



Annual Report and Accounts

April 1st 2009 to November 30th 2009

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Report for the period April 1 to November 30, 2009. For a full picture of the organisation's achievements and challenges during the 2009 -10 financial year please refer to the December 1, 2009 to March 31, 2010 report for Northumberland, Tyne and Wear NHS Foundation Trust.

Welcome from the Chairman and Chief Executive

We are delighted to present this final report from Northumberland, Tyne and Wear NHS Trust, which was authorised as an NHS Foundation Trust on December 1, 2009.

Becoming an FT was the culmination of months of hard work by staff from across the Trust, and it is a testament to their efforts that we are now well placed to take full advantage of all the opportunities FT status brings.

We have used our FT preparations as an opportunity to continue to refine and strengthen our governance arrangements so that the organisation is fit for the future, and we have also used our application as a way of bringing staff together.

They have influenced our five year integrated business plan, shaped service development plans, commented on a number of key strategies, and have been actively involved in recruiting service user, carer and public members. This increased engagement will continue and develop over the coming months as we work together to respond to the challenges the NHS faces managing a difficult financial future at the same time as maintaining and improving the quality of services.

The final eight months in the life of NTW were busy, not only in terms of preparing to become an FT and responding to the rigours of the FT application process, but also focusing on what's most important - providing good quality care for the people who need our support.

Over the last year we have really focused on improving the quality

of our services by encouraging and empowering staff throughout the organisation to identify issues or areas for improvement and taken innovative steps to make things better. This is a focus that we will continue as an FT.

We would have liked to have had this focus on quality reflected in our ratings in the annual Health Check, however the quality of our services were rated as "fair". The rating is based on our performance against a number of national targets and while we maintained or improved our performance against those targets that saw us rated as "excellent" last year, we did not perform as well against a small number of new targets resulting in a "fair" rating.

While our staff may have been disappointed with our rating, we believe it accurately reflected our performance at the time and since the ratings were announced in October 2009, we have made efforts to further improve our services and performance against these new targets.

We were rated as "excellent" for our use of resources, and again this is testament to the skills of our staff throughout the Trust who are making sure, on a daily basis, that we get the best value from the public money we manage. Having such a strong financial base is important if we are to be able to invest and develop our services in the future.

We would like to take this opportunity to thank everyone who has contributed to the success of Northumberland, Tyne and Wear NHS Trust over the last eight months, and since it was formed in 2006.



Jules Preston MBE
Chairman



Dr Gillian Fairfield
Chief Executive

Our Vision and Values

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

We will do this by:

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

Our plans support the Strategic Health Authority's aims to ensure there is no:

- Barrier to health and well being.
- Avoidable deaths, injury or illness.
- Avoidable suffering or pain.
- Helplessness.
- Unnecessary waiting or delays.
- Waste.
- Inequality.

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

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

Our values underpin all we do. We:

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

The Trust Board

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

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

Our non-executive directors are:

- Jules Preston, MBE – Chairman
- Anne Ward Platt – Vice chairman
- Ken Grey
- Fiona Standfield
- Chris Watson
- Paul McEldon
- Judith Curry – non-executive director designate

Committee membership

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

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

- Modernisation, Organisational Development and Programmes Committee – Ken Grey

Pending Foundation Trust authorisation, Judith Curry is classed as a non-executive director designate, and therefore does not have any Trust Board voting rights and is unable to contribute towards the Audit Committee being quorate.

Our executive directors are:

- Dr Gillian Fairfield – Chief Executive
- James Duncan – Director of Finance and Deputy Chief Executive
- Dr Suresh Joseph – Medical Director
- Elizabeth Latham – Director of Workforce and Organisational Development
- Gary O'Hare – Director of Nursing and Operations
- Lisa Quinn – Acting Director of Performance and Assurance

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

Executive directors are supported by a team of directors:

- Russell Patton – Operational Director of Adult Mental Health Services
- Colin McCoy – Operational Director of Forensic Services

- Kate Simpson – Operational Director of Learning Disability Services
- Bruce Dickie – Operational Director of Children, Young People's and Specialist Services
- Tim Docking – Acting Operational Director of Older People's Services
- Adele Coulthard – Director of Service Development
- Malcolm Aiston – Associate Director of Estates and Facilities
- Caroline Parnell – Head of Corporate Affairs

Together the executive and supporting directors make up the Trust's senior management team, and this year the following people joined the team bringing their expertise to the organisation's leadership:

- Sandra Good – Commercial Director
- Ian Railton – Programmes Director
- Jon Painter – Programmes Director

The Declaration of Directors' Interests Report can be found towards the back of this document.

About the Trust

Northumberland, Tyne and Wear NHS Trust was formed in 2006 following the merger of three former trusts, creating one of the largest trusts of its kind in England.

We employ around 7,000 staff, who work from more than 160 sites as well as providing care to people in their own homes. With an annual budget of around £300m we offer a range of mental health, learning disability and neuro-disability services to 1.4m people of all ages living in the North East of England, as well as a number of regional and national specialist services.

We support people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. Our main hospital sites are:

- Walkergate Park, Newcastle
- St. Nicholas Hospital, Newcastle
- St. George's Park, Morpeth
- Northgate Hospital, Morpeth
- Cherry Knowle Hospital, Sunderland
- Monkwearmouth Hospital, Sunderland
- Prudhoe Hospital



Courtyard at Rose Lodge



Bamburgh clinic



Walkergate Park

Preparation for Foundation Trust Status

Our application to become an FT was submitted to the Department of Health in March 2009 and recommended by the Secretary of State for Health to Monitor, the independent regulator of FTs.

During the summer Monitor assessors spent some time in the Trust talking to a wide range of staff, observing our Trust Board, and assessing our readiness to operate as an FT.

In November our Trust Board travelled to London for a meeting with Monitor's Board, where our plans for the future were discussed along with arrangements for working as an FT.

Throughout this assessment process we continued to grow our membership, which is important to our future as an FT as we will no longer be accountable to the Department of Health but instead to our membership via a Council of Governors.

We had set ourselves the target of having at least 9,000 public, service user and carer members by the time we were authorised as an FT, and staff worked hard to reach that target by October 2009.

We recruited people by:

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

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

We are now working towards having 14,000 members – one per cent of the population we serve – by December 2010, and we'll be particularly focusing on recruiting more service user and carer members.

During the Autumn we also held our first Council of Governor elections. We were delighted that around 70 staff, members of the public, service users and carers put themselves forward for election, and we were able to fill all but two of our Council seats. We hope to fill the remaining two seats – service users representing older people and children and young people's services – when we hold a by-election during 2010.

Our staff devoted a tremendous amount of time and effort to our FT application and the assessment process was very rigorous, so we were delighted to be authorised as the NHS Foundation Trust on December 1, 2009.

Our Services

We provide:

- Adult mental health services
- Older people's mental health services
- Children and young people's mental health and learning disability services
- Learning disability services
- Forensic mental health and learning disability services
- Neuro-behavioural services
- A range of specialist services.

Please see the Annual Report for Northumberland, Tyne & Wear NHS Foundation Trust 1st December 2009 – 31st March 2010 for information on some of the highlights for these services in 2009 - 2010. If you'd like to know more about any of our services visit our website – www.ntw.nhs.uk

Working with our Staff

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

Partnership

As well as working hard to improve our partnership with external agencies, we have also had a real focus over the last eight months on actively involving staff in the ongoing development of the Trust. Our application to become an FT has provided lots of opportunities for staff to come together to discuss a whole range of issues from workforce and marketing strategies, to individual service development plans for the next five years.

As an FT we plan to continue to seek out new opportunities to bring staff together and to hear their opinions. Our top clinical and managerial leaders now meet each month to discuss strategic issues, and every two months we hold 250 events where a cross section of staff debate and discuss key topics. Recent meetings have focused on workforce planning and improving communication.

We value the strong working relationships we have developed with our staff side representatives. Together we have:

- Developed, and in recent months, reviewed a number of human resource policies
- Set up an information advice and guidance project in our training department
- Seconded a union representative to work in our training department
- Implemented Agenda for Change in the Trust.

Sickness rates

Our sickness absence rate for the period was 6.55%, a slight reduction on the same period for the previous year. We continue to work hard to reduce this even further to our target of 5%.

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

During the last eight months we have looked at options for improving the occupational health services that are currently provided to our Trust by a range of NHS organisations. We have recently agreed a contract with a single provider, and we are also working with a company with expertise in managing short term sickness on a pilot project in the Trust.

For more working with our staff highlights please see the Northumberland, Tyne & Wear NHS Foundation Trust Annual Report 1st December 2009 – 31st March 2010.

Equality and diversity

We are committed to providing equal opportunities and managing diversity in both the employment of our staff, and the delivery of our services. This is demonstrated by our managing diversity policy, which strives to help create a culture in which all individuals are treated with dignity and respect.

The policy aims to ensure the trust:

- Incorporate equality, diversity and human rights principles from the start in all its policies, plans and strategies
- Undertakes equality impact assessments to judge the impact of policies and services, and to determine the needs of employees, service users, volunteers and the public
- Identifies the equality and diversity outcomes it wants to achieve
- Reflects the diversity of the area it serves in publications, events, and communication activities
- Addresses institutional racism and other forms of discrimination, and to deal with any incidents with due seriousness
- Follow the social model of disability
- Apply the principles of the policy in services commissioned through other organisations.

In delivering services the Trust aims to:

- Provide appropriate, accessible and effective services and facilities to all sections of its communities without discrimination or prejudice
- Provide clear information about its services in appropriate formats to meet people's needs
- Monitor our services to ensure all sections of the community receive fair access and outcomes, and take action to address any apparent inequalities
- Consult and involve all sections of the community in identifying needs and making decisions about services
- Respond promptly and fairly to any complaints.

To strengthen its equality and diversity arrangements the Trust has:

- Made sure each directorate has an equality and diversity champion
- Set up a working group to take forward actions relating to the Trust's single equality scheme action plan
- Established an equality and diversity sub-group of the Modernisation, Organisation Development and Programmes Committee.

Our single equality scheme sets out our three year strategy to mainstreaming equality, diversity and human rights. We are benchmarked on our performance

by NHS North East and we are performing above average on the 30 agreed core actions.

Emergency planning

The work we carried out around the flu pandemic has helped to strengthen our emergency plans, and we are now completely integrated into emergency preparedness arrangements in the North East. To help us with this work we appointed a health emergency planning and business continuity office, who will take up post in January 2010.

Infection prevention and control

We have developed infection prevention and control specifications for all clinical areas, which make it clear what standards these service's need to achieve to protect our service users.

We are fully integrated into infection control structures in the North East, and committed to playing our part in reducing the risk of health care acquired infection in the local community. During the last eight months we reported three cases of clostridium difficile infection and one case of MRSA bacteraemia.

Health promotion

We continued to encourage smoking cessation for both our service users and staff, and were delighted when our partner in this – FRESH North East – won the Children Medical Officer's award and Charter Institute of Public Relations gold award for its work. During the summer Northgate Hospital hosted a Spring into Summer activity day for service users, promoting health and physical activities, and we opened new gym facilities for service users and staff to use.

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

Volunteers

In the last 20 months volunteers donated 52,000 hours across a diverse range of voluntary roles. This is a reminder of their hugely valuable contribution and we thank them for that.

Performance Review (Including Annual Health Check)

Quality

In April 2009 the Healthcare Commission merged with other bodies to form the Care Quality Commission.

The Care Quality Commission has reviewed how the NHS Trust will be assessed in 2009-2010. The assessment process is called the Periodic Review.

Changes have been made to ensure the Care Quality Commissioner present a clear picture of the quality of care provided by the NHS.

2009-2010 is a transitional year when NHS Trusts will also be applying to register against essential standards of quality and safety.

The following highlights the changes to the assessment process:

Publication of the Trust's registration status will replace the score for core standards as the main way to share publicly how the Trust is meeting essential standards of quality and safety.

The Care Quality Commission did not score compliance with core standards in 2009-2010. The Care Quality Commission will not be carrying out inspections to check declarations and will not alter or qualify declarations.

The Care Quality Commission did have made these changes because registration outcomes will be known by 1 April 2010, and will provide an earlier judgement of a

Trust's compliance with essential standards than a core standards score, which was planned for publishing in the autumn 2011.

The mid-year declarations made against core standards is still important information and will be used by the Care Quality Commission as part of the risk assessment for registration.

The Trust's declaration will still be published.

The decision not to score the core standards' assessment means that there will not be an aggregated score for quality of services in 2009-2010.

Three assessments will be published:

1. Registration status, which will be continuously monitored and updated
2. Achievement of national priorities in 2009-2010 which will be scored
3. Quality of financial management in 2009-2010 which will be scored

Registration - Legislation is bringing in a new system that applies to all regulated health and adult social care services. Registration is at the centre of the new system. From April 2010, all health and adult social care providers who provide regulated activities will be required by law to be registered with the Care Quality Commission. To do so, providers must show they are meeting new essential standards of quality and

safety across all of the regulated activities they provide.

The new system will make sure that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. The new system is focused on outcomes, rather than systems and processes, and places the views and experience of people who use services at the centre.

Subject to legislation, new registration comes into force on 1 April 2010 for NHS Trusts and on 1 October 2010 for Adult Social Care and Independent Healthcare providers (registration under the Care Standards Act 2000 continues until 30 September 2010).

National priorities - are used to assess whether levels of service set through the 2008-2011 planning round are being maintained. Assessment of performance against national priorities is components of the Care Quality Commission's periodic review in 2009-2010.

Quality of Financial Management - assessing how well Trusts are managing their financial resources drawing on work carried out by the Audit Commission and by Monitor, the independent regulator of Foundation Trusts.

The Periodic Review assessments for all NHS Trusts will be published on the Care Quality Commission website www.cqc.org.uk, which provides the methodology used for calculating the key performance indicators and guidance on registration.

Quality Accounts

In Lord Darzi's report 'High Quality of Care for All: 2008' quality is defined as encompassing three components:

1. Patient Safety
2. Clinical Effectiveness
3. Patient Experience

Lord Darzi defines quality of care as clinically effective, personal and safe. Being about the patient's entire experience of the NHS and ensuring they are treated with compassion, dignity and respect in a clean, safe and well managed environment.

The Department of Health has introduced legislation which requires all NHS organisations to produce Quality Accounts. For the first time all organisations will account publicly for the quality of care they provide. Quality Accounts will include indicators from local commissioning schemes and Strategic Health Authorities have been tasked to ensure a coherent and concerted approach to the development and use of Quality Accounts across each region.

The first Quality Accounts will be published in 2010 and will be based on information about quality improvement in 2009-2010.

The NHS Confederation Mental Health Network has been at the forefront of shaping the debate about Quality Accounts for Mental Health. In April 2009 the confederation issued a discussion

paper 'Scoping Quality Accounts in Mental Health'. The Discussion paper highlighted four key areas to be incorporated into Quality Accounts:

1. Safety
2. Patient and Carer Experience
3. Clinical Outcomes
4. Workforce and Staff Experience

Many of the areas listed build on the components of Darzi's Next Stage Review and are incorporated into work currently undertaken within core standards. The document also highlighted a number of performance metrics for each key area.

The Trust set four key quality priorities for 2009-2010. These, plus the publication of a number of quality performance metrics, would shape the Trust first Quality Account:

1. To continue a culture of high reporting and reduce the number of SUI's
2. To reduce the number of complaints, and improve the timeliness and quality of responses
3. Ensure the completion of the South of Tyne Internal work Programme
4. Care Pathways and Packages Programme

The internal Trust priorities are complemented by a number of additional priorities identified through the work jointly undertaken with commissioners to

develop the 'Commissioning for Quality and Innovation' (CQUIN) plan for 2009-2010.

The Trusts first Quality Account will be published in June 2010.

Performance Review

Quality Performance 1st April – 30th November 2009

In October 2009 the Care Quality Commission published the 2008-2009 performance ratings.

Overall results for NHS organisations were as follows:

Result	Quality	Financial Management
Excellent	15%	26%
Good	47%	45%
Fair	33%	26%
Weak	5%	3%

Northumberland, Tyne and Wear NHS Trust results were:

Quality of Services – Fair
Quality of Financial Management – Excellent

In 2008-2009 the Trust met all the national core standards, and improved or maintained its performance against those indicators which resulted in the Trust achieving an “excellent” rating for the quality of services during 2007-2008.

The Care Quality Commission’s summary of the Trust’s assessment for 2008-2009 showed that we scored the maximum possible points for:

- Safety and cleanliness
- Waiting to be seen
- Dignity and respect
- Keeping the public healthy
- Good management.

For standards of care the Trust scored nine points out of a possible 12. However it’s was performance against extra indicators introduced by the Care Quality Commission during 2008-2009 that resulted in an overall “fair” rating.

Based on our own self assessments we under achieved against the new standard for providing a comprehensive service for children and adolescents with mental health problems, which only 50% of trusts achieved. We also failed both the new green light toolkit that examines best practice in the planning and implementation of mental health support services for people with learning disabilities, which only 37% of trusts achieved, and the campus provision indicator that looks at the number of NHS campus patients with discharge plans.

We have made significant progress against each of these three new indicators. In partnership with commissioners and other organisations a comprehensive child and adolescent mental health service is now in place, we have an action plan that is addressing issues raised via the toolkit, and we are assured that all of our eligible NHS campus patients will have discharge plans in place by March 2010.

The enhancement of the assessment process introduced in 2008-2009 demonstrates that the performance monitoring regime for mental health trusts is getting tougher and over 60% of similar Trusts across the country have seen a reduction in their ratings. However, this must only spur us on further to rise to the challenge as we continually strive to meet and exceed all of our targets.

In 2009-2010 we have put a considerable amount of effort into not only improving local services, but also improving our performance management arrangements so that we know and understand the true position in relation to the performance of our services.

Our first priority is, and must continue to be, improving the quality and safety of all our services.

Complaints

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

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 were issued in April 2009. The Trust ratified a new complaints policy in July 2009, which is based on the six principles laid down by the Parliamentary and Health Service Ombudsman in the document Principles for Remedy October 2007.

For more detailed information on complaints and compliments please see the Annual Report for Northumberland, Tyne & Wear NHS Foundation Trust 1st December 2009 to 31st March 2010.

Annual Health Check 2008-2009

Annual Health Check 2008-2009

Component		Outcome
Core Standards		Fully Met
Health & Wellbeing	Data quality on ethnic group	Achieved
Clinical Quality	Completeness of mental health minimum data set (MHMDS)	Achieved
	Access to crisis resolution home treatment (CRHT)	Achieved
	Child & adolescent mental health services (CAMHS)	Underachieved
Safety	Care programme approach (CPA) 7 day follow up	Achieved
Patient Focus & Access	Delayed transfers of care	Achieved
	Best practices in mental health services for people with learning disabilities (Green light Toolkit)	Failed
	Experience of patients	Achieved
	Number of drug misusers in effective treatment	Achieved
	NHS staff satisfaction	Achieved
Campus provision		Failed
Number of people with a care plan		Achieved
Quality of Service rating		Fair
Quality of Financial Management rating		Excellent

Periodic Review 2009-2010

Component	Forecast
Access to crisis resolution home treatment (CRHT)	Expected to Achieve
Best practices in mental health services for people with learning disabilities (Green light Toolkit)	Expected to Achieve
Care programme approach (CPA) 7 day follow up	Expected to Achieve
Child & adolescent mental health services (CAMHS)	Expected to Achieve
Completeness of mental health minimum data set (MHMDS)	Expected to Achieve
Data quality on ethnic group	Expected to Achieve
Delayed transfers of care	Expected to Achieve
Number of drug misusers in effective treatment	Expected to Achieve
Experience of patients	Expected to Achieve
NHS staff satisfaction	Expected to Achieve
Patterns of care from mental health minimum data set (MHMDS)	Unknown
Campus provision	Expected to Achieve
Number of people with a care plan	Expected to Achieve
Achievement of National Priorities	Unknown
Quality of Financial Management rating	Excellent
Registration Status	Unknown

At the date of production of this report a number of the thresholds had not been published by the Care Quality Commission, making the forecast performance rating for national priorities difficult to predict.

Taking Care of the Environment

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

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

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

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

We have worked with the Waste Resource Action Programme and now maximise the recovery of construction, demolition and excavation arisings, minimising the quantity of waste being sent to landfill, and reduce the consumption of finite natural resources in new builds. We have adopted an approach which includes the following general principles where commercially viable (and in accordance with the waste hierarchy):

- reclamation and refurbishment of existing infrastructure;
 - recycling of construction, demolition and excavation arisings;
 - efficient design and stock control to minimise the use and waste of materials;
 - efficient waste management on-site;
 - procurement of products and materials with recycled content;
 - use of recovered products and materials; and
 - use of renewable materials from legal and sustainable sources (such as timber with appropriate certification).
- On Trust major projects at least 10% of the total value of materials used should derive from recycled and reused content in the products and materials selected
 - All contractors are required to develop a Site Waste Management Plan to be developed from the pre-design stage to inform the adoption of good practice waste minimisation in design.

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

These objectives are pursued while avoiding adverse impact on cost, quality or other requirements in the brief, and minimising transport usage (especially road transport of heavy materials) is considered where feasible.

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

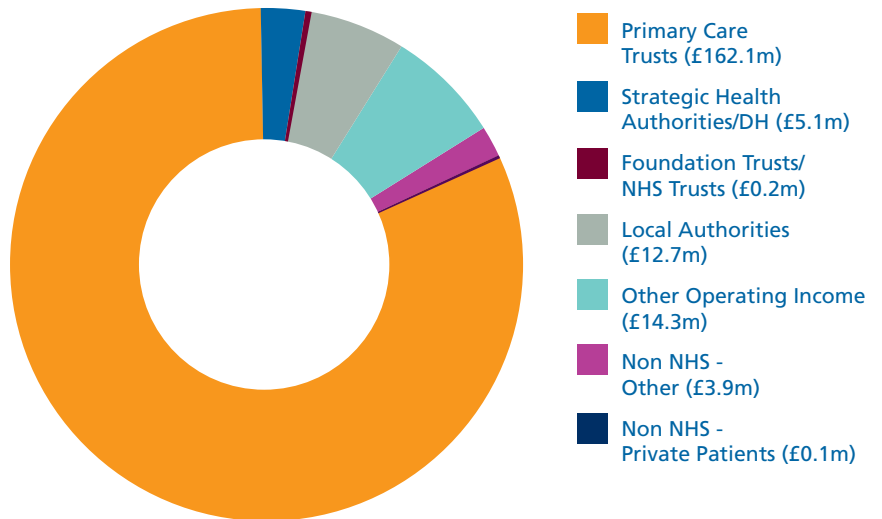
- All contractors are required to undertake a pre-demolition audit to maximise the material recovered from the demolition of existing buildings

Financial Performance

Income and Expenditure Review

The Trusts overall income for the period 1st April 2009 to 30th November 2009 was £198.4m. The majority of our income is achieved through contracts with primary care trusts for the delivery of patient care. All primary care organisations across the North East Strategic Health Authority area continue to commission their Mental Health and Disability Services through a single North East Commissioning Team which represents our main commissioning partner. A breakdown of overall income by source is shown to the right.

An analysis of income is shown below:



Income has remained relatively stable through the year.

An analysis of expenditure is shown below:



The majority of our patient care income continues to be contracted for on a block contract basis, whereby commissioners agree to pay a fixed sum for services provided by the Trust. The Trust is working with its main commissioners to develop contracts which consistently identify income by service type and activity, with common prices for services across all contracts. This first stage of this exercise has been completed during 2009/2010 and a timetable for implementation has been built into our contracts for 2010/2011. Revised prices for services will be reflected in contracts from 2011/2012 onwards. It has been agreed that this will be on an income neutral basis for the Trust.

Overall the Trust has spent £181.4m on delivering our contracted services, with a further £12.8m spent on depreciation and financing costs. A breakdown of that expenditure is shown to the left.

Financial Performance

Taking these figures into account, the Trust has delivered a revenue surplus of £4.3m, before exceptional items.

However, there were also a number of exceptional items which had to be taken into consideration in the preparation of this year's accounts. Firstly, we needed to change the basis of our accounting practice from the previous Generally Accepted Accounting Practice (GAAP) to International Financial Reporting Standards, a change that we reported in last year's accounts. This affected our financial reporting in two main ways.

- PFI transactions are now accounted for as owned assets. Previously we reported a single unitary payment for use of our PFI assets. Now they are accounted for as our own assets, increasing asset values by £54m, with the unitary payment separated between repayment of loans, interest and charges for maintenance services. As assets on our balance sheet they also now incur a depreciation charge. This change has been recognised in a restatement of last year's accounts, as required by accounting practice and Department of Health Guidance.
- The second major change is that we have moved to a new assessment of the valuation of our land and buildings known as Modern Equivalent Asset Valuation. This has had the impact of decreasing the value of our asset base. This change has also been reported through a restatement of last year's accounts.

Restated values are used as the comparator for previous years in the accounts presented for this period.

Over this period, we have seen a significant downturn in the economy, which has seen the value of our land and buildings further decrease. We are required to recognise any loss in value due to price change, which isn't simply a reversal of previous price rises, as a loss through the statement of comprehensive income. This meant that we have reported such losses, known as impairments, to the value of £37.9m in this period's accounts. We are also expecting further losses to be reported in the next accounting period before stabilisation in 2010/2011.

These exceptional items result in the Trust reporting a loss of just over £33m for the period. However, this is purely a technical accounting issue and the underlying surplus of £4.3m is slightly ahead of the planned surplus for the period, with the underlying financial position being in line with our long term financial plan.

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

- We kept our net borrowing within the target set by Government (External Finance Limit)
- We paid the right amount back to Government for the use of our buildings, land and equipment (External Finance Limit). This equated to 3.6% of the average

value through the year, which is within the planned target of 3-4%

- We underspent against the amount we were allowed to spend on new land buildings and equipment (Capital Resource Limit)
- We paid the people who provide us with goods and services on a timely basis (Better Payment Practice Code). Performance against the government target is that all creditors should be paid within 30 days, and this is disclosed on page 39.

Other Financial Targets

FT Risk Ratings	Achieved	Risk Rating
EBITDA Achieved (% of LTFM Plan)	114.7%	5
EBITDA Margin	9.0%	4
Return On Assets	8.1%	5
I&E Surplus Margin	3.0%	5
Liquidity Ratio	35 days	4
Overall Rating		4

The Trust also routinely monitors its performance against Monitor's compliance framework for financial performance and delivery for the year against this framework is shown above.

Under the framework the Trust would be assessed as a risk rating of 4 and would therefore receive a use of resource rating of excellent.

The Trust continues its efforts on improving its understanding and management of costs. We reported last year an improvement in the Trusts reference costs to 100, and the reference costs reported in this period for 2008/2009 were 99. Reference costs are an indication of how our unit costs compare to the national average (benchmarked as 100) but must be read with care for mental health services as many of our services are not included, units of service are very rudimentary and significant issues remain with achieving common definitions for services nationally. The Trust does however continue to use its reference cost analysis to support the identification of variation and opportunities for productivity and efficiency improvement across the Trust. The Trust is actively working on developing new currencies for mental health services, and the work that the Trust has

been undertaking as part of the Care Pathways and Packages consortium across the North East and Yorkshire and Humber has now been adopted as the national way forward for mental health currencies. The Trust will continue to actively develop these currencies in partnership with its main commissioners.

Cost Improvement Delivery

The Trust set itself a target for delivering recurring cost improvement savings of £8.1m in year or 3.5% of operating expenditure. A total of £8.2m has been delivered through a combination of service re-design, productivity and cost reduction.

Financial Performance

Capital Investment

The major elements of our capital programme are described throughout this report. We have delivered a significant programme of investment in the period totalling £10.6m in supporting the delivery of the Trust's strategy to ensure that all care is provided in first class environments.

Highlights of the programme for the current year include:

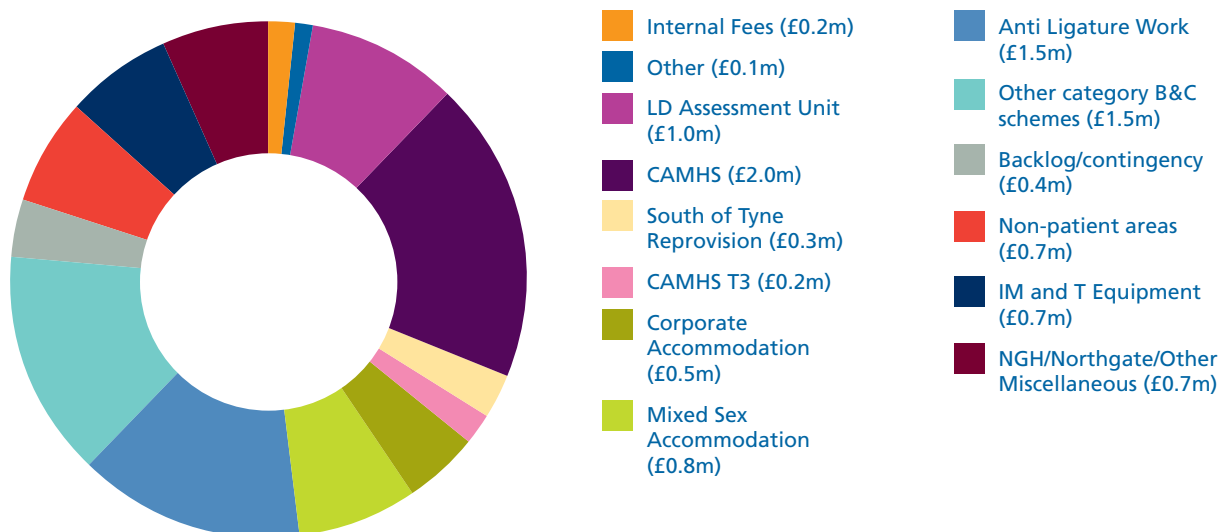
- Commencement of build on the integrated CAMHS Services which will replace existing facilities for children and adolescents. The business case

for the full development was approved as planned in May 2009.

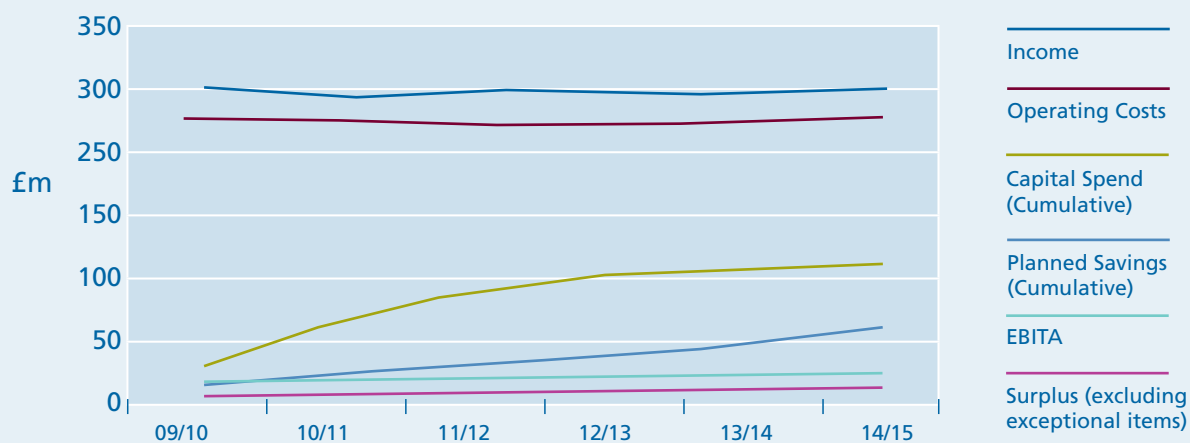
- Rose Lodge, a new LD Assessment and Treatment Unit to deliver in-patient facilities for Gateshead and South Tyneside residents, was completed and opened in September 2009.
- £3.8m has been spent on improving the environment and safety for wards.
- Investment in IM and T has continued with £700k being spent on improving IT infrastructure across the organisation.

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

An analysis of capital investment is shown below:



Key financial figures 2009 - 2014



Financial Strategy Review

We have reviewed our financial strategy within the year and this has been subject to review and assessment by Monitor as part of the process of authorising us as a Foundation Trust. We had already taken account of the changing economic environment when we reported in last year's accounts, but we have further reviewed this and further assessed the risks of the financial environment worsening over the next five years.

Our overall strategy remains consistent with that in place for the previous year. Over the next five years the underlying surplus position is expected to grow to £9.2m, which is broadly in line with that reported last year. To achieve this, cost improvements of £60m continue to be required over the period, representing around 4% of

manageable operating costs. This is to account for expected reductions in income uplifts going forward. The Trust is focusing its attention on productivity and efficiency improvements, and also on the removal of waste in its processes. This will be developed through ensuring that the Trusts structures, systems and processes are designed around patients, and will be managed through a programme management approach.

Capital investment over the next six years is planned to be over £106m, which will be focused on ensuring we deliver a minimum and universally good Trust standard for the quality of our care environments, while continuing to develop real centres of excellence. Highlights of this programme will be the replacement of facilities currently provided on the Cherry

Knowle site in Sunderland, completion of the integrated CAMHS tier 4 development on the Prudhoe site, re-provision of LD Forensic Low Secure Rehabilitation services on the Northgate site and Trust wide investment on minimum standards across all in-patient environments.

What risks do we face and how will we manage them?

The Trust Board reviews our risks on a bi-monthly basis and has systems and processes in place to manage risks across the organisation, but undoubtedly it is the vigilance, dedication and commitment to service users shown by our staff, which is our greatest asset in managing risk.

Statement on Internal Control

1 Scope of responsibility

This statement is made by the Accounting Officer of Northumberland, Tyne and Wear NHS Foundation Trust in respect of the NHS Trust's operations from 1 April 2009 to 30th November 2009.

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

The roles and responsibilities of the Trust's Directors have been developed to cover all aspects of risk, and these arrangements are reflected in their job descriptions. The Trust's performance is routinely monitored by the Senior Management Team, Trust sub-committees and by the Trust Board and effective governance arrangements have been in place throughout the year to provide the necessary assurances that performance and risk are effectively managed throughout the organisation. These governance arrangements have been in place for the eight months to 30th November 2009.

The Trust works with its commissioners, the Strategic Health Authority and other partner organisations, to agree objectives

and targets. These are monitored through, amongst others, the Trust's performance framework, National performance management arrangements, and contract monitoring arrangements with Commissioners.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Northumberland, Tyne and Wear NHS Trust for the part-year ended 30th November 2009, and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

The Executive Director of Performance and Assurance has overall lead responsibility for performance risk management within the Trust. While the Acting

Executive Director of Performance and Assurance has a lead role in terms of reporting arrangements, all Directors have responsibility for the effective management of risk within their own functional directorate, and corporate and joint responsibility for the management of risk across the organisation.

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

Sub-committees of the Trust Board are in place both to ensure effective governance for the major operational and strategic processes and systems of the Trust, and also to provide assurance that risk is effectively managed. Each of the Trust's Directorates has governance committees in place covering Quality and Performance, Service Development and Operational Management. Risk Registers are maintained and reviewed by each Directorate and reviewed through the Trust-wide governance structures. The Quality and Performance Committee consider Directorate Risk Registers and the corporate Risk Register every two months. The Trust successfully achieved the

NHS Litigation Authority (NHSLA) Risk Management Standards Level 1 compliance in February 2009, achieving the highest attainable score at this level (50/50).

The Mental Health Legislation Committee is a standing committee of the Trust Board with delegated powers to ensure that there are systems, structures and processes in place to support the operation

of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.

4 The risk and control framework

The Trust continually reviews its risk and control framework through

its governance and operational structures. It has identified its major strategic risks, and these are monitored and maintained and managed through the Board Assurance Framework and Risk Register, supported by Directorate Risk Registers. The Trust's strategic risks and mechanisms to control them have been identified as follows:

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

Statement on Internal Control

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

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

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

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

arrangements for both clinical and non-clinical risk, and has full responsibility for overseeing the Trust's performance against core standards as part of this role. The Quality and Performance Committee reviews the Risk Register for each directorate, and the Corporate Risk Register and assurance framework every two months. The committee also considers all aspects of quality and performance, in terms of delivery of internal and external standards of care and performance.

The Modernisation, Organisational Development and Programmes Committee is responsible for ensuring the effective management of the strategic development of the organisation, while the Finance, Infrastructure and Business Development Committee ensures that all matters relating to Finance, Estates, IM and T and Business and Commercial Development are effectively managed and governed.

The Senior Management Team is responsible for the co-ordination and operational management of the system of internal control and for the management of the achievement of Trust objectives agreed by the Trust Board. Operational management, through the Trust Directors is responsible for the delivery of Trust objectives and national standards and for managing the risks associated with the delivery of these objectives through the implementation of the Trust's risk and control framework. Governance Groups have been in place across all Directorates throughout this accounting period, with each Directorate having in place an Operational Management

Group, a Quality and Performance Group and a Service Development Group. To fulfill this function it reviews the Trust Assurance Framework and Corporate Risk Register, as well as reviewing Directorate Risk Registers. It also receives and considers detailed reports on performance and risk management across the Trust. Summary reports on the work of internal audit are also presented to the Senior Management Team on a regular basis, with the emphasis on lessons learned and follow up actions required.

Throughout the year the Audit Committee has operated as the key standing committee of the Trust Board with the responsibility for assuring the Trust Board that effective processes and systems in place across the organisation to ensure effective internal control, governance and risk management. The Audit Committee is made up of three Non-Executive Directors, and reports directly to the Board. The Committee achieves its duties through:

- Review of the assurance framework in place across the organisation and detailed review of the Trust self assessment against core standards.
- Scrutiny of the corporate governance manual for the Trust.
- The agreement of external audit, internal audit and counter fraud plans and detailed scrutiny of progress reports. The Audit Committee pays particular attention to any aspects of limited assurance, any individual areas within reports where particular issues of risk have been

highlighted by internal audit, and on follow up actions undertaken. Discussions take place with both sets of auditors and management as the basis for obtaining explanations and clarification.

- Receipt and detailed scrutiny of reports from Trust management concerning the governance and performance management of the organization, where this is considered appropriate.
- Review of its own effectiveness against national best practice on an annual basis. The terms of reference for the committee were adopted in line with the requirements of the Audit Committee handbook.

Confirmation was received during this accounting period from the Counter Fraud and Security Management Service that the Trust has again retained a rating of Level 3 for its "compound indicators," which indicates that it is performing "well." Compound indicators are a means by which health bodies can establish their strengths and weaknesses in the different areas of counter fraud work, which helps them to focus their resources appropriately. With this continued rating, the Trust is assessed as continuing to perform in the top decile nationally for its Counter Fraud work.

The Trust Board has had an Assurance Framework in place for the full year and has monitored delivery against the gaps in controls and assurance identified. The Assurance Framework includes controls and assurances relating to the key risks to the achievement of the Trust's strategic objectives. It is also has supported the process

for assessing compliance with the standards for better health, which underpinned the Trust declaration on self-assessment against core standards, which was made in October 2009. This is supported by a Risk Register within which risks are assessed using a nationally approved methodology. The Integrated Assurance Framework and Corporate Risk Register has been reported to the Trust Board every two months, and has been subject to extensive review through the year, with the risks being assessed in detail by the Senior Management Team, the Quality and Performance Committee, the Trust Strategic Forum (an advisory group consisting of around 100 of the most senior clinical and management leaders across the Trust) and amendments made which further align the framework to the risks to the delivery of strategic objectives

The risk management strategy and governance structure identified above has been developed in line with nationally identified good practice and assurance of this has been received through independent assessment of performance against standards assessed through the NHSLA scheme, where the Trust has Level 1 compliance, with an assessment of 100% delivery against all standards. The Assurance Framework and arrangements for governance have also been subjected to external review through the Foundation Trust application process, including review by Monitor, the Department of Health and independent auditors. The Trust achieved Foundation status from 1st December 2009. Further work in place, identified through the Assurance Framework,

to strengthen Governance arrangements is as follows:

- continuing the embedding of the assurance framework into the work of the Directorate Governance groups;
- a review of systems and processes for the ongoing management of the Risk Register being undertaken by the Acting Executive Director of Performance and Assurance;
- developing our working relationships with commissioners in order to help manage the risks relating to some strategic objectives;
- developing the assurance framework to incorporate maintenance objectives more effectively;
- further developing the utilisation of the assurance framework as the core tool for the audit committee to approve the plans for internal and external audit, and the overall process for gaining assurance that key controls in the organisation are effective; and
- finalising the roll out of the RiO information system and improved directorate information systems to help deliver several of the clinical directorates' objectives.

The Trust has produced a declaration on its self-assessment against Core Standards, which has been informed by the process identified above. The Trust is fully compliant with the Core Standards for Better Health. The Trust has also commenced the process of Registration with the Care Quality Commission and is expected to achieve full registration from 1st April 2010.

Statement on Internal Control

The framework described has identified no significant gaps in control.

The Trust involves external stakeholders in identifying and managing risks to its strategic objectives in a number of ways. These include:

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

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that the organisation's obligations under equality, diversity and human rights. All policies implemented across the organisation have been subject to equality impact assessments.

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

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are being developed 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 effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the

overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with further assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls in place to manage the risks associated with achieving key organisational objectives have been systematically reviewed. My review is also informed by positive comments made by (i) the National Health Service Litigation Authority, having achieved Level I for the Clinical Risk Management Standards for Mental Health and Learning Disability, (ii) External Audit, (iii) Mental Health Act Commission and (iv) NHS North East (v) Monitor's assessment in authorising the Trust for Foundation Trust status.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, and Trust Governance Committees.

There are a number of processes and assurances that contribute towards the system of internal control as described above. These have been thoroughly reviewed through the year, and revised governance arrangements put in place to further strengthen and embed the operation of the Assurance Framework across the Trust and to further integrate the

various processes of control in operation across the Trust. The Assurance Framework encapsulates the work that has been undertaken throughout the year in ensuring that the Trust Board has an appropriate and effective control environment. This has identified no significant gaps in control and where gaps in assurance have been identified, action plans are in place to ensure that these gaps are addressed.

My review confirms that Northumberland, Tyne and Wear NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives

A handwritten signature in black ink, appearing to read 'G E Fairfield', with a long horizontal stroke extending to the right.

Chief Executive Officer
(on behalf of the board)

Date 31st March 2010

Charitable Funds

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

As at 30 November 2009, the Trust's share of charitable funds was estimated at £1,097,000.

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

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

Summary Annual Accounts

Statement of directors' responsibilities in respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

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

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board



Gillian Fairfield
Chief Executive
31st March 2010

James Duncan
Finance Director
31st March 2010

Summary Annual Accounts

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

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

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

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



Gillian Fairfield
Chief Executive
31st March 2010

Independent auditor's statement to the Board of Directors of Northumberland, Tyne and Wear NHS Trust

I have examined the summary financial statement which comprises the Statement of Comprehensive Income, Statement of Financial Position, the Statement of Cash Flows and associated notes set out on pages 36 to 41.

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

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

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

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the period ended 30 November 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements on 31 March 2010 and the date of this statement.

Cameron Waddell
Officer of the Audit Commission
Audit Commission
Nickalls House
Metro Centre
Gateshead
NE11 9NH

31 March 2010

Remuneration Report

Salary and Pension Entitlements of Senior Managers

The Trust has a Remuneration Committee. Its membership for 2009/2010 was made up of the Chair and Non Executive Directors. The policy on the remuneration of senior managers is that the Committee's remit covers the remuneration of the Chief Executive and all Directors.

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

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

The remuneration and pension

benefits tables disclosed opposite have been subject to audit and an unqualified opinion has been given.

Remuneration

Name and Title	2009-2010 up to 30 November 2010			2008 - 2009		
	Salary Bands of £5000	Other Remuneration	Benefits in Kind*	Salary Bands of £5000	Other Remuneration	Benefits in Kind*
	£000	£000	Rounded to the nearest £100	£000	£000	Rounded to the nearest £100
Jules Preston - Chair	15 - 20	0	0	20 - 25		0
Anne Ward Platt - Non-Executive and Deputy Chair	0 - 5	0	0	6 - 10		0
Ken Grey - Non-Executive	0 - 5	0	0	6 - 10		0
Fiona Standfield - Non-Executive	0 - 5	0	0	6 - 10		0
Chris Watson - Non-Executive	0 - 5	0	0	6 - 10		0
Paul McEldon - Non-Executive	0 - 5	0	0	6 - 10		0
Judith Curry - Non Executive	0 - 5	0	0	0 - 5		0
Dr Gillian Fairfield - Chief Executive	115 - 120	0	0	85 - 90		0
James Duncan - Director of Finance and Deputy Chief Executive	80 - 85	0	3	120 - 125		27
Elizabeth Latham - Director of Human Resources	60 - 65	0	0	90 - 95		34
Gary O'Hare - Director of Nursing and Operations	70 - 75	0	5	95 - 100		53
Dr Suresh Joseph - Medical Director	120 - 125	0	0	180 - 185		0
Lisa Quinn - Acting Director of Performance and Assurance	60 - 65	0	0	10 - 15		0
Colin McCoy - Director of Forensic Services	65 - 70	0	1	80 - 85		0
Kate Simpson - Director of Learning Disability Services	55 - 60	0	0	75 - 80		0
Russell Patton - Director of Adult Services	55 - 60	0	3	80 - 85		21
Adele Coulthard - Director of Service Development	60 - 65	0	0	90 - 95		0
Bruce Dickie - Director of Children, Young People and Specialist Services	55 - 60	0	1	80 - 85		10
Malcolm Aiston - Associate Director of Estates and Facilities	55 - 60	0	1	75 - 80		12
Sandra Good - Commercial Director	5 - 10	0	0	0		0
Timothy Docking - Acting Director of Older People's Services	20 - 25	0	1	0		0
Andrew Fairbairn - Chief Executive	0	0	0	130 - 135		0
Roy McLachlan - Chief Operating Officer	0	0	0	85 - 90		0

*All benefits in kind are leased cars

Remuneration Report

Period in Office

Non-Executive		
Chair	01/04/09 - 30/11/09	Jules Preston
Non-Executive Director and Deputy Chair	01/04/09 - 30/11/09	Anne Ward Platt
Non-Executive Director	01/04/09 - 30/11/09	Paul McEldon
Non-Executive Director	01/04/09 - 30/11/09	Ken Grey
Non-Executive Director	01/04/09 - 30/11/09	Fiona Standfield
Non-Executive Director	01/04/09 - 30/11/09	Chris Watson
Non-Executive Director Designate	01/04/09 - 30/11/09	Judith Curry*

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

Executive		
Chief Executive	01/04/09 - 30/11/09	Dr Gillian Fairfield
Director of Finance and Deputy Chief Executive	01/04/09 - 30/11/09	James Duncan
Director of Nursing and Operations	01/04/09 - 30/11/09	Gary O'Hare
Director of Workforce and Organisational Development	01/04/09 - 30/11/09	Elizabeth Latham
Medical Director	01/04/09 - 30/11/09	Dr Suresh Joseph
Acting Director of Performance and Assurance	01/04/09 - 30/11/09	Lisa Quinn

Other Senior Employees		
Director of Service Development	01/04/09 - 30/11/09	Adele Coulthard
Director of Children, Young People and Specialist Services	01/04/09 - 30/11/09	Bruce Dickie
Director of Forensic Services	01/04/09 - 30/11/09	Colin McCoy
Director of Working Age Adults Services	01/04/09 - 30/11/09	Russell Patton
Director of Learning Disability Services	01/04/09 - 30/11/09	Kate Simpson
Associate Director Estates and Facilities	01/04/09 - 30/11/09	Malcolm Aiston
Commercial Director	01/10/09 - 30/11/09	Sandra Good
Acting Director of Older People's Services	01/09/09 - 30/11/09	Timothy Docking

Pension Benefits

	Real Increase in pension at age 60	Real Increase in pension at lump sum	Total accrued pension at age 60 at 30-11-09	Lump sum at age 60 related to accrued pension at 30-11-09	Cash Equivalent Transfer Value at 30-11-09	Cash Transfer Value at 31-03-09	Real Increase in Cash Equivalent Transfer Value	Employer's contribution to Stakeholder Pension
	Bands of £2.5k £000	Bands of £2.5k £000	Bands of 5k £000	Bands of 5k £000	£000	£000	£000	£00
Dr Gillian Fairfield Chief Executive	2.5 - 5	12.5 - 15	50 - 55	160 - 165	1106	931	153	1068
James Duncan Director of Finance	0 - 2.5	0 - 2.5	25 - 30	75 - 80	378	342	27	189
Elizabeth Latham Director of Human Resources	0 - 2.5	0 - 2.5	25 - 30	75 - 80	610	556	40	281
Gary O'Hare Director of Nursing	2.5 - 5	12.5 - 15	40 - 45	130 - 135	736	624	96	675
Dr Suresh Joseph Medical Director	0 - 2.5	5 - 7.5	80 - 85	245 - 250	1903	1763	97	676
Lisa Quinn Acting Director of Performance and Assurance	2.5 - 5	7.5 - 10	20 - 25	70 - 75	312	258	48	334
Colin McCoy Director of Forensic Services	0 - 2.5	5 - 7.5	45 - 50	135 - 140	869	788	62	433
Kate Simpson Director of Learning Disability Service	0 - 2.5	0 - 2.5	20 - 25	65 - 70	396	369	18	125
Russell Patton Director of Adult Services	0 - 2.5	0 - 2.5	25 - 30	80 - 85	495	449	35	247
Adele Coulthard Director of Service Development	0 - 2.5	0 - 2.5	20 - 25	65 - 70	345	322	15	105
Bruce Dickie Director of Children, Young People and Specialist Services	0 - 2.5	0 - 2.5	20 - 25	70 - 75	380	344	27	192
Malcolm Aiston Associate Director of Estates and Facilities	0 - 2.5	2.5 - 5	30 - 35	90 - 95	543	491	39	276
Timothy Docking Acting Director of Older Peoples Services	0 - 2.5	0 - 2.5	20 - 25	65 - 70	363	333	22	151

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

Remuneration Report

Cash Equivalent Transfer Values

Cash equivalent transfer values are not applicable where individuals are over 60 years old.

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

“A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.”

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Register of Interests

Name	Register of Interests
Jules Preston, Chairman	Grace House Children's Hospice Appeal – Chairman and Trustee (Unpaid) NDC, Back on the Map Ltd, Regeneration Co. Hendon and East End of Sunderland – Independent Chairman (paid) International Quality Centre (IIP abroad) NED (paid) Assessment North East Ltd (responsible for promoting investors in people – Chairman (unpaid) Northern Pinetree Trust and Spirit of Enterprise : Trustee (unpaid) Helix Arts: Trustee (unpaid) Magistrate at North Tyneside
Anne Ward Platt, Vice-Chairman Non-Executive	Director AWP Associates Independent Conciliator, NHS South of Tyne and Wear
Fiona Standfield, Non-Executive	Magistrate at South East Northumberland and Member of Magistrates' Advisory Panel; Deputy Chair of Bench Training and Development Committee (unpaid) Member of Common Purpose Northumberland and Tyne and Wear Advisory Panel (unpaid) Vice-Chair Board of Northern Stage (Theatre Company) (unpaid) Board Member Northumberland Tourism (unpaid) Company Director, Witton House Associates (paid) Governor Westfield School (unpaid)
Ken Grey, Non-Executive	Chairman – Newcastle Healthcare (DOH Section 52) Charity Independent Chairperson – Newcastle Children's Voluntary Sector Reference Group Trustee – The Tyneside Leukaemia Research Association Magistrate at Newcastle upon Tyne Member of the Neuro Science Foundation of West Bengal
Paul McEldon, Non-Executive	Director: North East of England Business and Innovation Centre Ltd Director: Drawcrown Ltd Director: Tyne and Wear Education and Business Links Organisation Ltd Director: National Federation of Enterprise Agencies Ltd Director: North East Enterprise Agencies Ltd Director: Sunderland Science Park Ltd
Chris Watson, Non-Executive	Northumbrian Water Ltd – Water Production Manager Non-Executive Director and Vice-Chairman – Constructing Excellence North East
Judith Curry, Non-Executive	NIL
Dr Gillian Fairfield, Chief Executive	Associate Member of GMC (Interim Orders Panel) Associate of Care Quality Commission Trustee & Secretary of Friends of All Saints – Kirby Overblow (Charity No. 1128415) Son is Deloitte's Scholar (2007-2011)

Register of Interests

Name	Register of Interests
James Duncan, Executive Director of Finance	Brother-in-Law is a partner with Dickinson Dees who provide legal advice to the Trust
Dr Suresh Joseph, Executive Medical Director	NIL
Elizabeth Latham, Executive Director of Workforce and Organisational Development	Husband (Bernard Latham) works for the Newcastle PCT
Gary O'Hare, Executive Director of Nursing and Operations	Wife (Janice O'Hare) is employed by NHS North of Tyne as Associate Director of Service Modernisation
Lisa Quinn, Acting Executive Director of Performance and Assurance	NIL
Malcolm Aiston, Associate Director of Estates and Facilities	NIL
Kate Simpson, Director of Learning Disability Services	NIL
Russell Patton, Director of Working Age Adult Services	NIL
Colin McCoy, Director of Forensic Services	NIL
Bruce Dickie, Director of Children, Young People and Specialist Services	NIL
Adele Coulthard, Director of Service Development	NIL
Tim Docking, Acting Director of Older People's Services	Long standing relationship with another member of the Trust Senior Management Team, Caroline Wild, Head of Partnerships.
Sandra Good, Commercial Director	Runs own management consultancy business (Individual pieces of work will be declared separately) Acts as Associate Manager for Rotherham, Doncaster and South Humber NHS Foundation Trust

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We are always looking for ways to improve our public documents, including our annual report, so if you have any ideas please tell us on the above contact details.

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Summary Financial Statements

The financial statements which follow are only a summary of the information contained in the Trust's annual accounts, and therefore statements might not contain sufficient information for a full understanding of the Trust's financial position and performance. The Trust's Auditors, the Audit Commission, have issued an unqualified report on the annual accounts

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

The audit fee of £126,550 (£106,460 plus VAT) for the period 1 April 2009 to 30 November 2009 relates entirely to the statutory audit and services carried out in relation to the statutory audit.

Each director has stated that as far as he/she is aware, there is no relevant audit information of which the Trust's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the Audit Commission are aware of that information.

Foreword to the Accounts

These accounts for the period ended 30 November 2009 have been prepared by the Northumberland, Tyne & Wear NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

Summary Financial Statements

Statement of Comprehensive Income for the Period Ended 30 November 2009

	01/04/09 - 30/11/09 £000	2008/09 £000	
Revenue			Money we received for delivering health care, mainly from other health bodies.
Revenue from patient care activities	184,085	271,017	Money we received from other operations - such as providing social services and non-health care services to other Trusts.
Other operating revenue	14,323	23,682	
Operating expenses	(224,380)	(298,027)	
Operating (deficit)	(25,972)	(3,328)	Money spent in delivering our services.
Finance costs:			
Investment revenue	34	797	Bank interest received.
Other (losses) and gains	(863)	3	Losses (and gains) on the disposal of property, plant and equipment.
Finance costs	(2,565)	(3,911)	
(Deficit) for the period	(29,366)	(6,439)	
Public dividend capital dividends payable	(4,287)	(7,646)	Interest payable on loans and the trusts pfi schemes, and an adjustment to account for changes in value of money over time.
Retained (deficit) for the period	(33,653)	(14,085)	
Other comprehensive income			
Impairments and reversals	(25,783)	(15,719)	Money paid to the government for the use of our land and buildings.
Gains on revaluations	19,354	96	
Receipt of donated/government granted assets	0	104	
Reclassification adjustments: - Transfers from donated and government grant reserves	(35)	(57)	
Total comprehensive income for the period	(40,117)	(29,661)	This shows any movements in reserves. In the accounts of a company the total would be the amount owed to shareholders.

All income and expenditure is derived from continuing operations.

Statement of Financial Position as at 30 November 2009

	30 November 2009 £000	31 March 2009 £000	1 April 2008 £000	
Non-current assets				Value of land, buildings and equipment that we own.
Property, plant and equipment	216,575	261,199	282,140	Value of software licences used as assets but not owned.
Intangible assets	3	5	7	
Trade and other receivables	114	108	117	Amount owed to us that we will receive within a year - mainly from other NHS organisations.
Total non-current assets	216,692	261,312	282,264	
Current assets				
Inventories	362	301	315	The value of land and buildings that will be recovered through sale rather than continuing use.
Trade and other receivables	14,805	16,214	20,005	
Cash and cash equivalents	12,936	3,639	3,639	
	28,103	20,154	23,959	
Non-current assets held for sale	5,128	331	957	Amount that is due to be paid within a year.
Total current assets	33,231	20,485	24,916	
Total assets	249,923	281,797	307,180	Amount that is due to be repaid on the Trusts loan and pfi liabilities within a year.
Current liabilities				
Trade and other payables	(22,254)	(12,589)	(12,254)	Amount set aside to cover events that have happened for which we expect to have to make a payment within a year.
Borrowings	(1,388)	(1,034)	(1,158)	
Provisions	(2,527)	(6,255)	(5,158)	
Other liabilities	(254)	(253)	(354)	
Net current assets/(liabilities)	6,808	354	5,992	Amount that is due to be paid in more than a year.
Total assets less current liabilities	223,500	261,666	288,256	
Non-current liabilities				
Trade and other payables	(285)	(292)	(303)	Amount that is due to be repaid on the Trusts loan and pfi liabilities in more than a year.
Borrowings	(49,168)	(47,208)	(48,242)	
Provisions	(4,789)	(4,791)	(5,106)	
Total assets employed	169,258	209,375	234,605	Amount set aside to cover events that have happened for which we expect to have to make a payment in more than a year.
Financed by taxpayers' equity:				
Public dividend capital	201,871	201,871	197,440	Amount that the government has notionally invested in the Trust.
Retained earnings	(50,874)	(17,242)	(3,795)	
Revaluation reserve	17,266	22,765	38,928	
Donated asset reserve	944	1,926	2,013	Net amount by which expenditure has exceeded income since the Trust was set up.
Government grant reserve	51	55	19	
Total Taxpayers' Equity	169,258	209,375	234,605	Increases in the value of land and buildings since the Trust was set up.

Of the non current assets held for sale as at 30 November 2009, £4,848,000 related to land valued at open market value. The financial statements were approved by the Board on 31st March 2010 and signed on its behalf by: Dr Gillian Fairfield, Chief Executive.



Summary Financial Statements

Statement of Cash Flows for the Period Ended 30 November 2009

	01/12/10 - 31/03/10 £000	2008/09 £000
Cash flows from operating activities		
Operating (deficit)	(25,972)	(3,328)
Depreciation and amortisation	5,063	7,702
Impairments and reversals	37,922	18,310
Transfer from donated asset reserve	(31)	(51)
Transfer from government grant reserve	(4)	(6)
Interest paid	(2,209)	(3,839)
Dividends paid	(3,360)	(7,646)
(Increase)/decrease in inventories	(61)	14
Decrease in trade and other receivables	1,400	3,691
Increase in trade and other payables	7,247	160
Increase in other current liabilities	1	(101)
(Decrease) in provisions	(3,777)	710
Net cash inflow from operating activities	16,219	15,616
Cash flows from investing activities		
Interest received	37	906
(Payments) for property, plant and equipment	(9,520)	(19,902)
Proceeds from disposal of plant, property and equipment	160	3
Net cash (outflow) from investing activities	(9,323)	(18,993)
Net cash inflow/(outflow) before financing	6,896	(3,377)
Cash flows from financing activities		
Public dividend capital received	0	5,900
Public dividend capital repaid	0	(1,469)
Loans received from the DH	3,000	0
Other capital receipts	0	104
Capital element of finance leases and PFI	(599)	(1,158)
Net cash inflow from financing	2,401	3,377
Net increase in cash and cash equivalents	9,297	0
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the period	3,639	3,639
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the period	12,936	3,639

The total operating deficit as per the Statement of Comprehensive Income.

Better Payment Practice Code - Measure of Compliance

	01/04/09 - 30/11/09		2008/09	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	42,815	42,889	63,280	67,829
Total Non NHS trade invoices paid within target	40,498	40,859	59,874	65,657
Percentage of Non-NHS trade invoices paid within target	94.6%	95.3%	94.6%	96.8%
Total NHS trade invoices paid in the period	1,157	60,426	2,130	112,687
Total NHS trade invoices paid within target	1,096	59,738	1,960	111,650
Percentage of NHS trade invoices paid within target	94.7%	98.9%	92.0%	99.1%

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

The Trust has not signed up to the prompt payments code.

The Late Payment of Commercial Debts (Interest) Act 1998

	01/04/09 - 30/11/09 £000	2008/09 £000
Amounts included in finance costs from claims made under this legislation	0	
Compensation paid to cover debt recovery costs under this legislation	1	
Total	1	

Management Costs

	01/04/09 - 30/11/09 £000	2008/09 £000
Management Costs	9,726	14,602
Income	197,213	294,112

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

Related Party Transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Dr Gillian Fairfield, Chief Executive - son is a scholar at Deloitte. The Trust processed purchase invoices for professional fees totalling £124,143 during the reporting period. - Associate of Care Quality Commission. The Trust processed purchase invoices for rates totalling £18,429 during the reporting period.	124,143 18,429	 0	 0	 0
James Duncan, Executive Director of Finance - brother in law is a partner at Dickinson Dees. The Trust processed purchase invoices for legal fees totalling £236,071 during the reporting period.	236,071	0	0	0
Chris Watson, Non Executive Director - Water Production Manager at Northumbria Water Ltd. The Trust processed purchase invoices for water rates totalling £243,060 during the reporting period.	243,060	0	0	0
Sandra Good, Commercial Director - runs her own management consultancy business. The Trust processed purchase invoices for consultancy fees totalling £35,406 during the period.	35,406	0	0	0
Adele Coulthard, Director of Service Development - Member of the Management Committee of North East Association of Psychoanalytic Psychotherapy. The Trust processed purchase invoices for training courses totalling £2,860 during the reporting period.	2,860	0	0	0

Related Party Transactions

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

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

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

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

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