thequarter.

Quarter 2 2012/13

An update from David Flory, Deputy NHS Chief Executive

Index

Introduction

The quarter provides the definitive account of how the NHS is performing at national level against the requirements and indicators set out in the NHS Operating Framework 2012/13[1]. This edition of *the quarter* covers the period from July to September 2012, quarter two (Q2), the second quarter of the 2012/13 performance year.

During Q2, we saw the NHS continue to maintain performance and make further progress through the transition period while also responding to the unique challenge presented by the Olympic and Paralympic Games. The NHS maintained service delivery throughout the games period as well as providing support to the games family which is a testament to the significant planning efforts that took place to prepare for this unique challenge, and the strong collaboration that occurred at all levels of the system.

Performance delivery secured

Q2 saw the successes reported at quarter one (Q1) 2012/13 continue against the measures set out in the NHS Operating Framework 2012/13, with performance maintained or improved:

- MRSA bacteraemia were 14 percent lower than during the same quarter last year and C. difficile infections were 23 percent lower
- access to services continued to be maintained, with the NHS delivering above the NHS constitutional commitment to treatment within 18 weeks of referral. We also saw a continuing reduction in longer waiters with the 92 percent threshold for incomplete waits being consistently exceeded
- the number of breaches of mixed sex accommodation continued to decrease to a breach rate of 0.1 per 1,000 episodes
- key cancer standards continue to be achieved across all eight performance measures
- performance around key emergency treatment standards for A&E access and ambulance response times remains stable.

These achievements should be recognised because they are the result of significant efforts by staff continuing to focus on performance in what is a period of significant change. It is vital that these efforts continue as we move into the winter period. For quarter 3 (Q3) and quarter 4 (Q4) 2012/13, we will be maintaining a consistent focus on performance and will expect those small number of organisations who continue to under-perform to maintain a forensic focus on improvement to assure a stable transition for 2013/14.

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

Gateway reference number 18493

A positive financial position

The NHS has maintained the financial position from Q1. Latest figures indicate that strategic health authorities (SHAs) and primary care trusts (PCTs) are forecasting an overall surplus of £1,184 million, which is in line with the NHS Operating Framework 2012/13 and a slight increase from Q1.

In addition, Q2 data shows that the NHS delivered a further £1.2 billion of Quality, Innovation, Productivity and Prevention (QIPP) savings, building on the solid achievements of Q1 and yielding a combined achievement of 49 percent of the forecast annual savings.

Progress through transition

Progress against the reform agenda continues with the future shape of delivery now clearly set out with the publication of the NHS Mandate[2] on 13 November. The coming months will see focus move towards the planning process as new NHS organisations begin to set out how they will deliver against this ambitious challenge.

Clinical commissioning groups (CCGs) are at an advanced stage of preparation, with all now moving towards full authorisation. They will be working alongside legacy organisations over the next few months through the planning round to take responsibility for delivery from April.

102 NHS trusts remained in the foundation trust (FT) pipeline at the end of Q2. We continue to expect the majority of NHS trusts to achieve FT status by 2014 either as stand-alone organisations, as part of an existing FT, or in some other organisational form. It is encouraging that 24 trusts are at an advanced stage in the current application process but the NHS Trust Development Authority (TDA) has a significant challenge in securing a full FT landscape for the future. The publication of the trust special administrator report into the future viability of South London Healthcare NHS Trust is an important step in moving towards a sustainable health system in south east London. While it is the last stage of a lengthy process of engagement, it represents the opportunity to ensure that all NHS organisations are viable and safe for the future.

Conclusion

The NHS remains well placed for the future with a strong underlying delivery and financial position. This was acknowledged in a recent report by The King's Fund, which recognised the positive performance gains which have been secured in recent years. However, as both they and we acknowledge, there is a pressing need to continue to focus on dealing with the challenges posed to the NHS as a result of demographic, financial and technological challenges and as the recently published Dr Foster report recognised, on ensuring that patients are treated in the most appropriate settings.

We are entering the most challenging phase of transition and it is vital that efforts are focussed to ensure that this strong position is maintained to give successor organisations the best opportunity to realise their delivery potential in the future.

2 https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf

Quality

HCAI[3]

Performance status: improved

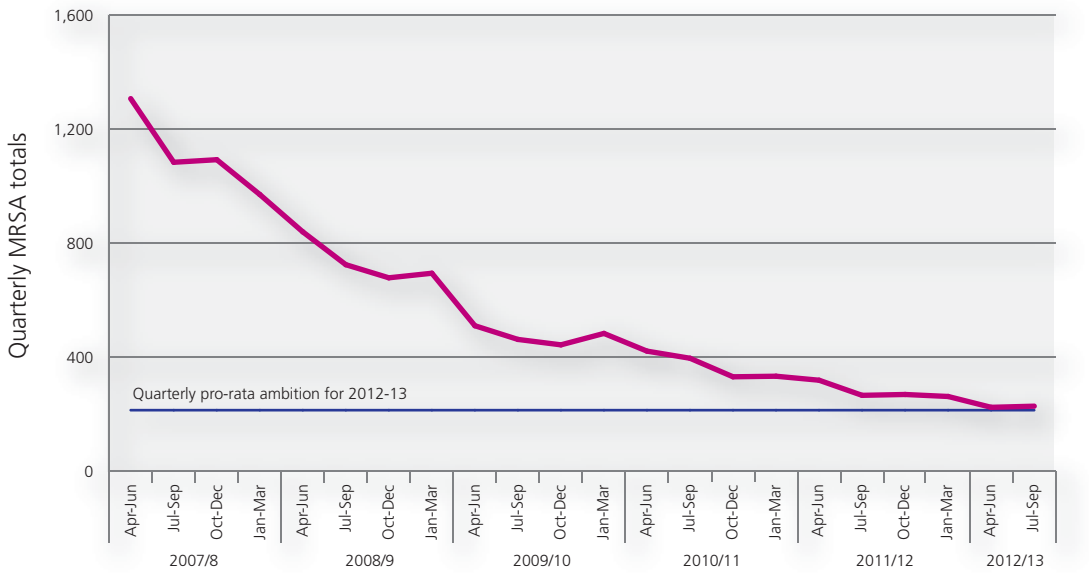
MRSA bloodstream infections were 14 percent lower and C. difficile infections were 23 percent lower than the same quarter last year.

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 Q2, a total of 228 MRSA bloodstream infections were reported, a 14 percent reduction on the same quarter last year.

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



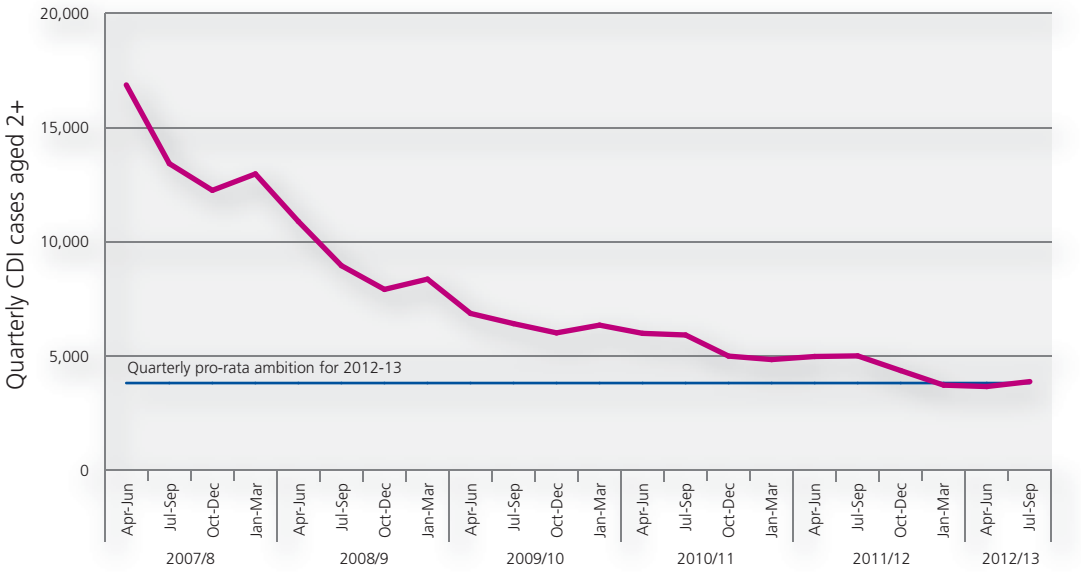
3 http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/LatestPublicationsFromMandatorySurveillanceMRSACDIAndGRE/

C. difficile

For C. difficile, 3,866 infections were reported in Q2, a 23 per cent improvement on the same quarter last year.

In addition, from April 2012, the Department of Health introduced new guidance that strengthens C. difficile testing and reporting arrangements, helping healthcare providers improve the management of C. difficile infection.

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



Patient experience

Eliminating mixed sex accommodation[4]

Performance status: improved

The overall trend of steadily reducing breaches continues. In Q2, the total number of reported breaches was 591. This is down from a total of 1,318 breaches reported in Q1, an overall reduction of 55 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. Twenty-two months worth of data is now available. There has been a steady reduction in the breach rate as shown in Figure 3 (Q2 figures in shaded boxes). *Asterisked figures are unrevised.

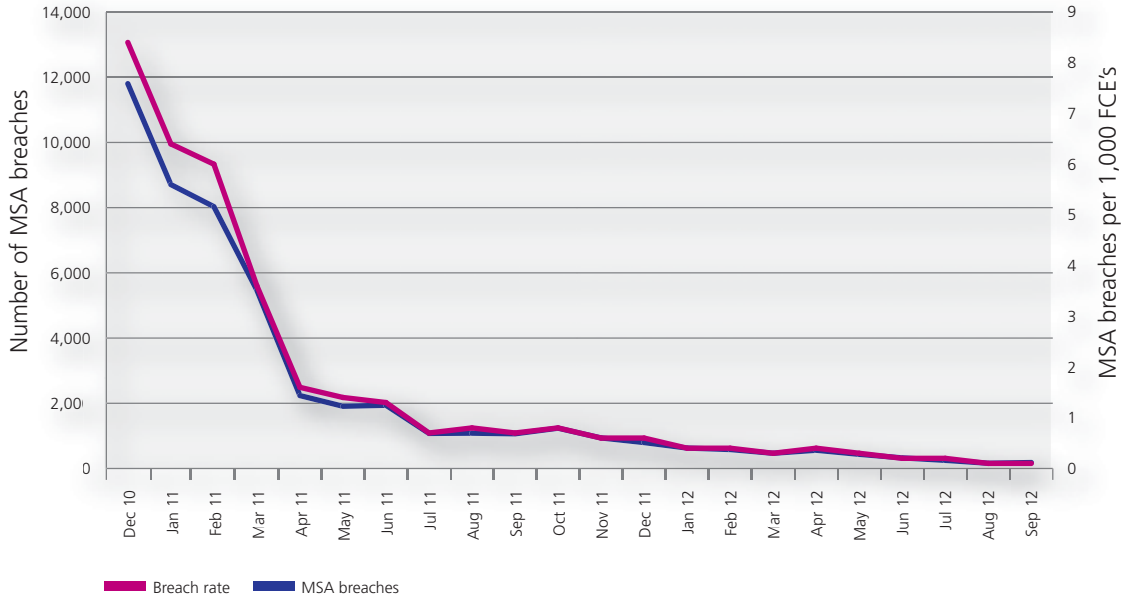
The reporting arrangements ensure a higher degree of scrutiny and transparency to eliminate mixed sex accommodation. Breaches of guidance relating to bathrooms, WCs and day areas in mental health units are monitored locally through usual contract arrangements. Occurrences of mixing in the best interests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

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

Figure 3: Number of mixed sex accommodation breaches

Month	MSA breaches	Breach rate
Sep-12	*182	0.1
Aug-12	*160	0.1
Jul-12	*249	0.2
Jun-12	*325	0.2
May-12	*434	0.3
Apr-12	*559	0.4
Mar-12	466	0.3
Feb-12	581	0.4
Jan-12	626	0.4
Dec-11	795	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

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



CQC community mental health survey[5]

The results from the community mental health survey 2012/13 were published by the Care Quality Commission (CQC) on 13 September 2012. The proportion of patients in 2012 rating their overall care as excellent was 30 percent, which is comparable to the figure for 2011 (29 percent).

Some notable results are detailed below:

- Overall, 79 percent of service users rated the care received as good, very good or excellent
- for some questions, respondents covered by the Care Programme Approach (CPA) reported different experiences to those not on CPA, though this was not unexpected given the differences in the policy requirements of the two approaches
- results have improved for care plans. More people have plans that 'definitely' set out their goals (43 percent in 2012 from 40 percent in 2011), that 'definitely' cover what to do in a crisis (54 percent from 52 percent), and that have been provided in written or printed form within the last year (49 percent from 47 percent)
- more people have had more than one care review meeting in the last 12 months (34 percent from 32 percent)
- results have deteriorated for support from NHS mental health services in some areas. More patients reported they received no help with physical health needs (36 percent from 31 percent) and care responsibilities (39 percent from 35 percent), but would have liked support.

Individual trust scores are included in the Community Mental Health Survey and organisations are encouraged to review their position and consider what action they need to take to improve patient experience.

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.

He said:

"We're moving ahead quickly [with] the friends and family test. In every hospital, patients are going to be able to answer a simple question: whether they'd want a friend or relative to be treated there in their hour of need. By making those answers public we're going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game."

From April 2013, patients will be asked a simple question to identify whether they would recommend their friends or family to receive similar care or treatment in a particular acute hospital ward or accident and emergency unit.

Guidance on how to implement the friends and family test within adult inpatient and A&E services, developed in conjunction with the NHS, was published on 4 October 2012.[6]

5 http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/community-mental-health-survey-2012

6 http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft

Patient Reported Outcome Measures (PROMs)[7]

Performance status: maintained

The latest provisional data covering April 2011 to March 2012 shows a continuing improvement in compliance. The number of patients returning pre-operative questionnaires (184,958) and the national participation rate (75 percent) show a clear upward trend. The national participation rate is approximately 5 percentage points higher than in 2010/11, which in turn was 3.7 percentage points higher than in 2009/10.

The data for April 2011 to March 2012 published on 13 November 2012 shows that the percentage of patients reporting an improvement for all four procedures has been maintained. For example, 95.8 percent of patients receiving a hip replacement report an improvement, the same figure as 2010/11 and 91.7 percent of patients receiving a knee replacement report an improvement, up from 91.4 percent in 2010/11.

Figure 5: Headline PROMs data, England

Procedure	Year*	Average health gain (EQ-5D)	% of patients reporting improved health status**
Hip replacement	2009/10	0.411	87.2 – 95.7
	2010/11	0.405	86.7 – 95.8
	2011/12	*0.416*	*87.3 – 95.8*
Knee replacement	2009/10	0.295	77.6 – 91.4
	2010/11	0.299	77.9 – 91.4
	2011/12	*0.303*	*78.6 – 91.7*
Varicose vein	2009/10	0.094	52.4 – 83.4
	2010/11	0.094	51.6 – 82.5
	2011/12	*0.095*	*53.3 – 83.3*
	2012/13	*0.104*	*53.9 – 83.0*
Groin hernia	2009/10	0.082	49.3
	2010/11	0.085	50.5
	2011/12	*0.087*	*49.9*
	2012/13	*0.085*	*51.6*

* 2009/10 and 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 three months and currently has no data for hip or knee replacement.

Analysis of the 2011/12 data indicates that a number of organisations seem to be 'outliers' on certain procedures when compared to the national average[8]. Figure 6 shows the organisations whose performance is statistically better than the national average for generic health status and condition-specific questionnaire (where available). 13 other organisations appear as a positive outlier for one outcome measure.

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

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

Figure 6: List of potential statistical positive 'outlier' organisations for 2011/12 (provisional data)

Organisation name	Procedure
Dorset County Hospital NHS Foundation Trust	Hip replacement
Duchy Hospital, Truro	Knee replacement
Heart of England NHS Foundation Trust	Varicose vein
Royal Devon and Exeter NHS Foundation Trust	Hip replacement
South Warwickshire NHS Foundation Trust	Groin hernia
Inclusion criteria: • groin hernia: statistically below average scores (> 3 standard deviations) for EQ-5D index • all others: statistically above average scores (> 3 standard deviations) for EQ-5D index **and** condition specific score (Oxford hip score, Oxford knee score or Aberdeen varicose vein score).	

Figure 7 shows those organisations whose outcomes are statistically below the average for both the generic health status and condition-specific questionnaire (where available). 23 other organisations appear as negative outliers for one outcome measure. Organisations in Figure 7 are encouraged to investigate their own score in order to understand any underlying causes for the variation in performance.

Figure 7: List of potential statistical negative 'outlier' organisations for 2011/12 (provisional data)

Organisation name	Procedure
Barts and the London NHS Trust	Varicose vein
Chesterfield Royal Hospital NHS Foundation Trust	Hip replacement
Guy's and St Thomas' NHS Foundation Trust	Knee replacement
Heart of England NHS Foundation Trust	Hip replacement
Homerton University Hospital NHS Foundation Trust	Knee replacement
North Bristol NHS Trust	Knee replacement
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Hip replacement
Royal National Orthopaedic Hospital NHS Trust	Knee replacement
South London Healthcare NHS Trust	Knee replacement
The Dudley Group NHS Foundation Trust	Groin hernia
The Hillingdon Hospitals NHS Foundation Trust	Hip replacement
Walsall Healthcare NHS Trust	Hip replacement
Whipps Cross University Hospital NHS Trust	Groin hernia
Inclusion criteria: • groin hernia: statistically below average scores (> 3 standard deviations) for EQ-5D index • all others: statistically below average scores (> 3 standard deviations) for EQ-5D index **and** condition specific index (Oxford hip score, Oxford knee score or Aberdeen varicose vein score).	

Referral to treatment (RTT) consultant-led waiting times)[9]

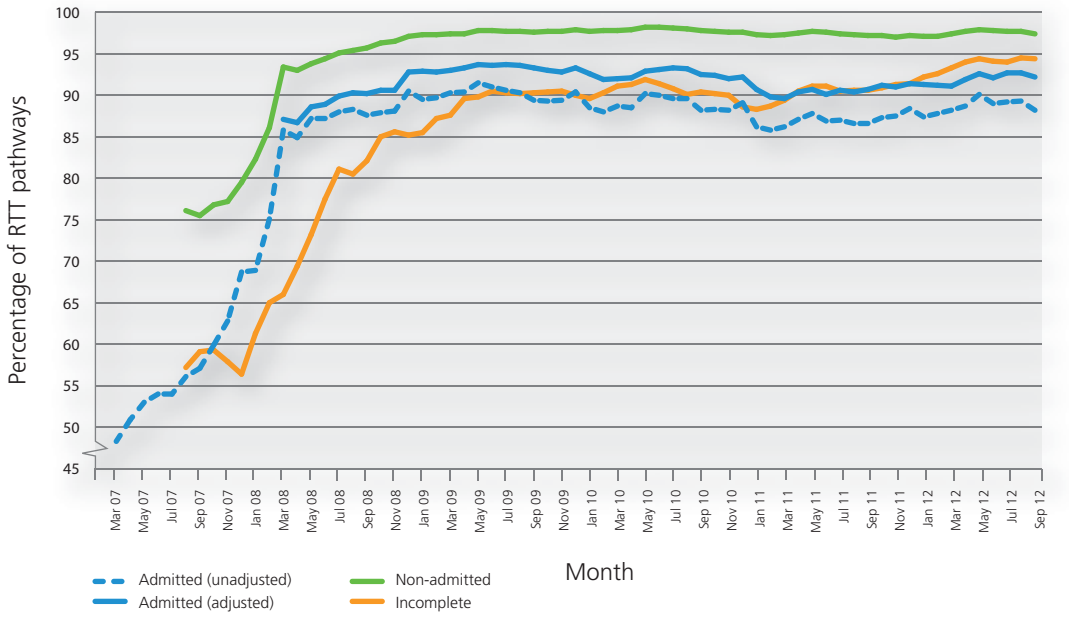
Performance status: maintained

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[10].

In the three months to September 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 8). In September 2012, 92.2 percent of admitted patients and 97.4 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 September 2012, 94.4 percent of patients on an incomplete pathway had been waiting less than 18 weeks.

Figure 8: Percentage of RTT pathways within 18 weeks, England



All organisations must make sure that patients receive clinically appropriate treatment in accordance with the NHS Constitution. In order to deliver the NHS Constitution 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.

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

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

Figure 9 shows the 10 organisations reporting the best performance against the 2012/13 performance measures in September 2012.

Figure 9: Acute trusts with best performance on referral to treatment waits in September 2012

Name	Adm % within 18 weeks	Non-adm % within 18 weeks	Incomplete % within 18 weeks	Treatment functions not met
West Suffolk NHS Foundation Trust	100.0%	100.0%	100.0%	0
Chesterfield Royal Hospital NHS Foundation Trust	98.3%	99.6%	98.9%	0
South Tyneside NHS Foundation Trust	98.1%	99.8%	94.1%	0
Poole Hospital NHS Foundation Trust	97.6%	97.4%	96.9%	0
Liverpool Women's NHS Foundation Trust	97.0%	96.1%	93.0%	0
Gateshead Health NHS Foundation Trust	96.9%	98.0%	96.6%	0
North Middlesex University Hospital NHS Trust	96.6%	99.0%	99.6%	0
Northampton General Hospital NHS Trust	96.3%	98.4%	97.1%	0
Homerton University Hospital NHS Foundation Trust	96.3%	99.6%	98.2%	0
City Hospitals Sunderland NHS Foundation Trust	95.4%	99.0%	96.9%	0

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

Figure 10: Acute trusts with poorest performance on referral to treatment waits in September 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	
Sherwood Forest Hospitals NHS Foundation Trust	77.9%	91.8%	89.9%	24	4
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	43.3%	71.4%	75.2%	7	3
Bradford Teaching Hospitals NHS Foundation Trust	72.3%	93.6%	92.7%	26	3
Shrewsbury and Telford Hospital NHS Trust	80.9%	95.1%	90.0%	12	2
United Lincolnshire Hospitals NHS Trust	89.6%	94.6%	92.1%	17	2
James Paget University Hospitals NHS Foundation Trust	75.5%	99.0%	94.8%	7	1
Sheffield Children's NHS Foundation Trust	84.0%	96.5%	92.2%	3	1
St George's Healthcare NHS Trust	84.2%	97.3%	94.3%	12	1
Cambridge University Hospitals NHS Foundation Trust	84.3%	96.6%	95.0%	11	1
Imperial College Healthcare NHS Trust	85.4%	96.2%	92.8%	17	1

During the three months to September 2012, the NHS has also 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 September 2012 has reduced to 1,613 (0.1 percent of total waiting list), compared to 20,097 (0.8 percent of total waiting list) at the end of September 2011.

This reduction means that the number of patients waiting over a year for treatment is at the lowest level since records began, 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 11 shows the 10 organisations with the most 'over 52 week waits' in September 2012.

Figure 11: Providers with highest number of over 52 week waits in September 2012

Trust name	52+ week waits
King's College Hospital NHS Foundation Trust	128
Guy's and St Thomas' NHS Foundation Trust	125
The Newcastle upon Tyne Hospitals NHS Foundation Trust	124
Imperial College Healthcare NHS Trust	97
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	96
Nottingham University Hospitals NHS Trust	91
Benenden Hospital	70
The Royal Orthopaedic Hospital NHS Foundation Trust	47
Hounslow and Richmond Community Healthcare NHS Trust	43

In July and September, the NHS as a whole delivered the 2012/13 operational standard for diagnostic waiting times, that less than 1 percent of patients should be waiting six weeks or longer for a diagnostic test. The standard was not delivered for August 2012, with 1.05 percent of patients waiting six weeks or longer for one of the 15 key diagnostic tests at the end of the month.

A small number of trusts are responsible for a large proportion of the waits of six weeks or longer reported at the end of September 2012. Figure 12 shows the acute trusts with the largest percentages of waits of six weeks or longer at the end of September 2012.

Figure 12: Providers reporting the largest percentages of diagnostic waits of six weeks or longer at the end of September 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	423	4,026	10.5%
Papworth Hospital NHS Foundation Trust	57	726	7.9%
Mid Staffordshire NHS Foundation Trust	168	2,387	7.0%
Surrey and Sussex Healthcare NHS Trust	212	3,597	5.9%
South Devon Healthcare NHS Foundation Trust	173	3,018	5.7%
Oxford University Hospitals NHS Trust	346	6,102	5.7%
Hampshire Hospitals NHS Foundation Trust	271	5,225	5.2%
Wirral University Teaching Hospital NHS Foundation Trust	283	5,743	4.9%
Guy's and St Thomas' NHS Foundation Trust	195	4,687	4.2%
Gloucestershire Hospitals NHS Foundation Trust	262	6,619	4.0%
Brighton and Sussex University Hospitals NHS Trust	182	5,190	3.5%
The Rotherham NHS Foundation Trust	46	1,366	3.4%
King's College Hospital NHS Foundation Trust	126	4,542	2.8%
Bradford Teaching Hospitals NHS Foundation Trust	146	5,766	2.5%
Royal Surrey County Hospital NHS Foundation Trust	74	2,943	2.5%
Poole Hospital NHS Foundation Trust	70	3,052	2.3%
West Suffolk NHS Foundation Trust	37	1,732	2.1%
Kingston Hospital NHS Trust	52	2,701	1.9%
Royal Berkshire NHS Foundation Trust	44	2,635	1.7%
Hinchingbrooke Health Care NHS Trust	30	1,883	1.6%

Average waiting times for the 15 key diagnostic tests have remained low and stable in the three months to September 2012. This has been achieved during a period of increasing activity. In the three months to September 2012, total diagnostic activity increased by 5.8 percent (231,000) tests compared to the same period in 2011.

A&E[11]

Performance status: maintained

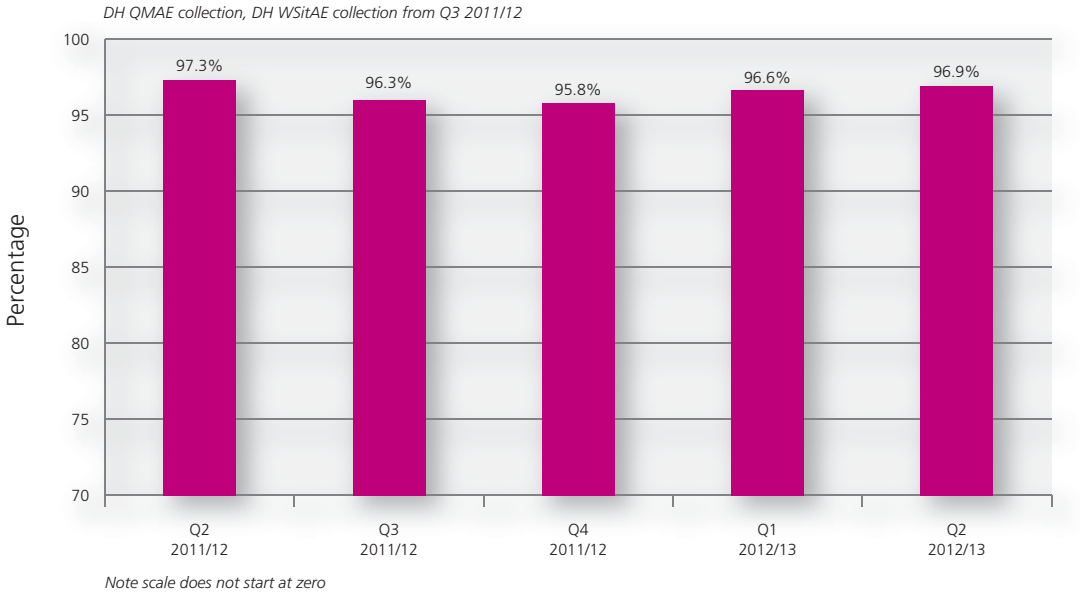
At Q2, 96.9 percent of patients spent four hours or less from arrival to admission, transfer to discharge, across all A&E types. This remains above the 95 percent standard, although slightly lower than the same period last year.

Figure 13 shows performance against the total time indicator, with 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 13: Percentage of patients spending four hours or less at all types of A&E by quarter, England



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

Ambulance[12]

Performance status: maintained

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.

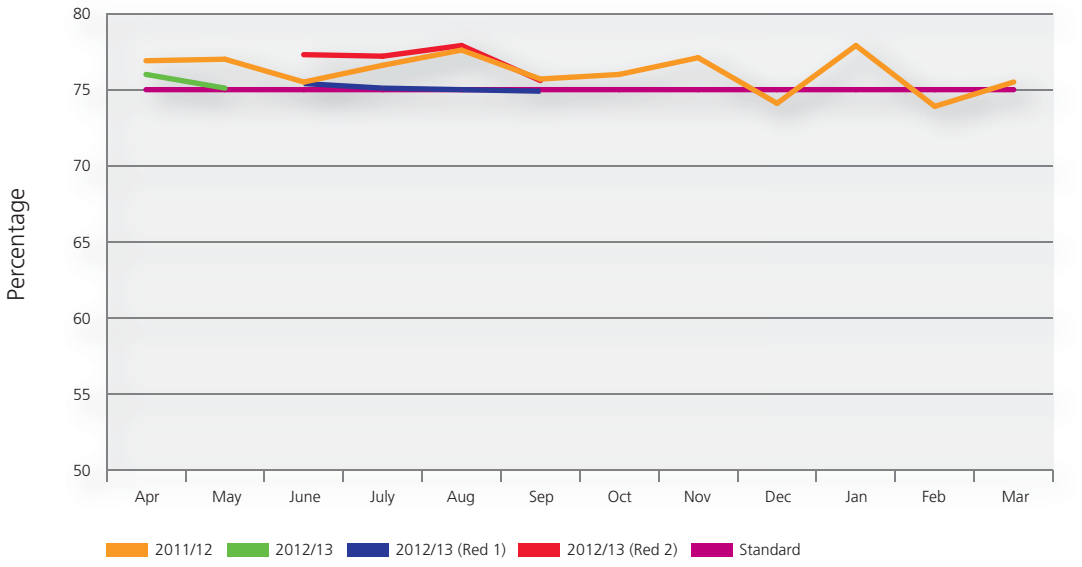
For Q2 2012/13, separate aggregated figures for Category A Red 1 and Category A Red 2 calls are displayed. This is the first quarter in which these categorisations have been used across all three months of the period.

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

For Q2, 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 96.4 percent nationally, comparable to the Q1 2012/13 figure of 96.6 percent.

The data shows that fast response times for the most seriously ill patients are being maintained, as represented in Figures 14 and 15.

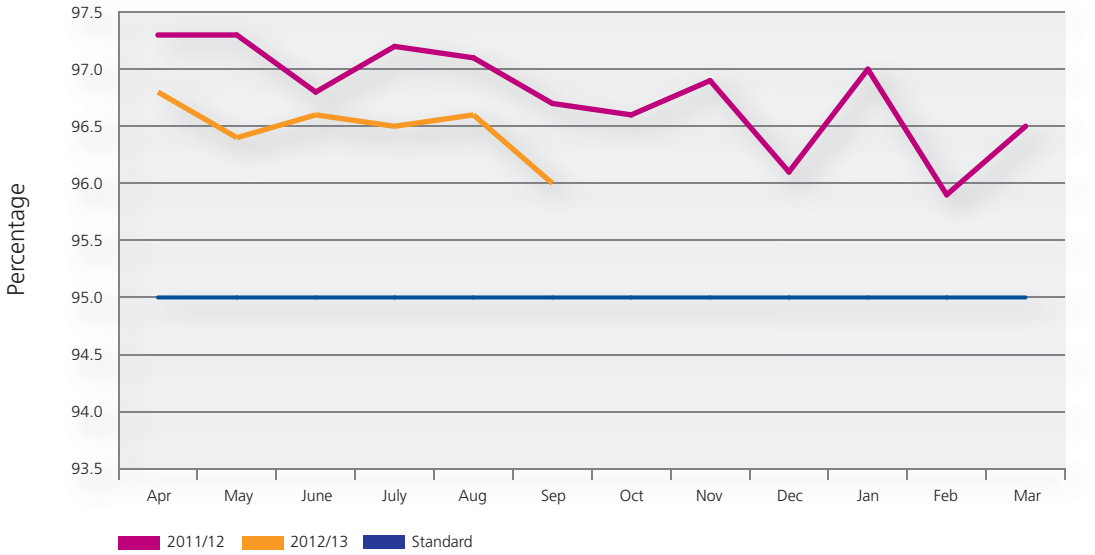
Figure 14: Percentage of Category A calls responded to within eight minutes of call being connected (England)



Prior to April 2011, data for the Category A 8 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 8 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 8 minutes data and therefore they have been shown separately on the graph.

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

Figure 15: 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 Q2 show that:

- there were over 1,205,000 emergency journeys in Q2
- the percentage of callers abandoning their call before the call was answered by the ambulance service, rose from 1.1 percent in Q1 to 1.7 percent in Q2
- the proportion of patients re-contacting the ambulance service following discharge of care by telephone fell from 14 percent in Q1 to 13.1 percent in Q2
- the re-contact rate following discharge of care from treatment at the scene remained the same in Q2 as in Q1, at 5.8 percent
- the proportion of calls closed with telephone advice rose slightly from 5.7 percent in Q1 to 5.8 percent in Q2
- the proportion of incidents receiving a face-to-face response from ambulance services, which were managed without the need for transport to A&E, rose from 35.1 percent in Q1 to 35.6 percent in Q2.

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 16: Performance against cancer waiting time standards

Measure	Operational standard	Q2 2012/13 Performance
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.4%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	95.7%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	87.3%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers.	90%	94.9%
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	93.2%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.4%
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%	99.8%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	97.9%

All data are taken from the Q2 2012/13 National Statistics and are provider-based (including Welsh and unknowns)

Only five providers failed to achieve the operational standard for three or more cancer waiting times measures in Q2 2012/13 (see Figure 17 below).

Figure 17: 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**
East Sussex Healthcare NHS Trust	92.4%	96.3%	100.0%	100.0%		84.4%	90.9%	92.5%	3
Imperial College Healthcare NHS Trust	94.5%	89.1%	89.8%	99.0%	95.8%	64.6%	80.7%	91.4%	5
Kingston Hospital NHS Trust	91.2%	98.0%	90.9%	100.0%		89.3%	88.9%	84.7%	3
Southport and Ormskirk Hospital NHS Trust	92.5%	98.7%	91.3%	100.0%	100.0%	84.1%	100.0%	98.0%	3
The Princess Alexandra Hospital NHS Trust	89.7%	97.6%	93.5%	100.0%		73.7%	90.0%	91.8%	4

Period: Q2 2012/13 (July, August and September)

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

Definitions: Amd 23/2011

Note 1: Only providers reporting five or more cases for any one measure in the period are identified in this analysis

Note 2: Only providers that failed to achieve three or more waiting times requirements are identified

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).

As this is an existing measure, baseline data for the proportion of people feeling supported to manage their condition is already available and will be updated every six months. Work is currently underway to develop the remaining two new indicators and once data is available, it will be published alongside other performance data in *the quarter*. Domain two of the NHS Outcomes Framework 2012/13 (enhancing quality of life for people with long-term conditions) sets out a broader suite of measures for measuring performance in future years.

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[13] 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 (IAPT)

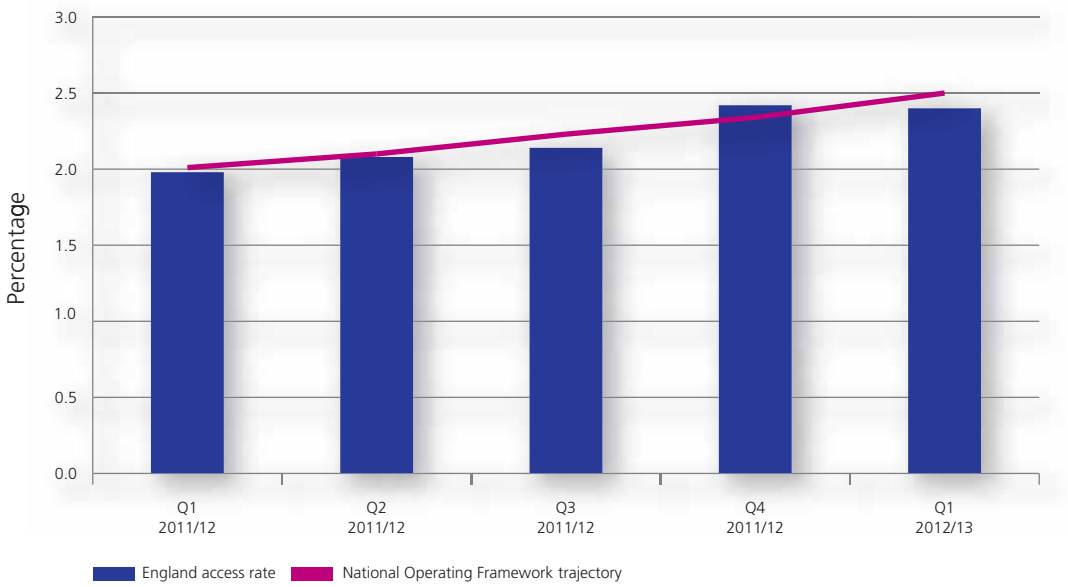
The latest provisional data for Q1 shows a small drop in the number of people entering treatment compared to the previous quarter. However, the recovery rate achieved by IAPT services continues to improve.

In Q1 2012/13:

- 233,027 people were referred for psychological therapies, a reduction of 13,327 or just over 5 percent compared to quarter four (Q4) 2011/12
- 146,702 people entered treatment, a decrease of 1,099 or less than 1 percent from Q4 2011/12
- the number of people reaching recovery resulting from IAPT treatments increased to 35,663, an increase of 1,365 or nearly 4 percent compared to Q4 2011/12. This increase led to the recovery rate of IAPT services improving from 45.6 percent to 46.1 percent
- 5,288 people moved off sick pay and benefits, a decrease of 375 people or 6.6 percent compared to Q4 2011/12.

13 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

Figure 18: Number of people entering IAPT treatment nationally



Early intervention (EI)

Early intervention in psychosis teams saw 5,137 new patients in the first two quarters of 2012/13, which is 68 percent of the total plans for the year (7,500 yearly).

Figure 19: EI services: number of new cases seen first half 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**	**5,137**	**68%**
North East	459	370	81%
North West	1,203	814	68%
Yorkshire and the Humber	803	581	72%
East Midlands	577	352	61%
West Midlands	816	462	57%
East of England	658	491	75%
London	1,392	1,038	75%
South East Coast	515	304	59%
South Central	468	319	68%
South West	609	406	67%

Data source: Department of Health

Crisis resolution

In Q2, 98.1 percent of all admissions to psychiatric inpatient wards were gate kept by crisis resolution home treatment teams compared to 97.3 percent in the same period in 2011/12. Nine SHAs met over the threshold that 95 percent of admissions were gate kept.

Figure 20: Crisis resolution services: the proportion of patients gate kept by CRHT teams in Q2 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	**17,219**	**17,548**	**98.1%**
North East	682	688	99.1%
North West	2,983	3,034	98.3%
Yorkshire and the Humber	1,511	1,525	99.1%
East Midlands	1,039	1,062	97.8%
West Midlands	1,707	1,736	98.3%
East of England	1,708	1,809	94.4%
London	3,698	3,740	98.9%
South East Coast	1,440	1,453	99.1%
South Central	1,096	1,126	97.3%
South West	1,355	1,375	98.5%

Data source: Department of Health

Care programme approach (CPA) follow-up

Of all patients on a CPA that were discharged from psychiatric inpatient care, 97.2 percent were followed up within seven days of discharge, comparable to the 97.3 percent achieved 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 21: CPA: the proportion of patients followed up within seven days of discharge in Q2 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	**16,547**	**17,018**	**97.2%**
North East	898	915	98.1%
North West	2,741	2,823	97.1%
Yorkshire and the Humber	1,332	1,380	96.5%
East Midlands	1,123	1,164	96.5%
West Midlands	1,949	2,002	97.4%
East of England	1,385	1,422	97.4%
London	2,931	3,041	96.4%
South East Coast	977	1,003	97.4%
South Central	1,462	1,498	97.6%
South West	1,749	1,770	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 Information Centre for Health and Social Care (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.

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[14] contained indicators that reward GP practices for working to reduce emergency admissions. From April 2012, the framework also 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.

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

Stroke

Performance status: improved

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 Q2, 86.1 percent of stroke patients spent 90 percent or more of their hospital stay in a stroke unit. This is an increase in performance compared to Q1 2012/13, 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.

74.5 percent of transient ischaemic attack cases with a higher risk of minor stroke were treated within 24 hours. This is an increase on Q1 2012/13, where the corresponding figure was 70.8 percent, and a 25 percent increase since the corresponding quarter in 2009.

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

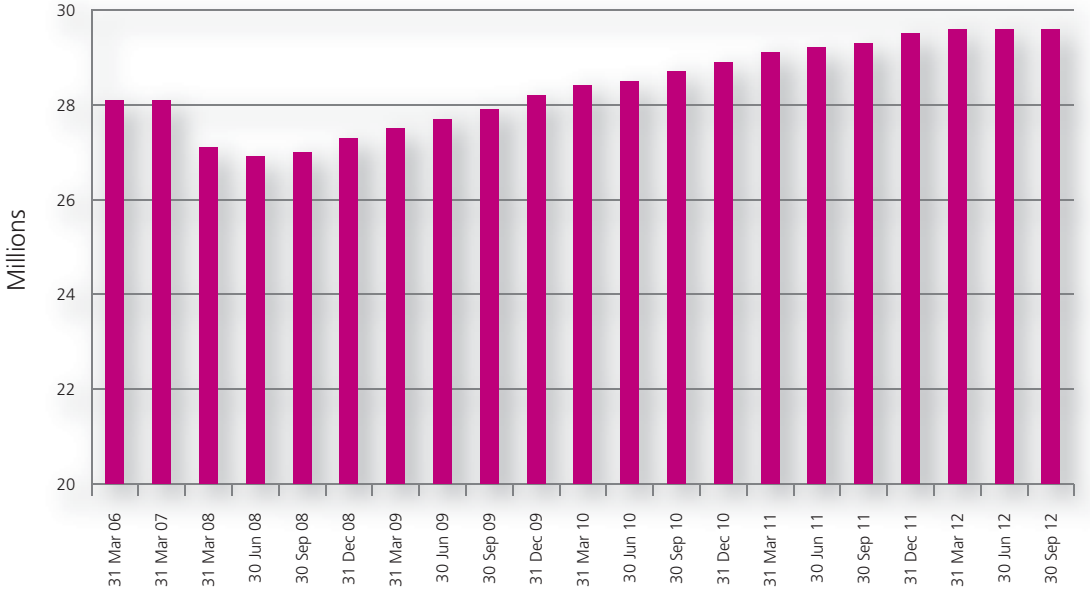
Dentistry

Performance status: maintained

Latest data for Q2 shows that the number of patients accessing NHS dentistry has been maintained from Q1 2012/13 at approximately 29.6 million, having grown from a figure of 26.9 million in June 2008. There has been an overall increase of 302,000 patients accessing services based on the same quarter in the previous year.

In October 2012, the Department announced the second round of the dental pilots scheme. The pilots have been running since September 2011, in advance of the introduction of a new dental contract based on registration, capitation and quality, with the aim of increasing access and enabling dentists to focus on improving oral health. The pilots are trialling elements needed to design that new contract. The new contract and new commissioning system should deliver a service where dentists are encouraged and motivated to deliver high quality care, focused on improving patients' oral health. Learning from the first round of pilots was also published in October, and can be found on the Department's website.[15]

Figure 22: Number of patients seen by an NHS dentist (millions)



15 http://www.dh.gov.uk/health/2012/10/dental-contract-reform/

Innovation

Innovation, health and wealth

In December 2011, the Department published Innovation Health and Wealth[16] (IHW), which sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. It recommends a number of actions that will 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 will support the NHS in achieving a systematic and profound change in the way it operates.

We are making very good progress on delivery but it is important to maintain momentum and embed IHW actions in all parts of the new NHS system.

- The 'comply or explain' regime remains a priority and whilst more trusts are compliant there is more to be done. All NICE Technology Appraisal recommendations should be incorporated automatically into relevant local NHS formularies in a planned way that supports safe and clinically appropriate practice. We expect local formularies to be made publicly available by April 2013.
- www.innovation.nhs.uk was launched to support the NHS in implementing High Impact Innovations. CQUIN prequalification guidance will shortly be published and we have issued a call to the NHS and healthcare stakeholders to inform the next round of High Impact Innovations.
- Academic Health Science Networks (AHSNs) will be central in supporting adoption of innovation in the NHS and all organisations should be planning how they will work as part of and in partnership with prospective AHSNs.
- CCGs will have a legal duty to demonstrate their commitment to innovation. Draft guidance is under construction and is being developed with input from NHS Clinical Commissioning. We expect this to be issued early in 2013.

Procurement review

Procurement can play a valuable role in driving, and can have a huge impact on, UK growth. The scale and nature of the QIPP challenge, requiring us to make up to £20 billion of efficiency savings by 2014/15, means the scale and pace of change needs to be significant to meet the challenge facing the NHS. It is for this reason why one of the themes in IHW was to improve procurement in the NHS.

In May, the Department published Raising our Game[17], which sets out the immediate steps NHS organisations can take to realise the efficiencies we need from procurement. This is a good start, but we must go further and be more ambitious, to take advantage of the enormous buying potential of the NHS so we can ensure value for money for taxpayers, more productive relationships with industry, and better patient access to the very best services, technologies and medicines.

Since May, 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 and the following themes have emerged:

- We traditionally procure based on cost rather than outcome. This must change
- We must have better access to data and ensure that we share it
- We must put clinicians at the heart of the procurement process
- Procurement should have a permanent place on the agenda for every board
- We must eliminate the duplication of effort
- We should have fewer, better-paid, better-qualified procurement professionals

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

17 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134376

- We must work together to harness the enormous buying power of the NHS. Put simply, procurement must become a priority for the NHS and everyone in the NHS.

The report will be published early in 2013.

Healthcare UK

Since the Ministerial Summit in May 2012, we have been:

- Working with UK Trade and Investment (UKTI) to create a jointly-funded and governed unit called Healthcare UK (HUK). HUK will be a single international outward facing brand for the UK healthcare industry (public and private) focusing on high value commercial opportunities (HVOs) and staffed jointly by UKTI and NHS.
- Working with the NHS to design the NHS facing unit, which will continue to deliver the essential functions for NHS international engagement that exist outside of the HVO commercial objectives of HUK.

HUK was launched in August 2012 at the British Business Embassy Day on Healthcare and Life Sciences. A further international launch is planned for January 2013 at Arab Health in Dubai.

NHS Innovation Challenge Prizes

A record number of 94 applications were received for round three of the NHS Innovation Challenge Prizes. This latest round has uncovered a collection of NHS innovations that are truly impressive, representing the very essence of the NHS and highlighting examples of brilliant people doing brilliant jobs. We expect the awards to be made by January 2013 and case studies of all the finalists are available on the Challenge Prizes website.[18]

In August, we also received ministerial approval to work in partnership with industry on a new set of challenges. As a result of the partnership a call for suggestions of what is important to the dementia community is going out very soon, with a link to the Prime Minister's Dementia Challenge. This work illustrates how the private sector are investing in incentivising the front line NHS to innovate.

18 http://www.challengeprizes.institute.nhs.uk/the-finalists/round-3-finalists/

Productivity

Finance

The returns for Q2 show that, overall, the NHS is forecasting a healthy surplus.

SHAs and PCTs are forecasting an overall surplus of £1,184 million, which is in line with the NHS Operating Framework 2012/13, and represents 1.2 percent of the total SHA/PCT revenue resources. This compares to the £1,153 million surplus forecast at Q1.

NHS trusts (excluding FTs) are forecasting an overall surplus of £60 million at Q2 for 2012/13 (£71 million surplus at Q1).

The reduction in the surplus reported for NHS trusts is mainly due to a few organisations forecasting a reduction in their surplus at Q2.

Figure 23: NHS financial performance by SHA area – PCT/SHA sector

	2009/10		2010/11		2011/12		Q2 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	60	1.1
North West	185	1.4	215	1.5	267	1.9	267	1.8
Yorkshire and the Humber	185	2.0	187	1.9	189	1.8	189	1.8
NHS North of England	**450**	**1.6**	**472**	**1.6**	**520**	**1.7**	**516**	**1.7**
East Midlands	83	1.2	90	1.2	90	1.1	65	0.8
West Midlands	80	0.8	73	0.7	92	0.9	62	0.6
East of England	137	1.5	101	1.0	108	1.1	83	0.8
NHS Midlands and East	**300**	**1.2**	**264**	**1.0**	**290**	**1.0**	**210**	**0.7**
London	382	2.4	392	2.3	442	2.6	243	1.4
NHS London	**382**	**2.4**	**392**	**2.3**	**442**	**2.6**	**243**	**1.4**
South East Coast	50	0.7	65	0.9	86	1.1	59	0.8
South Central	60	0.9	67	1.0	72	1.1	48	0.8
South West	95	1.1	115	1.3	177	1.9	108	1.2
NHS South of England	**205**	**0.9**	**247**	**1.1**	**335**	**1.4**	**215**	**0.9**
Total	**1,337**	**1.5**	**1,375**	**1.4**	**1,587**	**1.6**	**1,184**	**1.2**

There is one PCT, North Yorkshire and York PCT, forecasting a deficit of £19 million at Q2. This is the same as the deficit it was forecasting at Q1.

As at Q1, there are five NHS trusts forecasting a gross operating deficit of £160 million at Q2. These are South London Healthcare NHS Trust (£54 million operating deficit), Barking, Havering and Redbridge Hospitals NHS Trust (£40 million operating deficit), Mid Yorkshire Hospitals NHS Trust (£26 million operating deficit), Epsom and St Helier University Hospitals NHS Trust (£19 million operating deficit) and North West London Hospitals NHS Trust (£21 million operating deficit). The same five NHS trusts were forecasting the same level of deficit at Q1.

Figure 24: NHS financial performance by SHA area – trust sector

	2009/10		2010/11		2011/12		Q2 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	31	1.0
Yorkshire and the Humber	14	0.6	10	0.4	(5)	(0.2)	(10)	(0.4)
NHS North of England	**39**	**0.7**	**34**	**0.6**	**26**	**0.4**	**21**	**0.4**
East Midlands	18	0.7	2	0.1	23	0.7	21	0.6
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	17	0.8
NHS Midlands and East	**101**	**1.2**	**55**	**0.6**	**68**	**0.7**	**81**	**0.8**
London	(3)	(0.0)	(20)	(0.2)	(96)	(1.1)	(97)	(1.3)
NHS London	**(3)**	**(0.0)**	**(20)**	**(0.2)**	**(96)**	**(1.1)**	**(97)**	**(1.3)**
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	28	1.2
NHS South of England	**58**	**0.8**	**52**	**0.7**	**46**	**0.7**	**55**	**0.8**
Total	**195**	**0.7**	**121**	**0.4**	**44**	**0.1**	**60**	**0.2**

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

It is also recognised that the transformational change and service redesign, driven by QIPP, is essential to the future financial health of the NHS.

Figure 25: SHA and PCT sector surplus and (deficit) 2009/10 to 2012/13 Q2 forecast

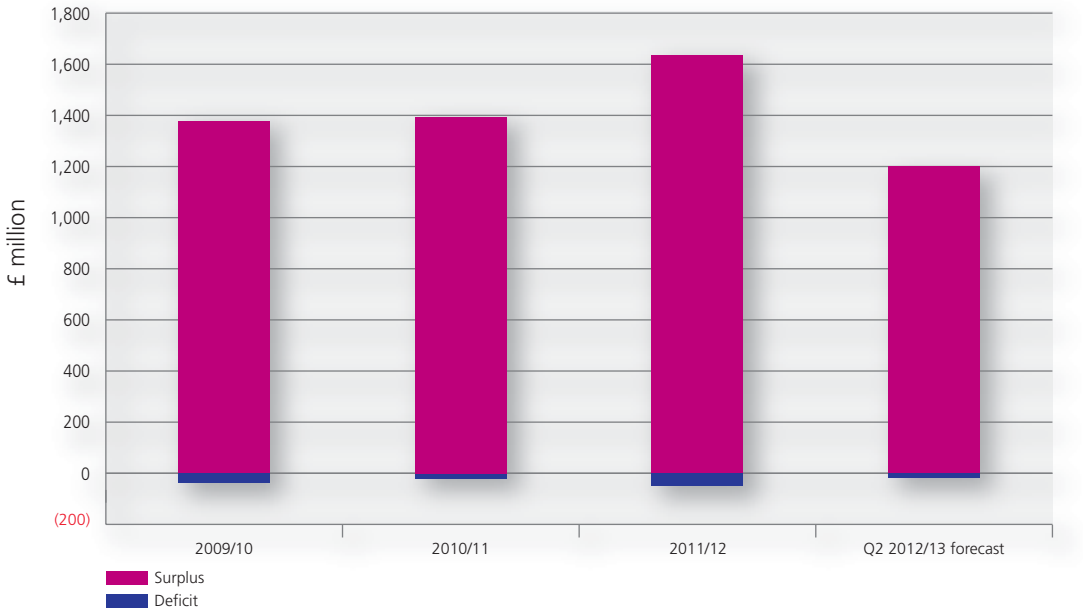
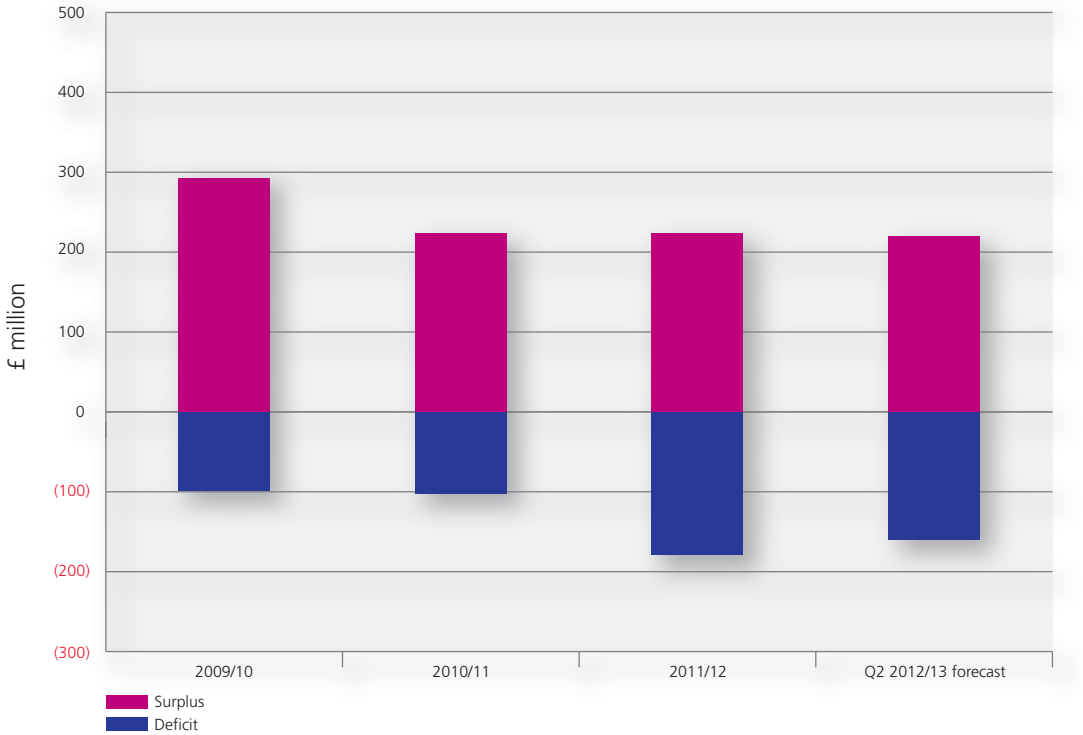


Figure 26: Trust sector surplus and (operating deficit) 2009/10 to 2012/13 Q2 forecast



In addition to the gross operating deficit, there is a gross technical deficit of £136 million in 26 NHS trusts (four 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.**

QIPP Savings

At the end of Q2 2012/13, the NHS is forecasting £5.0 billion of annual efficiency savings, a small reduction on the £5.1 billion forecast at Q1 (see Figures 27 and 28).

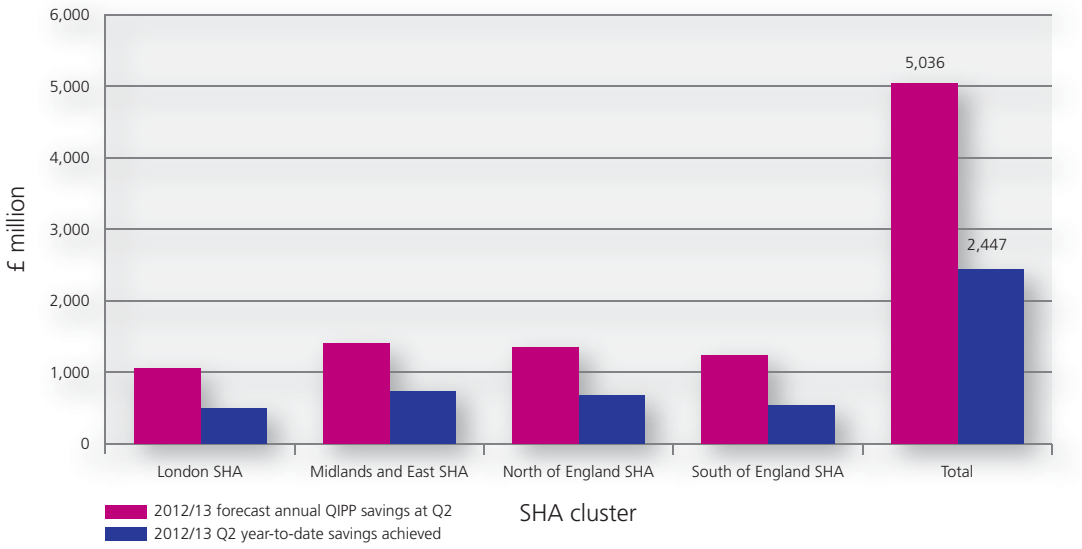
During Q2, the NHS delivered a further £1.2 billion of QIPP savings, sustaining the strong performance reported for the first quarter of this year. This brings the overall year-to-date delivery of savings to £2.4 billion, representing 49 percent of the forecast annual efficiencies.

As we move into the second half of the year, increasingly focus moves to preparing the foundations for the transformational changes required, to sustain successful QIPP delivery in the third and fourth year of the up to £20 billion QIPP challenge.

Figure 27: 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	563	775	691	648	2,677
Ambulance services	9	24	24	20	77
Community services	98	98	86	75	357
Continuing healthcare	27	37	33	30	127
Mental health and learning disabilities services	112	122	96	74	404
Non-NHS healthcare (inc reablement)	10	20	33	17	80
Prescribing	82	106	139	145	472
Primary care, dental, pharmacy, opthalmic	47	35	45	67	194
Specialised commissioning	35	107	79	48	269
Other	75	80	117	107	379
Total	**1,058**	**1,404**	**1,343**	**1,231**	**5,036**

Figure 28: 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 and emergency admissions. Although a modest reduction in activity levels was seen in 2011/12 compared to 2010/11, both Q1 and Q2 2012/13 have shown a small increase in all areas, except ordinary admissions.

Elective activity

On elective activity, the six months to the end of Q2 2012/13 show:

- GP referrals were 3.0 percent higher than the same period in the previous year, adjusted for working days
- other referrals for a first outpatient appointment were 6.2 percent higher than the same period in the previous year, adjusted for working days
- GP referrals seen were 1.3 percent higher than the same period the previous year, adjusted for working days
- all first outpatient attendances were 1.9 percent higher than the previous year, adjusted for working days
- elective activity (admissions) growth was 2.3 percent, adjusted for working days, compared with 2.9 percent at the same stage of 2011/12.

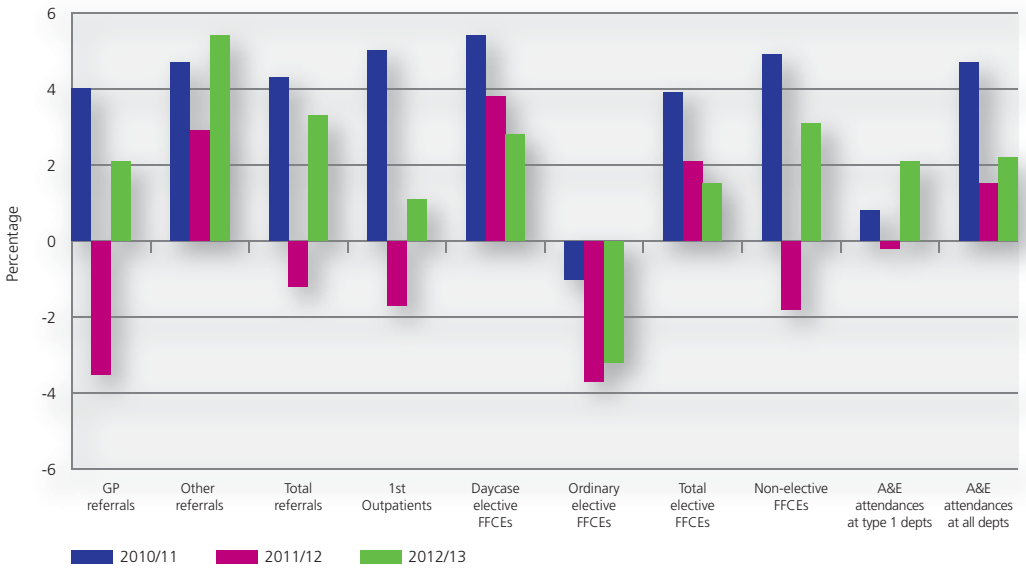
Emergency activity

On non-elective activity, the six months to the end of Q2 2012/13 show:

- non-elective activity (admissions) were 3.1 percent higher than the previous year
- A&E attendances at type 1 A&E departments were 2.1 percent higher than the previous year
- A&E attendances at all type A&E departments were 2.2 percent higher than the previous year
- urgent and emergency ambulance journeys per day were 1.5 percent higher than the previous year.

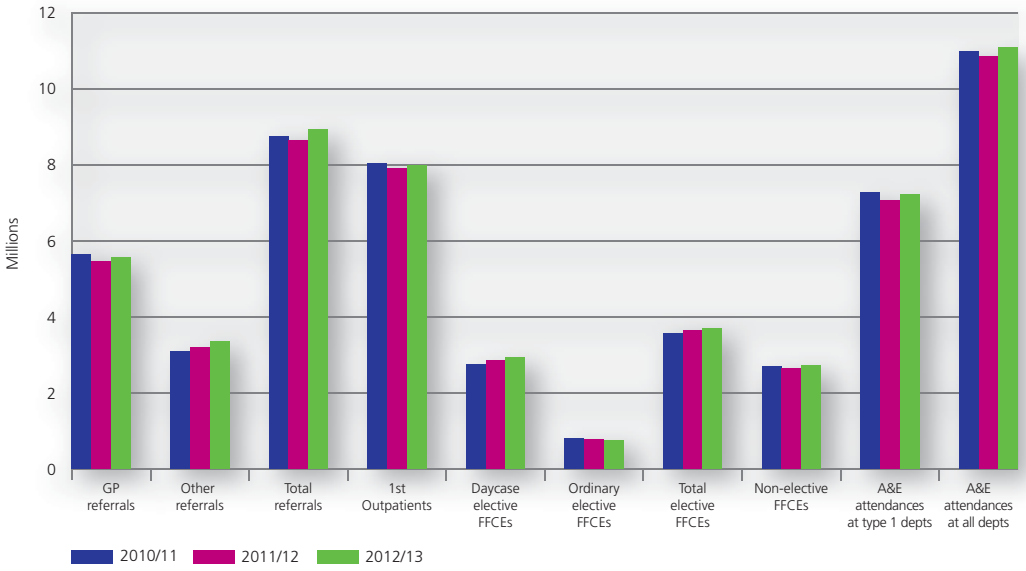
The data is largely in line with the seasonal pattern seen in previous years, and it is too soon to say whether there has been a change in the underlying trend. However, the Department is monitoring activity patterns closely.

Figure 29: Year-to-date growth in activity indicators – England, by volume[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 September inclusive in each of the specified years.

Figure 30: Year-to-date total volume for activity indicators – England, in millions[1]



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

Workforce

Over this period, there has been a slight decrease in staff numbers in the 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 SHAs and the NHS IC to develop a process to better reflect and capture the effect of service redesign on the NHS workforce.

Figure 31 details the full time equivalent (FTE) changes in key NHS staff groups between Q1 and Q2 2012/13. It uses the middle data point for each quarter, that is May 2012 for Q1 and August 2012 for Q2. This better represents the average workforce throughout the period and is most relevant when comparing to finance, activity and other data.

Figure 31: Changes in key NHS staff groups between Q1 and Q2 2012/13

England	Q1 2012/13 May 12	Q2 2012/13 August 12	Q1 to Q2 change	Q1 to Q2 % change
FULL TIME EQUIVALENTS (FTE)				
All HCHS doctors (non locum)	99,147	100,599	1,452	1.5%
All HCHS doctors (locum)	2,058	2,007	–51	–2.5%
All HCHS doctors (incl locums)	**101,205**	**102,606**	**1,402**	**1.4%**
Qualified midwives	21,055	21,022	–33	–0.2%
Qualified health visitors	8,190	8,067	–123	–1.5%
Qualified school nurses	1,146	1,180	33	2.9%
Qualified nursing, midwifery and health visiting staff	**306,999**	**304,566**	**–2,433**	**–0.8%**
Qualified allied health professions	62,897	63,105	208	0.3%
Qualified healthcare scientists	28,881	28,726	–155	–0.5%
Other qualified scientific, therapeutic and technical staff	40,502	40,631	129	0.3%
Total qualified scientific, therapeutic and technical staff	**132,280**	**132,461**	**181**	**0.1%**
Qualified ambulance staff	**17,869**	**17,693**	**–176**	**–1.0%**
Professionally qualified clinical staff	**558,353**	**557,327**	**–1,026**	**–0.2%**
Support to clinical staff	**289,209**	**288,527**	**–682**	**–0.2%**
Central functions	95,535	95,235	–300	–0.3%
Hotel, property and estates	55,820	55,792	–28	–0.0%
Total managers	35,596	35,550	–46	–0.1%
NHS infrastructure support	**186,951**	**186,578**	**–373**	**–0.2%**
Total	**1,034,513**	**1,032,431**	**–2,081**	**–0.2%**

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.[19] These are:

- 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 Commissioning Board (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 April to June 2012. This showed that sickness absence has risen by 0.24 percentage points compared to the same quarter in 2011, moving from 3.77 percent to 4.02 percent. The annual moving average sickness absence, a better measure that takes out seasonal effect, rose by 0.06 percentage points between March and June 2012 to 4.18 percent. The Department is continuing 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.

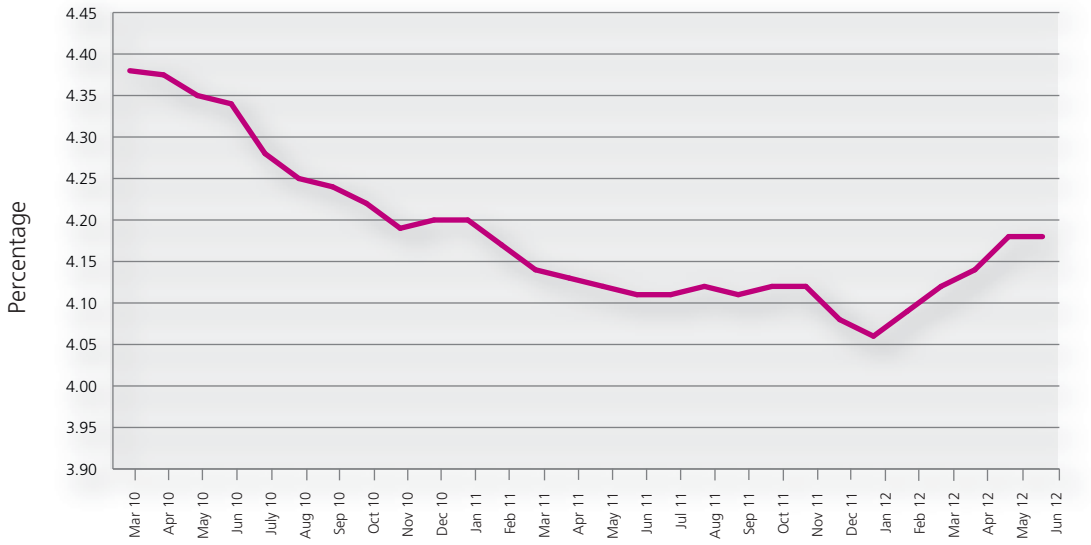
As part of the work that NHS Employers is leading to support the NHS in improving staff health and wellbeing, the Work Foundation has been commissioned to help NHS managers improve their ability to support staff in reducing sickness absence. At its meeting in October, the NHS Operations Executive committed to a further push to improve sickness absence performance and SHA chief executives will be taking work forward in their areas.

NHS Employers has recently launched a new interactive web-based tool[20] to calculate the current 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 absence rates.

19 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128691

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

Figure 32: 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 March 2011 showed that staff engagement fell marginally across NHS trusts between 2010 and 2011 at 3.61, on a scale of 1 (low) to 5 (high), compared to 3.63 the previous year. The 2011 staff survey results were published on 20 March 2012. Survey data was gathered between mid-September and mid-December 2011.

Responsibility for future staff surveys transferred from the Department to the NHS CB on 1 October. 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 2012 survey is currently underway and results will be published towards the end of February 2013.

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.

There are now 49 early implementer sites (EIS) working to deliver the new health visiting service model. EIS are the catalyst for service transformation in a range of settings, ensuring clinical delivery of the Healthy Child Programme. They will deliver innovative service improvement projects that reflect evidence-based practice, together with portfolios of measurable progress on the new service model/family offer. Over 20 case studies stemming from the first year of EIS are to be published shortly.

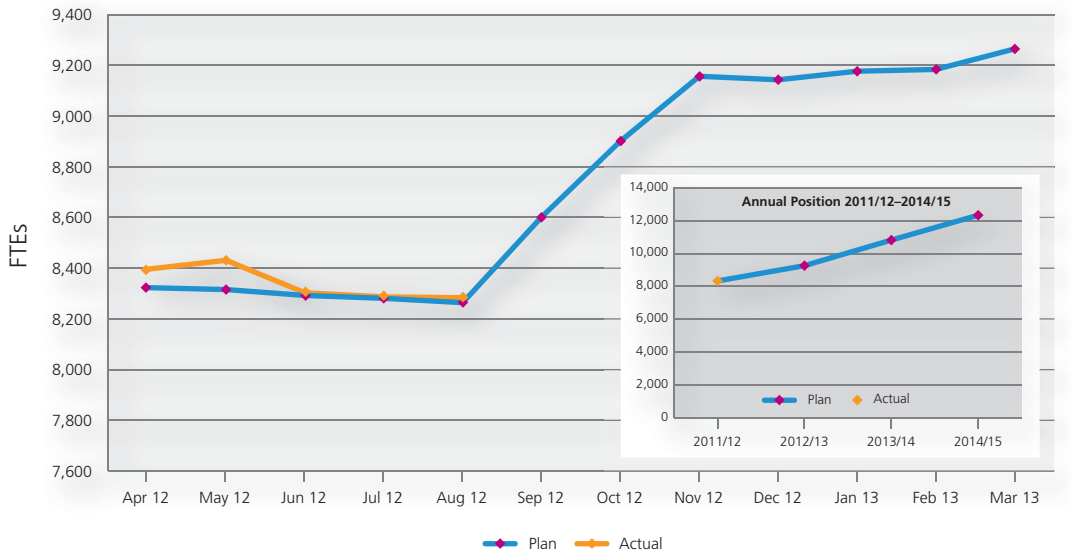
The number of FTE health visitors has increased by 191 (2.4 percent) since May 2010 and the total number of FTE health visitors at the end of August 2012 was 8,284. This figure is taken from the health visitor minimum data set, which collects from SHAs the number of health visitors on the ESR, in addition 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.

These health visitor figures are in line with expectations, and it is predicted that we will see a gradual decline in numbers until the Q3 reporting period, when the next cohort of health visiting trainees begin to enter the workforce.

During 2011/12, the planned number of training commissions increased threefold to around 1,600 places. In 2012/13, SHAs are planning to increase their training commissions even further to around 2,500 places.

A management letter to NHS colleagues, issued on 1 August 2012, sets out the actions needed to keep this commitment on track and presents a trajectory of growth (with regional breakdowns) in health visitor numbers to April 2015.[21]

Figure 33: Health visitor trajectories, England



21 http://www.dh.gov.uk/health/2012/08/health-visiting-actions/

Maternity and newborn

Early access to antenatal care promotes greater choice for women and ensures they receive the right care at the right time, helping to tackle the negative impact of health inequalities from the start and improve the health and wellbeing 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 continues to show performance is being maintained above the performance standard. 95.2 percent of women who gave birth in Q2 saw a midwife or maternity healthcare professional within 12 weeks and six days. This is comparable to Q1 2012/13 when 93.2 percent of women who gave birth had an assessment within the specified time period.

Breastfeeding

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

The breastfeeding initiation rate was 73.9 percent in Q2, which is just less than the rate for Q1 and the annual percentage for 2011/12 (both 74.0 percent). However, this is still an improvement on the rates for 2010/11 (73.7 percent), 2009/10 (72.7 percent) and 2008/09 (71.7 percent).

The prevalence of breastfeeding at six to eight weeks in Q2 was 47.7 percent of all infants due a six to eight weeks check, which is slightly higher than the figure of 47.6 percent recorded in Q2 2011/12. Comparisons are made with the same quarter in preceding years due to seasonality.

Smoking

Provisional figures for the first quarter of 2012/13 show that 176,945 people set a quit date through NHS Stop Smoking Services, a 17 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 13 percent, which suggests a 6 percent decrease on last year.

At the four week follow-up, 86,341 people had successfully quit (based on self-report), 49 percent of those who set a quit date. This is a 15 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 3 percent decrease.

72 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 an improvement in the quality of services provided.

Of the 5,743 pregnant women who set a quit date, 2,571 successfully quit at the four week follow-up, little changed from the corresponding figures for last year.

Total expenditure on NHS Stop Smoking Services was just under £21.3 million, an increase of 1 percent (£0.3 million) on the final figure for the same period in 2011/12 (£21.1 million). The cost per quitter is £247 compared with £207 based on final figures for the same period in 2011/12. However, the cost per quitter for the latest quarter will fall when late returns are received. In addition, the real decrease will be even greater as these figures have not been adjusted for inflation.

Amongst SHAs, South Central SHA reported the highest proportion of successful quitters (57 percent), while West Midlands SHA reported the lowest success rate (43 percent).

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

VTE (venous thromboembolism) risk assessment

Of the 3.4 million adult patients admitted to NHS-funded acute care between July and September 2012, 93.9 percent of these received a VTE risk assessment on admission, a slight increase compared to Q1 2012/13 (93.4 percent).

293 providers (out of 311 providers who submitted data), reported that at least 90 percent of adult admissions to hospital were risk assessed for VTE, compared to 275 in June 2012, 241 in March 2012, and 18 in July 2010 when the collection first began.

Breast screening

The NHS Operating Framework 2012/13 states that NHS organisations should continue working to meet the expectations in service specific outcomes strategies that have been published, including those for cancer. In addition, all deadlines for the full roll-out of programmes highlighted in previous NHS Operating Frameworks should be completed within the established timescale.

As at the end of September 2012, 55 out of 80 local programmes (69 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. 16 programmes (20 percent) are still to expand, citing lack of digital mammography, staffing shortfalls and funding as issues.

Cervical screening test results

The NHS Operating Framework 2012/13 states that NHS organisations should continue to work to meet the expectations in service specific outcomes strategies that have been published, including those for cancer.

As recommended by the Advisory Committee on Cervical Screening, the operational standard for women receiving their results within 14 days has been set at 98 percent. At the end of September 2012, the percentage of women receiving their results within 14 days was 99.1 percent, an increase on the Q1 figure of 95.7 percent.

Bowel screening

The initial roll-out of the NHS bowel cancer screening programme (NHS BCSP) across England was completed on 23 August 2010. By the end of September 2012, nearly 16 million kits (15,685,679) had been sent out and nearly 9 million (8,922,699) returned. Over 13,500 (13,649) cancers had been detected, and over 70,000 (70,345) patients had undergone polyp removal. Men and women over the age limit can request a testing kit every two years, and nearly 190,000 (188,304) 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. The NHS Operating Framework 2011/12 stated that extensions begun in 2010/11 should continue and be maintained for 2011/12. Those centres whose end of original screening round fell beyond 2011/12 should now be preparing to expand on completion of the original round. The NHS Operating Framework 2012/13 states that all deadlines for the full roll-out of programmes highlighted in previous NHS Operating Frameworks should be completed within the established timescale.

As at September 2012, 41 of the 58 local screening centres (72 percent) had implemented the extension, a 4 percent improvement on the figure at the end of Q1.

Diabetic retinopathy

At Q2, 98.7 percent of people with diabetes were offered screening for diabetic retinopathy in the previous 12 months, comparable to the figure of 98.5 percent for Q1.

The majority of PCTs continue to offer screening to all people with diabetes, with more people with diabetes now being offered screening for retinopathy than ever before, and to higher standards. This is in the context of an ever-increasing number of people with diabetes. Latest figures for Q2 show that 2.39 million people were offered screening and the number of people with diabetes stands at 2.64 million. When the screening programme was introduced in 2003, the number of people with diabetes stood at 1.3 million.

England (alongside other UK countries) leads the world in this area, but the Department is not complacent and continues to closely monitor 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 cover the quarter ending 30 June 2012 (Q1 2012/13).[22]

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, 11 show an increase compared with Q4 2011/12, one shows no change, and four show a 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 86.9 percent to 87.2 percent), the Hib/MenC booster (up from 90.7 percent to 91.2 percent) and the PCV booster (up from 88.0 percent to 88.9 percent).

With regard to seasonal flu vaccinations, YTD data to November shows that uptake among those aged 65 and over, and among those aged under 65 in clinical risk groups, is currently lower than at the same point last year. However, uptake among pregnant women is significantly higher than the same point last year. End of season provisional data, providing a fuller picture of seasonal flu vaccination, will be reported in *the quarter* Q3 2012/13.

It is important that as many at-risk patients as possible are immunised to protect them from the serious consequences of flu, and to reduce the burden on the NHS of preventable flu-related illness during the winter months. All relevant staff are urged to do all they can to increase the uptake of flu vaccinations for patients in the clinical at-risk groups.

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 Q2, approximately 604,300 people (3.9 percent of the eligible population), were invited for an NHS health check. This shows a slight improvement compared with 3.4 percent of the eligible population who were offered a health check in Q2 2011/12 and demonstrates local areas are continuing to make progress in the implementation of their programmes.

22 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1211441442288

Reform

Choice

Patient choice

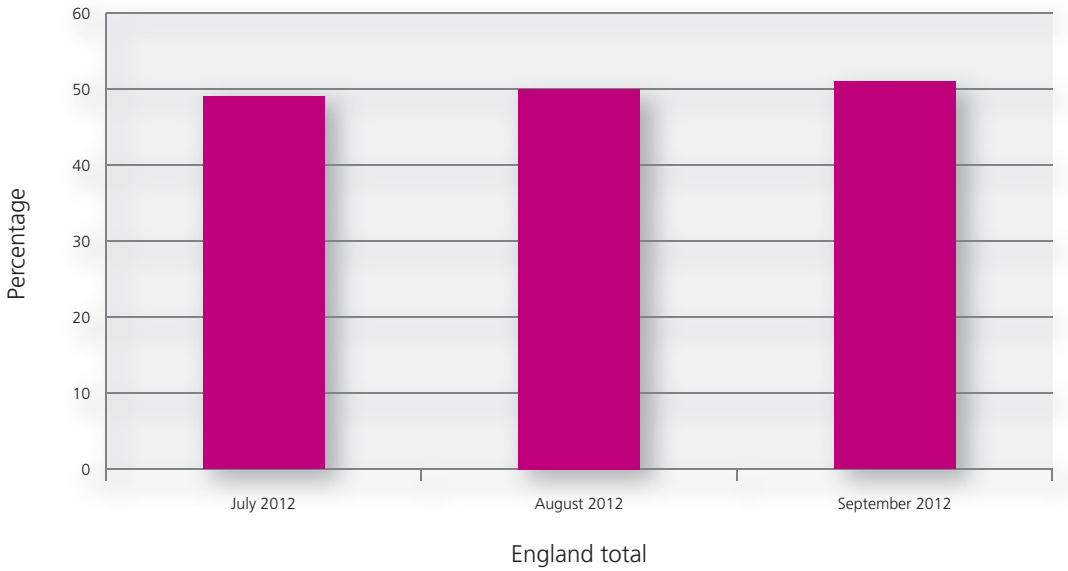
Indicators suggest the take-up of patient choice, where it is offered, is slowly improving and the Choose and Book system is being used to a high level in most areas.

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 51 percent in September 2012, based on outturn GP referrals to first outpatient appointments, which was slightly higher than the August figure of 50 percent. During September 2012, 91 percent of all GP practices made some bookings through Choose and Book, but there is significant variation in 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.

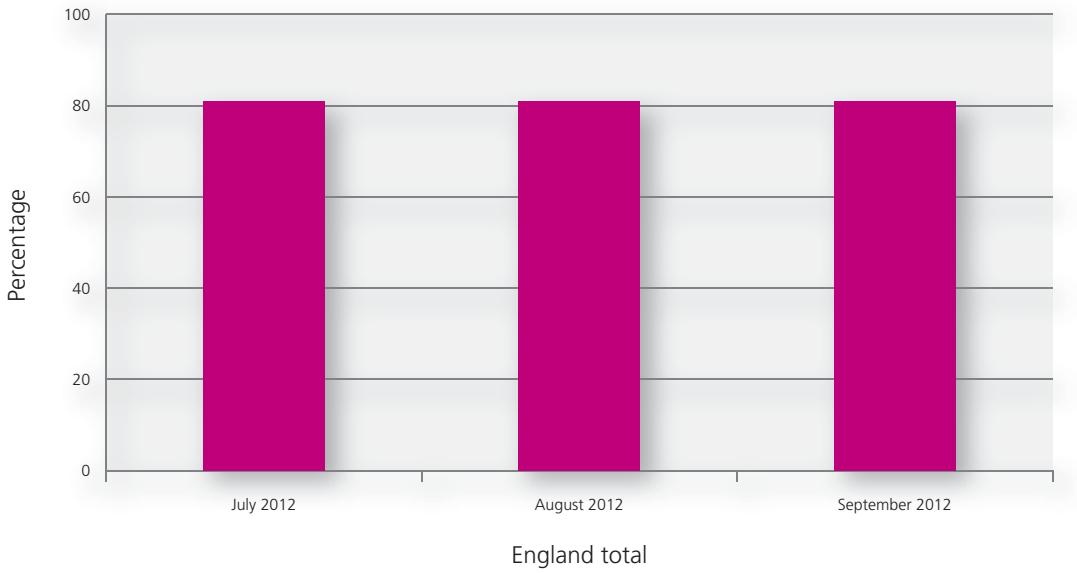
Figure 34: Proportion of GP referrals to first outpatient appointments booked using Choose and Book



Bookings to services where named consultant-led teams were available

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. 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 Q2 2012/13 after steady increases in previous months. The variation in this measure ranges from 90 percent in the North West SHA to 68 percent in the South East Coast SHA area.

Figure 35: Bookings to services where national consultant-led team was available (even if not selected)

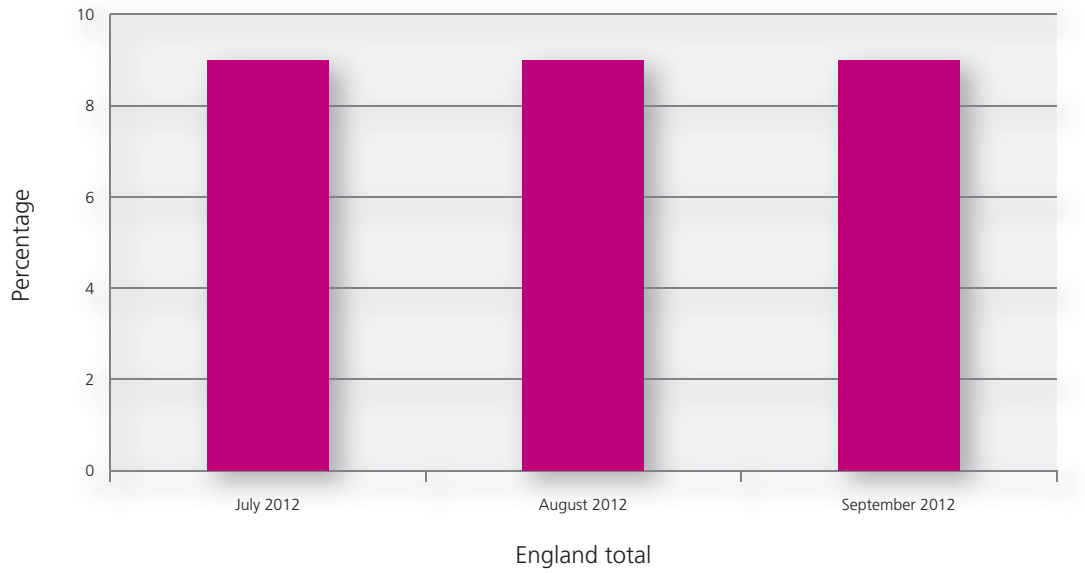


Trend in volume of patients being treated at non-NHS hospitals

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

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

Figure 36: Proportion of patients being treated at non-NHS hospitals



Improving people's electronic access to services and their own health 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. This is 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'.

Provisional Q2 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 have enabled electronic booking of appointments
- 40 percent 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 online services.

Data also indicates that 6,111 general practices (75 percent) have functionality in place to allow patients to view their own medical records electronically, an increase from the 54 percent of general practices reported at Q4 2011/12. However, only 63 general practices (0.8 percent of the total number of practices in England) have actually enabled this functionality. This means that although 42 million patients (75 percent) are registered with a practice that has functionality in place, only 570,000 patients (1 percent of the England total), are currently able – if they request it of their practice – to view their own records electronically.

This is the first time data has been gathered on each general practice and therefore Q2 data should be viewed as provisional. Q3 data will benefit from general practice feedback and other data quality improvements and the NHS IC will continue to report these quarterly. The Department expects to see increasing numbers of practices introducing and enabling this functionality and is encouraging them to implement this as soon as possible.

Summary Care Record

The summary care record (SCR) provides provides the minimum information required to support safe patient care in urgent or emergency situations. Patients can choose to opt out of having an SCR and will be asked for their permission before their SCR is viewed.

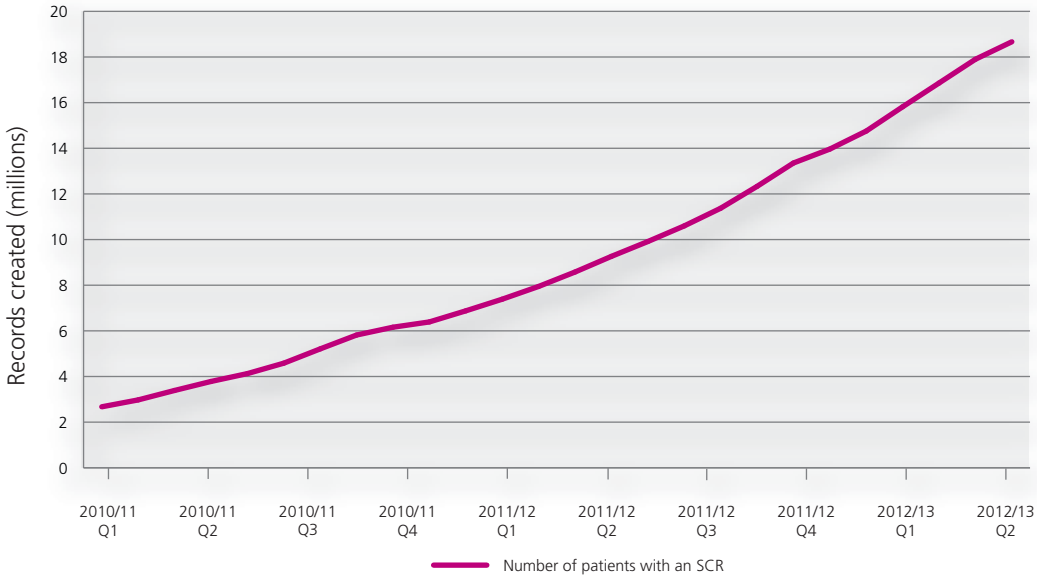
In Q2, approximately 2.9 million new SCRs were created for patients, taking the total to 18.7 million. Eight further PCTs began creating records for their patients, taking the total number of PCTs across the country to 107.

The number of PCTs with a critical mass of over 60 percent of patients with an SCR increased by 13 to a total of 37. 39.8 million citizens have now been written to about the introduction of the SCR and their options, with the NHS Operating Framework requiring that the patients that have been written to about SCRs have a record created by March 2013 at the latest.

The average number of weekly viewings by healthcare professionals using the records to support safe treatment and care rose to 2,734. As more records are accessed and viewed, local health communities are actively demonstrating how the SCR is delivering improvements to patient care. South Tees, Taunton and Somerset, and Sheffield NHS FTs have all found that using the SCR has reduced the time taken to complete drug reconciliations, providing a faster and safer service to patients.

Local NHS organisations, supported by the national SCR programme, need to maintain these efforts to ensure that commitments in the NHS Operating Framework 2012/13 are met.

Figure 37: Number of summary care records created



Provision

From the 102 NHS trusts in the FT pipeline at the end of Q2, 24 were in the advanced stage of the application process, either with the Department or with Monitor. It remains the expectation for the majority of NHS trusts to achieve FT status by 2014, as stand-alone organisations, as part of an existing FT, or in some other organisational form.

In terms of organisations moving out of the FT pipeline in Q2 2012/13, on 1 July 2012, York NHS Foundation Trust acquired Scarborough and North East Yorkshire NHS Trust. Such transactions are an important mechanism in supporting the delivery of the FT pipeline, in particular where NHS trusts have been locally identified as unsustainable in their current organisational form.

Work also continues at local and regional level to ensure trusts are ready to move forward in the applications process when appropriate. This includes those NHS trusts with entrenched and complex issues for which resolution is integral to them becoming established as sustainable providers.

The Tripartite Formal Agreements (TFAs) have ensured there is a much greater shared understanding of issues that NHS trusts face. Alongside this, a range of policy products and frameworks are in place to ensure there will continue to be a flow of sustainable providers emerging via the FT pipeline.

Ongoing monitoring against TFAs has continued and Annex 5 gives the latest results of these in terms of the risk of individual organisations against their plans. In relation to emerging issues NHS trusts face, a small number have missed key TFA milestones and escalation discussions have taken place to formally agree revised TFA dates.

The regime for unsustainable NHS providers is one way in which the Government can work to secure a sustainable health system in cases where NHS trusts are either unsustainable in their current configuration or at serious risk of failing to deliver sustainable services, and failing to comply with the plans in their TFA to move towards achieving FT status. Legislation sets out a regime that is a transparent and time limited process for dealing with trusts in failure.

A trust special administrator (TSA) for South London Healthcare NHS Trust was appointed in July 2012 by the former Secretary of State for Health under the regime. On 29 October, the TSA published a draft report making recommendations to the Secretary of State in relation to securing a sustainable future for services provided by the trust. Following the public consultation by the TSA, the Secretary of State will make a final decision in early 2013 on the recommendations the TSA makes in a final report.

Moving forward, the NHS TDA has been hosting a series of engagement events for trust clinical, finance and communications colleagues from autumn 2012. These will help establish the support trusts need on their journey to sustainable, high quality services and ultimately FT status. The first of these will enable the NHS TDA to work with trusts to understand what good support looks like from the trust perspective. In early 2013, the NHS TDA and trusts will discuss specific issues or topics, addressing some of the issues that trusts face, look at what best practice looks like and set out improvement plans to measure success in delivery.

Commissioning

Good progress has continued in Q2 in all areas of the commissioning development programme as the NHS in England moves towards the establishment of the new clinical commissioning system.

NHS Commissioning Board

The NHS CB was formally established on 1 October 2012, marking a significant step forward towards the transformation of the way we care for patients. It is a new independent body with executive powers and specific responsibilities.

The first of these responsibilities will be considering the 211 applications for authorisation and establishment of the new CCGs.

The NHS CB leaders will start to take on management responsibility for the teams managing both 2012/13 operational delivery (accountable to PCTs and SHAs) and planning for 2013/14 (accountable to the NHS CB). These arrangements will embed new system leaders in the current system, providing continuous leadership and minimising complexity for staff carrying out roles relating to the current and new systems.

Recruitment continues to be a priority for building the new organisation. There will be approximately 4,000 posts in the NHS CB, plus an additional 2,500 staff transferring as part of family health services. The final part of the organisational design – the Operations Directorate – has now been shared with sender organisations, so the process of filling these posts is now underway. The majority of posts are expected to be filled by the time the NHS CB becomes fully operational in April 2013.

Clinical commissioning groups

The authorisation process for CCGs remains on schedule.

To date, all of the 211 emerging CCGs have now submitted their applications for authorisation to take on their commissioning responsibilities, with the NHS CB receiving submissions from the 46 CCGs in wave four at the beginning of November, the final group to make their application.

The assessment process for CCGs in wave one has now begun. The authorisation process has been designed to make sure CCGs are able to commission safely, use their budgets responsibly and exercise their functions to improve quality, reduce inequality and deliver improved outcomes. A number of assessors' guides were published online to ensure authorisation activity is fair, transparent and consistent.

The NHS CB published revised CCG running costs allowances (RCAs) for 2013/14 on 9 November 2012. The RCA for a CCG in 2013/14 forms a part of the total allocation, which will be communicated to each proposed CCG in December 2012. The figures take into account the latest population projections published by the Office of National Statistics. The revised RCAs for each of the 211 proposed CCGs are now available on the NHS CB website.[23]

Commissioning support

Work on the establishment of the 23 NHS commissioning support units (CSUs) has continued during Q2. A total of 21 of the 23 CSUs now have a managing director. Some of these roles are shared, and where there is a joint managing director, there will be some shared arrangements and services between the two CSU organisations.

The hosting charge, which the NHS CB will require CSUs to pay, will cover the costs of the CSU transition team at the NHS CB and its work to assure, develop and give form to CSUs. It will also include costs the NHS CB will incur to act as employer and host and to provide infrastructure such as HR, payroll, audit, IT, estates and legal services.

NHS CB has also published a template service level agreement (SLA) and guidance[24] on how to complete SLAs for commissioning support services. The NHS CB asked CCGs and CSUs to agree and sign the SLAs by the end of November 2012. This will enable both CCGs and CSUs to finalise their staffing structures and recruit in line with the national HR transition process.

23 http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs#rca

24 http://www.commissioningboard.nhs.uk/files/2012/11/dev-agree-csu.pdf

NHS Commissioning Assembly

The first annual national event of the NHS Commissioning Assembly took place on 14 November 2012 in Doncaster. Sir David Nicholson invited the clinical lead from each CCG to attend, along with the leadership team of the NHS CB.

The NHS Commissioning Assembly is a forum which brings together all those with responsibility for NHS commissioning decisions in England. The purpose of the NHS Commissioning Assembly is to build effective relationships between CCGs and the NHS CB. Membership of the NHS Commissioning Assembly is made up of the lead clinician from each CCG in England and directors of the NHS CB.

Going forward

The authorisation outcomes for CCGs will be considered between December 2012 and March 2013, with CCGs taking on their statutory responsibilities in April 2013.

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 prepares to take full delivery responsibility from April 2013. However, the Department knows that there is a need for continued support during the transition and transformation of the system and has delivered a number of key actions over the last quarter.

In late September 2012, all chief executives of single and top-tier local authorities undertook a self-assessment of the transition process in their area. The responses provided the basis for stock-takes at a regional level and a national report which is currently being developed and which is due to be published on the Local Government Association website by the end of 2012.[25] The exercise so far has provided confidence to those involved in the transition process and the Department, that the transition of public health functions at local level will be successful, and demonstrates the strength of local government commitment to achieving this process.

The Department issued £15 million of transitional support monies to local authorities in October 2012 to support the costs they will incur in implementing and managing the handover of public health functions workforce and associated contracts and infrastructure. This is in anticipation of the commencement of statutory responsibility for public health from April 2013. Letters to PCTs and local authority chief executives, indicating the allocation of transitional support to be issued to local authorities through the PCT resource limited adjustment, were published on the Department website on 20 September.[26]

A series of regional engagement events was completed in early November, providing an opportunity for Duncan Selbie, Chief Executive designate of Public Health England to speak with local leaders for public health, plus a wide range of stakeholders across public health, local government, the NHS, and the third sector.

A series of documents have also been released by the Department during September to support the delivery of the public health transition milestones. These include a letter and scenario-based resource pack, around the role of public health in emergency planning, a series of fact sheets identifying the health intelligence requirements for local authorities, a checklist to support local areas when considering handover and legacy documentation/processes, and a document to support understanding of the Contract Transition process for public health services.

25 http://www.local.gov.uk/

26 http://www.dh.gov.uk/health/2012/09/ph-la-transition

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
County Durham PCT	1,020	1,016	1,008	1,000	1,042,284	0.1%
Darlington PCT	301	315	316	300	192,073	0.2%
Gateshead PCT	504	192	35	200	402,582	0.0%
Hartlepool PCT	125	100	100	100	190,693	0.1%
Middlesbrough PCT	278	600	600	600	305,296	0.2%
Newcastle PCT	945	258	314	500	527,068	0.1%
North East SHA	72,036	64,754	59,319	55,500	340,268	16.3%
North Tyneside PCT	475	355	380	250	401,025	0.1%
Northumberland Care PCT	220	1,370	319	250	589,098	0.0%
Redcar and Cleveland PCT	513	150	150	150	269,643	0.1%
South Tyneside PCT	1,819	460	542	200	329,923	0.1%
Stockton-on-Tees Teaching PCT	424	400	400	400	346,066	0.1%
Sunderland Teaching PCT	845	382	976	600	576,137	0.1%
North East subtotal SHA/PCTs	**79,505**	**70,352**	**64,459**	**60,050**	**5,512,156**	**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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Ashton, Leigh and Wigan PCT	640	1,900	2,726	2,807	595,621	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	305,393	0.5%
Blackpool PCT	2,532	1,392	1,399	1,441	316,930	0.5%
Bolton PCT	996	983	992	1,000	510,762	0.2%
Bury PCT	413	236	253	750	324,072	0.2%
Central and Eastern Cheshire PCT	1,007	1,501	3,474	3,547	763,228	0.5%
Central Lancashire PCT	3,030	1,632	3,662	3,762	808,568	0.5%
Cumbria Teaching PCT	229	(5,926)	4,195	2,000	916,689	0.2%
East Lancashire Teaching PCT	1,021	3,336	3,324	3,424	719,270	0.5%
Halton and St Helens PCT	295	500	500	2,689	621,983	0.4%
Heywood, Middleton and Rochdale PCT	579	1,933	2,155	1,950	410,248	0.5%
Knowsley PCT	576	1,610	1,617	1,650	353,963	0.5%
Liverpool PCT	5,287	14,768	9,204	4,941	1,060,853	0.5%
Manchester PCT	481	347	1,293	3,256	1,090,746	0.3%
North Lancashire Teaching PCT	1,565	2,200	2,200	2,844	599,603	0.5%
North West SHA	157,339	175,418	215,124	211,972	946,332	22.4%
Oldham PCT	1,381	1,000	2,015	2,075	444,341	0.5%
Salford PCT	993	2,319	2,180	2,328	509,936	0.5%
Sefton PCT	498	2,500	2,548	2,624	555,903	0.5%
Stockport PCT	231	350	695	917	492,366	0.2%
Tameside and Glossop PCT	980	1,000	1,000	1,000	447,858	0.2%
Trafford PCT	534	1,500	701	1,900	388,937	0.5%
Warrington PCT	222	250	500	1,589	337,597	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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Western Cheshire PCT	1,279	985	1,966	2,033	488,886	0.4%
Wirral PCT	2,047	2,031	2,001	3,088	660,621	0.5%
North West subtotal SHA/PCTs	**184,872**	**215,138**	**267,100**	**267,000**	**14,670,706**	**1.8%**

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Barnsley PCT	3,461	3,395	2,953	3,500	493,373	0.7%
Bassetlaw PCT (2)	n/a	n/a	1,680	1,700	203,332	0.8%
Bradford and Airedale Teaching PCT	7,550	6,680	8,165	7,500	950,060	0.8%
Calderdale PCT	2,679	4,224	3,468	3,600	364,295	1.0%
Doncaster PCT	4,177	2,691	2,688	2,250	590,378	0.4%
East Riding of Yorkshire PCT	3,684	5,185	5,197	5,200	517,457	1.0%
Hull Teaching PCT	3,820	3,714	3,113	19,400	555,591	3.5%
Kirklees PCT	2,928	7,900	8,239	6,600	704,693	0.9%
Leeds PCT	5,002	20,124	25,086	23,200	1,404,228	1.7%
North East Lincolnshire Care Trust Plus (3)	2,222	2,181	1,783	1,400	299,297	0.5%
North Lincolnshire PCT	1,249	3,693	1,998	2,000	277,117	0.7%
North Yorkshire and York PCT	317	242	209	(19,000)	1,245,628	(1.5%)
Rotherham PCT	2,042	2,192	2,196	2,200	468,870	0.5%
Sheffield PCT	4,479	499	489	500	1,023,952	0.0%
Wakefield District PCT	7,388	3,095	3,074	3,100	658,671	0.5%
Yorkshire and the Humber SHA	133,982	121,052	118,177	125,902	707,464	17.8%
Yorkshire and the Humber subtotal SHA/PCTs	**184,980**	**186,867**	**188,515**	**189,052**	**10,464,406**	**1.8%**
NHS North of England total SHA/PCTs	**449,357**	**472,357**	**520,074**	**516,102**	**30,647,268**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 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	1,703	169,104	1.0%
East Cheshire NHS Trust	3,926	806	277	1,700	176,169	1.0%
East Lancashire Hospitals NHS Trust	287	723	3,025	3,900	391,395	1.0%
Liverpool Community Health NHS Trust (9)	n/a	2,654	3,530	3,123	144,719	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	699	102,647	0.7%
Mersey Care NHS Trust	3,000	7,359	5,000	4,000	205,111	2.0%
North Cumbria University Hospitals NHS Trust	327	1,356	1,095	1,001	226,229	0.4%
North West Ambulance Service NHS Trust	1,041	2,065	1,558	2,500	259,433	1.0%
Pennine Acute Hospitals NHS Trust	620	259	3,553	25	558,523	0.0%
Royal Liverpool Broadgreen University Hospitals NHS Trust	4,021	4,238	5,472	7,309	410,451	1.8%
Southport and Ormskirk Hospital NHS Trust	500	853	204	1,700	177,872	1.0%
St Helens and Knowsley Teaching Hospitals NHS Trust	225	296	305	2,752	278,946	1.0%
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**	**31,312**	**3,164,492**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 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	133,932	1.1%
Hull and East Yorkshire Hospitals NHS Trust	7,601	4,701	4,878	4,611	484,620	1.0%
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	134,762	1.0%
Leeds Teaching Hospitals NHS Trust	963	2,051	4,207	6,342	996,831	0.6%
Mid Yorkshire Hospitals NHS Trust	871	983	(19,217)	(26,000)	437,345	(5.9%)
Scarborough and North East Yorkshire Healthcare NHS Trust (18)	1,914	1,874	1,899	n/a	n/a	n/a
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	202,851	1.0%
Yorkshire and the Humber subtotal trusts	**14,495**	**9,999**	**(5,120)**	**(10,316)**	**2,390,341**	**(0.4%)**
NHS North of England total trusts	**39,676**	**34,258**	**25,730**	**20,996**	**5,554,833**	**0.4%**

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 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,
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.
This is not recognised for NHS budgeting purposes.

East Lancashire Hospitals NHS Trust (£1m)
Hull and East Yorkshire Hospitals NHS Trust (£5m)
Mersey Care NHS Trust (£3m)
Mid Yorkshire Hospitals NHS Trust (£0.8m)
North Cumbria University Hospitals NHS Trust (£7m)
Pennine Acute Hospitals NHS Trust (£13m)
Southport and Ormskirk Hospital NHS Trust (£0.7m)

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 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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 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	1,487	468,755	0.3%
Derbyshire County PCT	1,873	11,212	8,028	4,000	1,213,592	0.3%
East Midlands SHA	59,092	22,905	45,148	28,917	436,155	6.6%
Leicester City PCT	241	6,192	3,665	5,532	581,193	1.0%
Leicestershire County and Rutland PCT	1,148	10,502	6,270	7,223	989,344	0.7%
Lincolnshire Teaching PCT	7,264	14,314	9,525	7,500	1,251,525	0.6%
Milton Keynes PCT (2)	n/a	n/a	505	100	378,638	0.0%
Northamptonshire Teaching PCT	4,642	10,528	7,058	3,508	1,084,521	0.3%
Nottingham City PCT	2,448	6,841	3,412	3,400	587,660	0.6%
Nottinghamshire County Teaching PCT	4,514	5,017	3,372	3,333	1,112,826	0.3%
East Midlands subtotal SHA/PCTs	**83,306**	**90,136**	**89,965**	**65,000**	**8,104,209**	**0.8%**

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Birmingham East and North PCT	2,453	522	240	1,000	795,382	0.1%
Coventry Teaching PCT	4,644	6,247	5,766	5,800	616,623	0.9%
Dudley PCT	362	794	5,992	4,992	536,512	0.9%
Heart of Birmingham Teaching PCT	7,615	9,555	830	1,000	587,778	0.2%
Herefordshire PCT	778	111	291	254	307,894	0.1%
North Staffordshire PCT	515	1,162	714	1,000	365,939	0.3%
Sandwell PCT	89	1,222	8,889	7,666	611,985	1.3%
Shropshire County PCT	490	872	1,295	1,000	483,099	0.2%
Solihull PCT (3)	16	531	281	1,000	356,311	0.3%
South Birmingham PCT	4,700	500	736	1,000	665,540	0.2%
South Staffordshire PCT	2,200	378	353	750	991,536	0.1%
Stoke on Trent PCT	2,588	3,115	1,993	2,000	533,330	0.4%
Telford and Wrekin PCT	4,522	467	1,098	1,000	276,745	0.4%
Walsall Teaching PCT	6,022	5,437	2,597	2,111	492,088	0.4%
Warwickshire PCT	594	176	177	200	862,185	0.0%
West Midlands SHA	19,732	23,204	37,534	11,088	540,397	2.1%
Wolverhampton City PCT	19,365	15,692	19,682	16,808	497,064	3.4%
Worcestershire PCT	3,519	3,470	3,044	3,000	899,116	0.3%
West Midlands subtotal SHA/PCTs	**80,204**	**73,455**	**91,512**	**61,669**	**10,419,524**	**0.6%**

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Bedfordshire PCT	236	498	504	500	634,538	0.1%
Cambridgeshire PCT	501	398	499	0	907,132	0.0%
East of England SHA	135,389	83,960	94,829	69,350	652,216	10.6%
Great Yarmouth and Waveney PCT	352	1,625	1,009	1,000	414,024	0.2%
Hertfordshire PCT (4)	1,611	638	513	6,200	1,763,891	0.4%
Luton PCT	400	506	256	33	330,732	0.0%
Mid Essex PCT	1,007	3,767	1,121	1,000	545,165	0.2%
Norfolk PCT	695	959	1,403	1,000	1,249,086	0.1%
North East Essex PCT	2,993	2,998	1,143	1,000	559,694	0.2%
Peterborough PCT	(12,832)	389	4,110	0	282,410	0.0%
South East Essex PCT	2,014	1,093	879	200	588,382	0.0%
South West Essex PCT	1,614	48	252	650	686,544	0.1%
Suffolk PCT	2,578	3,560	1,070	1,100	963,285	0.1%
West Essex PCT	815	721	620	1,000	455,673	0.2%
East of England subtotal SHA/PCTs	**137,373**	**101,160**	**108,208**	**83,033**	**10,032,772**	**0.8%**
NHS Midlands and East total SHA/PCTs	**300,883**	**264,751**	**289,685**	**209,702**	**28,556,505**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 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	2,463	185,431	1.3%
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	275,552	1.5%
Lincolnshire Community Health Services NHS Trust (7)	n/a	n/a	1,081	1,510	104,508	1.4%
Northampton General Hospital NHS Trust	2,081	1,109	504	320	261,516	0.1%
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	4,328	779,606	0.6%
Nottinghamshire Healthcare NHS Trust	2,387	6,505	6,896	5,324	418,861	1.3%
United Lincolnshire Hospitals NHS Trust	1,282	(13,880)	320	886	403,260	0.2%
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**	**20,621**	**3,321,645**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Birmingham Community Health Care Trust (9)	n/a	686	2,559	2,948	249,461	1.2%
Coventry and Warwickshire Partnership NHS Trust (10)	3,690	2,936	4,589	6,694	202,656	3.3%
Dudley and Walsall Mental Health Partnership NHS Trust	376	883	1,163	1,082	67,993	1.6%
George Eliot Hospital NHS Trust	1,164	112	45	0	120,503	0.0%
North Staffordshire Combined Healthcare NHS Trust	449	698	891	1,282	77,008	1.7%
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (11)	2,054	1,618	741	n/a	n/a	n/a
Royal Wolverhampton Hospitals NHS Trust	8,035	7,964	9,297	7,975	378,654	2.1%
Sandwell and West Birmingham Hospitals NHS Trust	7,260	2,193	1,863	3,877	425,591	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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Shrewsbury and Telford Hospital NHS Trust	712	26	59	1,900	302,284	0.6%
Shropshire Community Health NHS Trust (12)	n/a	n/a	1,397	1,479	78,785	1.9%
Staffordshire and Stoke on Trent Partnership NHS Trust (13)	n/a	n/a	1,527	2,000	367,866	0.5%
South Warwickshire General Hospitals NHS Trust (14)	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	0	452,598	0.0%
University Hospitals Coventry and Warwickshire NHS Trust	10,234	4,162	1,465	2,053	482,422	0.4%
Walsall Healthcare NHS Trust (15)	1,998	3,247	4,164	3,638	221,245	1.6%
West Midlands Ambulance Service NHS Trust	255	99	925	3,900	192,627	2.0%
Worcestershire Acute Hospitals NHS Trust	3,135	287	88	1,500	340,065	0.4%
Worcestershire Health and Care NHS Trust (16)	700	700	1,500	2,048	167,626	1.2%
Wye Valley NHS Trust (17)	1,165	46	71	200	173,881	0.1%
West Midlands subtotal trusts	**52,452**	**29,798**	**33,394**	**42,576**	**4,301,265**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Bedford Hospitals NHS Trust	612	274	197	127	212,643	0.1%
Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (18)	463	n/a	n/a	n/a	n/a	n/a
Cambridgeshire Community Services NHS Trust (19)	n/a	1,044	681	1,540	153,874	1.0%
East and North Hertfordshire NHS Trust	2,499	3,328	3,568	3,600	343,167	1.0%
East of England Ambulance Service NHS Trust	757	2,364	3,121	5,107	231,000	2.2%
Hertfordshire Community NHS Trust (20)	n/a	184	1,030	1,229	123,912	1.0%
Hinchingbrooke Health Care NHS Trust	598	79	186	0	106,765	0.0%
Mid Essex Hospital Services NHS Trust	2,551	3,660	(2,156)	1,089	255,824	0.4%
Norfolk Community Health and Care NHS Trust (21)	n/a	552	637	1,100	123,604	0.9%
Suffolk Mental Health Partnership NHS Trust (22)	1,513	335	n/a	n/a	n/a	n/a
Ipswich Hospital NHS Trust	3,351	1,260	137	0	224,939	0.0%
Princess Alexandra Hospital NHS Trust	511	415	461	0	178,527	0.0%
The Queen Elizabeth Hospital Kings Lynn NHS Trust (23)	4,510	1,931	n/a	n/a	n/a	n/a
West Hertfordshire Hospitals NHS Trust	5,699	7,358	3,657	3,100	273,100	1.1%
West Suffolk Hospitals NHS Trust (24)	6,273	194	251	n/a	n/a	n/a
East of England subtotal trusts	**29,337**	**22,978**	**11,770**	**16,892**	**2,227,355**	**0.8%**
NHS Midlands and East total trusts	**99,637**	**55,079**	**68,200**	**80,089**	**9,850,265**	**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 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.

13 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.

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

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

16 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.

17 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.

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

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

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

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

22 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.

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

24 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,
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.
This is not recognised for NHS budgeting purposes.

East and North Hertfordshire NHS Trust (£6m)
Mid Essex Hospital Services NHS Trust (£12m)
Nottingham University Hospitals NHS Trust (£7m)
Princess Alexandra Hospital NHS Trust (£0.4m)
Sandwell and West Birmingham Hospitals NHS Trust (£0.3m)
University Hospital of North Staffordshire Hospital NHS Trust (£29m)
West Hertfordshire Hospitals NHS Trust (£4m)

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

Annex 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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Barking and Dagenham PCT	3,377	62	3,567	3,285	350,907	0.9%
Barnet PCT	139	134	(13,955)	0	606,946	0.0%
Bexley Care PCT	51	486	2,274	3,508	368,739	1.0%
Brent Teaching PCT	16,334	17,416	21,576	21,500	563,346	3.8%
Bromley PCT	249	6,899	6,111	5,020	520,836	1.0%
Camden PCT	12	11,807	43,162	21,595	530,321	4.1%
City and Hackney Teaching PCT	9,346	6,594	13,164	6,464	550,185	1.2%
Croydon PCT	3,412	5,535	838	0	607,046	0.0%
Ealing PCT	3	34	37	0	620,239	0.0%
Enfield PCT	(10,491)	11	(17,188)	0	507,696	0.0%
Greenwich Teaching PCT	608	5,327	4,770	4,710	501,002	0.9%
Hammersmith and Fulham PCT	10,538	3,513	5,496	7,084	374,088	1.9%
Haringey Teaching PCT	29	170	(17,439)	500	486,653	0.1%
Harrow PCT	126	677	150	0	367,666	0.0%
Havering PCT	1,528	932	873	4,095	429,000	1.0%
Hillingdon PCT	19,380	5	44	0	442,529	0.0%
Hounslow PCT	40	42	150	33	426,759	0.0%
Islington PCT	1,121	10,261	20,837	9,084	491,613	1.8%
Kensington and Chelsea PCT	3,985	3,410	10,166	11,332	379,210	3.0%
Kingston PCT	103	2,623	4,515	3,961	283,043	1.4%
Lambeth PCT	988	6,430	6,867	7,000	700,353	1.0%
Lewisham PCT	90	5,287	5,445	5,520	552,831	1.0%
London SHA	288,675	257,187	255,672	52,000	1,858,811	2.8%
Newham PCT	1,107	7,104	9,738	5,800	582,986	1.0%
Redbridge PCT	6,232	6,217	6,644	4,027	430,234	0.9%
Richmond and Twickenham PCT	112	2,845	7,742	6,223	302,141	2.1%
Southwark PCT	628	1,365	5,987	5,859	555,343	1.1%
Sutton and Merton PCT	(2,286)	266	6,457	4,528	610,671	0.7%
Tower Hamlets PCT	6,753	6,973	8,985	10,363	550,289	1.9%
Waltham Forest PCT	0	27	100	4,292	446,878	1.0%
Wandsworth PCT	4,386	12,322	16,709	10,522	617,087	1.7%
Westminster PCT	15,010	9,866	22,890	24,344	584,396	4.2%
London total SHA/PCTs	**381,585**	**391,827**	**442,384**	**242,649**	**17,199,844**	**1.4%**
NHS London total SHA/PCTs	**381,585**	**391,827**	**442,384**	**242,649**	**17,199,844**	**1.4%**

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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Barking, Havering and Redbridge Hospitals NHS Trust	(22,309)	(32,986)	(49,913)	(39,732)	420,630	(9.4%)
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	1,246,672	0.0%
Central London Community Healthcare NHS Trust (2)	n/a	2,196	3,835	1,813	190,008	1.0%
Croydon Health Services NHS Trust (3)	1,106	4,913	3,967	128	233,571	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)	(19,447)	328,418	(5.9%)
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	56,679	1.2%
Imperial College Healthcare NHS Trust (6)	9,102	5,146	(8,419)	3,915	947,118	0.4%
Lewisham Hospital NHS Trust	6,753	1,058	1,427	1,727	234,984	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	3,093	291,478	1.1%
North Middlesex University Hospitals NHS Trust	6,044	3,103	669	1,904	180,628	1.1%
North West London Hospitals NHS Trust	(8,025)	258	(7,534)	(20,600)	378,122	(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)	(54,167)	430,494	(12.6%)
South West London and St George's Mental Health NHS Trust	2,286	2,579	2,158	1,626	161,876	1.0%
St George's Healthcare NHS Trust	12,933	6,459	6,101	6,245	638,646	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	2,289	115,904	2.0%
West London Mental Health NHS Trust	1,167	3,970	4,881	3,438	228,588	1.5%
West Middlesex University Hospital NHS Trust	(4,996)	214	1,777	1,602	149,378	1.1%
Whittington Hospital NHS Trust	139	508	1,120	3,504	276,241	1.3%
London total trusts	**(2,868)**	**(19,839)**	**(95,890)**	**(96,764)**	**7,478,255**	**(1.3%)**
NHS London total trusts	**(2,868)**	**(19,839)**	**(95,890)**	**(96,764)**	**7,478,255**	**(1.3%)**

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,
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.
This is not recognised for NHS budgeting purposes.

Barking, Havering and Redbridge University Hospitals NHS Trust (£1m)
Imperial College Healthcare NHS Trust (£0.8m)
North West London Hospitals NHS Trust (£1m)
South London Healthcare NHS Trust (£5m)
South West London and St George's Mental Health NHS Trust (£2m)

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

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Brighton and Hove City Teaching PCT	1,071	4,618	4,604	750	497,248	0.2%
East Sussex Downs and Weald PCT	1,230	2,656	476	750	589,794	0.1%
Eastern and Coastal Kent PCT	6,130	11,972	8,957	12,000	1,314,039	0.9%
Hastings and Rother PCT	3,841	6,496	2,707	750	343,195	0.2%
Medway PCT	3,689	4,282	4,496	4,582	463,113	1.0%
South East Coast SHA	44,586	45,768	62,090	19,327	303,291	6.4%
Surrey PCT	(13,622)	(11,934)	1,028	10,000	1,733,407	0.6%
West Kent PCT	2,013	776	1,066	10,363	1,057,925	1.0%
West Sussex PCT	725	733	512	750	1,333,789	0.1%
South East Coast subtotal SHA/PCTs	**49,663**	**65,367**	**85,936**	**59,272**	**7,635,801**	**0.8%**

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Berkshire East PCT	101	147	1,250	1,200	603,025	0.2%
Berkshire West PCT	1,449	1,646	3,580	6,471	681,767	0.9%
Buckinghamshire PCT	1,368	715	127	1,714	735,755	0.2%
Hampshire PCT	486	457	4,015	6,456	1,964,552	0.3%
Isle of Wight NHS PCT	2,382	2,519	2,508	2,573	272,440	0.9%
Milton Keynes PCT (1)	605	551	n/a	n/a	n/a	n/a
Oxfordshire PCT	1,901	2,250	2,224	2,244	945,091	0.2%
Portsmouth City Teaching PCT	5,207	724	1,674	3,385	360,333	0.9%
South Central SHA	45,125	54,788	54,785	20,100	343,404	5.9%
Southampton City PCT	917	2,885	1,965	3,920	434,253	0.9%
South Central subtotal SHA/PCTs	**59,541**	**66,682**	**72,128**	**48,063**	**6,340,620**	**0.8%**

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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
Bath and North East Somerset PCT	1,924	2,685	2,685	2,763	297,605	0.9%
Bournemouth and Poole Teaching PCT	2,886	5,356	5,356	5,897	597,250	1.0%
Bristol Teaching PCT	4,974	6,955	3,955	3,955	786,844	0.5%
Cornwall and Isles of Scilly PCT	6,064	8,562	8,570	8,822	951,467	0.9%
Devon PCT	237	3,546	3,538	3,500	1,263,948	0.3%
Dorset PCT	4,374	6,133	6,133	6,717	684,318	1.0%
Gloucestershire PCT	6,216	8,685	8,685	8,946	961,929	0.9%
North Somerset PCT	48	1,552	1,063	1,063	348,298	0.3%
Plymouth Teaching PCT	1,400	4,190	2,204	2,215	466,077	0.5%
Somerset PCT	5,751	7,965	7,965	7,965	894,054	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 Q2 Forecast outturn surplus/ (deficit) £000s	2012/13 Q2 Forecast outturn revenue resource limit (RRL) £000s	2012/13 Q2 Forecast outturn surplus/ (deficit) as % RRL
South Gloucestershire PCT	39	1,527	1,397	1,397	388,367	0.4%
South West SHA	56,756	51,054	117,832	42,094	435,081	9.7%
Swindon PCT	2,080	1,096	2,967	3,047	322,567	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	283,102	2.6%
Wiltshire PCT	0	3,200	2,005	2,000	690,384	0.3%
South West subtotal SHA/PCTs	**94,557**	**115,000**	**176,849**	**107,849**	**9,371,291**	**1.2%**
NHS South of England total SHA/PCTs	**203,761**	**247,049**	**334,913**	**215,184**	**23,347,712**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 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	594,196	0.5%
Dartford and Gravesham NHS Trust	115	206	393	0	172,028	0.0%
East Sussex Healthcare NHS Trust (4)	350	(4,704)	87	2,800	381,907	0.7%
Kent and Medway NHS and Social Care Partnership Trust	1,524	13	538	1,097	165,014	0.7%
Kent Community Health NHS Trust (5)	n/a	1,429	1,470	2,114	212,308	1.0%
Maidstone and Tunbridge Wells NHS Trust	189	1,710	300	0	358,669	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)	0	219,279	0.0%
Sussex Community NHS Trust (8)	649	675	1,918	1,889	177,556	1.1%
Western Sussex Hospitals NHS Trust (9)	4,138	5,234	5,350	5,224	360,337	1.4%
South East Coast subtotal trusts	**36,906**	**16,291**	**4,042**	**16,002**	**2,641,294**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Buckinghamshire Healthcare NHS Trust (10)	146	1,026	2,848	2,000	333,764	0.6%
Isle of Wight NHS Trust (11)	n/a	n/a	n/a	500	158,479	0.3%
Nuffield Orthopaedic NHS Trust	311	882	n/a	n/a	n/a	n/a
Oxford Learning Disability NHS Trust	181	161	59	284	38,990	0.7%
Oxford Radcliffe Hospitals NHS Trust	106	1,289	n/a	n/a	n/a	n/a
Oxford University Hospital NHS Trust (12)	n/a	n/a	7,157	3,602	799,248	0.5%
Portsmouth Hospitals NHS Trust	(14,877)	159	148	4,263	431,550	1.0%
South Central Ambulance Service NHS Trust (13)	602	1,383	2,049	n/a	n/a	n/a
Southampton University Hospitals NHS Trust (14)	6,777	2,859	(1,908)	n/a	n/a	n/a
Solent NHS Trust (15)	n/a	n/a	1,863	753	183,257	0.4%
Winchester and Eastleigh Healthcare NHS Trust (16)	224	147	n/a	n/a	n/a	n/a
South Central subtotal trusts	**(6,530)**	**7,906**	**12,216**	**11,402**	**1,945,288**	**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 Q2 Forecast outturn surplus/ (operating deficit) £000s	2012/13 Q2 Forecast outturn turnover £000s	2012/13 Q2 Forecast outturn surplus/ (operating deficit) as % turnover
Avon and Wiltshire Mental Health Partnership NHS Trust	1,113	3,219	3,541	2,926	191,501	1.5%
Cornwall Partnership NHS Trust (17)	1,250	n/a	n/a	n/a	n/a	n/a
Devon Partnership NHS Trust	209	616	789	3,020	137,298	2.2%
Great Western Ambulance Service NHS Trust	94	849	404	851	88,576	1.0%
North Bristol NHS Trust	6,177	7,888	9,002	7,000	520,904	1.3%
Northern Devon Healthcare NHS Trust	0	252	1,719	2,145	213,381	1.0%
Plymouth Hospitals NHS Trust	2,010	18	15	1,000	398,466	0.3%
Royal Cornwall Hospitals NHS Trust	8,349	7,544	4,437	3,800	312,988	1.2%
Royal United Hospital Bath NHS Trust	5,800	4,195	6,215	4,640	221,661	2.1%
South Western Ambulance Service NHS Trust (18)	511	890	n/a	n/a	n/a	n/a
Torbay and Southern Devon Health and Care NHS Trust (19)	n/a	n/a	n/a	100	136,670	0.1%
Weston Area Health NHS Trust	2,448	2,607	3,610	2,250	92,927	2.4%
South West subtotal trusts	**27,961**	**28,078**	**29,732**	**27,732**	**2,314,372**	**1.2%**
NHS South of England total trusts	**58,337**	**52,275**	**45,990**	**55,136**	**6,900,954**	**0.8%**

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

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

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.

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 on 1 April 2012, as a provider split from Isle of Wight NHS PCT (5QT).

12 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.

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

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

15 The integration of PCT provider functions, part of NHS Southampton 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.

16 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.

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

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

19 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).

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,
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.
This is not recognised for NHS budgeting purposes.

Brighton and Sussex University Hospitals NHS Trust (£8m)
Dartford and Gravesham NHS Trust (£1m)
Kent and Medway NHS and Social Care Partnership Trust (£0.6m)
Maidstone and Tunbridge Wells NHS Trust (£5m)
North Bristol NHS Trust (£20m)
Plymouth Hospitals NHS Trust (£2m)
Surrey and Sussex Healthcare NHS Trust (£1m)

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

NHS Q2 Performance Framework results

In 2012/13 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 Q2. 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.

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 July to September (including all acute and ambulance trusts)

	July	August	September
Performing:	58	58	52
Performance under review:	2	2	10
Underperforming	9	9	7
Total:	69	69	69

Figure 2: Breakdown of quality of service performance for July to September (including all acute and ambulance trusts)

	July	August	September
Performing:	52	55	47
Performance under review:	14	11	18
Underperforming	3	3	4
Total:	69	69	69

Figure 3: Breakdown of finance performance and quality of service performance for Q1 2012/13 for mental health trusts

	Finance performance	Quality of service performance
Performing:	14	12
Performance under review:	0	2
Underperforming	0	0
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, July data is reflected in September TFA ratings, August data in October and September data in November.

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. However, it is not 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 September to November (including all acute, ambulance, mental health and community trusts)

	September ratings (using July NHS PF results)	October ratings (using August NHS PF results)	November ratings (using September NHS PF results)
Green:	25	25	21
Amber-Green:	15	13	12
Amber-Red:	28	20	26
Red:	34	44	43
Total:	102	102	102

Annex 5

NHS Performance Framework and TFA results July to September 2012

Trust name	July NHS Performance Framework		September TFA rating	August NHS Performance Framework		October TFA rating	September NHS Performance Framework		November 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	Underperforming	R	Underperforming	Underperforming	R	Underperforming	Underperforming	R
Barnet and Chase Farm Hospitals NHS Trust	Underperforming	Performing	R	Underperforming	Performing	R	Performing	Performing	R
Barts Health NHS Trust	Underperforming	Performing	R	Underperforming	Performing	R	Performance under review	Performing	AR
Bedford Hospital NHS Trust	Performing	Performing	AG	Performing	Performing	R	Performing	Performing	R
Birmingham Community Healthcare NHS Trust			G			G			G
Bridgewater Community Healthcare Trust			AR			R			G
Brighton and Sussex University Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Buckinghamshire Healthcare NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	AG
Cambridge Community Services NHS Trust			AR			R			R
Central London Community Healthcare NHS Trust			AR			R			R
Croydon Health Services NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performing	Performance under review	R
Dartford and Gravesham NHS Trust	Performing	Performance under review	R	Performing	Performing	R	Performing	Performance under review	AR
Derbyshire Community Health Services NHS Trust			G			G			G
Ealing Hospital NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performing	Performance under review	R
East and North Hertfordshire NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AR
East Cheshire NHS Trust	Performing	Performance under review	AR	Performing	Performing	R	Performing	Performing	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	Performance under review	AR	Performing	Performing	AG	Performing	Underperforming	R
East Sussex Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Epsom and St Helier University Hospitals NHS Trust	Underperforming	Performing	R	Underperforming	Performing	R	Underperforming	Performing	R
George Eliot Hospital NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performance under review	Performing	AR
Great Western Ambulance Service NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Hertfordshire Community NHS Trust			R			R			R

Trust name	July NHS Performance Framework		September TFA rating	August NHS Performance Framework		October TFA rating	September NHS Performance Framework		November 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	
Hinchingbrooke Healthcare NHS Trust	Underperforming	Performing	R	Underperforming	Performing	AR	Underperforming	Performing	AR
Hounslow and Richmond Community Healthcare NHS Trust			AR			R			R
Hull and East Yorkshire Hospitals NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AG
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	G	Performing	Performing	G	Performing	Performing	G
Kent Community Health NHS Trust			AG			AG			AG
Kingston Hospital NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Leeds Community Healthcare NHS Trust			AR			AR			AR
Leeds Teaching Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Lewisham Healthcare NHS Trust	Performing	Performing	AG	Performing	Performing	G	Performing	Performing	AG
Lincolnshire Community Health Services NHS Trust			AR			R			R
Liverpool Community Health NHS Trust			AR			R			R
London Ambulance Service NHS Trust	Performing	Performing	R	Performing	Performing	R	Performance under review	Performing	R
Maidstone and Tunbridge Wells NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Mid Essex Hospital Services NHS Trust	Performing	Performing	R	Performing	Performing	R	Performance under review	Performing	R
Mid Yorkshire Hospitals NHS Trust	Underperforming	Underperforming	R	Underperforming	Underperforming	R	Underperforming	Performance under review	R
Norfolk Community Health and Care NHS Trust			G			G			G
North Bristol NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performance under review	R
North Cumbria University Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	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	Performing	G	Performing	Performing	G	Performing	Underperforming	R
North West London Hospitals NHS Trust	Underperforming	Performance under review	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R
Northampton General Hospital NHS Trust	Performing	Performing	R	Performing	Performing	R	Performance under review	Performing	R
Northern Devon Healthcare NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performing	R
Nottingham University Hospitals NHS Trust	Performing	Performance under review	R	Performing	Performing	R	Performing	Performing	R

Trust name	July NHS Performance Framework		September TFA rating	August NHS Performance Framework		October TFA rating	September NHS Performance Framework		November 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	
Nottinghamshire Healthcare NHS Trust			G			G			G
Oxford University Hospitals NHS Trust	Performing	Performing	AG	Performing	Performing	G	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	Performing	Performance under review	AR	Performing	Performance under review	AR	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	G	Performing	Performing	G
Royal United Hospital Bath NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Royal Wolverhampton Hospital NHS Trust	Performing	Performing	G	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	Performing	AR	Performing	Performance under review	AR	Performing	Performance under review	AR
Shropshire, Telford and Wrekin Community Services			AG			AG			AR
Solent NHS Trust			R			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	AR	Performing	Performance under review	R	Performing	Performance under review	R
St George's Healthcare NHS Trust	Performing	Performance under review	AR	Performing	Performance under review	AR	Performing	Performance under review	AR
St Helens and Knowsley Hospitals NHS Trust	Performing	Performing	R	Performing	Performing	R	Performing	Performance under review	R
Staffordshire and Stoke on Trent Community Services			G			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	AR	Performing	Performing	R	Performing	Performing	R
Torbay and South Devon Health and Care Trust			AG			AG			AG
United Lincolnshire Hospitals NHS Trust	Performance under review	Performing	AR	Performance under review	Performing	AR	Performance under review	Performance under review	AR
University Hospital of North Staffordshire NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performance under review	Performing	R

Trust name	July NHS Performance Framework		September TFA rating	August NHS Performance Framework		October TFA rating	September NHS Performance Framework		November 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	
University Hospitals Coventry and Warwickshire NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
University Hospitals of Leicester NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performance under review	Performance under review	R
Walsall Healthcare NHS Trust	Performing	Performing	AG	Performing	Performing	AR	Performing	Performing	R
West Hertfordshire Hospitals NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performing	AR
West Middlesex University NHS Trust	Underperforming	Performance under review	R	Underperforming	Performance under review	R	Underperforming	Performance under review	R
West Midlands Ambulance Service NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Western Sussex Hospitals NHS Trust	Performing	Performing	G	Performing	Performing	G	Performing	Performing	G
Weston Area Health NHS Trust	Performing	Performing	AG	Performing	Performing	AG	Performing	Performance under review	AR
Wirral Community Health Services			AR			R			R
Worcestershire Acute Hospitals NHS Trust	Performing	Performing	AR	Performing	Performing	AR	Performing	Performing	AR
Wye Valley NHS Trust (Hereford Hospital)	Performance under review	Performing	AR	Performance under review	Performing	R	Performance under review	Performing	R
Yorkshire Ambulance Service NHS Trust	Performing	Performance under review	R	Performing	Performance under review	R	Performing	Performance under review	AR

Annex 6

NHS Performance Framework and TFA results – mental health trusts

Trust name	NHS Performance Framework – Q1 2012/13		TFA results		
	Overall finance score	Overall quality of services score	September	October	November
Avon and Wiltshire Mental Health Partnership NHS Trust	Performing	Performing	R	R	R
Barnet, Enfield and Haringey Mental Health NHS Trust	Performing	Performance Under Review	G	G	AG
Bradford District Care Trust	Performing	Performing	R	R	G
Coventry and Warwickshire Partnership NHS Trust	Performing	Performing	G	G	G
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	R	R	AG
Leicestershire Partnership NHS Trust	Performing	Performance Under Review	G	G	AR
Manchester Mental Health and Social Care Trust	Performing	Performing	AG	AR	AR
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	G	AG	AG
West London Mental Health NHS Trust	Performing	Performing	AR	AR	AR
Worcestershire Health and Care NHS Trust	Performing	Performing	G	G	G