

# the quarter

Welcome to The Quarter –  
an update from David Flory,  
Deputy NHS Chief Executive

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## Introduction

**Performance for the final quarter of 2010/11 was strong, putting the NHS in a good position to face the challenges ahead in the transitional year of 2011/12.**

The Quarter 3 (Q3) results showed a slight deterioration in some areas, notably access in A&E departments and ambulance response times, which showed the effects of the severe winter weather to some extent. It is therefore welcome to see that in Quarter 4 (Q4) the NHS maintained performance in A&E with 96.6 percent of patients spending 4 hours or less from arrival, transfer or discharge compared with 96.5 percent in Q3.

Q4 has also seen an improvement in ambulance response times after the exceptionally cold December, with trusts reporting a performance of 74.9 percent against category A calls, and 91.2 percent against category B calls.

This edition of *The Quarter* includes a chapter on Winter, as a replacement to the previously produced stand alone Winter Report, which gives a full picture of the achievements made despite the exceptionally cold winter putting considerable pressure on the service. Each year winter presents the NHS and social care system and its partners with challenges

and pressures, and this last winter was no exception. NHS and social care colleagues again rose to the challenge, and thanks to the professional manner in which staff worked together to manage the pressures upon services that occurred during winter 2010/11, a good standard was maintained.

Other areas of note include the good progress made in reducing the number of patients in mixed sex accommodation, though further improvements are needed in this area. The NHS also continues to report achievement above the required operational standards for cancer waiting times nationally, though there is variation at a local level. Improvements continue to be made in:

- The proportion of people invited to bowel and breast screening.
- The percentage of women who have been seen by a midwife or maternity health professional.
- The number of smokers accessing and successfully stopping via smoking cessation services.
- Underage conception rates.

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The final accounts<sup>1</sup> for 2010/11 show that SHAs and PCTs reported an overall surplus of £1,375 million with an additional £121 million reported in the Trust sector.

This surplus is in line with the 2010/11 Revised Operating Framework and will help to provide a strong foundation in the crucial transitional year ahead.

The Performance Framework results for Q4 2010/11 show that nationally, performance has improved, with a number of trusts improving their scores since the previous quarter. However, there remain a number of trusts that continue to perform poorly, which must be addressed.

As Sir David Nicholson set out in his transition letter of 13 April, there are six specific areas that need particular focus in the year ahead: A&E access and quality; ambulance responsiveness; referral to treatment waits; provision of single sex accommodation; emergency preparedness; and tackling the small number of financial deficits that remain.

The challenge going forward in transition is to maintain high quality care, deliver against standards, patient experience, and finance during a time of change. The NHS must continue to strive to improve and maintain the strong performance seen over the last year, delivering the integrated performance measures for national oversight, as set out in the Operating Framework for the NHS for 2011/12, whilst working towards the shift to outcomes measures.

This is a tremendous challenge, but past performance has shown that the NHS will rise to meet it.

<sup>1</sup> Cambridgeshire PCT and South London Healthcare Trust financial positions are based on their draft accounts.



# 1. Finance

Throughout 2010/11, the Department has reported in *The Quarter* that the NHS was forecasting to deliver a healthy surplus for 2010/11, and, at final accounts, SHAs and PCTs are reporting an overall year end surplus of £1,375 million (£1,269 million surplus at Q3), which is

1.4 percent of the total NHS revenue resources. This surplus is in line with the Revised Operating Framework.

NHS Trusts (excluding foundation trusts) are reporting an overall year end operating surplus of £121 million in their final

accounts for 2010/11 (£132 million operating surplus at Q3).

The PCT and SHA surplus from 2010/11 will be carried forward into 2011/12 and will help to ensure the NHS is in the best position to face the challenges that lay ahead.

**Figure 1 NHS Financial Performance by SHA area – PCT/SHA sector**

SHA and PCT	2007/08		2008/09		2009/10		2010/11 Final Accounts	
	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit
North East	96	2.2%	109	2.3%	80	1.6%	70	1.3%
North West	273	2.3%	295	2.4%	185	1.4%	215	1.5%
Yorkshire & The Humber	243	3.0%	216	2.5%	185	2.0%	187	1.9%
East Midlands	94	2.1%	107	1.6%	83	1.2%	90	1.2%
West Midlands	102	2.3%	101	1.2%	80	0.8%	73	0.7%
East of England	59	1.3%	139	1.7%	137	1.5%	101	1.0%
London	238	5.4%	327	2.3%	382	2.4%	392	2.3%
South East Coast	51	1.2%	62	1.0%	50	0.7%	65	0.9%
South Central	37	0.8%	44	0.8%	60	0.9%	67	1.0%
South West	101	2.3%	104	1.3%	95	1.1%	115	1.3%
<b>Total</b>	<b>1,294</b>	<b>1.7%</b>	<b>1,504</b>	<b>1.8%</b>	<b>1,337</b>	<b>1.5%</b>	<b>1,375</b>	<b>1.4%</b>

**Figure 2 – NHS Financial Performance by SHA area – Trust sector**

	2007/08		2008/09		2009/10		2010/11 Final Accounts	
	£m	% Turnover	£m	% Turnover	£m	% Turnover	£m	% Turnover
North East	33	2.9%	17	0.3%	10	3.0%	3	2.9%
North West	44	3.9%	(15)	(0.1%)	15	0.5%	21	0.7%
Yorkshire & The Humber	16	1.4%	44	0.4%	14	0.6%	10	0.4%
East Midlands	36	3.2%	22	0.2%	18	0.7%	2	0.1%
West Midlands	51	4.5%	48	0.4%	53	1.6%	30	0.9%
East of England	26	2.3%	40	0.4%	30	1.4%	23	0.9%
London	47	4.1%	(21)	(0.1%)	(3)	(0.0%)	(20)	(0.2%)
South East Coast	34	3.0%	49	0.5%	37	1.5%	16	0.6%
South Central	38	3.3%	18	0.2%	(7)	(0.3%)	8	0.3%
South West	48	4.2%	33	0.3%	28	1.3%	28	1.3%
<b>Total</b>	<b>373</b>	<b>1.1%</b>	<b>235</b>	<b>0.8%</b>	<b>195</b>	<b>0.7%</b>	<b>121</b>	<b>0.4%</b>



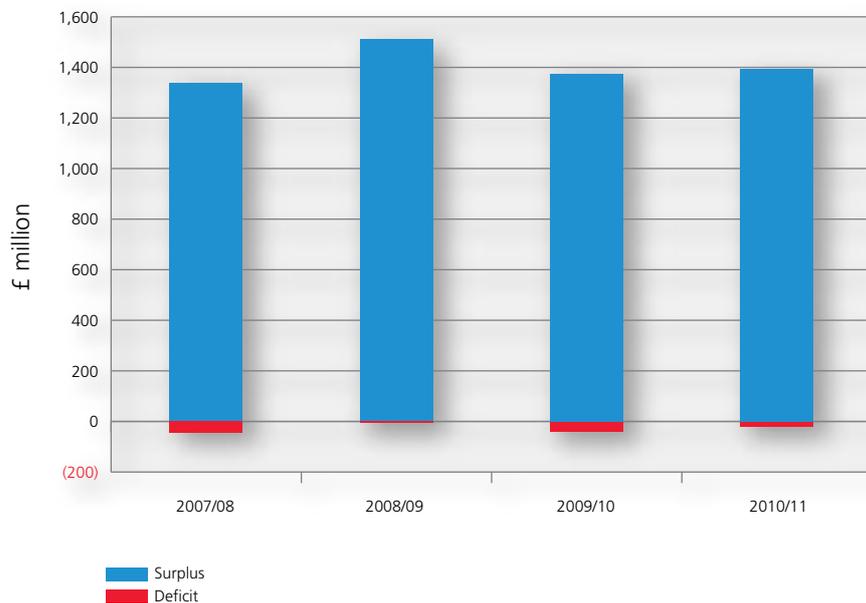
There are two PCTs reporting a gross deficit of £18 million in their 2010/11 final accounts. These are Surrey PCT (£12 million) and Cumbria Teaching PCT (£6 million). Both of these PCTs were forecasting a gross deficit of £28 million at Q3. In addition, Peterborough PCT and Barking and Dagenham PCT were forecasting a deficit at Q3, but are now reporting a small surplus and breakeven position respectively, in their final accounts.

There are seven NHS Trusts reporting a gross operating deficit of £103 million<sup>2</sup> for 2010/11. These are South London Healthcare NHS Trust (£41 million), Barking, Havering and Redbridge University Hospitals NHS Trust (£33 million), United Lincolnshire Hospitals NHS Trust (£14 million), East Sussex Hospitals NHS Trust (£5 million), Newham University Hospital NHS Trust (£8 million), The Royal National Orthopaedic Hospital NHS Trust (£1 million) and Manchester Mental Health and Social Care Trust (£1 million). This compares to five NHS Trusts forecasting a gross operating deficit of £94 million at Q3.

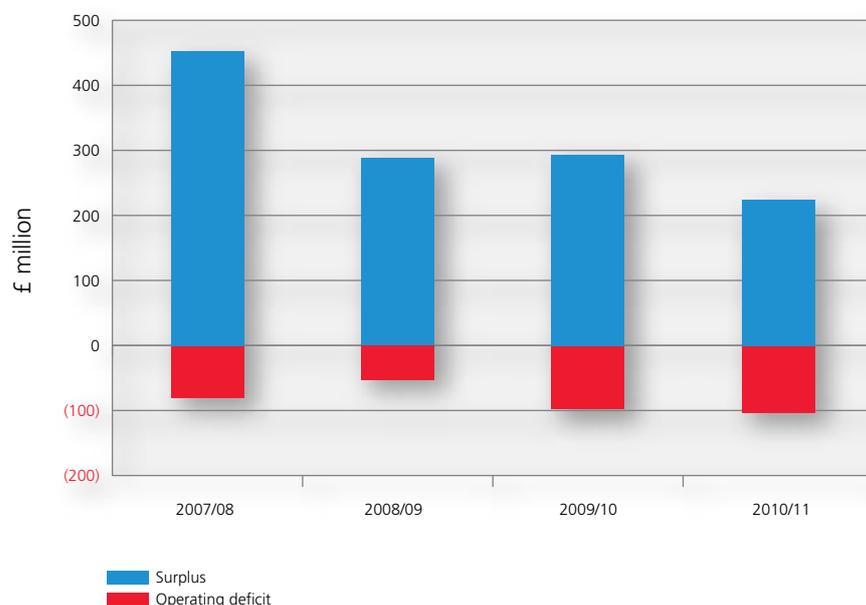
The NHS Trusts forecasting an operating deficit at Q3 included South London Healthcare NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, United Lincolnshire Hospitals NHS Trust and Newham University Hospital NHS Trust. Whipps Cross University Hospital NHS Trust were also forecasting an operating deficit at Q3 but are now reporting a small surplus in their final accounts.

The Department is continuing to work with the SHAs to ensure that, during 2011/12, the nine organisations that are reporting a deficit in 2010/11, put plans in place to return to financial balance, whilst continuing to maintain and improve the quality of services to patients.

**Figure 3: SHA and PCT Sector Surplus and (Deficit) 2007/08 to 2010/11**



**Figure 4: Trust Sector Surplus and (Operating Deficit) 2007/08 to 2010/11**



<sup>2</sup> In addition to the gross operating deficit, there is a gross technical deficit of £423 million in forty three NHS Trusts (two of these organisations also have an operating deficit).

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, and should be reported as technical.



## 2. NHS Performance Framework

The Performance Framework results as indicated for Q4 2010/11 show that nationally, performance has improved, with a number of trusts improving their scores since the previous quarter. However, there remain a number of trusts that continue to perform poorly, which must be addressed.

The Q4 Finance results reveal that nationally, there are 70 trusts 'Performing' (61 Acute trusts and nine Ambulance trusts), one acute trust 'Performance under review' (all Acute trusts), and 11 trusts 'Underperforming' (all Acute trusts).

The Q4 Quality of Service results reveal that there are 62 trusts 'Performing' (56 Acute trusts and six Ambulance Trusts), 13 trusts 'Performance under review' (12 Acute trusts and one Ambulance Trust), and seven trusts 'Underperforming' (five Acute trusts and two Ambulance trusts). Of the 13 trusts with 'Performance under review', five trusts were escalated to 'Underperforming' (all Acute trusts) having been 'Performance under review' for three consecutive quarters.

Of the 11 trusts 'Underperforming' on Finance, six have been escalated to 'Challenged' due to having

**Figure 5: Comparison of Q3 and Q4 2010/11 Finance Results by Category**

Q3 2010/11		Q4 2010/11	
Performing:	68	Performing:	70
Performance Under Review:	6	Performance Under Review:	1
Underperforming:	9	Underperforming:	11
Total:	83	Total:	82
Escalated to Underperforming:	1	Escalated to Underperforming:	0
Escalated to Challenged:	7	Escalated to Challenged:	6

**Figure 6: Comparison of Q3 and Q4 2010/11 Quality of Service Results by Category**

Q3 2010/11		Q4 2010/11	
Performing:	64	Performing:	62
Performance Under Review:	17	Performance Under Review:	13
Underperforming:	2	Underperforming:	7
Total:	83	Total:	82
Escalated to Underperforming:	11	Escalated to Underperforming:	5
Escalated to Challenged:	0	Escalated to Challenged:	0

been 'Underperforming' for three consecutive quarters (all Acute trusts). This is either due to having outstanding debt with the Department with no plans for repayment, or due to outstanding concerns regarding their underlying financial health.

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 Q3 2010/11 Mental Health Framework results show that all non-FT Mental Health trusts in England are 'Performing' on Finance,\* and that just two trusts were 'Performance under review' on Quality of services, with the remaining 14 trusts 'Performing'. One trust has been escalated to 'Underperforming' on Quality, having been 'Performance under review' for three consecutive quarters.

\* Manchester Mental Health and Social Care Trust are 'performing' on finance at Q3. However, Q4 finance data is now available showing that they will be 'underperforming' on finance at Q4. This will be reflected in the next set of results.



## 3. Winter Report 2010/11

Each year the winter presents the NHS and social care system and its partners with challenges and pressures, and this last winter was no exception. NHS and social care colleagues working together again rose to the challenge and delivered as set out below.

The periods of very severe weather experienced this winter saw an unusually large number of people suffering from seasonal flu, and an exceptional number of very ill patients in Critical Care with 'flu. The consequences of this level of flu, and of the high number of very sick people in hospital, were at times very challenging.

### Working together

In October, the government announced that an additional £70 million would be allocated to PCTs to be spent in 2010/11 on re-ablement services to support patients on discharge from hospital. In January, the government announced a further allocation of £162 million via PCTs for immediate transfer to Local Authorities for the provision of social care and community services, which benefit the NHS.<sup>3</sup>

These funding streams have been committed into 2011/13 to ensure continuity of planning and delivery across the whole NHS and Care system.

The NHS and Local Authorities worked in partnership to ensure that their inter-related services both prevent unnecessary hospital admissions and promote timely hospital discharge. Deputy Regional Directors in DH Social Care & Partnerships linked with each SHA to support their role in monitoring local preparedness for and responses to winter pressures, taking escalatory action where required.

### Weather

The Met Office reported on 7 March 2011 that according to their provisional figures "this winter wasn't as cold as last year, despite the exceptionally cold December, provisional figures show. The mean UK temperature was 2.4°C, compared to 1.6°C last winter. A 'normal' winter average temperature would be 3.7°C. Heavy snow and very cold weather dominated the UK through much of December. However, during January UK mean temperatures were close to average and by February were above average. So, through the course of the winter, we went from the coldest December on record to the ninth warmest February on record. Met Office forecasts and warnings highlighted the severe weather throughout the coldest December in the UK for at least 100 years."<sup>4</sup>

### Flu

In the 2010/11 flu season the NHS achieved seasonal flu vaccine uptake rates of:

72.8 percent among people aged 65 and over (2009/10: 72.4)

50.4 percent among clinical risk groups (2009/10: 51.6)

36.6 percent of healthy pregnant women. (First year vaccination offered to this group)

34.7 percent of healthcare workers. (2009/10: 25.7)

The Chief Medical Officer has stated that the NHS should plan to achieve ambitious new vaccine uptake assumptions in the future. The NHS should aim reach or exceed 75 percent uptake for both (i) people aged 65 and over and (ii) people under age 65 with clinical conditions which put them more at risk from the effects of flu, and pregnant women by 2013/14. In addition, the CMO has asked all NHS organisations to ensure that they have ambitious flu immunisation programmes for frontline health and social care workers to significantly improve upon current uptake rates.

At the peak of the 2010/11 flu season, there were 851<sup>5</sup> patients with confirmed or suspected influenza in critical care beds in England. Since week 36 of 2010,

<sup>3</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_123460](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_123460)

<sup>4</sup> <http://www.metoffice.gov.uk/news/releases/archive/2011/winter-roundup>

<sup>5</sup> As at 6 January 2011



560 deaths in the UK associated with confirmed influenza infection have been reported.

The Seasonal Flu Plan was published 25 May 2011. It sets out a coordinated and evidence based approach to planning for and responding to the demands of seasonal influenza across England. The Flu Plan takes account of the experiences and lessons learnt during the 2010/11 influenza season and is intended to assist in the development of robust and flexible operational plans by local organisations and emergency planners within the NHS and across other sectors in England. Guidance and information can be found on the Department of Health's website at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127051](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127051)

## Transparency

This past winter saw an unprecedented degree of transparency about the performance of the NHS during the winter months. Winterwatch<sup>6</sup> published weekly updates from the Department of Health about how the NHS was coping with the increased demands on its services in the cold winter months. It also brought practical advice from the Chief Medical Office on keeping well when the weather is very cold with regular updates on key data and statistics.

## Performance

Daily situation reports (SITREPs) were collected from 165 acute trusts each weekday from 2 November 2010 to 25 February 2011. The data are intended as a tool in the management of winter pressures to indicate to the local NHS where there are pressures on the service around the country such as cancelled operations, bed pressures, or ambulance delays. An additional data collection was started in December this winter to establish the number of patients with confirmed or suspected flu in critical care. The data collected in winter 2010/11 was different to that collected in previous years and the reports were published, for the first time, on a weekly basis.<sup>7</sup> Some of the key indicators of pressure and NHS performance are outlined below.

<sup>6</sup> You can find the winterwatch site at: <http://winterwatch.dh.gov.uk/>

<sup>7</sup> the reports may be found at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/index.htm>

### Critical care beds occupied by influenza patients

The number of patients with influenza occupying critical care beds increased sharply over the Christmas period and peaked at 851 in the first week in January. This represented almost 25 percent of the total number of available critical care beds. After this time, the numbers fell gradually, dipping under 200 at the start of February, before declining to around 50 by the end of February when daily collection ceased.

### Delayed transfers of care

The number of beds unavailable due to delayed transfer of care (DTC) remained relatively stable between 2,500 and 3,000 apart from a period over Christmas where delays were lower and during late January and early February when levels increased. After this, the number of delays decreased to the level seen in the first part of the winter.

Figure 7: Number of patients with confirmed or suspected influenza in critical care beds

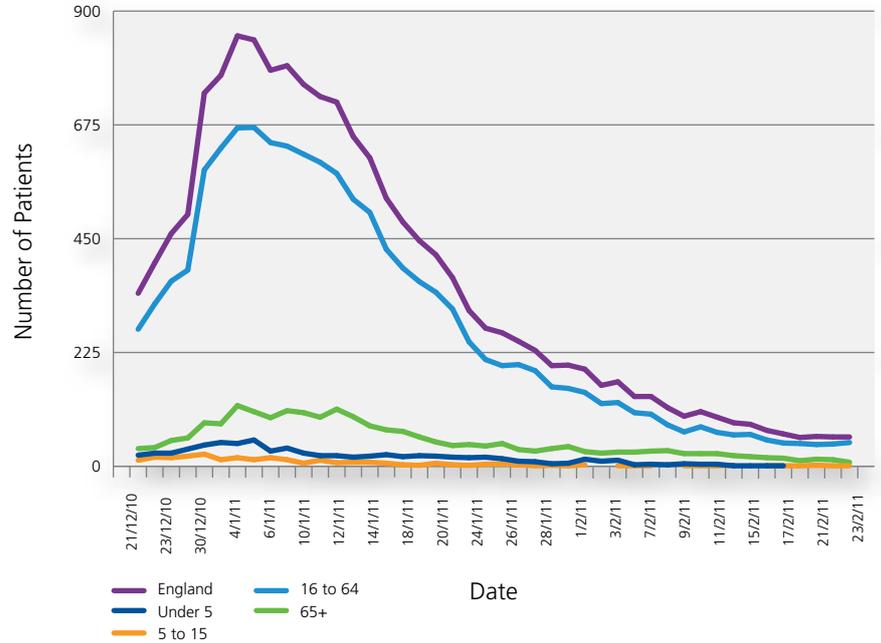
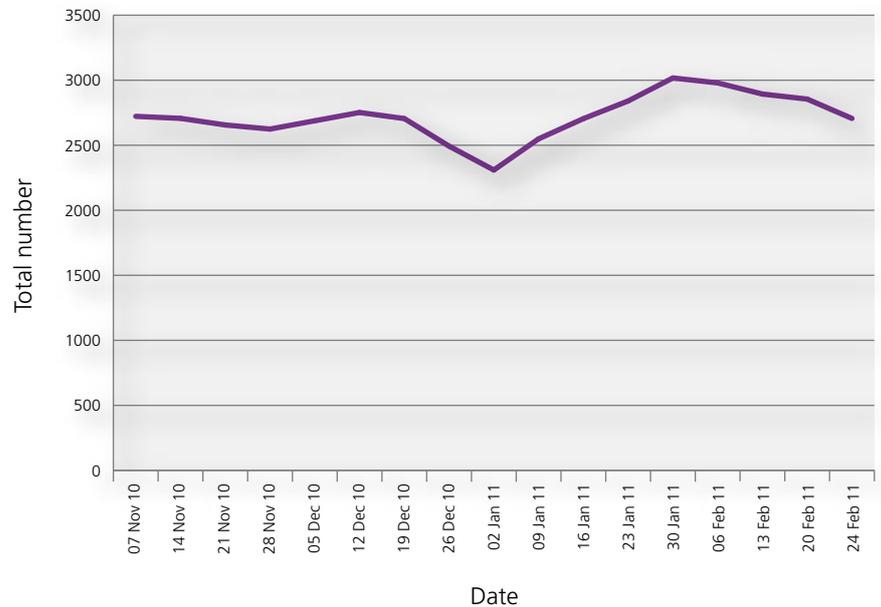


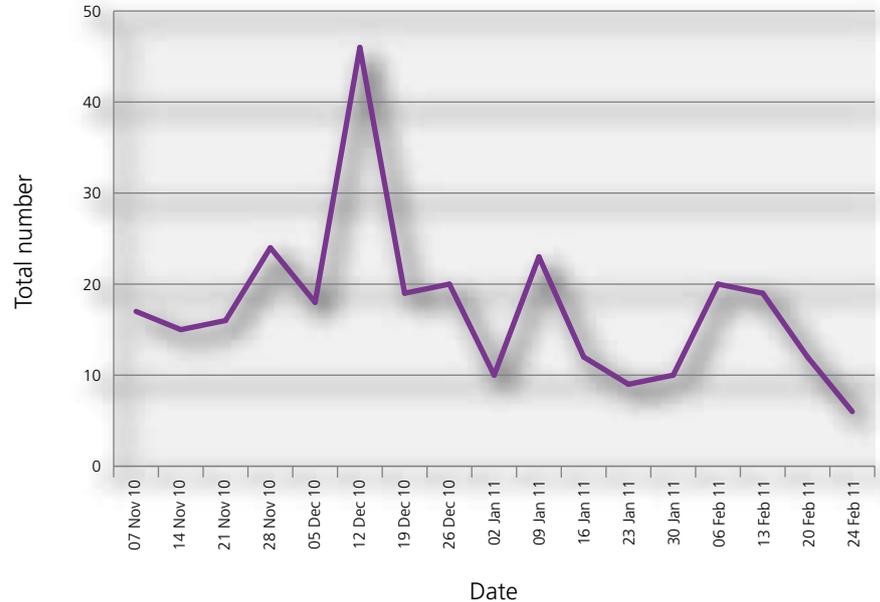
Figure 8: Daily average number of beds unavailable due to delayed transfer of care by week



### A&E closure and diverts

During the winter period there were only four occasions where an A&E department was temporarily closed for reasons such as the discovery of a suspect package, or faulty plumbing. The number of occasions where patients were temporarily diverted to other A&E departments was also monitored. For the majority of the winter, these numbered under five per day. However, there was one period, the week of 12 December 2010, where there were more than five a day.

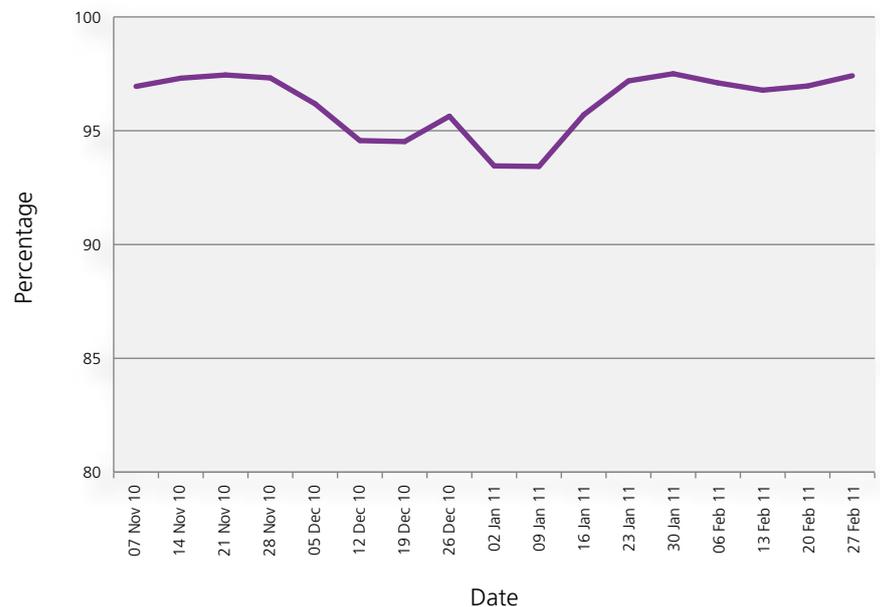
**Figure 9: Number of occasions where patients were diverted to other A&E departments**



### A&E waiting times

Figures on numbers of patients waiting over four hours from arrival to transfer, admission or discharge in A&E departments have been published on a weekly basis (previously quarterly) since November 2010. The graph below shows that the percentage of patients spending under four hours in A&E decreased in early December, as with other indicators. The position was slow to improve due to continued poor weather. The improvement in mid January continued until the end of the winter period.

**Figure 10: Percentage of patients spending 4 hours or less in A&E**



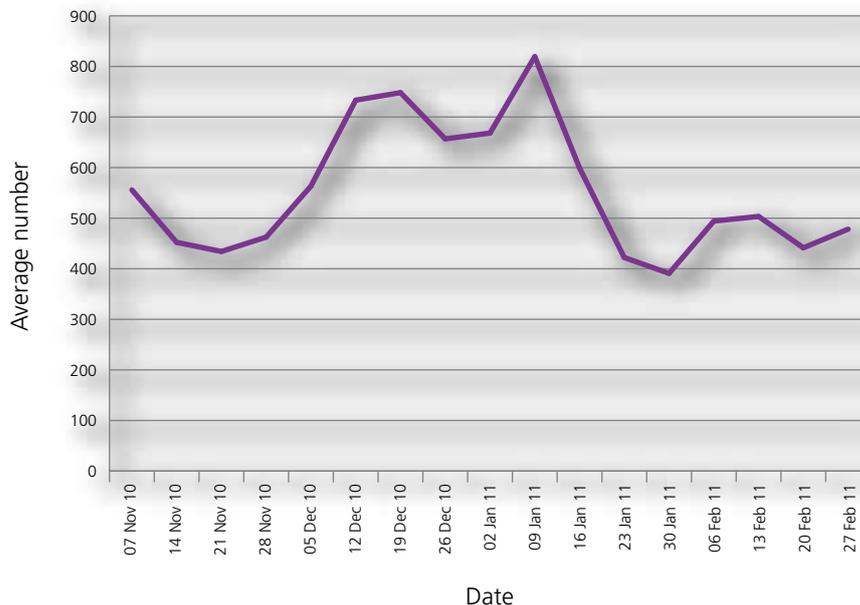
In addition, during this winter, there were 47 instances of patients waiting over 12 hours from decision to admit to admission. These incidents were concentrated on a small number of days, including 16 over the Christmas holiday period.



### Ambulances

Information was collected on the number of ambulances queuing for over 30 minutes at A&E departments, which is an indicator of delays in handing patients over to A&E staff due to capacity problems. This average number of delays per day rose steadily from under 500 in November to around 700 per day in December and to a peak of over 800 in early January. Again, these figures mirror the poor weather over this time, and levels of delays decreased quickly in mid January to the levels seen in November.

Figure 11: Daily average number of ambulances queuing by week

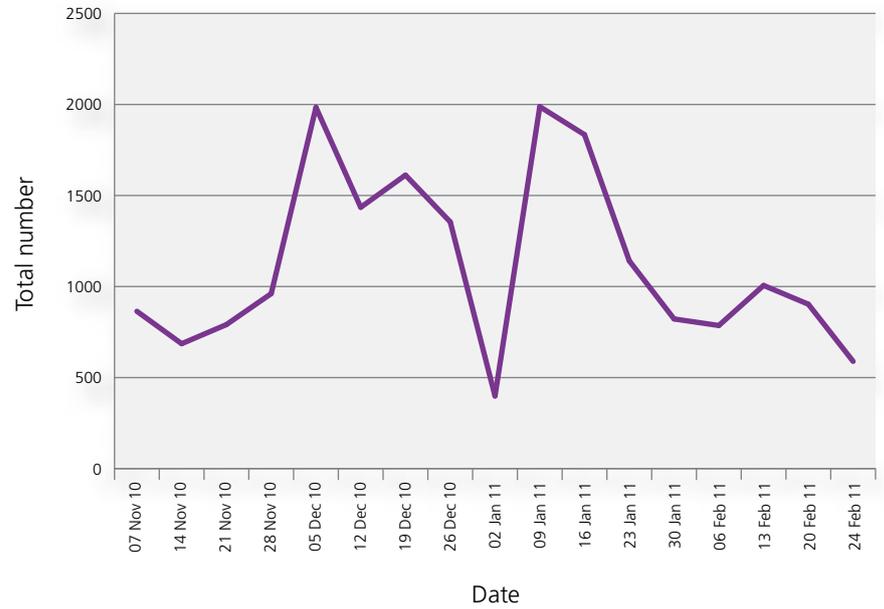


### Cancelled operations

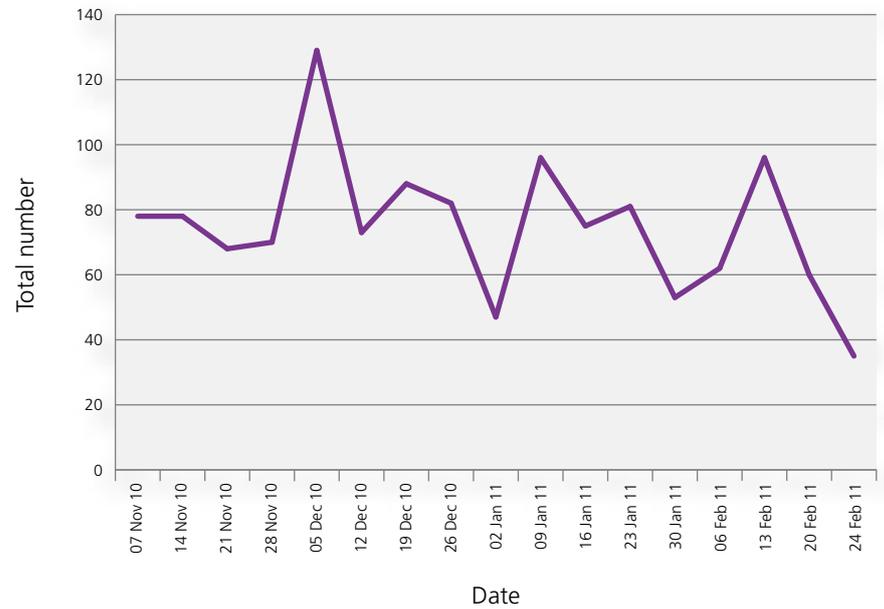
Published data on cancelled elective operations shows the number of elective operations cancelled averages around 1,000 per week across a year, although the levels rise each year over the two winter quarters due to winter pressures. This is demonstrated in the figures for this year (see graph opposite) where more than usual numbers were cancelled in the weeks of particularly bad weather in early December and early January. Outside December and January, the number of cancellations was under 1,000 per week. These elective cancellations are for non-clinical reasons such as shortage of staff or bed pressures.

The number of urgent operations cancelled shows a similar pattern to elective cancellations. The number of cancellations averaged around 10 per day, again with peaks in early December, early January and also mid February.

**Figure 12: The number of elective operations cancelled by week end**



**Figure 13: The number of urgent operations cancelled by week end**



### Bed occupancy

Bed occupancy rates remained below 94 percent until early December. The rate was stable at between 94 percent and 96 percent for the remainder of winter, apart from a short period of Christmas.

At national level, adult critical care occupancy rates remained stable at 85-90 percent across most of the winter. The rates were higher in late December and early January, which coincided with the peak in the flu outbreak. The number of patients in critical care (as detailed earlier) with influenza obviously impacted on these rates, with the occupancy peaking at 90.8 percent on 11 January 2011. Although there may have been extreme pressures on critical care beds locally on occasions, overall the system coped well with winter pressures.

Figure 14: Daily average percentage for occupancy for all G&A beds

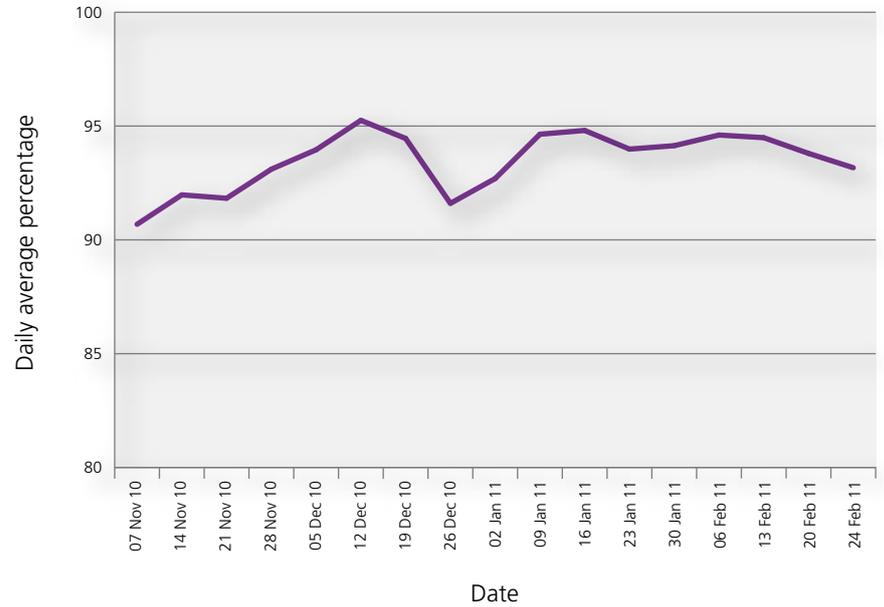
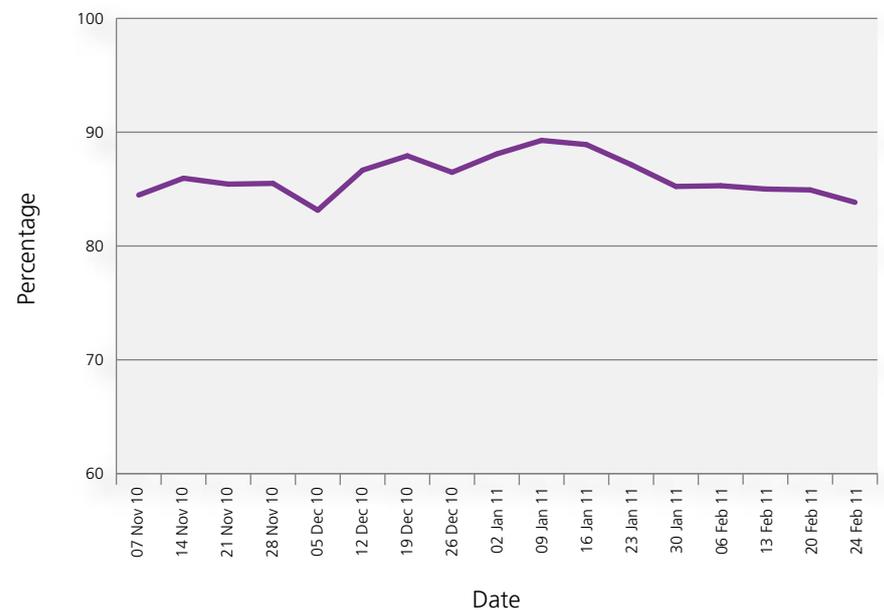
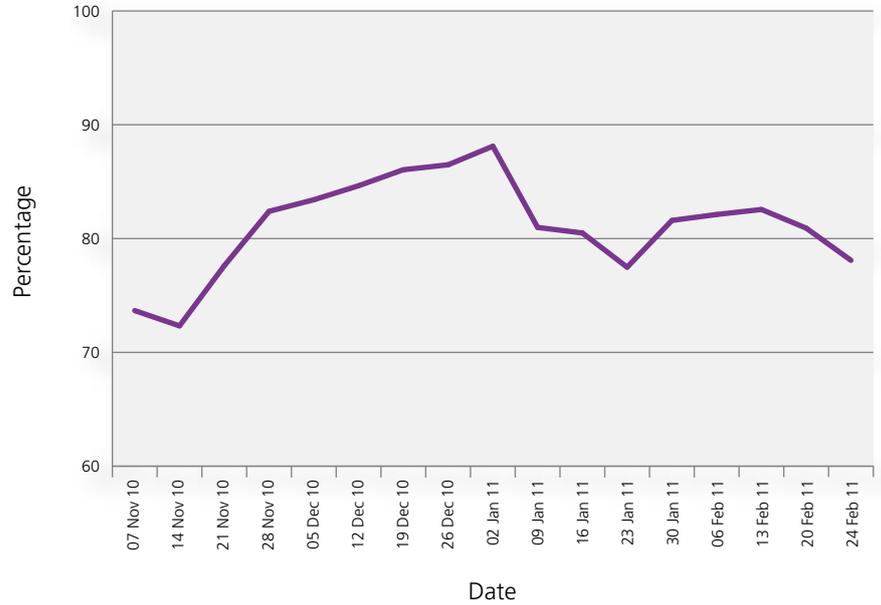


Figure 15: Daily average % occupancy for adult critical care beds by week

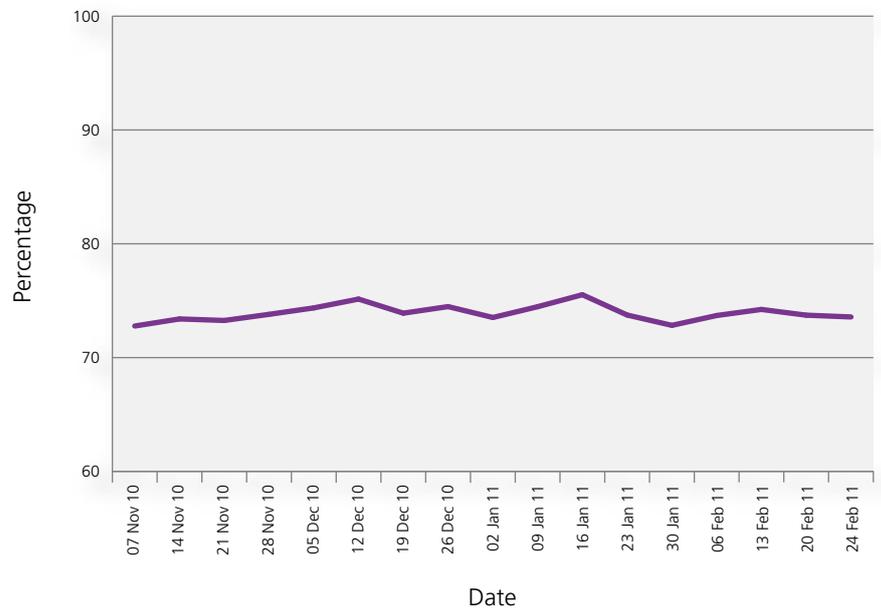


Paediatric and neonatal intensive care occupancy rates did not show cause for concern, although rates peaked in late December and early January as with adult critical care.

**Figure 16: Daily average % occupancy for paediatric intensive care beds by week**



**Figure 17: Daily average % occupancy for neonatal intensive care beds by week**



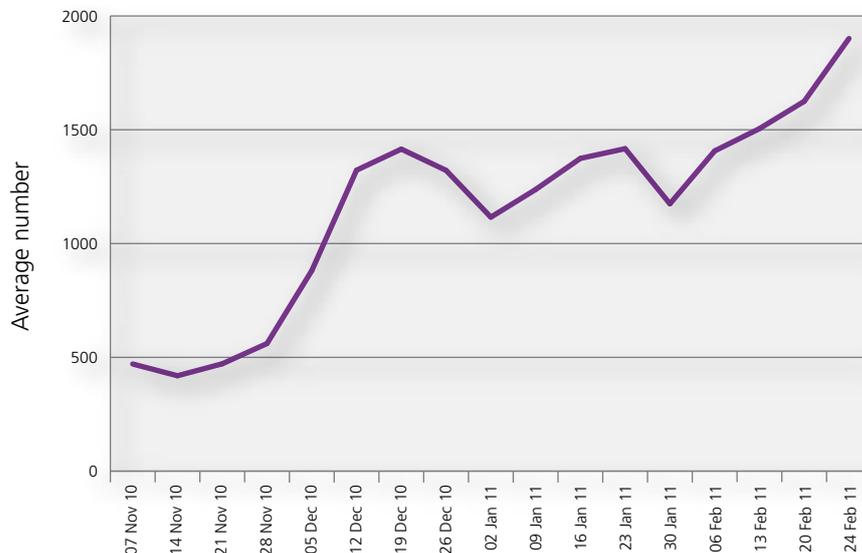
### Bed closures due to Norovirus or D&V

The number of bed closures due to the Diarrhoea and Vomiting bug or Norovirus also gives an indication of where hospitals experience winter pressures. Outbreaks of such bugs often lead to the closure of whole wards, hence increasing bed pressures.

During this winter, the number of bed closures rose from a base of around 500 in November to between 1,000 and 1,600 in December and January. However, unlike other indicators, this figure rose again in February and at one point over 1,800 beds were closed. Despite this higher number of closed beds, A&E performed well during February and the number of cancelled operations decreased, indicating that it did not cause additional capacity problems.

More about winter performance is available at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/index.htm> and <http://winterwatch.dh.gov.uk/>

Figure 18: Daily average number of beds closed due to D&V/Norovirus symptoms by week



## 4. Experience, satisfaction and engagement

### Eliminating mixed sex accommodation

**Performance status:  
Improved**

*Breaches of mixed-sex sleeping accommodation fell steadily in Q4, ahead of new monitoring arrangements (introduced in April 2011) which will require all providers of NHS-Funded care to report breaches, and to face fines of £250 for every breach.*

In August 2010, 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. Data sets have since been published on a monthly basis; on the third Thursday of each month. Data provided over this five-month period has shown a continuous reduction in the breach rate as follows:

Figure 19: Number of breaches of mixed sex accommodation

Month	SSA Breaches	Breach Rate
March 2011	5,446	3.6
February 2011	8,031	6.0
January 2011	8,708	6.4
December 2010	11,802	8.4

The latest statistics are available at: [http://data.gov.uk/dataset/mixed\\_sex\\_accommodation\\_breaches](http://data.gov.uk/dataset/mixed_sex_accommodation_breaches)

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

The reporting arrangements will 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, will be monitored and resolved locally, through the usual contract arrangements. Occurrences of mixing accommodation that are in the best interest of the patient will be monitored locally, but will not be reported centrally.

## GP patient survey

*Overall satisfaction with GP services remains high; however a slight deterioration has been seen in some of the GP Patient Survey results for 2010/11.*

The results of the GP Patient Survey from April 2010 to March 2011 were published on 16 June 2011 at [www.gp-patient.co.uk](http://www.gp-patient.co.uk).

Nine in ten patients are satisfied with the care they receive at their surgery and over half of patients say they are 'very satisfied'.

Nine in ten patients have confidence and trust in their doctor.

Three in five patients (58 percent) have tried to see a doctor fairly quickly in the past six months, and the majority of these (79 percent) were able to be seen on the same day or within the next two days.

Half of patients (48 percent) have tried to book ahead for an appointment with a doctor in the past six months. The majority of those who tried to book ahead (71 percent) were able to get an appointment more than two full weekdays in advance.

While the majority of the findings from the survey have remained constant over time, the following results have changed since the questions were first introduced:

- Fewer patients indicate that they book their appointments in person. This has decreased to 29 percent from 34 percent in October 2009 to March 2010.
- Fewer patients now try to see a doctor fairly quickly. This has decreased from 65 percent in January to March 2009 to 58 percent in the most recent survey. Among those who have tried, fewer are able to see a doctor on the same day or in the next two weekdays (currently 79 percent, down from 84 percent in January to March 2009).

## Overall Measure of Patient Experience

*Patient experience of NHS adult inpatient service showed no change overall in 2010/11, with an overall score of 75.7 out of 100.*

The overall patient experience scores were updated on 26 May 2011 to reflect the 2010/11 Adult inpatient survey results. The overall patient experience score in 2010/11 for adult inpatients is 75.7, which is not a statistically significant change upon the 2009/10 score of 75.6.

The overall scores are the averages of five domains of care:

- Improving access and waiting
- Safe, high quality, co-ordinated care
- Better information, more choice
- Building closer relationships
- A clean, comfortable, friendly environment

There were statistically significant changes in the scores for 'Improving access and waiting', decreasing from 85.0 to 84.2; 'Better information, more choice'

increasing from 66.8 to 67.2; and 'A clean, comfortable, friendly environment', increasing from 79.1 to 79.3. The other two domains did not change significantly.

Further information on the overall patient experience scores can be found at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_126772](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126772)

## Adult Inpatient Survey

*The 2010/11 National Adult Inpatient survey shows a clear improvement in the provision of single sex bathroom and shower areas; and patients receiving copies of letters between clinicians; but improvements still need to be made in waiting time in A&E departments; and waiting times from arrival at hospital to getting a bed on a ward.*

The results from the 2010/11 Adult Inpatient survey were published by the Care Quality Commission on 21 April 2011. The proportion of patients in

2010 rating their overall care as excellent was 43 percent, less than in 2009 (44 percent); but the same as in 2008, and more than in 2002 and 2005 to 2007.

The survey also shows patients reporting:

- Significant improvements in the provision of single sex accommodation;
- Significant improvements in the provision of single-sex bathroom or shower areas; and
- Significant improvements in patients receiving copies of letters between clinicians.

The survey also highlighted significant declines in several areas including:

- Waiting times in A&E; and
- Waiting times from arrival at hospital to get a bed on a ward.

Individual trust scores from the *Adult Inpatients Survey* are available at: [www.cqc.org.uk/PatientSurveyInpatient2010](http://www.cqc.org.uk/PatientSurveyInpatient2010) and organisations are encouraged to review their position and consider what action they need to take to improve patient experience. These new data are reflected in trust ratings in this Quarter.

## Commissioning for Quality and Innovation (CQUIN) National Goal on Patient Experience

**Performance status: Improved**

*Results from the first year show a small but statistically significant increase from 66.7 out of 100 in 2009/10 to 67.3 out of 100 in 2010/11 with seventeen trusts showing a significant increase and five trusts a decrease.*

The CQUIN National Goal on Patient Experience was implemented for the first time in 2010/11 financial year. The goal "Improving responsiveness to personal needs of patients" is defined by a total score of five questions:

1. Were you involved as much as you wanted to be in decisions about your care and treatment?
2. Did you find someone on the hospital staff to talk to about your worries and fears?
3. Were you given enough privacy when discussing your condition or treatment?
4. Did a member of staff tell you about medication side effects to watch for when you went home?
5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The CQUIN National Goal is measured independently through the CQC national inpatient survey. The best improvements were the latter two questions above (questions 4 and 5). This national goal remains in place for 2011/12. CQUIN data can be found on the DH Web page [www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients](http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients)

## 5. Better access to care

### Referral to treatment consultant-led waiting times

**Performance status: Maintained**

*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.*

The national average (median) time waited for patients completing an RTT pathway in March 2010 was 7.9 weeks for admitted patients and 3.7 weeks for non-admitted patients. The 95th percentile time waited for patients completing an RTT pathway in January 2011 was 23.4 weeks for admitted patients and 15.8 weeks for non-admitted patients. For patients still waiting for treatment (incomplete pathways) in January 2011, the national median waiting time was 5.5 weeks and the 95th percentile was 25.4 weeks.

These national data show that average (median) waiting times remain stable. In February and March 2011, nationally the NHS as a whole did not deliver the NHS Constitution and NHS Standard Contract standard that 90 percent of admitted patients should start their treatment within 18 weeks of referral. This is likely to be the result of NHS organisations tackling a backlog of patients following winter.

Figure 20: Average (median) waiting times, England from March 2007.

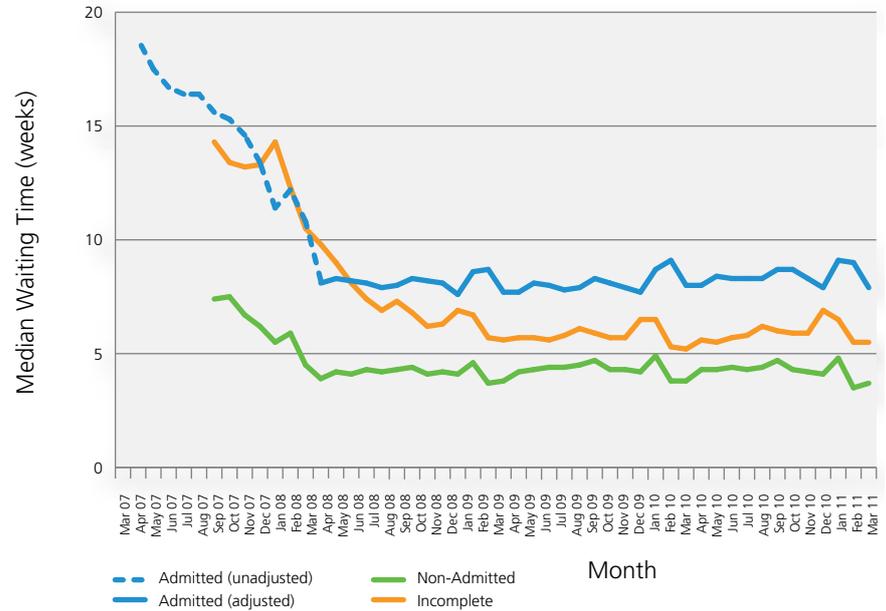
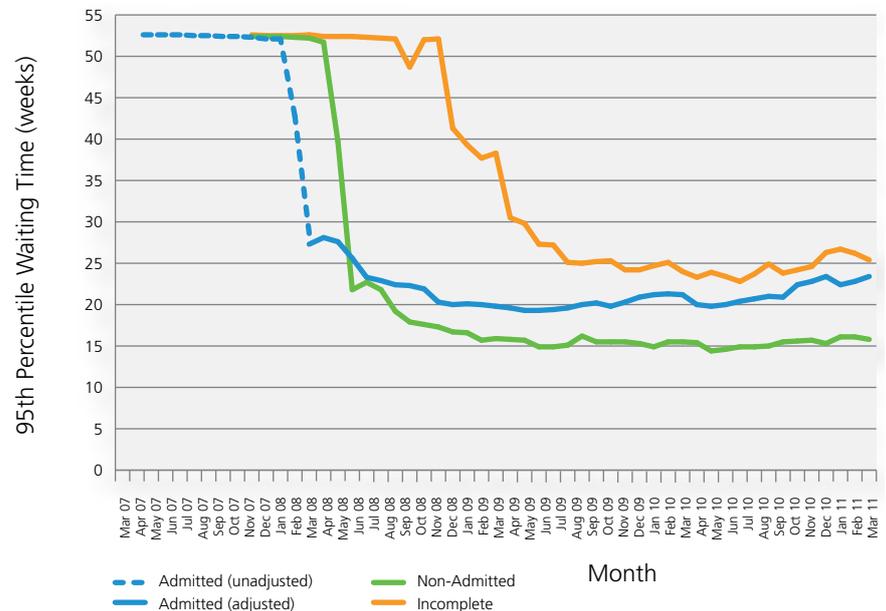


Figure 21: 95th percentile RTT waiting times from March 2007



Note: The 95th percentile can not be calculated if it falls above 52 weeks due to the aggregate nature of the data.

Figure 22 shows the organisations reporting the poorest performance on referral to treatment waits in March 2011. These organisations are expected to improve

their performance as quickly as possible, and all NHS organisations should be working to ensure that patients are treated in accordance with the NHS Constitution.

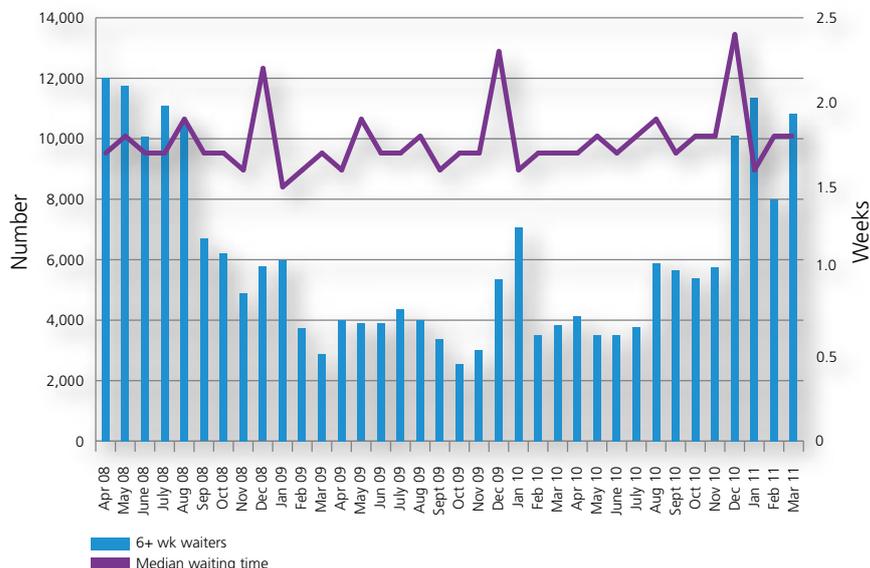


Figure 22: Acute trusts with poorest performance on referral to treatment waits March 2011

Performance thresholds	<90%	<95%	>27.7 weeks	>18.3 weeks	>36 weeks	Total indicators worse than threshold
Name	Adm % within 18 weeks	Non-Adm % within 18 weeks	95th Percentile Admitted Patients	95th Percentile Non-admitted Patients	95th Percentile Incomplete Pathways	
Shrewsbury and Telford Hospital NHS Trust	75.5%	88.9%	34.4	26.9	36.1	5
University Hospital of North Staffordshire NHS Trust	85.0%	94.5%	34.8	19.5	26.2	4
Southampton University Hospitals NHS Trust	79.0%	91.1%	33.9	23.7	32.9	4
Central Manchester University Hospitals NHS Foundation Trust	83.2%	94.6%	33.8	18.5	34.9	4
Surrey and Sussex Healthcare NHS Trust	73.9%	92.2%	33.1	20.8	26.7	4
Mid Yorkshire Hospitals NHS Trust	74.1%	94.5%	32.6	18.9	31.2	4
St George's Healthcare NHS Trust	77.3%	94.6%	32.5	18.5	–	4
Stockport NHS Foundation Trust	68.4%	93.1%	31.8	20.6	26.4	4
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	79.8%	93.7%	31.5	19.7	26.4	4
Salford Royal NHS Foundation Trust	80.5%	93.1%	30.2	20.9	19.8	4
South London Healthcare NHS Trust	75.7%	94.2%	29.7	19.0	34.6	4
Tameside Hospital NHS Foundation Trust	78.6%	93.0%	29.1	21.0	29.7	4
Sheffield Children's NHS Foundation Trust	78.1%	94.6%	28.1	18.6	26.8	4
United Lincolnshire Hospitals NHS Trust	80.5%	94.7%	28.1	18.4	31.5	4
Guy's and St Thomas' NHS Foundation Trust	87.7%	94.1%	27.8	19.0	28.5	4
East Cheshire NHS Trust	73.5%	94.5%	27.8	18.6	27.1	4
East Sussex Hospitals NHS Trust	74.4%	95.0%	27.9	18.0	21.9	3
Kingston Hospital NHS Trust	80.1%	96.7%	27.8	16.2	52+	3
Royal National Orthopaedic Hospital NHS Trust	87.1%	92.2%	27.2	20.9	20.5	3
Weston Area Health NHS Trust	89.0%	97.7%	33.3	16.0	20.6	2
Portsmouth Hospitals NHS Trust	72.3%	95.9%	31.5	17.0	22.5	2
Basingstoke and North Hampshire NHS Foundation Trust	82.3%	97.2%	31.4	15.9	27.1	2
Scarborough and North East Yorkshire Health Care NHS Trust	77.3%	96.0%	30.8	16.8	24.5	2
Pennine Acute Hospitals NHS Trust	78.5%	95.0%	30.2	18.0	27.7	2
Royal United Hospital Bath NHS Trust	76.0%	96.4%	29.5	16.3	27.8	2
Royal Bolton Hospital NHS Foundation Trust	82.4%	98.2%	28.2	16.3	31.6	2
Wirral University Teaching Hospital NHS Foundation Trust	80.8%	95.2%	28.1	17.8	34.4	2
The Princess Alexandra Hospital NHS Trust	84.2%	95.0%	25.8	18.0	21.1	2

In March 2011, the median waiting time for the 15 key diagnostic tests was estimated at 1.8 weeks, and there were 10,800 waits over 6 weeks. Figure 24 shows the organisations reporting the largest numbers of over six week diagnostic waits at the end of March 2011.

**Figure 23: Diagnostic waiting times – over 6 week waiters and median waiting time April 2008 to March 2011**



**Figure 24: Organisations reporting the largest number of diagnostic waits over six weeks in March 2011.**

Provider	Total Waiting List	Number of +6 week waits
East Sussex Hospitals NHS Trust	5,325	1,490
Leeds Teaching Hospitals NHS Trust	10,666	990
Princess Alexandra Hospital NHS Trust	5,167	671
Surrey & Sussex Healthcare NHS Trust	3,224	593
Central Manchester & Manchester Children's University Hospitals NHS Trust	4,412	524
Sheffield Teaching Hospitals NHS Foundation Trust	6,531	521
The Oxford Radcliffe Hospitals NHS Trust	7,109	419
Pennine Acute Hospitals NHS Trust	7,909	352
East Cheshire NHS Trust	2,728	341
Plymouth Hospitals NHS Trust	5,493	257
Kettering General Hospital NHS Trust	2,827	254
Ipswich Hospital NHS Trust	3,987	247
The Rotherham NHS Foundation Trust	1,519	234
Portsmouth Hospitals NHS Trust	4,838	199
University Hospitals of Leicester NHS Trust	7,725	180
Brighton & Sussex University Hospitals NHS Trust	3,983	160
Tameside & Glossop Acute Services NHS Trust	2,565	127
Shrewsbury & Telford Hospital NHS Trust	3,811	126
University Hospital of South Manchester NHS Foundation Trust	3,114	116
Coventry Teaching PCT	445	114

## Cancer waits

**Performance status:  
Maintained**

*The NHS has sustained performance for cancer waiting times through Q4 (January to March) 2010/11 and continues to report achievement above the required operational standard nationally, though there is variation at a local level.*

The NHS has sustained performance against the cancer waiting times commitments in the Revision to the Operating Framework for the NHS in England for 2010/11. At a national level, performance for all cancer waiting times standards covering the period Q4 (January to March) 2010/11 was sustained above the required operational standard.

**Figure 25: Performance against cancer waiting time standards**

Standard	Operational Standard	Q4 2010/11 Performance
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	96.0%
Maximum one month wait from date of decision to treat to first treatment for all cancers	96%	98.3%
Maximum two month wait target from urgent GP referral to first treatment for cancer	85%	86.3%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	95.5%
Maximum 31-day wait for subsequent treatment where the treatment is surgery	94%	96.7%
Maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	99.6%
Maximum 31-day wait for subsequent treatment where the treatment is radiotherapy	94%	97.8%
Maximum 62-day wait from referral from an NHS screening service to first treatment for all cancers.	90%	93.2%
Maximum 62-day wait for treatment following a consultants decision to upgrade the priority of the patient (all cancers)	No operational standard has been set	92.8%

All data are taken from the Q4 2010/11 National Statistics and are provider based (including Welsh and Unknowns)

The document *Improving Outcomes: A Strategy for Cancer* (January 2011) and its accompanying review of the cancer waiting times standards recommended that the current waiting times standards should be maintained. This is because

they retain clinical justification and can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.

**Figure 26: Cancer Waiting Times Standards: Identified Outlier Organisations**

Cancer Waiting Times Standard	All Cancer Two Week Wait Standard	All Cancer One Month Wait Standard	31-Day Standard: Subsequent Surgery	31-Day Standard: Subsequent Anti-Cancer Drug Regimen	31-Day Standard: Subsequent Radiotherapy	Two Month First Treatment Standard	62-days from Screening Service	Two Week Wait for Breast Symptoms	Number of Standards Failed
<b>Required Operational Standard</b>	<b>93%</b>	<b>96%</b>	<b>94%</b>	<b>98%</b>	<b>94%</b>	<b>85%</b>	<b>90%</b>	<b>93%</b>	
Provider	%	%	%	%	%	%	%	%	n
The Oxford Radcliffe Hospitals NHS Trust	78.8	97.2	96.6	99.7	85.2	76.7	89.5	39.1	5
Buckinghamshire Hospitals NHS Trust	98.9	95.4	93.8	96.6	100.0	80.6	95.3	76.6	5
Hinchingbrooke Health Care NHS Trust	97.6	95.4	100.0	100.0	100.0	78.8	50.0	92.7	4
United Lincolnshire Hospitals NHS Trust	96.0	94.9	93.0	98.9	94.6	77.2	86.5	95.5	4
Shrewsbury & Telford Hospital NHS Trust	96.2	97.4	91.8	99.5	91.5	77.8	93.1	92.8	4
North Middlesex University Hospital NHS Trust	90.1	96.7	100.0	100.0	99.1	84.9	100.0	90.9	3
Luton & Dunstable Hospital NHS Foundation Trust	97.6	95.2	90.2	98.9	100.0	79.3	96.6	94.4	3
Colchester Hospital University NHS Foundation Trust	95.4	97.8	88.5	99.1	98.9	82.5	84.4	95.5	3
Clatterbridge Centre for Oncology NHS Foundation Trust	–	97.0	–	98.3	93.3	73.4	60.0	–	3
Cambridge University Hospitals NHS Foundation Trust	96.4	96.0	93.6	100.0	98.6	84.7	87.0	98.2	3
Winchester & Eastleigh Healthcare NHS Trust	92.4	98.7	95.5	100.0	–	89.0	85.7	88.8	3
Dartford & Gravesham NHS Trust	94.8	97.7	100.0	100.0	–	77.2	86.4	92.4	3
Mid Essex Hospital Services NHS Trust	94.0	96.7	98.4	100.0	–	81.0	87.5	89.9	3
Central Manchester University Hospitals NHS Foundation Trust	95.5	98.4	92.6	100.0	–	81.6	55.6	–	3
Maidstone & Tunbridge Wells NHS Trust	97.1	95.9	86.8	99.6	99.6	81.9	95.8	94.7	3
Nottingham University Hospitals NHS Trust	97.1	96.2	92.5	99.2	97.6	83.4	88.6	98.8	3
East Sussex Hospitals NHS Trust	95.0	95.5	95.0	100.0	100.0	79.7	76.0	93.3	3
Lancashire Teaching Hospitals NHS Foundation Trust	94.8	97.4	93.0	100.0	98.1	81.5	85.2	96.7	3

**Period:** Q4 2010/2011 (January, February and March)

**Basis:** Provider based including Welsh cross-border patients and “Unknowns”

**Definitions:** DSCN 20/2008

**Note:** Only providers reporting five or more cases in the period are identified in this analysis



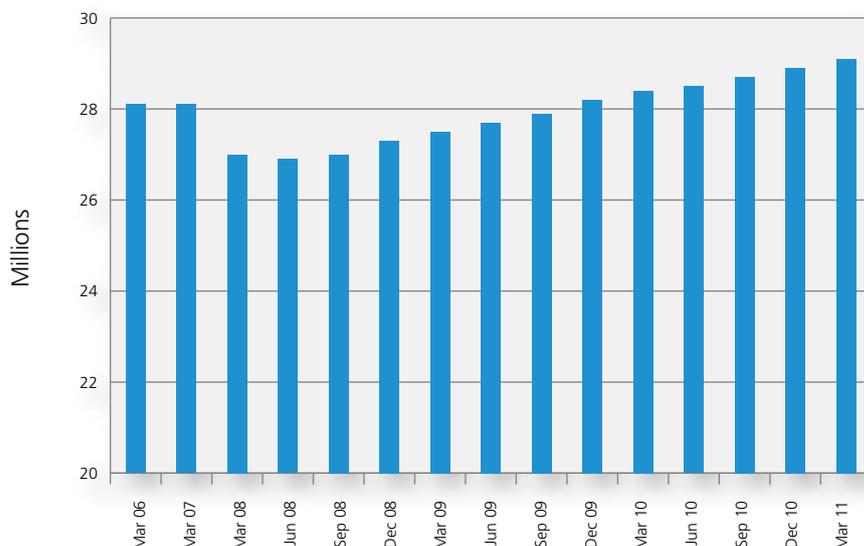
## Dentistry

**Performance status:  
Improved**

The latest data shows that the number of patients accessing NHS dentistry has grown for the eleventh consecutive quarter. In quarter 4 (period ending March 2011), around 166,000 more adults and 28,000 more children have accessed NHS dental services than in quarter 3 (period ending December 2010).

The Government is committed to improving access to NHS dentistry. The Operating Framework for the NHS in England 2011/12, which sets out the key priorities for the NHS over the next year, states that PCTs should continue to commission improvements in access to NHS dentistry.

Figure 27: Number of patients seen by an NHS dentist (millions)



Source: NHS IC publication 'NHS Dental Statistics England 2010-11 Q3'

Following the announcement of proposals for pilots last December we announced on 11 April the details of 62 dental practices that, subject to contract, will run as pilots from this summer and will test the elements

required to design a new dental contract based on registration, capitation and quality. The aim of the planned new contract is to increase access further and improve oral health, particularly in children.

## A&E

**Performance status:  
Maintained**

The previous government had a target that no-one should wait more than four hours in accident and emergency from arrival to admission, transfer or discharge. The threshold for performance against this standard was reduced from 98 to 95 percent with effect from quarter 2 of 2010/11.

96.6 percent of patients spent four hours or less from arrival, transfer or discharge in quarter 4

2010/11. This compares to 96.5 percent in the previous quarter (Q3 2010/11) and 97.9 percent for the same quarter last year (Q4 2009/10). There were 5.2 million attendances at all types of A&E departments, a 6.4 percent increase from the same quarter last year (Q4 2009/10) and a 0.4 percent decrease from the previous quarter (Q3 2010/11).

For major A&E (type 1s) there was a 5.4 percent increase in attendances over the same quarter last year (Q4 2009/10) and a 0.7 percent decrease from the previous quarter (Q3 2010/11). Of the 3.4 million patients who attended major

A&E departments (type 1s), 25.8 percent or 0.88 million needed to be admitted to hospital. Of these, 96.3 percent were placed in a bed in a ward within four hours of a decision to admit. This compares to 96.6 percent in the previous quarter (Q3 2010/11).

The threshold for performance against the four-hour standard was reduced to 95 percent in June 2010. This change was to allow clinicians more freedom to exercise their professional judgement when making important decisions about patient care. It is normal to see seasonal variations in A&E waits due to cold weather and viruses.



However, trusts are expected to prepare for these pressures and work hard to provide high quality, timely care to patients.

On 17 December 2010, details were published of the eight clinical quality indicators that, as of 1 April 2011, have replaced

the A&E four hour waiting time standard. 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.

Five of these indicators have been included in the 2011/12 NHS Operating Framework as headline measures, with the expectation for all organisations to drive up performance across the five clinical quality indicators and not slip below agreed minimum thresholds:

**Figure 28: A&E Clinical Quality Indicators and Minimum Performance Thresholds**

Indicators	Performance Management Trigger
Unplanned re-attendance	A rate at or above 5%
Left without being seen rate	A rate at or above 5 %
Total time spent in A&E department	A 95th percentile wait above four hours for admitted patients and with the same threshold for non-admitted
Time to initial assessment	A 95th percentile time to assessment above 15 minutes
Time to treatment	A median time to treatment above 60 minutes

Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition, compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12.

The prime source of this data is from A&E HES and recent data relating to up to January 2011 show that coverage and quality of the data is poor. We expect providers to have taken steps, since the indicators were published in December, to improve both coverage and quality, so that the data is of sufficient quality to be published and used for performance management and improvement in 2011/12.

## Ambulances

**Performance status: Improved**

*Ambulance SitRep data indicate that despite a rise in performance (based on year-to-date information) ambulance services have found performance challenging in Q4, which is likely in part to be due to increased demand exacerbated by poor winter weather conditions.*

Official data is published annually for ambulance response times and the Information Centre published 2010/11 performance on 23 June 2011.

The year end position for 2010/11 show that performance on the Category A eight minute target for England as a whole was 74.9 percent (an improvement to last year, which was 74.3 percent). Performance on the Category B19 minute target for England as a whole

was 91.2 percent (compared to 91.0 percent last year). Aside from 2007/08, which was the last year before the challenging "call connect" call answering procedure was implemented, this year has seen the best performance for the Category A eight minute target in the last six years.



## 6. Healthcare-associated infections

### MRSA number of infections and rates of *Clostridium Difficile*

**Performance status:  
Improved**

*Performance in Q4 on healthcare-associated infections has been maintained compared with Q3, with the NHS Operating Framework 2011/12 requiring the NHS to continue prioritising the achievement of the MRSA Objective and the new *C.difficile* Objective. When compared with performance over the same period last year, and year on year performance has continued to improve.*

In Q4, 333 MRSA bloodstream infections were reported, two more than in Q3 – an increase of 0.6 percent. However, when compared with the same quarter last year there has been a 31 percent improvement.

Meanwhile for *C.difficile*, 4,827 infections were reported in Q4, a reduction of 3.1 percent over Q3 and a reduction of 24 percent over the same quarter last year.

The publication of the data for March means that a complete year of MRSA and *C. difficile* data for 2010/11 is available.

In 2010/11, there were 1,481 MRSA bacteraemia, which is a 22 percent decrease on the previous year.

In 2010/11, there were a total of 21,694 *C. difficile* infections, which is a 15 percent decrease on the previous year.

Following the extension of mandatory surveillance to Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections (bacteraemias) in January 2011, data covering Q4 has now been published. In Q4 there were 2,172 MSSA bloodstream infections. Given the short time this data has been available, no suitable comparisons can yet be made to assess progress.

## 7. Keeping adults and children well

### National Child Measurement Programme (NCMP)

**Performance status:  
Improved**

*The National Child Measurement Programme (NCMP) participation rate increased in 2009/10, with 91 percent of eligible children being weighed and measured. Participation remains higher than the required 85 percent rate. The improvement in quality of the NCMP data has meant that it has now achieved National Statistic status and is regarded as a world-class source of information.*

The National Child Measurement Programme is an annual data collection, involving the weighing and measuring of all eligible children in Reception and Year 6 by PCTs. The data for 2009/10 school year was published by the NHS Information Centre (IC) in December 2010.

The 2009/10 NCMP data shows that there has been no significant change in the overall prevalence of overweight and obesity in either age-group compared with the NCMP results from the previous three years. One in four children in Reception and one in three in Year 6 were overweight or obese.

The data illustrates that major differences still exist between different groups within the

population. There is a marked relationship with deprivation, with obesity greatest in the poorest areas, especially in Year 6. There are also marked differences between ethnic groups with the highest levels of obesity in Black children and lowest in Chinese children.

Only five PCTs reported a participation rate lower than 85 percent. Of these, three reported participation rates between 81 and 84 percent. Two PCTs did report considerably lower participation rates. However, this was due, in one instance, to data being excluded because of measurement error and in the other instance because of an incomplete data set being submitted. These participation rates have improved considerably on previous years. Published participation rates for each PCT can be found in annex 2 of the annual NHS IC available at <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/national-child-measurement-programme-england-2009-10-school-year>

The public health white paper *Healthy Lives, Healthy People* commits to the continued implementation of NCMP. Although NCMP was previously included in vital signs participation rates are now not specifically addressed in the 2011/12 NHS Operating Framework and indicator set.

### NHS Health Checks programme

The NHS Health Check programme is a supporting measure in the 2011/12 Operating Framework, demonstrating Ministers' commitment to the programme. Plans have now been submitted for delivery of the programme in 2011/12 and data will be published for each quarter when available.

## Diabetic Retinopathy

**Performance status:  
Improved**

*At Q4, 98.2 percent of people with diabetes were offered screening for diabetic retinopathy in the previous 12 months compared with 98.1 percent at Q3.*

More people with diabetes are now being offered screening for retinopathy than ever before,

and to higher standards. This is in the context of an ever increasing number of people with diabetes. Latest figures for Q4 show that 2.26 million people were offered screening and the number of people with diabetes stands at 2.47 million. When the screening programme was introduced in 2003, the number of people with diabetes stood at 1.3 million. England (alongside other UK countries) leads the world in this area – this is the first time

a population-based screening programme for diabetic retinopathy has been introduced on such a large scale.

A minority of PCTs are still not offering screening to all people with diabetes.

The Department of Health is working with partners in the NHS and the voluntary sector to improve the standards, quality and coverage of screening programmes across the country.

## Smoking cessation

**Performance status:  
Improved**

*The number of smokers who successfully quit in Quarters 1-3 of 2010/11 is expected to be four percent higher than the same period in 2009/10.*

The figures on the NHS Services show an increase in the numbers of smokers accessing and successfully stopping through these services in comparison to unrevised figures for the same period in the previous year.

In Quarters 1-3 in 2010/2011, at the four week follow-up, 245,664 people had successfully quit (based on self-report), 48 percent of those setting a quit date. This is a decrease of one percent (3,498) from the 'final' uprated figure for the same period in 2009/10 (249,162). However, once the usual end-of-year revisions are taken into account, the number successfully

quit in Q1-Q3 of 2010/11 is expected to be four percent higher than the same period last year.

511,697 people set a quit date through the services between April and December 2010 and 48 percent were still not smoking at their four week follow-up.

70 percent of successful quitters had their results confirmed by carbon monoxide (CO) validation, upholding the year-on-year increase since 2006/07, which demonstrates an improvement in quality of service provided.

However, a continued focus on treatment effectiveness and the quality of services is needed to ensure that motivated smokers are given the best possible chance of success.

Latest figures for smoking prevalence suggest local areas are achieving the desired changes in line with the Government's focus on public health. Reported prevalence among all adults stood at 21 percent in 2009.

Reported prevalence among the routine and manual group stood at 28 percent in 2009, a reduction of one percent from the previous year.

**Figure 29: Smoking cessation**

	Number	Proportional change from 09/10
Number setting a quit date	511,697	Expected 4% increase
Number quit at 4 weeks	254,664	Expected 4% increase

## Stroke and TIA

**TIA Performance status: Improved**

**Stroke Performance status: Maintained**

*For TIA nationally 65.7 percent of those patients with a higher risk of stroke presenting in an outpatient setting were treated within 24 hours compared to 64.2 percent at Q3 2010/11.*

*Nationally 75.1 percent of patients admitted to hospital with a stroke spent 90 percent of their time on a stroke unit which is the same performance as the revised figures for Q3 show.*

The anticipated threshold of 60 percent for high risk patients who present to a healthcare professional with symptoms of a transient ischaemic attack (minor stroke) being diagnosed and treated within 24 hours was reached in Quarter 3 and it is particularly pleasing that this performance has not only been maintained but has continued to improve. The NHS including the stroke networks, is to be commended for this achievement.

While a huge amount of work has been done in stroke services over recent years to progress this far, it is disappointing that it has not been possible for all PCTs to reach the 80 percent threshold

set for time spent in a stroke unit. In line with the Operating Framework it is expected that those areas which have not delivered on their 2010/11 plans for stroke continue to demonstrate improvement until the threshold of 80 percent of patients spending 90 percent of their time on a stroke unit has been achieved everywhere.

Looking forward, the guidance has been clarified and uploaded onto Unify, to ensure that all areas are reporting against these measures on the same basis. This follows some concerns reported from the field that not everyone is interpreting current guidance in the same way.

## Children and Adolescent Mental Health Services (CAMHS)

**Performance status: Improved**

*There was an improved performance on the four proxy measures for delivering comprehensive CAMHS, with 104 PCTs now fully compliant on all the proxy measures.*

Progress towards delivering comprehensive CAMHS is being measured via four proxy

measures: learning disability services, age-appropriate services for 16/17 year olds, 24-hour cover and early intervention support services. Access to these services is reported on a scale of one to four; one representing the lowest access and four the highest.

**Figure 30: Access to CAMHS Q4 2010/11**

Rate	CAMHS for children and young people with learning disabilities	Age appropriate services for 16 and 17 year olds	24-hour cover	Full range of early intervention services commissioned by the local authority and PCT in partnership
1	0	0	0	0
2	0	0	0	0
3	31	9	4	34
4	121	142	147	117

## Bed days for under 18 year olds on adult psychiatric wards

**Performance status:**  
Deteriorated

*Three bed days for under 16 year olds on adult psychiatric wards were reported this quarter.*

The latest bed day figures, for the period 1 January – 31 March 2011, show three bed days (at two locations) for under 16 year olds on an adult psychiatric ward. The two incidents are being investigated. The two bed days reported in Q3 were a reporting error. Government policy remains that an adult psychiatric ward is not a suitable environment for

an under 16 year old patient. Overall 97.4 per cent of bed days for under 18s were on Children and Adolescent Mental Health Services (CAMHS) wards.

## Breast screening

**Performance status:**  
Improved

*The proportion of women in extended age range now being reported by PCTs against plans are higher than trajectory, although concerns remain in some areas around engagement and conversion to digital mammography.*

Five pilot sites have successfully rolled out breast screening to women aged 47 to 73. Performance on the three-year interval between screening rounds, which local programmes have been working on in preparation for the age extension, has improved with over 90 percent of women now invited within the three year standard.

The Operating Framework for the NHS in England 2011/12 states that commissioners should ensure that all screening services

continue to take part in the breast screening age extension randomisation project, either screening women aged 47-49 or 71-73, depending on the randomisation protocol. As at the end of April 2011, 35 out of 82 local programmes (43 percent) had implemented the extension randomisation and a further 8 (10 percent) were unsuitable for randomisation and were inviting only the 47-49 year-olds. 53 percent of local programmes are therefore taking part in the project.

## Bowel Screening

**Performance status:**  
Improved

*The proportion of men and women in the extended age range now being reported by PCTs against plans are higher than trajectory, although those PCTs that began the original programme later will not begin the age extension until later, some in 2012.*

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. This completes the initial roll out of the NHS Bowel Cancer Screening Programme (BCSP) across England. As at 1 May 2011, over 10.3 million kits had been sent out and over 5.7 million returned. 8,933 cancers had been detected, and 44,346 patients had undergone polyp removal.

The NHS BCSP is currently being extended to men and women aged 70 to their 75th birthday. The Operating Framework for the

NHS in England 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. 31 out of 58 centres have now extended their programmes.

## Chlamydia

**Performance status:**  
**Maintained**

*While performance improved overall, most areas did not meet their planned trajectory for 2010/11*

Q4 data for the National Chlamydia Screening Programme shows that 7.4 percent of 15-24

year olds were tested in that period. This brings the cumulative total for 2010/11 to 25.2 percent of the target population tested for chlamydia. Compared to last year there has been a 13.3 percent increase in testing volumes. 22 PCTS met or exceeded the 35 percent expectation. During this transition year, there should be a focus on integrating chlamydia screening offices within sexual health services

and sustaining testing levels in core health services, such as community contraception and sexual health services, general practice, community pharmacy and termination of pregnancy services. There should also be a focus on those activities where higher levels of positivity are being identified and improving quality of care including meeting standards for treatment rates and partner notification.

## Maternity and newborn

**Performance status:**  
**Improved**

*Latest data indicates the percentage of women being assessed by 12 weeks and six days has improved*

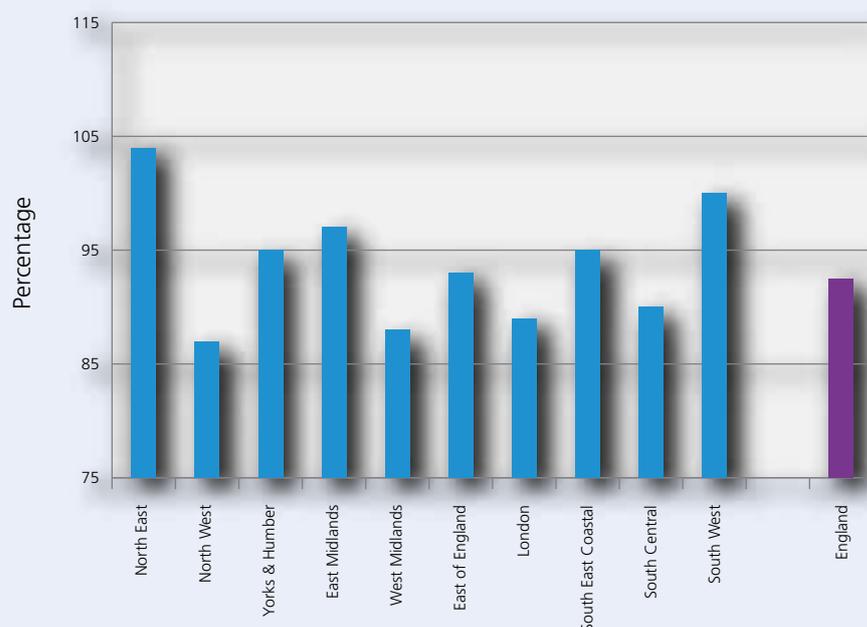
All maternity services need to be proactive in encouraging women to visit and make use of maternity care as soon as possible – as early access to maternity care helps give women greater choice and ensures they receive the right care at the right time.

PCT performance is measured by the 'maternity early access' indicator: the percentage of women who have seen a midwife or a maternity healthcare professional, for an assessment of health and social care needs, risks and choices by 12 completed weeks of pregnancy. The latest data submitted indicates an improvement in national performance with 92.5

percent of women in England assessed by 12 completed weeks of pregnancy in Quarter 2, 2010/11 comparable with 85.3 percent in Quarter 1 2010/11.

The goal remains a 90 percent coverage rate as set out in the technical guidance for the NHS Operating Framework for 2011/12.

**Figure 31: Maternity early access performance by SHA – Quarter 2 2010/11**



Vital Signs Monitoring Returns: Percentage of women seen by midwife or healthcare professional full health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy by SHA in Q2 2010-11



## Breastfeeding

**Performance status:**  
Maintained

*The National Infant Feeding Survey conducted every five years since 1975, has shown a continuous increase in breastfeeding initiation rates over time. The preliminary results of the 2010 Survey are due to be published in late June 2011.*

- Breastfeeding is good for babies and mothers and it is encouraging to see an increase in the number of women starting to breastfeed.
- The White Paper *Healthy Lives, Healthy People: our strategy for public health in England* sets out a commitment to support breastfeeding through the Healthy Child Programme.

**Figure 32: Incidence of breastfeeding in UK (1990 to 2005)**

Year	Percentage who breastfed initially
1990	62
1995	66
2000	69
2005	76

## Under-18 conception rates

**Performance status:**  
Improved

*Under-18 conception rates continue to fall but with variation in local performance. Progress needs to be maintained and improved by providing young people with accessible and user-friendly contraception services.*

Teenage pregnancy is a key cause of health inequalities and poor outcomes for both teenage parents and their children. Rates of under-18 conceptions have decreased in recent years and

are now at their lowest level for nearly 30 years. Rates of under-18 fell during 2009, to 38.2 conceptions per thousand women aged under 18 for England. Nevertheless, the rate is still high when compared to other Western European countries.

The overall decrease in the conception rate masks considerable variation at local level and in some areas the rate is rising. Progress needs to be maintained and improved in order to tackle the poor outcomes that teenage pregnancy can bring. The key contribution that the NHS can

make is to provide young people with accessible and user-friendly contraception services, which can deliver better outcomes for young people and which can also lead to cost savings for the NHS through avoiding additional spending on maternity and termination of pregnancy services.

The latest provisional figures from the Office for National Statistics for Q1 2010, broken down by local authority area – can be accessed at the following web address <http://www.statistics.gov.uk/statbase/product.asp?vlnk=15055>

## Other existing commitments

### **Guaranteed access to a Genito Urinary Medicine (GUM) clinic within 48 hours of contacting a service:**

The latest available data for March 2011 shows that the operational standards continued to be met, with 99.7 percent of first appointments offered to patients within 48 hours and 87.8 percent of patients seen within 48 hours. The GUM access operational standard remains a Care Quality Commission indicator for both PCTs and acute trusts.

### **A maximum two-week standard for Rapid Chest Pain Clinics:**

RACPCs ensure that people who develop new symptoms that their GP thinks might be due to angina can be urgently assessed by a specialist.

In Q4, 99.8 percent of patients referred to a RACPC were seen within two weeks of referral by a GP, which demonstrates that the NHS is providing a fast and effective service.

### **Thrombolysis 'call to needle' of at least 68 percent within 60 minutes, where Thrombolysis is the preferred local treatment for heart attack:**

There has been a small reduction in the proportion of patients treated within 60 minutes from 71 percent at Q1 to 67 percent at Q4.

A short time to treatment is key to delivering good outcomes for patients suffering a heart attack. The 'call to needle' performance shows some deterioration, but this had been anticipated, as the period from April 2010 to date has seen continued roll out of primary angioplasty services as the main treatment for heart attack in England.

There is evidence suggesting better outcomes after primary angioplasty. At the start of the year, roughly 30 percent of heart attack treatment was by thrombolysis (clot busting drugs) and 70 percent by primary angioplasty and the proportion of thrombolysis has continued to decrease. At end of December 2010, just over 10 percent of treatment was thrombolysis. This means that the 'call to needle' measure is being applied to fewer and fewer patients. Also, the places which still offer thrombolysis are those in more rural areas where it takes longer for ambulance services to reach patients and so time to treatment is longer. Pre hospital thrombolysis by paramedics is encouraged in these areas. Time to treatment by primary angioplasty is being measured for the first time this year for acute and ambulance trusts. Primary angioplasty is provided in specialist centres, not in every acute hospital. The measure is percentage of patients treated within 150 minutes of call for help (call to balloon). Performance this year at a

national level has been above the threshold of 75 percent. At Q4 it was 80 percent.

### **All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patients choice:**

At Q4, 94.6 percent of patients whose operations were cancelled for non-clinical reasons were offered another binding date within 28 days.

### **Deliver 7,500 new cases of psychosis served by early intervention teams per year:**

Early Intervention in Psychosis services: 10,311 new cases were engaged with Early Intervention Teams (EI) in the year 2010/11 similar to the year 2009/10 (10193 new cases) and 137 percent of the yearly plan.

### **All patients who need them to have access to crisis services, with delivery of 100,000 new crisis resolution home treatment episodes per year:**

Crisis Resolution Services: More home treatment episodes were carried out in the year 2010/11. Crisis Resolution Home Treatment Teams carried out 131,452 home treatment episodes in 2010/11 compared to 127,396 in 2009/10. 131 percent of the full year plan was achieved in 2010/11.



# Annexes

## Annex 1: North East SHA

SHA and PCT Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
County Durham PCT	981	918	1,020	1,016	999,954	0.1%
Darlington PCT	101	301	301	315	185,088	0.2%
Gateshead PCT	297	146	504	192	395,078	0.0%
Hartlepool PCT	212	126	125	100	185,020	0.1%
Middlesbrough PCT	341	633	278	600	301,460	0.2%
Newcastle PCT	1,082	4,616	945	258	527,566	0.0%
North East SHA	85,826	99,407	72,036	64,754	351,108	18.4%
North Tyneside PCT	178	563	475	355	386,448	0.1%
Northumberland Care PCT	373	443	220	1,370	556,814	0.2%
Redcar and Cleveland PCT	1,352	380	513	150	265,702	0.1%
South Tyneside PCT	719	592	1,819	460	313,744	0.1%
Stockton-on-Tees Teaching PCT	3,311	156	424	400	336,235	0.1%
Sunderland Teaching PCT	1,190	388	845	382	551,194	0.1%
<b>North East Total SHA/PCT Sector</b>	<b>95,963</b>	<b>108,669</b>	<b>79,505</b>	<b>70,352</b>	<b>5,355,411</b>	<b>1.3%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
North East Ambulance Service NHS Trust	350	2,249	4,736	3,120	105,991	2.9%
North Tees and Hartlepool NHS Trust (1)	10,061	n/a	n/a	n/a	n/a	n/a
Northumberland, Tyne and Wear NHS Trust (2)	3,498	3,852	5,296	n/a	n/a	n/a
South Tees Hospitals NHS Trust (3)	17,280	10,445	131	n/a	n/a	n/a
Tees, Esk and Wear Valleys NHS Trust (4)	2,104	483	n/a	n/a	n/a	n/a
<b>North East Total Trust Sector</b>	<b>33,293</b>	<b>17,029</b>	<b>10,163</b>	<b>3,120</b>	<b>105,991</b>	<b>2.9%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 North Tees and Hartlepool NHS Trust achieved Foundation Trust status on 1st December 2007.
- 2 Northumberland, Tyne and Wear NHS Trust achieved Foundation Trust status on 1st December 2009.
- 3 South Tees Hospitals NHS Trust achieved Foundation Trust status on 1st May 2009.
- 4 Tees, Esk and Wear Valleys NHS Trust achieved Foundation Trust status on 1st July 2008.

**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: North West SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Ashton, Leigh and Wigan PCT	1,641	2,495	640	1,900	576,907	0.3%
Blackburn with Darwen PCT	4,753	2,048	717	n/a	n/a	n/a
Blackburn with Darwen Teaching Care Trust Plus PCT (1)	n/a	n/a	n/a	1,373	289,706	0.5%
Blackpool PCT	2,703	3,193	2,532	1,392	304,601	0.5%
Bolton PCT	988	992	996	983	490,021	0.2%
Bury PCT	98	41	413	236	338,190	0.1%
Central and Eastern Cheshire PCT	1,007	336	1,007	1,501	716,911	0.2%
Central Lancashire PCT	6,172	8,558	3,030	1,632	776,185	0.2%
Cumbria Teaching PCT	530	233	229	(5,926)	873,542	(0.7%)
East Lancashire Teaching PCT	9,901	2,464	1,021	3,336	690,714	0.5%
Halton and St Helens PCT	167	420	295	500	616,090	0.1%
Heywood, Middleton and Rochdale PCT	4,845	3,051	579	1,933	398,208	0.5%
Knowsley PCT	1,726	4,819	576	1,610	339,059	0.5%
Liverpool PCT	10,644	6,429	5,287	14,768	1,024,790	1.4%
Manchester PCT	1,147	687	481	347	1,045,537	0.0%
North Lancashire Teaching PCT	418	2,051	1,565	2,200	574,259	0.4%
North West SHA	206,829	245,142	157,339	175,418	873,300	20.1%
Oldham PCT	1,441	1,528	1,381	1,000	440,362	0.2%
Salford PCT	973	1,991	993	2,319	481,626	0.5%
Sefton PCT	605	287	498	2,500	532,695	0.5%
Stockport PCT	1,735	238	231	350	484,810	0.1%
Tameside and Glossop PCT	1,931	1,980	980	1,000	426,140	0.2%
Trafford PCT	1,054	133	534	1,500	380,464	0.4%
Warrington PCT	1,603	557	222	250	325,635	0.1%
Western Cheshire PCT	900	1,598	1,279	985	437,241	0.2%
Wirral PCT	9,670	3,310	2,047	2,031	624,537	0.3%
<b>North West Total SHA/PCT Sector</b>	<b>273,481</b>	<b>294,581</b>	<b>184,872</b>	<b>215,138</b>	<b>14,061,530</b>	<b>1.5%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Ashton, Leigh and Wigan Community Healthcare NHS Trust (2)	n/a	n/a	n/a	388	52,583	0.7%
5 Boroughs Partnership NHS Trust (3)	958	1,482	2,210	n/a	n/a	n/a
Blackpool, Fylde and Wyre Hospitals NHS Trust (4)	3,828	n/a	n/a	n/a	n/a	n/a
Bolton Hospitals NHS Trust (5)	1,735	(2,351)	n/a	n/a	n/a	n/a
Bolton, Salford and Trafford Mental Health NHS Trust (6)	200	n/a	n/a	n/a	n/a	n/a
Calderstones NHS Trust (7)	185	1,520	n/a	n/a	n/a	n/a
Central Manchester and Manchester Children's University Hospitals NHS Trust (8)	336	4,715	n/a	n/a	n/a	n/a
Cheshire and Wirral Partnership NHS Trust (9)	129	n/a	n/a	n/a	n/a	n/a
East Cheshire NHS Trust	885	522	3,926	806	118,610	0.7%
East Lancashire Hospitals NHS Trust	223	133	287	723	342,027	0.2%
Lancashire Care NHS Trust (10)	1,187	n/a	n/a	n/a	n/a	n/a
Liverpool Community Health NHS Trust (11)	n/a	n/a	n/a	2,654	111,406	2.4%
Liverpool Heart and Chest Hospital NHS Trust (12)	27	4,337	1,827	n/a	n/a	n/a
Manchester Mental Health and Social Care NHS Trust	455	521	532	(482)	90,382	(0.5%)
Mersey Care NHS Trust	500	500	3,000	7,359	200,293	3.7%
North Cheshire Hospitals NHS Trust (13)	6,991	1,060	n/a	n/a	n/a	n/a
North Cumbria Mental Health and Learning Disabilities NHS Trust (14)	1,562	n/a	n/a	n/a	n/a	n/a
North Cumbria University Hospitals NHS Trust	51	993	327	1,356	222,518	0.6%
North West Ambulance Service NHS Trust	111	840	1,041	2,065	252,840	0.8%
Pennine Acute Hospitals NHS Trust	9,472	48	620	259	557,007	0.0%
Pennine Care NHS Trust (15)	612	388	n/a	n/a	n/a	n/a
Royal Liverpool Broadgreen University Hospitals NHS Trust	1,813	2,781	4,021	4,238	422,274	1.0%
Royal Liverpool Children's NHS Trust (16)	296	301	n/a	n/a	n/a	n/a
Southport and Ormskirk Hospital NHS Trust	2,823	802	500	853	153,368	0.6%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
St Helens and Knowsley Teaching Hospitals NHS Trust	219	(22,687)	225	296	252,944	0.1%
Tameside and Glossop Acute Services NHS Trust (17)	758	n/a	n/a	n/a	n/a	n/a
The Mid Cheshire Hospitals NHS Trust (18)	2,258	n/a	n/a	n/a	n/a	n/a
Trafford Healthcare NHS Trust	524	(2,186)	(6,048)	319	96,248	0.3%
University Hospitals of Morecambe Bay NHS Trust (19)	2,884	1,889	2,126	305	127,658	0.2%
Walton Centre for Neurology and Neurosurgery NHS Trust (20)	500	2,812	424	n/a	n/a	n/a
Wirral Hospital NHS Trust (21)	48	n/a	n/a	n/a	n/a	n/a
Wrightington, Wigan and Leigh NHS Trust (22)	2,235	(13,002)	n/a	n/a	n/a	n/a
<b>North West Total Trust Sector</b>	<b>43,805</b>	<b>(14,582)</b>	<b>15,018</b>	<b>21,139</b>	<b>3,000,158</b>	<b>0.7%</b>

**For FTs 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 Ashton, Leigh and Wigan Community Healthcare NHS Trust was established as an NHS Trust on 1st November 2010, taking on the provider services of NHS Ashton, Leigh and Wigan.
- 3 5 Boroughs Partnership NHS Trust achieved Foundation Trust status on 1st March 2010.
- 4 Blackpool, Fylde and Wyre Hospitals NHS Trust achieved Foundation Trust status on 1st December 2007.
- 5 Bolton Hospitals NHS Trust achieved Foundation Trust status on 1st October 2008.
- 6 Bolton, Salford and Trafford Mental Health NHS Trust achieved Foundation Trust status on 1st February 2008.
- 7 Calderstones NHS Trust achieved Foundation Trust status on 1st April 2009.
- 8 Central Manchester and Manchester Children's University Hospitals NHS Trust achieved Foundation Trust status on 1st January 2009.
- 9 Cheshire and Wirral Partnership NHS Trust achieved Foundation Trust status on 1st July 2007.
- 10 Lancashire Care NHS Trust achieved Foundation Trust status on 1st December 2007.
- 11 Liverpool Community Health NHS Trust was established as an NHS Trust on 1st November 2010, taking on the provider services of Liverpool Primary Care Trust.
- 12 Liverpool Heart and Chest Hospital NHS Trust achieved Foundation Trust status on 1st December 2009.
- 13 North Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st December 2008.
- 14 North Cumbria Mental Health and Learning Disabilities NHS Trust achieved Foundation Trust status on 1st October 2007.
- 15 Pennine Care NHS Trust achieved Foundation Trust status on 1st July 2008.
- 16 Royal Liverpool Children's NHS Trust achieved Foundation Trust status on 1st August 2008.
- 17 Tameside and Glossop Acute Services NHS Trust achieved Foundation Trust status on 1st February 2008.
- 18 The Mid Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st April 2008.
- 19 University Hospitals of Morecambe Bay NHS Trust achieved Foundation Trust status on 1st October 2010.
- 20 Walton Centre for Neurology and Neurosurgery NHS Trust achieved Foundation Trust status on 1st August 2009.
- 21 Wirral Hospital NHS Trust achieved Foundation Trust status on 1st July 2007.
- 22 Wrightington, Wigan and Leigh NHS Trust achieved Foundation Trust status on 1st December 2008.

In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

East Lancashire Hospitals NHS Trust (£9m)

Pennine Acute Hospitals NHS Trust (£12m)

St Helens and Knowsley Teaching Hospitals NHS Trust (£26m)

Trafford 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 3: Yorkshire and Humber SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Barnsley PCT	2,650	2,510	3,461	3,395	470,075	0.7%
Bradford and Airedale Teaching PCT	2,875	3,457	7,550	6,680	920,772	0.7%
Calderdale PCT	1,338	2,000	2,679	4,224	346,983	1.2%
Doncaster PCT	3,643	2,760	4,177	2,691	575,534	0.5%
East Riding of Yorkshire PCT	2,765	1,997	3,684	5,185	492,314	1.1%
Hull Teaching PCT	8,339	6,548	3,820	3,714	520,289	0.7%
Kirklees PCT	4,405	2,787	2,928	7,900	668,554	1.2%
Leeds PCT	3,312	5,150	5,002	20,124	1,324,034	1.5%
North East Lincolnshire Care Trust Plus (1)	1,052	1,146	2,222	2,181	291,489	0.7%
North Lincolnshire PCT	1,196	1,107	1,249	3,693	265,571	1.4%
North Yorkshire and York PCT	(18,226)	2,401	317	242	1,220,714	0.0%
Rotherham PCT	2,561	1,597	2,042	2,192	463,234	0.5%
Sheffield PCT	1,660	1,712	4,479	499	989,014	0.1%
Wakefield District PCT	2,223	2,580	7,388	3,095	655,020	0.5%
Yorkshire and The Humber SHA	223,198	178,249	133,982	121,052	688,075	17.6%
<b>Yorkshire and Humber Total SHA/PCT Sector</b>	<b>242,991</b>	<b>216,001</b>	<b>184,980</b>	<b>186,867</b>	<b>9,891,672</b>	<b>1.9%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Airedale NHS Trust (2)	522	759	605	49	21,005	0.2%
Bradford District Care Trust	550	546	103	104	115,820	0.1%
Doncaster and South Humber Healthcare NHS Trust (3)	418	n/a	n/a	n/a	n/a	n/a
Hull and East Yorkshire Hospitals NHS Trust	6,755	5,020	7,601	4,701	480,633	1.0%
Humber Mental Health Teaching NHS Trust (4)	353	1,376	1,351	n/a	n/a	n/a
Leeds Mental Health Teaching NHS Trust (5)	541	n/a	n/a	n/a	n/a	n/a

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Leeds Teaching Hospitals NHS Trust	3,093	471	963	2,051	934,527	0.2%
Mid Yorkshire Hospitals NHS Trust	767	32,706	871	983	430,417	0.2%
Northern Lincolnshire and Goole Hospitals NHS Trust (6)	69	n/a	n/a	n/a	n/a	n/a
Scarborough and North East Yorkshire Healthcare NHS Trust	98	1,873	1,914	1,874	120,611	1.6%
Sheffield Care Trust (7)	388	80	n/a	n/a	n/a	n/a
South West Yorkshire Mental Health NHS Trust (8)	2,291	1,015	569	n/a	n/a	n/a
Yorkshire Ambulance Service NHS Trust	251	151	518	237	195,228	0.1%
<b>Yorkshire and Humber Total Trust Sector</b>	<b>16,096</b>	<b>43,997</b>	<b>14,495</b>	<b>9,999</b>	<b>2,298,241</b>	<b>0.4%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 North East Lincolnshire Care Trust Plus was formed following the dissolution of North East Lincolnshire PCT on 1st September 2007.
- 2 Airedale NHS Trust achieved Foundation Trust status on 1st June 2010.
- 3 Doncaster and South Humber Healthcare NHS Trust achieved Foundation Trust status on 1st July 2007.
- 4 Humber Mental Health Teaching NHS Trust achieved Foundation Trust status on 1st February 2010.
- 5 Leeds Mental Health Teaching NHS Trust achieved Foundation Trust status on 1st August 2007.
- 6 Northern Lincolnshire and Goole Hospitals NHS Trust achieved Foundation Trust status on 1st May 2007.
- 7 Sheffield Care Trust achieved Foundation Trust status on 1st July 2008.
- 8 South West Yorkshire Mental Health NHS Trust achieved Foundation Trust status on 1st May 2009.

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

Hull and East Yorkshire Hospitals NHS Trust (£2m)

Mid Yorkshire Hospitals NHS Trust (£60m)

Scarborough and North East Yorkshire Healthcare NHS Trust (£5m)

Yorkshire Ambulance Service 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.**

## Annex 4: East Midlands SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Bassetlaw PCT	2,663	2,689	1,434	2,595	193,184	1.3%
Derby City PCT	2,032	2,303	650	30	466,830	0.0%
Derbyshire County PCT	4,122	4,761	1,873	11,212	1,179,960	1.0%
East Midlands SHA	55,151	69,833	59,092	22,905	436,444	5.2%
Leicester City PCT	2,206	2,244	241	6,192	554,994	1.1%
Leicestershire County and Rutland PCT	199	1,049	1,148	10,502	942,640	1.1%
Lincolnshire Teaching PCT	6,998	7,011	7,264	14,314	1,198,425	1.2%
Northamptonshire Teaching PCT	4,159	4,387	4,642	10,528	1,050,549	1.0%
Nottingham City PCT	6,422	2,283	2,448	6,841	561,263	1.2%
Nottinghamshire County Teaching PCT	9,820	10,003	4,514	5,017	1,076,937	0.5%
<b>East Midlands Total SHA/PCT Sector</b>	<b>93,772</b>	<b>106,563</b>	<b>83,306</b>	<b>90,136</b>	<b>7,661,226</b>	<b>1.2%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Derbyshire Mental Health Services NHS Trust (1)	518	990	1,014	379	88,586	0.4%
East Midlands Ambulance Service NHS Trust	298	1,564	2,016	467	161,643	0.3%
Kettering General Hospital NHS Trust (2)	2,705	3,444	n/a	n/a	n/a	n/a
Leicestershire Partnership NHS Trust	303	683	1,732	1,700	138,466	1.2%
Lincolnshire Partnership NHS Trust (3)	922	n/a	n/a	n/a	n/a	n/a
Northampton General Hospital NHS Trust	1,834	2,100	2,081	1,109	236,260	0.5%
Northamptonshire Healthcare NHS Trust (4)	2,438	342	29	n/a	n/a	n/a
Nottingham University Hospitals NHS Trust	7,069	5,557	7,256	5,010	742,215	0.7%
Nottinghamshire Healthcare NHS Trust	7,458	3,905	2,387	6,505	303,957	2.1%
United Lincolnshire Hospitals NHS Trust	12,488	366	1,282	(13,880)	392,202	(3.5%)
University Hospitals of Leicester NHS Trust	577	3,018	51	1,013	696,257	0.1%
<b>East Midlands Total Trust Sector</b>	<b>36,610</b>	<b>21,969</b>	<b>17,848</b>	<b>2,303</b>	<b>2,759,586</b>	<b>0.1%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 Derbyshire Mental Health Services NHS Trust achieved Foundation Trust status on 1st February 2011.
- 2 Kettering General Hospital NHS Trust achieved Foundation Trust status on 1st November 2008.
- 3 Lincolnshire Partnership NHS Trust achieved Foundation Trust status on 1st October 2007.
- 4 Northamptonshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2009.

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

- Derbyshire Mental Health Services NHS Trust (£2m)
- Leicestershire Partnership NHS Trust (£10m)
- Nottingham University Hospitals NHS Trust (£5m)
- Nottinghamshire Healthcare NHS Trust (£20m)
- United Lincolnshire Hospitals NHS Trust (£0.3m)
- University Hospitals of Leicester NHS Trust (£3m)

**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 5: West Midlands SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Birmingham East and North PCT	3,245	1,922	2,453	522	762,782	0.1%
Coventry Teaching PCT	3,894	4,983	4,644	6,247	591,493	1.1%
Dudley PCT	2,084	2,055	362	794	508,010	0.2%
Heart of Birmingham Teaching PCT	9,685	9,683	7,615	9,555	598,555	1.6%
Herefordshire PCT	475	475	778	111	289,167	0.0%
North Staffordshire PCT	1,058	1,999	515	1,162	351,962	0.3%
Sandwell PCT	1,516	7,020	89	1,222	593,716	0.2%
Shropshire County PCT	585	854	490	872	471,243	0.2%
Solihull Care Trust	805	793	16	531	335,057	0.2%
South Birmingham PCT	6,500	6,505	4,700	500	676,551	0.1%
South Staffordshire PCT	4,606	4,676	2,200	378	947,855	0.0%
Stoke on Trent PCT	1,934	4,304	2,588	3,115	511,773	0.6%
Telford and Wrekin PCT	6,977	7,247	4,522	467	269,643	0.2%
Walsall Teaching PCT	8,963	11,602	6,022	5,437	484,030	1.1%
Warwickshire PCT	435	321	594	176	832,592	0.0%
West Midlands SHA	33,500	6,497	19,732	23,204	549,424	4.2%
Wolverhampton City PCT	13,833	24,874	19,365	15,692	470,652	3.3%
Worcestershire PCT	1,885	4,865	3,519	3,470	868,220	0.4%
<b>West Midlands Total SHA/PCT Sector</b>	<b>101,980</b>	<b>100,675</b>	<b>80,204</b>	<b>73,455</b>	<b>10,112,725</b>	<b>0.7%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Birmingham and Solihull Mental Health NHS Trust (1)	3,900	1,206	n/a	n/a	n/a	n/a
Birmingham Community Health Care Trust (2)	n/a	n/a	n/a	686	251,992	0.3%
Birmingham Women's Health Care NHS Trust (3)	707	n/a	n/a	n/a	n/a	n/a
Burton Hospitals NHS Trust (4)	40	2,666	n/a	n/a	n/a	n/a
Coventry and Warwickshire Partnership NHS Trust (5)	264	1,863	3,690	2,936	148,200	2.0%
Dudley and Walsall Mental Health Partnership NHS Trust	n/a	202	376	883	67,918	1.3%
Dudley Group of Hospitals NHS Trust (6)	10,524	3,886	n/a	n/a	n/a	n/a
George Eliot Hospital NHS Trust	1,382	964	1,164	112	108,324	0.1%
Hereford Hospitals NHS Trust	1,126	544	1,165	46	121,544	0.0%
Mid Staffordshire General Hospitals NHS Trust (7)	253	n/a	n/a	n/a	n/a	n/a
North Staffordshire Combined Healthcare NHS Trust	214	256	449	698	86,321	0.8%
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	1,146	999	2,054	1,618	82,357	2.0%
Royal Wolverhampton Hospitals NHS Trust	8,335	6,913	8,035	7,964	306,023	2.6%
Sandwell & West Birmingham Hospitals NHS Trust	6,524	2,547	7,260	2,193	387,870	0.6%
Sandwell Mental Health NHS and Social Care Trust (8)	58	60	n/a	n/a	n/a	n/a
Shrewsbury and Telford Hospital NHS Trust	4,102	4,127	712	26	277,980	0.0%
South Warwickshire General Hospitals NHS Trust (9)	2,412	6,842	5,581	n/a	n/a	n/a
University Hospital of North Staffordshire NHS Trust	3,990	3,008	5,644	4,141	418,078	1.0%
University Hospitals Coventry and Warwickshire NHS Trust	201	4,825	10,234	4,162	472,923	0.9%
Walsall Hospitals NHS Trust	644	353	1,998	3,247	179,749	1.8%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
West Midlands Ambulance Service NHS Trust	235	156	255	99	194,076	0.1%
Worcestershire Acute Hospitals NHS Trust	5,193	5,833	3,135	287	321,829	0.1%
Worcestershire Mental Health Partnership NHS Trust	61	2	700	700	72,788	1.0%
<b>West Midlands Total Trust Sector</b>	<b>51,311</b>	<b>47,252</b>	<b>52,452</b>	<b>29,798</b>	<b>3,497,972</b>	<b>0.9%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 Birmingham and Solihull Mental Health NHS Trust achieved Foundation Trust status on 1st July 2008.
- 2 Birmingham Community Health Care NHS Trust (RYW) was established as an NHS Trust on 1st November 2010, taking on the provider services of NHS Birmingham East and North, NHS Heart of Birmingham and NHS South Birmingham.
- 3 Birmingham Women’s Health Care NHS Trust achieved Foundation Trust status on 1st February 2008.
- 4 Burton Hospitals NHS Trust achieved Foundation Trust status on 1st November 2008.
- 5 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.
- 6 Dudley Group of Hospitals NHS Trust achieved Foundation Trust status on 1st October 2008.
- 7 Mid Staffordshire General Hospitals NHS Trust achieved Foundation Trust status on 1st February 2008.
- 8 Sandwell Mental Health and Social Care NHS Trust achieved Foundation Trust status on 1st February 2009.
- 9 South Warwickshire General Hospitals NHS Trust achieved Foundation Trust status on 1st March 2010.

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

- Sandwell & West Birmingham Hospitals NHS Trust (£7m)
- Shrewsbury and Telford Hospital NHS Trust (£0.3m)
- University Hospitals Coventry and Warwickshire NHS Trust (£7m)
- Walsall Hospitals NHS Trust (£80m)
- Worcestershire Acute Hospitals NHS Trust (£1m)
- Worcestershire Mental Health Partnership NHS Trust (£3m)

**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 6: East of England SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Bedfordshire PCT	133	330	236	498	624,203	0.1%
Cambridgeshire PCT	752	760	501	398	873,935	0.0%
East of England SHA	32,683	124,757	135,389	83,960	685,527	12.2%
Great Yarmouth and Waveney PCT	2,408	230	352	1,625	405,706	0.4%
Hertfordshire PCT (1)	57	2,259	1,611	638	1,715,520	0.0%
Luton PCT	3	492	400	506	321,551	0.2%
Mid Essex PCT	2,803	940	1,007	3,767	531,969	0.7%
Norfolk PCT	227	1,079	695	959	1,203,994	0.1%
North East Essex PCT	189	1,348	2,993	2,998	545,727	0.5%
Peterborough PCT	9	2,896	(12,832)	389	290,103	0.1%
South East Essex PCT	25	852	2,014	1,093	556,911	0.2%
South West Essex PCT	19,351	688	1,614	48	681,154	0.0%
Suffolk PCT	49	1,315	2,578	3,560	919,518	0.4%
West Essex PCT	255	1,448	815	721	430,140	0.2%
<b>East of England Total SHA/PCT Sector</b>	<b>58,944</b>	<b>139,394</b>	<b>137,373</b>	<b>101,160</b>	<b>9,785,958</b>	<b>1.0%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Bedford Hospitals NHS Trust	2,234	2,118	612	274	143,694	0.2%
Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust	130	751	463	n/a	n/a	n/a
Cambridgeshire and Peterborough Mental Health Partnership NHS Trust (2)	154	71	n/a	n/a	n/a	n/a
Cambridgeshire Community Services NHS Trust (3)	n/a	n/a	n/a	1,044	102,793	1.0%
East and North Hertfordshire NHS Trust	2,003	2,070	2,499	3,328	340,309	1.0%
East of England Ambulance Service NHS Trust	104	283	757	2,364	222,389	1.1%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Essex Rivers Healthcare NHS Trust (4)	2,939	875	n/a	n/a	n/a	n/a
Hertfordshire Community NHS Trust (5)	n/a	n/a	n/a	184	131,588	0.1%
Hertfordshire Partnership NHS Trust (6)	(1,522)	n/a	n/a	n/a	n/a	n/a
Hinchingbrooke Health Care NHS Trust	(16,037)	98	598	79	102,255	0.1%
Mid Essex Hospital Services NHS Trust	8,983	7,316	2,551	3,660	256,086	1.4%
Norfolk Community Health and Care NHS Trust (7)	n/a	n/a	n/a	552	130,709	0.4%
Norfolk and Norwich University Hospitals NHS Trust (8)	3,901	2,409	n/a	n/a	n/a	n/a
Norfolk and Waveney Mental Health Partnership NHS Trust (9)	2,627	n/a	n/a	n/a	n/a	n/a
North Essex Mental Health Partnership NHS Trust (10)	510	n/a	n/a	n/a	n/a	n/a
Suffolk Mental Health Partnership NHS Trust	1,264	1,504	1,513	335	87,386	0.4%
The Ipswich Hospital NHS Trust	5,037	4,580	3,351	1,260	235,136	0.5%
The Princess Alexandra Hospital NHS Trust	4,534	3,222	511	415	179,388	0.2%
The Queen Elizabeth Hospital Kings Lynn NHS Trust (11)	4,565	6,158	4,510	1,931	136,680	1.4%
West Hertfordshire Hospitals NHS Trust	2,495	4,405	5,699	7,358	260,398	2.8%
West Suffolk Hospitals NHS Trust	2,588	4,600	6,273	194	154,318	0.1%
<b>East of England Total Trust Sector</b>	<b>26,509</b>	<b>40,460</b>	<b>29,337</b>	<b>22,978</b>	<b>2,483,129</b>	<b>0.9%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- Hertfordshire PCT was formed by the merger of East and North Hertfordshire (5P3) and West Hertfordshire PCT (5P4) on 1st April 2010.
- Cambridgeshire and Peterborough Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st June 2008.
- Cambridgeshire Community Services NHS Trust is a new trust formed on 1st April 2010.
- Essex Rivers Healthcare NHS Trust achieved Foundation Trust status on 1st May 2008.
- Hertfordshire Community NHS Trust (RY4) was established on 1st November 2010, taking on the provider services of Hertfordshire PCT.
- Hertfordshire Partnership NHS Trust achieved Foundation Trust status on 1st August 2007.
- Norfolk Community Health and Care NHS Trust (RY3) was established on 1st November 2010, taking on the provider services of Norfolk Primary Care Trust.
- Norfolk and Norwich University Hospitals NHS Trust achieved Foundation Trust status on 1st May 2008.
- Norfolk and Waveney Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st February 2008.
- North Essex Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st October 2007.
- The Queen Elizabeth Hospital King's Lynn NHS Trust achieved Foundation Trust status on 1st February 2011.

In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

Bedford Hospitals NHS Trust (£3m)

East of England Ambulance Service NHS Trust (£0.4m)

Mid Essex Hospital Services NHS Trust (£29m)

Suffolk Mental Health Partnership NHS Trust (£6m)

**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 7: London SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Barking and Dagenham PCT	20,753	18,439	3,377	62	352,528	0.0%
Barnet PCT	3,031	5,860	139	134	612,189	0.0%
Bexley Care PCT	52	130	51	486	347,220	0.1%
Brent Teaching PCT	1,698	12,584	16,334	17,416	554,227	3.1%
Bromley PCT	49	188	249	6,899	512,547	1.3%
Camden PCT	3,445	4,340	12	11,807	542,240	2.2%
City and Hackney Teaching PCT	9,339	100	9,346	6,594	533,851	1.2%
Croydon PCT	2,600	6,000	3,412	5,535	599,546	0.9%
Ealing PCT	4,164	4,686	3	34	600,624	0.0%
Enfield PCT	(13,308)	20	(10,491)	11	507,402	0.0%
Greenwich Teaching PCT	1,480	1,531	608	5,327	476,244	1.1%
Hammersmith and Fulham PCT	9,878	18,617	10,538	3,513	367,499	1.0%
Haringey Teaching PCT	539	1,983	29	170	502,072	0.0%
Harrow PCT	172	1,432	126	677	364,243	0.2%
Havering PCT	285	748	1,528	932	422,814	0.2%
Hillingdon PCT	0	2	19,380	5	415,370	0.0%
Hounslow PCT	(1,940)	48	40	42	420,633	0.0%
Islington PCT	32	6,617	1,121	10,261	478,654	2.1%
Kensington and Chelsea PCT	6,174	8,760	3,985	3,410	379,661	0.9%
Kingston PCT	3,546	117	103	2,623	268,860	1.0%
Lambeth PCT	1,064	2,907	988	6,430	667,423	1.0%
Lewisham PCT	92	339	90	5,287	536,943	1.0%
London SHA	146,196	187,527	288,675	257,187	1,939,966	13.3%
Newham PCT	3,407	6,665	1,107	7,104	571,530	1.2%
Redbridge PCT	18,664	9,893	6,232	6,217	415,310	1.5%
Richmond and Twickenham PCT	150	708	112	2,845	289,596	1.0%
Southwark PCT	478	218	628	1,365	545,992	0.3%
Sutton and Merton PCT	58	76	(2,286)	266	635,423	0.0%
Tower Hamlets PCT	396	6,881	6,753	6,973	529,746	1.3%
Waltham Forest PCT	102	201	0	27	441,373	0.0%

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Wandsworth PCT	3,390	3,930	4,386	12,322	587,466	2.1%
Westminster PCT	11,875	15,534	15,010	9,866	537,188	1.8%
<b>London Total SHA/PCT Sector</b>	<b>237,861</b>	<b>327,081</b>	<b>381,585</b>	<b>391,827</b>	<b>16,956,380</b>	<b>2.3%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover £000s	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Barking, Havering and Redbridge Hospitals NHS Trust	(35,621)	(35,674)	(22,309)	(32,986)	407,107	(8.1%)
Barnet and Chase Farm Hospitals NHS Trust	2,611	155	5,069	3,154	348,864	0.9%
Barnet, Enfield and Haringey Mental Health NHS Trust	2,014	(5,451)	239	274	204,547	0.1%
Barts and the London NHS Trust	16,416	7,532	11,423	6,012	716,314	0.8%
Bromley Hospitals NHS Trust	(17,920)	(4,858)	n/a	n/a	n/a	n/a
Camden and Islington Mental Health Social Care NHS Trust (1)	2,595	n/a	n/a	n/a	n/a	n/a
Central and North West London Mental Health NHS Trust (2)	850	n/a	n/a	n/a	n/a	n/a
Central London Community Healthcare NHS Trust (3)	n/a	n/a	n/a	2,196	155,379	1.4%
Ealing Hospital NHS Trust	1,135	2,125	36	28	132,949	0.0%
East London and the City Mental Health NHS Trust (4)	10,428	n/a	n/a	n/a	n/a	n/a
Epsom and St Helier University Hospitals NHS Trust	827	4,902	2,877	3,332	334,761	1.0%
Great Ormond Street Hospital for Children NHS Trust	6,956	1,348	7,368	8,617	336,307	2.6%
Imperial College Healthcare NHS Trust (5)	12,750	12,025	9,102	5,146	920,256	0.6%
Kingston Hospital NHS Trust	2,713	807	2,412	2,724	200,066	1.4%
London Ambulance Service NHS Trust	398	725	1,425	1,002	283,617	0.4%
Croydon Health Services NHS Trust (6)	5,044	2,149	1,106	4,913	241,804	2.0%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover £000s	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Newham University Hospital NHS Trust	(2,269)	201	55	(7,913)	166,706	(4.7%)
North East London Mental Health NHS Trust (7)	2,136	379	n/a	n/a	n/a	n/a
North Middlesex University Hospitals NHS Trust	3,019	5,031	6,044	3,103	180,593	1.7%
North West London Hospitals NHS Trust	1,030	117	(8,025)	258	370,018	0.1%
Queen Elizabeth Hospital NHS Trust	(3,125)	(5,481)	n/a	n/a	n/a	n/a
Queen Mary's Sidcup NHS Trust	(2,877)	(10,991)	n/a	n/a	n/a	n/a
Royal Brompton and Harefield NHS Trust (8)	3,566	3,173	547	n/a	n/a	n/a
Royal Free Hampstead NHS Trust	10,724	3,791	2,035	6,587	555,783	1.2%
South London Healthcare NHS Trust (9)	n/a	n/a	(42,067)	(40,865)	437,687	(9.3%)
South West London and St George's Mental Health NHS Trust	1,738	(3,246)	2,286	2,579	176,230	1.5%
St George's Healthcare NHS Trust	5,972	1,718	12,933	6,459	604,247	1.1%
The Hillingdon Hospital NHS Trust	6,263	2,196	258	307	186,612	0.2%
The Lewisham Hospital NHS Trust	3,771	(3,929)	6,753	1,058	222,366	0.5%
The Royal National Orthopaedic Hospital NHS Trust	1,109	483	1,026	(911)	102,469	(0.9%)
West London Mental Health NHS Trust	2,279	352	1,167	3,970	253,744	1.6%
West Middlesex University Hospital NHS Trust	19	(3,534)	(4,996)	214	149,638	0.1%
Whipps Cross University Hospitals NHS Trust	828	810	229	395	243,828	0.2%
Whittington Hospital NHS Trust	1,421	1,938	139	508	186,300	0.3%
<b>London Total Trust Sector</b>	<b>46,800</b>	<b>(21,207)</b>	<b>(2,868)</b>	<b>(19,839)</b>	<b>8,118,192</b>	<b>(0.2%)</b>

**For FTs the forecast position is only for the time when the organisation was an NHS Trust**

- 1 Camden and Islington Mental Health and Social Care NHS Trust achieved Foundation Trust status on 1st March 2008.
- 2 Central and North West London Mental Health NHS Trust achieved Foundation Trust status on 1st May 2007.
- 3 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 1st November 2010.
- 4 East London and the City Mental Health NHS Trust achieved Foundation Trust status on 1st November 2007.
- 5 Imperial College Healthcare NHS Trust was formed from St Mary's NHS Trust and Hammersmith Hospitals NHS Trust.
- 6 Mayday Healthcare NHS Trust has changed its name to Croydon Health Services NHS Trust (RJ6) on the 1st October 2010.
- 7 North East London Mental Health NHS Trust achieved Foundation Trust status on 1st June 2008.
- 8 Royal Brompton and Harefield NHS Trust achieved Foundation Trust status on 1st June 2009.
- 9 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).

In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

Imperial College Healthcare NHS Trust (£2m)

North Middlesex University Hospitals NHS Trust (£73m)

North West London Hospital NHS Trust (£1m)

South London Healthcare NHS Trust (£5m)

The Hillingdon Hospital NHS Trust (£2m)

The Lewisham Hospital NHS Trust (£0.3m)

West London Mental Health NHS Trust (£0.2m)

Whipps Cross University Hospital NHS Trust (£3m)

Whittington Hospital 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.**

## Annex 8: South East Coast SHA

SHA and PCT Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Brighton and Hove City Teaching PCT	3,018	124	1,071	4,618	492,797	0.9%
East Sussex Downs and Weald PCT	376	2,440	1,230	2,656	573,019	0.5%
Eastern and Coastal Kent PCT	3,960	5,046	6,130	11,972	1,294,895	0.9%
Hastings and Rother PCT	3,562	3,631	3,841	6,496	348,585	1.9%
Medway PCT	3,211	5,059	3,689	4,282	448,164	1.0%
South East Coast SHA	36,142	39,976	44,586	45,768	334,387	13.7%
Surrey PCT	425	225	(13,622)	(11,934)	1,711,430	(0.7%)
West Kent PCT	193	4,397	2,013	776	1,036,298	0.1%
West Sussex PCT	238	728	725	733	1,293,401	0.1%
<b>South East Coast Total SHA/PCT Sector</b>	<b>51,125</b>	<b>61,626</b>	<b>49,663</b>	<b>65,367</b>	<b>7,532,976</b>	<b>0.9%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Ashford and St Peter's Hospitals NHS Trust (1)	2,450	5,513	6,275	3,188	149,630	2.1%
Brighton and Sussex University Hospitals NHS Trust	106	9,925	10,227	4,512	439,750	1.0%
Dartford and Gravesham NHS Trust	578	4,015	115	206	157,195	0.1%
East Kent Hospitals University NHS Trust (2)	7,654	13,087	n/a	n/a	n/a	n/a
East Sussex Hospitals NHS Trust	3,448	1,017	350	(4,704)	299,623	(1.6%)
Eastern and Coastal Kent Community Health NHS Trust (3)	n/a	n/a	n/a	1,429	131,425	1.1%
Kent and Medway NHS and Social Care Partnership Trust	431	1,384	1,524	13	182,204	0.0%
Maidstone and Tunbridge Wells NHS Trust	131	143	189	1,710	322,176	0.5%
Medway NHS Trust (4)	597	n/a	n/a	n/a	n/a	n/a
Royal Surrey County Hospital NHS Trust (5)	2,517	2,930	4,554	n/a	n/a	n/a
Sussex Community NHS Trust (6)	77	92	649	675	189,438	0.4%
South East Coast Ambulance Service NHS Trust (7)	641	658	1,130	3,153	145,923	2.2%
Surrey and Borders Partnership NHS Trust (8)	182	(307)	n/a	n/a	n/a	n/a
Surrey and Sussex Healthcare NHS Trust	27	7,048	7,755	875	196,030	0.4%
Sussex Partnership NHS Trust (9)	4,763	1,698	n/a	n/a	n/a	n/a
The Royal West Sussex NHS Trust	10,466	1,758	n/a	n/a	n/a	n/a
Western Sussex Hospitals NHS Trust (10)	n/a	n/a	4,138	5,234	361,593	1.4%
Worthing and Southlands Hospitals NHS Trust	170	408	n/a	n/a	n/a	n/a
<b>South East Coast Total Trust Sector</b>	<b>34,238</b>	<b>49,369</b>	<b>36,906</b>	<b>16,291</b>	<b>2,574,987</b>	<b>0.6%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 Ashford and St. Peter's Hospitals NHS Trust achieved Foundation Trust status on 1 December 2010.
- 2 East Kent Hospitals University NHS Trust achieved Foundation Trust status on 1st March 2009.
- 3 Eastern and Coastal Kent Community Health NHS Trust (RYY) was established as an NHS Trust on 1st November 2010, taking on the provider services of Eastern and Coastal Kent PCT.
- 4 Medway NHS Trust achieved Foundation Trust status on 1st April 2008.
- 5 Royal Surrey County Hospital NHS Trust achieved Foundation Trust status on 1st December 2009.
- 6 Sussex Community NHS Trust (RDR) was formerly South Downs Health NHS Trust, and changed its name on 1st October 2010.
- 7 South East Coast Ambulance Service NHS Trust achieved Foundation Trust status on 1st March 2011.
- 8 Surrey and Borders Partnership NHS Trust achieved Foundation Trust status on 1st May 2008. It was forecasting a technical deficit relating to a phasing issue in the month before it became a Foundation Trust.
- 9 Sussex Partnership NHS Trust achieved Foundation Trust status on 1st August 2008.
- 10 Western Sussex Hospitals NHS Trust was formed from the merger of The Royal West Sussex NHS Trust (RPR) and Worthing & Southlands Hospitals NHS Trust (RPL).

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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 (£12m)

Dartford and Gravesham NHS Trust (£1m)

Kent and Medway NHS And Social Care Partnership NHS Trust (£0.2m)

Maidstone and Tunbridge Wells NHS Trust (£20m)

Surrey and Sussex Healthcare NHS Trust (£4m)

Sussex Community NHS Trust (£0.4m)

**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 9: South Central SHA

SHA and PCT Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Berkshire East PCT	107	80	101	147	598,315	0.0%
Berkshire West PCT	284	1,287	1,449	1,646	658,502	0.2%
Buckinghamshire PCT	(11,574)	(7,459)	1,368	715	722,464	0.1%
Hampshire PCT	469	258	486	457	1,893,025	0.0%
Isle of Wight NHS PCT	1,272	1,246	2,382	2,519	260,316	1.0%
Milton Keynes PCT	3,327	1,100	605	551	361,061	0.2%
Oxfordshire PCT	5,799	2,181	1,901	2,250	949,791	0.2%
Portsmouth City Teaching PCT	7,839	5,810	5,207	724	383,461	0.2%
South Central SHA	27,192	39,632	45,125	54,788	386,141	14.2%
Southampton City PCT	2,033	155	917	2,885	413,885	0.7%
<b>South Central Total SHA/PCT Sector</b>	<b>36,748</b>	<b>44,290</b>	<b>59,541</b>	<b>66,682</b>	<b>6,626,961</b>	<b>1.0%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Berkshire Healthcare NHS Trust (1)	299	n/a	n/a	n/a	n/a	n/a
Buckinghamshire Healthcare NHS Trust (2)	1,729	(2,750)	146	1,026	345,367	0.3%
Hampshire Partnership NHS Trust (3)	2,599	2,597	n/a	n/a	n/a	n/a
Heatherwood and Wexham Park Hospitals NHS Trust (4)	1,319	n/a	n/a	n/a	n/a	n/a
Milton Keynes General Hospital NHS Trust (5)	852	n/a	n/a	n/a	n/a	n/a
Nuffield Orthopaedic NHS Trust	56	59	311	882	82,187	1.1%
Oxford Learning Disability NHS Trust	386	631	181	161	39,443	0.4%
Oxford Radcliffe Hospitals NHS Trust	4,311	2,405	106	1,289	663,770	0.2%
Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust (6)	1,053	n/a	n/a	n/a	n/a	n/a
Portsmouth Hospitals NHS Trust	7,299	159	(14,877)	159	446,161	0.0%
South Central Ambulance Service NHS Trust	30	559	602	1,383	137,901	1.0%
Southampton University Hospitals NHS Trust	17,944	13,591	6,777	2,859	514,395	0.6%
Winchester and Eastleigh Healthcare NHS Trust	633	286	224	147	146,961	0.1%
<b>South Central Total Trust Sector</b>	<b>38,510</b>	<b>17,537</b>	<b>(6,530)</b>	<b>7,906</b>	<b>2,376,185</b>	<b>0.3%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 Berkshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2007.
- 2 Buckinghamshire Healthcare NHS Trust (RXQ) was formerly Buckinghamshire Hospitals NHS Trust. The name change was effective from 1st November 2010.
- 3 Hampshire Partnership NHS Trust achieved Foundation Trust status on 1st April 2009.
- 4 Heatherwood and Wexham Park Hospitals NHS Trust achieved Foundation Trust status on 1st June 2007.
- 5 Milton Keynes General Hospital NHS Trust achieved Foundation Trust status on 1st October 2007.
- 6 Oxfordshire and Buckinghamshire Mental Health Partnership Trust incorporates Buckinghamshire Mental Health Trust (RWT) from 1st April 2006. This Trust achieved Foundation Trust status on 1st April 2008.

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

Oxford Learning Disability NHS Trust (£1m)  
 Southampton University Hospitals NHS Trust (£0.3m)

**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 10: South West SHA

SHA and PCT Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Surplus/ (Deficit)	2010/11 Annual Accounts Revenue Resource Limit (RRL)	2010/11 Annual Accounts Surplus/ (Deficit)
	£000s	£000s	£000s	£000s	£000s	as % RRL
Bath and North East Somerset PCT	2,837	1,752	1,924	2,685	286,553	0.9%
Bournemouth and Poole Teaching PCT	5,779	5,403	2,886	5,356	570,444	0.9%
Bristol Teaching PCT	3,689	4,514	4,974	6,955	768,216	0.9%
Cornwall and Isles of Scilly PCT	2,727	5,622	6,064	8,562	914,004	0.9%
Devon PCT	3,700	15	237	3,546	1,217,441	0.3%
Dorset PCT	3,070	4,057	4,374	6,133	650,392	0.9%
Gloucestershire PCT	2,798	5,784	6,216	8,685	916,883	0.9%
North Somerset PCT	9	48	48	1,552	338,654	0.5%
Plymouth Teaching PCT	5,042	2,745	1,400	4,190	453,849	0.9%
Somerset PCT	5,110	5,235	5,751	7,965	859,217	0.9%
South Gloucestershire PCT	1,090	48	39	1,527	371,944	0.4%
South West SHA	56,710	63,822	56,756	51,054	455,464	11.2%
Swindon PCT	935	1,930	2,080	1,096	312,962	0.4%
Torbay Care Trust	7,881	1,640	1,808	2,494	262,715	0.9%
Wiltshire PCT	0	1,167	0	3,200	671,842	0.5%
<b>South West Total SHA/PCT Sector</b>	<b>101,377</b>	<b>103,782</b>	<b>94,557</b>	<b>115,000</b>	<b>9,050,580</b>	<b>1.3%</b>

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit)	2008/9 Annual Accounts Surplus/ (Deficit)	2009/10 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Surplus/ (Operating Deficit)	2010/11 Annual Accounts Turnover	2010/11 Annual Accounts Surplus/ (Operating Deficit)
	£000s	£000s	£000s	£000s	£000s	as % Turnover
Avon and Wiltshire MHP NHS Trust	1,009	1,827	1,113	3,219	195,955	1.6%
Cornwall Partnership NHS Trust (1)	0	402	1,250	n/a	n/a	n/a
Devon Partnership NHS Trust	1,700	1,298	209	616	129,463	0.5%
Gloucestershire Partnership NHS Trust (2)	1,366	n/a	n/a	n/a	n/a	n/a
Great Western Ambulance Service NHS Trust	1,449	5	94	849	86,340	1.0%
North Bristol NHS Trust	4,008	3,036	6,177	7,888	492,883	1.6%
Northern Devon Healthcare NHS Trust	7,602	7,902	0	252	134,710	0.2%
Plymouth Hospitals NHS Trust	12,698	5,023	2,010	18	391,499	0.0%
Poole Hospitals NHS (3)	199	n/a	n/a	n/a	n/a	n/a
Royal Cornwall Hospitals NHS Trust	1,285	2,009	8,349	7,544	310,471	2.4%
Royal United Hospital Bath NHS Trust	1,900	5,600	5,800	4,195	216,361	1.9%
Somerset Partnership NHS and Social Care NHS Trust (4)	541	94	n/a	n/a	n/a	n/a
South Western Ambulance Service NHS Trust (5)	0	325	511	890	111,905	0.8%
Swindon and Marlborough NHS Trust (6)	835	1,274	n/a	n/a	n/a	n/a
Taunton and Somerset NHS Trust (7)	627	n/a	n/a	n/a	n/a	n/a
United Bristol Healthcare NHS Trust (8)	12,809	3,706	n/a	n/a	n/a	n/a
Weston Area Health NHS Trust	8	408	2,448	2,607	93,199	2.8%
<b>South West Total Trust Sector</b>	<b>48,036</b>	<b>32,909</b>	<b>27,961</b>	<b>28,078</b>	<b>2,162,786</b>	<b>1.3%</b>

**For FTs the forecast position is only for the time when the organisation was an NHS trust**

- 1 Cornwall Partnership NHS Trust achieved Foundation Trust status on 1st March 2010.
- 2 Gloucestershire Partnership NHS Trust achieved Foundation Trust status on 1st July 2007.
- 3 Poole Hospitals NHS Trust achieved Foundation Trust status on 1st November 2007.
- 4 Somerset Partnership NHS and Social Care NHS Trust achieved Foundation Trust status on 1st May 2008.
- 5 South Western Ambulance Service NHS Trust achieved Foundation Trust status on 1st March 2011.
- 6 Swindon and Marlborough NHS Trust achieved Foundation Trust status on 1st December 2008.
- 7 Taunton and Somerset NHS Trust achieved Foundation Trust status on 1st December 2007.
- 8 United Bristol Healthcare NHS Trust achieved Foundation Trust status on 1st June 2008.

**In addition to the operating deficits in 2010/11 shown above, the following organisation(s) also reported 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.**

Great Western Ambulance Service NHS Trust (£0.3m)

Northern Devon Healthcare 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 11: Q4 NHS Performance Framework Acute Trust Results

Trust name	Overall Finance Score	Overall Quality of Services Score	Performance Rating after Escalation		Quality: Standards & Vital Signs		Quality: User Experience		Quality: CQC Registration
			Finance	Quality of Services	Score	Rating	Score	Rating	
Barking, Havering and Redbridge University Hospitals NHS Trust	Underperforming	Underperforming	Escalated		2.44	Performing	0	Underperforming	Underperforming
Barnet and Chase Farm Hospitals NHS Trust	Performing	Performing			3.00	Performing	4	Performing	Performing
Barts and The London NHS Trust	Performing	Performance under review			2.79	Performing	1	Underperforming	Performing
Bedford Hospital NHS Trust	Performing	Performing			2.93	Performing	4	Performing	Performing
Brighton and Sussex University Hospitals NHS Trust	Performing	Performing			2.89	Performing	3	Performance under review	Performing
Buckinghamshire Healthcare NHS Trust	Performing	Performing			2.86	Performing	5	Performing	Performing
Croydon Health Services NHS Trust	Performing	Performance under review		Escalated	3.00	Performing	0	Underperforming	Performing
Dartford and Gravesham NHS Trust	Performing	Performance under review			2.36	Performance under review	5	Performing	Performing
Ealing Hospital NHS Trust	Performing	Performance under review		Escalated	2.59	Performing	0	Underperforming	Performing
East and North Hertfordshire NHS Trust	Performing	Performing			2.80	Performing	3	Performance under review	Performing
East Cheshire NHS Trust	Performing	Performing			2.69	Performing	4	Performing	Performing
East Lancashire Hospitals NHS Trust	Performing	Performing			2.93	Performing	5	Performing	Performing
East Sussex Hospitals NHS Trust	Underperforming	Underperforming			2.48	Performing	5	Performing	Underperforming
Epsom and St Helier University Hospitals NHS Trust	Performing	Performing			2.70	Performing	3	Performance under review	Performing
George Eliot Hospital NHS Trust	Performing	Performing			2.63	Performing	3	Performance under review	Performing
Great Ormond Street Hospital for Children NHS Trust	Performing	Performing			2.70	Performing			Performing
Hereford Hospitals NHS Trust	Performing	Performing			2.48	Performing	3	Performance under review	Performing
Hinchingbrooke Health Care NHS Trust	Underperforming	Performing			2.49	Performing	5	Performing	Performing
Hull and East Yorkshire Hospitals NHS Trust	Performing	Performing			2.59	Performing	5	Performing	Performing
Imperial College Healthcare NHS Trust	Performing	Performing			2.71	Performing	4	Performing	Performing
Ipswich Hospital NHS Trust	Performing	Performing			2.69	Performing	5	Performing	Performing
Isle of Wight NHS PCT	Performing	Performing			2.76	Performing	5	Performing	Performing
Kingston Hospital NHS Trust	Performing	Performing			2.48	Performing	4	Performing	Performing
Leeds Teaching Hospitals NHS Trust	Performing	Performing			2.41	Performing	5	Performing	Performing
Lewisham Healthcare NHS Trust	Performing	Performing			2.87	Performing	2	Performance under review	Performing

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



Annex 11: Q4 NHS Performance Framework Acute Trust Results continued

Trust name	Overall Finance Score	Overall Quality of Services Score	Performance Rating after Escalation			Quality: Standards & Vital Signs		Quality: User Experience		Quality: CQC Registration Rating
			Finance	Quality of Services	Escalated	Score	Rating	Score	Rating	
Maldstone and Tunbridge Wells NHS Trust	Performing	Performing				2.83	Performing	4	Performing	Performing
Mid Essex Hospital Services NHS Trust	Performance under review	Performing				2.66	Performing	5	Performing	Performing
Mid Yorkshire Hospitals NHS Trust	Performing	Performing				2.68	Performing	3	Performance under review	Performing
Newham University Hospital NHS Trust	Underperforming	Performing				3.00	Performing	3	Performance under review	Performing
North Bristol NHS Trust	Performing	Performing				2.84	Performing	5	Performing	Performing
North Cumbria University Hospitals NHS Trust	Performing	Performing				2.82	Performing	5	Performing	Performing
North Middlesex University Hospital NHS Trust	Performance under review	Performance under review				2.82	Performing	0	Underperforming	Performing
North West London Hospitals NHS Trust	Underperforming	Performance under review	Escalated	Escalated	Underperforming	3.00	Performing	0	Underperforming	Performing
Northampton General Hospital NHS Trust	Performing	Performing				3.00	Performing	5	Performing	Performing
Northern Devon Healthcare NHS Trust	Performing	Performing				2.45	Performing	5	Performing	Performing
Nottingham University Hospitals NHS Trust	Performing	Performing				2.69	Performing	5	Performing	Performing
Nuffield Orthopaedic Centre NHS Trust	Performing	Performing				2.58	Performing	5	Performing	Performing
Oxford Radcliffe Hospitals NHS Trust	Performing	Underperforming				2.04	Underperforming	5	Performing	Performing
Pennine Acute Hospitals NHS Trust	Performing	Performing				2.79	Performing	5	Performing	Performing
Plymouth Hospitals NHS Trust	Performing	Performing				2.86	Performing	5	Performing	Performing
Portsmouth Hospitals NHS Trust	Performing	Performing				2.71	Performing	4	Performing	Performing
Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust	Performing	Performing				2.80	Performing	5	Performing	Performing
Royal Cornwall Hospitals NHS Trust	Performing	Performing				2.89	Performing	5	Performing	Performing
Royal Free Hampstead NHS Trust	Performing	Performing				3.00	Performing	3	Performance under review	Performing
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Performing	Performing				3.00	Performing	5	Performing	Performing
Royal National Orthopaedic Hospital NHS Trust	Underperforming	Performing				2.88	Performing	5	Performing	Performing
Royal United Hospital Bath NHS Trust	Performing	Performing				2.67	Performing	5	Performing	Performing
Sandwell and West Birmingham Hospitals NHS Trust	Performing	Performing				2.78	Performing	5	Performing	Performing
Scarborough and North East Yorkshire Health Care NHS Trust	Performing	Performing				2.88	Performing	5	Performing	Performing
Shrewsbury and Telford Hospital NHS Trust	Performing	Performance under review				2.36	Performance under review	5	Performing	Performing
South London Healthcare NHS Trust	Underperforming	Performance under review	Escalated	Escalated	Underperforming	2.82	Performing	1	Underperforming	Performing

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



Annex 11: Q4 NHS Performance Framework Acute Trust Results continued

Trust name	Overall Finance Score	Overall Quality of Services Score	Performance Rating after Escalation		Quality: Standards & Vital Signs		Quality: User Experience		Quality: CQC Registration	
			Finance	Quality of Services	Score	Rating	Score	Rating	Score	Rating
Southampton University Hospitals NHS Trust	Performing	Performing			2.54	Performing	5	Performing	Performing	
Southport and Ormskirk Hospital NHS Trust	Performing	Performing			2.89	Performing	5	Performing	Performing	
St George's Healthcare NHS Trust	Performing	Performing			2.70	Performing	5	Performing	Performing	
St Helens and Knowsley Hospitals NHS Trust	Performing	Performing			2.78	Performing	5	Performing	Performing	
Surrey and Sussex Healthcare NHS Trust	Performing	Underperforming			1.95	Underperforming	2	Performance under review	Performing	
The Princess Alexandra Hospital NHS Trust	Performing	Performing			2.78	Performing	3	Performance under review	Performing	
The Royal Wolverhampton Hospitals NHS Trust	Performing	Performing			2.88	Performing	5	Performing	Performing	
The Whittington Hospital NHS Trust	Performing	Performing			3.00	Performing	5	Performing	Performing	
Trafford Healthcare NHS Trust	Underperforming	Performing	Escalated		2.76	Performing	5	Performing	Performing	
United Lincolnshire Hospitals NHS Trust	Underperforming	Underperforming			2.56	Performance under review	5	Performing	Underperforming	
University Hospital of North Staffordshire NHS Trust	Performing	Performance under review		Escalated	2.56	Performance under review	5	Performing	Performing	
University Hospitals Coventry and Warwickshire NHS Trust	Performing	Performing			2.77	Performing	5	Performing	Performing	
University Hospitals of Leicester NHS Trust	Performing	Performing			2.63	Performing	4	Performing	Performing	
Walsall Hospitals NHS Trust	Performing	Performance under review			2.85	Performing	1	Underperforming	Performing	
West Hertfordshire Hospitals NHS Trust	Performing	Performance under review			2.91	Performing	1	Underperforming	Performing	
West Middlesex University Hospital NHS Trust	Underperforming	Performing	Escalated		2.87	Performing	4	Performing	Performing	
West Suffolk Hospitals NHS Trust	Performing	Performing			2.66	Performing	5	Performing	Performing	
Western Sussex Hospitals NHS Trust	Performing	Performing			2.85	Performing	5	Performing	Performing	
Weston Area Health NHS Trust	Performing	Performing			2.44	Performing	5	Performing	Performing	
Whipps Cross University Hospital NHS Trust	Underperforming	Performance under review	Escalated		3.00	Performing	1	Underperforming	Performing	
Winchester and Eastleigh Healthcare NHS Trust	Performing	Performing			2.63	Performing	5	Performing	Performing	
Worcestershire Acute Hospitals NHS Trust	Performing	Performing			2.65	Performing	5	Performing	Performing	

Key: ■ Performing ■ Performance under review ■ Underperforming ■ Escalated ■ Challenged ■ 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, in this case highest score trust can achieve is performance under review.
- 3 If a trust has been assessed as 'performance under review' for 3 consecutive quarters, it will be categorised here as 'underperforming', if a trust has been assessed as 'underperforming' for 3 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 12: Q4 NHS Performance Framework Ambulance Trusts Results

Trust name	Overall Finance Score	Overall Quality Score <sup>1</sup>	Escalation Statuses <sup>1</sup>		Quality: Standards & Vital Signs		Quality: Registration Rating
			Financial Escalation Status	Quality of Services Escalation Status	Score	Rating	
East Midlands Ambulance Service NHS Trust	Performing	Underperforming			1.33	Underperforming	Performing
East of England Ambulance Service NHS Trust	Performing	Performing			2.33	Performing	Performing
Great Western Ambulance Service NHS Trust	Performing	Performing			2.33	Performing	Performing
London Ambulance Service	Performing	Performance under review			2.00	Performance under review	Performing
North East Ambulance Service NHS Trust	Performing	Performing			2.33	Performing	Performing
North West Ambulance Service NHS Trust	Performing	Underperforming			1.67	Underperforming	Performing
South Central Ambulance Service NHS Trust	Performing	Performing			2.33	Performing	Performing
West Midlands Ambulance Service NHS Trust	Performing	Performing			2.67	Performing	Performing
Yorkshire Ambulance Service NHS Trust	Performing	Performing			2.33	Performing	Performing

Key: ■ Performing ■ Performance under review ■ Underperforming

1 If a trust has been assessed as 'performance under review' for 3 consecutive quarters, it will be categorised here as 'underperforming', if a trust has been assessed as 'underperforming' for 3 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.



# Annex 13: Q3 NHS Performance Framework Mental Health Trusts Results

Trust name	Overall Finance Score	Overall Quality Score <sup>1</sup>	Escalation Statuses <sup>1</sup>		Quality: Standards & Vital Signs		Quality: User Experience		Quality: Registration Rating
			Finance	Quality of Services Escalation Status	Score	Rating	Score	Rating	
Avon and Wiltshire Mental Health Partnership NHS Trust	Performing	Performing			2.58	Performing	3	Performance under review	Performing
Barnet, Enfield and Haringey Mental Health NHS Trust	Performing	Performing			2.08	Performing	3	Performance under review	Performing
Bradford District Care Trust	Performing	Performing			2.82	Performing	4	Performing	Performing
Coventry and Warwickshire Partnership NHS Trust	Performing	Performing			2.58	Performing	3	Performance under review	Performing
Devon Partnership NHS Trust	Performing	Performing			2.27	Performing	4	Performing	Performing
Dudley and Walsall Mental Health Partnership NHS Trust	Performing	Performing			2.50	Performing	3	Performance under review	Performing
Kent and Medway NHS and Social Care Partnership Trust	Performing	Performance under review		Escalated	2.33	Performing	1	Underperforming	Performing
Leicestershire Partnership NHS Trust	Performing	Performing			2.17	Performing	3	Performance under review	Performing
Manchester Mental Health and Social Care Trust*	Performing	Performing			2.30	Performing	4	Performing	Performing
Mersey Care NHS Trust	Performing	Performing			2.27	Performing	3	Performance under review	Performing
North East Lincolnshire Care Trust Plus		Performing			2.64	Performing	4	Performing	Performing
North Staffordshire Combined Healthcare NHS Trust	Performing	Performing			2.42	Performing	4	Performing	Performing
South West London and St George's Mental Health NHS Trust	Performing	Performing			2.92	Performing	4	Performing	Performing
Suffolk Mental Health Partnership NHS Trust	Performing	Performance under review			1.83	Performance under review	4	Performing	Performing
West London Mental Health NHS Trust	Performing	Performing			2.83	Performing	2	Performance under review	Performing
Worcestershire Mental Health Partnership NHS Trust	Performing	Performing			2.18	Performing	4	Performing	Performing

Key: ■ Performing ■ Performance under review ■ Underperforming ■ Escalated

<sup>1</sup> Score moderated where patient experience score is underperforming – in this case highest score trust can achieve is performance under review. Otherwise the score is the lowest rating from the other domains.

No finance metrics are available for North East Lincolnshire Care Trust Plus because the metrics criteria are designed according to the NHS Trust financial regime which is different to that of Commissioners.

\*Manchester Mental Health and Social Care Trust are 'performing' on finance at Q3. However, Q4 finance data is now available showing that they will be 'underperforming' on finance at Q4. This will be reflected in the next set of results.



# Annex 14: Redundancies

## Redundancies (by headcount)

During the quarter, January to March 2011, there were 1,250 compulsory redundancies. Of the 1,250 compulsory redundancies 234 (18.7 percent) were clinical and 1,016 (81.3) were non-clinical. These include data from SHAs, PCTs, Trusts and Foundation Trusts.

	Compulsory redundancies for clinical staff	Compulsory redundancies for non-clinical staff	Total Compulsory redundancies
NHS England	234	1,016	1,250

Please note: The figures for Q4 2010/11 are not comparable with 2009/10 data. Redundancy data for 2009/10 did not include Foundation Trusts whereas they are included in the 2010/11 data.