co-ordinate how risks are managed across all agencies, including the National Patient Safety Agency, the Medicines and Healthcare Products Regulatory Agency, Local Authority Adult Services, the Coroner, the emergency services, representative patient groups and local GPs as they form commissioning groups.

The risk to data security is being managed and controlled through the monthly Information Governance Group, with quarterly updates to Corporate Governance Steering Group. The Information Governance Toolkit assessments are conducted as required, and an annual report is produced confirming the outcome in readiness for the submission by 31 March. This report is presented to Executive Committee, Board of Directors and Board of Governors for approval. For the submission on 31 March 2013, all IG requirements were assessed at Level 2 and above (1 is not applicable, 20 at Level 2, and 24 at Level 3) which resulted in the Trust being classified as Satisfactory – Green, with a total score of 84%. Internal audit has independently substantiated this assessment.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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 into 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 all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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 Adaptation Reporting requirements are complied with.

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

The Trust's strategic planning and performance management arrangements ensure that all directorates are fully engaged in the continuous review of business objectives and performance.

The Trust uses an Objectives, Goals, Strategies and Measures (OGSM) framework as its strategic planning tool to provide a cascade process for the Trusts priorities and ensure optimal alignment of Trust resources to deliver its priorities.

### **Key elements of the Trust's arrangements for ensuring value for money in the delivery of its services are:**

- An Annual OGSM planning process, which sets out priorities for the coming business year and reflects the requirements of and feedback from, our major Commissioners and stakeholders.
- Performance management through regular reporting against the key deliverables set out in the Corporate, Directorate and departmental OGSM's and against national and local targets.
- The achievement of efficiency savings through the Trust's cost improvement programmes with regular review by the Trust's Finance Committee.

Given the continuing recession, this year has again been a difficult one for all public sector organisations with the focus on reducing costs. Combined with a need to reduce costs, activity at the hospital has increased significantly during the year, leaving us to balance the need to reduce costs, cope with demand and improve the quality of patient care.

The focus on cost reduction has been led by the Finance Committee which ensures detailed scrutiny of Cost Improvement Programmes as well as gaining an in depth knowledge of the underlying financial position of the Trust.

Patient level costing was again improved giving us detailed knowledge of our costs down to individual patients. The Executive Committee, the Board of Directors and Board of Governors are actively involved in the business planning and performance management processes established by the Trust and in maintaining strong links with stakeholders.

### **During 2012/13 the Trust has:**

- Opened the Phoenix Unit, providing a better environment for chemotherapy patients,
- Continued the planning and implementation process for a new information system which will go live in 2013/14,
- Continued the work on planning for a new A and E department, and
- Further increased the resources of the Lean team and embedded the Lean process into the operational management of the Trust.

Additional assurance in respect of the Trust's arrangements for ensuring economy, efficiency and effectiveness in the use of resources is provided to the Board of Directors through the conduct of regular reviews undertaken by Internal Audit and by External audit work undertaken in accordance with the Audit Code.

## 6. Annual Quality Report

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



incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Over the past year, the Clinical Governance Steering Group has reviewed progress against a range of 'quality' issues on a regular basis. This group, the data previously reported and external reports (eg national clinical audits, peer reviews etc) have shaped our clinical quality improvement plans. The group has also reviewed trends and themes in relation to incidents, complaints and litigation and used the data to inform quality improvement of services.

The Clinical Governance Steering Group as our key group for the monitoring of clinical quality, provides reports to the Governance Committee which in turn is a sub committee of the Board. The Governance Committee receives these reports which provide assurance or highlight any risks to quality. The Corporate Governance Steering Group in parallel to the Clinical Governance Steering Group reports to the Governance Committee on any non-clinical risks or quality issues eg in facilities. In turn, risks to quality identified through these mechanisms, are escalated through to the Board.

Quality Report metrics are also regularly reported throughout the year to the Board of Directors and Executive Committee. These indicators are all reported (along with a number of other metrics) as part of the Trust's Corporate Dashboard.

Most of the data used for these metrics is extracted directly from the hospital's information system (HISS). Where applicable, HISS fields have been designed to conform to national data standards so that when the data is extracted it is already in a format consistent with national requirements and coding standards. The data is coded according to the NHS Data Model and Dictionary, which means that any performance indicators based upon this data can be easily prescribed and that the Trust is able to provide data that is both consistent nationally, and fit for purpose.

Internally, standard operating procedures are used consistently by staff involved in the production of the Trust's performance against national, local and internal indicators. This ensures that the process meets the required quality standards and that everyone uses a consistent method to produce an output. Wherever possible, our processes are fully

or at least partially automated to make certain that the relevant criteria are used without fail. This also minimises the inherent risk of human error.

Data quality and completeness checks are built into processes to flag any erroneous data items or any other causes for concern, usually as part of the automated process. In addition, further quality assurance checks are performed on the final process outputs to confirm that the performance or activity levels are comparable with previous activity or expected positions. Where applicable, our performance against key indicators is also evaluated against available benchmarking data or peer group information to help understand at the earliest opportunity whether or not the Trust is likely to be an outlier, which in itself may prompt further investigation. Data samples are checked for accuracy as a matter of course, to ensure that the processes remain accurate and complete, particularly when implementing new indicators.

For most of the data, specific criteria and standards have to be used to calculate performance which is based on national data definitions where appropriate. To further ensure accuracy the report has been reviewed by two separate internal departments, Clinical Governance and Performance Management, both of which are satisfied with the accuracy of the information reported.

In summary, a substantial proportion of the data used as part of this Quality Report has been previously reported to Board of Directors, Clinical Governance Steering Group, and Executive Committee throughout 2012/13 and feedback from these forums has been used to set future priorities. These arrangements have ensured that a balanced view on quality can be provided through the Quality Report for 2012/13.

With respect to setting the priorities for 2013/14 a wide consultation exercise has been undertaken. Consultation has taken place with the Clinical Governance Steering Group, Executive Committee, Board of Governors, Board of Directors, local commissioners, Sunderland LINK and the Health and Wellbeing Committee to ensure that the Quality Report includes views from key stakeholders.

## 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, 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, the audit committee and governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a key role in maintaining and reviewing the effectiveness of the system of internal control.

The Executive Committee and Board of Directors have received regular reports on the development of the Trust's risk management framework, in particular through the work of the Governance Committee, Clinical Governance Steering Group and Corporate Governance Steering Group. The Governance Committee receives reports from the Clinical Governance Steering Group and Corporate Governance Steering Group and coordinates the implementation of action plans through the Trust's risk register mechanism.

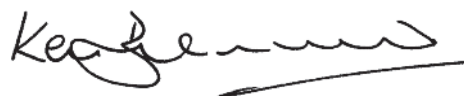
The Governance Committee has received regular reports on sources of external assurance including evidence from the CQC quality risk profile (QRP), national reviews and other independent evidence.

The Finance Committee have again played an important scrutiny role and helped to ensure that efficiency plans are delivered.

The outcome of internal audit reviews has been considered throughout the year through regular reports to the Audit Committee. The Board of Directors receives and considers the minutes of the Audit Committee.

## 8. Conclusion

My review confirms that no significant internal control issues have been identified. .



K W BREMNER  
Chief Executive

Date: 29 May 2013





# Remuneration Report

The Remuneration Committee for the Chief Executive and Executive Directors is chaired by the Vice Chairman of the Trust. Other members include one Non Executive Director and the Chief Executive. Membership of the Committee and attendance at the meetings is identified on pages 144 to 145 of the Annual Report. The Chief Executive is not part of the deliberation in relation to his performance or remuneration but joins the committee after this has taken place. The Director of Human Resources attends in an advisory capacity.

In determining the remuneration levels a range of benchmarking evidence is used including

- NHS-wide governance ie Pay and Contractual Arrangements for NHS Chief Executives and Directors.
- Local comparisons from other Trusts (where information is shared).
- Posts advertised.
- Salary survey for NHS Chief Executives and Executive Directors.

City Hospital's information is benchmarked against the salary for the relevant individuals and recommendations based thereon. To enable the Trust to recruit and retain staff of the highest calibre, salaries are normally linked to the upper quartile of the benchmarks.

The Chief Executive and Executive Directors are on permanent contracts with notice periods that range from 3-12 months.

Each Executive Director and the Chief Executive have annual performance plans against which they are assessed on a mid-year and then end-of-year basis. Whilst their salary is not strictly performance related, the Remuneration Committee will discuss performance when considering any changes to remuneration levels.

Senior Managers' remuneration and pension benefits are detailed in the tables on pages 8 to 10. Accounting policies for pensions and other retirement benefits are set out in note 1.4 to the accounts. No compensation for loss of office paid or receivable has been made under the terms of an approved Compensation Scheme. This is the only audited part of the remuneration report.



K W BREMNER  
Chief Executive

Date: 29 May 2013

## Salary Entitlements of Senior Managers – 2012/2013

	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden Hello/ Compensation for loss of office
	£000	£000	£000
MR K W BREMNER Chief Executive	(215-220)		
MRS J PATTISON Director of Finance	(145-150)		
MRS B J AKEHURST Director of Nursing	(110-115)		
MR L H BOOBIS Medical Director (Stepped down December 31st 2012)	(110-115)		
MR I C MARTIN Medical Director (Commenced January 1st 2013)	(50-55)		
DR M SMITH Chief Operating Officer	(145-150)		
MR J N ANDERSON Chairman	(50-55)		
MR R N NEVILLE Non Executive Director (Retired September 30th 2012)	(5-10)		
MR D CLIFFORD Non Executive Director (Retired September 30th 2012)	(5-10)		
MS M HARTE Non Executive Director	(15-20)		
MR M DAVISON Non Executive Director	(15-20)		
MR D C BARNES Non Executive Director	(10-15)		
MR S HINDMARSH Non Executive Director	(10-15)		
MR G A WRIGHT Non Executive Director (Commenced June 11th 2012)	(5-10)		

Plus lease cars (excluding Chairman & Non Executive Directors). Car allowances are between £7-11k per individual. Where car allowances are paid, this is included in the salary band above.



## Directors Remuneration Review

	2012/2013	2011/2012
Band of Highest Paid Director's Total Remuneration (£ '000)	215 – 220	215 – 220
Median Total Remuneration (£)	22,554	21,869
Ratio	9.64	9.95

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. In this disclosure the median remuneration has been derived using the cumulative gross pay for all directly employed staff, including those staff employed on flexi-bank contracts and payments to other NHS bodies for staff that perform services for the Foundation Trust. The median remuneration calculation has not been adjusted to 'annualise' part year starters and leavers gross pay as it has been assumed that vacant posts have been recruited to. The banded remuneration of the highest paid director in the Foundation Trust in the financial year 2012/13 was £215k to £220k (2011/12, £215k to £220k). This was 9.64 times (2011/12, 9.95) the median remuneration of the workforce, which was £22,554 (2011/12, £21,869). In 2012/13, 1 employee received remuneration in excess of the highest-paid director (2011/12, 2). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

## Pension Entitlements of Senior Managers – 2012/2013

Name and Title	Real increase / (decrease) in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real Increase in CETV	Employers Contribution to Stakeholder Pension
	(bands of £2,500)	(bands of £5,000)				
	£000	£000	£000	£000	£000	£000
MR K W BREMNER Chief Executive	(5.0) – (7.5)	305.0 - 310.0	1,460	1,375	14	0
MRS J PATTISON Director of Finance	5.0 – 7.5	160.0 – 165.0	654	581	43	0
MRS B J AKEHURST Director of Nursing	5.0 – 7.5	105.0 – 110.0	512	448	41	0
MR I C MARTIN Medical Director (Commenced January 1st 2013)	-	240.0 – 245.0	1,244	-	-	0
MR L H BOOBIS Medical Director (Stepped down December 31st 2012)	0	0	0	0	0	0
DR M SMITH Chief Operating Officer	(2.5) – (5.0)	155.0 – 160.0	718	675	8	0

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors.

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 2005-06 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 (Consumer Price Index), 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.

CETV's and Pension figures in respect of Mr L. H. Boobis have fallen to zero as he is now in receipt of the pension.

Mr Martin was previously employed in a role with the Trust not covered by the Greenbury Senior Manager Disclosure legislation, therefore there are no disclosures on the real term changes in pension, lump sum or CETV.

The figures included above for Mrs Pattison have been calculated based on revised figures published by the NHS Pension Agency covering the 2011/2012 financial year.



# Independent Auditors' Report to the Board of Governors of City Hospitals Sunderland NHS Foundation Trust

We have audited the financial statements of City Hospitals Sunderland NHS Foundation Trust for the year ended 31 March 2013 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2012/13 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

## Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13. Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (ISAs) (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Board of Governors of City Hospitals Sunderland NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

## Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the NHS Foundation Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

## Opinion on financial statements

In our opinion the financial statements:

- **give a true and fair view, of the state of the NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure and cash flows for the year then ended; and**
- **have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13.**



## Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13; and
- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

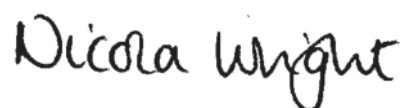
## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified, on any aspect, our opinion on the Quality Report.

## Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.



Nicola Wright (Senior Statutory Auditor)  
For and on behalf of  
PricewaterhouseCoopers LLP  
Chartered Accountants and Statutory Auditors  
Newcastle upon Tyne  
29 May 2013

### Notes:

- (a) The maintenance and integrity of the City Hospitals Sunderland NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website..
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



# Foreword to the Accounts

## City Hospitals Sunderland NHS Foundation Trust

These accounts for the year ended 31 March 2013 have been prepared, on a going concern basis, by City Hospitals Sunderland NHS Foundation Trust under Schedule 7 (paragraphs 24 and 25) National Health Service Act 2006 in a form which Monitor has, with the approval of HM Treasury, directed.



K W BREMNER  
Chief Executive

Date: 28 May 2013

# Statement of Comprehensive Income for the Year Ended 31 March 2013

		2012/13	2011/12
	NOTE	£000	£000
Operating Income	2-3	<b>309,549</b>	306,021
Operating Expenses	4-7	<b>(301,013)</b>	(295,614)
<b>OPERATING SURPLUS</b>		<b>8,536</b>	10,407
<b>FINANCE COSTS</b>			
Finance income	8	<b>129</b>	123
Finance expenses - financial liabilities	9	<b>(1,272)</b>	(1,347)
Finance expenses - unwinding of discount on provisions	18	<b>(34)</b>	(35)
PDC Dividends payable	26	<b>(5,371)</b>	(5,365)
<b>NET FINANCE COSTS</b>		<b>(6,548)</b>	(6,624)
<b>SURPLUS FOR THE YEAR</b>	28.1	<b>1,988</b>	3,783
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>1,988</b>	3,783



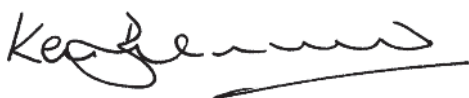
# Statement of Financial Position as at 31 March 2013

		31 March 2013 £000	31 March 2012 £000
	NOTE		
<b>Non-current assets</b>			
Intangible assets	10	3,986	2,585
Property, plant and equipment	11	199,863	201,964
Trade and other receivables	12	1,030	825
<b>Total non-current assets</b>		<b>204,879</b>	<b>205,374</b>
<b>Current assets</b>			
Inventories	13	3,762	3,651
Trade and other receivables	12	6,904	10,548
Cash and cash equivalents	14	21,317	19,951
<b>Total current assets</b>		<b>31,983</b>	<b>34,150</b>
<b>Current liabilities</b>			
Trade and other payables	15	(24,501)	(26,972)
Borrowings	17	(2,137)	(2,162)
Provisions	18	(429)	(293)
Other liabilities	16	(244)	(577)
<b>Total current liabilities</b>		<b>(27,311)</b>	<b>(30,004)</b>
<b>Total assets less current liabilities</b>		<b>209,551</b>	<b>209,502</b>
<b>Non-current liabilities</b>			
Trade and other payables	15	(2,944)	(3,501)
Borrowings	17	(29,022)	(30,639)
Provisions	18	(1,051)	(1,068)
<b>Total non-current liabilities</b>		<b>(33,017)</b>	<b>(35,208)</b>
<b>Total assets employed</b>		<b>176,534</b>	<b>174,312</b>

# Statement of Financial Position as at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
<b>Financed by (taxpayers' equity)</b>		
Public Dividend Capital	<b>98,915</b>	98,681
Revaluation reserve	<b>71,415</b>	71,415
Income and expenditure reserve	<b>6,204</b>	4,216
<b>Total taxpayers' equity</b>	<b>176,534</b>	174,312

The financial statements on pages 14 to 58 were approved by the Board on 28 May 2013 and signed on its behalf by:



K W BREMNER  
Chief Executive

Date: 28 May 2013





# Statement of Changes in Taxpayers' Equity

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
<b>Taxpayers' Equity at 1 April 2012</b>	<b>174,312</b>	<b>98,681</b>	<b>71,415</b>	<b>4,216</b>
<b>Changes in taxpayers' equity for 2012-13</b>				
PDC Dividend Received	234	234	0	0
Total Comprehensive Income for the year:				
Retained surplus for the year	1,988	0	0	1,988
<b>Taxpayers' Equity at 31 March 2013</b>	<b>176,534</b>	<b>98,915</b>	<b>71,415</b>	<b>6,204</b>

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
<b>Taxpayers' Equity at 1 April 2011</b>	<b>170,529</b>	<b>98,681</b>	<b>71,415</b>	<b>433</b>
<b>Changes in taxpayers' equity for 2011-12</b>				
Total Comprehensive Income for the year:				
Retained surplus for the year	3,783	0	0	3,783
<b>Taxpayers' Equity at 31 March 2012</b>	<b>174,312</b>	<b>98,681</b>	<b>71,415</b>	<b>4,216</b>

# Statement of Cash Flows for the Year Ended 31 March 2013

	NOTE	2012/13 £000	2011/12 £000
<b>Cash flows from operating activities</b>			
Operating surplus from continuing operations		<b>8,536</b>	10,407
<b>Non-cash income and expense:</b>			
Depreciation and amortisation		<b>7,910</b>	8,131
Decrease/(increase) in Trade and Other Receivables		<b>3,375</b>	(4,696)
Increase in Inventories		<b>(111)</b>	(59)
(Decrease)/increase in Trade and Other Payables		<b>(3,914)</b>	3,312
Increase/(decrease) in Provisions		<b>119</b>	(74)
Other movements in operating cash flows		<b>(34)</b>	64
<b>Net cash generated from operating activities</b>		<b>15,881</b>	17,085
<b>Cash flows from investing activities</b>			
Interest received		<b>129</b>	124
Purchase of intangible assets		<b>(2,032)</b>	(1,138)
Purchase of property, plant and equipment		<b>(4,678)</b>	(6,907)
Sales of Property, Plant and Equipment		<b>0</b>	12
<b>Net cash used in investing activities</b>		<b>(6,581)</b>	(7,909)
<b>Net cash generated before financing</b>		<b>9,300</b>	9,176
<b>Cash flows from financing activities</b>			
PDC received		<b>234</b>	0
Loans repaid		<b>(1,617)</b>	(1,024)
Interest paid		<b>(1,297)</b>	(1,360)
PDC dividend paid		<b>(5,254)</b>	(5,412)
<b>Net cash used in financing activities</b>		<b>(7,934)</b>	(7,796)
<b>Increase in cash and cash equivalents</b>		<b>1,366</b>	1,380
<b>Cash and cash equivalents at 1 April</b>	14	<b>19,951</b>	18,571
<b>Cash and cash equivalents at 31 March</b>	14	<b>21,317</b>	19,951



# Notes to the Accounts

## 1. Accounting Policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual 2012/13 which shall be agreed with HM Treasury. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. These accounts have been prepared on a going concern basis and under the historical cost convention, modified to account for the revaluation of property, plant and equipment, and inventories.

### 1.1 Estimation Techniques

These are methods adopted by the Foundation Trust to arrive at monetary amounts, corresponding to the measurement basis selected for assets, liabilities, gains, losses and charges to the Reserves. Where the basis of measurement for the amount to be recognised under Accounting Policies is uncertain, an estimation technique is applied.

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### 1.2 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Foundation Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

The day to day operations of the Foundation Trust are funded from agreed fixed term contracts with Primary Care Trusts. These payments provide a reliable stream of funding minimising the Trust exposure to liquidity and financing problems. The Foundation Trust's budgets and expenditure plans are based on the agreed level of commissioned service and indicate that the Foundation Trust has sufficient resource to meet ongoing commitments.

Trade receivables mainly arise from transactions with Primary Care Trusts under contractual terms that require settlement of obligation within a time frame established by the Department of Health.

### 1.3 Income

Income is accounted for applying the accruals convention. The main source of income for the NHS Foundation Trust is under contracts from commissioners in respect of healthcare services. Income is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

The NHS Foundation Trust contracts with NHS commissioners on the basis of the Department of Health's Payment by Results methodology.

The NHS Foundation Trust records and accounts for Clinical Work in Progress. Clinical Work in Progress represents partially



completed spells of patient treatment that remain un-invoiced at the end of the financial year. The value of Clinical Work in Progress for 2012/13 amounted to £2,583k compared to £2,469k in 2011/12.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sum due under the sale contract.

The Foundation Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatment provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

## 1.4 Expenditure on Employee Benefits

### Short-term Employee Benefits

Salaries, wages and employment related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the

scheme is accounted for as a defined contribution scheme. Employers pension cost contributions are charged to operating expenses as and when they become due. The NHS Pension Scheme (England and Wales) Resource Account is published annually and can be found on the Business Service Authority - Pensions Division website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

#### a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes have been suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision. Employer and employee contribution rates are currently being determined under the new scheme design.

The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004. However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the scheme actuary reported that employer contributions could continue at the existing rate of 14% of pensionable pay. On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008,



employees' contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

## b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2013, is based on detailed membership data as at 31 March 2010 updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

## c) Scheme provisions

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and on the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30

September in the previous calendar year. From 2011/2012 the Consumer Price Index has been used to replace the Retail Prices Index.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, less pension already paid, subject to a maximum amount equal to twice the member's final year's pensionable pay less their retirement lump sum for those who die after retirement, is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the Trust commits itself to the retirement, regardless of the method of payment.

The scheme provides the opportunity to members to increase their benefits through money purchase additional voluntary contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee/member can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

In June 2010, the Government commissioned an independent review to look into all public service pensions. This was known as the Hutton Review, and it concluded that current pension arrangements for all public sector schemes, including the NHS, need to be reformed. The Public Service Pensions Commission's interim report, published in October 2010, concluded that the most effective way of making short-term savings was to increase member contributions and that there was a case for doing this. In response, the Government said it would increase member contributions by an average of 3.2 percentage points by 2014-15, with increases phased-in and designed to protect the lower paid. The first increases were implemented in 2012/13. In March 2012, the Government





announced the proposed final agreement for a new NHS Pension Scheme in England and Wales, to be introduced in 2015. Key features of its preferred design are pensions based on career average rather than final salary and a normal pension age linked to the State Pension age.

## 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.6 Property, Plant and Equipment

### Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- individually they have a cost of at least £5,000; or
- they form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- they form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

### Measurement

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

All land and buildings are restated to current value using professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out every 5 years with an interim review every 3 years. These valuations may be carried out annually where economic conditions cause fluctuations in building cost indices.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- **Land and non-specialised buildings – market value for existing use**
- **Specialised buildings – depreciated replacement cost**

Discussions with DTZ, an appropriately qualified member of the Royal Institute of Chartered Surveyors (RICS), highlighted during the year that there had not been a material change in value between 31 March 2012 and 31 March 2013.

Assets in the course of construction are valued at cost and are valued by professional



valuers as part of the 5 or 3 yearly valuation or when they are brought into use.

Plant and equipment is valued at net current replacement cost. Equipment surplus to requirements is valued at net recoverable amount.

## Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

## Depreciation

Items of Property, Plant and Equipment are depreciated on a straight line basis over their remaining useful economic lives. No depreciation is provided on freehold land. Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the NHS Foundation Trust.

## Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and

thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of "other impairments" are treated as revaluation gains.

## De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- **the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;**
- **the sale must be highly probable i.e.:**
  - **management are committed to a plan to sell the asset;**

- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## Donated assets

Donated and grant funded property, plant and equipment assets are capitalised at their current value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## 1.7 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS Foundation Trust's business or which

arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust and where the cost of the asset can be measured reliably.

### Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the NHS Foundation Trust intends to complete the asset and sell or use it;
- the NHS Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the NHS Foundation Trust to complete the development and sell or use the asset; and
- the NHS Foundation Trust can measure reliably the expenses attributable to the asset during development.

### Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred and



amortised over the shorter of the terms of the licences and their useful economic lives.

## Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

## 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Pharmacy Stocks which are valued at weighted average cost, all other stocks are valued on a 'First In First Out' basis.

## 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

## 1.10 Financial instruments and financial liabilities

### Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made. Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below. All other financial assets and financial liabilities are recognised when the NHS Foundation Trust becomes a party to the contractual provisions of the instrument.

### De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### Classification and Measurement

Financial assets are categorised as 'Loans and receivables'. Financial liabilities are classified as 'Financial liabilities at amortised cost'.

### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The NHS Foundation Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through



the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

## Financial liabilities at amortised cost

All financial liabilities at amortised cost are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

## Impairment of financial assets

At the Statement of Financial Position date, the NHS Foundation Trust assesses whether any financial assets impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying

amount of the asset is reduced through the use of a bad debt provision.

## 1.11 Leases

### Operating leases

Leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

## 1.12 Provisions

The NHS foundation trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.35% in real terms.

## Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The NHSLA is financially responsible for all clinical negligence cases and the liability for all potential and outstanding claims is provided in their Accounts. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at Note 18 but is not recognised in the NHS foundation trusts accounts.





## Non-clinical risk pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in Note 21 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 21, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

An annual charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend.

The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (ii) donated assets (including lottery funded assets), and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

### 1.15 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.16 Corporation Tax

Under Section 148 of the Finance Act 2004, which amended Section 519A of the Income and Corporation Taxes Act 1988, income generated from Commercial (non-core) activities of Foundation Trusts are subject to Corporation Tax.

The Commercial Trading Accounts of the NHS Foundation Trust have been reviewed to ascertain whether a Tax liability exists, using the following criteria: -

There is no liability where an activity falls within Section 14(i) of the Health and Social Care Act 2003 i.e. they relate to the provision of core healthcare.

There is a liability where the activity is entrepreneurial and in direct competition with the private sector.

Liability exists where profits exceed £50,000 per annum on any activity. There was no tax liability in 2012/13 matching to commercial activity of the NHS Foundation Trust.

## 1.17 Foreign exchange

The functional and presentational currencies of the NHS Foundation Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the NHS Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- **monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;**
- **non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and**
- **non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined**

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expenditure in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

## 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed separately in Note 24 to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

## 1.19 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, Note 27 on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.



## 1.20 Recent standards issued but not yet adopted in the NHS

<b>IFRS (IASB)</b>	<b>IASB Issued</b>	<b>Financial year when the change first applies</b>
<b>IFRS 7</b> Financial Instruments: Disclosures – amendment Transfers of financial assets	October 2010	Effective date of 2012/2013 but not yet adopted by the EU.
<b>IFRS 9</b> Financial Instruments Financial Assets Financial Liabilities	November 2009 October 2010	Uncertain. Not likely to be adopted by the EU until the IASB has finished the rest of the financial instruments project.
<b>IAS 12</b> Income Taxes amendment	December 2010	Effective date of 2013/2014.
<b>IFRS 10</b> Consolidated Financial Statements	May 2011	Effective date of 2014/2015.
<b>IFRS 11</b> Joint Arrangements	May 2011	Effective date of 2014/2015.
<b>IFRS 12</b> Disclosure of Interests in Other Entities	May 2011	Effective date of 2014/2015.
<b>IFRS 13</b> Fair Value Measurement	May 2011	Effective date of 2013/2014.
<b>IAS 1</b> Presentation of Financial Statements, on Other Comprehensive Income	June 2011	Effective date of 2013/2014.
<b>IAS 19</b> (Revised 2011) Employee Benefits	June 2011	Effective date of 2013/2014.
<b>IAS 32</b> Financial Instruments: Amendment, presentation – offsetting financial assets and liabilities	December 2011	Effective date of 2014/2015.
<b>IAS 27</b> (revised 2011) Separate Financial Statements	May 2011	Effective date of 2014/2015.
<b>IAS 28</b> (revised 2011) Associates and Joint Ventures	May 2011	Effective date of 2014/2015.



## 1.21 Consolidation of Charitable Funds

HM Treasury granted dispensation to the application of IAS 27 (revised) by NHS foundation trusts solely in relation to the consolidation of NHS charitable funds for 2011/12 and 2012/13. It is difficult to estimate the impact that the application of IAS 27 will have on the Foundation Trust 2013/14 accounts, this is mainly due to the nature of the Charitable Fund assets being subject to investment market volatility.

City Hospitals Sunderland NHS Foundation Trust is the Corporate Trustee of the Charitable Funds. The Board of Directors oversee the Trustee function. The City Hospitals Sunderland NHS Foundation Trust Charitable Funds are registered with the Charity Commission (registered number 1052366) and include funds in respect of services at the Sunderland Royal Hospital, Sunderland Eye Infirmary as well as some services located at the Children's Centre, Monkwearmouth Hospital and Ryhope General Hospital. As at the 31 March 2012, the value of the funds was £2,930k. This represents a net decrease of £127k on the 31st March 2011 value of £3,057k. The decrease in value was due to a £4k decrease in realised and unrealised gains on investments in addition to a net excess of expenditure over income of £123k. As at 31 March 2013 the value of the funds is estimated as £3,108k. This represents an estimated net increase in value of £178k.

## 1.22 Segmental Reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Board of Directors who make strategic decisions.



## 2. Segmental Analysis

The Foundation Trust operates within a single reportable segment i.e. healthcare. This primarily covers the provision of a wide range of healthcare related services to the community of the City of Sunderland and additionally, the provision of an increasing range of more specialised services to patients outside of the area.

The Board of Directors act as the Chief Operating Decision Maker for the Foundation Trust and the monthly financial position of the Foundation Trust is presented/reported to them as a single segment.

	<b>2012/13 Healthcare £000</b>	2011/12 Healthcare £000
<b>Income</b>		
Income from activities	<b>279,957</b>	277,370
Other operating income	<b>29,592</b>	28,651
<b>Total Income</b>	<b>309,549</b>	306,021
<b>Surplus by segment</b>		
Surplus as reported to the Board of Directors	<b>1,988</b>	3,783
<b>Surplus per Statement of Comprehensive Income</b>	<b>1,988</b>	3,783
 Segment net assets	 <b>176,534</b>	 174,312

The majority of the Foundation Trust's total operating income is received from PCTs. Of the £309,549k total operating income reported in 2012/13, an amount of £278,784k (90%) was attributable to PCTs (£275,233k (90%) 2011/12).

The financial position reported to the Board of Directors on the 25th April 2013 was £1,988k, reflecting the surplus reported in the Statement of Comprehensive Income.

Customers generating more than 10% of the Foundation Trust's income for both 2012/13 and 2011/12 were Sunderland Teaching PCT (£188,070k 2012/13, £181,696k 2011/12) and County Durham PCT (£50,509k 2012/13, £47,472k 2011/12).

Income generated by external customers by country were:–

	<b>2012/13 £000</b>	2011/12 £000
Scotland	15	50
Ireland	14	21
Wales	8	8

### 3. Operating income

#### 3.1 Income from activities by classification

	2012/13 £000	2011/12 £000
Elective income	74,523	79,328
Non elective income	80,907	82,595
Outpatient income	50,152	49,723
Other income from activities	62,541	54,841
A & E income	10,690	8,801
<b>Total income from protected services activities*</b>	<b>278,813</b>	<b>275,288</b>
NHS Injury Benefit Scheme***	720	1,644
Private patient income	424	438
<b>Total income from activities</b>	<b>279,957</b>	<b>277,370</b>
Research and Development	1,672	1,442
Education and training**	9,621	10,258
Charitable and other contributions to expenditure	80	228
Non-patient care services to other bodies	1,779	2,049
Other income	16,440	14,674
<b>Total other operating income</b>	<b>29,592</b>	<b>28,651</b>
<b>Total operating income</b>	<b>309,549</b>	<b>306,021</b>

\*The terms of Authorisation set out the mandatory goods and services that the Foundation Trust is required to provide (protected services).

\*\*The Terms of Authorisation set out the mandatory education and training that the Foundation Trust is required to provide (protected education and training). All of the income from education and training shown above is derived from the provision of protected education and training. All other categories of operating income are un-protected.

#### 3.2 Income from activities by source

	2012/13 £000	2011/12 £000
NHS Foundation Trusts	29	55
Primary Care Trusts	278,784	275,233
<b>Total income from protected services activities</b>	<b>278,813</b>	<b>275,288</b>
Non NHS:		
- NHS Injury Benefit Scheme***	720	1,644
- Private Patients	424	438
<b>Total income from activities</b>	<b>279,957</b>	<b>277,370</b>

\*\*\*Injury cost recovery income is subject to a provision for impairment of receivables of 12.6% (10.5% 2011/12) to reflect expected rates of collection.



## 3.2 Income from activities by source (continued)

The main components of 'Other Income' within note 3.1 include:

	2012/13 £000	2011/12 £000
Ambulatory Care Pathways	1,322 <sup>1</sup>	0
Car parking	1,223	913
Contingency Bed funding	1,195 <sup>2</sup>	0
Community rehabilitation services	1,046 <sup>3</sup>	706
Consultant work offsite	424	0
Catering income	402	422
Rental of hospital premises	287	310
Mortuary	241	237
Prescription pricing authority	38	35
Rehabilitation income	0	622
Information technology schemes	0	479
Working Time Directive	0	342
Cycle England	0	101
	<b>6,178</b>	<b>4,167</b>
Other	<b>10,262</b>	<b>10,507</b>
	<b>16,440</b>	<b>14,674</b>

<sup>1</sup>Funding from STPCT to support Ambulatory Care Pathways

<sup>2</sup>Funding from the PCTs to provide contingency beds in Farnborough Court

<sup>3</sup>Funding for community initiatives such as the Stroke Rehabilitation Team

## 3.3 Income generation activities

The Foundation Trust undertakes a number of income generation activities with the aim of achieving profit which is then used in patient care.

## 3.4 Private patient income

The statutory limitation on private patient income in section 44 of the National Health Service Act 2006 was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.



## 4. Operating expenses

### 4.1/1 Operating expenses comprise:

	2012/13 £000	2011/12 £000
Services from NHS Foundation Trusts	6,367	7,997
Services from NHS Trusts	26	23
Services from other NHS Bodies	1,388	1,631
Purchase of healthcare from non NHS Bodies	2,566	1,803
Employee Expenses – Executive directors	982	1,033
Employee Expenses – Non-executive directors	142	133
Employee Expenses – Staff	192,385	187,133
Drug Costs	26,342	25,004
Supplies and services – clinical	31,143	31,083
Supplies and services – general	7,104	7,066
Establishment	3,097	3,189
Transport	761	936
Premises	12,275	11,656
Increase in bad debt provision	27	77
Depreciation of property, plant and equipment	7,279	7,491
Amortisation of intangible assets	631	640
Audit fees		
Audit services- statutory audit	64	62
Clinical negligence	6,019	4,858
Loss on disposal of property, plant and equipment	0	52
Other	2,415	3,747
	<b>301,013</b>	<b>295,614</b>

The main components of 'Other Expenditure' include:

	2012/13 £000	2011/12 £000
Training, courses and conferences	741	788
Legal fees	538	717
Consultancy fees	93	620
Insurance	225	212
Patient travel	226	212
Other	592	1,198
	<b>2,415</b>	<b>3,747</b>

### 4.1/2 Limitation of auditors liability

On 9th January 2013, the Foundation Trust approved the principal terms of engagement with its auditors, PricewaterhouseCoopers LLP, covering the period of PricewaterhouseCoopers LLP engagement as auditors. The terms include a limitation on their liability to pay damages for losses arising as a direct result of breach of contract or negligence, of £1m.



## 4.2 Operating leases – as a lessee

### 4.2/1 Analysis of operating lease expenditure

	2012/13 £000	2011/12 £000
Land and buildings	282	393
Hire of plant and machinery	1,495	1,529
Total Minimum Lease Payments	<u>1,777</u>	<u>1,922</u>

The lease arrangement with Sunderland University for the rental of Clanny House has been reviewed again in 2012-13. It is expected that the lease arrangement for the remaining accommodation will be further extended in 2013-14.

Hire of plant and machinery includes:

Staff leased vehicles:

Staff vehicles are leased for a minimum period of 3 years with an option to extend if required.

Vehicles returned to the lessor prior to the end of the 3 year lease are subject to an early termination penalty, which is borne by the employee. All leased vehicles are subject to an annual prepayment and an amount of £541k is included above (£579k 2011/12).

### 4.2/2 Arrangements containing an operating lease

	2012/13 £000	2011/12 £000
Future minimum lease payments due:		
- Within 1 year	1,263	1,302
- Between 1 and 5 years	1,262	1,274
	<u>2,525</u>	<u>2,576</u>

## 4.3 Operating leases – as a lessor

The Foundation Trust receives rental income from a number of agreements in relation to the leasing of land and accommodation to staff.

	2012/13 £000	2011/12 £000
Rental income		
- Within 1 year	287	310
Total rental income	<u>287</u>	<u>310</u>

The tenancy agreements in respect of staff accommodation are all less than 6 months in duration.

## 5. Employee expenses and numbers

### 5.1 Employee expenses (including Executive Directors' costs)

	2012/13	Permanently		2011/12	Permanently	
	Total	Employed	Other	Total	Employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	158,827	151,244	7,583	154,410	146,508	7,902
Social Security Costs	12,853	11,797	1,056	12,308	11,218	1,090
Pension costs - defined contribution plans employers contributions to NHS Pensions	18,440	17,369	1,071	17,933	16,827	1,106
Other pension costs	68	0	68	40	0	40
Agency/contract staff	3,829	0	3,829	3,510	0	3,510
Employee benefits expense	<u>194,017</u>	<u>180,410</u>	<u>13,607</u>	<u>188,201</u>	<u>174,553</u>	<u>13,648</u>
Amounts included within above charged to capital schemes	<u>650</u>			<u>35</u>		

Further details in respect of Directors' emoluments can be found within the remuneration report which forms part of the Annual Report.

### 5.2 Monthly average number of persons employed

(The figures shown represent the Whole Time Equivalent (WTE) as opposed to the number of employees)

	2012/13	Permanently		2011/12	Permanently	
	Total	Employed	Other	Total	Employed	Other
	WTE	WTE	WTE	WTE	WTE	WTE
	Number	Number	Number	Number	Number	Number
Medical and dental	538	398	140	527	388	139
Administration and estates	1,253	1,253	0	1,264	1,264	0
Healthcare assistants and other support staff	792	792	0	789	789	0
Nursing, midwifery and health visiting staff	1,481	1,481	0	1,466	1,466	0
Scientific, therapeutic and technical staff	533	533	0	503	503	0
Bank and agency staff	61	0	61	36	0	36
Total	<u>4,658</u>	<u>4,457</u>	<u>201</u>	<u>4,585</u>	<u>4,410</u>	<u>175</u>

### 5.3 Employee benefits

There were no employee benefits authorised during 2012/13 (2011/12 £nil).



## 5.4 Retirements due to ill-health

During 2012/13 (prior year 2011/12) there was 1 (5) early retirement from the Foundation Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £96,793 (2011/12 £268,228). Their cost will be borne by the NHS Pensions Agency.

## 6. The Late Payment of Commercial Debts (Interest) Act 1998

	<b>2012/13 £000</b>	2011/12 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	<b>0</b>	0
Compensation paid to cover debt recovery costs under this legislation	<b>0</b>	0

## 7. Loss on disposal of property, plant and equipment

Loss on the disposal of property, plant and equipment is made up as follows:

	<b>2012/13 £000</b>	2011/12 £000
Loss on disposal of plant and machinery	<b>0</b>	(51)
Loss on disposal of other property, plant and equipment	<b>0</b>	(1)
	<b><u>0</u></b>	<b><u>(52)</u></b>

## 8. Finance income

	<b>2012/13 £000</b>	2011/12 £000
Interest received on commercial bank accounts	<b>9</b>	8
Interest received from short term deposits	<b>120</b>	115
	<b><u>129</u></b>	<b><u>123</u></b>

## 9. Finance expenses

	<b>2012/13 £000</b>	2011/12 £000
Interest on Loans from the Foundation Trust Financing Facility:		
Tranche A	<b>165</b>	174
Tranche B	<b>34</b>	44
Tranche C	<b>449</b>	472
Tranche D	<b>511</b>	538
Tranche E	<b>113</b>	119
	<b><u>1,272</u></b>	<b><u>1,347</u></b>

Further detail in respect of loans can be found at Note 17.2.

## 10. Intangible assets

### 10.1 Intangible assets

Software licences	
	£000
Cost at 1 April 2012	5,332
Additions purchased	2,032
<b>Cost at 31 March 2013</b>	<b>7,364</b>
Accumulated amortisation at 1 April 2012	2,747
Provided during the year	631
<b>Accumulated amortisation at 31 March 2013</b>	<b>3,378</b>
<b>Net book value</b>	
- Purchased at 1 April 2012	2,585
- Donated at 1 April 2012	0
<b>- Total at 1 April 2012</b>	<b>2,585</b>
- Purchased at 31 March 2013	3,986
- Donated at 31 March 2013	0
<b>- Total at 31 March 2013</b>	<b>3,986</b>

Software licences	
	£000
Cost at 1 April 2011	4,194
Additions purchased	1,138
<b>Cost at 31 March 2012</b>	<b>5,332</b>
Accumulated amortisation at 1 April 2011	2,107
Provided during the year	640
<b>Accumulated amortisation at 31 March 2012</b>	<b>2,747</b>
<b>Net book value</b>	
- Purchased at 1 April 2011	2,087
- Donated at 1 April 2011	0
<b>- Total at 1 April 2011</b>	<b>2,087</b>
- Purchased at 31 March 2012	2,585
- Donated at 31 March 2012	0
<b>- Total at 31 March 2012</b>	<b>2,585</b>

### 10.2 Analysis of intangible assets

Net book value	£000
- Unprotected assets at 31 March 2013	3,986
<b>Net book value</b>	
- Unprotected assets at 31 March 2012	2,585

### 10.3 Economic life of intangible assets

	Min life Years	Max life Years
<b>Intangible assets - purchased</b>		
Software licences	1	5



## 11. Property, plant and equipment

### 11.1 Property, plant and equipment comprise the following elements:

2012/13	Total £000	Assets under construction & payments on account					Plant & Machinery			Transport Equipment			Information Technology			Furniture & fittings		
		Buildings excluding dwellings £000	Land £000	Dwellings £000	on account £000		£000		£000		£000		£000		£000		£000	
Cost or valuation at 1 April 2012	256,837	177,535	10,871	1,530	1,669	48,130	1,129	14,114	1,859									
Additions purchased	5,098	0	0	0	5,098	0	0	0	0									
Additions donated*	80	1	0	0	0	79	0	0	0									
Reclassifications	0	1,401	0	(1)	(2,480)	767	39	274	0									
Disposals	(355)	0	0	0	0	(355)	0	0	0									
<b>At 31 March 2013</b>	<b>261,660</b>	<b>178,937</b>	<b>10,871</b>	<b>1,529</b>	<b>4,287</b>	<b>48,621</b>	<b>1,168</b>	<b>14,388</b>	<b>1,859</b>									
Accumulated depreciation at 1 April 2012	54,873	4,287	0	24	0	36,041	1,003	11,839	1,679									
Provided during the year	7,279	4,349	0	24	0	2,280	27	563	36									
Disposals	(355)	0	0	0	0	(355)	0	0	0									
<b>Accumulated depreciation at 31 March 2013</b>	<b>61,797</b>	<b>8,636</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>37,966</b>	<b>1,030</b>	<b>12,402</b>	<b>1,715</b>									
<b>Net book value</b>																		
- Purchased at 1 April 2012	200,317	172,455	10,871	1,506	1,669	11,259	126	2,253	178									
- Donated at 1 April 2012	1,647	793	0	0	0	830	0	22	2									
<b>Total at 1 April 2012</b>	<b>201,964</b>	<b>173,248</b>	<b>10,871</b>	<b>1,506</b>	<b>1,669</b>	<b>12,089</b>	<b>126</b>	<b>2,275</b>	<b>180</b>									
- Purchased at 31 March 2013	198,420	169,529	10,871	1,481	4,287	10,002	138	1,969	143									
- Donated at 31 March 2013	1,443	772	0	0	0	653	0	17	1									
<b>Total at 31 March 2013</b>	<b>199,863</b>	<b>170,301</b>	<b>10,871</b>	<b>1,481</b>	<b>4,287</b>	<b>10,655</b>	<b>138</b>	<b>1,986</b>	<b>144</b>									

\* There were no restrictions or conditions placed upon the donated assets received by the Foundation Trust from Charitable Funds.

## 11.2 Analysis of property, plant and equipment

Net book value	Total £000	Buildings excluding dwellings		Dwellings £000	Assets under construction & payments on account £000	Plant & Machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000
		Land £000	£000						
- Protected assets at 31 March 2012	179,850	10,215	169,635	0	0	0	0	0	0
- Unprotected assets at 31 March 2012	22,114	656	3,613	1,506	1,669	12,089	126	2,275	180
<b>Total at 31 March 2012</b>	<b>201,964</b>	<b>10,871</b>	<b>173,248</b>	<b>1,506</b>	<b>1,669</b>	<b>12,089</b>	<b>126</b>	<b>2,275</b>	<b>180</b>

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Foundation Trust.

Net book value	Total £000	Buildings excluding dwellings		Dwellings £000	Assets under construction & payments on account £000	Plant & Machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000
		Land £000	£000						
- Protected assets at 31 March 2013	176,995	10,215	166,780	0	0	0	0	0	0
- Unprotected assets at 31 March 2013	22,868	656	3,521	1,481	4,287	10,655	138	1,986	144
<b>Total at 31 March 2013</b>	<b>199,863</b>	<b>10,871</b>	<b>170,301</b>	<b>1,481</b>	<b>4,287</b>	<b>10,655</b>	<b>138</b>	<b>1,986</b>	<b>144</b>





### 11.3 Prior year - property, plant and equipment comprise the following elements:

		Assets under construction						
		Buildings excluding dwellings	Dwellings	& payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
		£000	£000	£000	£000	£000	£000	£000
2011/12	Total	Land						
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2011	252,254	10,871	174,817	1,530	721	1,098	13,520	1,923
Additions purchased	4,963	0	0	0	4,963	0	0	0
Additions donated	228	0	1	0	0	0	1	0
Reclassifications	0	0	2,717	0	(4,015)	60	593	(64)
Disposals	(608)	0	0	0	0	(29)	0	0
<b>At 31 March 2012</b>	<b>256,837</b>	<b>10,871</b>	<b>177,535</b>	<b>1,530</b>	<b>1,669</b>	<b>1,129</b>	<b>14,114</b>	<b>1,859</b>
Accumulated depreciation at 1 April 2011	47,926	0	0	0	0	994	11,165	1,644
Provided during the year	7,491	0	4,287	24	0	24	674	35
Disposals	(544)	0	0	0	0	(15)	0	0
<b>Accumulated depreciation at 31 March 2012</b>	<b>54,873</b>	<b>0</b>	<b>4,287</b>	<b>24</b>	<b>0</b>	<b>1,003</b>	<b>11,839</b>	<b>1,679</b>
<b>Net book value</b>								
- Purchased at 1 April 2011	202,586	10,871	174,005	1,530	721	104	2,318	277
- Donated at 1 April 2011	1,742	0	812	0	0	0	37	2
<b>Total at 1 April 2011</b>	<b>204,328</b>	<b>10,871</b>	<b>174,817</b>	<b>1,530</b>	<b>721</b>	<b>104</b>	<b>2,355</b>	<b>279</b>
- Purchased at 31 March 2012	200,317	10,871	172,455	1,506	1,669	126	2,253	178
- Donated at 31 March 2012	1,647	0	793	0	0	0	22	2
<b>Total at 31 March 2012</b>	<b>201,964</b>	<b>10,871</b>	<b>173,248</b>	<b>1,506</b>	<b>1,669</b>	<b>126</b>	<b>2,275</b>	<b>180</b>

## 11.4 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Buildings excluding dwellings	40	90
Dwellings	90	90
Plant and Machinery	5	15
Transport Equipment	7	7
Information Technology	5	8
Furniture and Fittings	5	10

## 11.5 Property, plant and equipment

The Trust held no assets under finance leases and hire purchase agreements at the Statement of Financial Position dates.

## 11.6 The net book value of land, buildings and dwellings comprises:

	<b>Total £000</b>	<b>Protected £000</b>	<b>Unprotected £000</b>
31 March 2012 Freehold	185,625	179,850	5,775
31 March 2013 Freehold	<b>182,653</b>	<b>176,995</b>	<b>5,658</b>



## 12.1 Trade and other receivables

	Total 31st March 2013 £000	Financial assets £000	Non- financial assets £000	Total 31st March 2012 £000	Financial assets £000	Non- financial assets £000
<b>Current</b>						
NHS receivables*	3,663	3,663	0	6,949	6,949	0
Other receivables with related parties	69	7	62	257	9	248
Provision for impaired receivables	(244)	(139)	(105)	(284)	(162)	(122)
Prepayments	1,960	0	1,960	1,625	0	1,625
Other receivables	1,456	546	910	1,937	662	1,275
PDC receivable	0	0	0	64	0	64
<b>Total current trade and other receivables</b>	<b>6,904</b>	<b>4,077</b>	<b>2,827</b>	<b>10,548</b>	<b>7,458</b>	<b>3,090</b>
<b>Non-Current</b>						
Provision for impaired receivables	(149)	0	(149)	(97)	0	(97)
Other receivables	1,179	0	1,179	922	0	922
<b>Total non current trade and other receivables</b>	<b>1,030</b>	<b>0</b>	<b>1,030</b>	<b>825</b>	<b>130</b>	<b>825</b>

\* The majority of NHS receivables are with Primary Care Trusts, as commissioners for NHS patient care services. NHS receivables that are neither past due nor impaired are expected to be paid within their agreed terms.

## 12.2 Provision for impairment of receivables

	<b>2012/13</b>	2011/12
	<b>£000</b>	£000
At 1 April	<b>381</b>	304
Increase in provision	<b>80</b>	94
Amounts utilised	<b>(15)</b>	0
Unused amounts reversed	<b>(53)</b>	(17)
<b>At 31 March</b>	<b>393</b>	381

## 12.3 Analysis of impaired receivables

	<b>31 March</b>	31 March
	<b>2013</b>	2012
	<b>£000</b>	£000
0-30 days	<b>31</b>	8
30-60 days	<b>11</b>	5
60-90 days	<b>10</b>	1
90-180 days	<b>57</b>	54
over 180 days	<b>284</b>	94
<b>Total</b>	<b>393*</b>	162

\* Previously only included financial assets, but now includes both financial and non-financial assets

## 12.4 Ageing of non-impaired receivables past their due date

	<b>31 March</b>	31 March
	<b>2013</b>	2012
	<b>£000</b>	£000
0-30 days	<b>753</b>	2,183
30-60 days	<b>304</b>	389
60-90 days	<b>75</b>	144
90-180 days	<b>45</b>	789
over 180 days	<b>(133)</b>	270
<b>Total</b>	<b>1,044</b>	3,775

All receivables within their credit period are deemed to be fully recoverable. Receivable amounts are considered on a case by case basis and any impairment made is based upon information held by the Trust. No information was held indicating that these amounts should be subject to impairment as at 31st March 2013.



## 13.1 Inventories

	<b>31 March 2013 £000</b>	31 March 2012 £000
Raw materials and consumables	<b>3,762</b>	3,651

## 13.2 Inventories recognised in expenses

	<b>31 March 2013 £000</b>	31 March 2012 £000
Inventories recognised in expenses	<b>32,633</b>	32,512
Write-down of inventories recognised as an expense	<b>98</b>	118
<b>Inventories recognised in expenses</b>	<b>32,731</b>	32,630

## 14. Cash and cash equivalents

	<b>31 March 2013 £000</b>	31 March 2012 £000
<b>At 1 April</b>	<b>19,951</b>	18,571
Net change in year	<b>1,366</b>	1,380
<b>At 31 March</b>	<b>21,317</b>	19,951
Broken down into:		
Cash at commercial banks and in hand	<b>181</b>	190
Cash with GBS (Government Banking Service)	<b>21,136</b>	1,161
Other current investments	<b>0</b>	18,600
<b>Cash and cash equivalents as in Statement of Financial Position and Statement of Cash Flows</b>	<b>21,317</b>	19,951

Other current investments relate to short-term deposits with the National Loans Fund with a maturity date of less than one month.

## 15. Trade and other payables

	<b>Total 31st March 2013 £000</b>	<b>Financial liabilities £000</b>	<b>Non- financial liabilities £000</b>	<b>Total 31st March 2012 £000</b>	<b>Financial liabilities £000</b>	<b>Non- financial liabilities £000</b>
<b>Current</b>						
NHS payables – revenue	2,291	2,291	0	4,147	4,147	0
NHS payables – capital	0	0	0	123	123	0
Amounts due to other related parties	3	3	0	0	0	0
Other trade payables	7,282	7,282	0	8,145	8,145	0
Other tax and social security costs	3,873	0	3,873	3,823	0	3,823
Trade payables - capital	1,982	1,982	0	1,359	1,359	0
Other payables	3,806	1,517	2,289	3,366	1,276	2,090
Accruals	5,211	5,211	0	6,009	6,009	0
PDC Dividend Payable	53	0	53	0	0	0
<b>Total current trade and other payables</b>	<b>24,501</b>	<b>18,286</b>	<b>6,215</b>	<b>26,972</b>	<b>21,059</b>	<b>5,913</b>
<b>Non-current</b>						
Amounts due to other related parties*	2,944	0	2,944	3,501	0	3,501
<b>Total non-current trade and other payables</b>	<b>2,944</b>	<b>0</b>	<b>2,944</b>	<b>3,501</b>	<b>0</b>	<b>3,501</b>

\*Relates solely to a creditor with Her Majesty's Revenue & Customs relating to Value Added Tax claims submitted under the "Lennartz" ruling.

## 16. Other liabilities - deferred income

	<b>31 March 2013 £000</b>	31 March 2012 £000
<b>Current</b>		
Walk the Walk – Renal Dialysis equipment funding	<b>39</b>	0
Paradigm,Trilogy & Thrive – Cardiology research funding	<b>38</b>	0
Support funding for anaemia specialist nurse and rheumatology operational support	<b>29</b>	44
North East Cancer Network – Haematology integrated computer system	<b>25</b>	0
Environment Agency – allocation of Carbon Allowances	<b>0</b>	104
North East Stroke Network – Stroke network funding	<b>0</b>	81
North East Strategic HA – Project Choice	<b>0</b>	80
North East Strategic HA – Preceptorship	<b>0</b>	70
North East Strategic HA – various schemes	<b>0</b>	40
Macmillan nurse funding	<b>0</b>	36
North East Cancer Network – Haematology nurse funding	<b>0</b>	20
Other	<b>113</b>	102
<b>Total other current liabilities</b>	<b>244</b>	<b>577</b>

## 17. Borrowings

### 17.1 Long term loans – Foundation Trust Financing Facility

	<b>31 March 2013 £000</b>	31 March 2012 £000
<b>Current</b>		
Loans from Foundation Trust Financing Facility*	<b>2,137</b>	2,162
<b>Non-current</b>		
Loans from Foundation Trust Financing Facility	<b>29,022</b>	30,639
<b>TOTAL</b>	<b>31,159</b>	<b>32,801</b>

\*Interest amounting to £520k (£545k, 31 March 2012) is included within the above.



## 17.2 Loans – payment of loan principal falling due – Foundation Trust Financing Facility

	<b>31 March 2013 £000</b>	31 March 2012 £000
Amounts falling due:		
Within one year	<b>1,617</b>	1,617
Between one to two years	<b>1,617</b>	1,617
Between two to five years	<b>4,410</b>	4,632
After five years	<b>22,995</b>	24,390
<b>TOTAL</b>	<b><u>30,639</u></b>	<b><u>32,256</u></b>

### Foundation Trust Financing Facility Loan

	<b>Interest rate %</b>	<b>£000</b>
Tranche A: Repayable by instalments of £104,000 every 6 months commenced 31 July 2007	<b>4.25</b>	<b>5,000</b>
Tranche B: Repayable by instalments of £111,000 every 6 months commenced 31 July 2007	<b>4.30</b>	<b>2,000</b>
Tranche C: Repayable by instalments of £242,825 every 6 months commencing 17 October 2011	<b>4.05</b>	<b>11,454</b>
Tranche D: Repayable by instalments of £276,787 every 6 months commencing 17 October 2011	<b>4.05</b>	<b>13,056</b>
Tranche E: Repayable by instalments of £73,988 every 6 months commencing 17 October 2011	<b>4.05</b>	<b>3,490</b>

### Other Loans

Revolving Loan Facility	<b>Base Rate + 2.50%</b>	<b>Nil</b>
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## 17.3 Prudential borrowing limit:

	<b>31 March 2013 £000</b>	31 March 2012 £000
Total long term borrowing limit set by Monitor	<b>71,800</b>	62,600
Working capital facility agreed by Monitor	<b>18,000</b>	18,000
<b>Total Prudential borrowing limit</b>	<b>89,800</b>	80,600
Long term borrowing at 1 April	<b>32,256</b>	33,280
Net actual (repayment)/borrowing in year – long term	<b>(1,617)</b>	(1,024)
<b>Long term borrowing at 31 March</b>	<b>30,639</b>	32,256

The NHS Foundation Trust is required to comply and remain within the prudential borrowing limit. This is made up of two elements:

- The maximum cumulative amount of long term borrowing. This is set by reference to the five ratios set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit
- The amount of any working capital facility approved by Monitor.

Further information on the NHS Foundation Trusts Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

The Foundation Trust had a long term borrowing limit of £71.8m in 2012/13 (£62.6m 2011/12). The total outstanding repayments in respect of the long term loans amounts to £30.64m (£32.26m 2011/12).

In addition to its long term borrowing limit, the Foundation Trust had an approved working capital facility of £18m in 2012/13 (£18m 2011/12). The Foundation Trust had a £nil utilised working capital facility at 31 March 2013 (£nil at 31 March 2012).

<b>Financial Ratio</b>	<b>Actual Ratios 2012/13</b>	<b>Approved PBL Ratios 2012/13</b>	<b>Actual Ratios 2011/12</b>	<b>Approved PBL Ratios 2011/12</b>
Maximum debt capital cover	12.9%	14.1%	13.5%	13.9%
Minimum dividend cover	2.8	3.0	3.5	3.1
Minimum interest cover	12.7	13.3	13.7	12.4
Minimum debt service cover	5.7	5.9	6.4	5.8
Maximum debt service to revenue	0.9%	1.0%	1.0%	1.0%

## 18. Provisions

	<b>Current</b>		<b>Non Current</b>	
	<b>31 March 2013</b>	<b>31 March 2012</b>	<b>31 March 2013</b>	<b>31 March 2012</b>
	£000	£000	£000	£000
Pensions relating to other staff	70	68	512	549
Legal claims	210	182	0	0
Other	149	43	539	519
	<b>429</b>	<b>293</b>	<b>1,051</b>	<b>1,068</b>

	Pensions relating to other staff £000	Legal claims £000	Other £000	<b>Total £000</b>
At 1 April 2011	645	201	589	<b>1,435</b>
Change in discount rate	0	0	0	<b>0</b>
Arising during the year	21	203	29	<b>253</b>
Utilised during the year	(68)	(216)	(43)	<b>(327)</b>
Reversed unused	0	(6)	(29)	<b>(35)</b>
Unwinding of discount*	19	0	16	<b>35</b>
At 1 April 2012	617	182	562	<b>1,361</b>
Change in discount rate**	1	0	34	<b>35</b>
Arising during the year	14	191	119	<b>324</b>
Utilised during the year	(68)	(158)	(43)	<b>(269)</b>
Reversed unused	0	(5)	0	<b>(5)</b>
Unwinding of discount*	18	0	16	<b>34</b>
<b>At 31 March 2013</b>	<b>582</b>	<b>210</b>	<b>688</b>	<b>1,480</b>

### **Expected timing of cash flows:**

In the remainder of the spending review period to 31 March 2014:-	70	210	149	<b>429</b>
Between 1 April 2014 and 31 March 2019	298	0	119	<b>417</b>
From 1 April 2019 and thereafter	214	0	420	<b>634</b>
	<b>582</b>	<b>210</b>	<b>688</b>	<b>1,480</b>

### 'Pensions Relating to Other Staff' include:

Provisions amounting to £582k in respect of Early Retirement Pensions. The provision relates to the latest information as provided by the NHS Pensions Agency and applies to 36 ex-employees (38 ex-employees 2011-12).

### 'Legal' claims include:

Provisions amounting to £210k relating to Public Liability and Employer Liability claims. The information supporting each claim within this provision has been supplied by either the Trust's or NHSLA's solicitors.



## 18. Provisions (continued)

### 'Other' claims include:

- A provision of £569k in respect of Permanent Injury Benefits. The provision is based upon the latest information as supplied by the NHS Pensions Agency.
- A provision of £119k relating to the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme.

### Clinical Negligence

The Foundation Trust is a member of the Clinical Negligence Scheme for Trusts (CNST) and pays an annual premium to the NHS Litigation Authority (NHSLA). Under the terms of the agreement, financial responsibility for claims arising from clinical negligence is transferred to the NHSLA and the liability for all potential and outstanding claims is provided in their Accounts. At the 31 March 2013, an amount of £60,131,314 was provided by the NHSLA in respect of clinical liabilities of the Foundation Trust (£55,779,191 as at 31 March 2012).

The Foundation Trust does not consider there to be any uncertainties relating to either the amounts or timing of its provisions.

\*Unwinding of discount relates to the inflation effect on existing provisions of their payment in the future.

\*\* The discount rate for Early Retirements and Injury Benefits was changed from 2.8% to 2.35% to reflect HM Treasury policy.

## 19. Contractual capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	<b>31 March 2013 £000</b>	31 March 2012 £000
Intangible Assets	<b>316</b>	394
Property, plant and equipment	<b>809</b>	0
	<b><u>1,125</u></b>	<u>394</u>

Capital commitments relate to the following schemes;

	<b>£000</b>	£000
Meditech Version 6 Client Server – HISS Reimplementation	<b>396</b>	394
Second Cardiac Catheter Laboratory	<b>729</b>	0
	<b><u>1,125</u></b>	<u>394</u>

The above are ongoing schemes that have a contractual commitment as at 31 March. The uncommitted expenditure will fall into subsequent years accounts.

## 20. Events after the reporting year

There were no events after the year end that have had a material effect on the accounts (£0 2011/2012).

## 21. Contingent (liabilities) / assets

	<b>31 March 2013 £000</b>	31 March 2012 £000
Gross estimated value of Non-Clinical Liabilities	<b>(353)</b>	(309)
Expected recoverable amount	<b>280</b>	219
Net value contingent liabilities	<b><u>(73)</u></b>	<u>(90)</u>

A provision relating to claims in respect of the above contingencies is contained within Note 18 "Provisions" under the heading "Legal Claims". The net value of contingent liabilities relates to that element of the outstanding claims for which the Foundation Trust has not made provision.

To date, the Foundation Trust is holding a total of 65 (197 2011-12) Equal Pay claims. As there are no results of "Test" cases available at this stage the Foundation Trust is unable to calculate potential settlement costs payable to the claimants.

## 22. Related parties

### 22.1 Related party transactions

	<b>Income £000</b>	<b>Expenditure £000</b>
Value of transactions with Board Members in 2012/13	0	1,124
Value of transactions with other related parties in 2012/13:		
Department of Health	410	4
Foundation Trusts, Trusts, PCT's and SHA's	303,587	7,292
Special Health Authorities	0	7,902
NHS WGA bodies	0	214
HMRC	0	47,800
NHS Pension Scheme	0	27,326
City of Sunderland Local Authority	241	1,681
Scottish, Irish and Welsh NHS bodies	37	3
Charitable Funds	368	368
Department for Works and Pensions	0	0
	<b><u>304,643</u></b>	<b><u>93,714</u></b>
Value of transactions with Board Members in 2011/12	0	1,166
Value of transactions with other related parties in 2011/12:		
Department of Health	701	147
Foundation Trusts, Trusts, PCT's and SHA's	297,901	10,031
Special Health Authorities	0	6,779
NHS WGA bodies	79	229
HMRC	0	47,177
NHS Pension Scheme	0	24,938
City of Sunderland Local Authority	237	1,679
Scottish, Irish and Welsh NHS bodies	0	12
Charitable Funds	563	563
Department for Works and Pensions	1,644	94
	<b><u>301,125</u></b>	<b><u>92,815</u></b>



## 22.2 Related party balances

	Receivables £000	Payables £000
Value of balances (other than salary) with related parties in relation to doubtful debts at 31 March 2013	11	0
Value of balances with other related parties at 31st March 2013:		
Department of Health	0	57
Foundation Trusts, Trusts, PCT's and SHA's	3,663	2,049
Special Health Authorities	0	236
NHS WGA bodies	0	2
HMRC	27	6,817
NHS Pension Scheme	0	2,289
Scottish, Irish and Welsh NHS bodies	0	3
Charitable Funds	42	0
Other	0	21
	<b>3,743</b>	<b>11,474</b>
Value of balances (other than salary) with related parties in relation to doubtful debts at 31 March 2012	26	0
Value of balances with other related parties at 31st March 2012:		
Department of Health	0	5
Foundation Trusts, Trusts, PCT's and SHA's	6,923	4,192
Special Health Authorities	0	58
NHS WGA bodies	9	15
HMRC	47	7,324
NHS Pension Scheme	0	2,090
Scottish, Irish and Welsh NHS bodies	0	0
Charitable Funds	201	0
	<b>7,206</b>	<b>13,684</b>

## 22.3 Related party transactions

City Hospitals Sunderland NHS Foundation Trust is a Public Benefit Corporation established by the Health and Social Care (Community Health and Standards) 2003 Act.

The Foundation Trust has a system in place which allows for the identification of all new Related Party Transactions.

As NHS Foundation Trusts and NHS Trusts have common control through the Secretary of State, there is an assumption that Government departments and agencies of Government departments are related parties.

The Department of Health is regarded as a related party. During the year April 2012 - March 2013 the Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

North East Strategic Health Authority

Sunderland Teaching Primary Care Trust

County Durham Primary Care Trust

South Tyneside Primary Care Trust

Northumberland Tyne and Wear Mental Health Care Trust

County Durham and Darlington NHS Foundation Trust

The Newcastle Upon Tyne Hospitals NHS Foundation Trust



## 22.3 Related party transactions (continued)

North East Ambulance Services NHS Trust

South Tyneside NHS Foundation Trust

Prescription Pricing Authority

National Blood Service

NHS Litigation Authority

In addition, the Foundation Trust has had a number of transactions with other Government Departments and other central and local Government bodies and material transactions received via the University of Newcastle in relation to the funding of medical education.

The Trust has also received revenue and capital payments from a number of charitable funds, the Trustee of which is City Hospitals Sunderland NHS Foundation Trust, approved by members of its Trust Board.

## 23. Financial Instruments

### 23.1a Financial assets by category

	<b>Total £000</b>	<b>Loans and receivables £000</b>
<b>Assets as per Statement of financial position</b>		
Trade and other receivables excluding non financial assets - Note 12	<b>4,077</b>	<b>4,077</b>
Cash and cash equivalents - Note 14	<b>21,317</b>	<b>21,317</b>
<b>Total at 31 March 2013</b>	<b>25,394</b>	<b>25,394</b>
Trade and other receivables excluding non financial assets - Note 12	7,458	7,458
Cash and cash equivalents - Note 14	19,951	19,951
<b>Total at 31 March 2012</b>	<b>27,409</b>	<b>27,409</b>

### 23.1b Financial liabilities by category

	<b>Total £000</b>	<b>Other financial liabilities at amortised cost £000</b>
<b>Liabilities as per Statement of financial position</b>		
Borrowings - Note 17	<b>31,159</b>	<b>31,159</b>
Trade and other payables excluding non financial liabilities - Note 15	<b>18,286</b>	<b>18,286</b>
<b>Total at 31 March 2013</b>	<b>49,445</b>	<b>49,445</b>
Borrowings - Note 17	32,801	32,801
Trade and other payables excluding non financial liabilities - Note 15	21,059	21,059
<b>Total at 31 March 2012</b>	<b>53,860</b>	<b>53,860</b>



## 23.2a Fair values of financial assets

	<b>31 March 2013 Book Value £000</b>	<b>31 March 2013 Fair value £000</b>	<b>31 March 2012 Book Value £000</b>	<b>31 March 2012 Fair value £000</b>
NHS receivables over 1 year – Agreements with commissioners to cover payables and provisions	0	0	0	0
Other – cash and cash equivalents	21,317	21,317	19,951	19,952*
<b>Total</b>	<b><u>21,317</u></b>	<b><u>21,317</u></b>	<b><u>19,951</u></b>	<b><u>19,952</u></b>

Current financial assets are excluded as the fair values are matched equally by the book values.

\*The fair value of the cash equivalent includes interest.

## 23.2b Fair values of financial liabilities

	<b>31 March 2013 Book Value £000</b>	<b>31 March 2013 Fair value £000</b>	<b>31 March 2012 Book Value £000</b>	<b>31 March 2012 Fair value £000</b>
Borrowings	29,022	29,022	30,639	30,639
<b>Total</b>	<b><u>29,022</u></b>	<b><u>29,022</u></b>	<b><u>30,639</u></b>	<b><u>30,639</u></b>

Current financial liabilities are excluded as the fair values are matched equally by the book values.

## 23.3 Maturity of financial liabilities

	<b>31 March 2013 £000</b>	<b>31 March 2012 £000</b>
Less than one year	20,423	23,221
In more than one year but not more than two years	1,617	1,617
In more than two years but not more than five years	4,410	4,632
In more than five years	22,995	24,390
<b>Total</b>	<b><u>49,445</u></b>	<b><u>53,860</u></b>

The Foundation Trust does not deem the maturity of its financial liabilities to be subject to significant liquidity risk.

## 23.4 Financial risk management

### Liquidity Risk

Financial reporting standard IFRS 7 requires the disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The Foundation Trust's net operating costs are incurred under annual service contracts with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The Foundation Trust receives such contract income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. The Foundation Trust receives cash each month based on the agreed level of contract activity and there are quarterly payments/deductions made to adjust for the actual income due under PBR. This means that in periods of significant variance against contracts there can be a significant cash-flow impact. To alleviate this issue the Foundation Trust has maintained an £18,000,000 working capital facility with its current Bankers, which was not utilised in 2012/13.

The Foundation Trust presently finances its capital expenditure from internally generated funds. In addition, the Foundation Trust can borrow, both from the Foundation Trust Financing Facility and commercially to finance capital schemes. Financing is drawn down to match the capital spend profile of the scheme concerned and the Foundation Trust is not, therefore, exposed to significant liquidity risks in this area.

### Interest Rate Risk

All of the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Foundation Trust is not, therefore, exposed to significant interest-rate risk. The only risk is therefore regarding the level of interest generated on the Foundation Trust's surplus cash balances and investments which may be higher or lower than planned at the start of the year due to fluctuating interest rates. The value of interest generated in 2012/13 was £129k (£123k 2011/12) and the exposure is therefore limited.

### Foreign Currency Exchange Rate Risk

The Foundation Trust has negligible foreign currency income or expenditure.

### Treasury Management Arrangements

The Foundation Trust has a Treasury Management Committee that reviews the financial performance of the Foundation Trust's cash investments. The Foundation Trust operates within an agreed Treasury Management policy that governs the nature of cash investments.

### Credit Risk

Credit risk is the possibility that other parties might fail to pay amounts due to the Foundation Trust. Credit risk arises from deposits with banks as well as credit exposures to the Foundation Trust's commissioners and other debtors. Surplus operating cash is only invested with the National Loans Fund and Lloyds TSB as a condition of the Working Capital Facility. The Foundation Trust's cash assets are held only with Lloyds TSB and CitiBank, the latter of which forms part of the Government Banking Service. The Foundation Trust's net operating costs are incurred in the delivery of annual service agreements with local primary care trusts, which are financed from resources voted annually by Parliament. An analysis of the ageing of receivables and provision for impairment can be found at Note 12.



## 24. Third party assets

The Foundation Trust held £7,298 cash and cash equivalents at 31 March 2013 (£8,558 at 31 March 2012) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

## 25. Intra-Government and other balances

	Receivables: amounts falling due within one year £000	Receivables: amounts falling due after more than one year £000	Payables: amounts falling due within one year £000	Payables: amounts falling due after more than one year £000
Balances with other Central Government Bodies	2,973	0	9,590	2,944
Balances with NHS Trusts and Foundation Trusts	728	0	1,863	0
Balances with bodies external to government	3,203	1,030	15,429	29,022
<b>At 31 March 2013</b>	<b><u>6,904</u></b>	<b><u>1,030</u></b>	<b><u>26,882</u></b>	<b><u>31,966</u></b>
Balances with other Central Government Bodies	6,075	0	6,821	3,501
Balances with NHS Trusts and Foundation Trusts	1,106	0	3,362	0
Balances with bodies external to government	3,367	825	19,528	30,639
<b>At 31 March 2012</b>	<b><u>10,548</u></b>	<b><u>825</u></b>	<b><u>29,711</u></b>	<b><u>34,140</u></b>

## 26. Public Dividend Capital Dividend

The Foundation Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The dividend of £5,371,000 is calculated by applying the 3.5% Treasury rate to the average relevant net assets of £153,456,000.

Dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and therefore the actual capital cost absorption rate is automatically 3.5%.

## 27.1 Losses and special payments

NHS Foundation Trusts are required to follow the guidance issued by the Department of Health in accounting for losses and special payments:

- These are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation.
- By their nature they are items that ideally should not arise.
- They are divided into different categories, which govern the way each individual case is handled.

The number and value of losses and special payment cases:

Ref. Category of loss / special payment	1 April 2012 – 31 March 2013		1 April 2011 – 31 March 2012	
	Number of cases	Value of cases (£)	Number of cases	Value of cases (£)
1a Losses of cash due to theft, fraud etc	0	0	1	1,134
1b Losses of cash due to overpayment of salaries etc.	12	6,172	9	6,387
1c Losses of cash due to other causes	1	75	2	30
3a Bad debts and claims abandoned – private patients	15	610	34	1,093
3b Bad debts and claims abandoned – overseas visitors	0	0	2	1,098
3c Bad debts and claims abandoned – other	482	6,500	506	5,621
4a Damage to buildings, loss of equipment and property due to theft, fraud etc	4	125	8	8,205
4b Damage to buildings, loss of equipment and property due to other causes	53	104,410	52	124,897
7a Ex-gratia payments for loss of personal effects	29	5,401	38	8,828
7c Ex-gratia payments for personal injury with advice	58	189,421	39	214,926
7e Severance payments on termination of employment	0	0	7	876
7f Other employment payments	3	18,990	4	30,912
7h Other	19	13,472	3	1,040
<b>Total Losses and Special Payments</b>	<b>676</b>	<b>345,176</b>	<b>705</b>	<b>405,047</b>

The above values have been calculated on an accruals basis but excluding provisions for future losses, whereby expenditure is recognised in the period in which the associated liability was incurred.



# Notes

[illegible]

## Notes

[illegible]





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NHS Foundation Trust

