thequarter.

Quarter 3 2012/13

An update from David Flory, Deputy NHS Chief Executive

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Introduction

The quarter provides the definitive account of how the NHS is performing at national level against the requirements and indicators set out in the NHS Operating Framework 2012/13[1]. This edition of *the quarter* covers the period from October to December 2012, quarter three (Q3) of the 2012/13 performance year.

This latest publication comes at a key moment for the NHS as the system prepares to move formally to the new organisational structures that have been developing over the last year.

Progress to date is the result of significant efforts on an unprecedented programme of change, in particular the preparation for new organisations ready to discharge their responsibilities whilst retaining the strategic health authority (SHA) and primary care trust (PCT) architecture to continue to focus on in-year delivery.

We have been under no illusions that the transition has represented one of the most significant challenges to the NHS in recent years and we have been clear that our first priority has been the delivery of a strong legacy at 1 April 2013.

The publication of the Francis report following the Mid Staffordshire NHS Foundation Trust Public Inquiry shows the extent of the challenge that we face in the future. The recommendations apply to the whole health system and it will take time to fully consider the wide ranging implications and respond to them formally. Whilst *the quarter* has always highlighted the positive achievements of the NHS on aggregate, we have always been clear that beneath the headline figures, there are a number of organisations who present a significant challenge. The challenging financial context and the future demand pressures which will continue beyond the quality, innovation, productivity and prevention (QIPP) period mean that the response to the Francis report needs to be embedded in the approach to NHS delivery in future and success will be dependent on the actions of staff at all levels of the system.

Continued strong performance

The majority of key performance standards were maintained in Q3 in spite of a challenging start to the winter period.

- MRSA bacteraemia were 19 percent lower than during the same quarter last year and C.difficile infections were 13 percent lower.
- Access to services continued to be maintained with the NHS delivering above the standards that demonstrate achievement of the NHS constitutional rights to treatment within 18 weeks of referral.

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

Gateway reference number 18845

- The number of breaches of mixed sex accommodation remained stable with a breach rate of 0.2 per 1,000 episodes.
- Key cancer standards continue to be achieved across all eight performance measures.
- A&E access performance remained above the 95 percent operational standard.

Ambulance performance towards the end of the quarter was disappointing and the decrease in the headroom above the A&E 95 percent standard in comparison with previous years reflects the reality of the challenges the system faced towards the end of December.

Secure financial position

The NHS has further consolidated its healthy financial position reported at quarter two (Q2), with SHAs and PCTs forecasting an overall surplus of £1,433 million at the end of Q3. In addition, NHS trusts, excluding foundation trusts (FTs), are forecasting an overall surplus of £90 million. The total surplus represents a solid financial platform to support transition to the new commissioning landscape in 2013/14.

The Q3 financial reports also show that the NHS has delivered a further £1.2 billion of QIPP efficiency savings. This builds on the £2.45 billion reported at Q2, resulting in a year to date achievement of £3.7 billion, which is 72 percent of the Q3 forecast £5.1 billion savings for 2012/13.

Final arrangements in place for transition

Progress against the reform agenda has continued and we are now entering the critical handover phase. The CCG authorisation process has made significant progress in preparing clinical commissioning groups (CCGs) for their future roles and the publication of Everyone Counts: Planning for Patients 2013/14[2] in December initiated the planning round that is currently progressing with the preparation and agreement of operating plans for the forthcoming year.

In addition, the NHS Trust Development Authority (NHS TDA) has been working with the legacy NHS organisations and NHS trusts and has published its own planning guidance in readiness for the transition[3].

Conclusion

The first months of the new system will be a challenge to all involved as we fully embed the new organisations, benefiting from the preparations made over the transition period. The engagement to date and the positive performance picture means that the NHS is in a solid position to meet this challenge and future challenges.

The dedication of staff through this period of significant personal uncertainty is testament to the capacity which the NHS retains for the future to continue to deliver high quality care for patients.

2 http://www.commissioningboard.nhs.uk/everyonecounts/
3 http://www.ntda.nhs.uk/2012/12/21/nhs-tda-publishes-planning-technical-guidance-for-201314/

Quality

HCAI[4]

Performance status: improved

MRSA bloodstream infections were 19 percent lower and C. difficile infections were 13 percent lower than the same quarter last year.

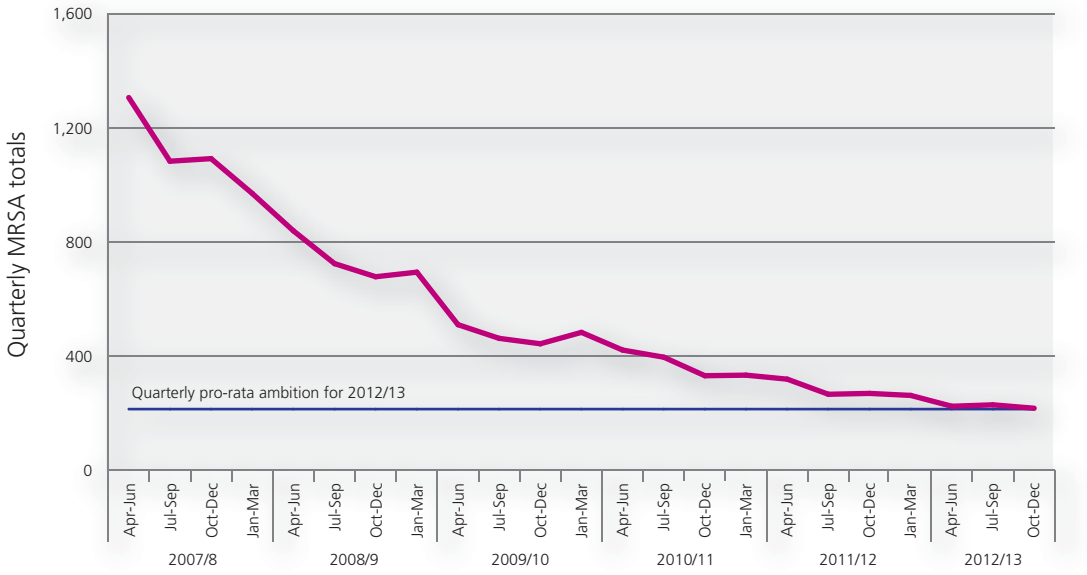
For 2012/13, the NHS Operating Framework continues to prioritise the achievement of the MRSA and C. difficile objectives. This requires NHS commissioners and providers to identify and agree plans for reducing infections in line with national objectives.

MRSA

In Q3, a total of 217 MRSA bloodstream infections were reported, a 19 percent reduction on the same quarter last year and in the 12 months to December 2012, there were 30 trusts with zero trust apportioned MRSA cases.

However, although performance in MRSA bloodstream infections continues to improve, there are some organisations who are facing a more challenging situation and who will need to focus on lowering their number of infections if the national MRSA objective is to be achieved.

Figure 1: MRSA bacteraemia: quarterly totals between April 2007 and December 2012



Based on data published by Health Protection Agency on 6 February 2013

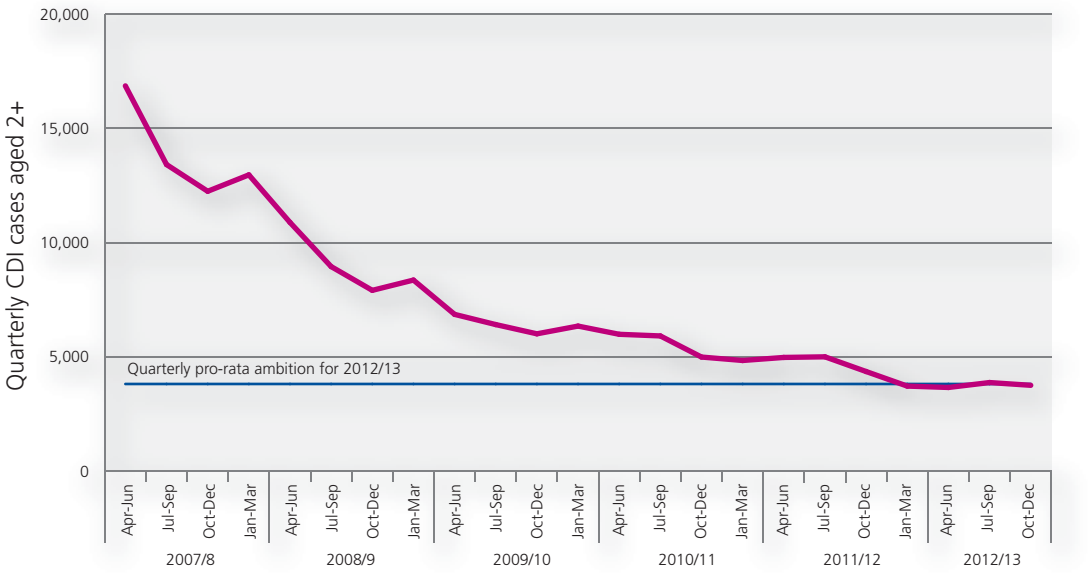
4 http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/LatestPublicationsFromMandatorySurveillanceMRSACDIAndGRE/

C. difficile

For C. difficile, 3,746 infections were reported in Q3, a 13 percent improvement on the same quarter last year.

The NHS is on track to meet the national C. difficile objective, although a small number of individual organisations will need to focus on lowering infection rates if they are to deliver their local C. difficile objectives.

Figure 2: C. difficile cases aged two or more: quarterly totals between April 2007 and December 2012



Based on data published by Health Protection Agency on 6 February 2013

Patient experience

Eliminating mixed sex accommodation[5]

Performance status: maintained

The overall trend of steadily reducing breaches was interrupted in Q3 with the total number of breaches 136 higher than in Q2. The evidence suggests that this increase was due to one-off circumstances at a small number of sites.

Overall, the number of breaches for Q3 in 2012/13 (727) was significantly lower than the corresponding period in 2011/12 when 3,080 breaches were reported. Breach data has now been submitted for two complete calendar years during which time the number of reported breaches has fallen by 97 percent.

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

Reporting requires all breaches of sleeping accommodation to be captured for each patient affected. Figures are revised every six months following validation with commissioners. Two years' worth of data is now available. There has been a steady reduction in the breach rate as shown in Figure 3 (Q3 figures in shaded boxes). *Asterisked figures are unrevised.

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

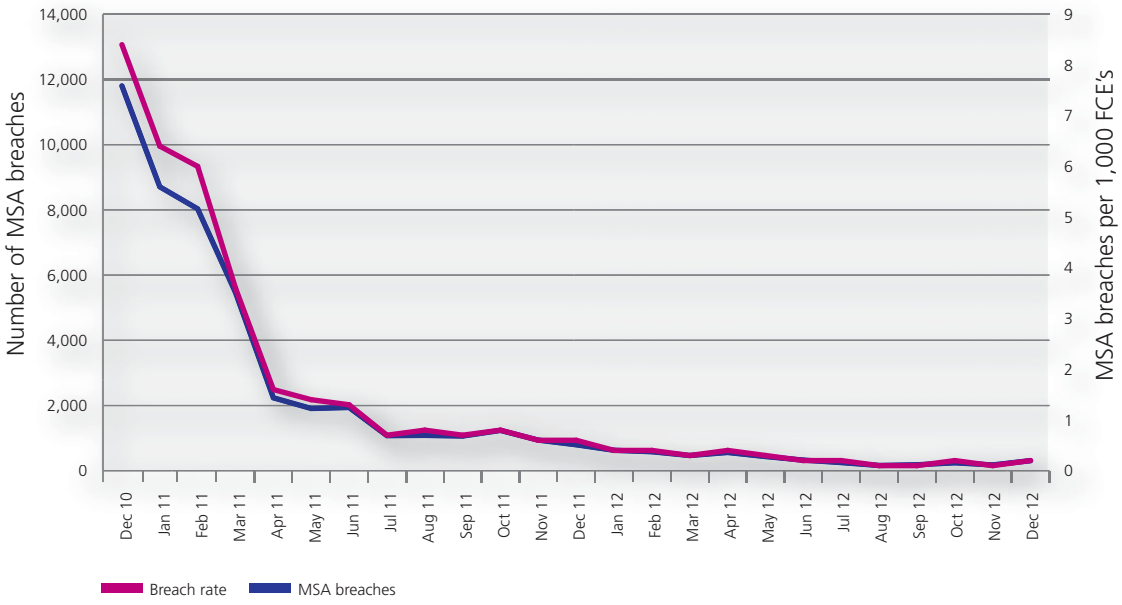
5 http://transparency.dh.gov.uk/2012/07/10/mixed-sex-accommodation/

Figure 3: Number of mixed sex accommodation breaches

Month	MSA breaches	Breach rate
Dec-12	308	0.2*
Nov-12	177	0.1*
Oct-12	242	0.2*
Sep-12	182	0.1
Aug-12	152	0.1
Jul-12	270	0.2
Jun-12	314	0.2
May-12	432	0.3
Apr-12	600	0.4
Mar-12	503	0.3
Feb-12	581	0.4
Jan-12	629	0.4
Dec-11	907	0.6
Nov-11	937	0.6
Oct-11	1,236	0.8
Sep-11	1,063	0.7
Aug-11	1,083	0.8
Jul-11	1,075	0.7
Jun-11	1,939	1.3
May-11	1,908	1.4
Apr-11	2,236	1.6
Mar-11	5,466	3.6
Feb-11	8,031	6
Jan-11	8,708	6.4
Dec-10	11,802	8.4

*Not revised

Figure 4: Mixed sex accommodation total breaches and breach rate for England



Friends and family

On Friday 25 May 2012, the Prime Minister announced details of a 'friends and family test' to be implemented in the NHS in response to recommendations made by the Nursing Care Quality Forum.

The test is a simple question to be asked of all patients about their experience of care. Roll out of the friends and family test is progressing well and is due to be introduced across the country for all acute hospital inpatients and A&E patients from April 2013.

The NHS Mandate to the Commissioning Board was published on 13 November 2012[6], and sets an objective for the NHS Commissioning Board (NHS CB) to 'introduce the friends and family test for patients across the country: for all acute hospital inpatients and A&E patients from April 2013; for women who have used maternity services from October 2013; and as rapidly as possible thereafter for all those using NHS services'. The test is also included as an overarching indicator in domain four of the NHS Outcomes Framework.[7]

Guidance on implementation was published on 4 October 2012[8] and publication guidance published on 8 February 2013[9].

Care Quality Commission (CQC) A&E department survey

The 2012/13 A&E department survey was published by the CQC on 6 December 2012. The survey shows improvements on cleanliness and respect for privacy, but deterioration in other areas of patient experience, most notably waiting times and communication. The Department of Health uses this data to inform the patient experience overall measure (which also includes results from outpatient, inpatient, mental health and PCT surveys)[10].

DH overall patient-experience scores

- Overall, patient experience of A&E services decreased slightly between 2008 and 2012. The overall score was 75.4 in 2012, compared to 75.7 in 2008 (where 80 would suggest that patients, on average, found the service 'very good').
- There was an improved score in the domain: 'Clean, comfortable, friendly place to be', which increased from 81.4 in 2008 to 82.2 in 2012.
- There were falls in three of the five domain scores between 2008 and 2012. 'Access and waiting' fell from 66.6 to 64.3, 'Safe, high-quality, coordinated care' fell from 75.1 to 74.5, and 'Building closer relationships' fell from 81.3 to 80.8.

6 https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf
7 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700
8 http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft/
9 http://www.dh.gov.uk/health/2013/02/nhs-fft-guidance/
10 http://transparency.dh.gov.uk/category/statistics/patient-experience/

CQC A&E department survey results

The majority of respondents said they:

- had confidence and trust in the doctors and nurses working in A&E departments (73 percent)
- had been given the right amount of information about their health or treatment (77 percent)
- felt they were given enough privacy (81 percent) and were treated with dignity and respect (78 percent)
- felt the A&E department was 'very clean' (55 percent) or 'fairly clean' (39 percent).

However, there were some results that reflected the drop in the overall patient-experience score.

- 33 percent of respondents spent more than four hours in A&E; this is an increase from 27 percent in 2008 and from 23 percent in 2004.
- On average, people spent more time waiting to speak to a doctor or nurse (33 percent waited longer than 30 minutes).
- 24 percent of patients who arrived by ambulance had to wait more than 15 minutes before they were transferred to staff (5 percent of people had to wait for more than an hour).
- 17 percent of patients felt that staff did not do everything they could to control the level of pain (an increase from 14 percent in 2008).

Some patients felt that communications with A&E staff were unsatisfactory.

- The majority of participants were not told how long they would wait for their examination (59 percent).
- 44 percent of patients weren't warned about possible side-effects of the medication they were prescribed.
- 48 percent of patients did not feel their home or family situations were considered before they left hospital.

Individual trust scores from the A&E department survey are available on the CQC website[11]. Organisations are encouraged to review their position and consider what action they need to take to improve patient experience.

Eligibility and participation

- Participants: almost 46,000
- Response rate: 38 percent
- Age range: 16 years and older
- Time period: January, February or March 2012
- Eligibility: Patients who attended a major A&E department
- Exclusions: Patients that attended a minor injuries unit or walk-in centre, those who visited A&E to obtain contraception or who suffered a miscarriage or another form of abortive pregnancy, and patients with a concealed pregnancy.

11 http://www.cqc.org.uk/surveys/accidentemergency

Patient Reported Outcome Measures (PROMs)[12]

Performance status: maintained

The latest provisional data covering April 2012 to September 2012 shows a continuing strong compliance rate. The number of patients returning pre-operative questionnaires (85,965) and the national participation rate (72.6 percent), is comparable with previous years.

The data for April 2012 to September 2012, published on 14 February 2013, shows that the percentage of patients reporting an improvement for all four procedures has been maintained. For example, 96.3 percent of patients receiving a hip replacement report an improvement, up from 95.8 percent in 2011/12 and 92.4 percent of patients receiving a knee replacement report an improvement, up from 91.6 percent in 2011/12.

Average health gain has slightly increased since data collection started in 2009/10. The average health gain for hip replacement patients has risen to 0.437 in the first six months of 2012/13, up from 0.411 in 2009/10. On varicose vein surgery, provisional data for 2012/13 finds patients have an average health gain of 0.093, similar to 0.094 in 2009/10. Figure 5 gives the scores for the last three years.

Figure 5: Headline PROMs data, England

Procedure	Year*	Average health gain (EQ-5D)	% of patients reporting improved health status**
Hip replacement	2010/11	0.405	86.7 – 95.8
	2011/12	*0.416*	*87.4 – 95.8*
	*2012/13****	*0.437*	*89.8 – 96.3*
Knee replacement	2010/11	0.299	77.9 – 91.4
	2011/12	*0.302*	*78.4 – 91.6*
	*2012/13****	*0.312*	*79.4 – 92.4*
Varicose vein	2010/11	0.094	51.6 – 82.5
	2011/12	*0.095*	*53.2 – 83.1*
	*2012/13****	*0.093*	*51.7 – 83.4*
Groin hernia	2010/11	0.085	50.5
	2011/12	*0.087*	*49.8*
	*2012/13****	*0.091*	*51.4*

* 2010/11 data finalised; 2011/12 and 2012/13 is provisional data meaning scores are subject to change as more data is processed throughout the year

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

*** 2012/13 data covers six months for April 2012 – September 2012.

Analysis of the data for April 2012 to September 2012 indicates that a number of organisations seem to be 'outliers' on certain procedures when compared to the national average[13]. No organisations show performance that is statistically better than the national average for generic health status or the condition-specific questionnaire (where available) for this period. This compares to 13 organisations for the full year 2011/12 that appear as a positive outlier for at least one outcome measure.

There is only one organisation, Oaklands Hospital, whose outcomes are statistically below the average for both the generic health status and condition-specific questionnaire (for knee replacements) for April 2012 to September 2012. There are seven other organisations who appear as a negative outlier for one outcome measure. These organisations, listed in Figure 6, are encouraged to investigate their own score in order to understand any underlying causes for the variation in performance.

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

13 The outlier methodology was published on the DH website in July 2011 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128440.

Figure 6: List of potential statistical negative outlier organisations for 2012/13 (provisional data)

Organisation name	Procedure
Ealing Hospitals NHS Trust	Knee replacement
Epsom and St Helier University Hospitals NHS Trust	Knee replacement
Imperial College Healthcare NHS Trust	Varicose vein
North Middlesex University Hospitals NHS Trust	Hip replacement
North West London Hospitals NHS Trust	Varicose vein
Spire Regency Hospital	Groin hernia
West Suffolk NHS Foundation Trust	Hip replacement

Inclusion criteria:

- All procedures: statistically below average scores (> 3 standard deviations) for EQ-5D index **or** condition-specific index (Oxford hip score, Oxford knee score or Aberdeen varicose vein score).

Referral to treatment (RTT) consultant-led waiting times[14]

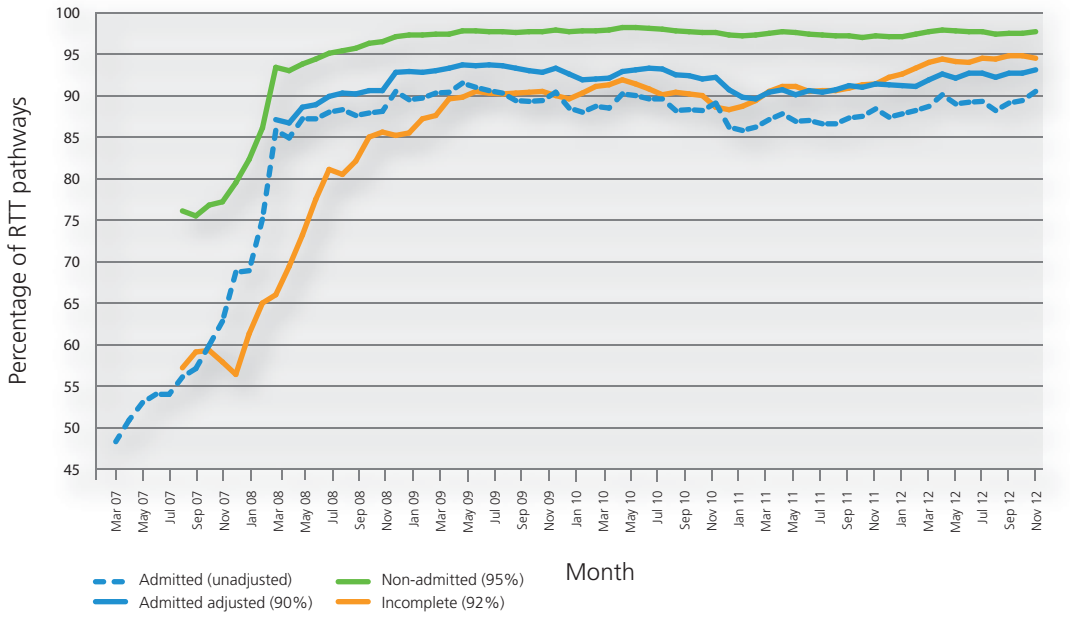
Performance status: maintained

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[15].

In the three months to December 2012, the NHS as a whole continued to deliver the NHS Constitution standards, that 90 percent of admitted patients and 95 percent of non-admitted patients should start their treatment within 18 weeks of referral (Figure 7). In December 2012, 93.1 percent of admitted patients and 97.7 percent of non-admitted patients started treatment within 18 weeks.

The NHS continues to deliver the 2012/13 operational standard that 92 percent of patients on an incomplete pathway should have been waiting less than 18 weeks. At the end of December 2012, 94.5 percent of patients on an incomplete pathway had been waiting less than 18 weeks.

Figure 7: Percentage of RTT pathways within 18 weeks, England



14 http://transparency.dh.gov.uk/2012/06/29/rtt-waiting-times/

15 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

All organisations must make sure that patients receive clinically appropriate treatment in accordance with the NHS Constitution. In order to deliver the NHS Constitution maximum waiting time right, and in the best interests of patients, it is good practice to publish local access policies, which have been agreed with clinicians and patients and are in line with national referral to treatment rules.

Where current performance does not meet the NHS Constitution operational standards, action must be taken to make sure patients are not waiting unnecessarily to start treatment and to make sure improvements are made as quickly as possible.

Figure 8 shows the 10 organisations reporting the best performance against the 2012/13 performance measures in December 2012.

Figure 8: Acute trusts with best performance on referral to treatment waits in December 2012

Name	Adm % within 18 weeks	Non-adm % within 18 weeks	Incomplete % within 18 weeks	Treatment functions not met
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	100.0%	96.9%	98.0%	0
West Suffolk NHS Foundation Trust	100.0%	100.0%	99.6%	0
South Tyneside NHS Foundation Trust	99.6%	99.5%	95.2%	0
Chesterfield Royal Hospital NHS Foundation Trust	98.5%	99.8%	99.4%	0
Wye Valley NHS Trust	97.9%	99.9%	99.2%	0
The Hillingdon Hospitals NHS Foundation Trust	97.7%	99.0%	97.4%	0
Gateshead Health NHS Foundation Trust	97.3%	98.6%	95.7%	0
Northampton General Hospital NHS Trust	96.5%	98.5%	96.3%	0
St Helens and Knowsley Hospitals NHS Trust	96.4%	98.3%	97.7%	0
Sheffield Children's NHS Foundation Trust	96.2%	97.1%	93.2%	0

Figure 9 shows the 10 organisations reporting the poorest performance across the 2012/3 performance measures in December 2012.

Figure 9: Acute trusts with poorest performance on referral to treatment waits in December 2012

Performance thresholds	<90%	<95%	<92%	>20	Total indicators worse than threshold
Name	Adm % within 18 weeks	Non-adm % within 18 weeks	Incomplete % within 18 weeks	Treatment functions not met	
Bradford Teaching Hospitals NHS Foundation Trust	89.3%	87.7%	DNR	DNR	4
Shrewsbury and Telford Hospital NHS Trust	81.2%	88.7%	89.3%	20	3
North Bristol NHS Trust	92.6%	97.8%	DNR	DNR	2
North Cumbria University Hospitals NHS Trust	84.5%	96.9%	91.6%	13	2
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	87.6%	96.8%	91.1%	11	2
Southport and Ormskirk Hospital NHS Trust	85.6%	96.6%	92.0%	7	2
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	90.3%	96.0%	75.4%	5	1
Alder Hey Children's NHS Foundation Trust	81.9%	96.3%	93.0%	1	1
Croydon Health Services NHS Trust	90.9%	96.6%	88.6%	13	1
The Royal Orthopaedic Hospital NHS Foundation Trust	90.6%	95.1%	90.5%	3	1

During the three months to December 2012, the NHS made good progress in reducing numbers of patients still waiting a long time to start treatment. In particular, the number of patients still waiting over a year at the end of December 2012 reduced to 1,085 (0.04 percent of total waiting list), compared to 6,071 (0.25 percent of total waiting list) at the end of December 2011. This reduction is a result of action taken by local health communities to treat patients who have been waiting a long time, and action taken to validate waiting lists.

Figure 10 shows the 10 organisations with the largest numbers of 'over 52 week waits' at the end of December 2012.

Figure 10: Providers with the highest number of over 52 week waits at the end of December 2012

Trust name	Number of patients waiting more than a year at month end
King's College Hospital NHS Foundation Trust	128
Guy's and St Thomas' NHS Foundation Trust	98
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	97
Nottingham University Hospitals NHS Trust	86
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	66
Barts Health NHS Trust	64
Western Sussex Hospitals NHS Trust	45
Brighton and Sussex University Hospitals NHS Trust	43
The Royal Orthopaedic Hospital NHS Foundation Trust	36
Imperial College Healthcare NHS Trust	34

At the end of October and November, the NHS as a whole delivered the 2012/13 operational standard for diagnostic waiting times that less than one percent of patients should be waiting six weeks or longer for a diagnostic test.

The standard was not delivered at the end of December 2012, with 1.1 percent of patients waiting six weeks or longer for one of the 15 key diagnostic tests.

A small number of trusts are responsible for a large proportion of the waits of six weeks or longer reported at the end of December 2012. Figure 11 shows the acute trusts with the largest percentages of waits of six weeks or longer at the end of December 2012.

Figure 11: Providers reporting the largest percentages of diagnostic waits of six weeks or longer at the end of December 2012

Provider name	Number of 6+ week waits	Total number of patients waiting for a diagnostic test	6+ week waits as a percentage of total waits
University Hospitals Bristol NHS Foundation Trust	783	4,587	17.1%
Oxford University Hospitals NHS Trust	1,029	9,741	10.6%
University College London Hospitals NHS Foundation Trust	296	4,872	6.1%
Papworth Hospital NHS Foundation Trust	41	858	4.8%
Croydon Health Services NHS Trust	255	5,495	4.6%
Milton Keynes Hospital NHS Foundation Trust	93	2,249	4.1%
King's College Hospital NHS Foundation Trust	147	4,494	3.3%
George Eliot Hospital NHS Trust	97	2,982	3.3%
Guy's and St Thomas' NHS Foundation Trust	144	5,187	2.8%
Hampshire Hospitals NHS Foundation Trust	153	5,620	2.7%
Sheffield Children's NHS Foundation Trust	16	621	2.6%
University Hospitals of Morecambe Bay NHS Foundation Trust	140	5,645	2.5%
The Princess Alexandra Hospital NHS Trust	86	4,291	2.0%
Bradford Teaching Hospitals NHS Foundation Trust	101	5,131	2.0%
Luton and Dunstable Hospital NHS Foundation Trust	40	2,156	1.9%
Sandwell and West Birmingham Hospitals NHS Trust	100	5,403	1.9%
Countess of Chester Hospital NHS Foundation Trust	42	2,376	1.8%
Barts Health NHS Trust	148	8,431	1.8%
South Tees Hospitals NHS Foundation Trust	70	4,194	1.7%
United Lincolnshire Hospitals NHS Trust	92	5,588	1.6%
Mid Yorkshire Hospitals NHS Trust	115	7,181	1.6%
East and North Hertfordshire NHS Trust	90	5,782	1.6%

Average waiting times for the 15 key diagnostic tests have remained stable and in line with seasonal patterns in the three months to December 2012. This has been achieved during a period of increasing activity, compared with the previous year. In the three months to December 2012, total diagnostic activity increased by 6.9 percent compared to the same period in 2011 (adjusted for working days).

A&E[16]

Performance status: maintained

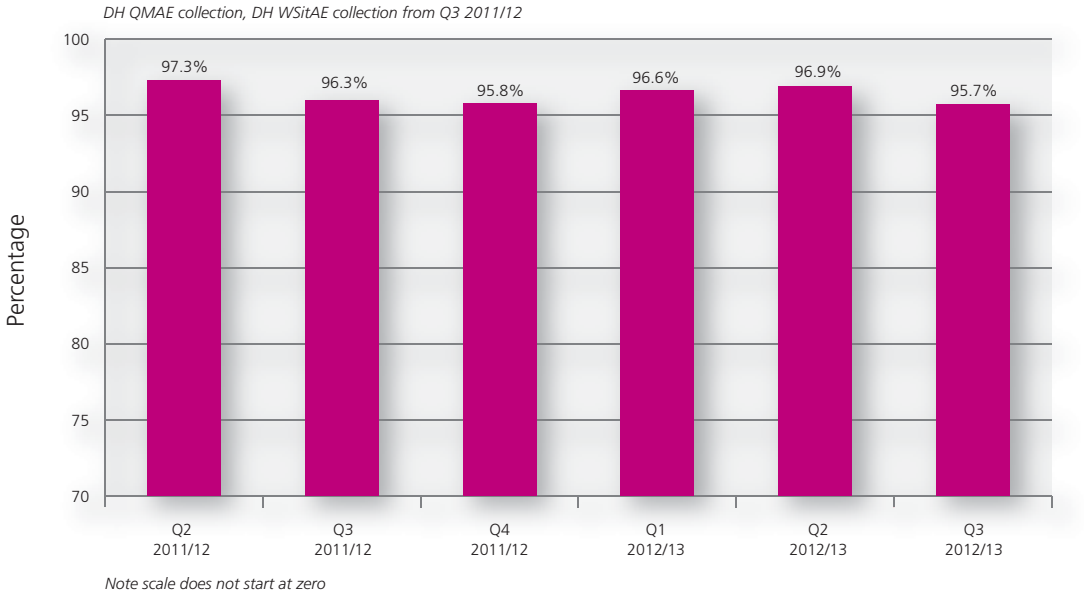
At Q3, 95.7 percent of patients spent four hours or less from arrival to admission, transfer to discharge, across all A&E types. This remains above the 95 percent standard, although slightly lower than the same period last year.

Figure 12 shows performance against the operational standard of 95 percent of patients being seen within four hours with the quarterly monitoring A&E return (QMAE) as the data source until Q2 2011/12. Following the fundamental review of data returns consultation, QMAE ceased to be collected from January 2012. Situation (sitrep) data, which is directly comparable, will now be the data source.

New clinical quality indicators for A&E were introduced in April 2011. These have put in place more meaningful performance measures that balance timeliness of care with other indicators of quality, including clinical outcomes and patient experience. There are eight clinical quality indicators, which will continue to be in place during 2012/13 for local use.

In line with the previous quarter, the NHS should continue to focus on improving data quality for these indicators in 2012/13, as well as ensuring compliance with the total time indicator.

Figure 12: Percentage of patients spending four hours or less at all types of A&E by quarter, England



16 http://transparency.dh.gov.uk/2012/06/14/ae-info/

Ambulance[17]

Performance status: deteriorated

Performance data on the Category A calls eight-minute response time standard (A8) of 75 percent and the 19-minute (A19) transportation standard of 95 percent is published monthly.

From June 2012, response times for the A8 standard were reported separately for Category A Red 1 calls (defined as incidents presenting conditions which may be immediately life threatening) and Category A Red 2 calls (defined as incidents presenting conditions which may be life threatening, but less time-critical), in line with changes announced to the NHS in May 2012. This change also introduced different clock start times for Red 1 and Red 2 calls.

For Q3 2012/13, separate aggregated figures for Category A Red 1 and Category A Red 2 calls are displayed. This is the second quarter in which these categorisations have been used across all three months of the period.

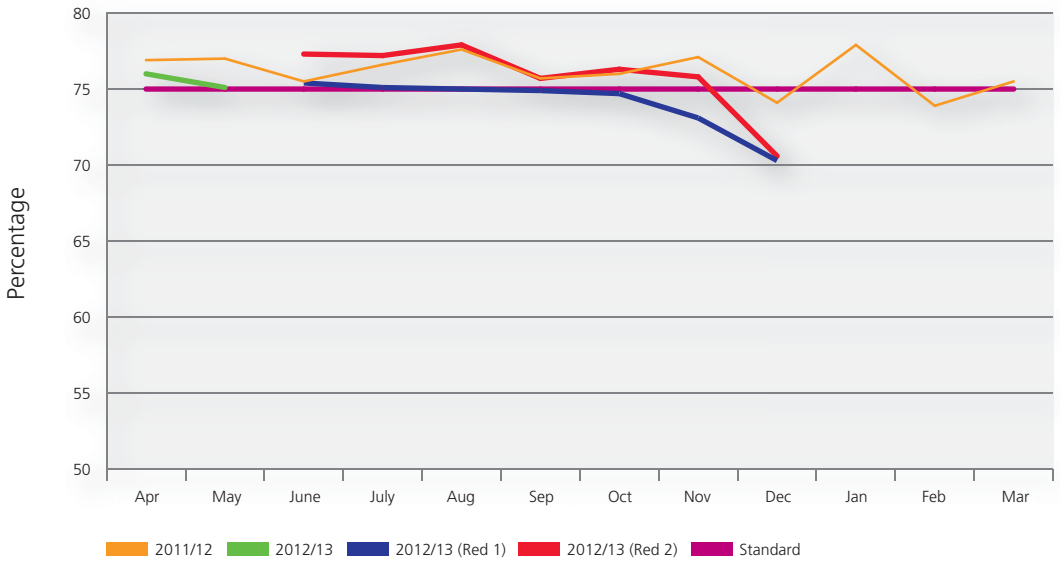
Category A Red 1 and Red 2 indicators cannot be compared to the old Category A8 as they are measured using different clock parameters. Consequently, it is only possible to compare Q3 with Q2 2012/13, rather than any trends further back in time.

For Q3, the proportion of Category A Red 1 calls responded to within eight minutes was 72.5 percent nationally, compared to 75.0 percent in Q2. The proportion of Category A Red 2 calls responded to within eight minutes was 74.0 percent nationally, compared to 76.9 percent for Q2.

For Q3, the proportion of Category A calls resulting in an ambulance arriving at the scene within 19 minutes of a request for transport being made was 95.8 percent nationally, a slight decrease compared to the Q2 figure of 96.4 percent, but still above the national standard of 95 percent.

The data shows that Category A8, Red 1 and Red 2 response times have deteriorated, whereas the A19 transportation standard has been maintained overall, as represented in Figures 13 and 14.

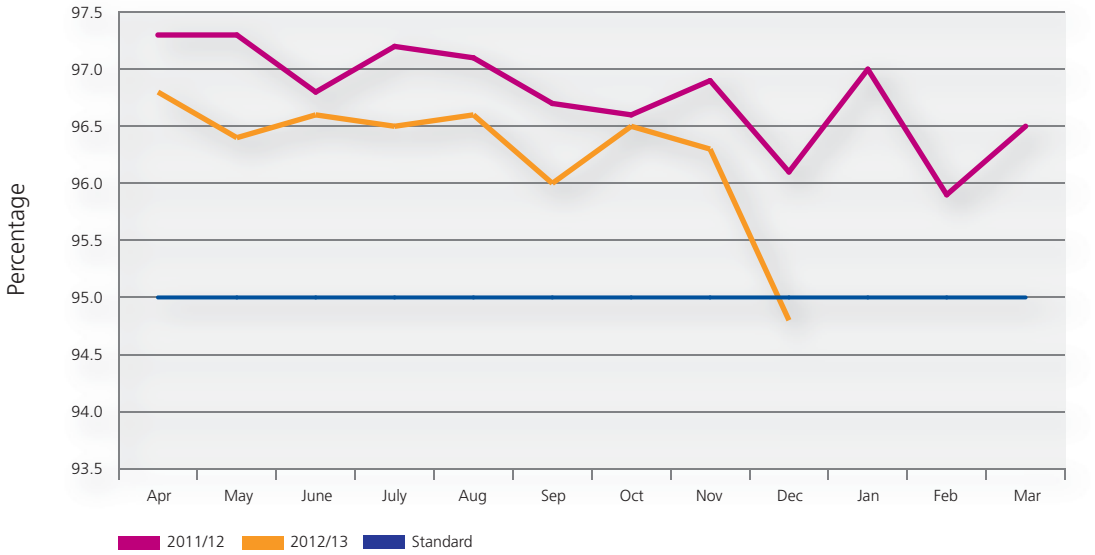
Figure 13: Percentage of Category A calls responded to within eight minutes of call being connected (England)



Prior to April 2011, data for the Category A eight minutes measure was collected weekly via the weekly sitreps, but has been aggregated here to create a monthly time series. The weekly period covered each month will vary, covering a period of either four or five weeks. Data for Category A eight minutes measure for June 2012 onwards is now split into two categories, Red 1 and Red 2. Due to the way Red 1 and Red 2 'clock starts' are defined they do not sum to the old Category A eight minutes data and therefore they have been shown separately on the graph.

17 http://transparency.dh.gov.uk/category/statistics/amb-quality-indicators/

Figure 14: Percentage of Category A calls responded to within 19 minutes of call being connected (England)



Ambulance data is also collected and published monthly on the clinical quality indicators. No performance standards have been set for these indicators.

The system measures for Q3 show that:

- there were 1,261,949 emergency journeys in Q3
- the percentage of callers abandoning their call before the call was answered by the ambulance service, fell from 1.7 percent in Q2 to 1.6 percent in Q3
- the proportion of patients re-contacting the ambulance service following discharge of care by telephone fell from 13.1 percent in Q2 to 12.6 percent in Q3
- the re-contact rate following discharge of care from treatment at the scene rose from 6.0 percent in Q2, to 6.2 percent in Q3
- the proportion of calls closed with telephone advice rose from 5.8 percent in Q2 to 6.1 percent in Q3
- the proportion of incidents receiving a face-to-face response from ambulance services, that were managed without the need for transport to A&E, fell from 35.6 percent in Q2 to 35.4 in Q3.

Cancer

Performance status: maintained

The NHS has continued to maintain performance for all cancer waiting times measures in the NHS Operating Framework 2012/13. All requirements for maximum waiting times for diagnosed and suspected cancer patients were met during Q2, and performance was above the published operational standards.

Figure 15: Performance against cancer waiting time standards

Measure	Operational standard	Q3 2012/13 Performance
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.8%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	95.4%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	87.9%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	95.8%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers)	No operational standard has been set	93.3%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.5%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	97.5%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	99.7%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	98.3%

All data are taken from the Q3 2012/13 National Statistics and are provider-based (including Welsh and unknowns)

Only three providers failed to achieve the operational standard for three or more cancer waiting times measures in Q3 2012/13 (see Figure 16 below).

Figure 16: Cancer waiting times standards: identified outlier organisations

Cancer waiting time measure	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	Maximum 31-day wait for subsequent treatment where that treatment is surgery	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Number of measures failed
Required operational standard	**93%**	**96%**	**94%**	**98%**	**94%**	**85%**	**90%**	**93%**	
Provider	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**n**
Imperial College Healthcare NHS Trust	93.5%	94.9%	97.5%	99.2%	98.6%	76.4%	86.1%	92.5%	4
Lewisham Healthcare NHS Trust	92.8%	100.0%		100.0%		88.1%	86.7%	92.6%	3
North Bristol NHS Trust	95.8%	94.2%	96.2%	100.0%	100.0%	84.3%	80.6%	99.3%	3

Notes for table:

Period: Q3 2012/2013 (October, November and December 2012)

Basis: Provider based included Welsh cross-border patients and 'unknowns'

Note 1: Only Providers reporting five or more cases in the period are identified in this analysis

Note 2: Only Providers that failed three or more waiting times requirements in the period are identified in this analysis

Enhancing quality of life for people with long-term conditions

Long-term conditions

The NHS Operating Framework 2012/13 sets out the commitment to transform care for people with long-term conditions, a central challenge to delivering better quality and productivity. For 2012/13, performance will be judged across three key measures:

- the proportion of people feeling supported to manage their condition
- unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- unplanned hospitalisation for asthma, diabetes and epilepsy (in under 19s).

The GP patient survey, which is published twice per year (in mid-June and mid-December), asks the question, 'in the past 6 months, have you had enough support from local services or organisations to help you to manage your long term health condition(s)?' Latest data (published December 2012) shows that:

- 64 percent of people feel they have received enough help in the past six months to manage their own condition (rising to 85 percent if those people who feel they did not require support are removed from the sample)
- 22 percent of people say they have not required such support
- 12 percent say that they have not received enough support.

This performance is directly comparable with the results produced in 2011/12. (In 2011/12, the questions and sample size were changed, so it is not possible to make comparisons with data from before 2011/12 on a consistent basis.)

The latest data on unplanned hospitalisations is available from the NHS Information Centre for Health and Social Care (NHS IC) website, and was published on 5 December 2012.

Latest data (for Q4 2011/12) shows that per 100,000 admissions there were 247 unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) and 80.7 unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s. This compares to figures of 240 and 91.6 for the same quarter in 2010/11.

Mental health

The NHS Operating Framework 2012/13 states that PCT clusters need to consider the mental health outcomes strategy No Health Without Mental Health to support local commissioning. For 2012/13, particular focus is needed on improving access to psychological therapies (IAPT), children and young people, and offender health.

Improving access to psychological therapies

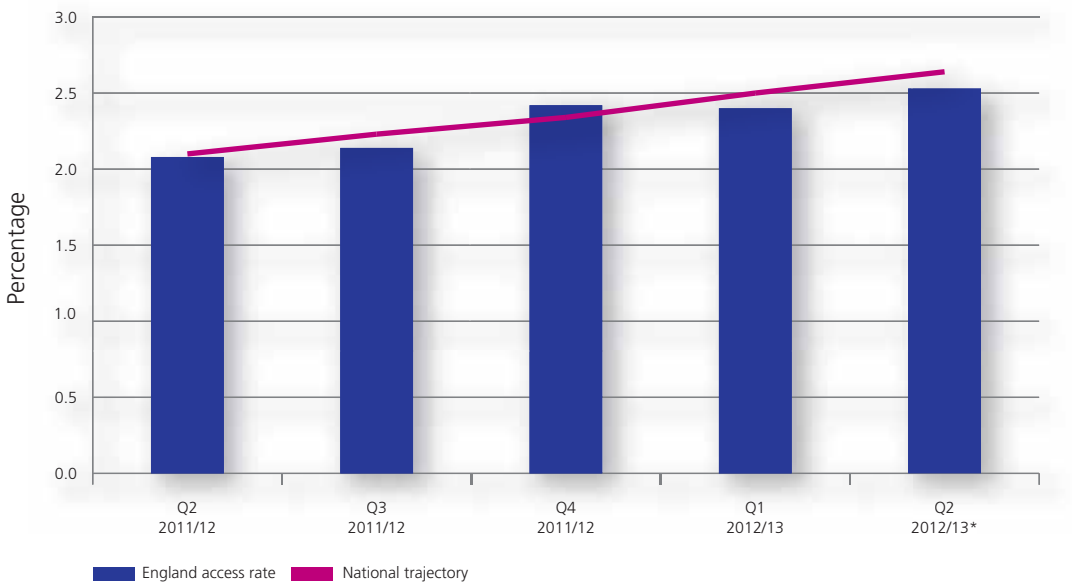
The latest provisional data for Q2 shows an increase of over 8,000 in the number of people entering treatment compared to the previous quarter. Despite this increase, the England access rate of 2.53 percent is still below the national trajectory of 2.64 percent.

The recovery rate achieved by IAPT services reduced by 0.1 percent compared to the previous quarter and is now just over 1 percent below the national trajectory.

In Q2 2012/13:

- 238,298 people were referred for psychological therapies, an increase of 5,331 or just over 2.5 percent compared to Q1
- 154,890 people entered treatment, an increase of 7,934 or over 5.5 percent compared to Q1
- The numbers of people reaching recovery resulting from IAPT treatments increased to 38,270 an increase of 2,550 or just over 7 percent. Despite this increase, the recovery rate of IAPT services fell from 46.1 percent to 46.0 percent
- 6,309 people moved off sick pay and benefits, an increase of 945 or just over 17.5 percent compared to Q1.

Figure 17: Number of people entering IAPT treatment nationally



*Provisional

Early intervention (EI)

Early intervention in psychosis teams saw 7,797 new patients in the first three quarters, which is over the total plans for the year (7,500 yearly).

Figure 18: EI services: number of new cases seen in the first three quarters of 2012/13 by SHAs compared to yearly plans

SHA name	Yearly plans set for new cases of psychosis served by EI teams	Total number of new EI cases in year	Percentage of new cases plans met
England	**7,500**	**7,797**	**104%**
North East	459	596	130%
North West	1,203	1,075	89%
Yorkshire and the Humber	803	926	115%
East Midlands	577	515	89%
West Midlands	816	728	89%
East of England	658	770	117%
London	1,392	1,632	117%
South East Coast	515	469	91%
South Central	468	466	100%
South West	609	620	102%

Data source: Department of Health

Crisis resolution

In Q3, 98.4 percent of all admissions to psychiatric inpatient wards were gate kept by crisis resolution home treatment (CRHT) teams compared to 97.7 percent in the same period in 2011/12. All SHAs met over the threshold that 95 percent of admissions were gate kept.

Figure 19: Crisis resolution services: the proportion of patients gate kept by CRHT teams in Q3 by SHAs

Name	Number of admissions to acute wards gate kept by CRHT teams	Total number of admissions to acute wards	Proportion of admissions to acute wards gate kept by CRHT teams
England	**16,940**	**17,217**	**98.4%**
North East	625	631	99.0%
North West	2,903	2,949	98.4%
Yorkshire and the Humber	1,521	1,544	98.5%
East Midlands	1,182	1,208	97.8%
West Midlands	1,610	1,638	98.3%
East of England	1,715	1,771	96.8%
London	3,587	3,619	99.1%
South East Coast	1,437	1,447	99.3%
South Central	1,019	1,041	97.9%
South West	1,341	1,369	98.0%

Data source: Department of Health

Care programme approach (CPA) follow-up

97.6 percent of all patients on CPA that were discharged from psychiatric inpatient care were followed up within seven days of discharge, compared to 97.4 percent in the same period last year. All SHAs met the threshold of 95 percent of patients being followed up within seven days of discharge.

Figure 20: CPA: the proportion of patients followed up within seven days of discharge in Q3 by SHAs

Name	Number of patients followed up within seven days	Total number of patients discharged	Proportion of patients followed up within seven days
England	**15,881**	**16,271**	**97.6%**
North East	826	849	97.3%
North West	2,827	2,898	97.6%
Yorkshire and the Humber	1,321	1,364	96.8%
East Midlands	1,057	1,075	98.3%
West Midlands	1,766	1,821	97.0%
East of England	1,410	1,443	97.7%
London	2,673	2,746	97.3%
South East Coast	973	994	97.9%
South Central	1,315	1,347	97.6%
South West	1,713	1,734	98.8%

Data source: Department of Health

Helping people to recover from episodes of ill health or following injury

Emergency admissions for acute conditions that should not usually require hospital admission

This measure in the NHS Operating Framework 2012/13 is derived directly from the overarching indicator for domain three of the NHS Outcomes Framework 2012/13 'Helping people to recover from episodes of ill health or following injury'.

The NHS IC has published quarterly figures for this indicator from 2003/04 to 2011/12. They show an increase in the proportion of emergency admissions for acute conditions that should not usually require hospital admission over the period. These conditions include (but are not limited to) ear, nose and throat infections, kidney and urinary tract infections, and heart failure. Figures for 2011/12 were published by the NHS IC on 5 December 2012[18].

The Department estimates it should be possible to reduce emergency hospital admissions from 2011/12 to 2014/15 through local QIPP programmes, which aim to identify trends in inappropriate local emergency admission. Local initiatives are being developed in partnership with primary care that would assist with this reduction.

Supporting this, from 2011/12 the Quality and Outcomes Framework[19] contains indicators that reward GP practices for working to reduce emergency admissions. From April 2012, the framework contained new indicators on reducing avoidable A&E attendances through improving care provided and access to primary care. These indicators could reduce avoidable admissions, by providing incentives to reduce emergency admissions.

The Department will continue to monitor emergency admissions for acute conditions that should not usually require hospital admission and would expect local NHS organisations to focus on improving local provision of care to reduce the number of avoidable A&E admissions.

18 http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/nhs-outcomes-framework-indicators/nhs-outcomes-framework-indicators--december-2012-release

19 http://www.nhsemployers.org/Aboutus/Publications/Documents/QOF_2012-13.pdf

Stroke

Performance status: maintained

Improving stroke care remains a priority for the NHS and latest data shows the NHS is maintaining improvements and will continue to iron out regional variations, which is crucial to improving outcomes for patients.

In Q3, 85.0 percent of stroke patients spent 90 percent or more of their hospital stay in a stroke unit, a small decrease from Q2 where the corresponding figure was 86.1 percent but an increase compared to Q1, where the corresponding figure was 84.3 percent.

There is clear evidence that care in a stroke unit improves outcomes. This has increased by over 25 percent since 2009, but there is still variation between areas and the NHS is continuing to work on this.

75.9 percent of transient ischaemic attack cases with a higher risk of minor stroke were treated within 24 hours. This is an increase from Q2 where the corresponding figure was 74.5 percent.

Maintaining this improvement is crucial to reducing the likelihood of people going on to experience a full stroke.

Dentistry

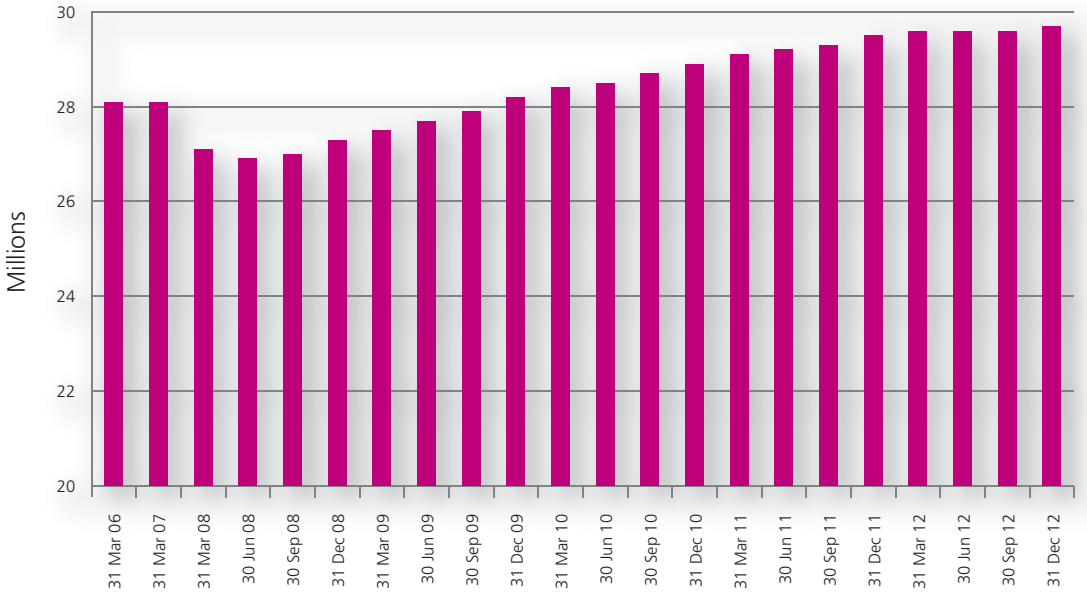
Performance status: improved

Latest data for Q3 shows that the number of patients accessing NHS dentistry has increased to 29.7 million from the Q2 2012/13 figure of 29.6 million. This is also an increase compared to the figure of 26.9 million in June 2008.

There has been an overall increase of 265,000 patients accessing services based on the same quarter in the previous year.

In February 2012, the Department announced the allocation of an additional £30 million of in-year funding to support further increases in access to NHS dentistry.

Figure 21: Number of patients seen by an NHS dentist (millions)



Innovation

Innovation, health and wealth

In December 2011, the Department published Innovation Health and Wealth (IHW), which sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. It recommends a number of actions to deliver significant improvements in the quality and value of care delivered in the NHS. They are designed as an integrated set of measures that together support the NHS in achieving a systematic and profound change in the way it operates.

On 10 December 2012, Sir David Nicholson published 'Creating Change – Innovation Health and Wealth One Year On'. Of the 31 recommendations made in IHW, 25 have already been delivered and the remaining commitments are on track.

Creating Change was integral to the Prime Minister's Life Sciences Strategy and 'Plan for Growth, One Year On' update, which received positive support from the Life Science Champions. A major Government announcement in One Year On was the Genomics Strategy that also featured in Creating Change. We have already made a start on developing the NHS CB plans; Professor Malcolm Grant will chair an NHS CB Genomics Strategy Board.

Innovation remains a top priority for the new NHS. Everyone Counts[20], published on 18 December, stated all NHS organisations should demonstrate how they are driving innovation and developing delivery mechanisms for long-term success and sustainability of innovation in their health economy.

- On 3 January 2013, the Department launched the IHW £5 million Small Business Research Initiative competitions, in improving experience for people at the end of their life; and improving experience for people with mental health illness.
- On 10 January 2013, the NHS IC published the Innovation Scorecard.
- NHS clinical commissioners have agreed to work in partnership with us to develop and promote the NHS CB guidance on the legal duty to promote innovation. NHS clinical commissioners have also agreed to support the legal duty by developing a web platform to enable CCGs to share best practice and demonstrate their delivery of the legal duty.
- The commissioning for quality and innovation (CQUIN) pre-qualification guidance was published on the 21 December and we are working with SHA clusters and the NHS CB regional teams to ensure compliance. Progress has been made; usage of fluid management technologies has risen by 23 percent in the last 12 months; by April we will have signed off the plans for the 3Million Lives pathfinder sites; reviews of children's wheelchair services are underway. The High Impact Innovation website has received nearly 20,000 visits in its first three months and we expect this to increase following the publication of the CQUIN pre-qualification guidance.
- To help make the NHS a better organisation to do business with, up to 15 academic health science networks (AHSNs) are being created. AHSNs present a unique opportunity to align education, clinical research, informatics, innovation, training and education and healthcare delivery. Each AHSN application is setting out in its five year plan how it intends to:
  - support the 'comply or explain' regime
  - work with SMEs on medical technology projects
  - drive innovation at pace and scale
  - support and increase opportunities for patients to take part in research.

20 http://www.commissioningboard.nhs.uk/everyonecounts/

Designation interviews continue and we are on track to have full coverage in England by 1 April 2013.

- IHW committed the NHS to establish a National Institute for Health and Clinical Excellence (NICE) compliance regime to ensure rapid and consistent implementation of NICE Technology Appraisals (TAs) throughout the NHS. That regime was introduced in January 2012. Since then we have further tightened the regime by including clauses in the NHS standard contract that require all providers of NHS services to comply with NICE TAs and to publish their formularies so that anyone can see which medicines and technologies are being made available locally.

The IHW programme is bringing together a community of leaders at different levels in the system who will work together over the next few months to build commitment and ownership in the NHS to ensure that innovation is at the heart of the way the NHS does business. This group will co-create a call for action to enable innovation to become an integral part of the work of every member of staff.

Procurement review

The scale and nature of the QIPP challenge, requiring us to make up to £20 billion of efficiency savings by 2014/15, means that we cannot afford to continue as we have always done. A succession of government policies has highlighted procurement as an important lever for economic growth, a driver for a better public service and a means of stimulating innovation. Procurement accounts for over 30 percent of non-pay spend, yet it has not traditionally been seen as a priority for the NHS or NHS boards. It is for this reason why one of the themes in IHW was to improve procurement in the NHS.

Since May 2012, Sir Ian Carruthers has led an open engagement process and has been working with the NHS, industry, third sector organisations and a range of stakeholders and procurement professionals to review how we can have a modernised procurement function for the NHS that is as good as any internationally.

The feedback we have received has been very consistent. The following six themes emerged:

- **Leadership** – the NHS should strengthen leadership for procurement at every level and make procurement a priority
- **Clinical engagement and integration** – clinicians should be at the heart of the procurement process, and the NHS should procure for outcomes not solely cost
- **Data benchmarking and transparency** – the NHS should rapidly implement standardised coding and each NHS organisation should benchmark and publish its performance
- **Economic growth, innovation and partnerships** – the NHS should exercise its economic muscle to drive value and growth and simplify procurement processes to make the NHS a better place to do business
- **Reward, recognition and remuneration** – the NHS should seek to attract and retain the best procurement professionals by offering better reward, recognition, training and professional development
- **Roles and responsibilities** – the NHS should remove duplication, streamline processes and be clear about the role of centre-led, collaborative and local procurement.

The final report is expected to be published in March 2013.

Healthcare UK

Howard Lyons has recently been appointed as Managing Director of Healthcare UK. Now in post, Howard will work on the business plan for the new unit. We continue to work on setting up the Healthcare UK Board and expect to make an announcement in the coming months regarding the Chair of the Board.

The international launch of Healthcare UK took place on 29 January 2013 at the Arab Health trade show. Earl Howe, Howard Lyons and Lord Darzi were present. As part of the launch, Earl Howe also chaired a seminar to discuss what the UK can offer internationally.

Through the Healthcare UK partnership, we continue to work with UKTI on high-value opportunities outside of the UK, with a particular focus on the Middle East and Brazil, Russia, India and China (BRIC) regions.

NHS Innovation Challenge Prizes

The awards ceremony for the third round of the NHS Innovation Challenge Prize winners took place on 12 February 2013. The ceremony was co-hosted by Jeremy Hunt, Earl Howe, Sir David Nicholson and Professor Sir Bruce Keogh.

At the award ceremony the first Alasdair Liddell Memorial Prize for Outstanding Contribution to Healthcare Innovation was awarded to Professor Andrew Shennan and his team who demonstrated the greatest contribution to healthcare innovation through their novel preterm surveillance clinic over the last decade.

The prize has been established in memory of Alasdair Liddell, Chair of the NHS Innovation Challenge Prize Expert Panel, who sadly passed away in December. Full details of all the round three winners and highly commended can be found on the NHS Innovation Challenge Prizes website.[21]

The latest winners have also been invited to join Professor Sir Bruce Keogh's Medical Directors Dinner, which will be a great opportunity for managing directors across the country to learn more about their work and encourage adoption. Three of our previous winners have also been invited to present at the International Forum on Quality and Safety in Healthcare, in April.

The current round of NHS Innovation Challenge Prizes (round four) is open to applicants until summer 2013. Current levels of interest predict that this could be our best round yet. The partnership challenge with Janssen Healthcare Innovation has been established, with a prize of up to £150,000 to reward best current practice in the treatment and management of dementia. The challenge was formally announced at the NHS Innovation Challenge Prize Award Ceremony on 12 February 2013.

The NHS Innovation Challenge Prizes also feature in the IHW One Year On report and the Prime Ministers progress report on dementia. Looking forward, the NHS Innovation Challenge Prizes will also have a strong presence at the Healthcare Innovation Expo on 13 and 14 March 2013.

21 http://www.challengeprizes.institute.nhs.uk/the-winners/round-3-winners/

Productivity

Finance

The returns for this quarter show that the overall healthy NHS surplus forecast for the year-end, has further consolidated during Q3. SHAs and PCTs are forecasting a combined surplus of £1,433 million at Q3, which represents 1.4 percent of the total SHA/PCT revenue resources.

NHS trusts (excluding FTs) are forecasting an overall surplus of £90 million at Q3 of 2012/13.

The consolidation of the overall financial forecast will provide a firmer foundation for the NHS as we move through transition, towards the new commissioning landscape in 2013/14.

Figure 22: NHS financial performance by SHA area – PCT/SHA sector

	2009/10		2010/11		2011/12		Q3 2012/13 forecast outturn	
	£m	% Resource limit	£m	% Resource limit	£m	% Resource limit	£m	% Resource limit
North East	80	1.6	70	1.3	64	1.2	61	1.1
North West	185	1.4	215	1.5	267	1.9	293	2.0
Yorkshire and the Humber	185	2.0	187	1.9	189	1.8	209	2.0
NHS North of England	**450**	**1.6**	**472**	**1.6**	**520**	**1.7**	**563**	**1.8**
East Midlands	83	1.2	90	1.2	90	1.1	100	1.2
West Midlands	80	0.8	73	0.7	92	0.9	72	0.7
East of England	137	1.5	101	1.0	108	1.1	88	0.9
NHS Midlands and East	**300**	**1.2**	**264**	**1.0**	**290**	**1.0**	**260**	**0.9**
London	382	2.4	392	2.3	442	2.6	296	1.7
NHS London	**382**	**2.4**	**392**	**2.3**	**442**	**2.6**	**296**	**1.7**
South East Coast	50	0.7	65	0.9	86	1.1	56	0.7
South Central	60	0.9	67	1.0	72	1.1	75	1.2
South West	95	1.1	115	1.3	177	1.9	183	1.9
NHS South of England	**205**	**0.9**	**247**	**1.1**	**335**	**1.4**	**314**	**1.3**
Total	**1,337**	**1.5**	**1,375**	**1.4**	**1,587**	**1.6**	**1,433**	**1.4**

The Q3 returns show that there are six NHS trusts forecasting a gross operating deficit of £149 million, (five NHS trusts forecasting a £160 million gross operating deficit at Q2). The reduction in value of the gross deficit is due to three of the NHS trusts reducing their deficit at Q3, offset by the University Hospital of North Staffordshire NHS Trust forecasting a £4 million deficit for the first time at Q3 (resulting in an increase in the total number of forecast deficits).

The remaining NHS trusts forecasting operating deficits at Q3 are South London Healthcare NHS Trust (£45 million operating deficit), Barking, Havering and Redbridge Hospitals NHS Trust (£40 million operating deficit), Mid Yorkshire Hospitals NHS Trust (£25 million operating deficit), North West London Hospitals NHS Trust (£21 million operating deficit), and Epsom and St Helier University Hospitals NHS Trust (£14 million operating deficit).

There is one PCT, North Yorkshire and York PCT, forecasting a deficit of £12 million at Q3, this represents an improvement of £7 million from the deficit forecast at Q2).

Figure 23: NHS financial performance by SHA area – trust sector

	2009/10		2010/11		2011/12		Q3 2012/13 Forecast outturn	
	£m	% Turnover	£m	% Turnover	£m	% Turnover	£m	% Turnover
North East	10	3.0	3	2.9	2	3.8	0	0.0
North West	15	0.5	21	0.7	29	0.9	33	1.0
Yorkshire and the Humber	14	0.6	10	0.4	(5)	(0.2)	(8)	(0.3)
NHS North of England	**39**	**0.7**	**34**	**0.6**	**26**	**0.4**	**25**	**0.4**
East Midlands	18	0.7	2	0.1	23	0.7	23	0.7
West Midlands	53	1.6	30	0.9	33	0.8	43	1.0
East of England	30	1.4	23	0.9	12	0.5	12	0.5
NHS Midlands and East	**101**	**1.2**	**55**	**0.6**	**68**	**0.7**	**78**	**0.8**
London	(3)	(0.0)	(20)	(0.2)	(96)	(1.1)	(78)	(1.0)
NHS London	**(3)**	**(0.0)**	**(20)**	**(0.2)**	**(96)**	**(1.1)**	**(78)**	**(1.0)**
South East Coast	37	1.5	16	0.6	4	0.2	16	0.6
South Central	(7)	(0.3)	8	0.3	12	0.6	11	0.6
South West	28	1.3	28	1.3	30	1.4	38	1.6
NHS South of England	**58**	**0.8**	**52**	**0.7**	**46**	**0.7**	**65**	**0.9**
Total	**195**	**0.7**	**121**	**0.4**	**44**	**0.1**	**90**	**0.3**

Although the overall financial position is healthy, there are some organisations not managing their financial resources. It is clear there is not a one size fits all approach for specific organisational issues. We must continue to work with these organisations and assess the options available, to ensure they become sustainable, whilst improving the quality of patient care.

Figure 24: SHA and PCT sector surplus and deficit 2009/10 to 2012/13 Q3 forecast

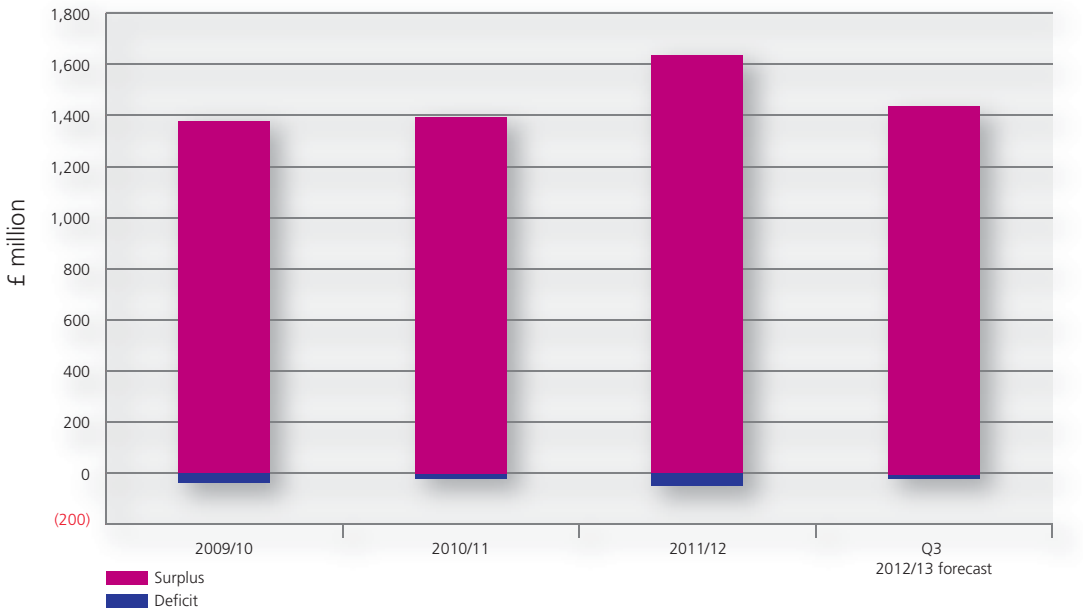
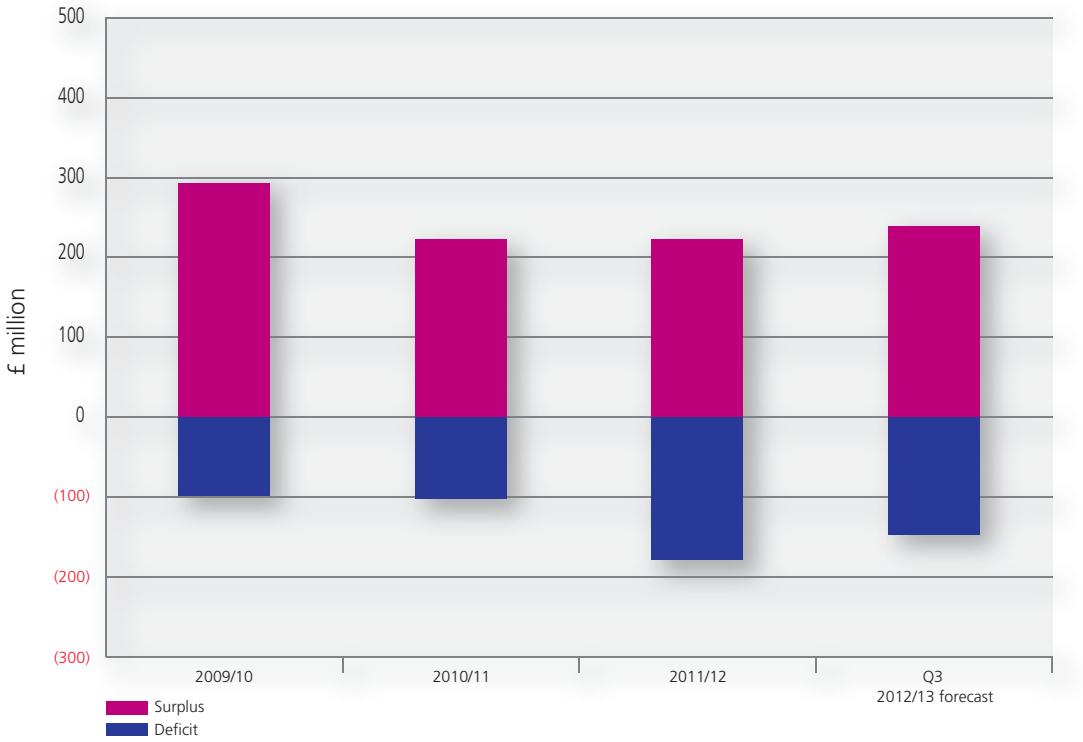


Figure 25: Trust sector surplus and operating deficit 2009/10 to 2012/13 Q3 forecast



In addition to the gross operating deficit, there is a gross technical deficit of £282 million in 34 NHS trusts (six of these organisations also have an operating deficit). A technical deficit is a deficit arising due to one or more of the following:

a) **Impairments to fixed assets** – an impairment charge is not considered part of the organisation's operating position.

b) **The additional revenue cost of bringing private finance initiative (PFI) assets onto the balance sheet** – the additional revenue costs of bringing PFI assets onto an organisation's balance sheet, following the introduction of international financial reporting standards (IFRS) accounting in 2009/10, is not considered part of the organisations operating position.

c) **The impact of the change in accounting for donated assets and government grant reserves.**

d) **The impact of absorption accounting.**

QIPP Savings

At the end of Q3 2012/13, the NHS is forecasting £5.1 billion of annual efficiency savings (see Figure 26), which is consistent with the level of savings forecast in previous quarters of 2012/13.

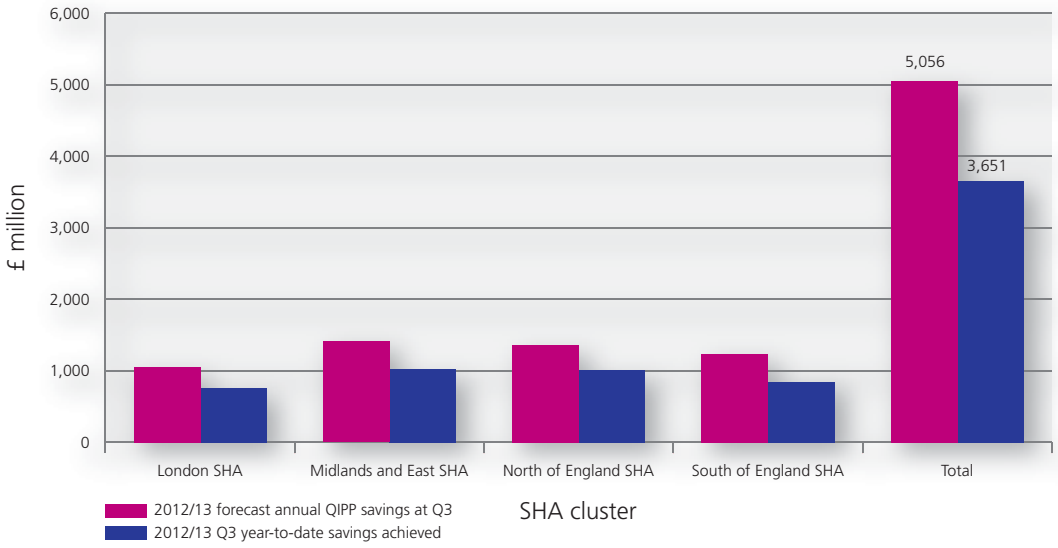
During Q3, the NHS delivered £1.2 billion of these QIPP savings, bringing the total year to date savings at Q3, to £3.7 billion (see Figure 27). This represents 72 percent of the forecast £5.1 billion savings.

Taken alongside the £5.8 billion QIPP savings reported for 2011/12, the total QIPP savings to date represent encouraging progress as we approach the halfway stage of the four year QIPP challenge. This provides a solid platform for the new system to take forward into 2013/14.

Figure 26: 2012/13 NHS England QIPP savings by SHA cluster

Total 2012/13 QIPP	SHA cluster				
QIPP category	London SHA	Midlands and East SHA	North of England SHA	South of England SHA	Grand total
	£m	£m	£m	£m	£m
Acute services	555	706	695	641	2,597
Ambulance services	10	24	24	20	78
Community services	85	96	86	76	343
Continuing healthcare	28	53	35	30	146
Mental health and learning disabilities services	113	118	94	74	399
Non-NHS healthcare (inc reablement)	11	21	34	16	82
Prescribing	92	142	145	155	534
Primary care, dental, pharmacy, opthalmic	48	36	49	67	200
Specialised commissioning	36	108	79	48	271
Other	74	107	117	108	406
Total	**1,052**	**1,411**	**1,358**	**1,235**	**5,056**

Figure 27: 2012/13 NHS England QIPP savings by SHA cluster



Activity

Overall, in response to the QIPP challenge, the ambition of the NHS is to redesign pathways to make sure patients are treated in the appropriate setting. This is expected to result in a reduction in unplanned emergency admissions. Although a modest reduction in activity levels was seen in 2011/12 compared to 2010/11, each quarter of 2012/13 has shown a small increase in all areas, except ordinary admissions.

Elective activity

On elective activity, the nine months to the end of Q3 2012/13 show:

- GP referrals made were 3.7 percent higher than the same period in the previous year
- other referrals for a first outpatient appointment were 5.7 percent higher than the same period in the previous year
- GP referrals seen were 2.2 percent higher than the same period the previous year
- all first outpatient attendances were 2.4 percent higher than the previous year
- elective activity (admissions) growth was 2.2 percent, compared with 3.7 percent at the same stage of 2011/12.

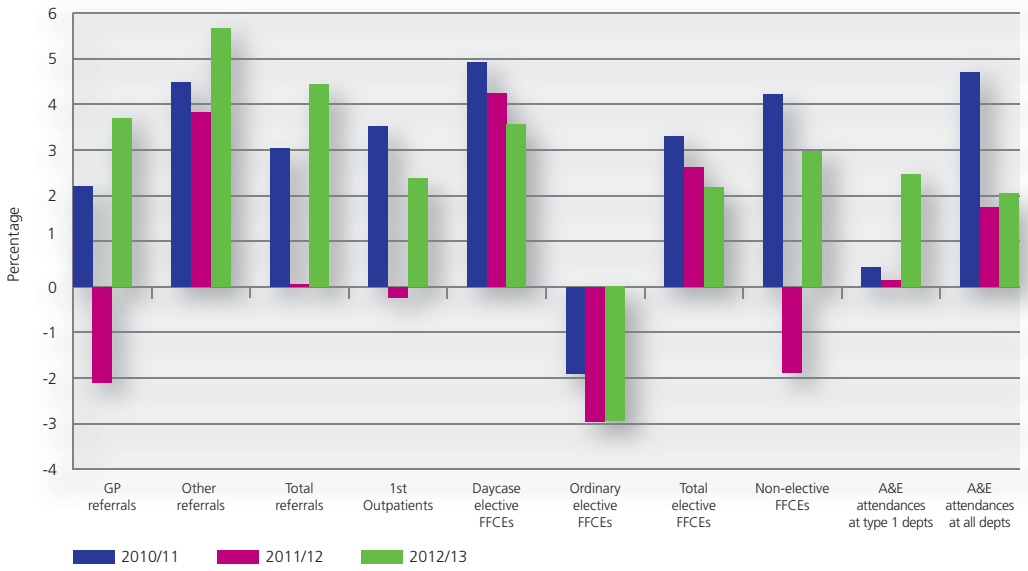
Emergency activity

On non-elective activity, the nine months to the end of Q3 2012/13 show:

- non-elective activity (admissions) were 3.0 percent higher than the previous year
- A&E attendances at type 1 A&E departments were 2.47 percent higher than the previous year
- A&E attendances at all type A&E departments were 2.04 percent higher than the previous year
- urgent and emergency ambulance journeys per day were 2.1 percent higher than the previous year.

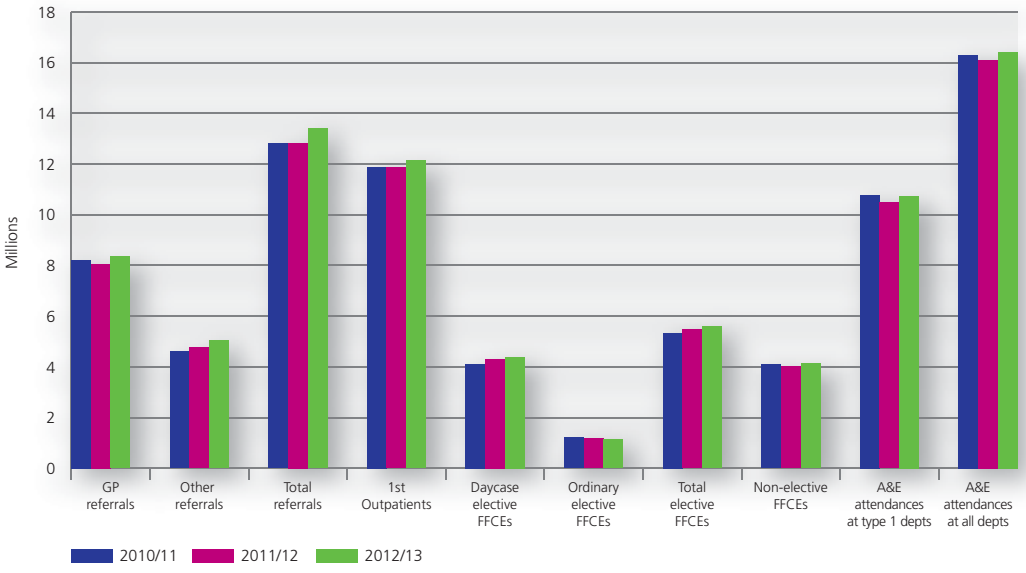
The data is largely in line with the seasonal pattern seen in previous years, and it is too soon to say whether there has been a change in the underlying trend. However, the Department is monitoring activity patterns closely.

Figure 28: Year-to-date growth in activity indicators – England[1,2]



[1]A&E attendances are shown by volume per day, all other indicators are shown by absolute volume.
[2]The year-to-date covers the period April to December inclusive in each of the specified years.

Figure 29: Year-to-date total volume for activity indicators – England, in millions[1]



[1]The year-to-date covers the period April to December inclusive in each of the specified years.

Workforce

Workforce numbers

Over this period, we have seen an increase in staff numbers in the NHS hospital and community health services (HCHS) workforce statistics published by the NHS IC on a monthly basis. The publication mainly focuses on staff working in hospitals, PCTs and SHAs and does not fully reflect the increasing number of healthcare professionals moving into community settings, delivering care closer to patients' homes, or primary care, bank or agency staff.

As part of the education and training reform programme, the Department is working with workforce colleagues in the SHAs and the NHS IC to develop a process to better reflect and capture the effect of service redesign on the NHS workforce.

Figure 30 details the full time equivalent (FTE) changes in key NHS staff groups between Q2 and Q3 2012/13. It uses the middle data point for each quarter, that is August 2012 for Q2 and November 2012 for Q3. This better represents the average workforce throughout the period and is most relevant when comparing to finance, activity and other data.

Figure 30: Changes in key NHS staff groups between Q2 and Q3 2012/13

England	Q2 2012/13 Aug 12	Q3 2012/13 Nov 12	Q2 to Q3 change	Q2 to Q3 % change
FULL TIME EQUIVALENTS (FTE)				
All HCHS doctors (non locum)	100,599	101,469	870	0.9%
All HCHS doctors (locum)	2,007	2,008	1	0.0%
All HCHS doctors (incl locums)	**102,606**	**103,477**	**871**	**0.8%**
Qualified midwives	21,022	21,513	491	2.3%
Qualified health visitors	8,067	8,712	645	8.0%
Qualified school nurses	1,180	1,218	38	3.3%
Qualified nursing, midwifery and health visiting staff	**304,566**	**304,566**	**0**	**0.0%**
Qualified allied health professions	63,105	63,596	491	0.8%
Qualified healthcare scientists	28,726	28,851	125	0.4%
Other qualified scientific, therapeutic and technical staff	40,631	41,362	732	1.8%
Total qualified scientific, therapeutic and technical staff	**132,461**	**133,809**	**1,348**	**1.0%**
Qualified ambulance staff	**17,693**	**17,933**	**240**	**1.4%**
Professionally qualified clinical staff	**557,327**	**564,041**	**6,714**	**1.2%**
Support to clinical staff	**288,527**	**290,371**	**1,844**	**0.6%**
Central functions	95,235	94,848	–387	–0.4%
Hotel, property and estates	55,792	55,651	–142	–0.3%
Total managers	35,550	35,610	60	0.2%
NHS infrastructure support	**186,578**	**186,109**	**–469**	**–0.3%**
Total	**1,032,431**	**1,040,520**	**8,089**	**0.8%**

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Health and wellbeing

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

Moreover, promoting staff health and wellbeing can help reduce sickness absence, which costs the NHS more than £1.5 billion each year and places additional pressure on colleagues at work.

The Department has commissioned NHS Employers to lead work in supporting the NHS to improve staff health and wellbeing using five high-impact changes that build on the NHS Health and Wellbeing Framework published in July 2011:

- developing local, evidence-based plans
- with strong, visible leadership
- supported by improved management capability
- with access to better, local, high-quality, accredited, occupational health services
- where staff are encouraged and enabled to take more responsibility for their health

Current efforts include:

- the identification, production, promotion and mobilisation of good practice
- work to support the 60 most challenged NHS organisations that could release the biggest cash savings potential
- work to develop performance in parts of the NHS with particular challenges (for example, ambulance services, mental health)
- support for the development of occupational health services.

For the future, the mandate to the NHS CB contains an objective to make significant progress in focusing the NHS on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more. As the country's largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

Sickness absence

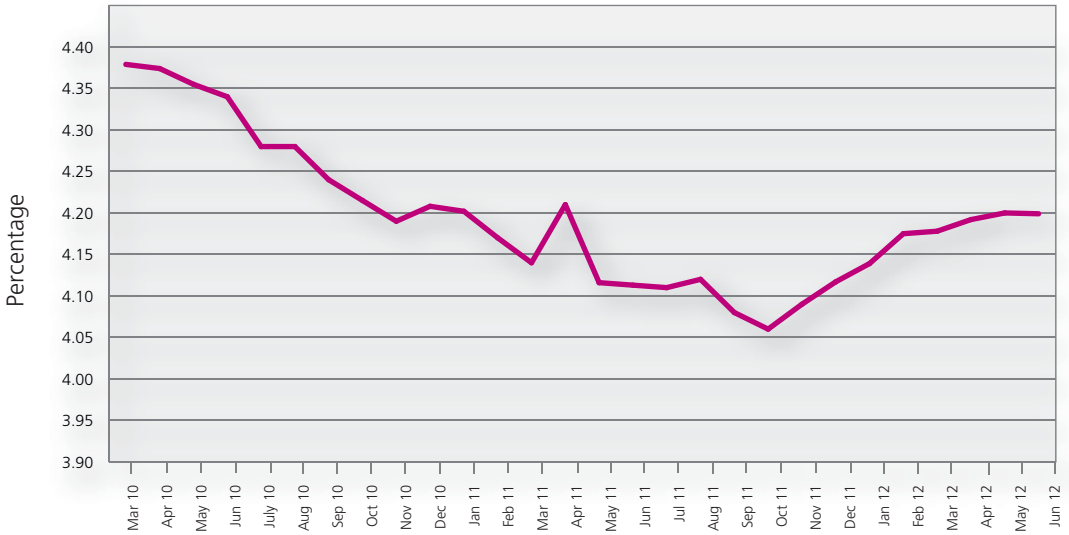
The latest report published by the NHS IC, based on data from the Electronic Staff Record (ESR), provided the results for July to September 2012. This showed that sickness absence has risen by 0.09 percentage points compared to the same quarter in 2011, moving from 3.97 percent to 4.06 percent. The annual moving average sickness absence, a better measure that takes out seasonal effect, rose by 0.02 percentage points between July and September 2012 to 4.20 percent. We have continued to work with SHA cluster workforce directors and the Social Partnership Forum to try to accelerate delivery to ensure we move towards the QIPP target of 3.2 percent.

As well as the work that NHS Employers has been leading to support the NHS in improving staff health and wellbeing, the Work Foundation has been helping NHS managers improve their ability to support staff in reducing sickness absence and SHA chief executives have been taking forward work in their areas as part of a final push to improve sickness absence performance.

NHS Employers' has launched an interactive web-based tool[22] to calculate the cost of sickness absence within organisations. This includes showing days (and whole time equivalents) lost. The calculator then shows what potential savings could be released or hours reinvested back into services by achieving organisations' target sickness absence rates.

22 http://www.nhsemployers.org/HealthyWorkplaces/LatestNews/Pages/Newsicknessabsencesavingscalculatorlaunched.aspx

Figure 31: NHS sickness absence: 12 month rolling annual average



Staff engagement

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

The NHS staff survey provides the NHS with data on staff engagement each year. National NHS staff survey results published in February 2012 showed that staff engagement improved across NHS trusts between 2011 and 2012 at 3.68, on a scale of 1 (low) to 5 (high), compared to 3.61 the previous year. The 2012 staff survey results were published on 28 February 2012. Survey data was gathered between mid-September and mid-December 2012.

Responsibility for the staff survey transferred from the Department to the NHS CB on 1 October 2012. The survey will sit in the Public and Patient Voice and Insight Directorate, which is also taking on responsibility for various patient experience surveys including GP patients, cancer patients and bereaved voices. This will allow a more co-ordinated approach to surveys and to staff and patient feedback as a whole, and enable deeper insights to be drawn from the data. The NHS CB will also be responsible for the staff aspect of the friends and family test which will provide real-time granular information using a single, simple indicator.

The 2013 survey is currently underway and results will be published towards the end of February 2014.

Details of how individual employers can improve staff health and wellbeing, raise engagement and reduce sickness absence are available on the NHS Employers website at www.nhsemployers.org.

NHS Staff Survey data is available via Picker Institute at www.nhsstaffsurveys.com.

Prevention

Health visitors

The Government has committed to increase the number of health visitors by 4,200 (from a May 2010 baseline) by April 2015. Supported by the Department's four-year transformational programme, the aim is to develop health-visiting services that are universal, energised, improve health outcomes and reduce inequalities.

The implementation support team has continued work with early implementer sites (EIS) to deliver the new health visiting service model and strengthen EIS portfolios that demonstrate the levels of service transformation that have already been achieved. Twenty new case studies were published by the Department in December[23]. In conjunction with SHAs, the team has supported the development of 'communities of practice', which will facilitate roll-out of the new service model and family offer.

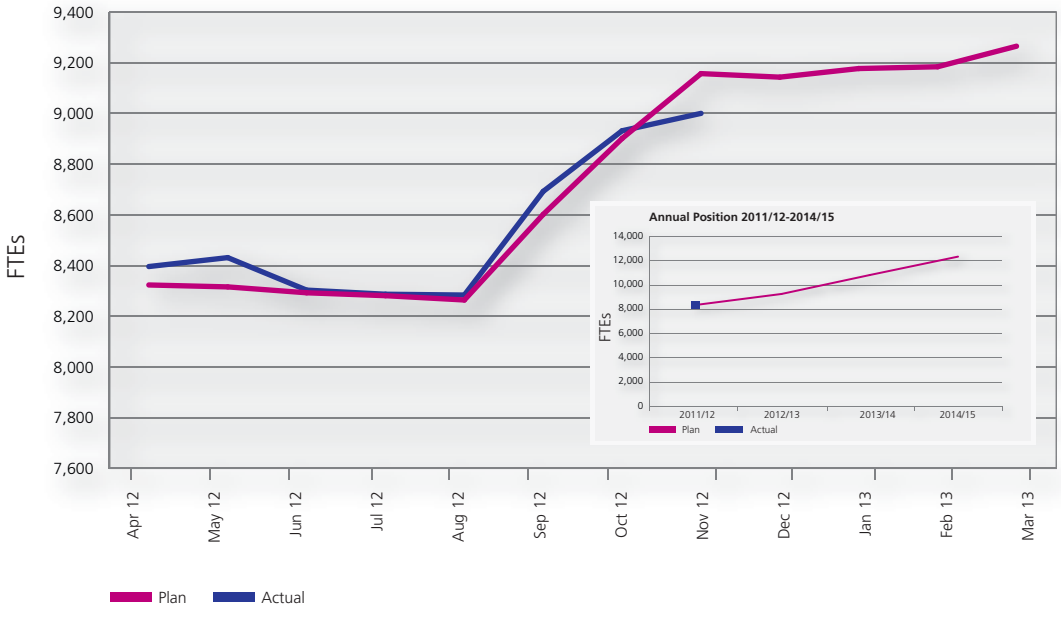
During the autumn, good use was made of engagement opportunities offered by professional conferences, including those of the Community Practitioners and Health Visitors Association. These events were used to promote new career guidance for health visitors, as well as clinical guidance (pathways) developed to help support health visitors, midwives and school nurses work in partnership to deliver effective early years services. In November, the Department supported the launch of the new Institute for Health Visiting. The student recruitment/acquisition campaign has continued through both central and SHA-based initiatives, including events held jointly with the Royal College of Nursing and in NHS Direct offices.

The number of FTE health visitors has increased by 908 (11.2 percent) since May 2010 and at the end of November the total number of FTE health visitors was 9,000. This figure is taken from the health visitor minimum data set, which collects from SHAs the number of health visitors on the ESR, in addition to those not recorded on ESR. The total figure provided also includes over 200 health visitors that are not counted by the ESR, for example, those directly employed by local authorities and social enterprises that do not use the ESR. The data does not include bank and agency staff.

Latest data shows that during 2012/13, SHAs planned to commission 2,627 training places, including 'return to practice'. The actual and forecast position for 2012/13 gives an estimated figure of 2,410, 217 short of the planned commissions. Final actual intakes for 2012/13 will be available later in the year and three SHAs are revising their plans for 2013/14 to make up the expected shortfall in 2012/13.

In April 2013, operational responsibility for the delivery of the growth of the health visitor workforce and transformation of health visiting

Figure 32: Health visitor trajectories, England



23 http://www.dh.gov.uk/health/2012/12/health-visitor-case-studies

services moves to the NHS CB. Responsibility for the commissioning of health visitor training places will move to Health Education England (HEE) with both organisations working collaboratively. NHS CB will more widely lead on the commissioning of children's public health, with responsibilities delegated via a Section 7A agreement. The Secretary of State retains accountability for delivery of A Call to Action (the health visitor implementation plan). A future delivery board has been established by the Department to oversee the move of the health visitor programme into the new health landscape and both NHS CB and HEE are members.

Maternity and newborn

Early access to antenatal care promotes greater choice for women and ensures women receive the right care at the right time, helping to tackle the negative impact of health inequalities from the start and to begin to improve the health and well-being of mother and baby.

The performance standard for the percentage of women having an assessment of their health and social care needs, risks and choices by 12 weeks and six days of pregnancy is 90 percent. The latest data (Q3 2012/13) continues to show performance is being maintained above the performance standard. 91.6 percent of women who gave birth in Q3 saw a midwife or maternity healthcare professional within 12 weeks and six days. This is comparable to Q2 2012/13 when 95.2 percent of women who gave birth had an assessment within the specified period.

Breastfeeding

Breastfeeding is good for babies and mothers and it is encouraging to see the number of women starting to breastfeed is being maintained. We have set out our commitment to support breastfeeding through the Healthy Child Programme.

The breastfeeding initiation rate was 73.6 percent in Q3, which is just less than the rate for Q2 of 73.9 percent, and the annual percentage for 2011/12 (74.1 percent) and 2010/11 (73.7 percent). This is still slightly higher than 2009/10 (72.8 percent) and 2008/09 (71.7 percent).

The prevalence of breastfeeding at six to eight weeks in Q3 was 47.2 percent of infants due a six to eight weeks check, slightly less than the figure of 47.4 percent recorded in Q3 2011/12. Comparisons are made with the same quarter in preceding years due to seasonality.

Smoking

Provisional figures for the first half of 2012/13 show that 341,379 people set a quit date through NHS Stop Smoking Services. This is a 15 percent decrease on the final figure for the same period in 2011/12. However, late returns are expected to push the latest period's figure up by about 6 percent, which suggests a 10 percent decrease on last year.

At the four week follow-up 168,559 people had successfully quit (based on self-report), 49 percent of those who set a quit date. This is a 13 percent decrease from the final figure for the same period in 2011/12. However, once late returns come in, we would expect this to become a 6 percent decrease.

73 percent of successful quitters had their results confirmed by carbon monoxide validation. This percentage was 72 percent in 2011/12, 70 percent in 2010/11 and 69 percent in 2009/10. This demonstrates a continued improvement in the quality of service provided.

Of the 11,371 pregnant women who set a quit date, 5,242 successfully quit at the four week follow-up, 1 percent fewer than the corresponding number last year.

Total expenditure on NHS Stop Smoking Services was £42.4 million, an increase of 2 percent (£1.0 million) on the final figure for the same period in 2011/12 (£41.5 million). The cost per quitter is £252 compared with £215 based on final figures for the same period in 2011/12. However, this year's cost per quitter will fall when late returns are received. In addition, the increase is overstated as the costs have not been adjusted for inflation.

Amongst SHA's, South Central SHA reported the highest proportion of successful quitters (56 percent), while North West SHA reported the lowest success rate (45 percent).

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

VTE (venous thromboembolism) risk assessment

Of the reported 3.4 million adult patients admitted to NHS-funded acute care between October and December 2012, 94.2 percent of these received a VTE risk assessment on admission, a slight increase compared to Q2 2012/13 (93.9 percent).

301 providers (out of 315 providers who submitted data), reported that at least 90 percent of adult admissions to hospital were risk assessed for VTE, compared to 293 in September 2012, 275 in June 2012, and 18 in July 2010 when the collection first began.

Breast screening

Previous NHS Operating Frameworks and Improving Outcomes: A Strategy for Cancer, committed NHS breast screening services to an age extension randomisation project, screening women aged either 47-49 or 71-73, depending on the randomisation protocol.

As at the end of December 2012, 58 out of 80 local programmes (73 percent) had implemented the extension randomisation and a further 9 (11 percent) were unsuitable for randomisation and were inviting only the 47-49 year-olds. 13 programmes (16 percent) are still to expand, citing lack of digital mammography, staffing shortfalls and funding as issues.

Cervical screening test results

As recommended by the Advisory Committee on Cervical Screening, the operational standard for women receiving their cervical screening results within 14 days has been set at 98 percent. In Q3, the number of women receiving their results within 14 days was maintained above the operational standard with performance for December at 98.7 percent, comparable to the September figure of 99.1 percent.

Bowel screening

The initial roll-out of the NHS Bowel Cancer Screening Programme (NHS BCSP) across England was completed on 23 August 2010. As at December 2012, over 16 million kits (16,159,301) had been sent out and over nine million (9,714,986) returned. Over 14,500 (14,738) cancers had been detected, and over 75,000 (76,996) patients had been managed for polyps, including polyp removal. Men and women over the age limit can request a testing kit every two years, and over 200,000 (202,803) have self-referred for screening so far.

The NHS BCSP is currently being extended to men and women aged 70 up to their 75th birthday, in order to screen around 1 million more men and women each year, as set out in previous NHS Operating Frameworks and Improving Outcomes: A Strategy for Cancer, published in January 2011.

As at December 2012, 42 of the 58 local screening centres (73.4 percent) had implemented the extension, a slight improvement on the 41 centres reported at Q2.

Diabetic retinopathy

At Q3, 98.4 percent of people with diabetes were offered screening for diabetic retinopathy in the previous 12 months, compared to 98.7 percent of people in Q2.

A total of 132 PCTs reported performance of 90 percent or above (of these over 100 are offering screening to 100 percent of patients) and 137 PCTs were at 80 percent or above. However, two PCTs reported performance below 80 percent and 12 PCTs were unable to supply data due to the implementation of new data extraction software.

It remains the case that 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.

England (alongside other UK countries) leads the world in this area, but the Department is not complacent and will be keeping a close eye on this data. It is working closely with partners in the NHS diabetic eye screening programme to further improve the standard, quality and coverage of screening programmes across the country.

Immunisation

The latest available data on childhood vaccination uptake rates covers the quarter ending 30 September 2012 (Q2 2012/13)[24].

Data on vaccine uptake rates for early childhood vaccinations are collected at a child's first, second and fifth birthday. Of the 16 measurements taken of uptake for various vaccines, eight show an increase compared with Q1, five show no change, and three show a small decrease. The year-on-year trend, based on annual data which smoothes out quarterly fluctuations, remains upward.

The largest increases in vaccine uptake were for vaccinations given by age five. These included two doses of MMR vaccine (up from 87.2 percent to 87.5 percent) and DTaP/IPV (up from 88.4 percent to 88.6 percent).

With regard to seasonal flu vaccinations, the provisional end of year cumulative vaccine uptake rates for England are also available. This data covers the period from 1 September 2012 to 31 January 2013.

The end of season vaccine uptake rates are only slightly below those for last year. The figure for those aged 65 or older is 73.4 percent, compared to 74.0 for the same period in 2011/12. The figure for those patients under 65 with conditions which put them more at risk from the effects of flu is 51.3 percent, compared to 51.6 percent in 2011/12, but this is still considerably below the planning aspiration of 70 percent set out in the Flu Plan for uptake among this group.

However, vaccine uptake amongst pregnant women is 40.3 percent, which is significantly higher than 2011/12's figure of 27.4 percent and is the highest ever recorded uptake.

Indicators of flu activity across England reported by the Health Protection Agency continue to show flu is circulating and flu activity rose slightly during February. The Department issued a reminder to health care professionals in January 2013's edition of Vaccine Update[25] to make use of any remaining stocks of vaccine to vaccinate those in the risk groups not yet immunised and not to return unused stocks of vaccine until it is certain that the flu season is over. The February edition stated that the advice on which groups to offer flu vaccination to remains valid, and particular attention was drawn to pregnant women who were not pregnant when the bulk of flu vaccination took place last autumn.

NHS health checks

The NHS health check programme is a national performance measure in the NHS Operating Framework, reflecting the priority given to the NHS health check in 2012/13.

PCTs are planning to deliver full roll-out of the programme this year, compared to 90 percent of full roll-out planned last year. In Q3, approximately 642,000 people (4.1 percent of the eligible population), were invited for an NHS health check. This shows an improvement compared with 3.3 percent of the eligible population who were offered a health check in Q3 2011/12 and demonstrates local areas are continuing to make progress in the implementation of their programmes. (Each quarter, on average, 5 percent of the eligible population should be offered a health check, so that over five years the whole eligible population is covered).

24 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1211441442288
25 http://immunisation.dh.gov.uk/category/updates/

Reform

Choice

Patient choice

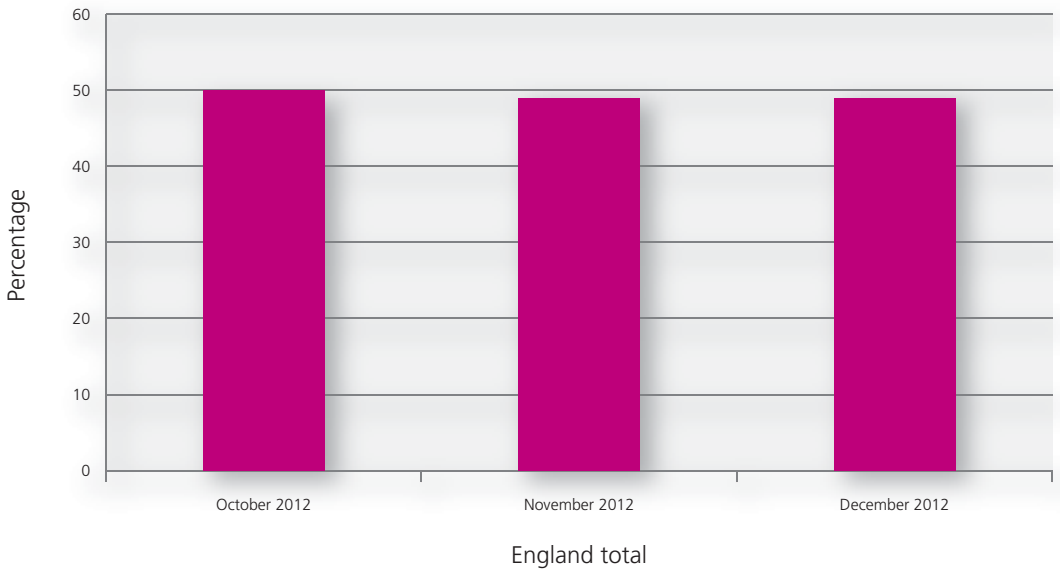
Indicators suggest the take-up of patient choice is slowly improving where it is offered and the Choose and Book system is being used to a high level in most areas.

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

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

Choose and Book utilisation continued to remain relatively stable over the quarter. The overall utilisation rate was 50 percent in October 2012, based on outturn GP referrals to first outpatient appointments, which dropped slightly to 49 percent in both November and December, in line with recent trends for this time of the year. During this period 92 percent of all GP practices made some bookings through Choose and Book, but there is significant variation in the level of usage between practices. Choose and Book is also used for an additional 180,000 referrals per month to other services which include allied health professionals, GPs with special interests and assessment services. This represents a steady increase in bookings through Choose and Book to services other than first outpatient services.

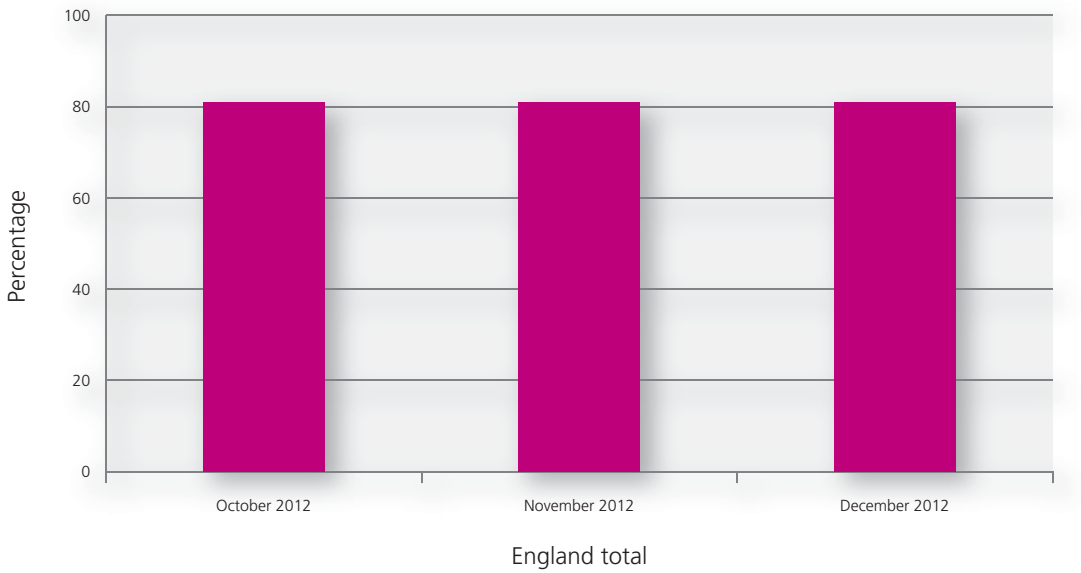
Figure 33: Proportion of GP referrals to first outpatient appointments booked using Choose and Book



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

The Department released contract guidance in October 2011, to support providers and commissioners in England when implementing choice of named consultant-led team for a first consultant-led outpatient appointment for elective care where clinically appropriate. Included within the NHS standard contracts for 2012/13 is a requirement for providers to comply with choice guidance issued by the Department, and provider organisations are continuing to add named consultants against specified Choose and Book services. Latest reports indicate the percentage of secondary care first outpatient bookings being made through Choose and Book to services where named clinicians are available (even if not selected) has remained stable at 81 percent at the end of Q3 2012/13 after steady increases in previous months. The variation in this measure ranges from 84 percent in the Midlands SHA cluster areas to 75 percent in the London SHA area. It is likely that this will be a right in the NHS Constitution from April 2013.

Figure 34: Bookings to services where named consultant-led team was available (even if not selected)

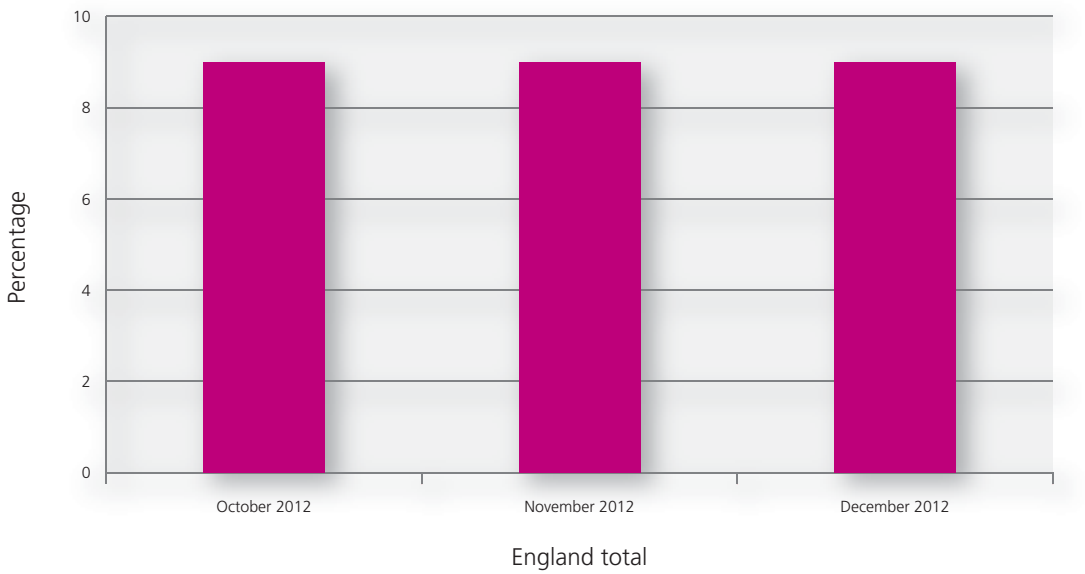


Trend in volume of patients being treated at non-NHS hospitals

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

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

Figure 35: Proportion of patients being treated at non-NHS hospitals



Improving people's electronic access to services and their own heath and care records

The Power of Information, published in May 2012, sets out our vision for everyone to have secure electronic access to services and to their own health and care records, including access to letters, test results, personal care plans and needs assessments. Our ambition is that by 2015 all general practices will be expected to make available electronic booking and cancelling of appointments, ordering of repeat prescriptions, secure communication with the practice and access to their own records to anyone registered with the practice.

The Department has asked the Royal College of General Practitioners to lead a partnership collaboration of other Royal Colleges, patient representative organisations, the NHS CB and the British Medical Association, to develop a plan and support for people to be able to access services and their own health records in general practice electronically by 2015. The plan is expected to be released in early 2013.

The indicator in the NHS Operating Framework 2012/13 is 'The percentage of the total patient population who belong to general practices where patients are able to access their medical records electronically if they wish to do so and where patients have registered to be able to access their medical record electronically'. Q3 data gathered by the NHS IC from general practice information systems suppliers indicates that:

- nearly all general practices (98 percent) now have functionality for patients to be able to book and cancel appointments and to order repeat prescriptions electronically
- 37 percent of practices (representing 45 percent of patients) have enabled electronic booking of appointments
- 40 percent of practices (representing 47 percent of patients) have enabled electronic ordering of repeat prescriptions.

Overall, data indicates steady growth in the availability of electronic services for significant numbers of patients, and suggests a growing familiarity, for practices and patients, with the benefits of patient on-line services.

Data also indicates that 6,300 general practices (78 percent) have functionality in place to allow patients to view their own medical records electronically, an increase from the 75 percent of general practices reported at Q2 2012/13. However, only 61 general practices (0.8 percent of the total number of practices in England) have actually enabled this functionality. This means that although nearly 44 million patients (78 percent) are registered with a practice that has functionality in place, only 560,000 of these patients (1 percent of the total), are currently able – if they request it of their practice – to view their own records electronically.

Q3 is only the second quarter in which this data has been gathered on each general practice. The NHS IC is publishing Q3 data among its GP outcomes indicators in March 2013 and NHS Choices will make it available to a public audience. The Department expects to see growing numbers of practices introducing and enabling this functionality, as indicated in the Mandate for the NHS CB, and is encouraging implementation as soon as reasonably possible.

Summary care record

Summary care records (SCRs) provide healthcare professionals with faster access to key clinical information, including allergies, medications and adverse reactions, to support the treatment of patients in urgent and emergency care.

Momentum continued to grow for the SCR roll-out during the third quarter of 2012/13. Almost 22 million patients (21,906,794) had an SCR by the end of 2012, which equates to more than one in three of the population.

Full roll-out approval was granted for SCR functionality in the clinical IT system EMIS Web in October 2012. This will provide a major boost to the roll-out in 2013 as increasing numbers of practices with EMIS Web begin to create records.

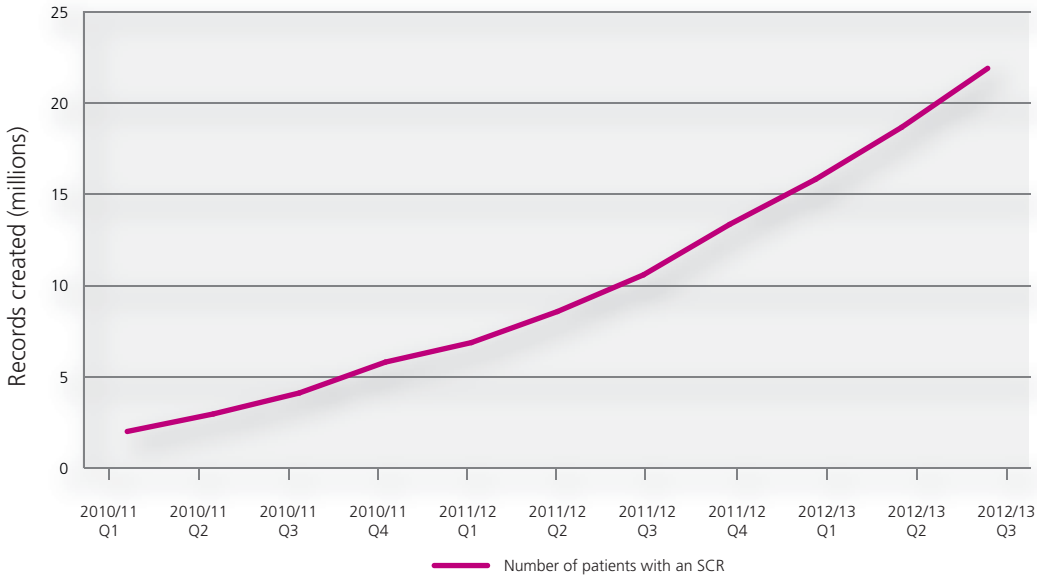
46 PCTs had created SCRs for more than 60 percent of their patients by the end of 2012 (the level at which many organisations in urgent and emergency care feel it is feasible and productive to begin viewing records), with three PCTs where every patient had an SCR. 3,068 GP practices across England had created SCRs for their patients.

SCR viewing also rose throughout the quarter as increasing numbers of viewing projects were launched. Pharmacy teams across England have reported numerous benefits from viewing, for example the substantial time savings in medicines reconciliation.

5,210 viewings took place over the festive week, a record for the programme, and weekly viewings were near to this level throughout most of the third quarter. 77 sites across England were viewing SCRs as at 31 December.

As benefits are being demonstrated and SCR creation is rising, SCR will increasingly become part of business-as-usual within urgent and emergency care and will continue to be a major area of focus for the NHS in 2013.

Figure 36: Number of summary care records created



Provision

The NHS TDA continues to grow in the build up to receiving its full statutory powers in April 2013. Around 82 percent of NHS TDA staff have now been appointed, and are beginning to work with NHS trusts up and down the country.

Over the last quarter, the NHS TDA worked with senior teams at NHS trusts including finance, medical and nurse directors to develop the way in which the organisation will support NHS trusts going forward.

This work informed the planning guidance for NHS trust boards, which was published in December 2012. The planning guidance sets out how the NHS TDA plans to operate, how it will support NHS trusts in the future and what the expectations are on NHS organisations for the coming year as well as the medium-to-long term. Alongside the planning guidance sits detailed technical guidance to further support NHS trust's plans.

In January, the NHS TDA considered the first FT application to come before its Board. It was also the first application of this kind to be considered in public; demonstrating the NHS TDA's commitment to adopting an open and transparent process. The NHS TDA Board approved East Lancashire Hospitals NHS Trust's application, which will now proceed to Monitor.

Commissioning

Several important announcements have been made this quarter, demonstrating the significant progress which continues to be made in preparation for the new clinical commissioning system which will come into being across England on 1 April.

NHS Commissioning Board

On 13 November 2012, the Department published the NHS CB's mandate[26] from the Government. The Mandate sets clear objectives for the NHS for the coming two years, through outcomes for patients.

The NHS CB will oversee delivery against the mandate, and compliance with commissioners' broader legal duties. It will work closely with local clinical leaders and provide the support they need, while maintaining maximum freedom for CCGs so that they may respond more effectively to the needs of their local populations.

December saw the publication of the NHS planning guidance and CCG allocations. These are key steps towards the new system for commissioning healthcare in England.

The planning guidance Everyone Counts outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS where improvement is driven by clinical commissioners. It also addresses health inequalities, so that those most in need gain the most from the support provided.

The guidance covers a clear set of outcomes against which to measure improvements, and also outlines five offers:

- moves toward seven-day a week working for routine NHS services
- greater transparency and choice for patients
- more patient participation
- better data to support the drive to improve services
- higher standards and safer care.

From 1 April 2013, the NHS CB will oversee expenditure of the NHS budget for England. The publication of the 2013/14 financial allocations detail how the £95.6 billion budget for the next financial year will be allocated.

Within this overall funding, the NHS CB has allocated £63.4 billion to CCGs. This represents 2.3 percent growth compared to the equivalent 2012/13 baselines – a real terms increase of 0.3 percent at a time of limited resources. Working with their local Health and Wellbeing partners, CCGs will use this money to ensure improved service quality and better health outcomes for their patients and communities.

26 http://www.commissioningboard.nhs.uk/2012/09/25/mandate-resp/

The NHS CB will commission some services nationally for the first time, improving them by tackling variation in care around the country. These services include specialised healthcare, primary care and services for the military as well as those in prison and offenders with otherwise-reduced liberty. The budget of £25.4 billion set for these services in 2013/14 also represents a 2.6 percent increase over the equivalent activities in 2012/13.

Clinical commissioning groups

The authorisation process for emerging CCGs took a significant move forward this quarter. The first wave of 34 CCGs were authorised to commission healthcare services for their communities in December 2012.

Authorisation follows a rigorous five-month assessment process and is granted after experts have reviewed the CCG's policies, carried out site visits, interviewed its leaders and assessed its work with stakeholders and patients.

The remaining CCGs have subsequently been authorised in 2013. These 211 CCGs will be responsible for £65 billion of the £95 billion NHS commissioning budget.

Specialised services commissioning

This quarter, the NHS CB published the new operating model for commissioning specialised services. The new operating model marks a clear move away from regional specialised commissioning to a single national approach to both commissioning and contracting.

Following on from this, a public consultation on the first set of national service specifications and clinical policies for specialised services was launched on 12 December, seeking the views of patients and carers, charities, clinicians and service providers.

Going forward

Final preparations are continuing in advance of 1 April 2013 when the NHS CB will take on its full statutory duties and responsibilities.

Public health

The transfer of the public health function from the NHS to local government is now well underway, with the pace of change set to accelerate as Public Health England (PHE) prepares to take full delivery responsibility from April 2013. However, there is a need for continued support during the transition and transformation of the system and the Department has delivered a number of key actions over the last quarter.

The final ring-fenced public health allocations were issued to local authorities on 10 January 2013. Total allocations to local government for 2013/14 will be £2.66 billion, £400 million higher than the draft proposals. In addition, the Government announced an allocation of £2.79 billion for 2014/15. Some councils are still analysing the implications of their allocations, but initial indications are that the adjustments to the distribution and the increase in the amount available have been well received and will allow detailed local arrangements around staffing and contracts to be confirmed and provide a period of funding stability for local public health services.

There has been significant progress at national and local level to achieve a successful and safe transfer of public health to local government. It is clear that a number of actions at national level – confirmation of the public health allocation, publication of the local public health intelligence fact sheet, and the recruitment to the PHE local centres – have had a major beneficial impact on local progress on transfer. There are still some final issues of transfer to be resolved but we are confident that in 95 percent of all areas, there will be a safe and effective transition of public health.

In February 2012, a web based resource 'from transition to transformation' was launched, developed jointly between the Local Government Association (LGA) and the Department. The purpose of the resource was to assist local authorities and public health to develop a local public health system that is designed to have the greatest potential for improving health, not just in councils but with all local partners. The focus is on transformation, showing how councils and public health are going beyond the practical steps of transition to develop a local vision of public health, supported by new models for implementation.

The resource has been refreshed to keep it up to date with the latest information available and can be accessed via the LGA website.[27]

27 http://www.local.gov.uk/web/guest/media-centre/-/journal_content/56/10171/3374673/NEWS-TEMPLATE

Annex 1

NHS North of England

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
County Durham PCT	1,020	1,016	1,008	1,000	1,036,319	0.1%
Darlington PCT	301	315	316	300	192,347	0.2%
Gateshead PCT	504	192	35	50	406,666	0.0%
Hartlepool PCT	125	100	100	100	190,196	0.1%
Middlesbrough PCT	278	600	600	600	306,781	0.2%
Newcastle PCT	945	258	314	1,100	533,205	0.2%
North East SHA	72,036	64,754	59,319	55,450	347,363	16.0%
North Tyneside PCT	475	355	380	250	404,569	0.1%
Northumberland Care PCT	220	1,370	319	250	592,214	0.0%
Redcar and Cleveland PCT	513	150	150	150	270,105	0.1%
South Tyneside PCT	1,819	460	542	50	333,416	0.0%
Stockton-on-Tees Teaching PCT	424	400	400	400	347,076	0.1%
Sunderland Teaching PCT	845	382	976	900	574,470	0.2%
North East subtotal SHA/ PCTs	**79,505**	**70,352**	**64,459**	**60,600**	**5,534,727**	**1.1%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Ashton, Leigh and Wigan PCT	640	1,900	2,726	2,807	595,379	0.5%
Blackburn with Darwen PCT	717	n/a	n/a	n/a	n/a	n/a
Blackburn with Darwen Teaching Care Trust Plus PCT (1)	n/a	1,373	1,376	1,413	305,928	0.5%
Blackpool PCT	2,532	1,392	1,399	1,441	318,569	0.5%
Bolton PCT	996	983	992	1,000	513,382	0.2%
Bury PCT	413	236	253	750	325,448	0.2%
Central and Eastern Cheshire PCT	1,007	1,501	3,474	3,547	756,875	0.5%
Central Lancashire PCT	3,030	1,632	3,662	3,762	808,721	0.5%
Cumbria Teaching PCT	229	(5,926)	4,195	8,400	927,008	0.9%
East Lancashire Teaching PCT	1,021	3,336	3,324	3,424	717,069	0.5%
Halton and St Helens PCT	295	500	500	2,689	624,886	0.4%
Heywood, Middleton and Rochdale PCT	579	1,933	2,155	1,950	411,101	0.5%
Knowsley PCT	576	1,610	1,617	1,650	357,048	0.5%
Liverpool PCT	5,287	14,768	9,204	4,941	1,064,384	0.5%
Manchester PCT	481	347	1,293	3,256	1,104,305	0.3%
North Lancashire Teaching PCT	1,565	2,200	2,200	2,844	599,809	0.5%
North West SHA	157,339	175,418	215,124	228,973	934,735	24.5%
Oldham PCT	1,381	1,000	2,015	4,375	446,814	1.0%
Salford PCT	993	2,319	2,180	3,728	512,499	0.7%
Sefton PCT	498	2,500	2,548	2,624	550,018	0.5%
Stockport PCT	231	350	695	917	492,905	0.2%
Tameside and Glossop PCT	980	1,000	1,000	1,000	447,716	0.2%
Trafford PCT	534	1,500	701	500	388,275	0.1%
Warrington PCT	222	250	500	1,589	339,929	0.5%

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Western Cheshire PCT	1,279	985	1,966	2,033	489,226	0.4%
Wirral PCT	2,047	2,031	2,001	3,088	662,073	0.5%
North West subtotal SHA/PCTs	**184,872**	**215,138**	**267,100**	**292,701**	**14,694,102**	**2.0%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Barnsley PCT	3,461	3,395	2,953	3,500	495,043	0.7%
Bassetlaw PCT (2)	n/a	n/a	1,680	1,700	204,078	0.8%
Bradford and Airedale Teaching PCT	7,550	6,680	8,165	7,500	953,952	0.8%
Calderdale PCT	2,679	4,224	3,468	3,600	365,491	1.0%
Doncaster PCT	4,177	2,691	2,688	2,250	590,981	0.4%
East Riding of Yorkshire PCT	3,684	5,185	5,197	5,200	516,784	1.0%
Hull Teaching PCT	3,820	3,714	3,113	19,400	555,637	3.5%
Kirklees PCT	2,928	7,900	8,239	6,600	704,870	0.9%
Leeds PCT	5,002	20,124	25,086	23,200	1,407,984	1.6%
North East Lincolnshire Care Trust Plus (3)	2,222	2,181	1,783	1,400	300,167	0.5%
North Lincolnshire PCT	1,249	3,693	1,998	2,000	276,131	0.7%
North Yorkshire and York PCT	317	242	209	(12,000)	1,272,368	(0.9%)
Rotherham PCT	2,042	2,192	2,196	2,200	469,856	0.5%
Sheffield PCT	4,479	499	489	500	1,027,262	0.0%
Wakefield District PCT	7,388	3,095	3,074	3,100	657,637	0.5%
Yorkshire and the Humber SHA	133,982	121,052	118,177	138,902	711,867	19.5%
Yorkshire and the Humber subtotal SHA/PCTs	**184,980**	**186,867**	**188,515**	**209,052**	**10,510,108**	**2.0%**
NHS North of England total SHA/PCTs	**449,357**	**472,357**	**520,074**	**562,353**	**30,738,937**	**1.8%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
North East Ambulance Service NHS Trust (4)	4,736	3,120	2,312	n/a	n/a	n/a
Northumberland, Tyne and Wear NHS Trust (5)	5,296	n/a	n/a	n/a	n/a	n/a
South Tees Hospitals NHS Trust (6)	131	n/a	n/a	n/a	n/a	n/a
North East subtotal trusts	**10,163**	**3,120**	**2,312**	**0**	**0**	**0.0%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
5 Boroughs Partnership NHS Trust (7)	2,210	n/a	n/a	n/a	n/a	n/a
Bridgewater Community HealthCare NHS Trust (8)	n/a	388	1,804	1,712	172,540	1.0%
East Cheshire NHS Trust	3,926	806	277	1,700	180,334	0.9%
East Lancashire Hospitals NHS Trust	287	723	3,025	8,006	401,234	2.0%
Liverpool Community Health NHS Trust (9)	n/a	2,654	3,530	3,203	144,931	2.2%
Liverpool Heart and Chest Hospital NHS Trust (10)	1,827	n/a	n/a	n/a	n/a	n/a
Manchester Mental Health and Social Care NHS Trust	532	(482)	1,516	1,100	105,313	1.0%
Mersey Care NHS Trust	3,000	7,359	5,000	4,000	206,715	1.9%
North Cumbria University Hospitals NHS Trust	327	1,356	1,095	1,000	233,223	0.4%
North West Ambulance Service NHS Trust	1,041	2,065	1,558	2,500	262,107	1.0%
Pennine Acute Hospitals NHS Trust	620	259	3,553	25	557,745	0.0%
Royal Liverpool Broadgreen University Hospitals NHS Trust	4,021	4,238	5,472	7,324	429,960	1.7%
Southport and Ormskirk Hospital NHS Trust	500	853	204	1,250	177,647	0.7%
St Helens and Knowsley Teaching Hospitals NHS Trust	225	296	305	700	277,708	0.3%
The Wirral Community NHS Trust (11)	n/a	n/a	717	900	63,893	1.4%
Trafford Healthcare NHS Trust (12)	(6,048)	319	482	n/a	n/a	n/a
University Hospitals of Morecambe Bay NHS Trust (13)	2,126	305	n/a	n/a	n/a	n/a
Walton Centre for Neurology and Neurosurgery NHS Trust (14)	424	n/a	n/a	n/a	n/a	n/a
North West subtotal trusts	**15,018**	**21,139**	**28,538**	**33,420**	**3,213,350**	**1.0%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Airedale NHS Trust (15)	605	49	n/a	n/a	n/a	n/a
Bradford District Care Trust	103	104	108	1,450	134,532	1.1%
Hull and East Yorkshire Hospitals NHS Trust	7,601	4,701	4,878	5,911	492,743	1.2%
Humber Mental Health Teaching NHS Trust (16)	1,351	n/a	n/a	n/a	n/a	n/a
Leeds Community Healthcare NHS Trust (17)	n/a	n/a	2,577	1,306	136,366	1.0%
Leeds Teaching Hospitals NHS Trust	963	2,051	4,207	6,513	996,801	0.7%
Mid Yorkshire Hospitals NHS Trust	871	983	(19,217)	(24,699)	457,214	(5.4%)
Scarborough and North East Yorkshire Healthcare NHS Trust (18)	1,914	1,874	1,899	11	31,580	0.0%
South West Yorkshire Mental Health NHS Trust (19)	569	n/a	n/a	n/a	n/a	n/a
Yorkshire Ambulance Service NHS Trust	518	237	428	1,975	204,676	1.0%
Yorkshire and the Humber subtotal trusts	**14,495**	**9,999**	**(5,120)**	**(7,533)**	**2,453,912**	**(0.3%)**
NHS North of England total trusts	**39,676**	**34,258**	**25,730**	**25,887**	**5,667,262**	**0.5%**

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

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

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

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

4 North East Ambulance Service Trust achieved foundation trust status on 1 November 2011.

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

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

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

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

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

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

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

12 On 1 April 2012, Trafford HealthCare NHS Trust (RM4) merged with Central Manchester Foundation Trust.

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

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

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

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

17 Leeds Community HealthCare NHS Trust was formed on 1 April 2011.

18 Scarborough and North East Yorkshire NHS Trust merged with York Teaching Hospital NHS Foundation Trust on 1 July 2012, and is now managed by York Teaching Hospital NHS Foundation NHS Trust.

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

In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:
a) impairments, or
b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10, or
c) the impact of the change in accounting for donated assets and government grant reserves, or
d) the impact of absorption accounting.
This is not recognised for NHS budgeting purposes.

Hull and East Yorkshire Hospitals NHS Trust (£4m)
Manchester Mental Health and Social Care NHS Trust (£3m)
Mersey Care NHS Trust (£1m)
Mid Yorkshire Hospitals NHS Trust (£0.5m)
North Cumbria University Hospitals NHS Trust (£11m)
Pennine Acute Hospitals NHS Trust (£22m)
Southport and Ormskirk Hospital NHS Trust (£5m)

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

Annex 2

NHS Midlands and East

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Bassetlaw PCT (1)	1,434	2,595	n/a	n/a	n/a	n/a
Derby City PCT	650	30	2,982	4,487	471,944	1.0%
Derbyshire County PCT	1,873	11,212	8,028	12,000	1,217,023	1.0%
East Midlands SHA	59,092	22,905	45,148	28,917	436,316	6.6%
Leicester City PCT	241	6,192	3,665	13,352	580,186	2.3%
Leicestershire County and Rutland PCT	1,148	10,502	6,270	9,223	992,690	0.9%
Lincolnshire Teaching PCT	7,264	14,314	9,525	12,500	1,255,646	1.0%
Milton Keynes PCT (2)	n/a	n/a	505	100	378,459	0.0%
Northamptonshire Teaching PCT	4,642	10,528	7,058	3,508	1,088,820	0.3%
Nottingham City PCT	2,448	6,841	3,412	4,400	590,943	0.7%
Nottinghamshire County Teaching PCT	4,514	5,017	3,372	11,333	1,110,625	1.0%
East Midlands subtotal SHA/PCTs	**83,306**	**90,136**	**89,965**	**99,820**	**8,122,652**	**1.2%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Birmingham East and North PCT	2,453	522	240	2,691	807,584	0.3%
Coventry Teaching PCT	4,644	6,247	5,766	5,800	618,957	0.9%
Dudley PCT	362	794	5,992	7,792	537,390	1.4%
Heart of Birmingham Teaching PCT	7,615	9,555	830	2,330	588,240	0.4%
Herefordshire PCT	778	111	291	254	309,169	0.1%
North Staffordshire PCT	515	1,162	714	1,000	365,819	0.3%
Sandwell PCT	89	1,222	8,889	9,966	614,251	1.6%
Shropshire County PCT	490	872	1,295	1,000	485,344	0.2%
Solihull PCT (3)	16	531	281	1,379	356,961	0.4%
South Birmingham PCT	4,700	500	736	2,600	671,582	0.4%
South Staffordshire PCT	2,200	378	353	750	993,955	0.1%
Stoke on Trent PCT	2,588	3,115	1,993	2,000	546,492	0.4%
Telford and Wrekin PCT	4,522	467	1,098	1,000	276,868	0.4%
Walsall Teaching PCT	6,022	5,437	2,597	3,512	492,207	0.7%
Warwickshire PCT	594	176	177	200	865,290	0.0%
West Midlands SHA	19,732	23,204	37,534	11,373	538,567	2.1%
Wolverhampton City PCT	19,365	15,692	19,682	15,308	498,377	3.1%
Worcestershire PCT	3,519	3,470	3,044	3,000	899,108	0.3%
West Midlands subtotal SHA/PCTs	**80,204**	**73,455**	**91,512**	**71,955**	**10,466,161**	**0.7%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Bedfordshire PCT	236	498	504	500	636,462	0.1%
Cambridgeshire PCT	501	398	499	0	910,846	0.0%
East of England SHA	135,389	83,960	94,829	54,350	665,477	8.2%
Great Yarmouth and Waveney PCT	352	1,625	1,009	3,000	414,530	0.7%
Hertfordshire PCT (4)	1,611	638	513	6,200	1,764,414	0.4%
Luton PCT	400	506	256	33	331,950	0.0%
Mid Essex PCT	1,007	3,767	1,121	1,000	544,136	0.2%
Norfolk PCT	695	959	1,403	6,000	1,250,329	0.5%
North East Essex PCT	2,993	2,998	1,143	1,000	558,422	0.2%
Peterborough PCT	(12,832)	389	4,110	0	284,391	0.0%
South East Essex PCT	2,014	1,093	879	200	593,679	0.0%
South West Essex PCT	1,614	48	252	650	683,966	0.1%
Suffolk PCT	2,578	3,560	1,070	14,100	963,668	1.5%
West Essex PCT	815	721	620	1,000	453,578	0.2%
East of England subtotal SHA/PCTs	**137,373**	**101,160**	**108,208**	**88,033**	**10,055,848**	**0.9%**
NHS Midlands and East total SHA/PCTs	**300,883**	**264,751**	**289,685**	**259,808**	**28,644,661**	**0.9%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Derbyshire Mental Health Services NHS Trust (5)	1,014	379	n/a	n/a	n/a	n/a
Derbyshire Community Health Services NHS Trust (6)	n/a	n/a	1,419	2,538	185,912	1.4%
East Midlands Ambulance Service NHS Trust	2,016	467	1,402	1,544	155,007	1.0%
Leicestershire Partnership NHS Trust	1,732	1,700	6,562	4,200	277,552	1.5%
Lincolnshire Community Health Services NHS Trust (7)	n/a	n/a	1,081	1,512	102,728	1.5%
Northampton General Hospital NHS Trust	2,081	1,109	504	0	263,983	0.0%
Northamptonshire Healthcare NHS Trust (8)	29	n/a	n/a	n/a	n/a	n/a
Nottingham University Hospitals NHS Trust	7,256	5,010	4,764	4,702	794,130	0.6%
Nottinghamshire HealthCare NHS Trust	2,387	6,505	6,896	8,300	423,245	2.0%
United Lincolnshire Hospitals NHS Trust	1,282	(13,880)	320	98	409,977	0.0%
University Hospitals of Leicester NHS Trust	51	1,013	88	46	737,904	0.0%
East Midlands subtotal trusts	**17,848**	**2,303**	**23,036**	**22,940**	**3,350,438**	**0.7%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Birmingham Community Health Care Trust (9)	n/a	686	2,559	2,948	245,198	1.2%
Coventry and Warwickshire Partnership NHS Trust (10)	3,690	2,936	4,589	6,694	203,034	3.3%
Dudley and Walsall Mental Health Partnership NHS Trust	376	883	1,163	1,801	67,965	2.6%
George Eliot Hospital NHS Trust	1,164	112	45	0	121,001	0.0%
North Staffordshire Combined Healthcare NHS Trust	449	698	891	1,282	77,874	1.6%
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (11)	2,054	1,618	741	n/a	n/a	n/a
The Royal Wolverhampton NHS Trust (12)	8,035	7,964	9,297	8,440	378,254	2.2%
Sandwell and West Birmingham Hospitals NHS Trust	7,260	2,193	1,863	6,330	429,843	1.5%

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Shrewsbury and Telford Hospital NHS Trust	712	26	59	1,000	308,702	0.3%
Shropshire Community Health NHS Trust (13)	n/a	n/a	1,397	1,479	78,979	1.9%
Staffordshire and Stoke on Trent Partnership NHS Trust (14)	n/a	n/a	1,527	2,004	367,099	0.5%
South Warwickshire General Hospitals NHS Trust (15)	5,581	n/a	n/a	n/a	n/a	n/a
University Hospital of North Staffordshire NHS Trust	5,644	4,141	1,050	(3,973)	465,900	(0.9%)
University Hospitals Coventry and Warwickshire NHS Trust	10,234	4,162	1,465	2,110	490,969	0.4%
Walsall HealthCare NHS Trust (16)	1,998	3,247	4,164	3,706	221,245	1.7%
West Midlands Ambulance Service NHS Trust	255	99	925	6,155	151,748	4.1%
Worcestershire Acute Hospitals NHS Trust	3,135	287	88	0	346,875	0.0%
Worcestershire Health and Care NHS Trust (17)	700	700	1,500	2,500	169,148	1.5%
Wye Valley NHS Trust (18)	1,165	46	71	200	174,754	0.1%
West Midlands subtotal trusts	**52,452**	**29,798**	**33,394**	**42,676**	**4,298,588**	**1.0%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Bedford Hospitals NHS Trust	612	274	197	0	214,900	0.0%
Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (19)	463	n/a	n/a	n/a	n/a	n/a
Cambridgeshire Community Services NHS Trust (20)	n/a	1,044	681	1,427	153,874	0.9%
East and North Hertfordshire NHS Trust	2,499	3,328	3,568	500	339,633	0.1%
East of England Ambulance Service NHS Trust	757	2,364	3,121	4,107	229,553	1.8%
Hertfordshire Community NHS Trust (21)	n/a	184	1,030	1,229	125,385	1.0%
Hinchingbrooke Health Care NHS Trust	598	79	186	0	108,879	0.0%
Mid Essex Hospital Services NHS Trust	2,551	3,660	(2,156)	415	263,363	0.2%
Norfolk Community Health and Care NHS Trust (22)	n/a	552	637	2,591	124,030	2.1%
Suffolk Mental Health Partnership NHS Trust (23)	1,513	335	n/a	n/a	n/a	n/a
The Ipswich Hospital NHS Trust	3,351	1,260	137	0	230,795	0.0%
The Princess Alexandra Hospital NHS Trust	511	415	461	0	183,344	0.0%
The Queen Elizabeth Hospital Kings Lynn NHS Trust (24)	4,510	1,931	n/a	n/a	n/a	n/a
West Hertfordshire Hospitals NHS Trust	5,699	7,358	3,657	1,898	275,451	0.7%
West Suffolk Hospitals NHS Trust (25)	6,273	194	251	n/a	n/a	n/a
East of England subtotal trusts	**29,337**	**22,978**	**11,770**	**12,167**	**2,249,207**	**0.5%**
NHS Midlands and East total trusts	**99,637**	**55,079**	**68,200**	**77,783**	**9,898,233**	**0.8%**

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

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

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

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

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

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

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

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

8 Northamptonshire HealthCare NHS Trust achieved foundation trust status on 1 May 2009.

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

10 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.

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

12 On 15 August 2012, The Royal Wolverhampton Hospitals NHS Trusts (RL4) changed it's name, after acquiring the community health services from the local PCT under TCS, to become the Royal Wolverhampton NHS Trust.

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

14 Staffordshire and Stoke on Trent NHS Partnership Trust (R1E) was formed on 1 September 2011, bringing together community health services previously provided by NHS North Staffordshire, NHS Stoke-on-Trent and South Staffordshire PCT.

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

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

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

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

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

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

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

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

23 Suffolk Mental Health Partnership NHS Trust (RT6), which merged with Norfolk and Waveney Mental Health NHS Foundation Trust on 1 January 2012 to become Norfolk and Suffolk NHS Foundation Trust.

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

25 West Suffolk Hospitals NHS Trust achieved foundation trust status on 1 December 2011.

In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:
a) impairments, or
b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10, or
c) the impact of the change in accounting for donated assets and government grant reserves, or
d) the impact of absorption accounting.
This is not recognised for NHS budgeting purposes.

East and North Hertfordshire NHS Trust (£9m)
Hinchingbrooke HealthCare NHS Trust (£0.1m)
Mid Essex Hospital Services NHS Trust (£17m)
Northampton General Hospital NHS Trust (£2m)
Nottingham University Hospitals NHS Trust (£7m)
Princess Alexandra Hospital NHS Trust (£0.1m)
United Lincolnshire Hospitals NHS Trust (£3m)
University Hospital of North Staffordshire Hospital NHS Trust (£37m)
University Hospitals Coventry and Warwickshire NHS Trust (£31m)
West Hertfordshire Hospitals NHS Trust (£1m)
Worcestershire Acute Hospitals NHS Trust (£0.5m)

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

Annex 3

NHS London

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Barking and Dagenham PCT	3,377	62	3,567	4,405	355,181	1.2%
Barnet PCT	139	134	(13,955)	0	622,146	0.0%
Bexley Care PCT	51	486	2,274	3,508	377,743	0.9%
Brent Teaching PCT	16,334	17,416	21,576	23,250	569,491	4.1%
Bromley PCT	249	6,899	6,111	5,020	525,811	1.0%
Camden PCT	12	11,807	43,162	23,795	542,796	4.4%
City and Hackney Teaching PCT	9,346	6,594	13,164	6,464	553,458	1.2%
Croydon PCT	3,412	5,535	838	0	613,672	0.0%
Ealing PCT	3	34	37	0	622,704	0.0%
Enfield PCT	(10,491)	11	(17,188)	0	512,794	0.0%
Greenwich Teaching PCT	608	5,327	4,770	4,710	506,283	0.9%
Hammersmith and Fulham PCT	10,538	3,513	5,496	7,084	373,346	1.9%
Haringey Teaching PCT	29	170	(17,439)	500	492,059	0.1%
Harrow PCT	126	677	150	0	368,618	0.0%
Havering PCT	1,528	932	873	4,095	441,995	0.9%
Hillingdon PCT	19,380	5	44	0	443,141	0.0%
Hounslow PCT	40	42	150	9	430,589	0.0%
Islington PCT	1,121	10,261	20,837	9,084	499,963	1.8%
Kensington and Chelsea PCT	3,985	3,410	10,166	12,524	378,804	3.3%
Kingston PCT	103	2,623	4,515	3,959	284,238	1.4%
Lambeth PCT	988	6,430	6,867	7,000	698,657	1.0%
Lewisham PCT	90	5,287	5,445	5,520	557,020	1.0%
London SHA	288,675	257,187	255,672	95,527	1,887,109	5.1%
Newham PCT	1,107	7,104	9,738	6,724	585,918	1.1%
Redbridge PCT	6,232	6,217	6,644	4,027	434,999	0.9%
Richmond and Twickenham PCT	112	2,845	7,742	7,083	302,596	2.3%
Southwark PCT	628	1,365	5,987	5,857	565,057	1.0%
Sutton and Merton PCT	(2,286)	266	6,457	4,528	614,698	0.7%
Tower Hamlets PCT	6,753	6,973	8,985	11,119	573,019	1.9%
Waltham Forest PCT	0	27	100	4,293	451,481	1.0%
Wandsworth PCT	4,386	12,322	16,709	11,662	611,507	1.9%
Westminster PCT	15,010	9,866	22,890	24,344	585,828	4.2%
London total SHA/PCTs	**381,585**	**391,827**	**442,384**	**296,091**	**17,382,721**	**1.7%**
NHS London total SHA/PCTs	**381,585**	**391,827**	**442,384**	**296,091**	**17,382,721**	**1.7%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Barking, Havering and Redbridge Hospitals NHS Trust	(22,309)	(32,986)	(49,913)	(39,577)	428,617	(9.2%)
Barnet and Chase Farm Hospitals NHS Trust	5,069	3,154	2,221	0	349,616	0.0%
Barnet, Enfield and Haringey Mental Health NHS Trust	239	274	2,023	1,930	186,427	1.0%
Barts Health NHS Trust (1)	11,707	(1,506)	(3,940)	0	1,272,497	0.0%
Central London Community Healthcare NHS Trust (2)	n/a	2,196	3,835	1,814	190,008	1.0%
Croydon Health Services NHS Trust (3)	1,106	4,913	3,967	128	238,070	0.1%
Ealing Hospital NHS Trust	36	28	2,304	0	225,298	0.0%
Epsom and St Helier University Hospitals NHS Trust	2,877	3,332	(12,277)	(13,522)	337,108	(4.0%)
Great Ormond Street Hospital for Children NHS Trust (4)	7,368	8,617	1,869	n/a	n/a	n/a
Hounslow and Richmond Community Healthcare NHS Trust (5)	n/a	n/a	1,667	698	56,701	1.2%
Imperial College Healthcare NHS Trust (6)	9,102	5,146	(8,419)	9,745	958,720	1.0%
Lewisham Hospital NHS Trust	6,753	1,058	1,427	1,759	239,055	0.7%
Kingston Hospital NHS Trust	2,412	2,724	3,184	3,270	207,479	1.6%
London Ambulance Service NHS Trust	1,425	1,002	2,751	262	295,572	0.1%
North Middlesex University Hospitals NHS Trust	6,044	3,103	669	1,917	182,893	1.0%
North West London Hospitals NHS Trust	(8,025)	258	(7,534)	(20,600)	379,061	(5.4%)
Royal Brompton and Harefield NHS Trust (7)	547	n/a	n/a	n/a	n/a	n/a
Royal Free Hampstead NHS Trust (8)	2,035	6,587	8,200	n/a	n/a	n/a
South London Healthcare NHS Trust (9)	(42,067)	(40,865)	(65,063)	(44,886)	439,883	(10.2%)
South West London and St George's Mental Health NHS Trust	2,286	2,579	2,158	1,625	161,593	1.0%
St George's Healthcare NHS Trust	12,933	6,459	6,101	6,245	639,795	1.0%
The Hillingdon Hospital NHS Trust (10)	258	307	n/a	n/a	n/a	n/a
Royal National Orthopaedic Hospital NHS Trust	1,026	(911)	1,102	2,322	117,290	2.0%
West London Mental Health NHS Trust	1,167	3,970	4,881	3,438	229,414	1.5%
West Middlesex University Hospital NHS Trust	(4,996)	214	1,777	1,602	150,079	1.1%
Whittington Hospital NHS Trust	139	508	1,120	3,562	278,744	1.3%
London total trusts	**(2,868)**	**(19,839)**	**(95,890)**	**(78,268)**	**7,563,920**	**(1.0%)**
NHS London total trusts	**(2,868)**	**(19,839)**	**(95,890)**	**(78,268)**	**7,563,920**	**(1.0%)**

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

1 Barts Health NHS Trust was created on 1 April 2012 following the merger of Barts and The London NHS Trust (RNJ), Newham University Hospital NHS Trust (RNH)and Whipps Cross University Hospital NHS Trust (RGC).

2 Rebranding of Central West London Community Services to Central London Community HealthCare completed in July 2009. Central London Community HealthCare NHS Trust (RYX) was established on 1 November 2010.

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

4 Great Ormond Street Hospital for Children NHS Trust achieved foundation trust status on 1 March 2012.

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

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

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

8 Royal Free Hampstead NHS Trust achieved foundation trust status on 1 April 2012.

9 South London Healthcare NHS 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).

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

In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:
a) impairments, or
b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10, or
c) the impact of the change in accounting for donated assets and government grant reserves, or
d) the impact of absorption accounting.
This is not recognised for NHS budgeting purposes.

Barking, Havering and Redbridge University Hospitals NHS Trust (£6m)
Barnet, Enfield and Haringey Mental Health NHS Trust (£2m)
Barts Health NHS Trust (£47m)
Epsom and St Helier University Hospitals NHS Trust (£0.4m)
North West London Hospitals NHS Trust (£28m)
South London HealthCare NHS Trust (£5m)
South West London and St George's Mental Health NHS Trust (£2m)
The Lewisham Healthcare NHS Trust (£7m)

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

Annex 4

NHS South of England

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Brighton and Hove City Teaching PCT	1,071	4,618	4,604	750	497,517	0.2%
East Sussex Downs and Weald PCT	1,230	2,656	476	750	589,568	0.1%
Eastern and Coastal Kent PCT	6,130	11,972	8,957	12,000	1,330,252	0.9%
Hastings and Rother PCT	3,841	6,496	2,707	750	343,133	0.2%
Medway PCT	3,689	4,282	4,496	4,582	464,766	1.0%
South East Coast SHA	44,586	45,768	62,090	26,327	314,748	8.4%
Surrey PCT	(13,622)	(11,934)	1,028	0	1,740,795	0.0%
West Kent PCT	2,013	776	1,066	10,363	1,059,350	1.0%
West Sussex PCT	725	733	512	750	1,351,198	0.1%
South East Coast subtotal SHA/PCTs	**49,663**	**65,367**	**85,936**	**56,272**	**7,691,327**	**0.7%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Berkshire East PCT	101	147	1,250	5,900	603,836	1.0%
Berkshire West PCT	1,449	1,646	3,580	6,471	690,914	0.9%
Buckinghamshire PCT	1,368	715	127	4,214	736,847	0.6%
Hampshire PCT	486	457	4,015	6,456	1,989,629	0.3%
Isle of Wight NHS PCT	2,382	2,519	2,508	2,573	273,298	0.9%
Milton Keynes PCT (1)	605	551	n/a	n/a	n/a	n/a
Oxfordshire PCT	1,901	2,250	2,224	7,744	959,993	0.8%
Portsmouth City Teaching PCT	5,207	724	1,674	3,385	354,119	1.0%
South Central SHA	45,125	54,788	54,785	34,400	360,397	9.5%
Southampton City PCT	917	2,885	1,965	3,920	433,955	0.9%
South Central subtotal SHA/PCTs	**59,541**	**66,682**	**72,128**	**75,063**	**6,402,988**	**1.2%**

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
Bath and North East Somerset PCT	1,924	2,685	2,685	2,763	301,088	0.9%
Bournemouth and Poole Teaching PCT	2,886	5,356	5,356	5,897	596,980	1.0%
Bristol Teaching PCT	4,974	6,955	3,955	3,955	802,568	0.5%
Cornwall and Isles of Scilly PCT	6,064	8,562	8,570	8,822	958,474	0.9%
Devon PCT	237	3,546	3,538	500	1,288,014	0.0%
Dorset PCT	4,374	6,133	6,133	6,717	685,605	1.0%
Gloucestershire PCT	6,216	8,685	8,685	8,946	963,401	0.9%
North Somerset PCT	48	1,552	1,063	1,063	351,150	0.3%
Plymouth Teaching PCT	1,400	4,190	2,204	5,215	460,899	1.1%
Somerset PCT	5,751	7,965	7,965	7,965	897,243	0.9%

SHA and PCT name	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Annual accounts surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) £000s	2012/13 Q3 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q3 Forecast outturn surplus/ (deficit) as % RRL
South Gloucestershire PCT	39	1,527	1,397	1,397	390,626	0.4%
South West SHA	56,756	51,054	117,832	117,683	508,813	23.1%
Swindon PCT	2,080	1,096	2,967	3,047	324,422	0.9%
Torbay Care Trust	1,808	2,494	2,494	n/a	n/a	n/a
Torbay PCT (2)	n/a	n/a	n/a	7,468	281,230	2.7%
Wiltshire PCT	0	3,200	2,005	2,000	690,233	0.3%
South West subtotal SHA/PCTs	**94,557**	**115,000**	**176,849**	**183,438**	**9,500,746**	**1.9%**
NHS South of England total SHA/PCTs	**203,761**	**247,049**	**334,913**	**314,773**	**23,595,061**	**1.3%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Ashford and St Peter's Hospitals NHS Trust (3)	6,275	3,188	n/a	n/a	n/a	n/a
Brighton and Sussex University Hospitals NHS Trust	10,227	4,512	42	2,878	601,050	0.5%
Dartford and Gravesham NHS Trust	115	206	393	0	175,963	0.0%
East Sussex Healthcare NHS Trust (4)	350	(4,704)	87	2,800	381,600	0.7%
Kent and Medway NHS and Social Care Partnership Trust	1,524	13	538	1,097	171,400	0.6%
Kent Community Health NHS Trust (5)	n/a	1,429	1,470	2,114	212,576	1.0%
Maidstone and Tunbridge Wells NHS Trust	189	1,710	300	0	363,750	0.0%
Royal Surrey County Hospital NHS Trust (6)	4,554	n/a	n/a	n/a	n/a	n/a
South East Coast Ambulance Service NHS Trust (7)	1,130	3,153	n/a	n/a	n/a	n/a
Surrey and Sussex Healthcare NHS Trust	7,755	875	(6,056)	250	225,889	0.1%
Sussex Community NHS Trust (8)	649	675	1,918	1,889	184,077	1.0%
Western Sussex Hospitals NHS Trust (9)	4,138	5,234	5,350	5,224	366,397	1.4%
South East Coast subtotal trusts	**36,906**	**16,291**	**4,042**	**16,252**	**2,682,702**	**0.6%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Buckinghamshire Healthcare NHS Trust (10)	146	1,026	2,848	2,000	346,248	0.6%
Isle of Wight NHS Trust (11)	n/a	n/a	n/a	500	162,652	0.3%
Nuffield Orthopaedic NHS Trust	311	882	n/a	n/a	n/a	n/a
Oxford Learning Disability NHS Trust (12)	181	161	59	356	23,243	1.5%
Oxford Radcliffe Hospitals NHS Trust	106	1,289	n/a	n/a	n/a	n/a
Oxford University Hospital NHS Trust (13)	n/a	n/a	7,157	3,602	807,857	0.4%
Portsmouth Hospitals NHS Trust	(14,877)	159	148	4,268	447,043	1.0%
South Central Ambulance Service NHS Trust (14)	602	1,383	2,049	n/a	n/a	n/a
Southampton University Hospitals NHS Trust (15)	6,777	2,859	(1,908)	n/a	n/a	n/a
The Solent NHS Trust (16)	n/a	n/a	1,863	753	185,072	0.4%
Winchester and Eastleigh Healthcare NHS Trust (17)	224	147	n/a	n/a	n/a	n/a
South Central subtotal trusts	**(6,530)**	**7,906**	**12,216**	**11,479**	**1,972,115**	**0.6%**

Trust name	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Annual accounts surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q3 Forecast outturn turnover £000s	2012/13 Q3 Forecast outturn surplus/ (operating deficit) as % turnover
Avon and Wiltshire Mental Health Partnership NHS Trust	1,113	3,219	3,541	2,926	192,469	1.5%
Cornwall Partnership NHS Trust (18)	1,250	n/a	n/a	n/a	n/a	n/a
Devon Partnership NHS Trust	209	616	789	3,020	139,681	2.2%
Great Western Ambulance Service NHS Trust	94	849	404	851	90,394	0.9%
North Bristol NHS Trust	6,177	7,888	9,002	7,000	528,422	1.3%
Northern Devon Healthcare NHS Trust	0	252	1,719	2,145	217,631	1.0%
Plymouth Hospitals NHS Trust	2,010	18	15	1,000	403,439	0.2%
Royal Cornwall Hospitals NHS Trust	8,349	7,544	4,437	9,800	319,271	3.1%
Royal United Hospital Bath NHS Trust	5,800	4,195	6,215	9,240	230,582	4.0%
South Western Ambulance Service NHS Trust (19)	511	890	n/a	n/a	n/a	n/a
Torbay and Southern Devon Health and Care NHS Trust (20)	n/a	n/a	n/a	100	137,618	0.1%
Weston Area Health NHS Trust	2,448	2,607	3,610	2,250	96,820	2.3%
South West subtotal trusts	**27,961**	**28,078**	**29,732**	**38,332**	**2,356,327**	**1.6%**
NHS South of England total trusts	**58,337**	**52,275**	**45,990**	**66,063**	**7,011,144**	**0.9%**

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

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

2 Torbay PCT (5CW) was formed on 1 April 2012, now operating commissioning services of Torbay Care Trust (TAL), which is no longer in existence. (5CW) changed it's code back to (TAL) from December 2012.

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

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

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

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

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

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

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

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

11 Isle of Wight NHS Trust (R1F), was formed 1 April 2012, as a provider split from Isle of Wight NHS PCT (5QT).

12 On the 1 November 2012 Oxfordshire Learning Disability NHS Trust (RHX) merged with Southern Health NHS Foundation Trust (RW1).

13 Oxford University Hospitals NHS Trust (RTH) was formed from the merger of Nuffield Orthopaedic NHS Trust (RB1) and The Oxford Radcliffe Hospitals NHS Trust (RTH) on 1 November 2011.

14 South Central Ambulance Service NHS Trust achieved foundation trust status on 1 March 2012.

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

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

17 Winchester and Eastleigh HealthCare NHS Trust merged with Basingstoke and North Hampshire NHS Foundation Trust (RN5), on 9 January 2012. As a result of this merger Basingstoke and North Hampshire have changed their name to Hampshire Hospitals NHS Foundation Trust.

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

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

20 Torbay and Southern Devon Health and Care NHS Trust (R1G) was formed on 1 April 2012, as a provider arm split from Torbay Care Trust (TAL). Torbay Care Trust reverted to Torbay PCT (5CW), which then changed it's code back to (TAL) from December 2012.

In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:
a) impairments, or
b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10, or
c) the impact of the change in accounting for donated assets and government grant reserves, or
d) the impact of absorption accounting.
This is not recognised for NHS budgeting purposes.

Brighton and Sussex University Hospitals NHS Trust (£3m)
Dartford and Gravesham NHS Trust (£1m)
Kent and Medway NHS and Social Care Partnership NHS Trust (£1m)
Maidstone and Tunbridge Wells NHS Trust (£5m)
North Bristol NHS Trust (£18m)
Oxford Learning Disability NHS Trust (£1m)
Plymouth Hospitals NHS Trust (£2m)
Surrey and Sussex HealthCare 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.

NHS Q3 Performance Framework results

In 2012/13 tripartite formal agreement (TFA) monitoring and the NHS Performance Framework were brought together. This publication reflects this and the change from quarterly to monthly reporting for the NHS Performance Framework. It shows the published TFA monitoring ratings for all the remaining acute and ambulance NHS trusts alongside the monthly NHS Performance Framework results across Q3. The TFA process is informed by the NHS Performance Framework ratings and a set of rules exist to ensure consistency across the integrated process.

For mental health trusts, NHS Performance Framework results are available on a less frequent timescale so local intelligence is used to inform the TFA RAG ratings for these trusts. For community trusts, there are no performance framework results, so local intelligence is also used for these trusts.

The TFA monitoring and the NHS Performance Framework were bought together to ensure NHS trusts are clear on the equal priority for delivery against plans to become FTs, the continued delivery of performance and financial requirements as set out in the NHS Operating Framework, and full compliance with CQC standards. Achievement of FT status will only be delivered through sustained performance delivery. Equally, delivery against ongoing performance requirements will only be achieved through the governance and organisational developments required to achieve FT status being put in place. To maintain the momentum of the FT pipeline, the monitoring of progress against each NHS trust's plans for achieving FT status, as set out in their individual TFAs, is a key part to making sure that the necessary progress is being made by each organisation.

Where an NHS trust does not deliver against the plans set out in its TFA, and is red rated for three consecutive months, the Department's agreed escalation process is triggered. Intervention may be needed to ensure the NHS trust gets back on track and in some circumstances a revised TFA date may be required with a revised management plan to deliver this.

Figure 1. Finance performance for October to December (including all acute and ambulance trusts)

	October	November	December
Performing:	50	50	50
Performance under review:	10	10	9
Underperforming	7	7	8
Total:	67	67	67

Figure 2. Breakdown of quality of service performance for October to December (including all acute and ambulance trusts)

	October	November	December
Performing:	46	46	40
Performance under review:	18	18	20
Underperforming	3	3	7
Total:	67	67	67

Figure 3. Breakdown of finance performance and quality of service performance for Q2 2012/13 for mental health trusts

	Finance performance	Quality of service performance
Performing:	14	12
Performance under review:	0	1
Underperforming	0	1
Total:	14	14

Bringing together the NHS Performance Framework results and the TFA ratings

Monthly TFA ratings take account of the latest available data at the time of discussions to agree TFA ratings. Because of the delay in data publication, October data is reflected in December TFA ratings, November data in January and December data in February.

There are some instances with quarterly data sources (such as finance) where previous quarter data is used in the first two months of any subsequent quarter until latest data is available. The NHS Performance Framework results are used alongside other measures to make a judgement on the TFA rating. It is therefore possible for an organisation to be 'performing' under the performance framework and still red rated for their TFA if issues are apparent with their TFA progress. It is not however possible for an organisation to be rated anything other than red on their TFA if any aspect of the performance framework is judged to be underperforming.

Figure 4: Breakdown of TFA ratings for December to February (including all acute, ambulance, mental health and community trusts)

	December ratings (using October NHS PF results)	January ratings (using November NHS PF results)	February ratings (using December NHS PF results)
Green:	19	18	22
Amber-Green:	12	17	12
Amber-Red:	23	21	23
Red:	46	44	43
Total:	100	100	100

Annex 5

NHS Performance Framework and TFA results October to December 2012

Trust name	October NHS Performance Framework		December TFA rating	November NHS Performance Framework		January TFA rating	December NHS Performance Framework		February TFA rating
	Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score	
Barking, Havering and Redbridge University Hospitals NHS Trust	Underperforming	Performance under review	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R
Barnet and Chase Farm Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performance under review	Performance under review	R
Barts Health NHS Trust	Performance under review	Performing	AR	Performance under review	Performance under review	AR	Performance under review	Performance under review	AR
Bedford Hospital NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Birmingham Community Healthcare NHS Trust			G			G			G
Bridgewater Community Healthcare Trust			G			G			G
Brighton and Sussex University Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Buckinghamshire Healthcare NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AR
Cambridge Community Services NHS Trust			R			R			R
Central London Community Healthcare NHS Trust			R			R			R
Croydon Health Services NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performance under review	Performance under review	R
Dartford and Gravesham NHS Trust	Performing	Performance under review	AR	Performing	Performing	AG	Performing	Performing	AG
Derbyshire Community Health Services NHS Trust			G			G			G
Ealing Hospital NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performance under review	Performance under review	R
East and North Hertfordshire NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
East Cheshire NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performance under review	R
East Lancashire Hospitals NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
East Midlands Ambulance Service NHS Trust	Performing	Underperforming	R	Performing	Underperforming	R	Performing	Underperforming	R
East of England Ambulance Service NHS Trust	Performing	Underperforming	R	Performing	Performance under review	R	Performing	Underperforming	R
East Sussex Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performance under review	Performing	AR
Epsom and St Helier University Hospitals NHS Trust	Underperforming	Performing	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R
George Eliot Hospital NHS Trust	Performance under review	Performing	AR	Performance under review	Performance under review	AR	Performing	Performance under review	AR

Trust name	October NHS Performance Framework		December TFA rating	November NHS Performance Framework		January TFA rating	December NHS Performance Framework		February TFA rating
	Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score	
Hertfordshire Community NHS Trust			R			R			G
Hinchingbrooke Healthcare NHS Trust	Underperforming	Performing	AR	Underperforming	Performing	AR	Underperforming	Performing	AR
Hounslow and Richmond Community Healthcare NHS Trust			R			R			R
Hull and East Yorkshire Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	R	Performing	Performing	G
Imperial College Healthcare NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Ipswich Hospital NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AG
Isle of Wight NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AR
Kent Community Health NHS Trust			AG			AG			G
Kingston Hospital NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Leeds Community Healthcare NHS Trust			R			R			R
Leeds Teaching Hospitals NHS Trust	Performing	Performance under review	R	Performing	Performing	R	Performing	Performing	R
Lewisham Healthcare NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AG
Lincolnshire Community Health Services NHS Trust			R			R			AG
Liverpool Community Health NHS Trust			R			AG			G
London Ambulance Service NHS Trust	Performance under review	Performing	R	Performance under review	Underperforming	R	Performance under review	Underperforming	R
Maidstone and Tunbridge Wells NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performance under review	AR
Mid Essex Hospital Services NHS Trust	Performance under review	Performing	R	Performance under review	Performing	R	Performance under review	Performing	R
Mid Yorkshire Hospitals NHS Trust	Underperforming	Performance under review	R	Underperforming	Performing	R	Underperforming	Performing	R
Norfolk Community Health and Care NHS Trust			G			G			G
North Bristol NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performing	Underperforming	R
North Cumbria University Hospitals NHS Trust	Performing	Performance under review	R	Performing	Underperforming	R	Performing	Underperforming	R
North Middlesex University Hospital NHS Trust	Performing	Performance under review	AR	Performing	Performance under review	AR	Performing	Performance under review	AR
North West Ambulance Service NHS Trust	Performing	Underperforming	R	Performing	Performance under review	AR	Performing	Underperforming	R
North West London Hospitals NHS Trust	Underperforming	Performance under review	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R

Trust name	October NHS Performance Framework		December TFA rating	November NHS Performance Framework		January TFA rating	December NHS Performance Framework		February TFA rating
	Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score	
Northampton General Hospital NHS Trust	Performance under review	Performing	R	Performance under review	Performing	R	Performing	Performance under review	R
Northern Devon Healthcare NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Nottingham University Hospitals NHS Trust	Performing	Performing	R	Performing	Performance under review	R	Performing	Performing	R
Nottinghamshire Healthcare NHS Trust			G			G			G
Oxford University Hospitals NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performance under review	AR
Pennine Acute Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Plymouth Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Portsmouth Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Princess Alexandra Hospital NHS Trust	Performance under review	Performance under review	R	Performance under review	Performance under review	R	Performance under review	Performance under review	R
Royal Cornwall Hospitals NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Royal Liverpool Broadgreen Hospitals NHS Trust	Performing	Performing	G	Performing	Performing	AG	Performing	Performing	G
Royal United Hospital Bath NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performance under review	AR
Royal Wolverhampton Hospital NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Sandwell and West Birmingham Hospitals NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AG
Shrewsbury and Telford Hospitals NHS Trust	Performing	Performance under review	AR	Performing	Performance under review	AR	Performing	Performance under review	AR
Shropshire, Telford and Wrekin Community Services			AR			AR			AR
Solent NHS Trust			G			G			G
South London Healthcare NHS Trust	Underperforming	Performing	R	Underperforming	Performing	R	Underperforming	Performing	R
Southport and Ormskirk Hospital NHS Trust	Performing	Performance under review	R	Performing	Performing	R	Performing	Performing	R
St George's Healthcare NHS Trust	Performing	Performing	G	Performing	Performance under review	AR	Performing	Performance under review	AR
St Helens and Knowsley Hospitals NHS Trust	Performing	Performance under review	R	Performing	Performing	R	Performing	Performing	R
Staffordshire and Stoke on Trent Community Services			AR			AG			AG
Surrey and Sussex Healthcare NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Sussex Community NHS Trust			AR			AR			AR
The Royal National Orthopaedic Hospital NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AG
The Whittington Hospital NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R

Trust name	October NHS Performance Framework		December TFA rating	November NHS Performance Framework		January TFA rating	December NHS Performance Framework		February TFA rating
	Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score		Overall finance score	Overall quality of services score	
Torbay and South Devon Health and Care Trust			AR			AR			AR
United Lincolnshire Hospitals NHS Trust	Performance under review	Performing	AR	Performance under review	Performing	AR	Performance under review	Performing	AR
University Hospital of North Staffordshire NHS Trust	Performance under review	Performing	R	Performance under review	Performing	R	Underperforming	Performing	R
University Hospitals Coventry and Warwickshire NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
University Hospitals of Leicester NHS Trust	Performance under review	Performance under review	R	Performance under review	Performing	R	Performing	Performing	R
Walsall Healthcare NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
West Hertfordshire Hospitals NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performing	Performance under review	R
West Middlesex University Hospital NHS Trust	Underperforming	Performance under review	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R
Western Sussex Hospitals NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Weston Area Health NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performance under review	AR
Wirral Community Health Services			R			G			G
Worcestershire Acute Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Wye Valley NHS Trust (Hereford Hospital)	Performance under review	Performing	R	Performance under review	Performing	R	Performing	Performing	R
Yorkshire Ambulance Service NHS Trust	Performing	Performance under review	AR	Performing	Performance under review	AR	Performing	Underperforming	R

Annex 6

NHS Performance Framework and TFA results – mental health trusts

Trust name	NHS Performance Framework – Q2 2012/13		TFA results		
	Overall finance score	Overall quality of services score	December	January	February
Avon and Wiltshire Mental Health Partnership NHS Trust	Performing	Underperforming	R	AG	AG
Barnet, Enfield and Haringey Mental Health NHS Trust	Performing	Performing	AG	AG	AG
Bradford District Care Trust	Performing	Performing	G	G	G
Coventry and Warwickshire Partnership NHS Trust	Performing	Performing	G	G	AG
Devon Partnership NHS Trust	Performing	Performing	G	G	G
Dudley and Walsall Mental Health Partnership NHS Trust	Performing	Performing	G	G	G
Kent and Medway NHS and Social Care Partnership Trust	Performing	Performing	AG	AG	G
Leicestershire Partnership NHS Trust	Performing	Performance under review	AR	AR	AR
Manchester Mental Health and Social Care Trust	Performing	Performing	AG	AG	AG
Mersey Care NHS Trust	Performing	Performing	G	G	G
North Staffordshire Combined Healthcare NHS Trust	Performing	Performing	R	R	R
South West London and St Georges Mental Health NHS Trust	Performing	Performing	AG	AG	AG
West London Mental Health NHS Trust	Performing	Performing	AR	R	R
Worcestershire Health and Care NHS Trust	Performing	Performing	G	G	G