# thequarter.

Quarter 2 2011/12

An update from David Flory, Deputy NHS Chief Executive

## Index



# Introduction

The quarter provides the definitive account of how the NHS is performing at national level against the requirements and indicators set out in the NHS Operating Framework 2011/12.[1] This edition of the quarter covers the period from July to September 2011, the second period in the 2011/12 performance year.

## Service performance

Key performance indicators show that in spite of the significant challenge of beginning to deliver on local quality, innovation, productivity and prevention (QIPP) plans, standards of safety and quality have been maintained or improved.

- MRSA infections were 33 percent lower than during the same quarter last year and similarly C.difficile infections were 16 percent lower.
- Access to services continued to be maintained with the NHS delivering above the NHS constitutional commitment to treatment within 18 weeks of referral for 90 percent of admitted patients and 95 percent of non admitted services.
- The number of breaches of mixed-sex sleeping accommodation also continued to decrease with a breach rate of 0.7 per 1,000 episodes.
- Key cancer standards have been achieved across all eight performance measures.
- A&E standards and ambulance response time standards continue to be delivered.

The NHS continues to report a healthy aggregate surplus. SHAs and PCTs are forecasting a combined surplus of £1,190 million (1.2 percent of total NHS revenue resources), this compares to a £1,165 million surplus, forecast at quarter 1 (Q1). In addition, a survey at the end of Q1 showed that emergency readmission within 30 day rules have been applied effectively and that £92.4 million has been reinvested in services to promote more effective discharge arrangements with more than one third being directed into specified services including home reablement, intermediate care and community health services.

However, sustaining levels of performance has been hard won and a number of organisations continue to present problems delivering the standards set out in the performance framework. In quarter two (Q2), a number of organisations have been subject to close scrutiny, particularly in relation to access standards. The NHS Operating Framework 2012/13[2] which was published on 24 November 2011 sets out further measures to ensure that the 18 week constitutional standards are delivered sustainably and a concerted effort

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738

2 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360


Gateway Reference Number 17052

will be required to ensure that the standards are maintained throughout the traditionally challenging winter months with a particular focus on patients who are currently waiting beyond 18 weeks for treatment.

## Delivering QIPP

In *quarter one*[3] (Q1) we set out how the core themes of QIPP are vital to sustaining a high quality NHS into the future. Although the spending review settlement will deliver real terms increases to the NHS budget, the demands of an ageing population and the impact of new medical and technological breakthroughs require us to ensure that we get the best value out of every penny the NHS spends to ensure that QIPP continues to underpin delivery.

The NHS has put in place detailed plans for the delivery of the up to £20 billion efficiencies required to deliver the service improvements through the QIPP programme over four years. The quarter sets out initial progress towards this ambitious goal and shows that at the mid point of this first year, the NHS has released £2.5 billion in QIPP savings. We have also seen progress against the key delivery milestones for each region and a continued reduction in the level of non-elective admissions to acute services, which would indicate that the NHS is performing in line with our expectation that patients with long-term conditions are better supported by avoiding the need for emergency admissions.

**Figure 1: Categories of planned QIPP savings in 2011/12**

| QIPP Category | Q2 Forecast 2011/2012 Annual Savings £m | Q2 2011/2012 YTD Savings £m |
|---|---|---|
| Acute Services | 2,920 | 1,198 |
| Ambulance services | 70 | 30 |
| Community services | 468 | 228 |
| Continuing healthcare | 145 | 70 |
| Mental health and learning disability services | 424 | 183 |
| Non-NHS healthcare (inc reablement) | 158 | 89 |
| Prescribing | 358 | 164 |
| Primary care, dental, pharmacy, ophthalmic services | 214 | 97 |
| Specialised commissioning | 289 | 138 |
| Other | 855 | 278 |
| **Grand total** | **5,901** | **2,475** |

During Q2, we have begun to see greater involvement from emerging Clinical Commissioning Groups (CCGs) in the ownership and delivery of QIPP in their local areas, in collaboration with existing PCT clusters. We have noted a reduction in GP written referrals into the acute sector, which is a positive indication of active GP engagement with QIPP and demonstrates a focus on referral practices to begin to shape service delivery for the future.

Overall elective activity has continued to increase, albeit at a lower rate than in recent years, as trusts have worked to clear their waiting list backlogs. Despite this increased activity and other pressures on the acute sector, the forecast level of savings anticipated for 2011/12 has remained in line with expectations at Q1 (£5.9 billion). Whilst the NHS has reported a significant saving in the first six months of the financial year, it will need to continue with this focus, delivering further savings, whilst driving up quality, to achieve the forecast £3.4 billion savings in the second half of the year. Seasonal pressures around winter will present a challenge to the NHS, but it is essential that progress continues on delivery of the ambitious reform agenda to safeguard quality improvements and additional efficiencies in future years.

3 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130323

In addition to the delivery of savings, all NHS organisations have now set key milestones to underpin their respective QIPP programmes which have been agreed by SHA clusters in collaboration with CCGs. In the first half of 2011/2012, QIPP financial delivery has been largely attributed to efficiency and productivity gains as organisations consolidate and re-organise back office functions and implement productivity programmes.

Although the NHS has made a good start to the QIPP period and reports the delivery of substantial savings in the first half of 2011/12, it faces significant challenges in the second half of the year. Achieving the additional £3.4 billion of savings the NHS expects to make by March 2012 will require continued and sustained focus. The potential to continue to reduce costs through standard approaches to efficiency will decrease in value over time. We have established, through working in partnership with the NHS, that substantial opportunities exist to improve the quality of NHS services, the outcomes it achieves and overall service efficiency simultaneously by transforming services to deliver care closer to home and outside of traditional acute settings. It is vital that the NHS carries out the actions during the remainder of 2011/12 that will drive the transformational changes towards the end states the NHS is planning to deliver in future years. These changes will ensure the NHS meets the quality and productivity challenge it faces not just in 2011/12 but in every year until 2014/15, and will be tracked using robust local milestones.

## Progressing reform

The publication of the NHS Future Forum report[4] and the government response in June this year set the context for future changes. Over Q2, renewed progress has been made in defining the future configuration of both provider and commissioner organisations.

The recent publication of 'developing clinical commissioning groups: towards authorisation'[5] sets out further details for emerging CCGs outlining the high-level process and timescales for authorisation to help emerging CCGs to prepare for authorisation. Further progress has also been made in setting out guidance for the delegation of budgets which will allow organisations to make further progress.

Further progress has also been made in the establishment of the NHS Commissioning Board as a Special Health Authority with a high level structure announced and a number of high level appointments now taking place to enable the organisation to develop in readiness to take responsibility for delivery over 2012/13.

The negotiation and formal signing of the Tripartite Formal Agreements at the end of September 2011 set future direction for providers and a road map to deliver the challenging ambition to establish an all foundation trust provider sector to deliver safe, high quality care to patients in the future with additional support for those organisations identified as needing it.

The NHS Operating Framework 2011/12 set out that NHS funds were set aside specifically for services which would foster stronger links with local authorities (LAs), recognising the key interdependencies between NHS services and care and support services. A recent survey confirmed that arrangements are in place for the transfer of these funds and that local plans have been jointly agreed for this expenditure. The NHS Operating Framework 2012/13 has set out further ambition in this area and we expect PCTs and LAs to continue to work together closely on their joint plans for this expenditure.

## Conclusion

The NHS has continued to deliver above the key performance standards and has performed strongly in addressing the joint challenge of QIPP delivery in the context of the reform agenda however we cannot afford to be complacent. The winter period presents an annual challenge and this will continue to be the case this year. It is vital that the NHS plans and prepares for this to ensure that the positive momentum built up in the first two quarters is maintained. Detailed plans are now in place which put us in the best position to achieve this.

4 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443

5 http://www.dh.gov.uk/health/2011/09/developing-clinical-commissioning-group-authorisation/

Quality

# HCAI[6]

## Performance status: Improved

MRSA infections were 33 percent lower than the same quarter last year, with C. difficile infections 16 percent lower.

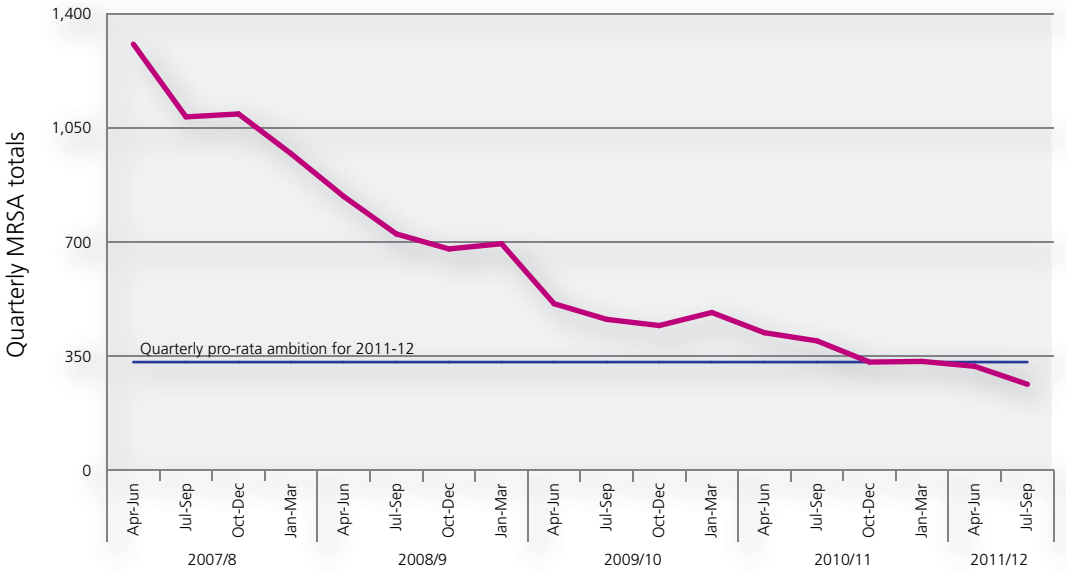
Performance on healthcare associated infections continues to improve, with further reductions required in line with the requirements set out in the NHS Operating Framework 2011/12.

### MRSA

In Q2 265 MRSA bloodstream infections were reported – a 33 percent improvement on the same quarter last year.

The bloodstream infections reported in September (85) were the lowest number reported since mandatory surveillance started in 2001.

**Figure 2: MRSA bacteraemia: quarterly totals between April 2007 and September 2011**

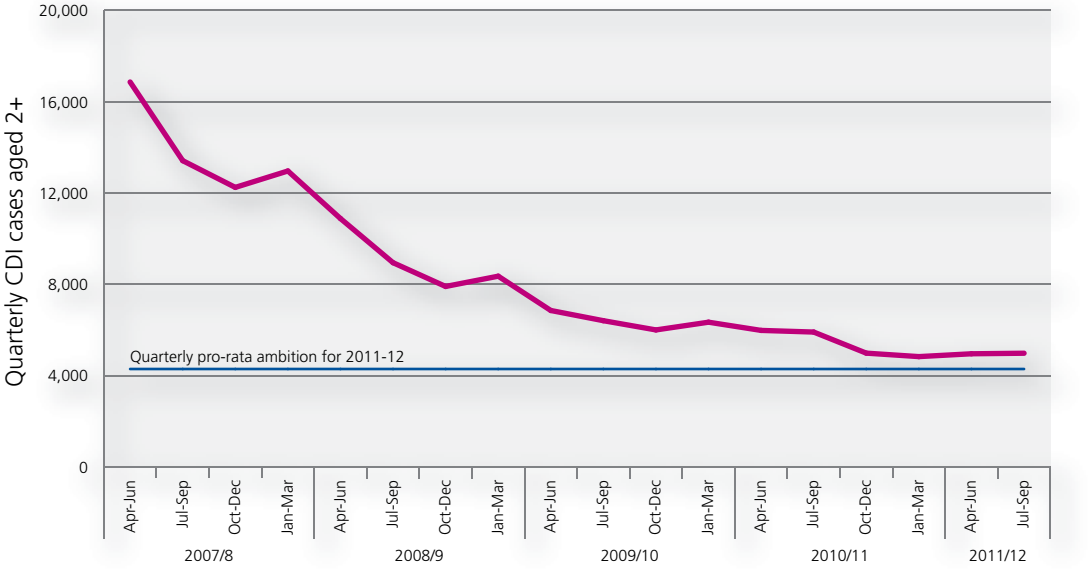



6 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1259151891722

## C. difficile

For C. difficile, 4,985 infections were reported in Q2 – a 16 percent improvement on the same quarter last year.

**Figure 3: CDI cases aged two or more: quarterly totals between April 2007 and September 2011**




# Patient Experience

## Eliminating Mixed Sex Accommodation[7]

**Performance status: Improved**

Breaches of mixed-sex sleeping accommodation continued to fall steadily in Q2, following the new monitoring arrangements that require all providers of NHS-funded care to report breaches, and face fines of £250 for every breach.

In August 2010 the Secretary of State announced robust steps to ensure NHS organisations routinely report breaches of Same-Sex Accommodation (SSA) guidance.

There had previously been no central requirement to report breaches of the guidance. Reporting is through 'Unify2' and requires all breaches of sleeping accommodation to be captured (for each patient affected).

Following the establishment of local reporting systems the first set of breach data from December 2010 was published on 20 January 2011. Since April 2011 reporting has been compulsory for all organisations providing NHS-funded care. Figures are revised two months in arrears following validation with commissioners. Asterisked figures are *unrevised*.

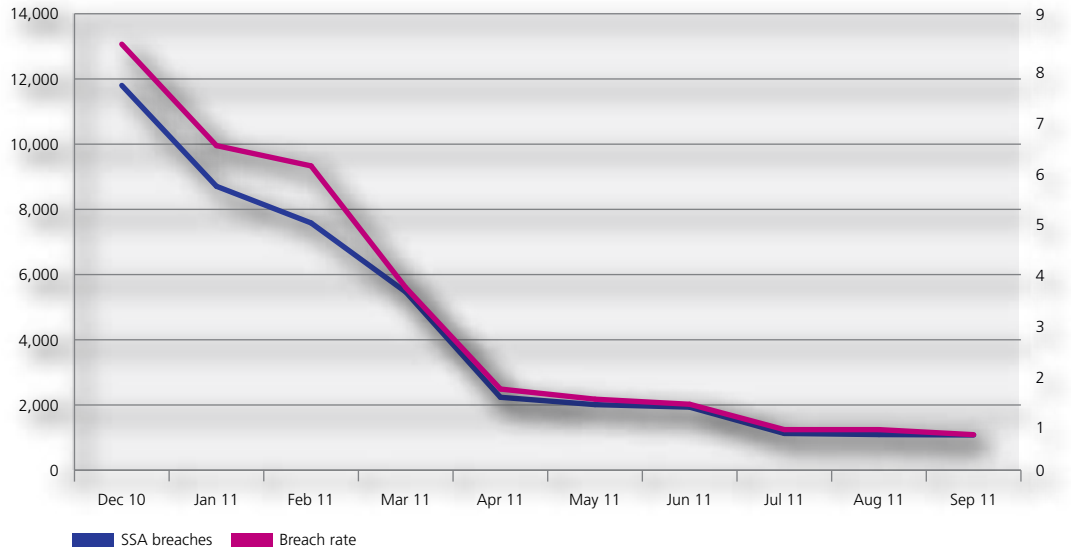
Data provided over this period has shown a continuous reduction in the breach rate as shown in figure 4 (Q2 figures in shaded boxes):

7 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/MixedSexAccommodation/index.htm

**Figure 4: Number of breaches of mixed sex accommodation**

| Month | SSA Breaches | Breach rate |
|---|---|---|
| September 2011 | *1,079 | *0.7 |
| August 2011 | *1,092 | *0.8 |
| July 2011 | *1,126 | *0.8 |
| June 2011 | 1,939 | 1.3 |
| May 2011 | 1,908 | 1.4 |
| April 2011 | 2,236 | 1.6 |
| March 2011 | 5,466 | 3.6 |
| February 2011 | 8,031 | 6.0 |
| January 2011 | 8,708 | 6.4 |
| December 2010 | 11,802 | 8.4 |

**Figure 5: Mixed-sex accommodation total breaches and breach rate for England**




From April 2011 all providers of NHS-funded care have been required to declare compliance with the national definition, or face financial penalties and from this date fines of £250 for every breach were introduced. This money will be reinvested back into patient care.

The reporting arrangements ensure a higher degree of scrutiny and transparency of progress to eliminate mixed-sex accommodation. Breaches of guidance relating to bathrooms, WCs, and day areas in mental health units are monitored and resolved locally through the usual contract arrangements. Occurrences of mixing that are in the best interest of the patient are monitored locally, but not reported centrally.

## Patient Reported Outcome Measures (PROMs)[8]

### Performance status: Maintained

Since 1 April 2009, all providers of NHS-funded hip and knee replacements, groin hernia and varicose vein surgeries have been required to collect and report PROMs. The data captures patients' own views on the effectiveness of their care. The latest data confirms the effectiveness of surgery for hip and knee replacements, groin hernias and varicose veins but also highlights the variation in outcomes between hospitals.

Figure 6 presents some headlines from the PROMs data for England. All procedures currently surveyed show a patient reported health improvement following NHS surgery. Hip and knee replacement procedures continue to show the most marked improvement in general health gain.

The percentage of patients reporting improved health status increased slightly for groin hernia surgery and knee replacement, but fell slightly for hip replacement and varicose vein surgery between 2009/10 and 2010/11. For 2011/12 data is only available for April – June making it too soon to make comparisons with previous years.

**Figure 6: Headline PROMs data, England**

| Procedure | Year* | Average health gain (EQ-5D, case-mix adjusted) | % of patients reporting improved health status** |
|---|---|---|---|
| Hip replacement | 2009/10 | 0.411 | 87.2 – 95.7 |
| | 2010/11 | 0.405 | 86.8 – 95.9 |
| | 2011/12 | n/a | 80.0 – 85.7 |
| Knee replacement | 2009/10 | 0.295 | 77.6 – 91.4 |
| | 2010/11 | 0.301 | 77.9 – 91.5 |
| | 2011/12 | n/a | 88.9 – 92.9 |
| Varicose vein | 2009/10 | 0.094 | 52.4 – 83.4 |
| | 2010/11 | 0.095 | 51.5 – 82.6 |
| | 2011/12 | 0.093 | 50.7 – 83.8 |
| Groin hernia | 2009/10 | 0.082 | 49.3 |
| | 2010/11 | 0.085 | 50.6 |
| | 2011/12 | 0.097 | 53.4 |

* 2009/10 data finalised; 2010/11 data provisional; 2011/12 provisional data (April 11 – June 11 only)

** Ranges present the EQ – 5D index score and condition – specific scores. There is no condition-specific measure for groin hernia surgery

n/a: not available

8 http://www.hesonline.nhs.uk/Ease/ContentServer?siteID=1937&categoryID=1295

Preliminary analysis of the latest data indicates that a number of organisations seem to be outliers on certain procedures when compared to the national average. The organisations that were potential 'outliers' on both indices for each procedure are shown in figures 7 and 8. Organisations that find themselves identified as potential negative 'outliers' are encouraged to investigate their own score for the relevant procedures in order to understand any underlying causes for the variation in performance.

**Figure 7: List of potential statistical positive 'outlier' organisations for 2010/11 (provisional data)**

| Organisation | Procedure |
|---|---|
| Basingstoke and North Hampshire NHS Foundation Trust | Hip replacement |
| Calderdale and Huddersfield NHS Foundation Trust | Knee replacement |
| Shepton Mallet NHS Treatment Centre | Hip replacement |
| The Cheshire and Merseyside NHS Treatment Centre | Hip replacement |
| The Horder Centre – St Johns Road | Hip replacement |
| Inclusion criteria: Statistically above average scores (>3 standard deviations) for EQ – 5D index and condition specific index (Oxford hip score of Oxford Knee Score) | |

**Figure 8: List of potential statistical negative 'outlier' organisations for 2010/11 (provisional data)**

| Organisation | Procedure |
|---|---|
| Aintree University Hospitals NHS Foundation Trust | Knee replacement |
| Barking, Havering and Redbridge University Hospitals NHS Foundation Trust | Hip replacement |
| Barnsley Hospital NHS Foundation Trust | Hip replacement |
| Blackpool Teaching Hospitals NHS Foundation Trust (hip) | Hip replacement |
| Doncaster and Bassetlaw Hospitals NHS Foundation Trust | Hip replacement |
| Heart of England NHS Foundation Trust | Hip replacement |
| Mid Yorkshire Hospitals NHS Trust | Hip replacement |
| North Tees and Hartlepool NHS Foundation Trust | Hip replacement |
| Royal National Orthopaedic Hospital NHS Foundation Trust | Hip replacement and knee replacement |
| Sandwell and West Birmingham Hospitals NHS Trust | Knee replacement |
| Inclusion criteria: Statistically above average scores (>3 standard deviations) for EQ – 5D index and condition specific index (Oxford hip score of Oxford Knee Score) | |

# Referral to Treatment[9]

## Performance status: Maintained

Waiting times for consultant led treatments. *The patient right "to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible" remains in the NHS Constitution in England.*[10]

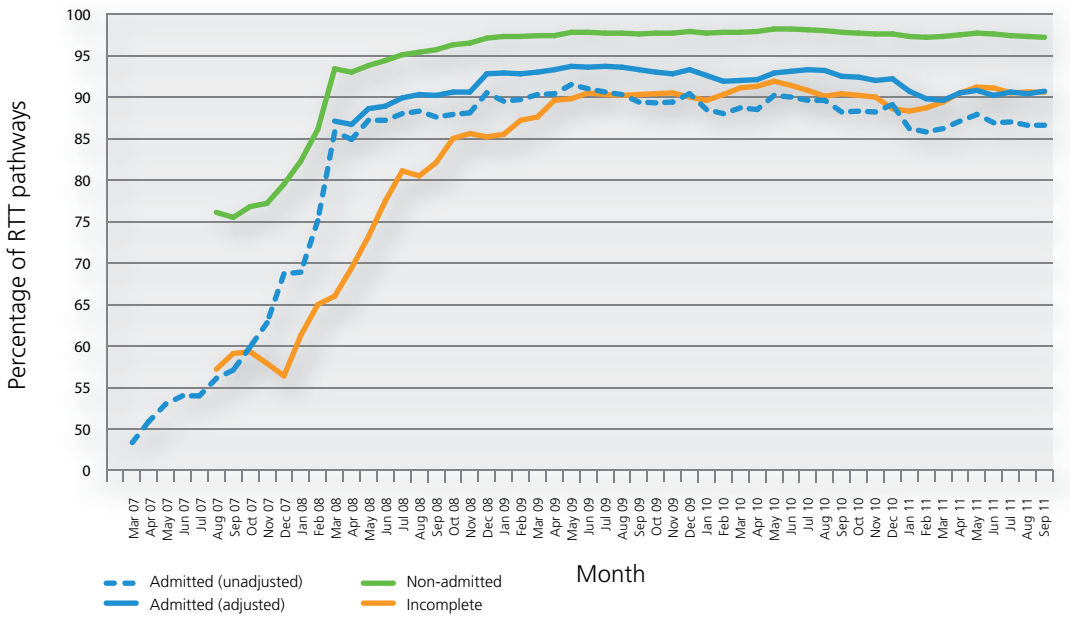
Average waiting times from referral to treatment are stable and the proportion of people waiting longer than 18 weeks remains within standards.

In 2011/12 commissioners should ensure that waiting times' performance does not deteriorate and where possible improves, and providers are expected to deliver the maximum waiting times enshrined in the NHS Constitution.

In the three months to September 2011, nationally the NHS as a whole delivered the NHS Constitution and NHS Standard Contract standards that 90 percent of admitted patients and 95 percent of non-admitted patients should start their treatment within 18 weeks of referral (figure 9). In September 2011 90.7 percent of admitted patients and 97.2 percent of non-admitted patients completed their RTT pathway within a maximum of 18 weeks.

Figure 9 shows that the NHS has continued to treat the vast majority of patients within 18 week National Constitutional standards. Building on this the NHS now needs to focus on delivery over forthcoming months to ensure the standards continue to be delivered.

**Figure 9: Percentage of RTT pathways within 18 weeks**




9 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/ReferraltoTreatmentstatistics/index.htm

10 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613

Figure 10 shows the 10 organisations reporting the poorest performance on referral to treatment waits in September 2011. These organisations must improve their performance as quickly as possible, and all NHS organisations should work to ensure that patients are treated in accordance with the NHS Constitution operational standards.

**Figure 10: Acute trusts with poorest performance on referral to treatment waits September 2011**

| Performance Thresholds | > 23 weeks | >18.3 weeks | >28 weeks | <90% | <95% | |
|---|---|---|---|---|---|---|
| Name | Adm 95th Percentile | NonAdm 95th Percentile | Incomp 95th Percentile | Adm % within 18 weeks | NonAdm % within 18 weeks | Total indicators worse than threshold |
| Surrey and Sussex Healthcare NHS Trust | 40.0 | 46.9 | 32.9 | 60.6% | 67.8% | 5 |
| Shrewsbury and Telford Hospital NHS Trust | 43.1 | 33.8 | 34.4 | 65.4% | 81.3% | 5 |
| South London Healthcare NHS Trust | 30.2 | 19.8 | 35.0 | 73.7% | 93.1% | 5 |
| Wirral University Teaching Hospital NHS Foundation Trust | 32.2 | 18.4 | 41.3 | 76.2% | 94.7% | 5 |
| Mid Staffordshire NHS Foundation Trust | 24.9 | 26.4 | DNR | 81.1% | 91.3% | 5 |
| United Lincolnshire Hospitals NHS Trust | 26.1 | 22.1 | 39.2 | 86.2% | 91.8% | 5 |
| Portsmouth Hospitals NHS Trust | 28.7 | 18.6 | 22.4 | 69.7% | 94.6% | 4 |
| Mid Yorkshire Hospitals NHS Trust | 30.2 | 18.6 | 24.5 | 77.4% | 94.5% | 4 |
| Heatherwood and Wexham Park Hospitals NHS Foundation Trust | 27.3 | 21.0 | 27.8 | 80.6% | 93.1% | 4 |
| East Sussex Hospitals NHS Trust | 29.1 | 21.2 | 18.9 | 80.7% | 92.5% | 4 |

Figure 11 shows the 10 organisations reporting the best performance on referral to treatment waits in September 2011.

**Figure 11: Acute trusts with best performance on referral to treatment waits September 2011**

| Performance Thresholds | > 23 weeks | >18.3 weeks | >28 weeks | <90% | <95% | Total indicators worse than threshold |
|---|---|---|---|---|---|---|
| Name | 95th Percentile Admitted Pathways | 95th Percentile Non-admitted Pathways | 95th Percentile Incomplete Pathways | Adm % within 18 weeks | Non-Adm % within 18 weeks | |
| West Suffolk Hospitals NHS Trust | 15.9 | 9.9 | 15.1 | 99.9% | 100.0% | 0 |
| Chesterfield Royal Hospital NHS Foundation Trust | 15.9 | 12.3 | 14.4 | 99.3% | 99.9% | 0 |
| The Rotherham NHS Foundation Trust | 16.3 | 9.9 | 15.8 | 98.9% | 99.6% | 0 |
| South Tyneside NHS Foundation Trust | 17.7 | 11.7 | 24.2 | 98.2% | 99.6% | 0 |
| Homerton University Hospital NHS Foundation Trust | 17.6 | 14.8 | 17.3 | 96.9% | 99.2% | 0 |
| Northern Lincolnshire and Goole Hospitals NHS Foundation Trust | 17.3 | 13.1 | 15.9 | 96.9% | 98.7% | 0 |
| Nuffield Orthopaedic Centre NHS Trust | 17.9 | 11.8 | 20.0 | 96.8% | 98.9% | 0 |
| Northampton General Hospital NHS Trust | 17.8 | 14.5 | 19.3 | 96.3% | 98.3% | 0 |
| Countess of Chester Hospital NHS Foundation Trust | 17.8 | 13.0 | 18.1 | 96.3% | 99.4% | 0 |
| The Dudley Group of Hospitals NHS Foundation Trust | 17.8 | 12.5 | 16.0 | 96.3% | 99.1% | 0 |

In addition to sustaining and improving performance against the NHS Constitution operational standards, the NHS must also ensure that those still waiting longer than 18 weeks are treated as quickly as possible. As set out in the NHS Operating Framework for 2012/13, from next year trusts will need to ensure that 92 percent of patients still waiting for treatment (also known as incomplete pathways) have been waiting no more than 18 weeks. Therefore, the NHS needs to take action to treat patients still waiting over 18 weeks after referral, for reasons other than choice or clinical exception.

In particular some trusts are currently reporting an unacceptable number of patients still waiting more than a year for treatment after referral.

At the end of September 2011, five trusts were responsible for around half of those people still waiting more than a year for treatment (see figure 12). These trusts, and any other trusts that are reporting patients still waiting more than a year for treatment after referral, must take action to understand the reasons behind these long waits and treat any patients still waiting as quickly as possible.

**Figure 12: Acute trusts with the largest numbers of over 52-week incomplete pathways at the end of September 2011**

| Provider Name | Number of over 52-week incomplete pathways |
|---|---|
| St George's Healthcare NHS Trust | 5,076 |
| Kingston Hospital NHS Trust | 2,968 |
| Royal United Hospital Bath | 1,447 |
| Sheffield Teaching Hospital NHS Foundation Trust | 1,162 |
| South London Healthcare NHS Trust | 1,018 |

Timeliness of diagnosis remains essential to providing high quality care. In September 2011 the median waiting time for the 15 key diagnostic tests was estimated at 1.8 weeks, and at the end of September 2011 there were 9,628 waits over six weeks. Demand for diagnostic tests is increasing. In the three months to September 2011 there were around 177,000 more diagnostic tests than in the three months up to and including September 2010, an increase of 4.7 percent.

At the end of September 2011 six organisations were responsible for around half of the over six week waits. Early diagnosis and treatment matters to patients. Therefore, these organisations with large numbers of long waits for diagnostic tests must improve their performance as quickly as possible.

**Figure 13: Diagnostic waiting times – over 6 week waiters and median waiting time April 2008 to September 2011**

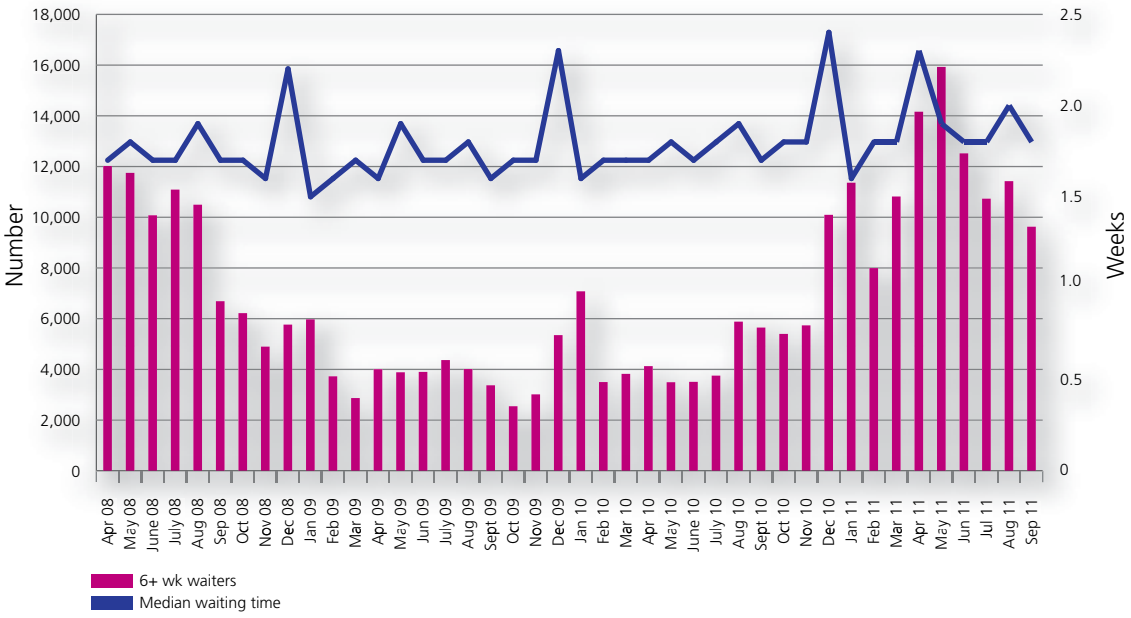


Figure 14 shows the organisations reporting the largest numbers of over six week diagnostic waits at the end of September 2011.

**Figure 14: Organisations reporting the largest number of diagnostic waits over six weeks at the end of September 2011**

| Provider | Number of 6+ week waits | Total waits for diagnostic tests | % of 6+ week waiters of total waiters |
|---|---|---|---|
| Surrey and Sussex Healthcare NHS Trust | 819 | 3397 | 24.1% |
| Central Manchester University Hospitals NHS Foundation Trust | 811 | 4831 | 16.8% |
| Oxford University Hospitals NHS Trust | 623 | 6895 | 9.0% |
| Pennine Acute Hospitals NHS Trust | 353 | 7623 | 4.6% |
| Calderdale and Huddersfield NHS Foundation Trust | 332 | 5379 | 6.2% |
| Guy's and St Thomas' NHS Foundation Trust | 309 | 5231 | 5.9% |
| East Sussex Healthcare NHS Trust | 283 | 4295 | 6.6% |
| Basildon and Thurrock University Hospitals NHS Foundation Trust | 273 | 3281 | 8.3% |
| Aintree University Hospitals NHS Foundation Trust | 256 | 4800 | 5.3% |
| The Dudley Group of Hospitals NHS Foundation Trust | 242 | 3773 | 6.4% |
| Leeds Teaching Hospitals NHS Trust | 235 | 9981 | 2.4% |
| University Hospitals of Leicester NHS Trust | 205 | 6275 | 3.0% |
| Royal Devon and Exeter NHS Foundation Trust | 202 | 3440 | 5.9% |
| East Cheshire NHS Trust | 177 | 2118 | 8.4% |
| James Paget University Hospitals NHS Foundation Trust | 175 | 2087 | 8.4% |
| Countess of Chester Hospital NHS Foundation Trust | 156 | 2755 | 5.7% |
| Wrightington, Wigan and Leigh NHS Foundation Trust | 145 | 3898 | 3.7% |
| Wirral University Teaching Hospitals NHS Foundation Trust | 142 | 6695 | 2.1% |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | 142 | 6811 | 2.1% |
| South London Healthcare NHS Trust | 133 | 7933 | 1.7% |
| Coventry and Warwickshire Partnership NHS Trust | 132 | 228 | 57.9% |
| University Hospital of South Manchester NHS Foundation Trust | 130 | 2413 | 5.4% |
| Western Sussex Hospitals NHS Trust | 129 | 4494 | 2.9% |
| Peterborough and Stamford Hospitals NHS Foundation Trust | 127 | 4189 | 3.0% |
| South Devon Healthcare NHS Foundation Trust | 122 | 3118 | 3.9% |
| Croydon Health Services NHS Trust | 120 | 4773 | 2.5% |
| Gloucestershire Hospitals NHS Foundation Trust | 112 | 5476 | 2.0% |
| Dorset Healthcare University NHS Foundation Trust | 102 | 828 | 12.3% |

# A&E[11]

## Performance status: Maintained

At Q2 97.3 percent of patients spent four hours or less from arrival to admission, transfer to discharge across all A&E types which remains above the 95 percent standard.

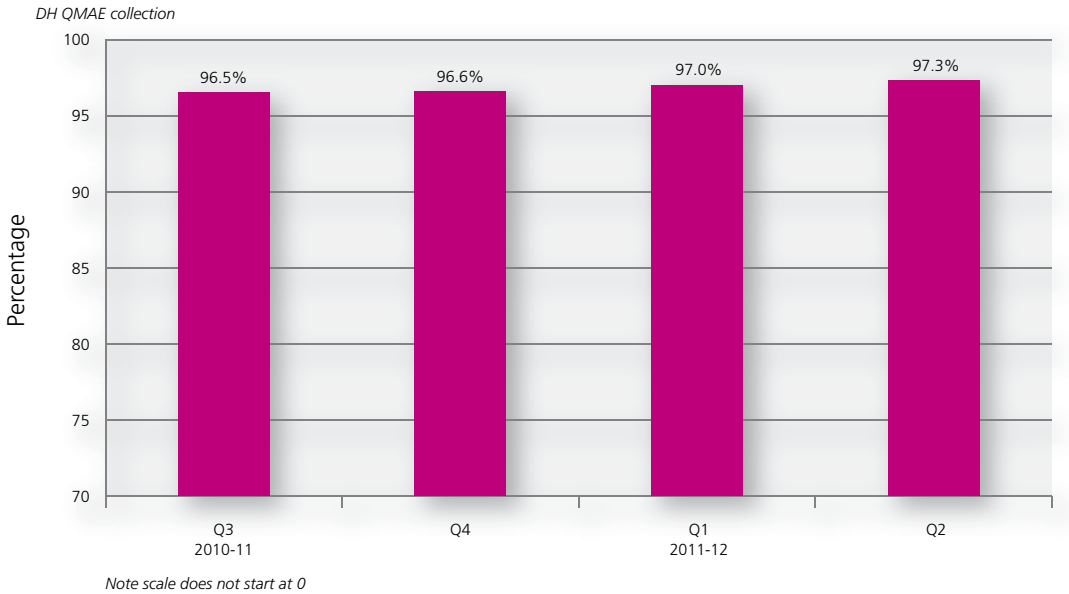
In April 2011 a new set of clinical quality indicators was introduced to replace the previous four hour waiting time standard, and to measure the quality of care delivered in A&E departments in England. The new A&E clinical quality indicators use the NHS Information Centre's Hospital Episodes Statistics (HES) database; data has only been published covering the period up to and including July 2011.

The new clinical quality indicators have put in place more meaningful performance measures that balance timeliness of care with other indicators of quality, including clinical outcomes and patient experience. There are eight clinical quality indicators, five of which are headline measures in the NHS Operating Framework 2011/12. The headline measures are unplanned re-attendance rate, total time in the A&E department, left without being seen rate, time to initial assessment and time to treatment. These indicators use the NHS Information Centre's monthly HES database rather than quarterly monitoring A&E return (QMAE).

Because there are problems with the quality and coverage of the HES data, the NHS has been asked to focus on improving the data and ensure compliance with the total time indicator, for which we have good quality data available from the weekly situation reports.

The NHS Operating Framework 2012/13 states that the A&E indicators will continue to be in place during 2012/13 for local use and that this information should be published locally for patients and the public. In judging performance nationally, the Department will use the operational standard of 95 percent of patients being seen within four hours.

**Figure 15: Percentage of patients spending four hours or less at all types of A&E, by quarter, England**




11 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AccidentandEmergency/index.htm

# Ambulance[12]

## Performance status:Maintained

For Q2 2011, the proportion of Category A calls resulting in an emergency response arriving within eight minutes was 76.4 percent nationally, and the proportion of Category A calls resulting in an ambulance arriving at the scene within 19 minutes was 96.9 percent. This compares to Q1 figures of 76.3 percent and 97.1 percent respectively. Data therefore shows that fast response times for the most seriously ill patients are being maintained, as demonstrated in figures 16 and 17.

Monthly performance data, as part of the Clinical Quality Indicator measurements, is available in-year for Q2, and indicates that ambulance services nationally achieved both the Category A, 8-minute response time target and the Category A, 19-minute response time target.

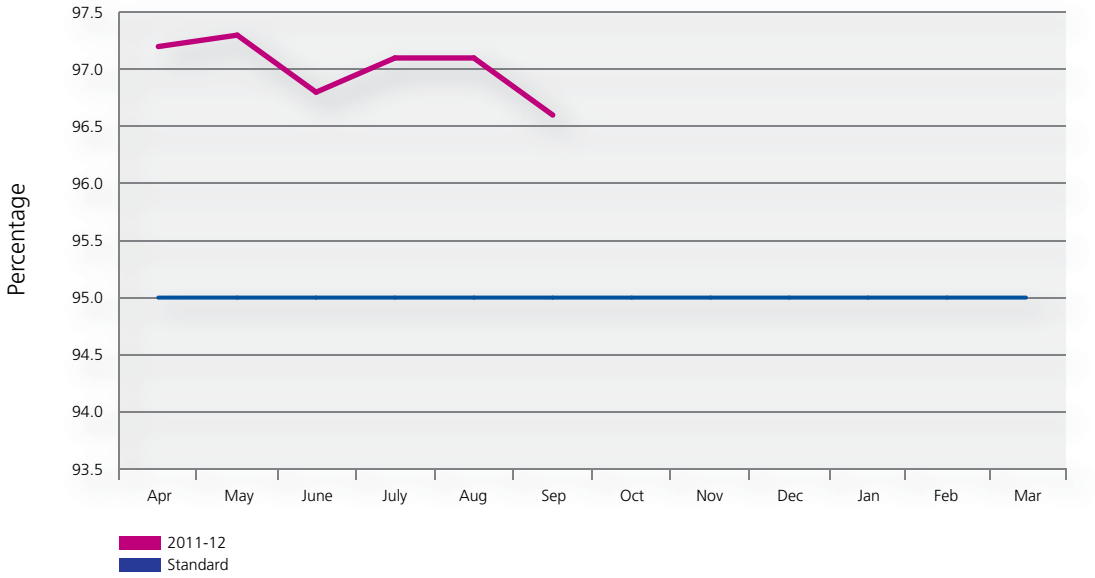
Ambulance data is collected and published monthly against the newly introduced set of clinical quality indicators ('system measures'). With the exception of the nationally managed 8-minute response time target ('A8') and the 19-minute ('A19') transportation target for Category A (immediately life-threatening) calls, no thresholds have been set for these indicators.

**Figure 16: Percentage of Category A calls responded to within 8 minutes of call being connected (England)**


Prior to April 2011, data for the Category A 8 minute measure was collected weekly via the weekly sit-reps, but has been aggregated here to create a monthly time series. The weekly period covered each month will vary, either covering a period of four or five weeks.

12 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AmbulanceQualityIndicators/index.htm

**Figure 17: Percentage of Category A calls responded to within 19 minutes of call being connected (England)**




The system measures for Q2 show that on average 1.2 percent of callers abandoned their call before the call was answered by the ambulance service, compared to 1.3 percent in Q1. The proportion of patients re-contacting the ambulance service following discharge of care by telephone fell in Q2 to 14 percent, compared to 15.5 percent in Q1. The re-contact rate following discharge of care from treatment at the scene increased from 5.3 percent in Q1 to 5.8 percent in Q2. The proportion of calls closed with telephone advice was 4.8 percent in Q2, an increase from Q1. The proportion of incidents managed without the need for transport to A&E rose to 34.1 percent from 33.5 percent in Q1.

Data is also being collected against the clinical outcomes of patients (reported as 'Clinical Outcome' measures) who receive care from NHS ambulance services. 'Clinical Outcome' measures require additional reporting time to allow time for the ultimate clinical outcome to have occurred, and for data to be collected for patients who received inpatient care following transport by the ambulance service. Data for these measures run with a three month lag on the systems indicators, as this time is required in order for those patients who received further care following transport by ambulance to have their outcomes resolved.

# Cancer[13]

## Performance status: Maintained

The NHS has continued to sustain performance against the cancer waiting times measures in the NHS Operating Framework 2011/12.

At a national level, all requirements for maximum waiting times for diagnosed and suspected cancer patients were met during Q2, with reported performance being above the published operational standards, though variation at a local level has increased for some measures.

**Figure 18: Performance against cancer waiting time standards**

| Measure | Operational standard | Q2 2011/12 performance |
|---|---|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP | 93% | 95.4% |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) | 93% | 96.0% |
| Maximum two month (62-day) wait for urgent GP referral to first definitive treatment for cancer | 85% | 87.3% |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers | 90% | 93.2% |
| Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers) | No operational standard has been set | 93.4% |
| Maximum one month (31-day) wait from diagnosis for first definitive treatment for all cancers | 96% | 98.4% |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery | 94% | 97.7% |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen | 98% | 99.8% |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy | 94% | 98.2% |

Only four providers failed to achieve the operational standard for three or more cancer waits for Q2 (see figure 19). This is a significant reduction on Q1 when eight providers failed to achieve three or more.

13 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_131238

**Figure 19: Cancer waiting times: identified outlier organisations**

| Cancer waiting times standard | All cancer two week wait | All cancer one month standard | 31-Day standard: subsequent surgery | 31-Day standard: subsequent anti-cancer drug regimen | Two month first treatment standard | 62-days from screening service | Two week wait for breast symptoms | Number of standards failed |
|---|---|---|---|---|---|---|---|---|
| **Required operational standard** | **93%** | **96%** | **94%** | **98%** | **85%** | **90%** | **93%** | |
| **Provider** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **n** |
| Basildon and Thurrock University Hospitals NHS Foundation Trust | 91.2 | 100.0 | 100.0 | 100.0 | 83.5 | 81.0 | 86.8 | 4 |
| Dartford and Gravesham NHS Trust | 93.8 | 98.9 | 97.5 | 96.2 | 73.2 | 81.5 | 95.3 | 3 |
| United Lincolnshire Hospitals NHS Trust | 95.3 | 98.1 | 96.3 | 98.8 | 81.7 | 84.1 | 89.6 | 3 |
| East Sussex Hospitals NHS Trust | 92.9 | 97.5 | 100.0 | 100.0 | 88.1 | 87.8 | 83.1 | 3 |

**Period:** Q2 2011-2012 (July, August and September)
**Basis:** Provider based including Welsh cross-border patients and "unknowns"
**Definitions:** DSCN 20/2008
**Note 1:** Only providers reporting five or more cases in the period are identified in this analysis
**Note 2:** Only providers that failed to achieve three or more waiting times requirements are identified

# Stroke and Transient Ischaemic Attack (TIA)

## Performance status: Improved

Improving stroke care remains a priority for the NHS and this latest data shows that the NHS is changing the way it works to build on the progress made in stroke services so that it can continue to improve quality and outcomes for patients.

There is clear evidence that care in a stroke unit improves outcomes and, across England, 81.8 percent of stroke patients are now spending 90 percent or more of their hospital stay in a stroke unit. This is an increase on Q1 where the corresponding figure was 78.1 percent. This continuing improvement is welcome, but there is still variation between areas.

It is encouraging that 70.6 percent of TIA cases with a higher risk of minor stroke are treated within 24 hours. This is an increase on Q1 where the corresponding figure was 69 percent, and a 20 percent increase since 2009.

Maintaining these improvements and ironing out regional variations are crucial to improving outcomes for patients.

# Access to dentistry

**Performance status: Improved**

The latest data shows that the number of patients accessing NHS dentistry has grown for the twelfth consecutive quarter. In Q2 around 94,000 more adults and around 16,000 more children have accessed NHS dental services than in Q1.

The NHS Operating Framework 2011/12 requires the NHS to continue to improve access to NHS dentistry, and we are continuing to see growth. The rate of growth has been reducing for the last 12 months and continues to do so. In April 2011 we announced pilots to run in advance of an introduction of a new dental contract based on registration, capitation and quality with the aim of increasing access and enabling dentists to focus on improving oral health. Elements needed to design that new contract are now being piloted in 70 dental practices across England – these started on 1 September and will run for at least 12 months. The new contract and new commissioning system should deliver a service where dentists are encouraged and motivated to deliver high quality care focused on improving patients' oral health.

# Innovation

Throughout its history, the NHS has faced increasing demands: a growing population with an extending lifespan; an increase in its own capability, fuelled by advances in knowledge, science and technology; and ever-increasing expectations from the public it serves. The NHS has responded to these demands in part through the creativity of its staff to find or devise new tools and better ways of working.

But now more than ever before, innovation has a vital role to play if we are to continue to improve outcomes for patients and deliver value for money. This means that simply doing more of what we have always done is no longer an option.

The scale and nature of the QIPP challenge, requiring us to make up to £20 billion of efficiency savings by 2014/15 to invest in meeting demand and improving quality, means that all parts of the NHS will need to take bold, long term measures in 2012/13 to secure sustainable change. The NHS Operating Framework 2012/13 makes it clear that the role of innovation is critical to this. Rapidly spreading changes that improve quality and productivity to all parts of the NHS, in addition to creating the right conditions for rapid diffusion of good practice, is an urgent priority for us all.

The NHS Chief Executive's Innovation Report, *Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS*[14] sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. Eight key themes have emerged during the review process.

- We should reduce variation in the NHS, and drive greater compliance with National Institute for Health and Clinical Excellence (NICE) guidance;
- Working with industry we should develop and publish better innovation uptake metrics, and more accessible evidence and information about new ideas;
- We should establish a more systematic delivery mechanism for diffusion and collaboration within the NHS by building strong cross boundary networks;
- We should align organisational, financial and personal incentives and investment to reward and encourage innovation;
- We should improve arrangements for procurement in the NHS to drive up quality and value, and to make the NHS a better place to do business;
- We should bring about a major shift in culture within the NHS, and develop our people by hardwiring innovation into training and education for managers and clinicians;
- We should strengthen leadership in innovation at all levels of the NHS, set clearer priorities for innovation, and sharpen local accountability; and
- We should identify and mandate the adoption of high impact innovations in the NHS.

We now need to turn our attention towards implementation. *Innovation Health and Wealth* sets out the actions we must now take to make innovation and its spread central to what we do. They are designed as an integrated set of measures that together will support the NHS in achieving a systematic and profound change in the way the NHS operates.

By quarter four (2011/12) the principle deliverables we expect to have achieved are;

- launched Whole Systems Demonstrator and Three Million Lives,
- launched an uptake programme for use of Oesophageal Doppler Monitoring (ODM) or similar fluid management technology,
- launched the Department of Health Procurement Strategy,
- Introduced NICE Compliance,
- strengthened advice on decommissioning in NICE Guidance,
- published details of Academy Health Science Network (AHSN) designation process,
- held international healthcare summit with UK Trade and Investment.

14 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

By quarter two (2012/13) we expect to have achieved the following principle deliverables;

- launched Child in a Chair in a Day programme,
- established NICE Implementation Collaborative,
- published guidance on Digital by Default,
- operational Academic Health Science Networks.

By quarter four (2012/13) we expect to have achieved the following principle deliverables;

- introduced CQUIN prequalification,
- introduced tariff for Assistive Technologies,
- published guidance on tariff for diagnostics,
- published Shared Savings formula guidance.

It is the NHS who will lead this change, and make an immediate start by:

- building the actions set out in this report into planning processes for 2012/13;
- planning in local areas to deliver the High Impact Innovations;
- developing a clear plan to improve the uptake of NICE technology appraisals; and
- working together to develop local plans for the formation of Academic Health Science Networks.

This will require strong and visible leadership. It will require a clear focus on delivery of the recommendations in this report, and for all parts of the health and social care system to plan and improve together.

Productivity

# Finance

For the second quarter of 2011/12 the NHS continues to forecast a healthy aggregate surplus. SHAs and PCTs are forecasting a combined surplus of £1,190 million (1.2 percent of total NHS revenue resources), this compares to a £1,165 million surplus, forecast at Q1.

NHS trusts (excluding foundation trusts) are forecasting an aggregate surplus of £36 million (£61 million surplus at Q1). The reduction in the surplus reported for NHS trusts is a combination of an increase in the level of deficit for organisations forecasting deficit, and reduced surpluses for organisations forecasting surplus or breakeven.

There are three PCTs forecasting a deficit in Q2, Haringey PCT (£20 million), Enfield PCT (£19 million) and Barnet PCT (£17 million). All three PCTs were forecasting the same position at Q1.

**Figure 20: NHS financial performance by SHA area – PCT/SHA sector**

| SHA and PCT | 2008/09 | | 2009/10 | | 2010/11 | | 2011/12 Quarter 2 forecast outturn | |
|---|---|---|---|---|---|---|---|---|
| | £m | % Resource Limit | £m | % Resource Limit | £m | % Resource Limit | £m | % Resource Limit |
| North East | 109 | 2.3% | 80 | 1.6% | 70 | 1.3% | 63 | 1.2% |
| North West | 295 | 2.4% | 185 | 1.4% | 215 | 1.5% | 193 | 1.4% |
| Yorkshire & The Humber | 216 | 2.5% | 185 | 2.0% | 187 | 1.9% | 134 | 1.3% |
| **NHS North of England** | **620** | **2.4%** | **450** | **1.6%** | **472** | **1.6%** | **390** | **1.3%** |
| East Midlands | 107 | 1.6% | 83 | 1.2% | 90 | 1.2% | 75 | 1.0% |
| West Midlands | 101 | 1.2% | 80 | 0.8% | 73 | 0.7% | 55 | 0.5% |
| East of England | 139 | 1.7% | 137 | 1.5% | 101 | 1.0% | 90 | 0.9% |
| **NHS Midlands and East** | **347** | **1.5%** | **300** | **1.2%** | **264** | **1.0%** | **220** | **0.8%** |
| London | 327 | 2.3% | 382 | 2.4% | 392 | 2.3% | 339 | 2.0% |
| **NHS London** | **327** | **2.3%** | **382** | **2.4%** | **392** | **2.3%** | **339** | **2.0%** |
| South East Coast | 62 | 1.0% | 50 | 0.7% | 65 | 0.9% | 76 | 1.0% |
| South Central | 44 | 0.8% | 60 | 0.9% | 67 | 1.0% | 64 | 1.0% |
| South West | 104 | 1.3% | 95 | 1.1% | 115 | 1.3% | 101 | 1.1% |
| **NHS South of England** | **210** | **1.1%** | **205** | **0.9%** | **247** | **1.1%** | **241** | **1.1%** |
| **Total** | **1,504** | **1.8%** | **1,337** | **1.5%** | **1,375** | **1.4%** | **1,190** | **1.2%** |

**Figure 21: NHS financial performance by SHA area – trust sector**

| | 2008/09 | | 2009/10 | | 2010/11 | | 2011/12 Quarter 2 forecast outturn | |
|---|---|---|---|---|---|---|---|---|
| | £m | % Turnover | £m | % Turnover | £m | % Turnover | £m | % Turnover |
| North East | 17 | 1.9% | 10 | 3.0% | 3 | 2.9% | 3 | 2.6% |
| North West | (15) | (0.4%) | 15 | 0.5% | 21 | 0.7% | 25 | 0.8% |
| Yorkshire & The Humber | 44 | 1.8% | 14 | 0.6% | 10 | 0.4% | 10 | 0.4% |
| **NHS North of England** | **46** | **0.6%** | **39** | **0.7%** | **34** | **0.6%** | **38** | **0.7%** |
| East Midlands | 22 | 0.8% | 18 | 0.7% | 2 | 0.1% | 22 | 0.7% |
| West Midlands | 48 | 1.5% | 53 | 1.6% | 30 | 0.9% | 30 | 0.7% |
| East of England | 40 | 1.9% | 30 | 1.4% | 23 | 0.9% | 14 | 0.6% |
| **NHS Midlands and East** | **110** | **1.3%** | **101** | **1.2%** | **55** | **0.6%** | **66** | **0.7%** |
| London | (21) | (0.3%) | (3) | (0.0%) | (20) | (0.2%) | (123) | (1.5%) |
| **NHS London** | **(21)** | **(0.3%)** | **(3)** | **(0.0%)** | **(20)** | **(0.2%)** | **(123)** | **(1.5%)** |
| South East Coast | 49 | 1.7% | 37 | 1.5% | 16 | 0.6% | 10 | 0.4% |
| South Central | 18 | 0.7% | (7) | (0.3%) | 8 | 0.3% | 14 | 0.6% |
| South West | 33 | 1.4% | 28 | 1.3% | 28 | 1.3% | 31 | 1.4% |
| **NHS South of England** | **100** | **1.3%** | **58** | **0.8%** | **52** | **0.7%** | **55** | **0.8%** |
| **Total[1]** | **235** | **0.8%** | **195** | **0.7%** | **121** | **0.4%** | **36** | **0.1%** |

1 The 2008/09 % turnover figures have been restated since the publication of previous editions to allow comparison between years

There are seven NHS trusts forecasting a gross operating deficit of £186 million in Q2. Of these seven, three are forecasting the same operating deficit at Q2 as they were at Q1. These are South London Healthcare NHS Trust (£65 million), North West London Hospitals NHS Trust (£10 million) and Surrey and Sussex Healthcare NHS Trust (£6 million).

There are two trusts forecasting an increased operating deficit at Q2, when compared to Q1. These are Barking, Havering and Redbridge Hospitals NHS Trust (£50 million), £10 million worse than Q1 and Imperial College Healthcare NHS Trust (£35 million), £5 million worse than Q1.

In addition, Whipps Cross University Hospitals NHS Trust is forecasting an operating deficit for the first time in 2011/12 at Q2 (£6 million).

The remaining NHS trust forecasting an operating deficit is Epsom and St Helier University Hospitals NHS Trust (£14 million). This is an improvement of £5 million over the operating deficit forecast at Q1.

In preparation for the next phase of transition in 2012/13 we must maintain our strong overall financial performance. Therefore, it is important to continue to focus on the small number of organisations struggling to manage their finances. The Department of Health is working in conjunction with SHAs to ensure the 10 organisations forecasting a deficit have robust plans in place for financial recovery, while continuing to improve the quality of services for patients.

**Figure 22: SHA and PCT sector surplus and (deficit) 2008/09 to 2011/12 Quarter 2 forecast**

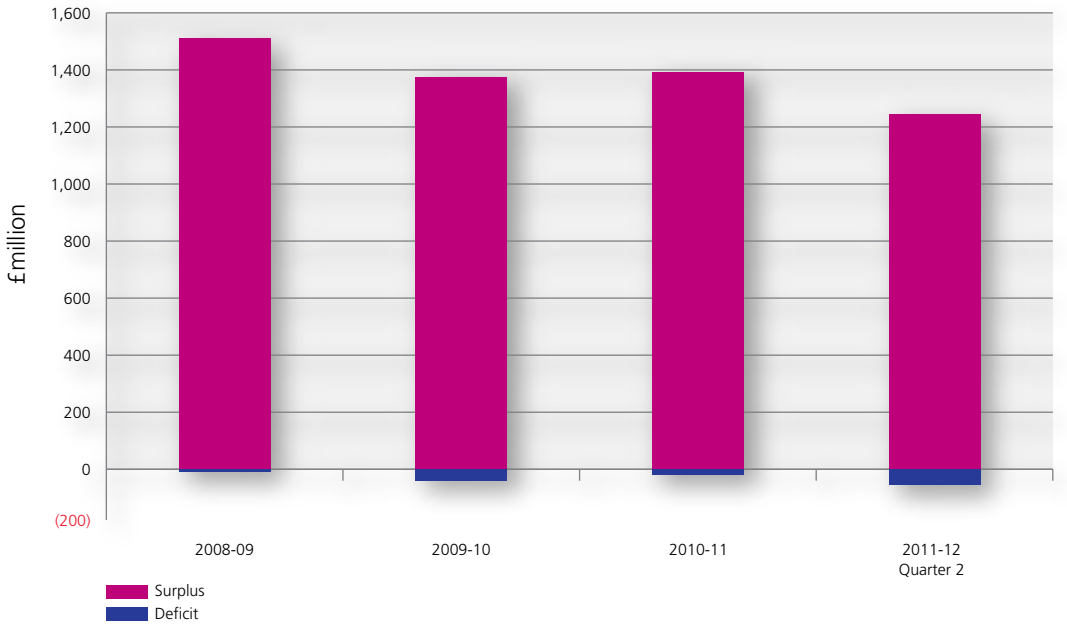
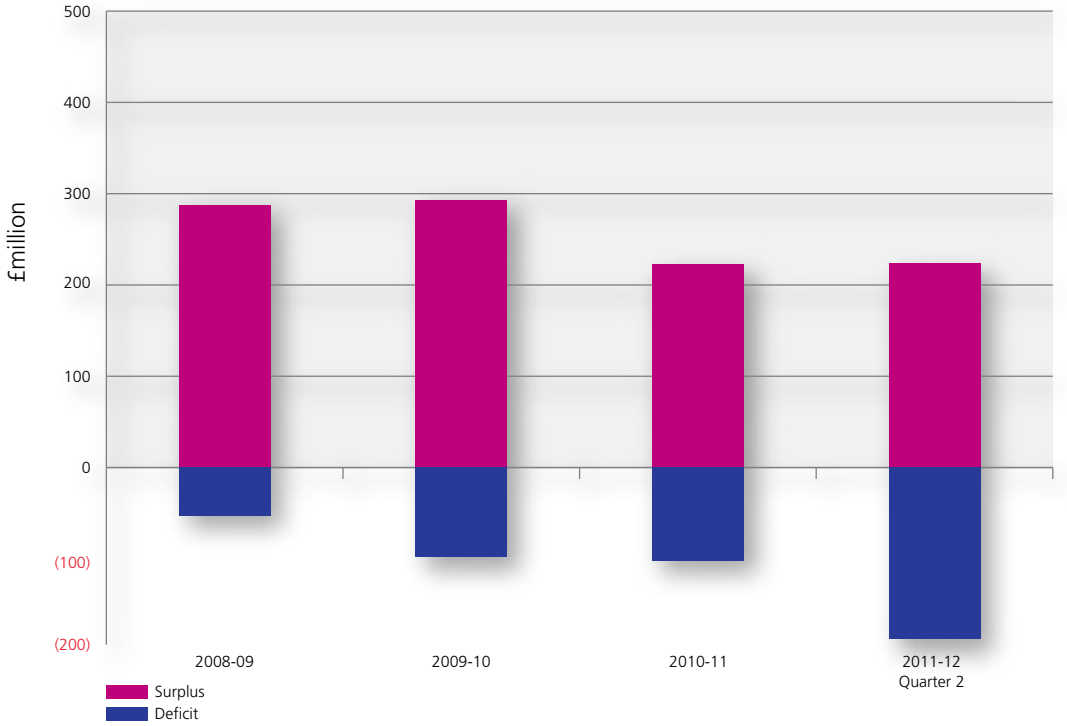



**Figure 23: Trust sector surplus and (operating deficit) 2008/09 to 2011/12 Quarter 2 forecast**




In addition to the gross operating deficit, there is a gross technical deficit of £504 million in 34 NHS trusts (three of these organisations also have an operating deficit).

At Q2, Southampton University Hospitals NHS Trust's deficit of £2m is a technical deficit, due to part year accounts for the first half of the year, when the trust was still an NHS trust. For the second half of the year, when the trust will be an FT, a surplus is expected.

A technical deficit is a deficit arising due to one or both of the following:

a) **Impairments to Fixed Assets** – An impairment charge is not considered part of the organisation's operating position.

b) **The revenue cost of bringing PFI assets onto the balance sheet** (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10) – NHS trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, is not chargeable for overall budgeting purposes, should be reported as technical.

## Savings

Delivery of savings in response to the QIPP challenge are vital to ensure that the NHS can achieve the ambitious service improvements set out in SHA plans. The returns for 2011/12 at Q2 illustrate that PCTs are still forecasting annual savings of £5.9 billion as outlined in *quarter one*.

Figure 24 identifies the categories of forecast savings across the NHS in England, and shows that approximately half of the £5.9 billion savings relate to the commissioning of acute services.

**Figure 24: Categories of forecast savings across the NHS In England**

| QIPP Category | London SHA<br>Q2 Forecast Annual Savings £m | Midlands & East SHA<br>Q2 Forecast Annual Savings £m | North of England SHA<br>Q2 Forecast Annual Savings £m | South of England SHA<br>Q2 Forecast Annual Savings £m | Total<br>Q2 Forecast Annual Savings £m |
|---|---|---|---|---|---|
| Acute Services | 576 | 863 | 790 | 691 | 2,920 |
| Ambulance services | 6 | 26 | 22 | 16 | 70 |
| Community services | 94 | 133 | 148 | 93 | 468 |
| Continuing healthcare | 20 | 46 | 40 | 39 | 145 |
| Mental health and learning disability services | 107 | 137 | 104 | 77 | 424 |
| Non-NHS healthcare (inc reablement) | 49 | 37 | 44 | 28 | 158 |
| Prescribing | 43 | 113 | 108 | 94 | 358 |
| Primary care, dental, pharmacy, ophthalmic services | 47 | 61 | 60 | 46 | 214 |
| Specialised commissioning | 28 | 125 | 88 | 48 | 289 |
| Other | 169 | 201 | 226 | 258 | 855 |
| **Grand total** | **1,139** | **1,742** | **1,629** | **1,391** | **5,901** |

Figure 25 shows that £2.5 billion of savings have been delivered as at Q2, representing approximately 42 percent of the forecast annual savings. Whilst the remaining 58 percent of the forecast savings will be delivered in the second half of the year, this is still considered good progress to date, however organisations need to retain focus on this to ensure the remaining savings are delivered in the rest of 2011/12 and they should start to focus now on their plans for 2012/13.

**Figure 25: QIPP savings delivered by Q2**

| QIPP Category | London SHA<br>Q2 YTD Savings £m | Midlands & East SHA<br>Q2 YTD Savings £m | North of England SHA<br>Q2 YTD Savings £m | South of England SHA<br>Q2 YTD Savings £m | Total<br>Q2 YTD Savings £m |
|---|---|---|---|---|---|
| Acute Services | 238 | 315 | 368 | 277 | 1,198 |
| Ambulance services | 3 | 9 | 11 | 7 | 30 |
| Community services | 46 | 66 | 78 | 39 | 228 |
| Continuing healthcare | 9 | 23 | 19 | 19 | 70 |
| Mental health and learning disability services | 46 | 58 | 48 | 32 | 183 |
| Non-NHS healthcare (inc reablement) | 24 | 19 | 22 | 24 | 89 |
| Prescribing | 19 | 51 | 56 | 39 | 164 |
| Primary care, dental, pharmacy, ophthalmic services | 21 | 25 | 27 | 23 | 97 |
| Specialised commissioning | 14 | 53 | 51 | 19 | 138 |
| Other | 51 | 87 | 87 | 53 | 278 |
| **Grand total** | **471** | **704** | **768** | **532** | **2,475** |

## Emergency readmissions

The NHS Operating Framework 2011/12 set out that in 2011/12 hospitals will not be reimbursed, with some exceptions, for emergency readmissions within 30 days of discharge to ensure that, wherever possible, hospitals have good discharge arrangements in place to avoid readmissions.

At the end of Q1 SHAs undertook a survey to confirm how commissioners were investing the savings arising from this policy. The survey showed that in Q1, 33 percent of all emergency readmissions were not paid for under the new policy. For readmissions following elective admissions the rate of non-payment was 62 percent and for readmissions following non-elective admissions it was 20 percent.

Of the approximate £107.5 million that commissioners had saved by not paying for readmissions in Q1, £92.4 million (86 percent) had been reinvested and £15.1 million (14 percent) had not been reinvested at the time of the survey. Of the proportion of savings that had been reinvested, more than one third were being directed into specified services including home reablement, intermediate care and community health services with around half reinvested in other, not specified services.

In 2012/13, non-payment of emergency readmissions will be informed by local clinical reviews. Details of how these will work will be confirmed in early 2012 following completion of pilot clinical reviews currently underway.

**Figure 26: Reinvestment by SHA**

| | £m | % of savings reinvested |
|---|---|---|
| North East | 6.9 | 89% |
| North West | 9.4 | 79% |
| Yorks & Humber | 11.5 | 81% |
| East Midlands | 4.8 | 53% |
| West Midlands | 5.4 | 72% |
| East of England | 8.4 | 90% |
| London | 13.7 | 90% |
| South East Coast | 10.7 | 100% |
| South Central | 7.3 | 100% |
| South West | 14.2 | 99% |
| **Total** | **92.4** | **86%** |

## NHS transfers to social care

The Department allocated £648 million this year to PCTs, to transfer to LAs for spending on social care services that also benefitted the health system. We collected data from PCTs in September 2011, to understand how the transfer was progressing and how it had been used.

The returns from PCTs showed that they planned to transfer £642 million of the £648 million made available in 2011/12. £309 million (48 percent) has been transferred to date. The £6 million outstanding for agreement in September 2011 has now been fully confirmed and the final position is shown in figure 27.

**Figure 27: Agreed NHS transfers to social care**

| | Amount | Proportion of total |
|---|---|---|
| Transferred to date | £309m | 48% |
| Transfer agreed by September 2011, but not yet made | £333m | 51% |
| Transfer agreed since September 2011, but not yet made | £6m | 1% |

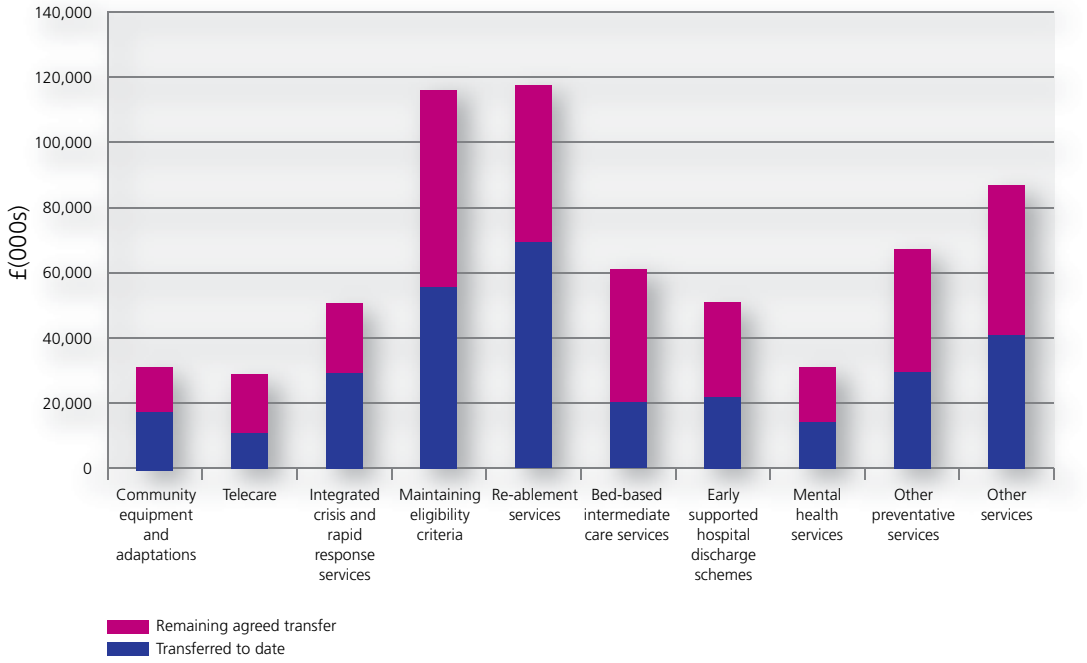
Arrangements for the transfer appear to be working well, and funding is already flowing through to LAs. Feedback from both PCTs and LAs has been positive, with many areas stating that the funding transfer has stimulated greater co-operation and joint planning.

Of the total amount transferred, around 18 percent of the funding is being used for 'maintaining eligibility criteria' – this suggests the funding was used for general social care capacity to ensure that demand could continue to be met.

However, there is also evidence that the funding has been used to ensure specific prevention and rehabilitation capacity in councils has been maintained. 'Re-ablement services' account for a further 18 percent of the transfer, intermediate care accounts for 10 percent, early supported hospital discharge schemes 8 percent and integrated crisis response a further 8 percent. We are pleased that PCTs and LAs have prioritised this upstream investment, in order to help delay or prevent downstream costs to both systems.

Figure 28 shows the amount allocated by category, and the amount of allocated funds transferred to date within each category:

**Figure 28: NHS social care transfer by category**



# Activity[15]

Overall on activity, in response to the QIPP challenge, the ambition of the NHS is to redesign pathways to ensure that patients are treated in the appropriate setting. This is expected to result in a reduction in unplanned emergency admissions. A modest reduction in activity levels in 2011/12 as compared to 2010/11 will be a key indication of whether this ambition is being delivered.

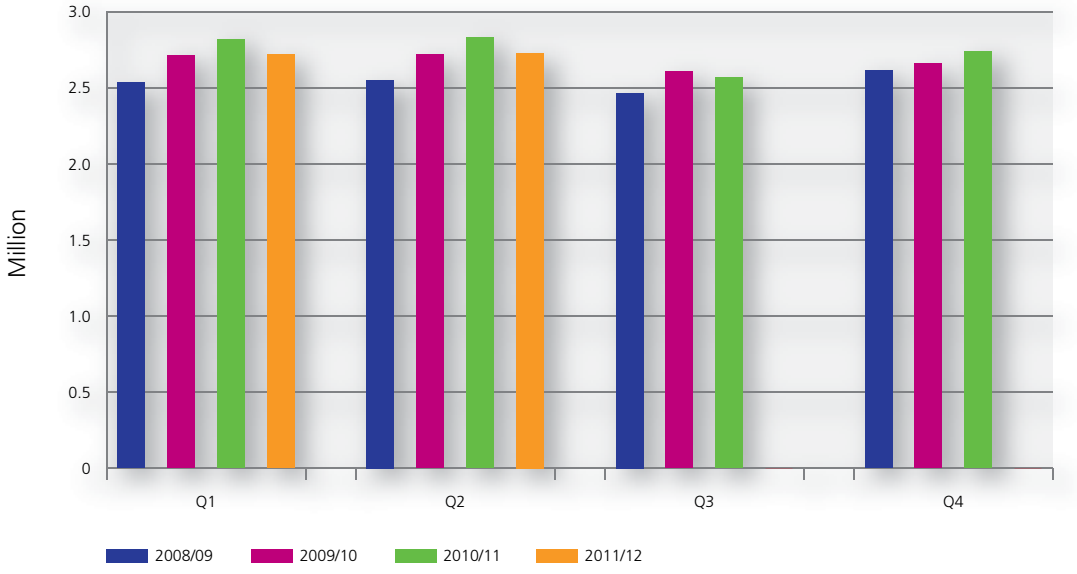
## Elective activity

On elective activity, the year to date position to the end of September 2011 shows:

- GP referrals made were 3.6 percent lower than the same period last year.
- Other referrals for a first outpatient appointment were 2.6 percent higher than the same period last year.
- The reduction in GP referrals made is reflected in the rate of GP written referrals seen which were 4 percent lower than the same period last year.
- All first outpatient attendances were 1.6 percent lower than the same period last year.
- Elective activity (admissions) was 2.1 percent above the same period last year.

The position at the end of Q2 is consistent with a slow down in referrals from GPs. Elective growth continues to be lower than the last two years, suggesting that the NHS is starting to treat more people in the most appropriate setting and preventing unnecessary admission. The increase in total elective activity shown in figure 32 and the maintenance of the referral to treatment standards reflects the significant efforts made by NHS organisations to continue to maintain delivery standards in the face of demand pressures.

**Figure 29: GP written referrals made for first outpatient appointment (general & acute)**




15 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/HospitalActivityStatistics/index.htm

**Figure 30: Other referrals made for a first outpatient appointment (general & acute)**

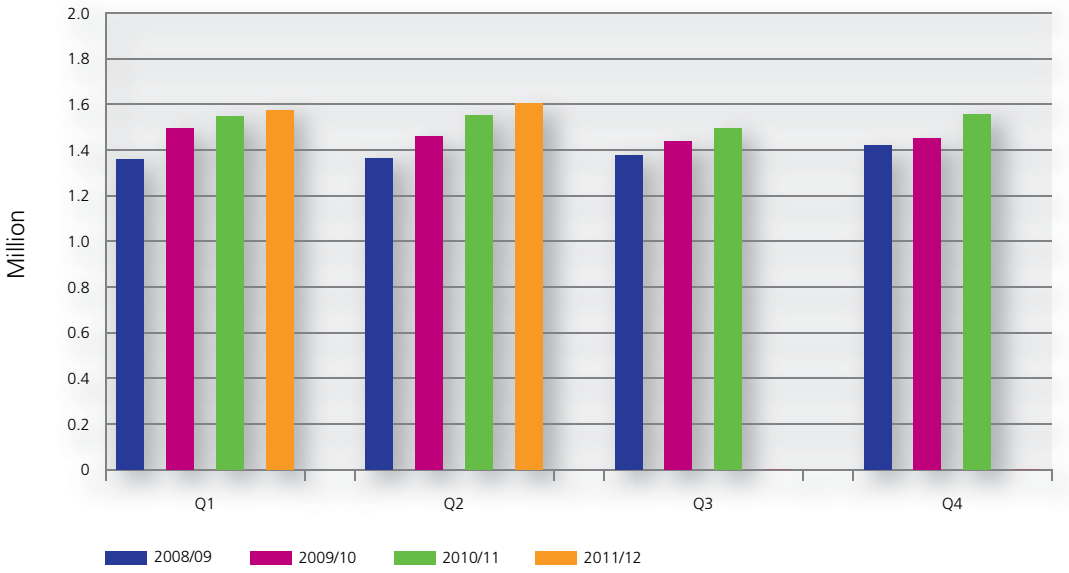



**Figure 31: All first outpatient attendances (general & acute)**

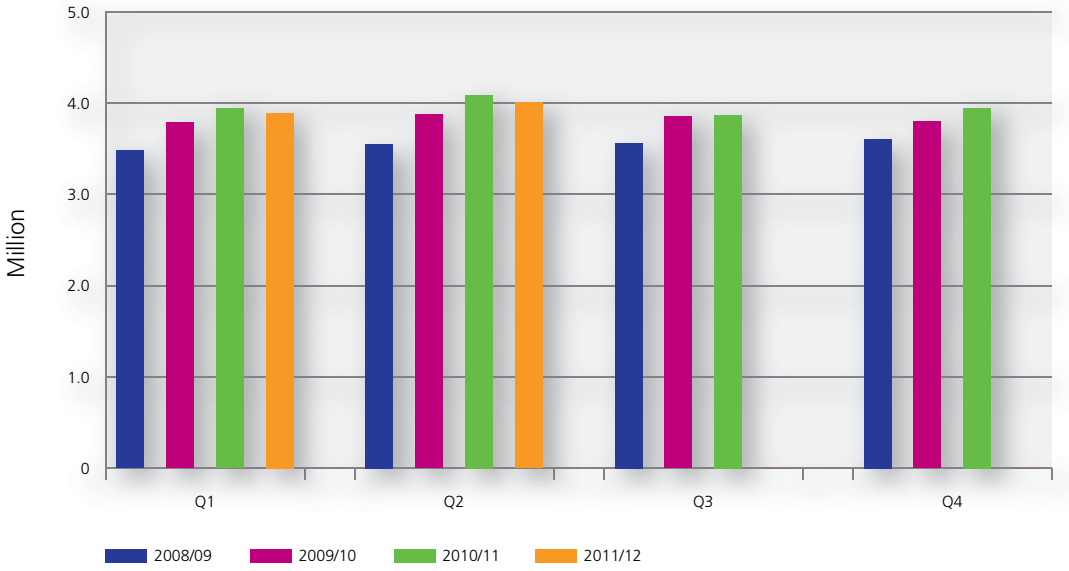
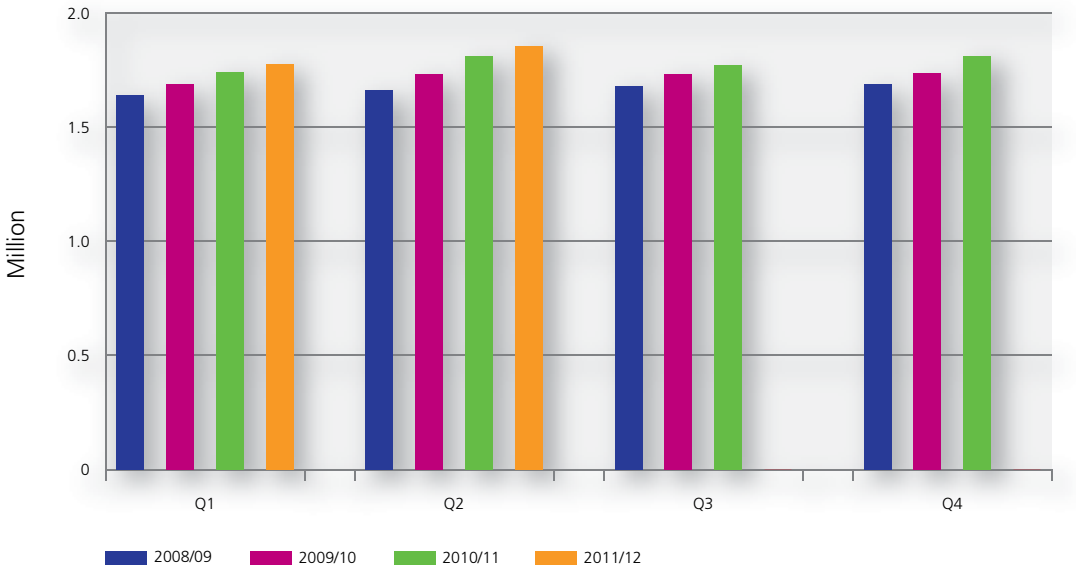


**Figure 32: Total elective admissions (first finish consultant episodes, general & acute)**




## Emergency activity

On non-elective activity, the year to date position to the end of September 2011 shows:

- Non-elective activity (admissions) were 1.9 percent lower than in the same period last year
- A&E attendances at type 1 A&E departments were slightly lower (0.5 percent) than for the same period last year.
- A&E attendances at all type A&E departments were slightly lower (0.2 percent) than the same period last year.
- Urgent and emergency ambulance journeys per day were 1.2 percent lower than the same period last year (2010/11 data was collected using weekly ambulance situation reports. 2011/12 data is collected using monthly ambulance quality report indicators. Both data sources are comparable).

Overall, non-elective activity levels are stable or lower than for the same period last year. This would indicate that the trend of steady increases has now begun to change and that in the context of a continuing increase in the demand for acute services, emergency admissions are being avoided or treated in more appropriate settings.

**Figure 33: Total non-elective admission (first finish consultant episodes, general & acute)**

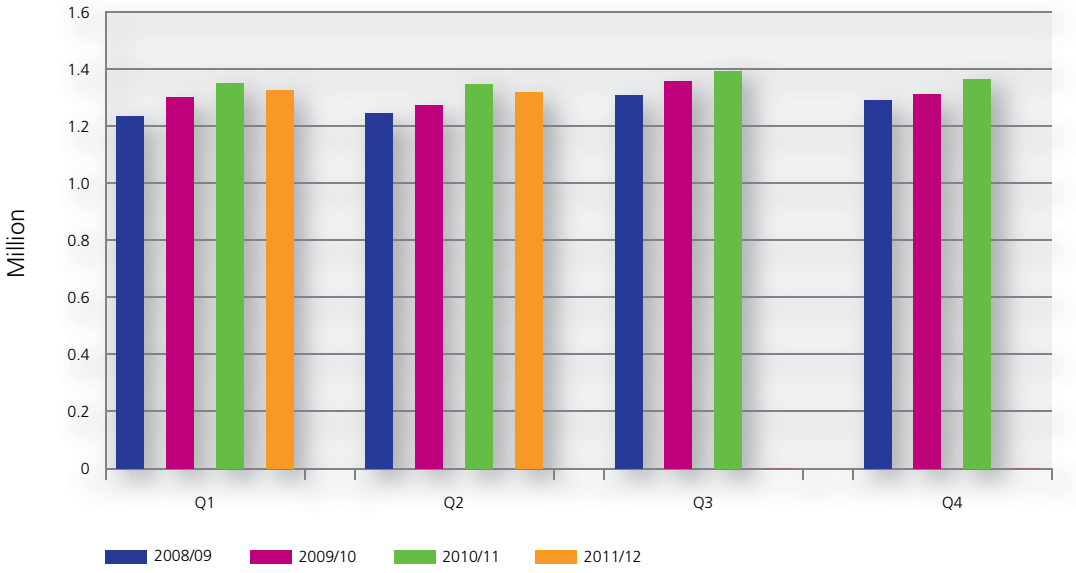


**Figure 34: Total attendees at all A&E departments**

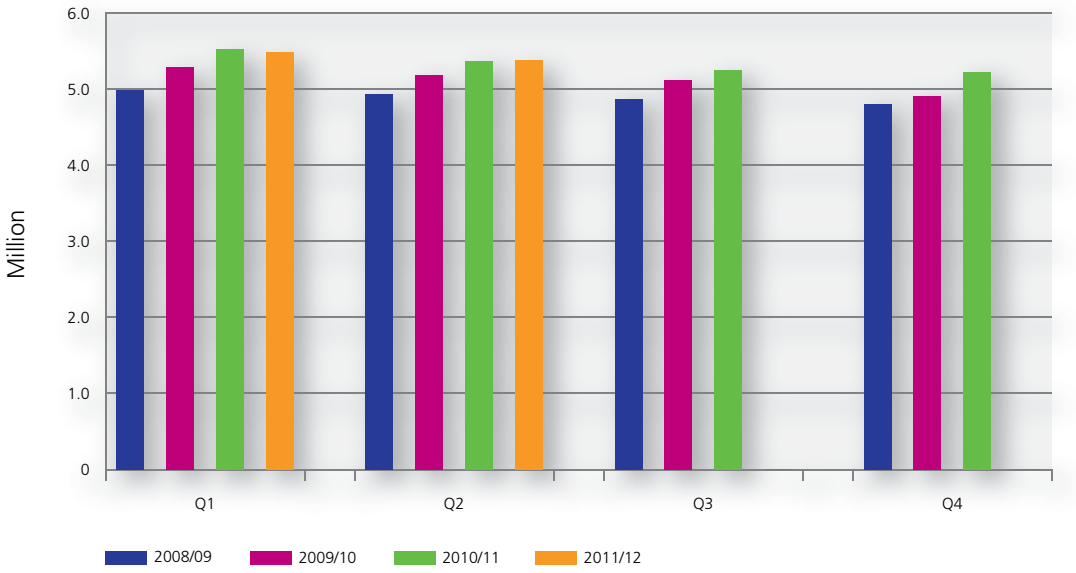
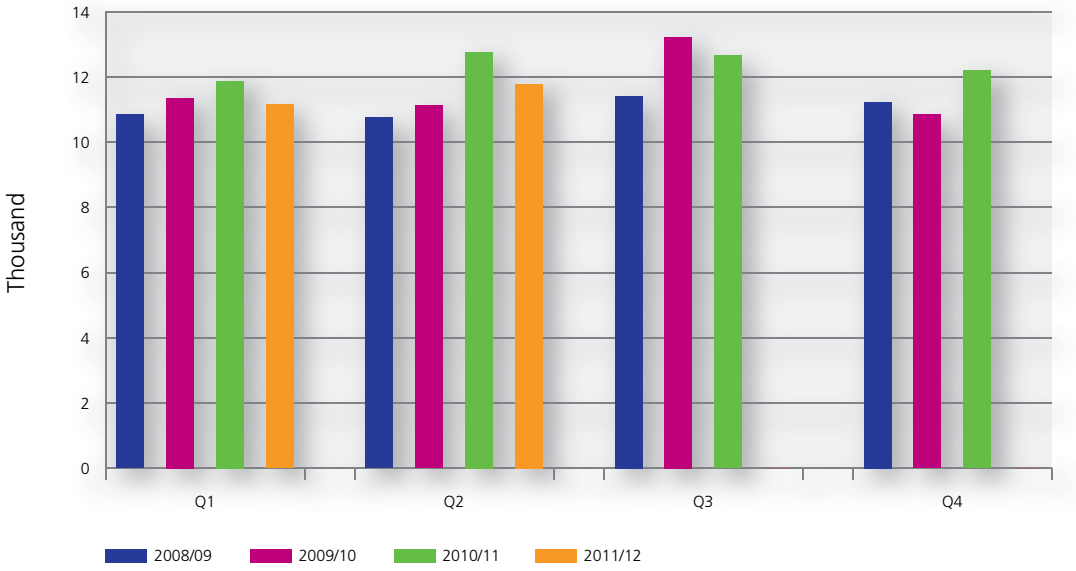



**Figure 35: Total urgent and emergency journeys via ambulance per day**



# Workforce[16]

Over this period we have seen a slight decrease in staff numbers published in the Hospital and Community Health Services Workforce Statistics by the NHS Information Centre on a monthly basis. The publication mainly focuses on staff working in hospitals, PCTs and SHAs and does not fully reflect the increasing number of healthcare professionals moving into community settings, delivering care closer to patients' homes.

The Department is working with workforce colleagues in the SHAs and the NHS Information Centre to develop a process to better reflect and capture the effect of service redesign on the NHS workforce as part of the Education and Training Reform programme.

Figure 36 details the Full Time Equivalent (FTE) changes in key NHS staff groups between Q1 and Q2.

**Figure 36: Changes in key NHS staff groups between Q1 and Q2 2011/12**

| England<br><br>FULL TIME EQUIVALENTS (FTE) | Q1<br><br>May 11 | Q2<br><br>Aug 11 | Q1 to Q2 change | Q1 to Q2 % change |
|---|---|---|---|---|
| All HCHS doctors (non locum) | 97,306 | 99,007 | 1,701 | 1.7% |
| All HCHS doctors (locum) | 2,157 | 2,084 | –73 | –3.4% |
| **All HCHS doctors (incl locums)** | **99,463** | **101,091** | **1,628** | **1.6%** |
| | | | | |
| Qualified Midwives | 20,625 | 20,582 | –43 | –0.2% |
| Qualified Health Visitors | 7,851 | 7,677 | –174 | –2.2% |
| Qualified School Nurses | 1,136 | 1,148 | 11 | 1.0% |
| Other qualified | 279,072 | 276,621 | –2,451 | –0.9% |
| **Qualified nursing, midwifery & health visiting staff** | **308,685** | **306,028** | **–2,657** | **–0.9%** |
| | | | | |
| Qualified Allied Health Professions | 62,874 | 62,742 | –133 | –0.2% |
| Qualified Healthcare Scientists | 29,328 | 29,081 | –247 | –0.8% |
| Other qualified scientific, therapeutic & technical staff | 39,439 | 39,554 | 115 | 0.3% |
| **Total qualified scientific, therapeutic & technical staff** | **131,641** | **131,377** | **–264** | **–0.2%** |
| | | | | |
| **Qualified ambulance staff** | **17,814** | **17,819** | **6** | **0.0%** |
| | | | | |
| **Professionally qualified clinical staff** | **557,602** | **556,315** | **–1,287** | **–0.2%** |
| | | | | |
| **Support to clinical staff** | **292,673** | **290,537** | **–2,137** | **–0.7%** |
| | | | | |
| Central functions | 98,304 | 97,252 | –1,051 | –1.1% |
| Hotel, property & estates | 57,100 | 56,632 | –468 | –0.8% |
| Total managers | 37,182 | 36,623 | –558 | –1.5% |
| **NHS infrastructure support** | **192,585** | **190,507** | **–2,078** | **–1.1%** |
| | | | | |
| **Total** | **1,042,861** | **1,037,358** | **–5,502** | **–0.5%** |

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16 http://www.ic.nhs.uk/statistics-and-data-collections/workforce

Previously, *the quarter* included FTE workforce figures for the three months covered in that quarter, for example, Q1 of 2011/12 was April, May and June 2011. The table above uses the middle data point for each quarter, i.e. May 2011 for Q1 and August 2011 for Q2. This better represents the average workforce throughout the period and is most relevant when comparing to finance, activity and other data. This revised format will continue to be used for future publications of the quarter and monthly workforce statistics will continue to be published by the NHS Information Centre in accordance with their publication schedules.

## Health and Wellbeing

The Department of Health is committed to improving the health and wellbeing of NHS staff. This is not just because we want staff to be happy and healthy, but because there is compelling evidence that a positive staff experience has a direct, positive impact on patient experience.

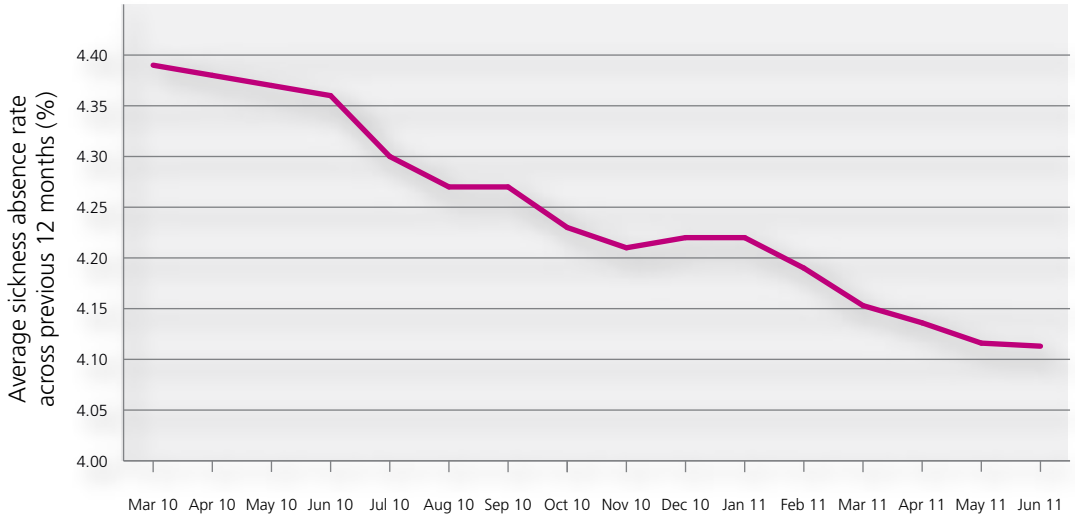
Moreover, promoting staff health and wellbeing can help reduce sickness absence, which costs the NHS around £1.7 billion each year and places additional pressure on colleagues at work.

The Department of Health continues to work with the NHS to reduce sickness absence through tackling the main causes of ill health. This will be achieved through improved occupational health services, a focus on the NICE Public Health guidelines and embedding the Public Health responsibility deal pledges.

The latest report published by the NHS Information Centre, based on data from the Electronic Staff Record (ESR), provided the results for April to June 2011 (Q1).

This showed that sickness absence continued to fall and was 3.77 percent compared to 3.89 percent for the same quarter in 2010. Moreover, the average sickness absence rate for the year to date also continued to fall as shown in figure 37.

**Figure 37: National sickness absence 12 month rolling average**




## Staff Engagement

Evidence shows that where levels of staff engagement and health and wellbeing are high, trusts are much more likely to have a better quality of patient care, better financial performance and lower sickness absence amongst staff.

The NHS staff survey provides the NHS with data on staff engagement each year. National NHS staff survey results published in March 2011 show that staff engagement has remained steady across NHS trusts in the past year at 3.62, on a scale of 1 (low) to 5 (high), compared to 3.63 the previous year.

Details of how individual employers can improve their sickness absence are available on the NHS Employers website at www.nhsemployers.org.

Prevention

## Health Visitors

In May 2010 the Government committed to an increase in health visitors of 4,200 by April 2015 against the baseline of the time which was 8,092. The vision is of a revitalised service, one which ensures that all families are offered a core programme of evidence based preventable health care covering the breadth of the Healthy Children Programme, with additional care and support for those who need it.

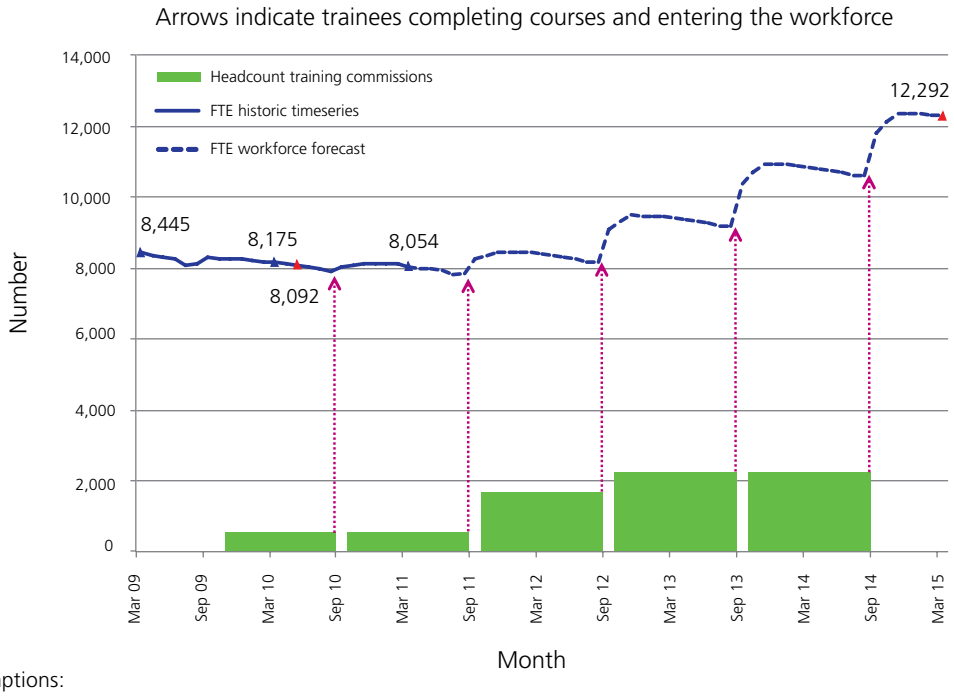
The numbers of health visitors has been steadily falling over recent years and in line with this trend, the number of health visitors is now below 8,000 which includes a small decrease since April this year. The challenge therefore, of both arresting this declining trend and of increasing the numbers substantially, is significant. The Health Visitor Implementation Plan published in February 2011[17] sets out a call to action to expand and strengthen health visiting services.

A key element of the plan is to increase the number of training commissions – in 2010/11 some 545 training places were filled out of 642 commissioned. For the 2011/12 academic year, SHAs have commissioned over 1,800 training places – nearly three times as many commissions as in 2010/11.

Q2 saw a decline in the number of health visitors by 176 between May 2011 and August 2011 to 7,675 FTE according to the ESR. Early indications are that there are around a further 200 health visitors working for employers who do not use the ESR, such as local authorities and social enterprises. We would expect to see the decline in Q2 as every September the main cohort of Health Visitor students complete their training. This September, there are over 500 students who are due to complete their training and will move into NHS employment over the coming months. This is therefore the point from which we can expect to see the next significant increase in health visitor numbers – as shown in figure 38. Over the period before the newly qualified staff take up their posts, we would expect to see a gradual decline due to retirements and people leaving the profession.

It is of course crucial that commissioners and providers work together to ensure that there are sufficient posts available to be taken up and to fully understand and to address all the reasons behind any decline. The Department will be monitoring key measures from the service, for example on numbers, training commissions and fill rates to assess overall performance in delivering the programme.

**Figure 38: Centrally modelled health visitor monthly trajectory**




Assumptions:
Attrition rates based on historic monthly rates
Newly trained join in Sep/Oct/Nov with splits as per historic rates
RTP smooth within each year

17 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202

In 2010, the Department developed an 'indicative' trajectory to reflect the expected change in the workforce. This is shown in figure 38. The trajectory will be reviewed annually and we are currently working with each SHA to establish local trajectories. A review of the indicative trajectory is underway and a revised version will be available in the next issue of *the quarter* (quarter 3 2011/12).

## Maternity and Newborn

The performance standard for the percentage of women being assessed by 12 weeks and 6 days of pregnancy is 90 percent. The latest data (Q4 2010/11) continues to show performance is being maintained – 92 percent of women who gave birth in this period saw a midwife or a maternity healthcare professional for a health and social care needs, risks and choices assessment within 12 weeks and 6 days. This is comparable with the previous quarter (Q3 2010/11) where 93 percent of women were seen and assessed within the time period.

## Breastfeeding

There is a clear case for investing in services to support breastfeeding as part of a local child health strategy. This is particularly important for mothers from low income groups, as it is known that they are less likely to breastfeed. Breastfeeding protects the health of babies and mothers and reduces the risk of illness.

The breastfeeding initiation rate at Q2 (outturn) is 74.1 percent, a slight improvement on 2010/11 (outturn) 73.3 percent. The prevalence of breastfeeding at six to eight weeks at Q2 is 47.1 percent of all infants due a six to eight week check in England. This is slightly higher than the figure of 46.5 percent recorded in Q2 2010/11.

## Smoking

The Stop Smoking Services Q1 report shows a very encouraging 13 percent increase in the number of people having successfully quit smoking at their four week follow up appointment in comparison to the same period last year.

At the four week follow-up 88,830 people had successfully quit (based on self-report), 47 percent of those who set a quit date. This is a one percent decrease from the final figure for the first quarter of 2010/11. However, once late returns come in, we would expect this to become a 14 percent increase.

73 percent of successful quitters had their results confirmed by carbon monoxide (CO) validation. This percentage was 70 percent in 2010/11, 69 percent in 2009/10, 66 percent in 2008/09 and 60 percent in 2007/08 and demonstrates an improvement in the quality of service provided, because it is recommended that services validate effectiveness in this way.

Of the 6,029 pregnant women who set a quit date, 43 percent (2,595) successfully quit at the four week follow-up.

Total expenditure on NHS Stop Smoking Services was just under £20.5 million, largely unchanged from the same quarter in the previous two years. The cost per quitter is £231 compared with £230 based on final figures for the same period in 2010/11 and £227 based on final figures for the same period in 2009/10. However, the cost per quitter for the latest quarter will fall when late returns are received. In addition, the real decrease will be even greater as these have not been adjusted for inflation.

South Central SHA showed the highest successful quit rate at 53 percent of those setting a quit date. The North East SHA had the lowest successful quit rate at 42 percent.

## Screening (VTE, breast, cervical, bowel & diabetic retinopathy)

### VTE (Venous thromboembolism) risk assessment

Of the reported 3.3 million adult patients admitted to NHS-funded acute care between July and September 2011, around 88 percent received a VTE risk assessment on admission, a slight increase compared to Q1 (84 percent). The proportion increased each month from 87 percent in July 2011 to 89.5 percent in September 2011. Our goal is to reach and maintain that we risk assess 90 percent of all admitted patients, which allows for clinically justified exceptions.

## Breast Screening

The NHS Operating Framework 2011/12 states that commissioners should ensure that all NHS Breast Screening services continue to take part in the age extension randomisation project, either screening women aged 47 to 49 or 71 to 73, depending on the randomisation protocol. As at September 2011, 45 out of 80 local programmes (56 percent) had implemented the extension randomisation and a further eight (10 percent) were unsuitable for randomisation and were inviting only the 47–49 year-olds. 66 percent of local programmes are now taking part in the project.

## Cervical Screening

The NHS Operating Framework 2011/12 states that commissioners should continue to ensure that cervical screening results continue to be received within 14 days. As recommended by the Advisory Committee on Cervical Screening (ACCS), the threshold for achieving this has been set at 98 per cent. As at the end of October 2011, 96.5 percent of women were receiving their results within 14 days which represents an increase over the quarter. However, the number of local bowel screening centres inviting the older age group up to their 75th birthday has slowed due to issues with endoscopy capacity, and those PCTs that began the original programme later will not begin the age extension until later, some in 2012.

## Bowel Screening

As from 23 August 2010, all 153 PCTs in England were offering bowel cancer screening to people in the 60 to 69 years age range who are registered with a GP. As at October 2011, over 12.2 million kits had been sent out and over 6.8 million returned. 10,785 cancers had been detected, and 53,616 patients had undergone polyp removal. Men and women over the age limit can request a testing kit every two years, and over 145,000 have self-referred for screening so far.

The NHS Bowel Cancer Screening Programme is currently being extended to men and women aged 70 to their 75th birthday. The NHS Operating Framework 2011/12 states that the extensions begun in 2010/11 should continue and be maintained for 2011/12. Those centres whose end of original two-year screening round was in 2011/12 should implement the extension on completion of the original round. Those whose end of original round falls beyond 2011/12 should prepare to expand on completion of the original round. 33 out of 58 centres (57 percent) have now extended their programmes.

## Diabetic retinopathy

The NHS Operating Framework 2011/12 states that all people with diabetes should be offered screening for early detection and, if needed, treatment for retinopathy. Q2 performance data shows that 98.4 percent of patients with diabetes were offered screening for diabetic retinopathy during the previous 12 months which represents an improvement in performance since Q1.

# Immunisation

Immunisation uptake rates remain at their highest level for a decade.

## Routine immunisations up to five years of age

According to latest data (Q1 2011/12) England coverage at 12 months for Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib3) decreased by 0.1 percentage points from the previous quarter to 94.1 percent. Meningitis C (MenC2) coverage decreased by 0.1 percentage points to 93.5 percent. Pneumococcal infection (PCV2) decreased by 0.1 percentage points,to 93.7 percent.

Coverage at 24 months for Measles Mumps and Rubella (MMR) increased by 0.8 percentage points to 90.3 percent compared to the previous quarter, these are the highest levels achieved in 13 years. Hib/MenC booster coverage increased by 0.5 percentage points to 92.2 percent compared to the previous quarter, and PCV booster coverage increased by 1.1 percent to 90.8 percent. England coverage of 96.1 percent for DTaP/IPV/Hib3 at 24 months exceeds the World Health Organisation (WHO) target of 95 percent for the eighth successive quarter.

Reform

# Choice

## Patient choice

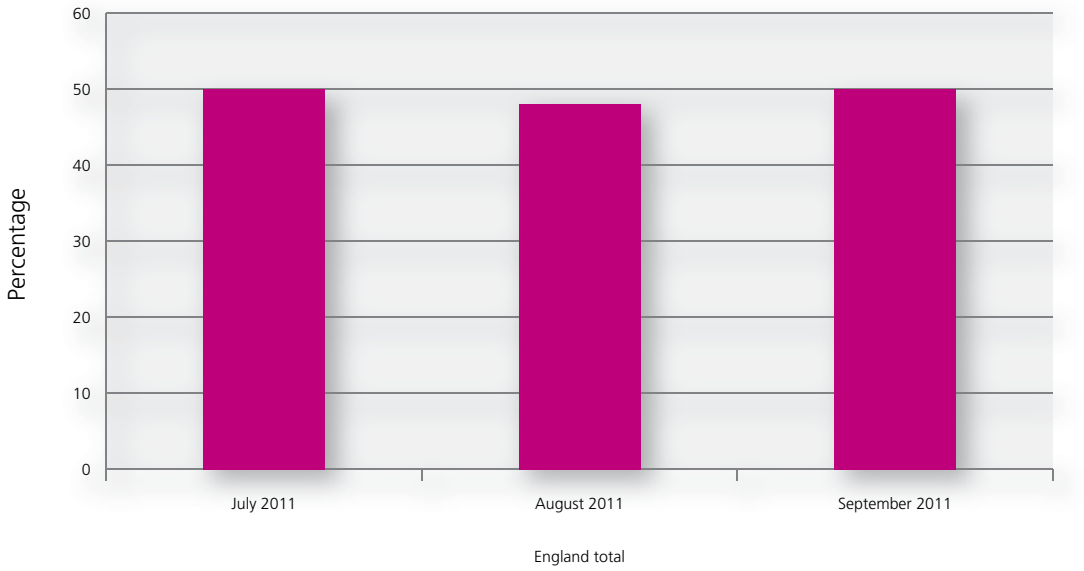
Indicators suggest the take-up of patient choice is slowly improving where it is offered and the Choose and Book system is being used to a high level in most areas.

Three separate Choose and Book measures are used to assess whether choice is being offered by referrers, using the Choose and Book system to refer patients for first consultant outpatient services.

## Proportion of GP referrals to first outpatient appointments booked using Choose and Book

The Department of Health has consulted on how to implement the commitments to give patients greater choice and control over their care and treatment, including looking at maximising the use of Choose and Book. Choose and Book utilisation remained stable over the quarter. The overall utilisation rate was 50 percent in September 2011, based on outturn GP referrals, which was slightly higher than the August figure of 48 percent. During September 2011, 94 percent of all GP practices made some bookings through Choose and Book, but there is significant variation in level of usage between practices.

**Figure 39: Proportion of GP referrals to first outpatient appointments booked using Choose and Book**

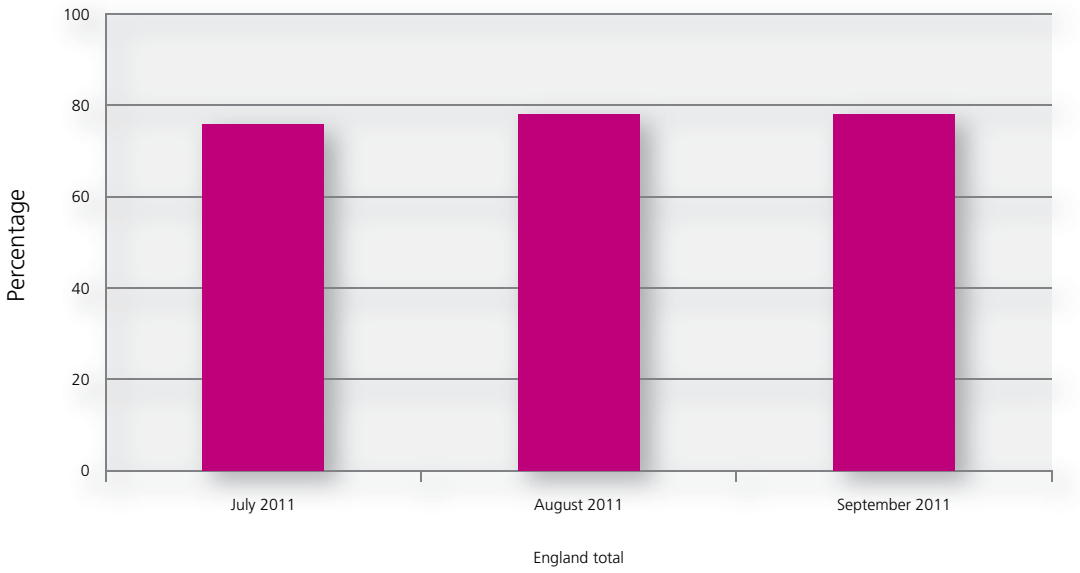



## Bookings to services where named consultant-led teams was available (even if not selected)

The Department of Health has now released contract guidance to support providers and commissioners in England with implementation of the specific commitment to introduce choice of named consultant-led team for a first consultant-led outpatient appointment for elective care where clinically appropriate. The NHS standard contracts for 2011/12 include a specific requirement for providers to comply with Choice Guidance issued by the Department of Health[18]. Provider organisations are continuing to add named consultants against specified Choose and Book services. Latest reports indicate the percentage of secondary care first outpatient bookings being made through Choose and Book to services where named clinicians are available (even if not selected) has now risen to 78 percent at the end of Q2 after steady increases in previous months.

18 Contract implementation guidance: Choice of named consultant-led team, Department of Health, October 2011 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130426

**Figure 40: Bookings to services where national consultant-led team was available (even if not selected)**

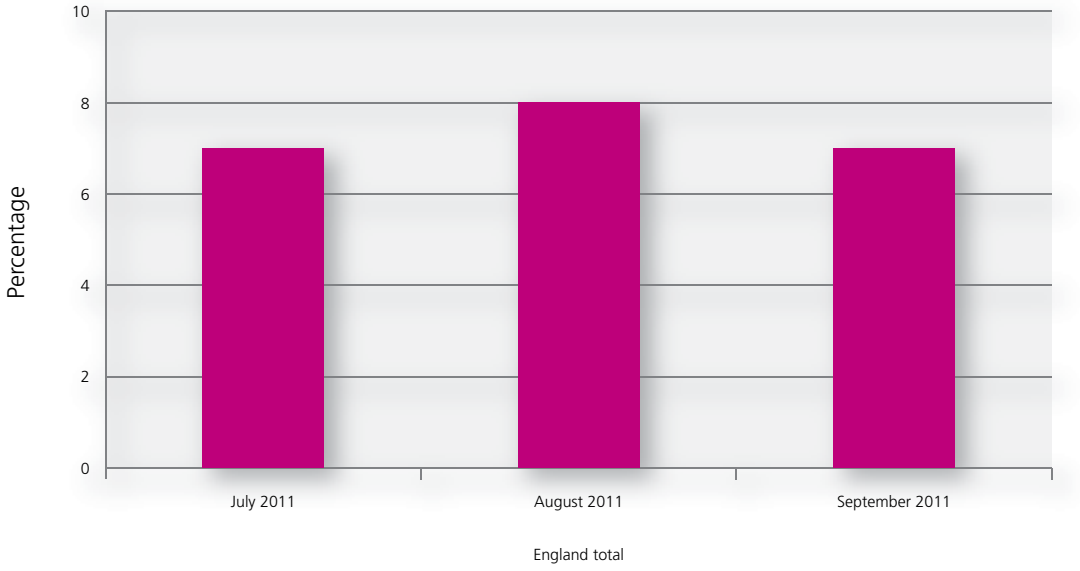



## Trend in volume of patients being treated at non-NHS hospitals

Patients should have the opportunity to choose a range of providers for their first outpatient appointment, including those in the independent sector. This indicator shows a percentage of patients who have exercised choice, since it is likely that an alternative NHS provider was also offered to them.

An increasing percentage of Choose and Book bookings being made to the independent sector may be indicative of more choice being offered to patients. This indicator should also be considered in conjunction with the system indicator, 'Use of Choose and Book'. Relatively high percentages of Choose and Book bookings being made to the independent sector may not be indicative of what is happening overall if Choose and Book utilisation is low.

**Figure 41: Proportion of patients being treated at non-NHS hospitals**



## Extending patient choice

The Department of Health published contract implementation guidance in October on choice of named consultant-led team.[19] The guidance applies only to the NHS in England and supports commissioners and providers to meet their contractual commitments under the NHS standard contracts with regard to choice of named consultant-led team from April 2012.

From quarter three (Q3), the guidance requires providers of NHS services to accept all clinically appropriate referrals to a named consultant-led team, list all named consultant-led teams against all their relevant services on Choose and Book, and to publish information about their services to allow people to make informed choices. Commissioners will need to work with providers to make sure that these actions are completed and to support Choose and Book so that referrers can access the system and patients have information to make an informed choice of named consultant-led teams.

The Department of Health also issued guidance in July 2011 on Extending Patient Choice of Provider for PCTs[20] to identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider (AQP) in 2012/13, based on the priorities of commissioners and informed by engagement with local patients and professionals.

In Q3, PCT clusters will identify and agree with SHAs three or more services to implement patient choice of AQP from April 2012. The Department is also working with volunteer PCTs and CCGs leads, to develop implementation packs with the NHS to support commissioners, which will contain example currencies, service specifications and key performance indicators, as well as testing the qualification aspects for that service and the information required for patients to make an informed choice of those services.

## Improving peoples access to their records

We want all patients to have the opportunity to access their records, and the Information Strategy for Health and Social Care (due for publication by April 2012) will clarify expectations around this.

We understand, based on data from systems suppliers (previous versions of which have recently been revised), that: 4,666 general practices (55 percent) now have functionality in place for patients to access their full medical records online; at the end of September 2011 some 68 general practices (0.8 percent) had enabled this functionality for some of their patients; this represents a small increase from the (revised) end June figure of 50. This situation needs to improve significantly.

## Summary Care Record[21]

The Summary Care Record (SCR) provides the minimal information required to support safe patient care in urgent or emergency situations. Patients can choose to opt out of having an SCR, will be asked for their permission when their SCR is accessed and are able to view their own SCR through HealthSpace.

SCRs are mainly being accessed in GP out-of-hours services. During Q2 there was an average of 805 views per week of Summary Care Records. A recent survey of clinicians using the SCR reported an increased level of confidence in clinical decision making, an impact on prescribing decisions and a contribution to improvements in patient safety when using the SCR. An increasing number of acute services are reporting that the SCR contributes to medicines reconciliation for emergency admissions.

80 percent of GP practices have a system which is compliant with SCR. In Q2 1.7 million new SCRs were created for patients, taking the total to 8.6 million patients with an SCR. 80 PCTs had created records for patients in 1,246 GP practices, with 12 PCTs having critical mass of over 60 percent of patients with an SCR. At the end of Q2 33 million patients had been written to about the SCR. Implementation progress does not meet expectations and rapid further progress is needed. Figure 42 shows the number of patients (records created) with an SCR.

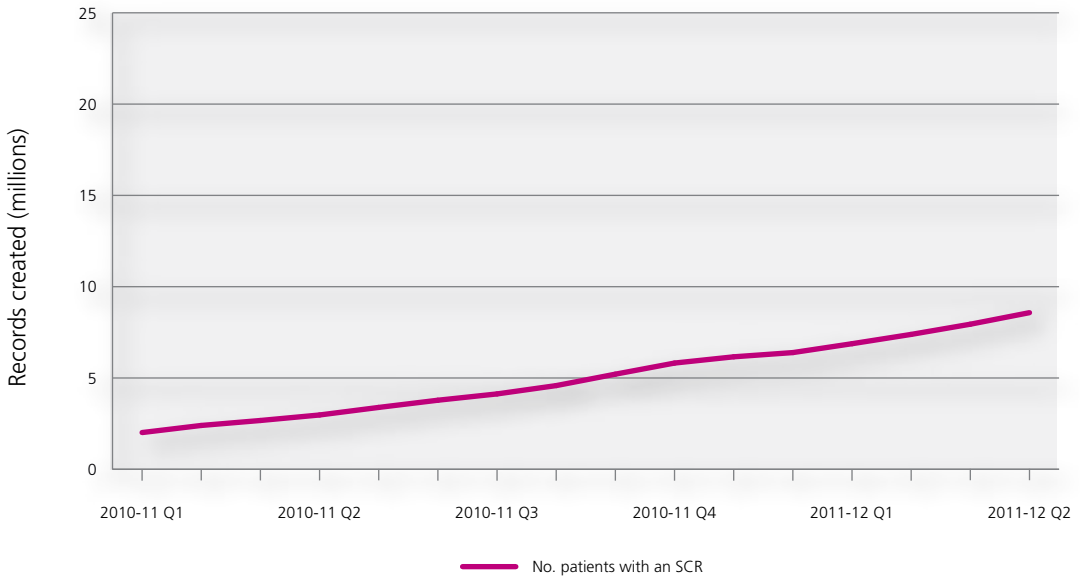
19 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130426

20 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128455

21 http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/benefits/scrkey

While performance has improved, the rate of this improvement is below expected levels. Significant efforts are needed to ensure the commitment to provide patients with a Summary Care Record is met.

**Figure 42: Number of summary care records created**




# Provision

The Government continues with the commitment to reform the provider landscape by establishing an all foundation trust (FT) sector through the development of autonomous and sustainable providers that deliver safe, high quality care to patients.

There were 115 NHS trusts remaining in the FT pipeline at end of September 2011.

It remains a strong expectation that all NHS trusts will achieve FT status on their own, as part of an existing FT or in another organisational form by April 2014. There are a small minority of trusts whose trajectory continues beyond this date. These later dates have only been agreed by exceptional agreement, made only after close scrutiny of financial and clinical feasibility and under new management arrangements.

All NHS trusts signed Tripartite Formal Agreements (TFAs) between themselves, their SHAs and the Department of Health by 30 September 2011 setting out the journey to FT status and the milestones along that journey. They demonstrate the scale of challenges and give clarity for the first time on what needs to be done.

On analysis of the TFAs, 20 NHS trusts have self diagnosed in their TFAs that they are clinically or financially unviable in their current organisational form. Another eight have set out a journey that goes beyond April 2014 due to the scale and complexity of the changes required.

Key issues identified by trusts to resolve are: level of efficiencies; Board capacity and capability; organisational and service design; and working capital/liquidity.

There are three peaks of activity on the trajectory going forward, with eight applications expected in April 2012, 13 applications expected in October 2012 and 13 applications expected in April 2013.

TFAs are locally owned with national support only by exception. They are now being performance managed between SHAs and the Department of Health. Failure to progress to timescales will result in an escalation process currently being agreed as part of the Single Operating Model (SOM) being developed by SHAs and the Department to oversee the FT process.

Work continues on various national and regional support for a small number of trusts and developmental work consistent with the Monitor assessment and compliance approaches. This includes national board development work which will be mandatory from January 2012. We are designing the SOM for the assessment of submissions with the new SHA clusters which will also be operational by January 2012. Work on strategic change in clustered SHAs including mergers and acquisitions is ongoing, and financial support in collaboration with HM Treasury is being explored for trusts who require additional liquidity and a very small number of trusts in relation to Private Finance Initiative costs, where solutions are beyond the capacity of local organisations.

In 2011/12 there were two FTs authorised by the end of Q2, (one more was authorised on 1 October 2011 and one more on 1 November 2011 which made the previous North East SHA the first all FT region in the country). There are nine NHS trusts currently with Monitor.

This work is already demonstrating an increasing grip in the system and in flow of trusts through the FT pipeline.

The work to establish a special health authority, the NHS Trust Development Authority (NTDA), to take over the management of the FT pipeline in April 2013 continues. The consultation with affected staff groups commenced on 31 October 2011 and closes on 31 January 2012. The new Provider Development Steering Group will oversee the work on both the FT pipeline and the establishment of the NTDA.

The NTDA will be established in shadow form in June 2012 and take up its full operational functions in April 2013. In the interim it will work with the Department and the SHAs to ensure a smooth transition of functions without any loss of momentum.

# Commissioning

## Clinical Commissioning Groups

*Developing clinical commissioning groups: Towards Authorisation* was published in September 2011. This sets out the high-level process and timescales for authorisation together with domains to help emerging CCGs prepare for authorisation.

This is supported by the co-produced, interactive self-assessment diagnostic tool made available in August 2011. This tool allows emerging CCGs to understand and reflect upon their values, culture, behaviours and wider organisational health. Whilst it includes some of the key areas that are likely to be required for authorisation, it also provides emerging CCGs with insight into how they can create vibrant organisations that can continually improve beyond the point of authorisation.

To support progress the Department has issued guidance on delegation of commissioning budgets and the status of emerging CCGs within the current legal framework. The guidance sets out the technical detail about the specific indicator to track the progress of budget delegation for the remainder of 2011/12. The document also addresses some of the questions raised on the legal status of CCGs, once they are established under the proposed legislative framework in the Health and Social Care Bill, as well as the legal status of pathfinders or emerging CCGs. Returns to date show the total estimated eligible commissioning funds for delegation is £62.3 billion. Of this, £28.9 billion has been delegated.

On 10 October 2011, the sixth cohort of pathfinders was announced bringing the total of pathfinders at that point to 266. The figure is now 262 due to mergers.

## NHS Commissioning Board

A number of key documents have been published relating to the NHS Commissioning Board Authority's future role over the summer.

The *Developing of the NHS Commissioning Board*[22] sets out David Nicholson's thinking on how the new commissioning system could work and the Board Authority's future role within that system. It concentrates on the culture, style and leadership of the Board as well as on the processes it needs to ensure it achieves maximum health benefit for the nation from around £80 billion of resources invested.

This is supported by two further publications *NHS Commissioning Board High Level Structures*,[23] setting out the coherence of design of the new Department of Health and the design of the NHS Commissioning Board and *The People transition policy*,[24] setting out the policies and processes that will guide the first round of appointments to the NHS Commissioning Board Authority.

Over the summer, Bill McCarthy was appointed as the National Managing Director of Development of the NHS Commissioning Board Authority and David Nicholson has asked Bill to lead the establishment work of the NHS Commissioning Board Authority during transition.

## Commissioning Support

A 'ready reckoner' running costs tool for CCGs was formally launched by the Secretary of State in September 2011.[25] The interactive tool co-produced with the NHS is to help CCGs work through the relationship between their size and financial resources, the opportunities and impact of sharing functions with other commissioning groups and the potential costs for different internal staffing structures.

The tool builds on work carried out in different regions over recent months and will stimulate a range of local discussions and decisions about where it makes sense to share particular services and/or enter into more federated models to generate value for money and maximise remaining funds for external commissioning support.

Work is currently underway on developing the next version of the commissioning support guidance. The initial draft document *Developing commissioning support: Towards service excellence* was published in October 2011 and sets out the vision and expectations for commissioning support to become a vibrant, innovative and responsive sector whilst minimising redundancy costs. It describes the package of support we will put in place to support the development of emerging commissioning support offers. It also sets out a pace-setting timetable to ensure that all commissioning support offers developed through PCT clusters are subject to a business review process, ahead of the authorisation of CCGs. Feedback from a range of stakeholders will input into the guidance document due to be published in early 2012.

22 http://www.commissioningboard.nhs.uk/commissioningboard/files/2011/10/Developing-the-commissioning-board.pdf

23 http://www.commissioningboard.nhs.uk/commissioningboard/files/2011/10/Developing-the-commissioning-board-UPDATE.pdf

24 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128699

25 http://www.dh.gov.uk/health/2011/09/ready-reckoner-ccg/

# Annex 1

## NHS North of England

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| County Durham PCT | 918 | 1,020 | 1,016 | 1,000 | 1,004,802 | 0.1% |
| Darlington PCT | 301 | 301 | 315 | 300 | 185,664 | 0.2% |
| Gateshead PCT | 146 | 504 | 192 | 50 | 394,082 | 0.0% |
| Hartlepool PCT | 126 | 125 | 100 | 100 | 188,858 | 0.1% |
| Middlesbrough PCT | 633 | 278 | 600 | 600 | 299,293 | 0.2% |
| Newcastle PCT | 4,616 | 945 | 258 | 250 | 525,359 | 0.0% |
| North East SHA | 99,407 | 72,036 | 64,754 | 58,667 | 347,894 | 16.9% |
| North Tyneside PCT | 563 | 475 | 355 | 500 | 391,927 | 0.1% |
| Northumberland Care PCT | 443 | 220 | 1,370 | 250 | 570,138 | 0.0% |
| Redcar and Cleveland PCT | 380 | 513 | 150 | 150 | 263,407 | 0.1% |
| South Tyneside PCT | 592 | 1,819 | 460 | 50 | 322,549 | 0.0% |
| Stockton-on-Tees Teaching PCT | 156 | 424 | 400 | 400 | 335,419 | 0.1% |
| Sunderland Teaching PCT | 388 | 845 | 382 | 900 | 561,942 | 0.2% |
| **North East subtotal SHA/PCTs** | **108,669** | **79,505** | **70,352** | **63,217** | **5,391,334** | **1.2%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Ashton, Leigh and Wigan PCT | 2,495 | 640 | 1,900 | 2,726 | 582,515 | 0.5% |
| Blackburn with Darwen PCT | 2,048 | 717 | n/a | n/a | n/a | n/a |
| Blackburn with Darwen Teaching Care Trust Plus PCT (1) | n/a | n/a | 1,373 | 1,372 | 296,004 | 0.5% |
| Blackpool PCT | 3,193 | 2,532 | 1,392 | 1,399 | 301,492 | 0.5% |
| Bolton PCT | 992 | 996 | 983 | 1,000 | 497,194 | 0.2% |
| Bury PCT | 41 | 413 | 236 | 250 | 316,414 | 0.1% |
| Central and Eastern Cheshire PCT | 336 | 1,007 | 1,501 | 3,444 | 721,625 | 0.5% |
| Central Lancashire PCT | 8,558 | 3,030 | 1,632 | 3,653 | 790,911 | 0.5% |
| Cumbria Teaching PCT | 233 | 229 | (5,926) | 4,146 | 881,254 | 0.5% |
| East Lancashire Teaching PCT | 2,464 | 1,021 | 3,336 | 3,324 | 693,787 | 0.5% |
| Halton and St Helens PCT | 420 | 295 | 500 | 500 | 610,644 | 0.1% |
| Heywood, Middleton and Rochdale PCT | 3,051 | 579 | 1,933 | 2,000 | 396,562 | 0.5% |
| Knowsley PCT | 4,819 | 576 | 1,610 | 1,619 | 340,231 | 0.5% |
| Liverpool PCT | 6,429 | 5,287 | 14,768 | 9,217 | 1,048,535 | 0.9% |
| Manchester PCT | 687 | 481 | 347 | 1,000 | 1,045,756 | 0.1% |
| North Lancashire Teaching PCT | 2,051 | 1,565 | 2,200 | 2,200 | 582,069 | 0.4% |
| North West SHA | 245,142 | 157,339 | 175,418 | 140,385 | 860,929 | 16.3% |
| Oldham PCT | 1,528 | 1,381 | 1,000 | 2,015 | 422,906 | 0.5% |
| Salford PCT | 1,991 | 993 | 2,319 | 2,260 | 505,589 | 0.4% |
| Sefton PCT | 287 | 498 | 2,500 | 2,548 | 542,260 | 0.5% |
| Stockport PCT | 238 | 231 | 350 | 667 | 475,606 | 0.1% |
| Tameside and Glossop PCT | 1,980 | 980 | 1,000 | 1,000 | 435,098 | 0.2% |
| Trafford PCT | 133 | 534 | 1,500 | 1,800 | 387,039 | 0.5% |
| Warrington PCT | 557 | 222 | 250 | 500 | 324,059 | 0.2% |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Western Cheshire PCT | 1,598 | 1,279 | 985 | 1,975 | 450,456 | 0.4% |
| Wirral PCT | 3,310 | 2,047 | 2,031 | 2,000 | 619,137 | 0.3% |
| **North West subtotal SHA/PCTs** | **294,581** | **184,872** | **215,138** | **193,000** | **14,128,072** | **1.4%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts Surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Barnsley PCT | 2,510 | 3,461 | 3,395 | 3,000 | 476,247 | 0.6% |
| Bassetlaw PCT (2) | n/a | n/a | n/a | 1,700 | 197,545 | 0.9% |
| Bradford and Airedale Teaching PCT | 3,457 | 7,550 | 6,680 | 8,300 | 917,707 | 0.9% |
| Calderdale PCT | 2,000 | 2,679 | 4,224 | 3,600 | 356,080 | 1.0% |
| Doncaster PCT | 2,760 | 4,177 | 2,691 | 2,700 | 579,032 | 0.5% |
| East Riding of Yorkshire PCT | 1,997 | 3,684 | 5,185 | 5,200 | 503,703 | 1.0% |
| Hull Teaching PCT | 6,548 | 3,820 | 3,714 | 3,200 | 530,973 | 0.6% |
| Kirklees PCT | 2,787 | 2,928 | 7,900 | 8,300 | 685,933 | 1.2% |
| Leeds PCT | 5,150 | 5,002 | 20,124 | 25,200 | 1,363,533 | 1.8% |
| North East Lincolnshire Care Trust Plus (3) | 1,146 | 2,222 | 2,181 | 1,800 | 293,471 | 0.6% |
| North Lincolnshire PCT | 1,107 | 1,249 | 3,693 | 2,000 | 270,226 | 0.7% |
| North Yorkshire and York PCT | 2,401 | 317 | 242 | 0 | 1,239,028 | 0.0% |
| Rotherham PCT | 1,597 | 2,042 | 2,192 | 2,200 | 461,022 | 0.5% |
| Sheffield PCT | 1,712 | 4,479 | 499 | 500 | 993,171 | 0.1% |
| Wakefield District PCT | 2,580 | 7,388 | 3,095 | 3,100 | 642,401 | 0.5% |
| Yorkshire and the Humber SHA | 178,249 | 133,982 | 121,052 | 63,252 | 641,792 | 9.9% |
| **Yorkshire and the Humber subtotal SHA/PCTs** | **216,001** | **184,980** | **186,867** | **134,052** | **10,151,864** | **1.3%** |
| **NHS North of England total SHA/PCTs** | **619,251** | **449,357** | **472,357** | **390,269** | **29,671,270** | **1.3%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| North East Ambulance Service NHS Trust | 2,249 | 4,736 | 3,120 | 2,741 | 105,784 | 2.6% |
| Northumberland, Tyne and Wear NHS Trust (4) | 3,852 | 5,296 | n/a | n/a | n/a | n/a |
| South Tees Hospitals NHS Trust (5) | 10,445 | 131 | n/a | n/a | n/a | n/a |
| Tees, Esk and Wear Valleys NHS Trust (6) | 483 | n/a | n/a | n/a | n/a | n/a |
| **North East subtotal trusts** | **17,029** | **10,163** | **3,120** | **2,741** | **105,784** | **2.6%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts Surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| 5 Boroughs Partnership NHS Trust (7) | 1,482 | 2,210 | n/a | n/a | n/a | n/a |
| Bolton Hospitals NHS Trust (8) | (2,351) | n/a | n/a | n/a | n/a | n/a |
| Bridgewater Community Healthcare NHS Trust (9) | n/a | n/a | 388 | 1,666 | 164,198 | 1.0% |
| Calderstones NHS Trust (10) | 1,520 | n/a | n/a | n/a | n/a | n/a |
| Central Manchester and Manchester Children's University Hospitals NHS Trust (11) | 4,715 | n/a | n/a | n/a | n/a | n/a |
| East Cheshire NHS Trust | 522 | 3,926 | 806 | 250 | 167,033 | 0.1% |
| East Lancashire Hospitals NHS Trust | 133 | 287 | 723 | 2,107 | 383,329 | 0.5% |
| Liverpool Community Health NHS Trust (12) | n/a | n/a | 2,654 | 3,452 | 139,454 | 2.5% |
| Liverpool Heart and Chest Hospital NHS Trust (13) | 4,337 | 1,827 | n/a | n/a | n/a | n/a |
| Manchester Mental Health and Social Care NHS Trust | 521 | 532 | (482) | 993 | 101,970 | 1.0% |
| Mersey Care NHS Trust | 500 | 3,000 | 7,359 | 4,000 | 191,550 | 2.1% |
| North Cheshire Hospitals NHS Trust (14) | 1,060 | n/a | n/a | n/a | n/a | n/a |
| North Cumbria University Hospitals NHS Trust | 993 | 327 | 1,356 | 1,000 | 219,668 | 0.5% |
| North West Ambulance Service NHS Trust | 840 | 1,041 | 2,065 | 1,500 | 259,410 | 0.6% |
| Pennine Acute Hospitals NHS Trust | 48 | 620 | 259 | 3,502 | 575,004 | 0.6% |
| Pennine Care NHS Trust (15) | 388 | n/a | n/a | n/a | n/a | n/a |
| Royal Liverpool Broadgreen University Hospitals NHS Trust | 2,781 | 4,021 | 4,238 | 5,557 | 410,094 | 1.4% |
| Royal Liverpool Children's NHS Trust (16) | 301 | n/a | n/a | n/a | n/a | n/a |
| Southport and Ormskirk Hospital NHS Trust | 802 | 500 | 853 | 0 | 176,559 | 0.0% |
| St Helens and Knowsley Teaching Hospitals NHS Trust | (22,687) | 225 | 296 | 250 | 259,074 | 0.1% |
| The Wirral Community NHS Trust (17) | n/a | n/a | n/a | 704 | 64,682 | 1.1% |
| Trafford Healthcare NHS Trust | (2,186) | (6,048) | 319 | 482 | 95,778 | 0.5% |
| University Hospitals of Morecambe Bay NHS Trust (18) | 1,889 | 2,126 | 305 | n/a | n/a | n/a |
| Walton Centre for Neurology and Neurosurgery NHS Trust (19) | 2,812 | 424 | n/a | n/a | n/a | n/a |
| Wrightington, Wigan and Leigh NHS Trust (20) | (13,002) | n/a | n/a | n/a | n/a | n/a |
| **North West subtotal trusts** | **(14,582)** | **15,018** | **21,139** | **25,463** | **3,207,803** | **0.8%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Airedale NHS Trust (21) | 759 | 605 | 49 | n/a | n/a | n/a |
| Bradford District Care Trust | 546 | 103 | 104 | 100 | 165,422 | 0.1% |
| Hull and East Yorkshire Hospitals NHS Trust | 5,020 | 7,601 | 4,701 | 4,866 | 474,294 | 1.0% |
| Humber Mental Health Teaching NHS Trust (22) | 1,376 | 1,351 | n/a | n/a | n/a | n/a |
| Leeds Community Healthcare NHS Trust (23) | n/a | n/a | n/a | 683 | 133,011 | 0.5% |
| Leeds Teaching Hospitals NHS Trust | 471 | 963 | 2,051 | 2,100 | 976,814 | 0.2% |
| Mid Yorkshire Hospitals NHS Trust | 32,706 | 871 | 983 | 0 | 463,066 | 0.0% |
| Scarborough and North East Yorkshire Healthcare NHS Trust | 1,873 | 1,914 | 1,874 | 1,884 | 122,968 | 1.5% |
| Sheffield Care Trust (24) | 80 | n/a | n/a | n/a | n/a | n/a |
| South West Yorkshire Mental Health NHS Trust (25) | 1,015 | 569 | n/a | n/a | n/a | n/a |
| Yorkshire Ambulance Service NHS Trust | 151 | 518 | 237 | 415 | 200,087 | 0.2% |
| **Yorkshire and the Humber subtotal trusts** | **43,997** | **14,495** | **9,999** | **10,048** | **2,535,662** | **0.4%** |
| **NHS North of England total trusts** | **46,444** | **39,676** | **34,258** | **38,252** | **5,849,249** | **0.7%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust.**

1 Blackburn with Darwen Teaching Care Trust Plus PCT was formerly Blackburn with Darwen PCT pre-April 2010.

2 Bassetlaw PCT is being reported under the Yorkshire and the Humber SHA region from 1 April 2011/12. Prior to this, they were reported under the East Midlands SHA region.

3 North East Lincolnshire Care Trust Plus was formed following the dissolution of North East Lincolnshire PCT on 1 September 2007.

4 Northumberland, Tyne and Wear NHS Trust achieved foundation trust status on 1 December 2009.

5 South Tees Hospitals NHS Trust achieved foundation trust status on 1 May 2009.

6 Tees, Esk and Wear Valleys NHS Trust achieved foundation trust status on 1 July 2008.

7 5 Boroughs Partnership NHS Trust achieved foundation trust status on 1 March 2010.

8 Bolton Hospitals NHS Trust achieved foundation trust status on 1 October 2008.

9 On 1 April 2011, Bridgewater Community Healthcare NHS Trust changed its name from Ashton, Leigh and Wigan Community Healthcare NHS Trust, which was established as an NHS trust on 1 November 2010 taking on the provider services of NHS Ashton, Leigh and Wigan.

10 Calderstones NHS Trust achieved foundation trust status on 1 April 2009.

11 Central Manchester and Manchester Children's University Hospitals NHS Trust achieved foundation trust status on 1 January 2009.

12 Liverpool Community Health NHS Trust was established as an NHS trust on 1 November 2010 taking on the provider services of Liverpool Primary Care Trust.

13 Liverpool Heart and Chest Hospital NHS Trust achieved foundation trust status on 1 December 2009.

14 North Cheshire Hospitals NHS Trust achieved foundation trust status on 1 December 2008.

15 Pennine Care NHS Trust achieved foundation trust status on 1 July 2008.

16 Royal Liverpool Children's NHS Trust achieved foundation trust status on 1 August 2008.

17 The Wirral Community NHS Trust was formed on 1 April 2011.

18 University Hospitals of Morecambe Bay NHS Trust achieved foundation trust status on 1 October 2010.

19 Walton Centre for Neurology and Neurosurgery NHS Trust achieved foundation trust status on 1 August 2009.

20 Wrightington, Wigan and Leigh NHS Trust achieved foundation trust status on 1 December 2008.

21 Airedale NHS Trust achieved foundation trust status on 1 June 2010.

22 Humber Mental Health Teaching NHS Trust achieved foundation trust status on 1 February 2010.

23 Leeds Community Healthcare NHS Trust was formed on 1 April 2011.

24 Sheffield Care Trust achieved foundation trust status on 1 July 2008.

25 South West Yorkshire Mental Health NHS Trust achieved foundation trust status on 1 May 2009.

**In addition to the operating deficits in 2011/12 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments, or**
**b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.**
**This is not recognised for NHS budgeting purposes.**

Mid Yorkshire Hospitals NHS Trust (£6m)

St Helens and Knowsley Hospitals NHS Trust (£25m)

Trafford Healthcare NHS Trust (£4m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 2

## NHS Midlands and East

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bassetlaw PCT (1) | 2,689 | 1,434 | 2,595 | n/a | n/a | n/a |
| Derby City PCT | 2,303 | 650 | 30 | 2,974 | 454,897 | 0.7% |
| Derbyshire County PCT | 4,761 | 1,873 | 11,212 | 8,000 | 1,187,057 | 0.7% |
| East Midlands SHA | 69,833 | 59,092 | 22,905 | 31,172 | 429,312 | 7.3% |
| Leicester City PCT | 2,244 | 241 | 6,192 | 3,640 | 558,036 | 0.7% |
| Leicestershire County and Rutland PCT | 1,049 | 1,148 | 10,502 | 6,223 | 975,229 | 0.6% |
| Lincolnshire Teaching PCT | 7,011 | 7,264 | 14,314 | 9,543 | 1,217,485 | 0.8% |
| Milton Keynes PCT (2) | n/a | n/a | n/a | 100 | 368,804 | 0.0% |
| Northamptonshire Teaching PCT | 4,387 | 4,642 | 10,528 | 7,017 | 1,066,378 | 0.7% |
| Nottingham City PCT | 2,283 | 2,448 | 6,841 | 3,400 | 575,752 | 0.6% |
| Nottinghamshire County Teaching PCT | 10,003 | 4,514 | 5,017 | 3,333 | 1,079,053 | 0.3% |
| **East Midlands subtotal SHA/PCTs** | **106,563** | **83,306** | **90,136** | **75,402** | **7,912,003** | **1.0%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Birmingham East and North PCT | 1,922 | 2,453 | 522 | 0 | 771,426 | 0.0% |
| Coventry Teaching PCT | 4,983 | 4,644 | 6,247 | 5,800 | 610,473 | 1.0% |
| Dudley PCT | 2,055 | 362 | 794 | 1,000 | 518,403 | 0.2% |
| Heart of Birmingham Teaching PCT | 9,683 | 7,615 | 9,555 | 1,000 | 588,430 | 0.2% |
| Herefordshire PCT | 475 | 778 | 111 | 250 | 292,225 | 0.1% |
| North Staffordshire PCT | 1,999 | 515 | 1,162 | 250 | 351,138 | 0.1% |
| Sandwell PCT | 7,020 | 89 | 1,222 | 3,000 | 588,832 | 0.5% |
| Shropshire County PCT | 854 | 490 | 872 | 1,000 | 477,596 | 0.2% |
| Solihull PCT (3) | 793 | 16 | 531 | 0 | 341,457 | 0.0% |
| South Birmingham PCT | 6,505 | 4,700 | 500 | 1,000 | 657,137 | 0.2% |
| South Staffordshire PCT | 4,676 | 2,200 | 378 | 750 | 957,048 | 0.1% |
| Stoke on Trent PCT | 4,304 | 2,588 | 3,115 | 2,000 | 520,463 | 0.4% |
| Telford and Wrekin PCT | 7,247 | 4,522 | 467 | 1,000 | 266,976 | 0.4% |
| Walsall Teaching PCT | 11,602 | 6,022 | 5,437 | 736 | 486,605 | 0.2% |
| Warwickshire PCT | 321 | 594 | 176 | 200 | 847,288 | 0.0% |
| West Midlands SHA | 6,497 | 19,732 | 23,204 | 17,012 | 561,956 | 3.0% |
| Wolverhampton City PCT | 24,874 | 19,365 | 15,692 | 17,008 | 473,130 | 3.6% |
| Worcestershire PCT | 4,865 | 3,519 | 3,470 | 3,000 | 877,253 | 0.3% |
| **West Midlands subtotal SHA/PCTs** | **100,675** | **80,204** | **73,455** | **55,006** | **10,187,836** | **0.5%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bedfordshire PCT | 330 | 236 | 498 | 500 | 616,076 | 0.1% |
| Cambridgeshire PCT | 760 | 501 | 398 | 0 | 880,697 | 0.0% |
| East of England SHA | 124,757 | 135,389 | 83,960 | 78,150 | 648,449 | 12.1% |
| Great Yarmouth and Waveney PCT | 230 | 352 | 1,625 | 1,000 | 407,454 | 0.2% |
| Hertfordshire PCT (4) | 2,259 | 1,611 | 638 | 0 | 1,713,791 | 0.0% |
| Luton PCT | 492 | 400 | 506 | 0 | 320,807 | 0.0% |
| Mid Essex PCT | 940 | 1,007 | 3,767 | 1,000 | 534,804 | 0.2% |
| Norfolk PCT | 1,079 | 695 | 959 | 1,000 | 1,218,816 | 0.1% |
| North East Essex PCT | 1,348 | 2,993 | 2,998 | 1,000 | 549,181 | 0.2% |
| Peterborough PCT | 2,896 | (12,832) | 389 | 0 | 276,234 | 0.0% |
| South East Essex PCT | 852 | 2,014 | 1,093 | 850 | 556,885 | 0.2% |
| South West Essex PCT | 688 | 1,614 | 48 | 0 | 661,988 | 0.0% |
| Suffolk PCT | 1,315 | 2,578 | 3,560 | 6,100 | 942,074 | 0.6% |
| West Essex PCT | 1,448 | 815 | 721 | 400 | 441,877 | 0.1% |
| **East of England subtotal SHA/PCTs** | **139,394** | **137,373** | **101,160** | **90,000** | **9,769,133** | **0.9%** |
| **NHS Midlands and East total SHA/PCTs** | **346,632** | **300,883** | **264,751** | **220,408** | **27,868,972** | **0.8%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Derbyshire Mental Health Services NHS Trust (5) | 990 | 1,014 | 379 | n/a | n/a | n/a |
| Derbyshire Community Health Services NHS Trust (6) | n/a | n/a | n/a | 1,140 | 180,200 | 0.6% |
| East Midlands Ambulance Service NHS Trust | 1,564 | 2,016 | 467 | 1,587 | 160,299 | 1.0% |
| Kettering General Hospital NHS Trust (7) | 3,444 | n/a | n/a | n/a | n/a | n/a |
| Leicestershire Partnership NHS Trust | 683 | 1,732 | 1,700 | 6,400 | 259,980 | 2.5% |
| Lincolnshire Community Health Services NHS Trust (8) | n/a | n/a | n/a | 1,071 | 101,499 | 1.1% |
| Northampton General Hospital NHS Trust | 2,100 | 2,081 | 1,109 | 500 | 240,306 | 0.2% |
| Northamptonshire Healthcare NHS Trust (9) | 342 | 29 | n/a | n/a | n/a | n/a |
| Nottingham University Hospitals NHS Trust | 5,557 | 7,256 | 5,010 | 4,399 | 756,484 | 0.6% |
| Nottinghamshire Healthcare NHS Trust | 3,905 | 2,387 | 6,505 | 5,250 | 401,113 | 1.3% |
| United Lincolnshire Hospitals NHS Trust | 366 | 1,282 | (13,880) | 4 | 394,996 | 0.0% |
| University Hospitals of Leicester NHS Trust | 3,018 | 51 | 1,013 | 1,289 | 701,898 | 0.2% |
| **East Midlands subtotal trusts** | **21,969** | **17,848** | **2,303** | **21,640** | **3,196,775** | **0.7%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Birmingham and Solihull Mental Health NHS Trust (10) | 1,206 | n/a | n/a | n/a | n/a | n/a |
| Birmingham Community Health Care Trust (11) | n/a | n/a | 686 | 2,500 | 252,884 | 1.0% |
| Burton Hospitals NHS Trust (12) | 2,666 | n/a | n/a | n/a | n/a | n/a |
| Coventry and Warwickshire Partnership NHS Trust (13) | 1,863 | 3,690 | 2,936 | 4,196 | 204,038 | 2.1% |
| Dudley and Walsall Mental Health Partnership NHS Trust | 202 | 376 | 883 | 850 | 66,760 | 1.3% |
| Dudley Group of Hospitals NHS Trust (14) | 3,886 | n/a | n/a | n/a | n/a | n/a |
| George Eliot Hospital NHS Trust | 964 | 1,164 | 112 | 0 | 112,042 | 0.0% |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| North Staffordshire Combined Healthcare NHS Trust | 256 | 449 | 698 | 1,238 | 79,730 | 1.6% |
| Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (15) | 999 | 2,054 | 1,618 | 741 | 26,599 | 2.8% |
| Royal Wolverhampton Hospitals NHS Trust | 6,913 | 8,035 | 7,964 | 8,259 | 358,387 | 2.3% |
| Sandwell & West Birmingham Hospitals NHS Trust | 2,547 | 7,260 | 2,193 | 1,807 | 415,876 | 0.4% |
| Sandwell Mental Health NHS and Social Care Trust (16) | 60 | n/a | n/a | n/a | n/a | n/a |
| Shrewsbury and Telford Hospital NHS Trust | 4,127 | 712 | 26 | 0 | 297,194 | 0.0% |
| Shropshire Community Health NHS Trust (17) | n/a | n/a | n/a | 995 | 80,762 | 1.2% |
| Staffordshire and Stoke on Trent Partnership NHS Trust (18) | n/a | n/a | n/a | 1,500 | 191,893 | 0.8% |
| South Warwickshire General Hospitals NHS Trust (19) | 6,842 | 5,581 | n/a | n/a | n/a | n/a |
| University Hospital of North Staffordshire NHS Trust | 3,008 | 5,644 | 4,141 | 1,600 | 414,955 | 0.4% |
| University Hospitals Coventry and Warwickshire NHS Trust | 4,825 | 10,234 | 4,162 | 1,222 | 470,671 | 0.3% |
| Walsall Healthcare NHS Trust (20) | 353 | 1,998 | 3,247 | 2,500 | 204,025 | 1.2% |
| West Midlands Ambulance Service NHS Trust | 156 | 255 | 99 | 925 | 187,820 | 0.5% |
| Worcestershire Acute Hospitals NHS Trust | 5,833 | 3,135 | 287 | 0 | 320,604 | 0.0% |
| Worcestershire Health and Care NHS Trust (21) | 2 | 700 | 700 | 1,500 | 170,816 | 0.9% |
| Wye Valley NHS Trust (22) | 544 | 1,165 | 46 | 0 | 165,280 | 0.0% |
| **West Midlands subtotal trusts** | **47,252** | **52,452** | **29,798** | **29,833** | **4,020,336** | **0.7%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Bedford Hospitals NHS Trust | 2,118 | 612 | 274 | 0 | 148,077 | 0.0% |
| Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (23) | 751 | 463 | n/a | n/a | n/a | n/a |
| Cambridgeshire and Peterborough Mental Health Partnership NHS Trust (24) | 71 | n/a | n/a | n/a | n/a | n/a |
| Cambridgeshire Community Services NHS Trust (25) | n/a | n/a | 1,044 | 670 | 133,205 | 0.5% |
| East and North Hertfordshire NHS Trust | 2,070 | 2,499 | 3,328 | 3,500 | 338,303 | 1.0% |
| East of England Ambulance Service NHS Trust | 283 | 757 | 2,364 | 2,398 | 227,803 | 1.1% |
| Essex Rivers Healthcare NHS Trust (26) | 875 | n/a | n/a | n/a | n/a | n/a |
| Hertfordshire Community NHS Trust (27) | n/a | n/a | 184 | 1,105 | 121,656 | 0.9% |
| Hinchingbrooke Health Care NHS Trust | 98 | 598 | 79 | 0 | 103,862 | 0.0% |
| Mid Essex Hospital Services NHS Trust | 7,316 | 2,551 | 3,660 | 833 | 254,952 | 0.3% |
| Norfolk Community Health and Care NHS Trust (28) | n/a | n/a | 552 | 500 | 125,097 | 0.4% |
| Norfolk and Norwich University Hospitals NHS Trust (29) | 2,409 | n/a | n/a | n/a | n/a | n/a |
| Suffolk Mental Health Partnership NHS Trust | 1,504 | 1,513 | 335 | 711 | 83,678 | 0.8% |
| The Ipswich Hospital NHS Trust | 4,580 | 3,351 | 1,260 | 0 | 234,192 | 0.0% |
| The Princess Alexandra Hospital NHS Trust | 3,222 | 511 | 415 | 0 | 174,738 | 0.0% |
| The Queen Elizabeth Hospital Kings Lynn NHS Trust (30) | 6,158 | 4,510 | 1,931 | n/a | n/a | n/a |
| West Hertfordshire Hospitals NHS Trust | 4,405 | 5,699 | 7,358 | 3,600 | 262,342 | 1.4% |
| West Suffolk Hospitals NHS Trust | 4,600 | 6,273 | 194 | 1,000 | 153,983 | 0.6% |
| **East of England subtotal trusts** | **40,460** | **29,337** | **22,978** | **14,317** | **2,361,888** | **0.6%** |
| **NHS Midlands and East total trusts** | **109,681** | **99,637** | **55,079** | **65,790** | **9,578,999** | **0.7%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust.**

1 Bassetlaw PCT is being reported under the Yorkshire and the Humber SHA region from 1 April 2011/12.

2 Milton Keynes PCT became part of East Midlands SHA from 1 April 2011. Prior to this, they were reported under the South Central SHA region.

3 Solihull Care Trust changed its name to Solihull Primary Care Trust following the transfer of their community services to other organisations on 1 April 2011.

4 Hertfordshire PCT was formed by the merger of East and North Hertfordshire (5P3) and West Hertfordshire PCT (5P4) on 1 April 2010.

5 Derbyshire Mental Health Services NHS Trust achieved foundation trust status on 1 February 2011.

6 Derbyshire Community Health Services NHS Trust was formed on 1 April 2011.

7 Kettering General Hospital NHS Trust achieved foundation trust status on 1 November 2008.

8 Lincolnshire Community Health Services NHS Trust was formed on 1 April 2011.

9 Northamptonshire Healthcare NHS Trust achieved foundation trust status on 1 May 2009.

10 Birmingham and Solihull Mental Health NHS Trust achieved foundation trust status on 1 July 2008.

11 Birmingham Community Health Care NHS Trust (RYW) was established as an NHS Trust on 1 November 2010, taking on the provider services of NHS Birmingham East and North, NHS Heart of Birmingham and NHS South Birmingham.

12 Burton Hospitals NHS Trust achieved foundation trust status on 1 November 2008.

13 Coventry and Warwickshire Partnership NHS Trust was formed from the Mental Health elements of Rugby PCT, Coventry Teaching PCT, North Warwickshire PCT and South Warwickshire PCT.

14 Dudley Group of Hospitals NHS Trust achieved foundation trust status on 1 October 2008.

15 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust achieved foundation trust status on 1 August 2011.

16 Sandwell Mental Health and Social Care NHS Trust achieved foundation trust status on 1 February 2009.

17 Shropshire Community Health NHS Trust was formed on 1 July 2011. The new Trust will combine community health services from Shropshire County PCT and Telford and Wrekin PCT into a single organisation.

18 A new NHS Partnership Trust (called Staffordshire and Stoke on Trent NHS Partnership Trust) was formed on 1 September 2011, bringing together community health services currently provided by NHS North Staffordshire, NHS Stoke-on-Trent and South Staffordshire PCT.

19 South Warwickshire General Hospitals NHS Trust achieved foundation trust status on 1 March 2010.

20 Walsall Healthcare NHS Trust was formed on 1 April 2011 following the integration of Walsall Hospitals NHS Trust and NHS Walsall Community Health.

21 Worcestershire Health and Care NHS Trust was established on 1 July 2011 to manage the vast majority of the services which were previously managed by Worcestershire Primary Care NHS Trust's provider arm, as well as the mental health services that were managed by Worcestershire Mental Health Partnership NHS Trust.

22 Hereford Hospitals NHS Trust changed its name to Wye Valley NHS Trust on 1 April 2011 following Herefordshire's health and adult social care providers joining to form an integrated provider of acute, community and social care in England.

23 On 1 April 2010, South Essex Partnership University NHS Foundation Trust (SEPT) took over Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (BLPT). BLPT made history by being the first NHS trust to put itself up for merger with an established NHS foundation trust (FT).

24 Cambridgeshire and Peterborough Mental Health Partnership NHS Trust achieved foundation trust status on 1 June 2008.

25 Cambridgeshire Community Services NHS Trust is a new trust formed on 1 April 2010.

26 Essex Rivers Healthcare NHS Trust achieved foundation trust status on 1 May 2008.

27 Hertfordshire Community NHS Trust (RY4) was established on 1 November 2010, taking on the provider services of Hertfordshire PCT.

28 Norfolk Community Health and Care NHS Trust (RY3) was established on 1 November 2010, taking on the provider services of Norfolk Primary Care Trust.

29 Norfolk and Norwich University Hospitals NHS Trust achieved foundation trust status on 1 May 2008.

30 The Queen Elizabeth Hospital King's Lynn NHS Trust achieved foundation trust status on 1 February 2011.

**In addition to the operating deficits in 2011/12 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments, or**
**b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.**
**This is not recognised for NHS budgeting purposes.**

George Eliot Hospital NHS Trust (£0.1m)
Hinchingbrooke Healthcare NHS Trust (£0.7m)
Mid Essex Hospital Services NHS Trust (£1m)
North Staffordshire Combined Healthcare NHS Trust (£7m)
Nottingham University Hospitals NHS Trust (£5m)
Nottinghamshire Healthcare NHS Trust (£9m)
Sandwell and West Birmingham Hospitals NHS Trust (£8m)
Shrewsbury and Telford Hospital NHS Trust (£1m)
Suffolk Mental Health Partnership NHS Trust (£0.2m)
University Hospital of North Staffordshire Hospital NHS Trust (£97m)
University Hospitals Coventry and Warwickshire NHS Trust (£2m)
United Lincolnshire Hospitals NHS Trust (£0.1m)
West Hertfordshire Hospitals NHS Trust (£1m)
Worcestershire Health and Care NHS Trust (£0.1m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 3

## NHS London

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Barking and Dagenham PCT | 18,439 | 3,377 | 62 | 0 | 342,047 | 0.0% |
| Barnet PCT | 5,860 | 139 | 134 | (17,186) | 579,500 | (3.0%) |
| Bexley Care PCT | 130 | 51 | 486 | 0 | 354,548 | 0.0% |
| Brent Teaching PCT | 12,584 | 16,334 | 17,416 | 21,601 | 562,960 | 3.8% |
| Bromley PCT | 188 | 249 | 6,899 | 5,993 | 504,826 | 1.2% |
| Camden PCT | 4,340 | 12 | 11,807 | 22,804 | 518,499 | 4.4% |
| City and Hackney Teaching PCT | 100 | 9,346 | 6,594 | 7,117 | 515,406 | 1.4% |
| Croydon PCT | 6,000 | 3,412 | 5,535 | 0 | 583,257 | 0.0% |
| Ealing PCT | 4,686 | 3 | 34 | 6,105 | 596,110 | 1.0% |
| Enfield PCT | 20 | (10,491) | 11 | (18,835) | 482,704 | (3.9%) |
| Greenwich Teaching PCT | 1,531 | 608 | 5,327 | 4,612 | 483,337 | 1.0% |
| Hammersmith and Fulham PCT | 18,617 | 10,538 | 3,513 | 5,421 | 367,362 | 1.5% |
| Haringey Teaching PCT | 1,983 | 29 | 170 | (20,278) | 469,555 | (4.3%) |
| Harrow PCT | 1,432 | 126 | 677 | 0 | 365,366 | 0.0% |
| Havering PCT | 748 | 1,528 | 932 | 0 | 419,308 | 0.0% |
| Hillingdon PCT | 2 | 19,380 | 5 | 0 | 411,495 | 0.0% |
| Hounslow PCT | 48 | 40 | 42 | 4,110 | 404,345 | 1.0% |
| Islington PCT | 6,617 | 1,121 | 10,261 | 18,652 | 481,540 | 3.9% |
| Kensington and Chelsea PCT | 8,760 | 3,985 | 3,410 | 5,527 | 363,198 | 1.5% |
| Kingston PCT | 117 | 103 | 2,623 | 3,963 | 278,130 | 1.4% |
| Lambeth PCT | 2,907 | 988 | 6,430 | 6,605 | 652,843 | 1.0% |
| Lewisham PCT | 339 | 90 | 5,287 | 2,773 | 530,039 | 0.5% |
| London SHA | 187,527 | 288,675 | 257,187 | 219,900 | 1,981,059 | 11.1% |
| Newham PCT | 6,665 | 1,107 | 7,104 | 9,738 | 568,329 | 1.7% |
| Redbridge PCT | 9,893 | 6,232 | 6,217 | 0 | 414,058 | 0.0% |
| Richmond and Twickenham PCT | 708 | 112 | 2,845 | 5,558 | 289,992 | 1.9% |
| Southwark PCT | 218 | 628 | 1,365 | 5,857 | 537,740 | 1.1% |
| Sutton and Merton PCT | 76 | (2,286) | 266 | 3,240 | 599,272 | 0.5% |
| Tower Hamlets PCT | 6,881 | 6,753 | 6,973 | 8,000 | 529,485 | 1.5% |
| Waltham Forest PCT | 201 | 0 | 27 | 0 | 435,670 | 0.0% |
| Wandsworth PCT | 3,930 | 4,386 | 12,322 | 14,500 | 589,227 | 2.5% |
| Westminster PCT | 15,534 | 15,010 | 9,866 | 12,577 | 549,850 | 2.3% |
| **London total SHA/PCTs** | **327,081** | **381,585** | **391,827** | **338,354** | **16,761,057** | **2.0%** |
| **NHS London total SHA/PCTs** | **327,081** | **381,585** | **391,827** | **338,354** | **16,761,057** | **2.0%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Barking, Havering and Redbridge Hospitals NHS Trust | (35,674) | (22,309) | (32,986) | (49,987) | 406,235 | (12.3%) |
| Barnet and Chase Farm Hospitals NHS Trust | 155 | 5,069 | 3,154 | 3,000 | 350,133 | 0.9% |
| Barnet, Enfield and Haringey Mental Health NHS Trust | (5,451) | 239 | 274 | 1,884 | 189,812 | 1.0% |
| Barts and The London NHS Trust | 7,532 | 11,423 | 6,012 | 2,600 | 774,360 | 0.3% |
| Bromley Hospitals NHS Trust | (4,858) | n/a | n/a | n/a | n/a | n/a |
| Central London Community Healthcare NHS Trust (1) | n/a | n/a | 2,196 | 3,777 | 185,030 | 2.0% |
| Croydon Health Services NHS Trust (2) | 2,149 | 1,106 | 4,913 | 4,438 | 233,176 | 1.9% |
| Ealing Hospital NHS Trust | 2,125 | 36 | 28 | 2,217 | 226,122 | 1.0% |
| Epsom and St Helier University Hospitals NHS Trust | 4,902 | 2,877 | 3,332 | (14,300) | 326,690 | (4.4%) |
| Great Ormond Street Hospital for Children NHS Trust | 1,348 | 7,368 | 8,617 | 7,808 | 339,665 | 2.3% |
| Hounslow and Richmond Community Healthcare NHS Trust (3) | n/a | n/a | n/a | 1,639 | 53,582 | 3.1% |
| Imperial College Healthcare NHS Trust (4) | 12,025 | 9,102 | 5,146 | (35,000) | 916,042 | (3.8%) |
| Lewisham Hospital NHS Trust | (3,929) | 6,753 | 1,058 | 1,090 | 224,034 | 0.5% |
| Kingston Hospital NHS Trust | 807 | 2,412 | 2,724 | 2,531 | 199,766 | 1.3% |
| London Ambulance Service NHS Trust | 725 | 1,425 | 1,002 | 2,736 | 280,546 | 1.0% |
| Newham University Hospital NHS Trust | 201 | 55 | (7,913) | 0 | 172,044 | 0.0% |
| North East London Mental Health NHS Trust (5) | 379 | n/a | n/a | n/a | n/a | n/a |
| North Middlesex University Hospitals NHS Trust | 5,031 | 6,044 | 3,103 | 500 | 177,696 | 0.3% |
| North West London Hospitals NHS Trust | 117 | (8,025) | 258 | (9,700) | 370,577 | (2.6%) |
| Queen Elizabeth Hospital NHS Trust | (5,481) | n/a | n/a | n/a | n/a | n/a |
| Queen Mary's Sidcup NHS Trust | (10,991) | n/a | n/a | n/a | n/a | n/a |
| Royal Brompton and Harefield NHS Trust (6) | 3,173 | 547 | n/a | n/a | n/a | n/a |
| Royal Free Hampstead NHS Trust | 3,791 | 2,035 | 6,587 | 6,678 | 544,811 | 1.2% |
| South London Healthcare NHS Trust (7) | n/a | (42,067) | (40,865) | (65,165) | 430,378 | (15.1%) |
| South West London and St George's Mental Health NHS Trust | (3,246) | 2,286 | 2,579 | 2,224 | 166,909 | 1.3% |
| St George's Healthcare NHS Trust | 1,718 | 12,933 | 6,459 | 7,919 | 601,106 | 1.3% |
| The Hillingdon Hospital NHS Trust (8) | 2,196 | 258 | 307 | n/a | n/a | n/a |
| Royal National Orthopaedic Hospital NHS Trust | 483 | 1,026 | (911) | 1,070 | 109,016 | 1.0% |
| West London Mental Health NHS Trust | 352 | 1,167 | 3,970 | 2,533 | 243,001 | 1.0% |
| West Middlesex University Hospital NHS Trust | (3,534) | (4,996) | 214 | 1,604 | 144,886 | 1.1% |
| Whipps Cross University Hospitals NHS Trust | 810 | 229 | 395 | (6,000) | 241,274 | (2.5%) |
| Whittington Hospital NHS Trust | 1,938 | 139 | 508 | 1,055 | 272,077 | 0.4% |
| **London total trusts** | **(21,207)** | **(2,868)** | **(19,839)** | **(122,849)** | **8,178,968** | **(1.5%)** |
| **NHS London total trusts** | **(21,207)** | **(2,868)** | **(19,839)** | **(122,849)** | **8,178,968** | **(1.5%)** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust.**

1 Rebranding of Central West London Community Services to Central London Community Healthcare completed in July 2009. Central London Community Healthcare National Health Service Trust (RYX) was established on 1 November 2010.

2 Mayday Healthcare NHS Trust has changed its name to Croydon Health Services NHS Trust (RJ6) on the 1 October 2010.

3 Hounslow and Richmond Community Healthcare NHS Trust was formed on 1 April 2011.

4 Imperial College Healthcare NHS Trust was formed from St Mary's NHS Trust and Hammersmith Hospitals NHS Trust.

5 North East London Mental Health NHS Trust achieved foundation trust status on 1 June 2008.

6 Royal Brompton and Harefield NHS Trust achieved foundation trust status on 1 June 2009.

7 South London Healthcare Trust was formed from the merger of Queen Elizabeth Hospital NHS Trust (RG2), Bromley Hospitals NHS Trust (RG3), and Queen Mary's Sidcup NHS Trust (RGZ). The 2010/11 position is a provisional figure only.

8 The Hillingdon Hospital NHS Trust achieved foundation trust status on 1 April 2011.

**In addition to the operating deficits in 2011/12 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments, or**
**b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.**
**This is not recognised for NHS budgeting purposes.**

Barking, Havering and Redbridge University Hospitals NHS Trust (£4m)
Barts and the London NHS Trust (£227m)
Newham University Hospital NHS Trust (£2m)
North Middlesex University Hospital NHS Trust (£14m)
South London Healthcare NHS Trust (£5m)
Lewisham Healthcare NHS Trust (£1m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 4

## NHS South of England

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Brighton and Hove City Teaching PCT | 124 | 1,071 | 4,618 | 4,615 | 480,741 | 1.0% |
| East Sussex Downs and Weald PCT | 2,440 | 1,230 | 2,656 | 5,480 | 560,716 | 1.0% |
| Eastern and Coastal Kent PCT | 5,046 | 6,130 | 11,972 | 9,000 | 1,296,965 | 0.7% |
| Hastings and Rother PCT | 3,631 | 3,841 | 6,496 | 3,353 | 335,247 | 1.0% |
| Medway PCT | 5,059 | 3,689 | 4,282 | 4,495 | 448,745 | 1.0% |
| South East Coast SHA | 39,976 | 44,586 | 45,768 | 34,613 | 337,705 | 10.2% |
| Surrey PCT | 225 | (13,622) | (11,934) | 1,000 | 1,673,326 | 0.1% |
| West Kent PCT | 4,397 | 2,013 | 776 | 1,000 | 1,031,338 | 0.1% |
| West Sussex PCT | 728 | 725 | 733 | 12,800 | 1,294,392 | 1.0% |
| **South East Coast subtotal SHA/PCTs** | **61,626** | **49,663** | **65,367** | **76,356** | **7,459,175** | **1.0%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Berkshire East PCT | 80 | 101 | 147 | 200 | 588,915 | 0.0% |
| Berkshire West PCT | 1,287 | 1,449 | 1,646 | 1,566 | 662,126 | 0.2% |
| Buckinghamshire PCT | (7,459) | 1,368 | 715 | 100 | 710,745 | 0.0% |
| Hampshire PCT | 258 | 486 | 457 | 0 | 1,903,290 | 0.0% |
| Isle of Wight NHS PCT | 1,246 | 2,382 | 2,519 | 2,461 | 268,292 | 0.9% |
| Milton Keynes PCT (1) | 1,100 | 605 | 551 | n/a | n/a | n/a |
| Oxfordshire PCT | 2,181 | 1,901 | 2,250 | 2,184 | 947,846 | 0.2% |
| Portsmouth City Teaching PCT | 5,810 | 5,207 | 724 | 1,656 | 351,593 | 0.5% |
| South Central SHA | 39,632 | 45,125 | 54,788 | 54,045 | 391,824 | 13.8% |
| Southampton City PCT | 155 | 917 | 2,885 | 1,943 | 410,559 | 0.5% |
| **South Central subtotal SHA/PCTs** | **44,290** | **59,541** | **66,682** | **64,155** | **6,235,190** | **1.0%** |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bath and North East Somerset PCT | 1,752 | 1,924 | 2,685 | 2,685 | 282,932 | 0.9% |
| Bournemouth and Poole Teaching PCT | 5,403 | 2,886 | 5,356 | 5,356 | 582,886 | 0.9% |
| Bristol Teaching PCT | 4,514 | 4,974 | 6,955 | 3,955 | 798,941 | 0.5% |
| Cornwall and Isles of Scilly PCT | 5,622 | 6,064 | 8,562 | 8,562 | 917,143 | 0.9% |
| Devon PCT | 15 | 237 | 3,546 | 3,500 | 1,228,032 | 0.3% |
| Dorset PCT | 4,057 | 4,374 | 6,133 | 6,133 | 660,518 | 0.9% |
| Gloucestershire PCT | 5,784 | 6,216 | 8,685 | 8,685 | 923,971 | 0.9% |
| North Somerset PCT | 48 | 48 | 1,552 | 1,063 | 340,826 | 0.3% |
| Plymouth Teaching PCT | 2,745 | 1,400 | 4,190 | 2,165 | 456,360 | 0.5% |
| Somerset PCT | 5,235 | 5,751 | 7,965 | 7,965 | 863,388 | 0.9% |

| SHA and PCT name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) £000s | 2011/12 Q2 Forecast outturn revenue resource limit (RRL) £000s | 2011/12 Q2 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| South Gloucestershire PCT | 48 | 39 | 1,527 | 1,397 | 363,946 | 0.4% |
| South West SHA | 63,822 | 56,756 | 51,054 | 42,095 | 454,458 | 9.3% |
| Swindon PCT | 1,930 | 2,080 | 1,096 | 2,945 | 311,633 | 0.9% |
| Torbay Care Trust | 1,640 | 1,808 | 2,494 | 2,494 | 271,797 | 0.9% |
| Wiltshire PCT | 1,167 | 0 | 3,200 | 2,000 | 668,189 | 0.3% |
| **South West subtotal SHA/PCTs** | **103,782** | **94,557** | **115,000** | **101,000** | **9,125,020** | **1.1%** |
| **NHS South of England total SHA/PCTs** | **209,698** | **203,761** | **247,049** | **241,511** | **22,819,385** | **1.1%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Ashford and St Peter's Hospitals NHS Trust (2) | 5,513 | 6,275 | 3,188 | n/a | n/a | n/a |
| Brighton and Sussex University Hospitals NHS Trust | 9,925 | 10,227 | 4,512 | 5,506 | 569,399 | 1.0% |
| Dartford and Gravesham NHS Trust | 4,015 | 115 | 206 | 0 | 161,998 | 0.0% |
| East Kent Hospitals University NHS Trust (3) | 13,087 | n/a | n/a | n/a | n/a | n/a |
| East Sussex Healthcare NHS Trust (4) | 1,017 | 350 | (4,704) | 1,333 | 375,613 | 0.4% |
| Kent and Medway NHS and Social Care Partnership Trust | 1,384 | 1,524 | 13 | 446 | 178,151 | 0.3% |
| Kent Community Health NHS Trust (5) | n/a | n/a | 1,429 | 1,429 | 202,906 | 0.7% |
| Maidstone and Tunbridge Wells NHS Trust | 143 | 189 | 1,710 | 266 | 351,398 | 0.1% |
| Royal Surrey County Hospital NHS Trust (6) | 2,930 | 4,554 | n/a | n/a | n/a | n/a |
| South East Coast Ambulance Service NHS Trust (7) | 658 | 1,130 | 3,153 | n/a | n/a | n/a |
| Surrey and Borders Partnership NHS Trust (8) | (307) | n/a | n/a | n/a | n/a | n/a |
| Surrey and Sussex Healthcare NHS Trust | 7,048 | 7,755 | 875 | (6,113) | 199,146 | (3.1%) |
| Sussex Community NHS Trust (9) | 92 | 649 | 675 | 1,889 | 185,566 | 1.0% |
| Sussex Partnership NHS Trust (10) | 1,698 | n/a | n/a | n/a | n/a | n/a |
| The Royal West Sussex NHS Trust | 1,758 | n/a | n/a | n/a | n/a | n/a |
| Western Sussex Hospitals NHS Trust (11) | n/a | 4,138 | 5,234 | 5,200 | 353,221 | 1.5% |
| Worthing and Southlands Hospitals NHS Trust | 408 | n/a | n/a | n/a | n/a | n/a |
| **South East Coast subtotal trusts** | **49,369** | **36,906** | **16,291** | **9,956** | **2,577,398** | **0.4%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Buckinghamshire Healthcare NHS Trust (12) | (2,750) | 146 | 1,026 | 2,800 | 338,706 | 0.8% |
| Hampshire Partnership NHS Trust (13) | 2,597 | n/a | n/a | n/a | n/a | n/a |
| Nuffield Orthopaedic NHS Trust | 59 | 311 | 882 | 799 | 78,481 | 1.0% |
| Oxford Learning Disability NHS Trust | 631 | 181 | 161 | 0 | 40,742 | 0.0% |
| Oxford Radcliffe Hospitals NHS Trust | 2,405 | 106 | 1,289 | 6,352 | 667,017 | 1.0% |
| Portsmouth Hospitals NHS Trust | 159 | (14,877) | 159 | 0 | 427,417 | 0.0% |
| South Central Ambulance Service NHS Trust | 559 | 602 | 1,383 | 2,050 | 137,175 | 1.5% |
| Southampton University Hospitals NHS Trust (14) | 13,591 | 6,777 | 2,859 | (1,907) | 260,275 | (0.7%) |
| Solent NHS Trust (15) | n/a | n/a | n/a | 1,860 | 180,201 | 1.0% |
| Winchester and Eastleigh Healthcare NHS Trust | 286 | 224 | 147 | 1,920 | 141,865 | 1.4% |
| **South Central subtotal trusts** | **17,537** | **(6,530)** | **7,906** | **13,874** | **2,271,879** | **0.6%** |

| Trust name | 2008/09 Annual accounts surplus/ (deficit) £000s | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) £000s | 2011/12 Q2 Forecast outturn turnover £000s | 2011/12 Q2 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Avon and Wiltshire Mental Health Partnership NHS Trust | 1,827 | 1,113 | 3,219 | 3,504 | 190,380 | 1.8% |
| Cornwall Partnership NHS (16) | 402 | 1,250 | n/a | n/a | n/a | n/a |
| Devon Partnership NHS Trust | 1,298 | 209 | 616 | 785 | 134,933 | 0.6% |
| Great Western Ambulance Service NHS Trust | 5 | 94 | 849 | 1,406 | 85,111 | 1.7% |
| North Bristol NHS Trust | 3,036 | 6,177 | 7,888 | 8,980 | 510,625 | 1.8% |
| Northern Devon Healthcare NHS Trust | 7,902 | 0 | 252 | 1,696 | 208,242 | 0.8% |
| Plymouth Hospitals NHS Trust | 5,023 | 2,010 | 18 | 0 | 383,716 | 0.0% |
| Royal Cornwall Hospitals NHS Trust | 2,009 | 8,349 | 7,544 | 4,400 | 309,497 | 1.4% |
| Royal United Hospital Bath NHS Trust | 5,600 | 5,800 | 4,195 | 6,200 | 216,008 | 2.9% |
| Somerset Partnership NHS and Social Care NHS Trust (17) | 94 | n/a | n/a | n/a | n/a | n/a |
| South Western Ambulance Service NHS Trust (18) | 325 | 511 | 890 | n/a | n/a | n/a |
| Swindon and Marlborough NHS Trust (19) | 1,274 | n/a | n/a | n/a | n/a | n/a |
| United Bristol Healthcare NHS Trust (20) | 3,706 | n/a | n/a | n/a | n/a | n/a |
| Weston Area Health NHS Trust | 408 | 2,448 | 2,607 | 3,610 | 93,358 | 3.9% |
| **South West subtotal trusts** | **32,909** | **27,961** | **28,078** | **30,581** | **2,131,870** | **1.4%** |
| **NHS South of England total trusts** | **99,815** | **58,337** | **52,275** | **54,411** | **6,981,147** | **0.8%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust.**

1 Milton Keynes PCT is being reported under the East Midlands SHA region from 1 April 2011/12.

2 Ashford and St. Peter's Hospitals NHS Trust achieved foundation trust status on 1 December 2010.

3 East Kent Hospitals University NHS Trust achieved foundation trust status on 1 March 2009.

4 East Sussex Hospitals NHS Trust (RXC) became East Sussex Healthcare NHS Trust on 1 April 2011.

5 Kent Community Health NHS Trust (RYY) was established as an NHS trust on 1 November 2010 as Eastern and Coastal Kent Community Health NHS Trust, taking on the provider services of Eastern and Coastal Kent PCT, and changed its name on 1 April 2011, after taking on the provider services of West Kent PCT.

6 Royal Surrey County Hospital NHS Trust achieved foundation trust status on 1 December 2009.

7 South East Coast Ambulance Service NHS Trust achieved foundation trust status on 1 March 2011.

8 Surrey and Borders Partnership NHS Trust achieved foundation trust status on 1 May 2008. It was forecasting a technical deficit relating to a phasing issue in the months before it became a foundation trust.

9 Sussex Community NHS Trust (RDR) was formerly South Downs Health NHS Trust, and changed its name on 1 October 2010.

10 Sussex Partnership NHS Trust achieved foundation trust status on 1 August 2008.

11 Western Sussex Hospitals NHS Trust was formed from the merger of The Royal West Sussex NHS Trust (RPR) and Worthing and Southlands Hospitals NHS Trust (RPL).

12 Buckinghamshire Healthcare NHS Trust (RXQ) was formerly Buckinghamshire Hospitals NHS Trust. The name change was effective from 1 November 2010.

13 Hampshire Partnership NHS Trust achieved foundation trust status on 1 April 2009.

14 Southampton University Hospitals NHS Trust achieved foundation trust status on 1 October 2011. The deficit is a technical deficit due to a phasing issue in the months before it became a foundation trust.

15 The integration of PCT provider functions, part of NHS Southampton & NHS Portsmouth's provider arm services, created a new community services and mental health provider – Solent NHS Trust in 1 April 2011, which is operating as a direct provider organisation under NHS Southampton City.

16 Cornwall Partnership NHS Trust achieved foundation trust status on 1 March 2010.

17 Somerset Partnership NHS and Social Care NHS Trust achieved foundation trust status on 1 May 2008.

18 South Western Ambulance Service NHS Trust achieved foundation trust status on 1 March 2011.

19 Swindon and Marlborough NHS Trust achieved foundation trust status on 1 December 2008.

20 United Bristol Healthcare NHS Trust achieved foundation trust status on 1 June 2008.

**In addition to the operating deficits in 2011/12 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments, or**
**b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.**
**This is not recognised for NHS budgeting purposes.**

Brighton and Sussex University Hospitals NHS Trust (£5m)
Dartford and Gravesham NHS Trust (£2m)
Maidstone and Tunbridge Wells NHS Trust (£3m)
North Bristol NHS Trust (£69m)
Nuffield Orthopaedic Centre NHS Trust (£0.2m)
Oxford Learning Disability NHS Trust (£0.3m)
Portsmouth Hospitals NHS Trust (£2m)
Plymouth Hospitals NHS Trust (£1m)
Surrey and Sussex Healthcare NHS Trust (£0.2m)
Weston Area Health NHS Trust (£2m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# NHS Performance Framework results

The Q2 2011/12 Performance Framework results show that nationally, performance on Quality of Services has remained broadly stable, where as on Finance, a number of trusts have received poorer ratings than in the previous quarter.

The Q2 Finance results reveal that nationally, there are 59 trusts 'Performing' (51 acute trusts and all eight ambulance trusts), nine acute trusts 'Performance under review', four acute trusts 'Underperforming', and six acute trusts 'Challenged'.

**Figure 1 – Comparison of Q1 2011/12 and Q2 2011/12 finance results by category**

| Finance | | | |
|---|---|---|---|
| **Q1 2011/12** | | **Q2 2011/12** | |
| Performing: | 68 | Performing: | 59 |
| Performance under review: | 5 | Performance under review: | 9 |
| Underperforming | 2 | Underperforming | 4 |
| Challenged: | 6 | Challenged: | 6 |
| Total: | 81 | Total: | 78 |

The Q2 Quality of Service results reveal that there are 49 trusts 'Performing' (42 acute trusts and seven ambulance trusts), 12 acute trusts and one ambulance trust 'Performance under review', 13 acute trusts 'Underperforming', and three acute trusts 'Challenged'.

**Figure 2 – Comparison of Q1 2011/12 and Q2 2011/12 quality of service results by category**

| Quality of services | | | |
|---|---|---|---|
| **Q1 2011/12** | | **Q2 2011/12** | |
| Performing: | 53 | Performing: | 49 |
| Performance under review: | 16 | Performance under review: | 13 |
| Underperforming | 10 | Underperforming | 13 |
| Challenged: | 2 | Challenged: | 3 |
| Total: | 81 | Total: | 78 |

The six trusts 'Challenged' on Finance are:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- North West London Hospitals NHS Trust
- South London Healthcare NHS Trust
- Trafford Healthcare NHS Trust
- West Middlesex University Hospital NHS Trust
- Whipps Cross University Hospital NHS Trust

The three trusts 'Challenged' on Quality of Services are:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Surrey & Sussex Healthcare NHS Trust
- United Lincolnshire Hospitals NHS Trust

Due to delays with data availability, Q1 2011/2 Mental Health framework results will be published in the Q3 edition.

Based on the indicators underpinning the Performance Framework, organisations will be categorised as Performing, Performance under reivew, Underperforming, and Challenged:

- Performance under review describes an organisation with minor concerns
- Underperforming refers to an organisation with more serious performance issues
- Challenged is used to signify organisations that have had serious ongoing performance concerns for an extended period of time

Organisations are not allowed to remain in a poor performance category indefinitely – they must take steps to improve within a realistic timeframe. Being in one category for three consecutive quarters will relegate a trust to the category below.

# Annex 5

## Q2 NHS Performance Framework acute trust results

| | | | Performance rating after escalation | | | | Quality: standards & integrated performance measures | | Quality: user experience | | Quality: CQC registration |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Trust name** | **Overall finance score** | **Overall quality of services score** | **Finance** | | **Quality of services** | | **Score** | **Rating** | **Score** | **Rating** | **Rating** |
| Barking, Havering and Redbridge University Hospitals NHS Trust | Underperforming | Underperforming | Escalated | Challenged | Escalated | Challenged | 2.62 | Performing | 0 | Underperforming | Underperforming |
| Barnet and Chase Farm Hospitals NHS Trust | Performing | Performing | | | | | 2.53 | Performing | 4 | Performing | Performing |
| Barts and The London NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.42 | Performing | 1 | Underperforming | Performing |
| Bedford Hospital NHS Trust | Performing | Performing | | | | | 2.92 | Performing | 4 | Performing | Performing |
| Brighton and Sussex University Hospitals NHS Trust | Performing | Performing | | | | | 2.92 | Performing | 3 | Performance under review | Performing |
| Buckinghamshire Healthcare NHS Trust | Performing | Performing | | | | | 2.55 | Performing | 5 | Performing | Performing |
| Croydon Health Services NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.52 | Performing | 0 | Underperforming | Performing |
| Dartford and Gravesham NHS Trust | Performance under review | Performing | | | | | 2.43 | Performing | 5 | Performing | Performing |
| Ealing Hospital NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.59 | Performing | 0 | Underperforming | Performing |
| East and North Hertfordshire NHS Trust | Performing | Performing | | | | | 2.54 | Performing | 4 | Performing | Performing |
| East Cheshire NHS Trust | Performing | Performance under review | | | | | 2.33 | Performance under review | 4 | Performing | Performing |
| East Lancashire Hospitals NHS Trust | Performing | Performing | | | | | 2.76 | Performing | 5 | Performing | Performing |
| East Sussex Healthcare NHS Trust | Performance under review | Underperforming | | | | | 2.02 | Underperforming | 5 | Performing | Performance under review |
| Epsom and St Helier University Hospitals NHS Trust | Underperforming | Performing | | | | | 2.57 | Performing | 3 | Performance under review | Performing |
| George Eliot Hospital NHS Trust | Performing | Performance under review | | | | | 2.39 | Performance under review | 3 | Performance under review | Performing |
| Great Ormond Street Hospital For Children NHS Trust | Performing | Performing | | | | | 2.41 | Performing | | | Performing |
| Hinchingbrooke Health Care NHS Trust | Underperforming | Performing | | | | | 2.51 | Performing | 5 | Performing | Performing |
| Hull and East Yorkshire Hospitals NHS Trust | Performing | Performing | | | | | 2.46 | Performing | 5 | Performing | Performing |
| Imperial College Healthcare NHS Trust | Underperforming | Underperforming | | | | | 2.04 | Underperforming | 4 | Performing | Performing |
| Ipswich Hospital NHS Trust | Performance under review | Performing | | | | | 2.92 | Performing | 5 | Performing | Performing |

Key: Performing; Performance under review; Underperforming; Escalated; Challenged

| | | | Performance rating after escalation | | | | Quality: standards & integrated performance measures | | Quality: user experience | | Quality: CQC registration |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Trust name** | **Overall finance score** | **Overall quality of services score** | **Finance** | | **Quality of services** | | **Score** | **Rating** | **Score** | **Rating** | **Rating** |
| Isle of Wight NHS PCT | Performing | Performance under review | | | | | 2.39 | Performance under review | 5 | Performing | Performing |
| Kingston Hospital NHS Trust | Performing | Performance under review | | | | | 2.20 | Performance under review | 4 | Performing | Performing |
| Leeds Teaching Hospitals NHS Trust | Performing | Performance under review | | | | | 2.33 | Performance under review | 5 | Performing | Performing |
| Lewisham Healthcare NHS Trust | Performing | Performing | | | | | 2.84 | Performing | 2 | Performance under review | Performing |
| Maidstone and Tunbridge Wells NHS Trust | Performing | Performing | | | | | 2.92 | Performing | 4 | Performing | Performing |
| Mid Essex Hospital Services NHS Trust | Performance under review | Performance under review | Escalated | Under-performing | | | 2.37 | Performance under review | 5 | Performing | Performing |
| Mid Yorkshire Hospitals NHS Trust | Performing | Underperforming | | | | | 1.59 | Underperforming | 3 | Performance under review | Performing |
| Newham University Hospital NHS Trust | Performance under review | Performance under review | | | | | 2.10 | Performance under review | 3 | Performance under review | Performing |
| North Bristol NHS Trust | Performing | Performing | | | | | 2.53 | Performing | 5 | Performing | Performing |
| North Cumbria University Hospitals NHS Trust | Performing | Performing | | | | | 2.65 | Performing | 5 | Performing | Performing |
| North Middlesex University Hospital NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.67 | Performing | 0 | Underperforming | Performing |
| North West London Hospitals NHS Trust | Underperforming | Performance under review | Escalated | Challenged | Escalated | Underperforming | 2.25 | Performance under review | 0 | Underperforming | Performing |
| Northampton General Hospital NHS Trust | Performing | Performing | | | | | 2.62 | Performing | 5 | Performing | Performing |
| Northern Devon Healthcare NHS Trust | Performing | Performing | | | | | 2.53 | Performing | 5 | Performing | Performing |
| Nottingham University Hospitals NHS Trust | Performing | Performing | | | | | 2.77 | Performing | 5 | Performing | Performing |
| Nuffield Orthopaedic Centre NHS Trust | Performing | Performing | | | | | 2.65 | Performing | 5 | Performing | Performing |
| Oxford Radcliffe Hospitals NHS Trust | Performing | Performing | | | | | 2.77 | Performing | 5 | Performing | Performing |
| Pennine Acute Hospitals NHS Trust | Performing | Performing | | | | | 2.47 | Performing | 5 | Performing | Performing |
| Plymouth Hospitals NHS Trust | Performing | Performing | | | | | 2.62 | Performing | 5 | Performing | Performing |
| Portsmouth Hospitals NHS Trust | Performing | Performing | | | | | 2.46 | Performing | 4 | Performing | Performing |
| Royal Cornwall Hospitals NHS Trust | Performing | Performing | | | | | 2.42 | Performing | 5 | Performing | Performing |

Key: Performing Performance under review Underperforming Escalated Challenged

| Trust name | Overall finance score | Overall quality of services score | Performance rating after escalation: Finance | | Performance rating after escalation: Quality of services | | Quality: standards & integrated performance measures: Score | Quality: standards & integrated performance measures: Rating | Quality: user experience: Score | Quality: user experience: Rating | Quality: CQC registration: Rating |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Royal Free Hampstead NHS Trust | Performing | Performing | | | | | 2.92 | Performing | 3 | Performance under review | Performing |
| Royal Liverpool and Broadgreen University Hospitals NHS Trust | Performing | Performing | | | | | 2.84 | Performing | 5 | Performing | Performing |
| Royal National Orthopaedic Hospital NHS Trust | Performing | Performing | | | | | 2.94 | Performing | 5 | Performing | Performing |
| Royal United Hospital Bath NHS Trust | Performing | Performing | | | | | 2.63 | Performing | 5 | Performing | Performing |
| Sandwell and West Birmingham Hospitals NHS Trust | Performing | Performing | | | | | 2.53 | Performing | 5 | Performing | Performing |
| Scarborough and North East Yorkshire Health Care NHS Trust | Performing | Performing | | | | | 2.45 | Performing | 5 | Performing | Performing |
| Shrewsbury and Telford Hospital NHS Trust | Performance under review | Performance under review | | | | | 2.15 | Performance under review | 5 | Performing | Performing |
| South London Healthcare NHS Trust | Underperforming | Underperforming | Escalated | Challenged | | | 1.67 | Underperforming | 1 | Underperforming | Performing |
| Southport and Ormskirk Hospital NHS Trust | Performing | Performing | | | | | 2.82 | Performing | 5 | Performing | Performing |
| St George's Healthcare NHS Trust | Performing | Underperforming | | | | | 1.88 | Underperforming | 5 | Performing | Performing |
| St Helens and Knowsley Hospitals NHS Trust | Performing | Performing | | | | | 2.61 | Performing | 5 | Performing | Performing |
| Surrey and Sussex Healthcare NHS Trust | Performance under review | Underperforming | | | Escalated | Challenged | 1.33 | Underperforming | 2 | Performance under review | Performing |
| The Princess Alexandra Hospital NHS Trust | Performing | Performance under review | | | | | 2.39 | Performance under review | 3 | Performance under review | Performing |
| The Royal Wolverhampton Hospitals NHS Trust | Performing | Performing | | | | | 2.77 | Performing | 5 | Performing | Performing |
| The Whittington Hospital NHS Trust | Performing | Performing | | | | | 2.74 | Performing | 5 | Performing | Performing |
| Trafford Healthcare NHS Trust | Underperforming | Performing | Escalated | Challenged | | | 2.73 | Performing | 5 | Performing | Performing |
| United Lincolnshire Hospitals NHS Trust | Performance under review | Underperforming | | | Escalated | Challenged | 1.77 | Underperforming | 5 | Performing | Underperforming |
| University Hospital of North Staffordshire NHS Trust | Performing | Performing | | | | | 2.58 | Performing | 5 | Performing | Performing |
| University Hospitals Coventry and Warwickshire NHS Trust | Performance under review | Performance under review | | | | | 2.35 | Performance under review | 5 | Performing | Performing |
| University Hospitals of Leicester NHS Trust | Performance under review | Performance under review | | | | | 2.19 | Performance under review | 4 | Performing | Performing |

Key: Performing Performance under review Underperforming Escalated Challenged

| | | | Performance rating after escalation | | | | Quality: standards & integrated performance measures | | Quality: user experience | | Quality: CQC registration |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Trust name** | **Overall finance score** | **Overall quality of services score** | **Finance** | | **Quality of services** | | **Score** | **Rating** | **Score** | **Rating** | **Rating** |
| Walsall Healthcare NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.65 | Performing | 1 | Underperforming | Performing |
| West Hertfordshire Hospitals NHS Trust | Performing | Performance under review | | | Escalated | Underperforming | 2.56 | Performing | 1 | Underperforming | Performing |
| West Middlesex University Hospital NHS Trust | Underperforming | Performing | Escalated | Challenged | | | 2.45 | Performing | 4 | Performing | Performing |
| Western Sussex Hospitals NHS Trust | Performing | Performing | | | | | 2.71 | Performing | 5 | Performing | Performing |
| Weston Area Health NHS Trust | Performing | Performing | | | | | 2.55 | Performing | 5 | Performing | Performing |
| Whipps Cross University Hospital NHS Trust | Underperforming | Performance under review | Escalated | Challenged | Escalated | Underperforming | 2.41 | Performing | 1 | Underperforming | Performing |
| Winchester and Eastleigh Healthcare NHS Trust | Performing | Performing | | | | | 2.47 | Performing | 5 | Performing | Performing |
| Worcestershire Acute Hospitals NHS Trust | Performing | Performing | | | | | 2.73 | Performing | 5 | Performing | Performing |
| Wye Valley NHS Trust | Performing | Performance under review | | | | | 2.33 | Performance under review | 3 | Performance under review | Performing |

Key: Performing Performance under review Underperforming Escalated Challenged

1 Please note that the Isle of Wight score includes performance from the ambulance providers and where stated commissioner elements.

2 Score moderated. Where patient experience score is underperforming, the highest score a trust can achieve is performance under review.

3 If a trust has been assessed as 'performance under review' for three consecutive quarters, it will be categorised here as 'underperforming'. If a trust has been assessed as 'underperforming' for three consecutive quarters, it will be categorised here as 'challenged'. In addition, independent over-riding rules may be used to categorise a trust as 'challenged' or 'underperforming'.

4 Great Ormond Street do not have user experience data, so for this trust it has not been used as a moderator.

# Annex 6

## Q2 NHS Performance Framework ambulance trust results

| | | | Escalation statuses[1] | | | | Quality: standards & integrated performance measures | | Quality: registration |
|---|---|---|---|---|---|---|---|---|---|
| **Trust name** | **Overall finance score** | **Overall quality score[1]** | **Financial escalation status** | | **Quality of services escalation status** | | **Score** | **Rating** | **Rating** |
| East Midlands Ambulance Service NHS Trust | Performing | Performance under review | | | | | 2.00 | Performance under review | Performing |
| East of England Ambulance Service NHS Trust | Performing | Performing | | | | | 2.50 | Performing | Performing |
| Great Western Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |
| London Ambulance Service | Performing | Performing | | | | | 3.00 | Performing | Performing |
| North West Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |
| South Central Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |
| West Midlands Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |
| Yorkshire Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |
| Yorkshire Ambulance Service NHS Trust | Performing | Performing | | | | | 3.00 | Performing | Performing |

Key: Performing Performance under review Underperforming Escalated Challenged

1 If a trust has been assessed as 'performance under review' for three consecutive quarters, it will be categorised here as 'underperforming', if a trust has been assessed as 'underperforming' for three consecutive quarters, it will be categorised here as 'challenged'. In addition, independent over-riding rules may be used to categorise a trust as challenged or underperforming.