thequarter.

Quarter 1 2011/12

An update from David Flory, Deputy NHS Chief Executive

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Introduction

The quarter provides the definitive account of how the NHS is performing at national level against the requirements and indicators set out in the NHS Operating Framework 2011/12[1]. This edition of the quarter covers the period from April to June 2011, the first period in a critical year for delivery of the quality, innovation, productivity and prevention (QIPP) challenge.

The challenge we face

The QIPP challenge was first identified in 2009 when we set out that the NHS would need to achieve £15-£20 billion of efficiency savings while maintaining or improving quality in order to cope with future demand in a tighter financial environment. The NHS Operating Framework 2011/12 clarified that up to £20 billion of efficiencies will be needed in the period up to 2014/15. Achieving these savings while continuing to improve quality remains one of the toughest challenges the NHS has ever faced.

The pressures faced by the NHS are similar to those confronting most advanced healthcare systems: rising demand as a result of an ageing population; increased costs as a result of developments in drugs and medical technology; and rising public and patient expectations for high quality and accessible care. The NHS must keep pace with these growing demands during a period when, despite a comparatively generous funding settlement, growth in NHS resources is at historically low levels. It is for this reason that up to £20 billion of efficiency savings are needed.

We have been clear from the outset that meeting the QIPP challenge is not only about making necessary efficiency savings but about doing so in a way that maintains or improves quality and outcomes for patients. There are a great number of opportunities to make changes which improve quality and reduce cost, whether it is by transforming care for patients with long-term conditions and thereby reducing emergency admissions, or by improving patient safety. Innovation will support the rapid spread of best practice and improvement, while focussing on prevention and public health is critical to the sustainability of the health system. As we move through the delivery phase, we must maintain our focus on all four elements of QIPP.

The efficiency savings generated through the QIPP process will all be reinvested in frontline care, helping the NHS to meet future pressures. This will enable us to cope with rising costs, to meet additional demand, to fund new treatments and NICE-approved drugs, and to invest in improving services, for example by rapidly expanding the number of health visitors.

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

Gateway Reference Number 16648

The scale and nature of the QIPP challenge mean the response needs to be determined locally and supported regionally and nationally. Local health systems have therefore been working together since 2009 to develop plans for improving quality and productivity in their areas. PCTs and SHAs have developed plans up to 2014/15 for meeting the QIPP challenge. Emerging clinical commissioning groups have increasingly been involved in the planning and delivery of QIPP and effective local clinical leadership remains critical to our success. The role of the centre has been to provide evidence and assurance and to support change at scale in areas, such as long-term conditions, urgent care and procurement, where the greatest impact can be achieved. The centre also has a key role in driving savings in areas such as pay and drug prices.

Although plans have been developed locally, there are many common features in what different parts of the NHS are seeking to achieve. In future we are likely to see more care provided closer to home, more empowered patients in control of their own care, a smaller but more specialised acute sector with lower unit costs, and greater standardisation of care pathways. These changes are in line with historical and international trends but will inevitably cause pressure for some local NHS organisations, particularly in the acute sector.

The delivery of the QIPP challenge is supported by the principles which underpin the modernisation programme: a focus on improving outcomes, more power and information for patients, greater local clinical leadership and the development of a stronger and more diverse provider sector. QIPP and modernisation must go hand in hand and the NHS Operating Framework 2011/12 sets out a single clear set of requirements across the two areas.

The current context

Because the QIPP challenge was identified at an early stage, the NHS has had a significant period to plan and to make early inroads in meeting the quality and productivity challenge. In 2010/11, the NHS maintained a healthy financial position while maintaining or improving quality in key areas such as waiting times, infection rates and patient experience. In addition, the Audit Commission[2] reported that the NHS made £4.3 billion of productivity gains during 2010/11. This performance provides a strong base for QIPP delivery in 2011/12 and beyond.

The NHS Operating Framework 2011/12 required each Strategic Health Authority (SHA) to produce an integrated plan bringing together all of the key requirements across the areas of quality, resources and reform, describing the overall improvements envisaged in terms of quality, productivity and management of resources. The Department has now signed off the integrated plans for all ten SHAs.

As a result of the plans we have made, we now have a clear idea of where the main savings will come from. A significant proportion of savings, around 40 percent will come from nationally-driven changes such as pay restraint, standardisation of back office functions and reductions in running costs. A similar proportion will come from local productivity improvements in the provider sector, driven by targeted pressure on the national tariff and other pricing mechanisms.

The final set of savings, which are critical to maintaining and improving quality, will be driven by local changes to the way services are delivered, for example by providing care closer to home for diabetes or chronic obstructive pulmonary disease (COPD), or by changing the pattern of acute services for major trauma or stroke. These will be the most challenging changes to achieve, requiring joined-up local planning and strong clinical engagement, but changes of this kind are vital to meeting the QIPP challenge.

2 http://www.audit-commission.gov.uk/SiteCollectionDocuments/Downloads/20110808_NHSPerformance.pdf

Taken together, these changes amount to a significant transformation in the way NHS services are delivered. Changes will take place in different ways in different parts of the country, but we expect the phasing of change over the four years to be broadly as follows in figure 1:

Figure 1: Key features of QIPP implementation over time

FY11/12 QIPP year 1	FY12/13 QIPP year 2	FY13/14 QIPP year 3	FY14/15 QIPP year 4
Building an efficient organisation	**Building transformation**	**Releasing the old, embedding the new**	**Maintaining transformation**
Efficiency transactional changes create headroom to enable transformational changes in coming years.	Re-investment of efficiency savings to support creation of transformation.	Re-investment of efficiency savings to embed transformation.	The new system and care settings fully implemented and delivering patient centred outcomes with care closer to home.
Focus on whole system working to reduce activity through better care pathway management and transformation work begins. If important planned activity reductions do not occur at scale and pace QIPP is pushed into future years.	A leaner, more efficient and cost effective system creates recurrent savings and is starting to run alongside the old. New transformational care settings are forming.	Embedding the new systems and the new care settings to further reduce acute activity to the identified "tipping points" to achieve efficiency savings through releasing old systems.	New reform structures are fully operational and QIPP transformational changes and efficiency savings are fully realised.

2011/12 PCT plans demonstrate the main areas where we expect to make savings this year. In total, PCTs are seeking £5.9 billion of savings, meaning that if all savings were achieved we would be slightly ahead of schedule on the delivery of savings. The broad breakdown of expected savings is shown below and we will report specific progress on delivery of financial savings at the end of Quarter Two (Q2).

Figure 2: PCTS forecast QIPP savings for 2011–12

	Forecast Savings £bn
Acute services	3.1
Mental health and learning disability services	0.4
Community services	0.5
Ambulance services	0.1
Specialised commissioning	0.3
Non-NHS healthcare (inc re-ablement)	0.2
Continuing healthcare	0.2
Prescribing	0.4
Primary care, dental, pharmacy, ophthalmic services	0.2
Other	0.5

The NHS Operating Framework 2011/12 set out clearly how we will measure progress on delivery of the QIPP challenge, by reporting on a comprehensive set of indicators covering the quality of care, use of resources and progress on delivery of the modernisation agenda. Local operational plans have been developed and agreed to ensure delivery across all of these areas and this edition of the quarter provides the first account of progress.

A number of the measures track in-year delivery in key areas such as waiting times, financial performance and infection rates. These measures give us a clear sense of how the NHS is performing on quality and productivity improvement. However, because QIPP requires sustained improvement over a long period, it is important that we also track measures which help us to understand whether change is being made in a sustainable way. Indicators such as activity rates, particularly for non-elective care, and staff sickness absence rates will help us to understand whether change is being delivered in a way which can be sustained over the whole of the QIPP period.

We are also moving increasingly to track outcome measures, particularly when looking at the quality of care. So in 2011/12 we have begun to collect data across a range of outcome measures for A&E and ambulance services to give a fuller and more clinically relevant view of performance. We will see further developments towards the use of outcome measures in 2012/13.

How we are doing

We are in the early stages of delivering against the QIPP challenge but the results from the first quarter of 2011/12 are encouraging. At a national level, the NHS has maintained and improved performance on key quality measures, while sustaining a healthy financial position. We are beginning to see progress on important measures of sustainability such as activity rates, while significant progress has been made on implementation of the modernisation agenda. This progress has been hard won and there remain a number of areas facing very significant delivery challenges, but the overall picture justifies cautious optimism.

On **quality**, a number of indicators demonstrate that standards are being maintained or improved:

- The NHS Constitution commitments to meeting the 18-week waiting time standard for 95 percent of non-admitted and 90 percent of admitted patients were met during the first quarter of 2011/12.
- MRSA infections were 25 percent lower than during the same quarter last year with C.difficile infections 17 percent lower. 97 MRSA infections were reported in June, the lowest figure since mandatory surveillance began in 2011.
- The number of breaches of mixed-sex sleeping accommodation standards fell significantly, from 3.6 per 1,000 episodes in March to 1.3 per 1,000 episodes in June.
- Waiting time standards for cancer services, A&E services and ambulances services were all achieved during Quarter One (Q1), and new outcomes data for A&E and ambulance service was collected for the first time in this period.

The use of **innovation** is supporting the spread of improvement in a number of important areas. For example:

- A comprehensive monitoring and prevention system for reducing Venous Thromboembolism (VTE) is being implemented, the only one of its kind in the world. 86 percent of adult inpatients received a VTE risk assessment in June 2011, meaning we are continuing to make progress towards the ambition of 90 percent.
- The NHS Evidence services continues to support staff in accessing the best possible evidence about quality and productivity, now receiving up to 1.2 million searches per month.

There are also important signs of progress on productivity and financial performance:

- The NHS remains in a healthy overall financial position with SHAs and PCTs forecasting a surplus for 2011/12 of £1,165 million. A small minority of commissioner and provider organisations are forecasting deficits and we are working with these organisations to address and reduce these difficulties.

- Non-elective activity rates were 1.7 percent lower in the first quarter of 2011/12 than the same period last year, potentially early evidence that demand for urgent care is beginning to be contained. If maintained, this trend indicates that service changes necessary for delivery of QIPP are beginning to take place. GP referrals and outpatient attendances were also lower than for the same period last year, but elective activity increased as the NHS worked through the backlog from a difficult winter period.
- The overall size of the NHS workforce reduced slightly during the quarter, though the bulk of the reductions were in management and support staff numbers. This is consistent with expectations for QIPP delivery.

Changes were also made which will allow a greater focus on **prevention** and public health:

- In line with our ambitious commitment to increase the number of health visitors by 4,200 by 2014/15, the number of training commissions for 2011/12 was three times higher than in 2010/11.
- Progress continued on the expansion of cancer screening for breast cancer and bowel cancer.

Finally, the NHS made important progress on implementing the **reform** agenda:

- 257 pathfinder clinical commissioning groups (CCGs) are now established, covering 97 percent of the population and increasingly taking on delegated responsibility from PCT clusters. Plans for the creation of the new NHS Commissioning Board are well developed and an authorisation framework for CCGs is due to be published shortly. We will also set out future plans for the development of commissioning support services in the next few weeks.
- PCT clusters were formed with effect from 1 June 2011 to consolidate managerial capacity and provide clear local leadership for in-year delivery and for the transition to the new commissioning system. Similar changes are being implemented for SHAs with 4 SHA clusters due to be in place from October 2011.
- The Transforming Community Service is now virtually complete, meaning £8.3 billion of services have been moved to new organisational forms, creating a stronger and more diverse sector in this key service area.
- The number of patients receiving a choice of a named consultant-led team through Choose and Book increased to 76 percent during Quarter 1. However, the number of GP practices offering patients on-line access to their care records remains low and the creation of Summary Care Records is behind schedule.

Taken together, these results show that the NHS has continued to perform well during a challenging period with progress made across a range of important areas. This provides a strong platform for continuing to deliver and for fuller implementation of QIPP plans during the remainder of 2011/12. However, there can be no question of complacency in the months ahead. Waiting times and other key quality measures must be sustained and growing financial pressure on commissioners and providers is inevitable. And the NHS will need to plan effectively and maintain performance during the tough winter period. Signs that activity is being contained provide only a very early indicator of progress, and we must continue to ensure that referral management processes are clinical justified and that there are no blanket bans or arbitrary restrictions on access to services. So while we have made solid progress during Quarter One, the challenges ahead remaining very significant indeed.

Quality

Performance for the first quarter of 2011/12 was good and the NHS has maintained all of the headline performance standards set out in the NHS Operating Framework 2011/12. There have also been notable successes to improve services – changing the way the NHS deals with stroke and trauma services. A summary of performance measures is included below:

Waiting times

Performance against the NHS constitutional right for treatment within 18 weeks of referral was sustained above the thresholds for both admitted and non-admitted patients.
The proportion of people waiting longer than 18 weeks also remained low and stable while the NHS worked to treat patients who had waited the longest following a difficult winter period. The NHS has also continued to report strong performance against cancer standards. A number of organisations continue to present individual concerns and strong processes have been put in place to make sure rapid progress is made to ensure compliance with the key performance standards.

Emergency response

Key emergency standards have also been maintained. 97 percent of patients spent four hours or less in A&E, an increase from the previous quarter, despite an overall increase in attendances in comparison with Q4. Category A ambulance standards were also delivered with the 76.3 percent performance on the 8 minute standard calls (an increase from the previous quarter) and 97.1 percent performance on the 19 minute standard.

Service quality

Levels of healthcare associated infections have continued to reduce in line with the expectations set out in the NHS Operating Framework 2011/12. MRSA bloodstream infections show a 25 percent improvement in comparison with Q1 figures in 2010/11. For C.Difficile, there has been a 17 percent reduction in previous levels. Breaches of mixed sex accommodation (MSA) have also significantly improved over Q1 with breach rates continuing to fall on a month by month basis with the vast majority of providers now declaring compliance with the MSA standards.

Service improvement

Stroke

Improving stroke care remains a priority and this latest data shows that the NHS is changing the way it works to improve quality and outcomes for patients. Over 75 percent of stroke patients are now spending 90 percent or more of their hospital stay in a stroke unit – a 20 percent increase since 2009. And almost 70 percent of high risk people who have a minor stroke are treated quickly – nearly a 20 percent increase since 2009. Maintaining these improvements and reducing regional variations is crucial to improving outcomes for patients.

Trauma

Over the next year, the NHS will be expanding by 18 the number of regional trauma networks, adding to the 4 networks already available in London. This does not involve closing hospitals or A&E departments, but does involve changing the pathway of care for the most severely injured, by taking them directly to the hospital most able to deal with their injuries, rather than their nearest hospital.

Breastfeeding

The breastfeeding initiation rate at Q1 2011/12 is 74.3 percent, a slight improvement on 2010/11 outturn (73.7 percent), 2009/10 outturn (72.7 percent) and 2008/09 outturn (71.7 percent). The prevalence of breastfeeding at 6–8 weeks at Q1 2011/12 is 45.6 percent of all infants due a 6–8 weeks check, which remains largely unchanged from the figure of 45.4 percent recorded in 2010/11 Q1.

Access to dentistry

The latest data shows that the number of patients accessing NHS dentistry has grown for the twelfth consecutive quarter. In Quarter One (period ending June 2011), around 58,000 more adults and over 1,000 more children have accessed NHS dental services than in Quarter 4 (period ending March 2011).

The Government is committed to improving access to NHS dentistry. The NHS Operating Framework 2011/12, which sets out the key priorities for the NHS over the next year, states that PCTs should continue to commission improvements in access to NHS dentistry. The dental pilots announced earlier this year, to test the elements required to design a new dental contract based on capitation and quality, are all now live and following the new clinical pathway. The aim of the planned new contract is to increase access further and improve oral health, particularly in children.

HCAI[3]

Performance status: improved

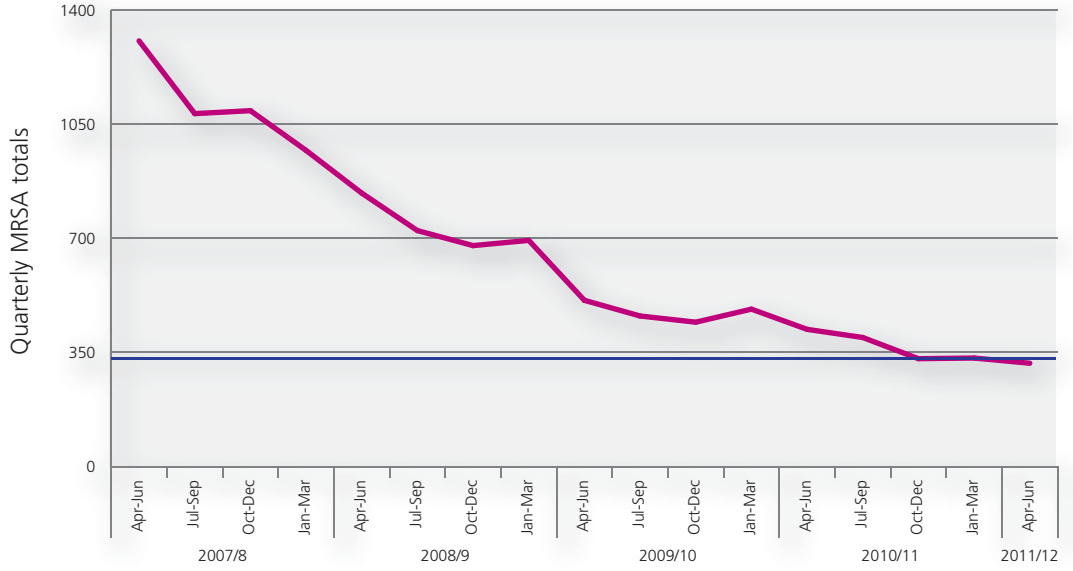
Performance on healthcare associated infections continues to improve, with further reductions required, detailed in the 2011-12 NHS Operating Framework, 2011–12.[5]

MRSA

In 2011–12, Q1 316 MRSA bloodstream infections were reported – a 25 percent improvement on the same quarter last year.

The bloodstream infections reported in June (97) was the lowest monthly number reported since mandatory surveillance started in 2001.

Figure 3: MRSA bacteraemia: quarterly totals between April 2007 and June 2011

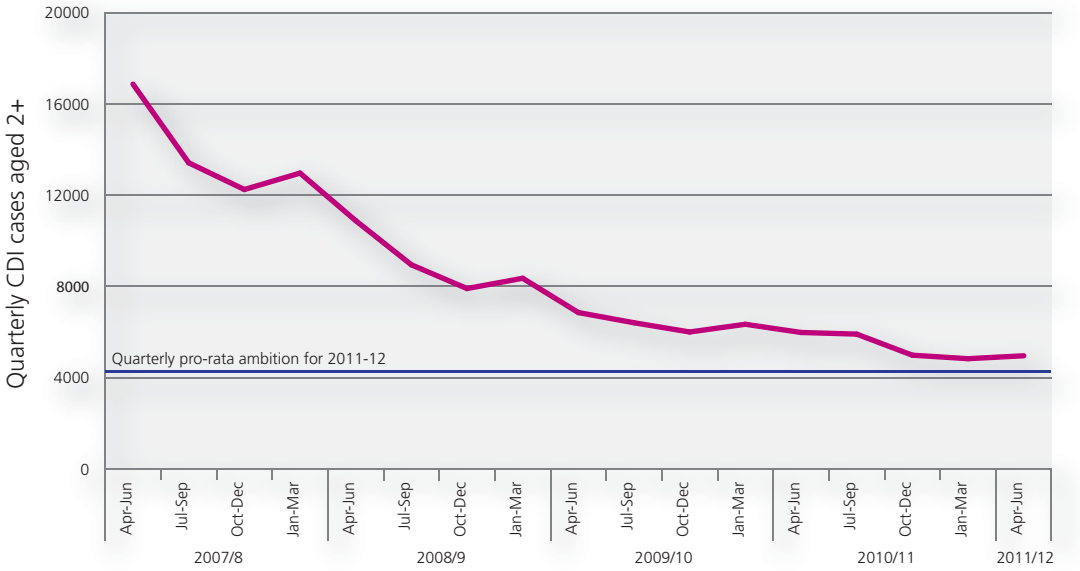


3 http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/LatestPublicationsFromMandatorySurveillanceMRSACDIAndGRE/

C.difficile

For C.difficile, 4,945 infections were reported in 2011-12, Q1 – a 17 percent improvement on the same quarter last year.

Figure 4: CDI cases aged two or more: Quarterly totals between April 2007 and June 2011



The NHS has been encouraged to adopt a zero tolerance approach to HCAI which are avoidable and we are keen to see further progress to achieve this objective. Data published by the Health Protection Agency, indicates that 29 Primary Care Organisations reported zero MRSA bloodstream infections during the period April – June 2011. Over the same period, 84 acute trusts had zero trust apportioned MRSA bloodstream infections. While this is encouraging we wish to see a sustained pattern of falling infections and reduced variation in the levels between trusts.

Patient experience

Eliminating mixed sex accommodation[4]

Performance status: improved

Breaches of mixed-sex sleeping accommodation fell steadily in Q1, following new monitoring arrangements that require all providers of NHS-funded care to report breaches, and to face fines of £250 for every breach.

In August 2010, Secretary of State announced robust steps to ensure NHS organisations routinely report breaches of Same-Sex Accommodation (SSA) guidance. There had previously been no central requirement to report breaches of the guidance. Reporting is through 'Unify2' and requires all breaches of sleeping accommodation to be captured, for each patient affected.

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

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

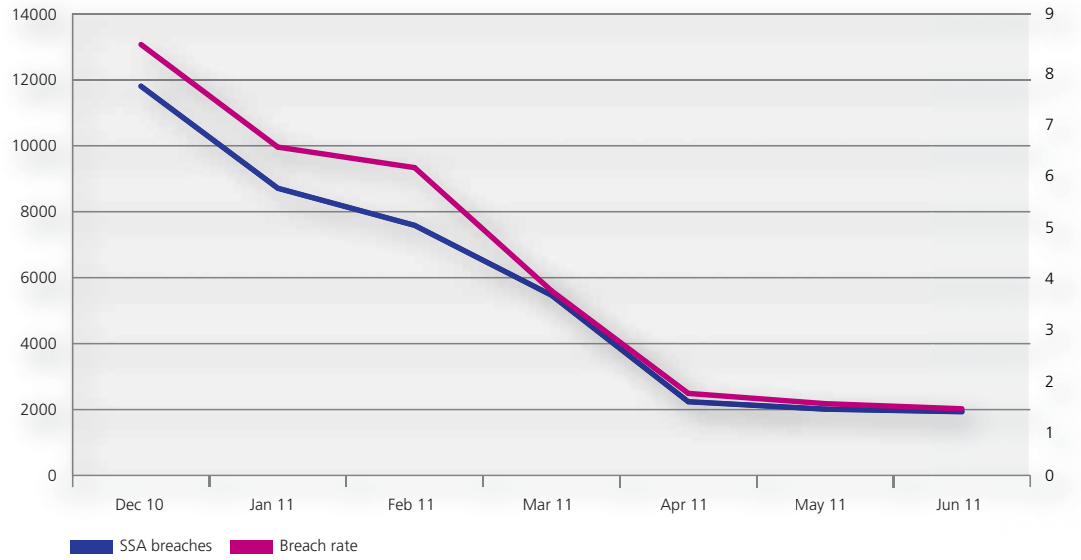
Following the establishment of local reporting systems, the first set of breach data from December 2010 was published on 20 January 2011. Initially, reporting was voluntary for FTs, but since April 2011, reporting has been compulsory for all organisations providing NHS-funded care. Figures are revised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

Data provided over this period (figure 5) has shown a continuous reduction in the breach rate as follows (Q1 figures in shaded boxes). Asterisked figures are *unrevised*.

Figure 5: Number of breaches of mixed sex engagement

Month	SSA breaches	Breach rate
June 2011	*1,933	*1.3
May 2011	1,908	1.4
April 2011	2,236	1.6
March 2011	5,466	3.6
February 2011	7,583	6.0
January 2011	8,708	6.4
December 2010	11,802	8.4

Figure 6: Average (median) breaches of mixed sex accommodation



4 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/MixedSexAccommodation/DH_124391

Community mental health services survey results 2011[5]

Performance status: maintained

The Care Quality Commission (CQC) Community Mental Health Services Survey 2011 reported that four out of five people rated the care received as good, very good or excellent, though we recognise we still have some way to go in improving mental health services provision in the community for all users.

Patient experience results from the Community Mental Health Services survey were published by the CQC on 9 August 2011. The report showed that 29 percent of people rated the care received as excellent, 30 percent very good, 20 percent good, 13 percent fair and 9 percent poor or very poor, similar to percentages reported in the 2010 survey. The majority of service users definitely agreed that: they were listened to carefully; that their views had been taken into account; that they had trust and confidence in the health and social care worker seen most recently; and had been treated with dignity.

However, a quarter of patients on Care Programme Approach reported that their care had been left unreviewed in the last 12 months.

Referral to treatment[6]

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

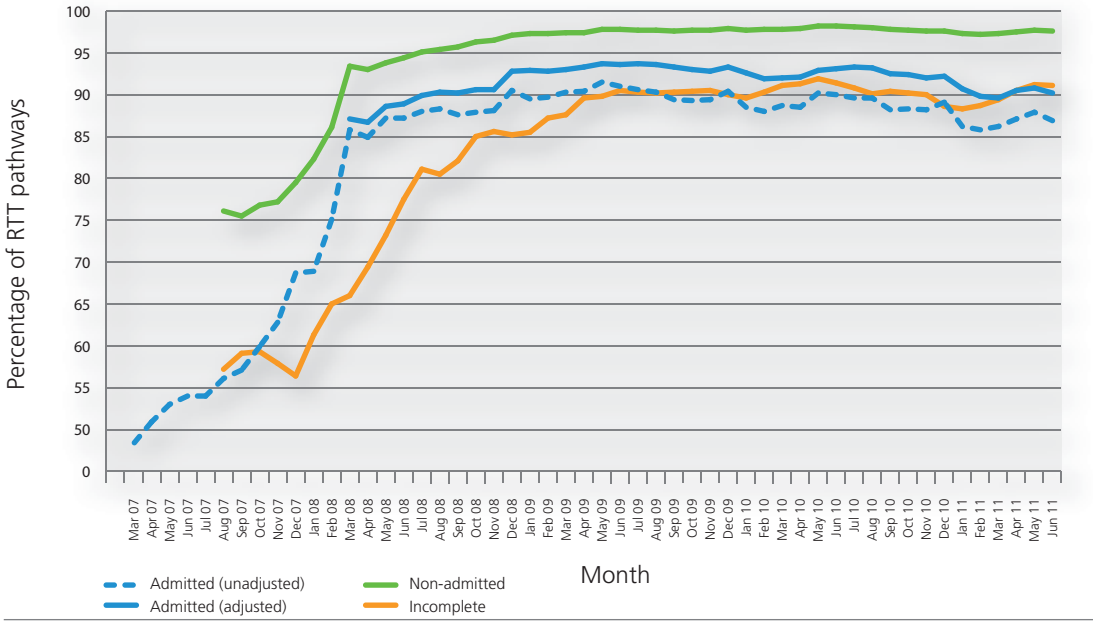
Performance status: maintained

Average waiting times from referral to treatment (RTT) are stable and the proportion of people waiting longer than 18 weeks remains low and stable.

The NHS Operating Framework 2011/12 set out that in 2011/12, commissioners should ensure that waiting times' performance does not deteriorate and where possible improves. Providers should be expected to deliver the maximum waiting times enshrined in the NHS Constitution.

In the three months to June 2011, the NHS as a whole delivered the NHS Constitution and NHS Standard Contract standards, that 90 percent of admitted patients and 95 percent of non-admitted patients should start their treatment within 18 weeks of referral (figure 7). In June 2011, 90.2 percent of admitted patients and

Figure 7: Percentage of RTT pathways within 18 weeks



5 http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/communitymentalhealthservices.cfm

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

97.6 percent of non-admitted patients completed their RTT pathway within a maximum of 18 weeks. This shows the hard work the NHS has put in to catch up on the remaining long waits that built up during the exceptionally cold winter.

Figure 7 shows the NHS has continued to treat the vast majority of patients within 18 weeks. Building on this, the NHS now needs to focus on delivery over forthcoming months to ensure the standards continue to be delivered.

Figure 7 shows stable performance against the NHS Constitution waiting time standards. The NHS now needs to plan how it will continue to deliver this important commitment to patients over the remainder of 2011/12.

Figure 8 shows the ten organisations reporting the poorest performance on referral to treatment waits in June 2011. These organisations must improve their performance as quickly as possible, and all NHS organisations should work to ensure patients are treated in accordance with the NHS Constitution operational standards.

Figure 8: Acute trusts with poorest performance on referral to treatment waits June 2011

Performance threshold	>23 weeks	>18.3 weeks	>28 weeks	<90%	<95%	
Name	95th percentile admitted patients	95th percentile non-admitted patients	95th percentile incomplete pathways	Adm % within 18 weeks	Non-adm % within 18 weeks	Total indicators worse than threshold
Shrewsbury and Telford Hospital NHS Trust	51.4	31.2	35.2	67.0%	85.8%	5
Surrey and Sussex Healthcare NHS Trust	49.7	36.1	38.6	60.5%	88.2%	5
Mid Yorkshire Hospitals NHS Trust	36.3	18.7	28.2	73.9%	94.6%	5
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	30.8	20.1	29.9	76.4%	93.6%	5
Kingston Hospital NHS Trust	30.6	47.2	52+	70.4%	84.3%	5
South London Healthcare NHS Trust	30.3	19.3	30.2	76.7%	93.8%	5
East Cheshire NHS Trust	35.5	21.4	24.6	62.1%	92.1%	4
East Sussex Hospitals NHS Trust	29.8	19.7	19.0	77.3%	93.8%	4
Guy's and St Thomas' NHS Foundation Trust	29.6	18.0	32.1	88.4%	95.0%	4
Basildon and Thurrock University Hospitals NHS Foundation Trust	23.7	19.2	21.7	87.2%	92.1%	4

Figure 9 shows the ten organisations reporting the best performance on referral to treatment waits in June 2011.

Figure 9: Acute trusts with best performance on referral to treatment waits June 2011

Performance threshold	>23 weeks	>18.3 weeks	>28 weeks	<90%	<95%	Total indicators worse than threshold
Name	95th percentile admitted patients	95th percentile non-admitted patients	95th percentile incomplete pathways	Adm % within 18 weeks	Non-adm % within 18 weeks	
West Suffolk Hospitals NHS Trust	16.1	9.7	15.6	100.0%	100.0%	0
Chesterfield Royal Hospital NHS Foundation Trust	16.4	12.9	12.8	99.6%	100.0%	0
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	16.4	12.0	14.8	99.0%	99.4%	0
Liverpool Women's NHS Foundation Trust	15.3	17.1	22.2	98.8%	97.1%	0
South Tyneside NHS Foundation Trust	17.7	13.3	24.3	98.8%	99.3%	0
The Rotherham NHS Foundation Trust	16.2	10.8	15.4	98.3%	99.7%	0
Northampton General Hospital NHS Trust	17.6	13.3	20.1	97.8%	98.2%	0
The Royal Marsden NHS Foundation Trust	15.0	9.8	20.5	97.5%	98.8%	0
Trafford Healthcare NHS Trust	17.8	15.7	15.9	96.6%	98.7%	0
Nuffield Orthopaedic Centre NHS Trust	17.9	16.8	20.1	96.6%	98.3%	0

Timeliness of diagnosis remains essential to providing high quality care. In June 2011, the median waiting time for the 15 key diagnostic tests was estimated at 1.8 weeks, and at the end of June 2011 there were 12,521 waits over six weeks. Demand for diagnostic tests is increasing, and in the three months to June 2010, there were around 130,000 more diagnostic tests, an increase of 3.5 percent.

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

Figure 10: Diagnostic waiting times – over six week waiters and median waiting time April 2008 to June 2011

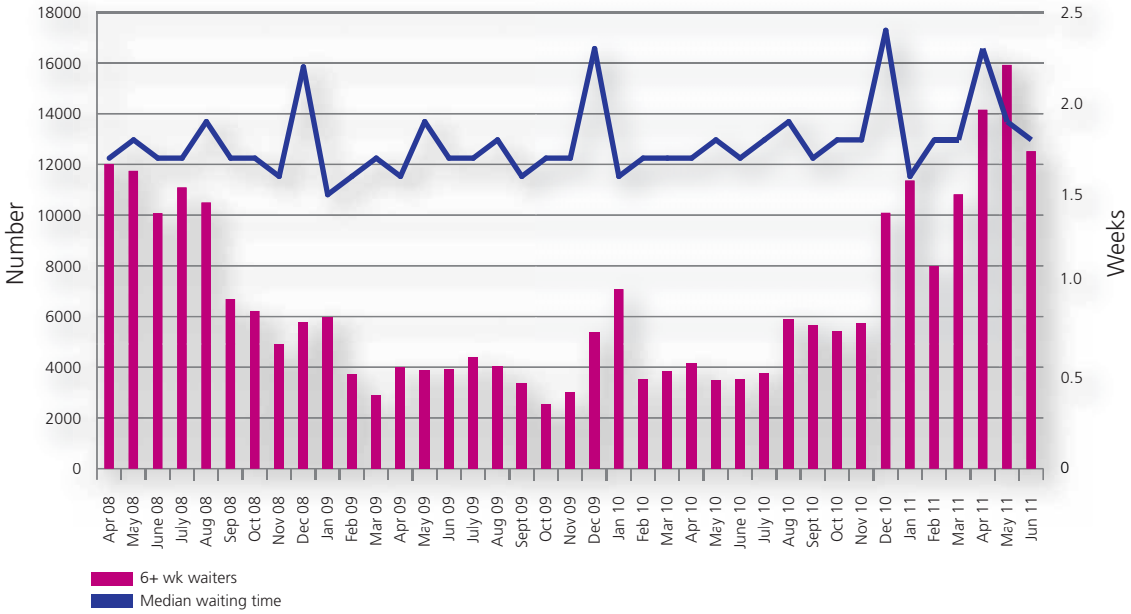


Figure 11 shows the ten organisations reporting the largest numbers of over six week diagnostic waits at the end of June 2011.

Figure 11: Organisations reporting the largest number of diagnostic waits over six weeks in June 2011.

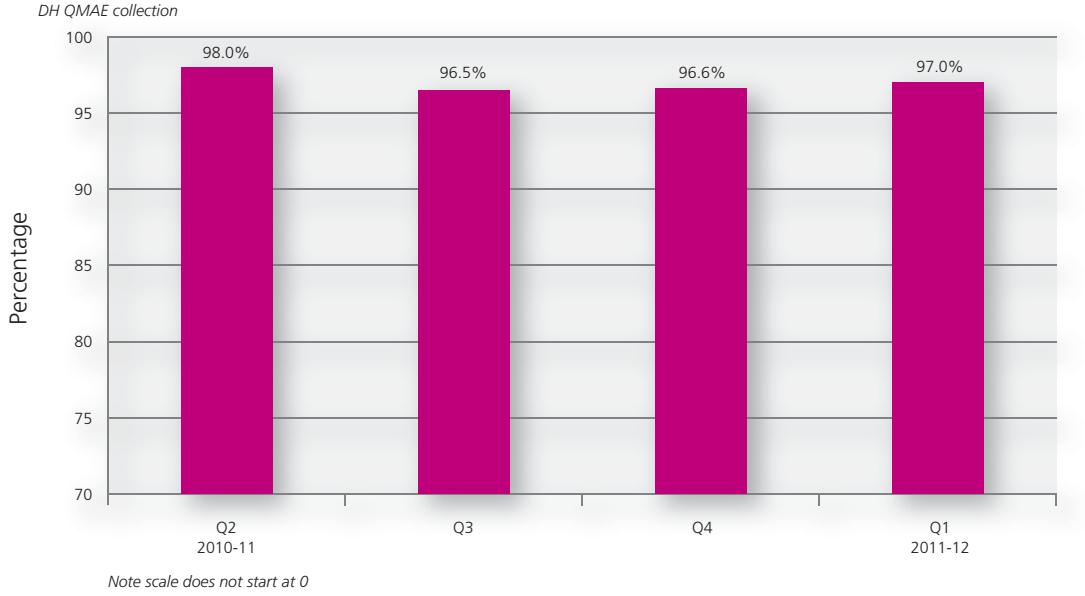
Provider	Total waits for diagnostic tests	Number of +6 weeks waits
Pennine Acute Hospitals NHS Trust	9,447	1,671
East Sussex Healthcare NHS Trust	4,763	1,101
Surrey and Sussex Healthcare NHS Trust	3,072	912
Sheffield Teaching Hospitals NHS Foundation Trusts	6,602	705
Imperial College Healthcare NHS Trust	3,449	546
Central Manchester University Hospitals NHS Foundation Trust	4,503	519
Oxford Radcliffe Hospitals NHS Trust	6,688	519
The Dudley Group Of Hospitals NHS Foundation Trust	4,042	340
East Cheshire NHS Trust	2,511	276
Coventry and Warkwickshire Partnership NHS Trust	563	272

A&E[7]

Performance status: improved (*against previous four hour standard)

During Q1 2011/12, 97 percent of patients spent four hours or less from arrival to admission, transfer or discharge, across all A&E types. This compares to 96.6 percent in the previous quarter (Q4 2010/11) and 98.4 percent for the same quarter last year (Q1 2010/11). This is demonstrated in figure 12.

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



For major A&E departments (type 1s) 95.5 percent of patients spent four or less hours from arrival to admission, transfer or discharge, compared to 94.8 percent in the previous quarter and 97.7 percent in the same quarter last year.

There were 5.49 million attendances at all types of A&E departments, a 0.6 percent decrease from the same quarter last year and a 5.0 percent increase from the previous quarter.

For major A&E (type 1s) there was a 0.4 percent decrease in attendances over the same quarter last year and a 5.3 percent increase from the previous quarter.

Clinical quality indicators

In April 2011 a new set of clinical quality indicators were introduced to replace the previous four hour waiting time standard, and to measure the quality of care delivered in A&E departments in England. The new clinical quality indicators have put in place more meaningful performance measures that balance timeliness of care with other indicators of quality, including clinical outcomes and patient experience.

During Q1 2011/12 the NHS has been asked to focus on improving the data, as well as on ensuring compliance with the total time indicator, for which we have good quality data available from the weekly sitreps. Formal performance assessment will be put in place from Q2-Q4 2011/12 for those organisations which pass data quality and coverage tests. They will be assessed for compliance with the minimum thresholds set for the five headline measures.

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

Ambulance[8]

Performance status: maintained

For Q1, 2011, the proportion of Category A calls resulting in an emergency response arriving within eight minutes was 76.3 percent nationally, and the proportion of Category A calls resulting in an ambulance arriving at the scene within 19 minutes was 97.1 percent. Data therefore shows that fast response times for the most seriously ill patients are being maintained.

Clinical Quality Indicators

Ambulance data is collected and published monthly against the newly introduced set of clinical quality indicators ("system measures"). Integral to these indicators are the existing 8 and 19 minute standards which remain in place. In future, thresholds will be set around the other measures as we move to a broader outcomes based approach to ambulance performance.

Cancer[9]

Performance status: maintained

The NHS has continued to sustain performance against the cancer waiting times commitments in the NHS Operating Framework 2011/12. At a national level, performance for all cancer waiting times standards covering the period Q1 (April to June) 2011/12 was sustained at or above the required operational standard.

Figure 13: Performance against cancer waiting time standards

Standard	Operational standard	Q1 2011/12 Performance
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.4%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	94.5%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	86.6%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers.	90%	92.8%
Maximum 62-day wait for first definitive treatment following a consultants decision to upgrade the priority of the patient (all cancers)	No operational standard has been set	93.4%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.3%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	97.5%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	99.7%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	98.2%

All data are taken from the Q1 2011/12 National Statistics and are provider based (including Welsh and unknowns)

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

9 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_129233

However, further performance improvement is required in some organisations. Figure 14 shows those organisations identified as national outliers.

Figure 14: Cancer waiting times standards: identified outlier organisations

Cancer waiting times standard	All cancer two week wait	All cancer one month standard	31-day standard: subsequent surgery	31-day standard: subsequent anti-cancer drug regimen	Two month first treatment standard	62-days from screening service	Two week wait for breast symptoms	Number of standards failed
Required operational standard	**93%**	**96%**	**94%**	**98%**	**85%**	**90%**	**93%**	
Provider	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**n**
Luton and Dunstable Hospital NHS Foundation Trust	95.2	96.3	96.4	95.4	83.0	87.2	96.5	3
Royal Berkshire NHS Foundation Trust	91.8	95.6	97.9	98.9	81.0	87.2	91.2	5
Dartford and Gravesend NHS Trust	90.6	99.3	100.0	97.6	70.6	94.7	94.9	3
Gloucestershire Hospitals NHS Foundation Trust	90.3	99.5	100.0	100.0	83.7	94.7	81.6	3
United Lincolnshire Hospitals NHS Trust	95.1	93.8	94.5	98.8	74.7	75.7	94.6	3
Buckinghamshire Hospitals NHS Trust	98.8	95.6	90.0	98.6	80.2	92.1	47.9	4
Shrewsbury and Telford Hospital NHS Trust	93.6	96.3	94.9	98.9	75.3	86.2	93.0	3
Western Sussex Hospitals NHS Trust	90.7	98.3	99.0	100.0	82.7	80.9	75.1	4

Period: Q1 2011–2012 (April, May and June)
Basis: Provider based included Welsh cross-border patients and 'unknowns'
Definitions: DSCN 20/2008
Notes: Only providers reporting five or more cases in the period are identified in this analysis

The document *Improving Outcomes: A Strategy for Cancer* (January 2011) and its accompanying review of the cancer waiting times standards confirmed that, on current evidence, these standards have been beneficial to patients and should be maintained. This is because they can help to ease patient anxiety and, at best, lead to earlier diagnosis, quicker treatment, a lower risk of complications with an enhanced patient experience and improved cancer outcomes.

Innovation

With an ageing and growing population and rising public expectations, innovation has a vital role to play if the NHS is to become more productive, efficient and improve health outcomes for patients in a modern NHS.

Below are just a few examples of how the NHS is successfully implementing along the innovation pathway.

Invention (or identification) – finding new ways of doing things;

Adoption (including prototyping and evaluation) – testing new ways of doing things and putting into practice;

Diffusion (or spread) – systematic uptake or copying across the service.

While the NHS is recognised as a world leader at invention, the spread of those inventions within the NHS has often been too slow, and sometimes even the best of them fail to achieve widespread use. Sir David Nicholson has asked Sir Ian Carruthers to review how the adoption and diffusion of innovations could be accelerated across the NHS.

Invention

- The Government is investing £800million over five years to develop NHS and university partnerships through the **National Institute for Health Research** (NIHR) - providing world-class facilities in the NHS. The partnerships will collaborate with industry and charities, helping to develop the country's science and research base and secure the UK as a world leader in health research. This is the UK's largest ever investment in 'early stage' health research which will fund advances in diagnosis, prevention and treatment, benefitting patients with diseases such as cancer, diabetes and heart disease.
- The **Experimental Cancer Medicine Centres**, co-funded by Cancer Research UK and the Health Departments, are being funded via the Technology Strategy Board's Stratified Medicine Programme. They are taking forward a demonstrator model for the processes required to routinely test molecular characteristics of tumours from cancer patients in the NHS and an IT system to securely capture routine clinical data to form a population-level dataset of mutations, treatments and outcomes from cancer patients who have consented to be involved in research.

Adoption

- The NHS is leading the way with its system of monitoring patients' risk of forming blood clots while in hospital and ensuring appropriate prevention measures. The issue of **Venous Thromboembolism (VTE) prevention**, initially widely unrecognised (with an estimated 25,000 people in hospital dying from these clots in hospital each year) and poorly implemented across the health sector. As a result of national clinical and managerial leadership, the NHS in England is now the only health system in the world to start such a comprehensive system of VTE monitoring and prevention at a national level. The NHS, DH and a broad national partnership, including the Royal Colleges, have developed an internationally recognised and comprehensive programme of prevention, which is now becoming embedded in clinical practice and clinical governance by commissioners and providers. The aim of the system is to see that every patient admitted to hospital has had a risk assessment and appropriate prevention in line with NICE guidance.
- Highlight one of the five **Academic Health Science Centres (AHSCs)** that have been established to foster world-class partnerships between research, teaching and patient care organisations so that developments in research can be more rapidly translated into benefits in patient care in the NHS and across the world. For example, research conducted by AHSCs includes:
  - Interactive operations via video link: Doctors from around the world took part in a surgical masterclass at Hammersmith Hospital thanks to new technology that allowed them to have a conversation with surgeons while they operated. The technology meant delegates could interact with surgeons and discuss the latest surgical techniques while watching scenes from the operating room.

  - A major new international trial has launched into the 'Red Heart Pill'. It contains low-dose aspirin, a statin and two blood pressure-lowering medicines in a single polypill. It is expected to be substantially cheaper than existing medications to combat cardiovascular problems.

- A focus on one of the seventeen **Health Innovation and Education Clusters (HIECs)** up and running to support health care providers, higher educational institutions and industry to work together at a regional and local level to drive innovation and improvements in patient care, and raise the quality of healthcare education and training.

- A focus on the **Technology Adoption Procurement Programme (iTAPP)** aims to raise NHS productivity by increasing the utilisation of innovative medical technology, increasing investment in UK businesses (including SMEs), and increasing exports for UK based manufacturers. Based on manufacturers' claims, the potential net benefit to the NHS exceeds £5 billion annually. The Department of Health is working with SHA innovation leads, who are leading the selection of high impact technologies for adoption across their provider landscape.

Diffusion

- **NHS Evidence** is a world-leading online portal managed by the National Institute of Health and Clinical Excellence (NICE). It empowers staff with the world's best evidence and best practice information at the touch of a button. NHS Evidence provides the UK's first accreditation scheme to encourage high standards in the production of information and provide assurances about quality. Since launching in April 2009, up to 1.2 million searches are carried out each month.

- The Department of Health has hosted two **Healthcare Innovation Expo events** (2009 & 2011) – the largest event of its kind in Europe. In 2011, almost 8,500 people registered to attend. The Expo brings together key people and organisations from the public, private, scientific, academic and voluntary sectors (including attendees from 52 countries). It acts as a showcase for new ideas and innovative thinking in the world of healthcare and a platform to accelerate the diffusion of innovation across the NHS and support the UK growth agenda.

Productivity

The NHS remains in a healthy overall financial position with SHAs and PCTs forecasting a surplus for 2011/12 of £1,165 million. A small minority of commissioner and provider organisations are forecasting deficits and we are working with these organisations to address and reduce these difficulties.

Non-elective activity rates were 1.7 percent lower in the first quarter of 2011/12 than the same period last year, potentially early evidence that demand for urgent care is beginning to be contained. If maintained, this trend indicates that service changes necessary for delivery of QIPP are beginning to take place. GP referrals and outpatient attendances were also lower than for the same period last year, but elective activity increased as the NHS worked through the backlog from a difficult winter period.

The overall size of the NHS workforce reduced slightly during the quarter, though the bulk of the reductions were in management and support staff numbers. This is consistent with expectations for QIPP delivery.

Finance

The returns for the first Quarter of 2011/12 show that, overall, the NHS is forecasting a healthy surplus.

SHAs and PCTs are forecasting an overall surplus of £1,165 million (which is in line with the NHS Operating Framework 2011/12) and NHS trusts (excluding foundation trusts) are forecasting an overall operating surplus of £61 million at Q1 for 2011/12.

Overall, the NHS ended 2010/11 in a strong financial position. One of the key challenges this year is to maintain the financial performance demonstrated in recent years, and to ensure the NHS is in a good position to manage risk while also working through transition to deliver the NHS reforms.

Figure 15: NHS financial performance by SHA area – SHA/PCT sector

SHA and PCT	2008/09		2009/10		2010/11		2011/12 Quarter 1 forecast outturn	
	£m	% Resource limit	£m	% Resource limit	£m	% Resource limit	£m	% Resource limit
North East	109	2.3%	80	1.6%	70	1.3%	63	1.2%
North West	295	2.4%	185	1.4%	215	1.5%	193	1.4%
Yorkshire & the Humber	216	2.5%	185	2.0%	187	1.9%	134	1.3%
NHS North of England	**620**	**2.4%**	**450**	**1.6%**	**472**	**1.6%**	**390**	**1.3%**
East Midlands	107	1.6%	83	1.2%	90	1.2%	75	1.0%
West Midlands	101	1.2%	80	0.8%	73	0.7%	55	0.5%
East of England	139	1.7%	137	1.5%	101	1.0%	87	0.9%
NHS Midlands and East	**347**	**1.5%**	**300**	**1.2%**	**264**	**1.0%**	**217**	**0.8%**
London	327	2.3%	382	2.4%	392	2.3%	322	1.9%
NHS London	**327**	**2.3%**	**382**	**2.4%**	**392**	**2.3%**	**322**	**1.9%**
South East Coast	62	1.0%	50	0.7%	65	0.9%	76	1.0%
South Central	44	0.8%	60	0.9%	67	1.0%	59	1.0%
South West	104	1.3%	95	1.1%	115	1.3%	101	1.1%
NHS South of England	**210**	**1.1%**	**205**	**0.9%**	**247**	**1.1%**	**236**	**1.0%**
Total	**1,504**	**1.8%**	**1,337**	**1.5%**	**1,375**	**1.4%**	**1,165**	**1.2%**

There are three PCTs forecasting a deficit in Q1, Haringey PCT (£20 million), Enfield PCT (£19 million) and Barnet PCT (£17 million).

Figure 16: NHS financial performance by SHA area – trust sector

Trust	2008/09		2009/10		2010/11		2011/12 Quarter 1 forecast outturn	
	£m	% Turnover	£m	% Turnover	£m	% Turnover	£m	% Turnover
North East	17	0.3%	10	3.0%	3	2.9%	3	2.9%
North West	(15)	(0.1%)	15	0.5%	21	0.7%	27	0.8%
Yorkshire & the Humber	44	0.4%	14	0.6%	10	0.4%	10	0.4%
NHS North of England	**46**	**0.1%**	**39**	**0.7%**	**34**	**0.6%**	**40**	**0.7%**
East Midlands	22	0.2%	18	0.7%	2	0.1%	20	0.6%
West Midlands	48	0.4%	53	1.6%	30	0.9%	31	0.8%
East of England	40	0.4%	30	1.4%	23	0.9%	17	0.7%
NHS Midlands and East	**110**	**0.3%**	**101**	**1.2%**	**55**	**0.6%**	**68**	**0.7%**
London	(21)	(0.1%)	(3)	(0.0%)	(20)	(0.2%)	(107)	(1.3%)
NHS London	**(21)**	**(0.1%)**	**(3)**	**(0.0%)**	**(20)**	**(0.2%)**	**(107)**	**(1.3%)**
South East Coast	49	0.5%	37	1.5%	16	0.6%	10	0.4%
South Central	18	0.2%	(7)	(0.3%)	8	0.3%	19	0.8%
South West	33	0.3%	28	1.3%	28	1.3%	31	1.5%
NHS South of England	**100**	**0.4%**	**58**	**0.8%**	**52**	**0.7%**	**60**	**1.4%**
Total	**235**	**0.2%**	**195**	**0.7%**	**121**	**0.4%**	**61**	**0.2%**

There are six NHS trusts forecasting a gross operating deficit of £170 million in Q1. South London Healthcare NHS Trust (£65 million), Barking, Havering & Redbridge Hospitals NHS Trust (£40 million), Imperial College Healthcare NHS Trust (£30 million), Epsom and St Helier University Hospitals NHS Trust (£19 million), North West London Hospitals NHS Trust (£10 million) and Surrey & Sussex Healthcare NHS Trust (£6 million).

While the overall financial position is strong, it remains important to focus on the small number of organisations that are struggling to manage their finances. The Department is continuing to work with the SHAs to ensure the nine organisations that are forecasting a deficit have plans in place for financial recovery, while continuing to improve the quality of services to patients.

Figure 18 shows the magnitude of the balance between trust the operating surplus and operating deficit is starting to change. Although the magnitude of the operating deficit is due a small number of organisations, we will be looking at a range of interventions for those organisations continuing to forecast deficit positions as it will be important to ensure that organisations are in a suitable position in order to meet the requirements for foundation trust status.

Figure 17: SHA and PCT sector surplus and (deficit) 2008/09 to 2011/12 Quarter 1 forecast

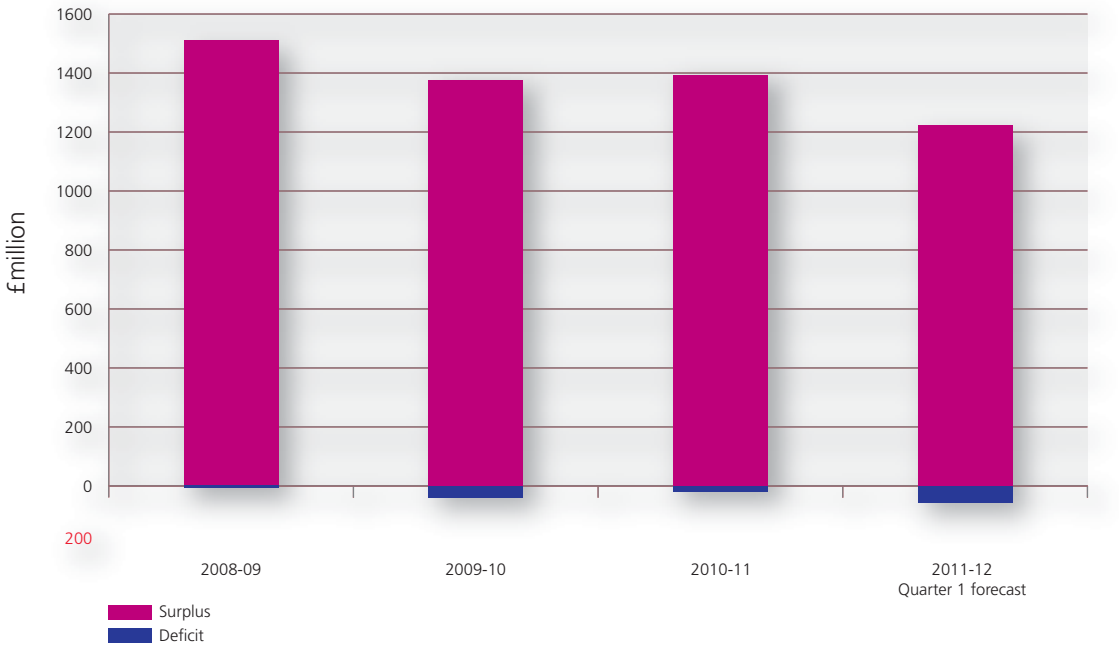
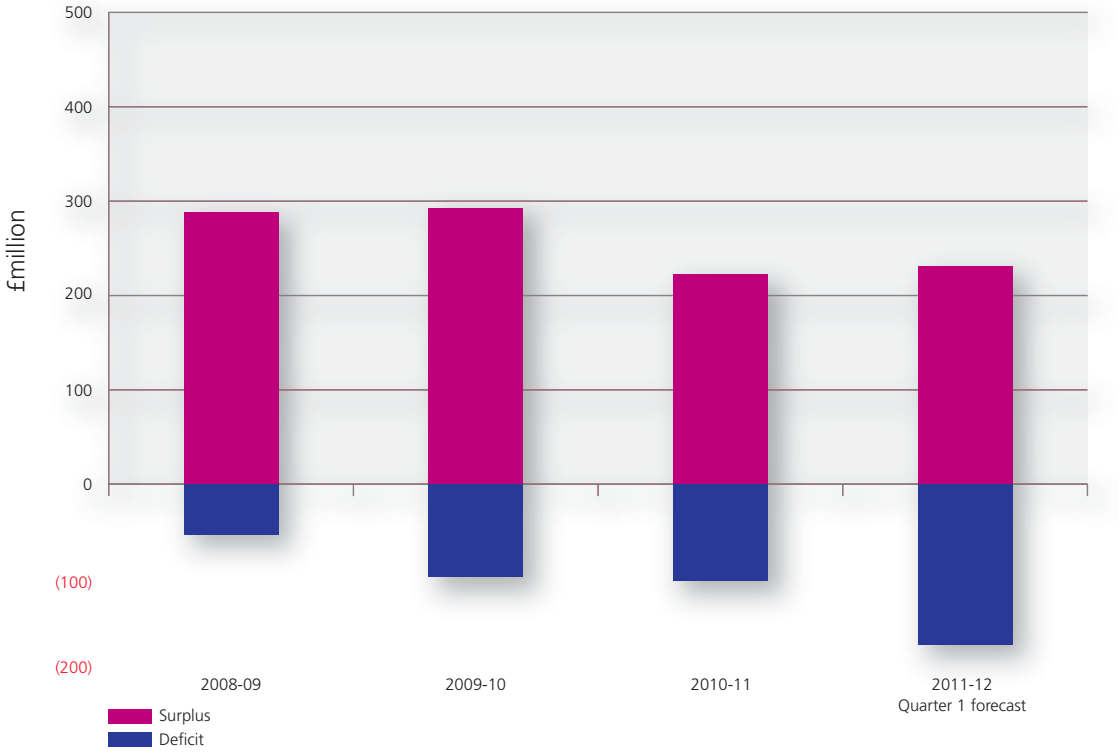


Figure 18: Trust sector surplus and (operating deficit) 2008/09 to 2011/12 Quarter 1 forecast



In addition to the gross operating deficit, there is a gross technical deficit of £420 million in twenty three NHS trusts (one of these organisations also has an operating deficit).

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

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

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

Activity[10]

Overall on activity, in response to the QIPP challenge, the ambition of the NHS is to reduce acute activity levels in 2011/12, compared to those in 2010/11.

On elective activity in 2011/12, the NHS is forecasting that GP referrals will reduce by 2.4 percent, all first outpatients by 2.2 percent and elective admissions by 2.4 percent. Similarly, non-elective activity is forecast to reduce by 3.6 percent.

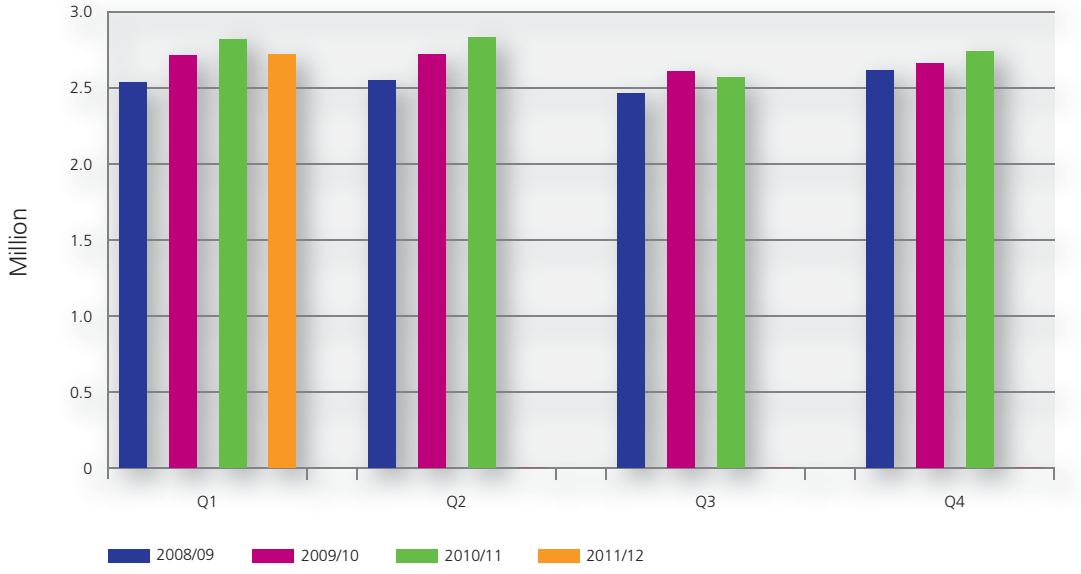
Elective activity

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

- GP referrals were 3.6 percent lower than the same period last year.
- Other referrals for a first outpatient appointment were 1.8 percent higher than the same period last year.
- The reduction in GP referrals is reflected in the rate of GP written referrals seen which were 3.7 percent lower than the same period last year.
- All first outpatient attendances were 1.3 percent lower than the same period last year.
- Elective activity (admissions) was 1.9 percent above the same period last year.

The position at the end of Q1 is consistent with a slow down in referrals from GPs. However, an increase in admissions has occurred as some organisations have been working to clear their backlog of long waits for patients on referral to treatment pathways.

Figure 19: GP written referrals made for first outpatient appointment (general & acute)



10 http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/HospitalActivityStatistics/DH_129868

Figure 20: Other referrals made for a first outpatient appointment (general & acute)

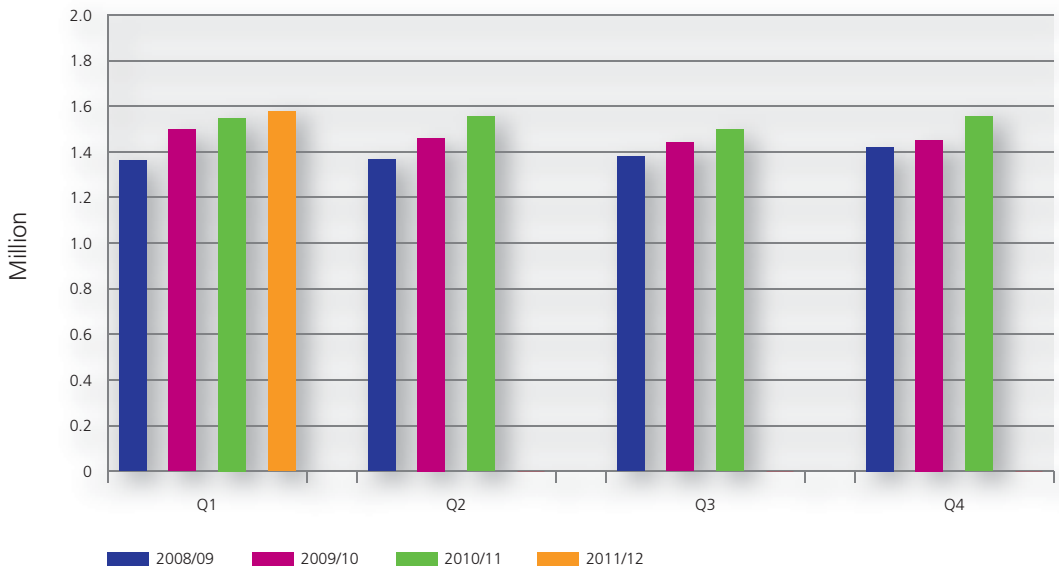


Figure 21: All first outpatient attendances (general & acute)

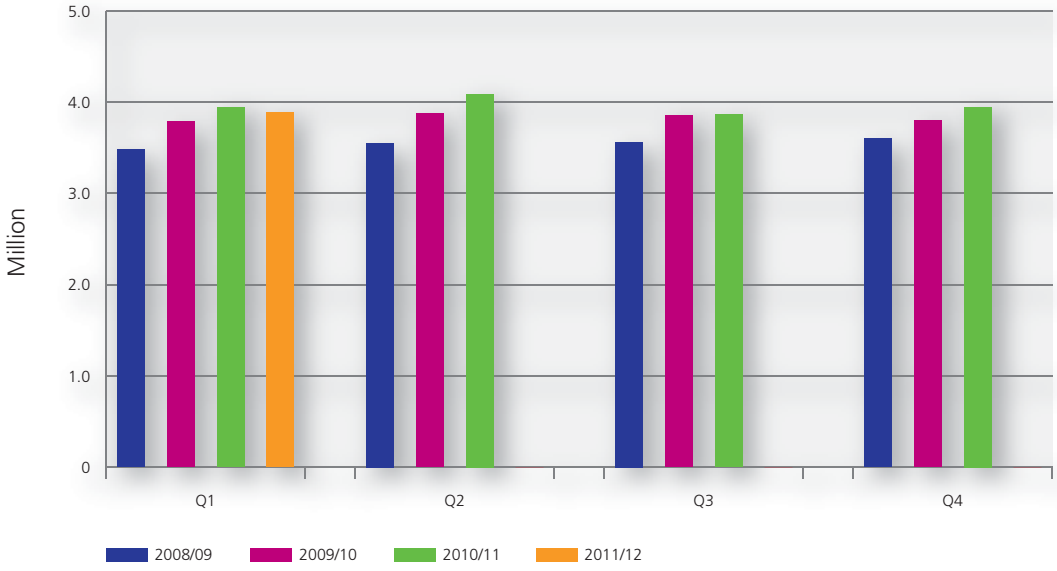
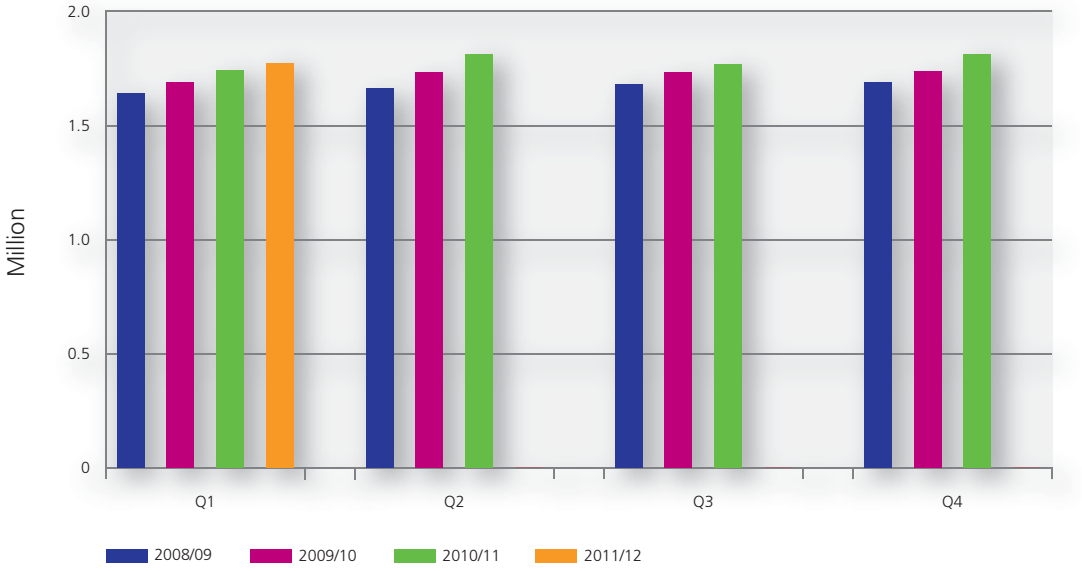


Figure 22: Total elective admissions (first finish consultant episodes, general & acute)



Emergency activity

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

- Non-elective activity (admissions) were 1.7 percent lower than in the same period last year.
- A&E attendances at type 1 A&E departments were slightly lower (0.4 percent) than for the same period last year.
- A&E attendances at all type A&E departments were 0.6 percent lower than the same period last year.
- Urgent & emergency ambulance journeys per day are 0.6 percent lower than the same period last year.

Overall, non-elective activity levels are stable or lower than for the same period last year.

Figure 23: Total non-elective admission (first finish consultant episodes, general & acute)

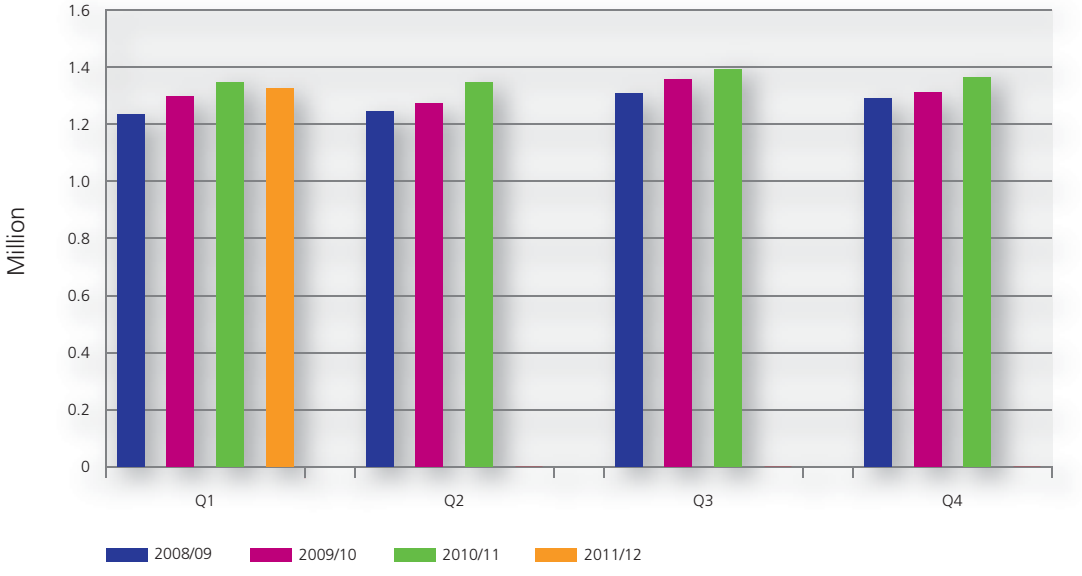


Figure 24: Total attendances at all A&E departments

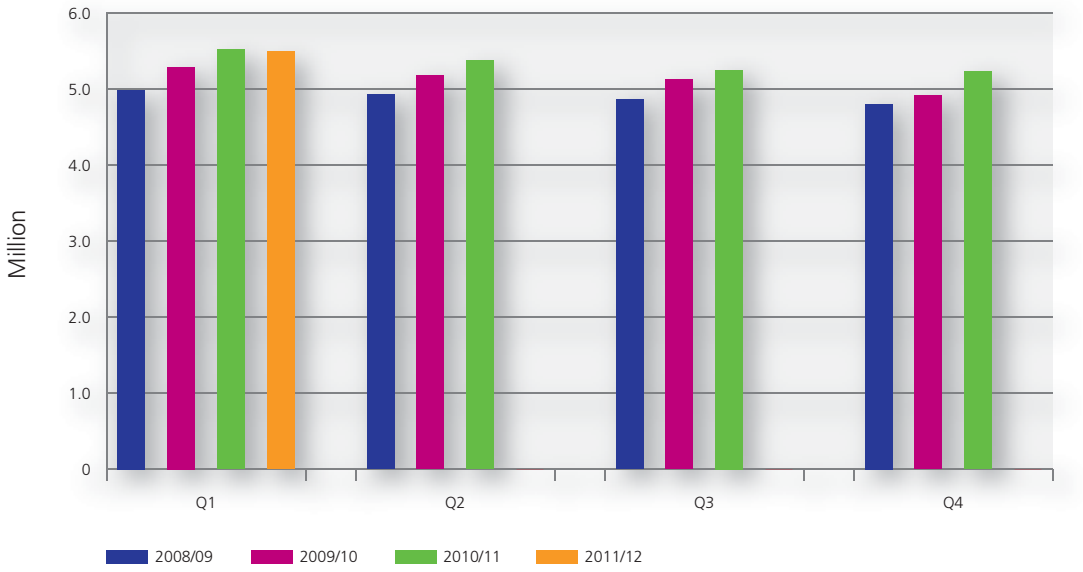
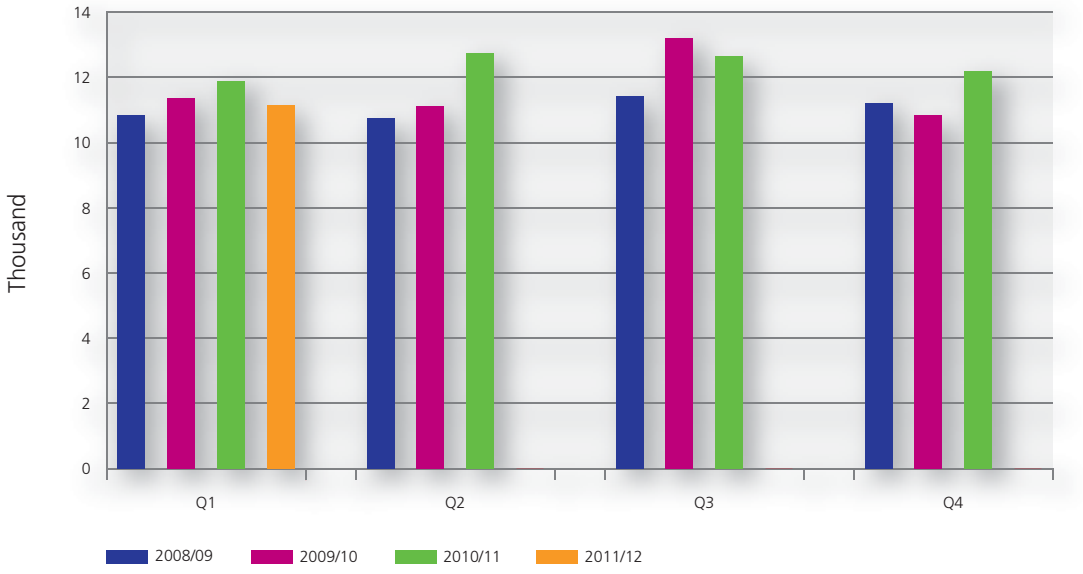
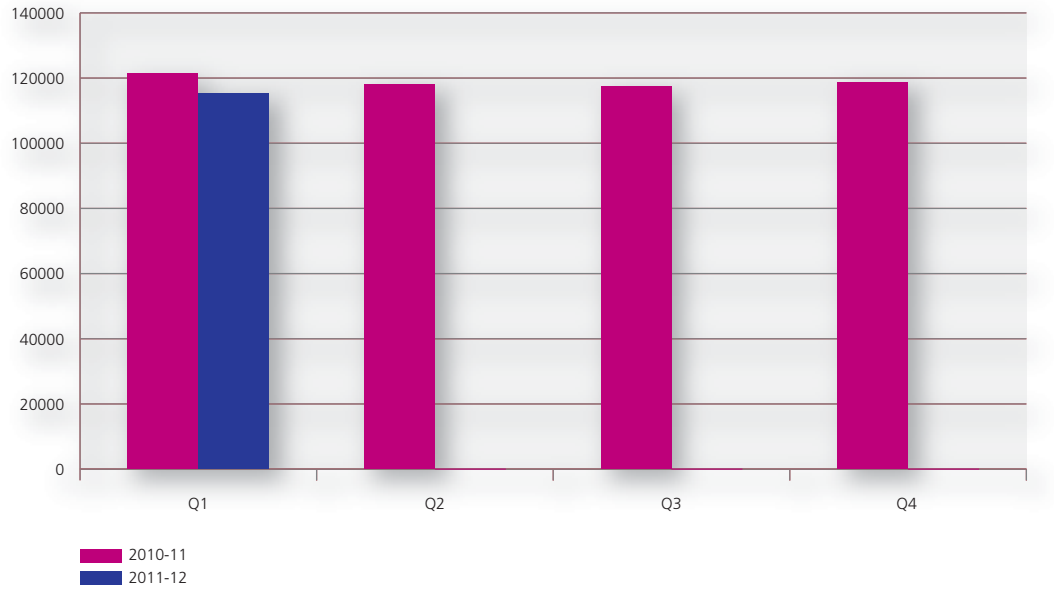


Figure 25: Total urgent and emergency journeys via ambulance per day



The average daily total number of general and acute beds available was 115,221 in Q1 2011/12, compared with 121,647 in quarter 1 2010/11. This is consistent with the long-term trend of a continuing decline in the number of beds available. We would expect to see this trend as the NHS provides more services in the community, closer to patients' homes. Alongside more day case surgery, this is a clear sign that the NHS is working more efficiently for patients.

Figure 26: The total number of general and acute beds available



Workforce[11]

Between April and June 2011, we have seen an overall slight decrease in staff numbers captured in the hospital and community health services workforce statistics published by the NHS Information Centre. The published figures record staff working mainly within hospitals, PCTs and SHAs and do not include all the healthcare professionals working in local authorities, social enterprises, hospices or for independent providers delivering care closer to patients' homes.

The Department is working with workforce colleagues in the SHA and the NHS Information Centre to develop a process to reflect service re-design better.

Figure 27 details the changes in key NHS staff groups between 30 April and 30 June 2011:

Figure 27: Changes on key NHS staff groups between 30 April and 30 June 2011

FULL TIME EQUIVALENTS (FTE)	Apr 11	May 11	June 11	Change Apr to June 2011	Change Apr to June 2011 (%)
All HCHS doctors (non locum)	97,409	97,306	97,094	–315	–0.3%
All HCHS doctors (locum)	2,121	2,157	2,171	50	2.4%
All HCHS doctors (incl. locums)	**99,529**	**99,463**	**99,265**	**–264**	**–0.3%**
Qualified midwives	20,556	20,625	20,654	98	0.5%
Qualified health visitors	7,886	7,851	7,803	–83	–1.1%
Qualified school nurses	1,131	1,136	1,133	2	0.2%
Other qualified nurses	279,216	279,072	278,547	–669	–0.2%
Qualified nursing, midwifery & health visiting staff	**308,789**	**308,685**	**308,138**	**–651**	**–0.2%**
Qualified allied health professions	62,904	62,874	62,752	–152	–0.2%
Qualified healthcare scientists	29,297	29,328	29,262	–35	–0.1%
Other qualified scientific, therapeutic & technical staff	39,527	39,439	39,398	–129	–0.3%
Total qualified scientific, therapeutic & technical staff	**131,729**	**131,641**	**131,412**	**–317**	**–0.2%**
Qualified ambulance staff	**17,821**	**17,814**	**17,798**	**–23**	**–0.1%**
Total professionally qualified clinical staff	**557,868**	**557,603**	**556,614**	**–1,254**	**–0.2%**
Total support to clinical staff	**293,212**	**292,673**	**292,477**	**–735**	**–0.3%**
Central functions	98,944	98,304	97,799	–1,145	–1.2%
Hotel, property & estates	57,103	57,100	56,952	–151	–0.3%
Total managers (managers + senior managers)	37,330	37,182	36,988	–342	–0.9%
Total NHS infrastructure support	**193,377**	**192,585**	**191,739**	**–1,638**	**–0.8%**
Total	**1,044,457**	**1,042,861**	**1,040,830**	**–3,627**	**–0.3%**

Source: *NHS Information Centre monthly workforce statistics*

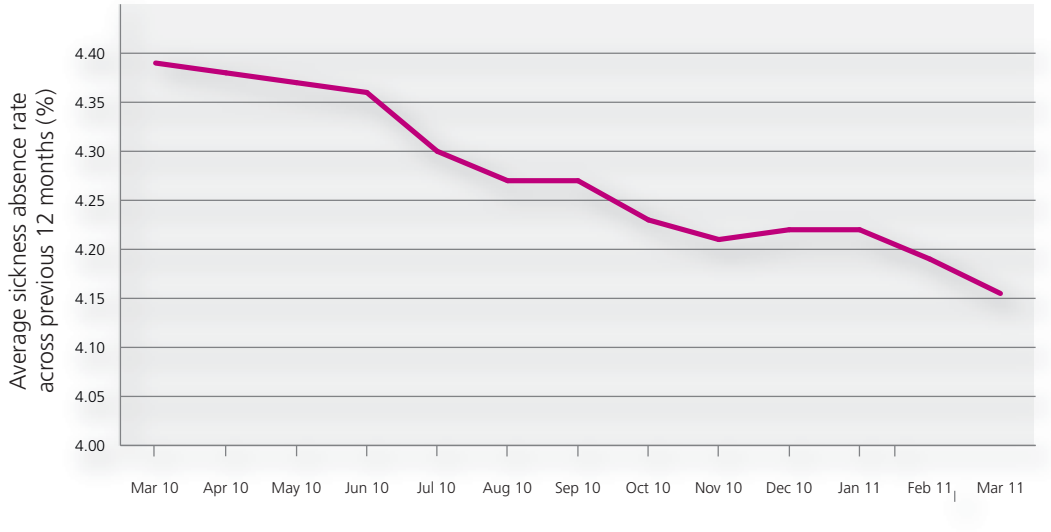
Health and wellbeing

The Department of Health is committed to improving the health and wellbeing of its staff. This is not just because we want staff to be happy and healthy, but because there is compelling evidence that staff experience has a direct, positive impact on patient experience. Moreover, promoting staff health and wellbeing can help reduce sickness absence, which costs the NHS around £1.7 billion each year and places additional pressure on colleagues at work.

The Department of Health has therefore been working with the NHS to reduce sickness absence. The latest report published by the NHS Information Centre, based on data from the Electronic Staff Record, provided the results for January to March 2011.

This showed that sickness absence continued to fall and was 4.24 percent compared to 4.48 percent for the same quarter in 2010. Moreover, the average sickness absence rate for the year to date also continued to fall as shown in figure 28.

Figure 28: Average sickness absence rate across previous 12 months



The continued reduction in sickness absence is welcome news, but we remain committed to improve it even further.

Staff engagement

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

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

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

Prevention

Health visitors

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

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

Key elements of the plan include:

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

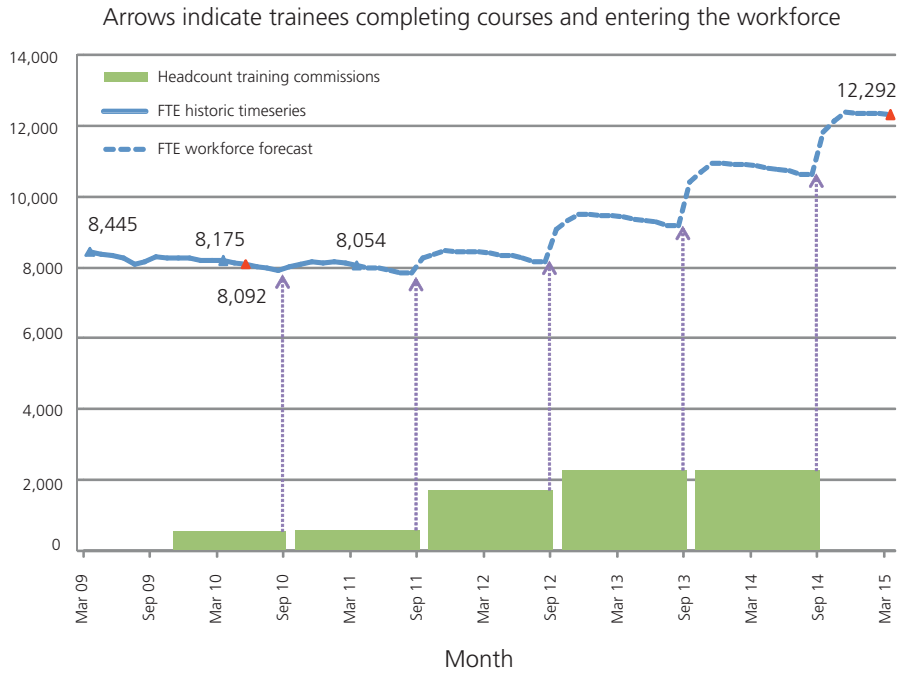
Establishing early implementer sites – we have launched twenty early implementer sites which will lead the way in delivering the new health visiting service. An additional six well advanced sites have been added to this cohort over August/September.

Every September the main cohort of Health Visitor students complete their training. This September, there are over 500 students who are due to complete their training and will move into NHS employment over the coming months. This is therefore the point from which we can expect to see the next significant increase in health visitor numbers – as shown pictorially in figure 29. Over the period before the newly qualified staff take up their posts, we would expect to see a gradual decline due to retirements and people leaving the professions. It is of course crucial that commissioners and providers work together to ensure that there are sufficient posts available to be taken up and to fully understand and to address all the reasons behind any decline.

The Department will be monitoring key data returns from the service, for example on numbers, training commissions and fill rates to assess delivery against trajectory and overall performance in delivering the programme.

In 2010 DH developed an "indicative" trajectory to reflect the expected change in the workforce. This is shown in Figure 29. The trajectory will be reviewed annually and we are currently working with each SHA to establish local trajectories. The next review is in October 2011 and will reflect the results of the work with each SHA.

Figure 29: Centrally modelled health visitor monthly trajectory



Notes:
Figure 29 is an indicative trajectory based on central analysis of likely workforce change due to attrition, retirements, new trainees and return to practice initiatives.

Maternity and newborn

The performance standard for the percentage of women being assessed by 12 weeks and six days of pregnancy is 90 percent. Latest data (Q3 2010/11) shows that 93 percent of women who gave birth in this period saw a maternity health professional within 12 weeks and 6 days for an assessment of needs, risks and choices. This is a slight improvement on the previous quarter where 92.5 percent of women were seen within the time period.

Breastfeeding

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

It is encouraging to see an increase in the number of women who start breastfeeding. The breastfeeding initiation rate was 74.3 percent in Q1, which is a slight improvement over the 2010/11 annual outturn and continues the increases we have seen in recent quarters.

Screening

VTE (Venous thromboembolism) risk assessment

Of the reported 3.1 million adult patients admitted to NHS funded acute care in Q1 2011, 84 percent received a VTE risk assessment on admission. The figure continued to rise over the quarter and in June 2011, 86 percent of patients received an assessment. Our goal is that we should risk assess 90 percent of all admitted patients, which allows for clinically justified exceptions.

Breast screening

The NHS Operating Framework 2011/12 states that commissioners should ensure that all NHS Breast Screening services continue to take part in the age extension randomisation project, either screening women aged 47–49 or 71–73, depending on the randomisation protocol.
As at the end of June 2011, 37 out of 80 local programmes (46 percent) had implemented the extension randomisation and a further eight (10 percent) were unsuitable for randomisation and were inviting only the 47–49 year-olds. 56 percent of local programmes are now taking part in the project.

Cervical screening

The NHS Cervical Screening Programme screens over 3 million women a year, and experts estimate the programme saves up to 4,500 lives in England every year. The NHS Operating Framework 2011/12 states that commissioners should continue to ensure that cervical screening results continue to be received within 14 days. As recommended by the Advisory Committee on Cervical Screening (ACCS), the threshold for achieving this has been set at 98 percent. In March in England, 88.9 percent of women were receiving their results within 14 days. In June, this had increased to 93.1 percent. This is at a time when major laboratory reconfigurations are taking place, so these improved figures are a testament to the hard work of staff.

Bowel screening

The NHS Bowel Cancer Screening Programme (BCSP) is currently being extended to men and women aged 70 to their 75th birthday. The NHS Operating Framework 2011/12 states that the extensions begun in 2010/11 should continue and be maintained for 2011/12. As from 23 August 2010, all 153 PCTs in England were offering bowel cancer screening to people in the 60 to 69 years age range who are registered with a GP. 32 out of 58 centres have now extended their programmes. As at 1 August 2011, over 10.7 million kits had been sent out and over 6.4 million returned. 10,032 cancers had been detected, and 49,245 patients had undergone polyp removal.

Diabetic retinopathy

The NHS Operating Framework 2011/12 states that all people with diabetes should be offered screening for early detection and, if needed, treatment for retinopathy. Since the introduction of the screening programme in 2003 more people with diabetes are being offered screening for retinopathy than ever before and to higher standards. Latest figures for diabetic retinopathy screening show that up to June 2011 97.6 percent of people with diabetes were offered screening in the previous 12 months.

Immunisation

Routine immunisations up to five years of age[11]

According to latest data (Q4 2010/11) England coverage at 12 months for Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib3) increased by 0.3 percentage points from the previous quarter to 94.2 percent. Meningitis C (MenC2) coverage increased by 0.2 percentage points to 93.6 percent. Pneumococcal infection (PCV2) increased by 0.3 percentage points, to 93.8 percent.

Coverage at 24 months for Measles Mumps and Rubella (MMR) increased by 0.6 percentage points to 89.5 percent compared to the previous quarter. Hib/MenC booster coverage increased by 0.4 percentage points to 91.7 percent compared to the previous quarter, and PCV booster coverage increased by 0.7 percent to 89.7 percent. England coverage of 96.1 percent for DTaP/IPV/Hib3 at 24 months exceeds the WHO target of 95 percent for the seventh successive quarter.

Human papillomavirus (HPV) vaccine uptake

The HPV vaccination programme in England is one of the most successful programmes in the world. Latest preliminary data (March 2011) reported by PCTs on uptake of HPV vaccine in the routine cohort of 12–13 year old girls for the third dose showed that uptake exceeded that for the same month in the previous two academic years.

Influenza vaccine uptake 2010/11[12] and preparations for 2011/12[13]

Seasonal flu can seriously impact on the health of those in an at risk group and lead to life threatening complications and death. Latest data for winter 2010 shows that the number of healthcare workers getting the vaccine increased from 26.4 per cent in the 2009 winter to 34.7 per cent in 2010. Levels of immunisation for at risk groups (where comparison data is available) remained broadly stable. The highest coverage was among those aged 65 or over

11 http://www.hpa.org.uk/hpr/archives/2011/hpr2511.pdf

12 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127111.pdf

13 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_127048

at 72.8 percent. Vaccine coverage among those aged under 65 in a clinical risk group was 50.4 percent. The Chief Medical Officer has announced that the NHS should plan to significantly increase coverage among this group to 75 percent by winter 2013/14, with an initial planning assumption of 60 percent for the coming flu season.

There remained significant differences in coverage between groups with conditions which make them more susceptible to the effects of flu. For example, only about 40 per cent of patients with chronic liver disease or chronic degenerative neurological diseases such as cerebral palsy or multiple sclerosis were vaccinated last year, compared with nearly 70 percent of people with diabetes.

The influenza vaccine for the 2011/12 influenza season will be available from late September 2011.

Reform

The NHS has performed very strongly against the ambitious requirements of the reform agenda.

Choice

Measures of patient choice are slowly improving. Choose and Book utilisation has remained stable, with an increase in the number of referrals made to named consultant-led teams.

Commissioning

Clinical Commissioning Groups (CCGs) are now formed in the vast majority of areas and all PCTs are now working in established clusters alongside the CCGs to support consortia development. Although at different stages of development, CCGs are becoming more closely involved in strategic commissioning decisions in their local areas and will increasingly begin to take responsibility for devolved budgets. The £2 per head development fund set aside in the NHS Operating Framework 2011/12 is being used to grow capacity within these organisations. A robust assurance and authorisation process will be undertaken to ensure a thorough and managed handover of responsibilities.

SHAs have also now formed into transitional clusters and further details are emerging about the structure and function of the NHS Commissioning Board, embedding outcomes at the heart of the organisation and providing strong strategic leadership for the NHS.

Provision

One foundation trust authorisation took place in Quarter one and further authorisations are expected in subsequent quarters. 115 NHS trusts now remain in the FT pipeline and authorisation will be reliant on these organisations achieving robust performance on both service delivery and finance. All PCTs have secured SHA and Department of Health agreement for their transforming community services (TCS) plans to go ahead. All PCTs have achieved the NHS Operating Framework 2011/12 milestone of ensuring separation of commissioner and provider services by April 2011 and the vast majority have made substantial progress towards achieving divestment.

Integration

Health and Wellbeing Boards are also now taking shape in shadow form and 90 percent of top-tier and unitary local authorities have signed up as early implementers for health and wellbeing boards. Locally, many boards have already been established in shadow form, while others are taking the opportunity to do some focussed ground work developing shared leadership, priorities and strategy ahead of establishing their shadow boards by April 2012. As part of the learning network for health and wellbeing boards, we are setting up a series of learning sets on some of the key issues that health and wellbeing boards will need to tackle to be successful and improve accountability and outcomes for local people. All early implementers will be invited to be involved in these. The learning sets will generate learning that can be applied by health and wellbeing boards across the country as they operate in shadow form during 2012–13.

Choice

Patient choice

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

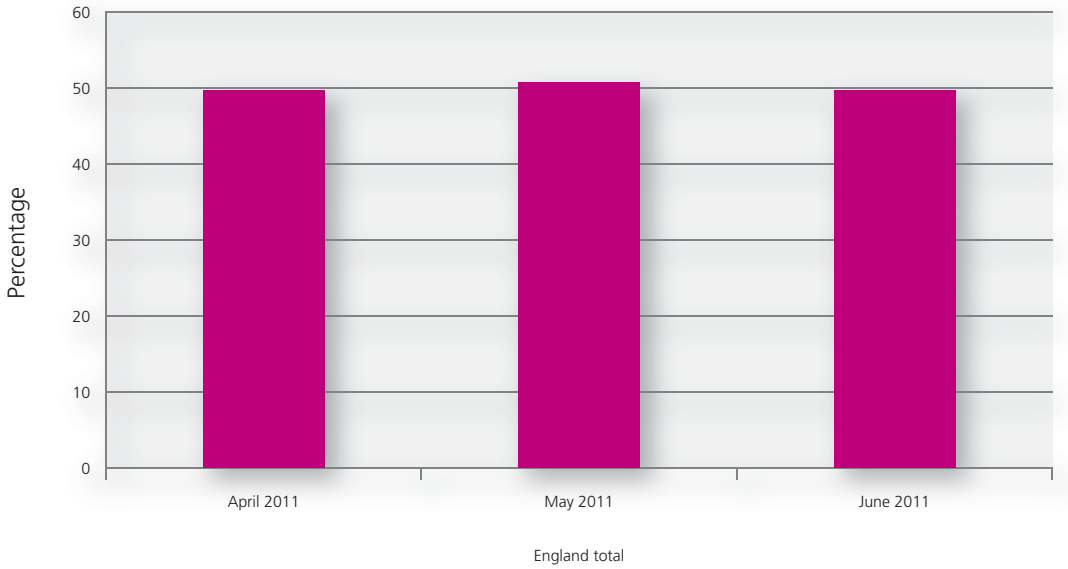
Three separate Choose and Book measures are used to demonstrate where choice can be offered by referrers, using the Choose and Book system to refer patients for first consultant outpatient services.

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

The Department of Health is consulting presently on how to implement the commitments to give patients greater choice and control over their care and treatment, including looking at maximising the use of Choose and Book.[14] Choose and Book utilisation remained stable over the quarter. The overall utilisation rate was 50 percent in June 2011, based on outturn GP referrals, down from 51 percent in May, but consistent with April's figure of 50 percent. During June 2011, 94 percent of all GP practices made some bookings through Choose and Book, but there is significant variation in level of usage between practices.

14 http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_119651

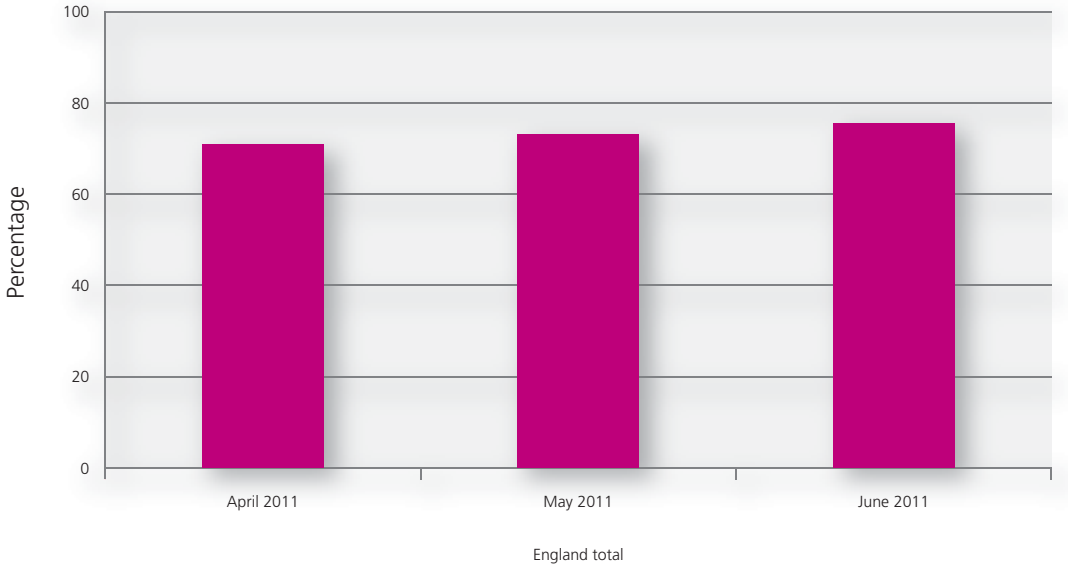
Figure 30: Proportion of GP referrals to first outpatient appointments booked using Choose and Book



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

Department of Health policy on requiring choice of named consultant-led team will be confirmed through the issuing of guidance after parliamentary recess. Provider organisations are continuing to add named consultants against specified Choose and Book services. Latest reports indicate the percentage of secondary care first outpatient bookings being made through Choose and Book to services where named clinicians are available (even if not selected) has now risen to 76 percent at the end of Q1 after steady increases in previous months.

Figure 31: Bookings to services where national consultant led team was available (even if not selected)

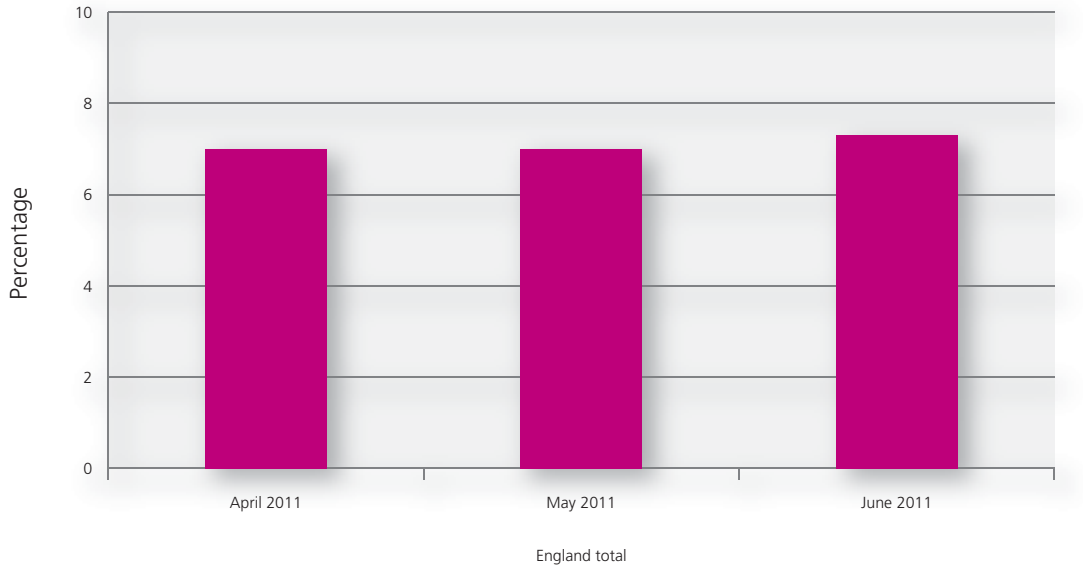


Trend in volume of patients being treated at non-NHS hospitals

Patients should have the opportunity to choose a range of providers for their first outpatient appointment, including those in the independent sector. This indicator shows a percentage of patients who have exercised choice, since it is likely that an alternative NHS provider was also offered to them. An increasing percentage of Choose and Book bookings being made to the independent sector may be indicative of more choice being offered to patients.

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

Figure 32: Proportion of patients being treated at non-NHS hospitals



Extending patient choice

The Department issued guidance on Extending Patient Choice of Provider on 19 July 2011 which set out the expectation that PCTs will identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider (AQP) in 2012/13. This selection should be based on the priorities of emerging clinical commissioning groups and having engaged with local patients and professionals. Innovative commissioners may choose to go further and agree more than three service areas for patient choice of provider.

2012/13 is a transitional year with AQP applied to a limited set of priority community and mental health services. In the coming quarter, Q3, PCT clusters will identify and agree with SHAs three or more services to implement patient choice of AQP from April 12. In addition, during Q3, working with volunteer PCT and CCG leads, DH is co-producing implementation packs with the NHS for priority services areas to support commissioners with materials required for implementation of AQP. The implementation packs will contain example currencies, service specifications and key performance indicators, as well as testing the qualification aspects for that service and the information required for patients to make an informed choice of those services.

Improving peoples access to their records

We want more patients to have access to their records and the Information Strategy for Health and Social Care (due for publication in the winter) will clarify expectations around this.

We know based on data from systems suppliers, that 4,550 general practices (54 percent) now have functionality in place for patients to access their full medical records online. By the end of June 2011 some 99 general practices (1.2 percent) had enabled this functionality for some of their patients. This is 17 more than when data was first gathered at the end of March but still very low. This situation needs to improve in future.

Summary Care Record[15]

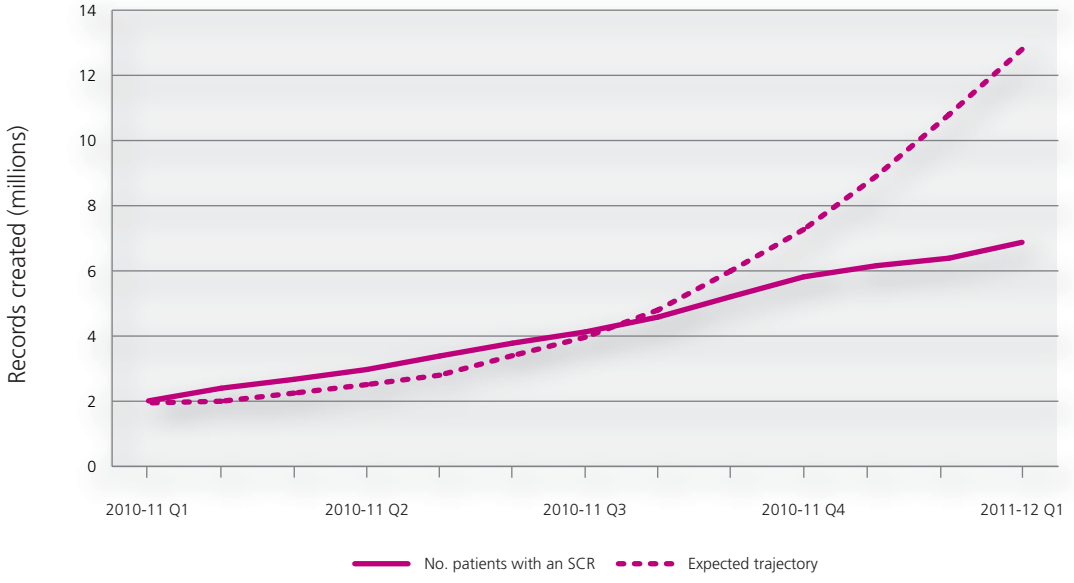
The Summary Care Record (SCR) provides the minimal information required to support safe patient care in urgent or emergency situations. Patients can choose to opt out of having an SCR, will be asked for their permission when their SCR is accessed and are able to view their own SCR through HealthSpace.

SCRs are mainly being accessed in GP out of hours services with users reporting an increased level of confidence in clinical decision making, an impact on prescribing decisions and a contribution to improvements in patient safety when using the SCR.

80 percent of GP practices have a system which is compliant with SCR. In Q1 11/12 1.06 million new SCRs were created for patients, taking the total to 6.9 million patients with an SCR. 71 PCTs had created records for patients in 991 GP practices, with nine PCTs having critical mass of over 60 percent of patients with an SCR. At the end of Q1 11/12, 32 million patients had been written to about the SCR. Implementation progress does not meet expectations and rapid further progress is needed. Figure 33 shows the number of patients (records created) with an SCR and the expected trajectory to date.

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

Figure 33: Number of summary care records created



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

Provision

Foundation trust (FT) pipeline

The Government is committed to the reform of the provider landscape including the establishment of an all FT sector, through the development of autonomous and sustainable providers that deliver safe care to patients.

Supporting this commitment is a strong expectation that the vast majority of NHS trusts will achieve FT status by April 2014. Any remaining NHS trusts at that date, will continue to work towards to FT status under new management arrangements following an agreed plan and timetable.

In 2010/11, seven NHS trusts were authorised as NHS foundation trusts and a further FT authorisation took place in Q1 2011/12. The flow of authorisations is expected to increase over the next year as momentum builds towards the objective for the remaining NHS trusts to achieve FT status by April 2014. The expectation is that the vast majority will achieve this date. For those NHS trusts unable to meet this date, plans will be agreed on a case by case basis, how the organisation will move forward to FT status under new management arrangements.

Good progress has been made in diagnosing the issues within the pipeline. Tripartite Formal Agreements (TFAs) have been developed between each remaining NHS trust, their SHA and the Department of Health, which set out the steps necessary for each remaining NHS trust to achieve FT status. These TFAs are intended to increase rigour and transparency in the actions needed, at all levels in the system, for the delivery of an all FT sector. These TFAs include the key milestones for each NHS trust to meet on their journey towards submitting their FT application.

Alongside these local plans to move towards achievement of FT status, work continues on the development of national solutions for the small number of NHS trusts where these are needed. These workstreams relate to enabling all NHS trusts to be providers of sustainable quality services, whether as standalone organisations or as part of established sustainable FTs.

Progress against milestones, on the national workstreams and the flow of NHS trusts to FT status will be reported in future editions of 'the quarter'.

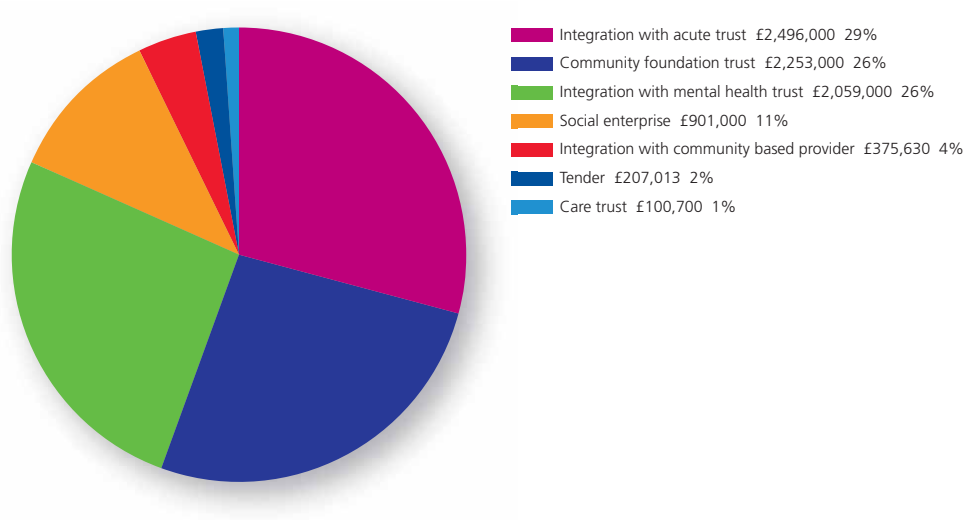
Transforming community services

In addition to established NHS trusts working towards FT status, a number of new NHS trusts are now in the FT pipeline, working towards becoming community FTs, that is, FTs providing significant amounts of community services. These organisations have been created out of the wider Transforming Community Services (TCS) programme, which has created new community organisations and social enterprises out of PCT provider arms.

All PCTs have secured SHA and Department of Health agreement for their plans to go ahead. All PCTs have achieved the Operating Framework milestone of ensuring separation by April 2011 and the vast majority have made substantial progress towards achieving divestment.

This transfer represents a significant achievement for the NHS given the scale (estimated 200,000 staff, £8.3 billion of services, 288 separate transactions) the complexity, and the challenging timescales. Figure 34 illustrates where these services have transferred to:

Figure 34: Percentage of final forms by value



Some final work is required to complete the wider TCS programme with, at the end of Q1 2011/12, 28 outstanding transactions, including 10 social enterprises yet to complete. Updates on these outstanding transactions will be reported in future editions of this publication.

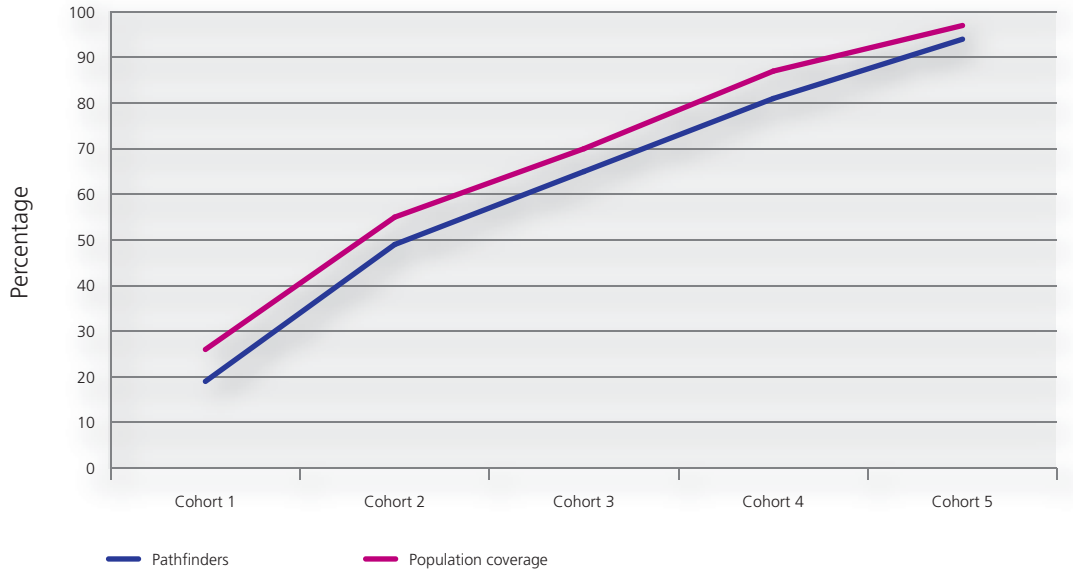
Commissioning

Clinical commissioning groups

Work is continuing to develop fully capable clinical commissioning groups ready to take on their statutory commissioning responsibilities from April 2013.

At the time of Pathfinder cohort 5 being announced in early July 2011, there were 257 Pathfinders across England, covering 97 percent of the population. Figure 35 shows the pace of progress from the beginning of the Pathfinder programme through to the announcement of cohort 5.

Figure 35: Pathfinder progress chart



The NHS Operating Framework 2011/12 set out that PCT clusters would support the development of CCGs by providing expertise on organisational development, governance and finance, and the provision of a development fund of £2 per head of population served. This essential support activity was reiterated in the PCT Cluster Shared Operating Model. In addition, CCGs will receive increasing delegated commissioning responsibility from PCTs. Technical guidance on delegated budget responsibility from PCTs to CCGs is now being shared, with reporting on this later this year.

We are now designing the final stage of the process for taking emerging CCGs through to authorisation, including the monitoring processes that will need to be in place to assure that journey.

NHS Commissioning Board

Subject to the passage of the Health and Social Care Bill, plans to establish the NHS Commissioning Board (NHS CB) as a preparatory special health authority (SpHA) are well underway. The publication of Developing the NHS Commissioning Board[16] and the NHS Commissioning Board's People Transition Policy[17] in July set out details about the operating model and eight portfolios along with the HR and recruitment processes.

Subject to parliamentary timetables, the SpHA is expected to be established by 31 October 2011. Between now and then we will be undertaking consultation and preparing legislation for that establishment.

Other priority work taking place over the forthcoming months includes:

- Detailed design of functions, including staffing requirements and costs for the NHS CB;
- Practical establishment including estates, IT and board governance; and
- Appointment to the posts of chair, non-executive directors, executive director and other priority functions.

The NHS CB transition team is also working with SHA and PCT clusters to move towards single operating models for NHS CB functions.

Commissioning support

The commissioning support business review stocktake exercise was launched in April and was designed to provide a snapshot in time of current commissioning support plans within PCT clusters, highlighting strengths, weaknesses and ensuring that appropriate handling strategies are in place.

PCT cluster analysis and feedback showed that the stocktake had been useful in helping PCTs to think about commissioning support, so they can begin to discuss their potential future business model with local Pathfinders.

A number of key themes emerged from the stocktake, including:

- A need for a more customer focused approach and greater engagement with emerging commissioning groups to ensure their requirements and views shape the future business model
- A need to consider how to make the best use of expertise and achieve economies of scale, by ensuring that services and functions are delivered across the most appropriate footprint
- A need to create a more commercially aware sector and to think differently about potential future business models that deliver innovative and responsive services

We are currently developing and testing a process for phase two of the business review, which will help PCT clusters to further shape and develop their emerging commissioning support offers through a series of diagnostic, planning and implementation stages.

16 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128118

17 http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_128897

PCT cluster development

The NHS has made good progress in clustering PCTs together in order to protect management capacity and provide clear lines of accountability as we move, subject to Parliamentary approval, towards the abolition of PCTs in April 2013. SHAs have agreed 51 clusters of PCTs under single executive, which we expect to reduce to 50 clusters this autumn. A shared operating model for PCT clusters has been co-produced with the NHS and will help to support PCT clusters through the period of transition. The NHS is continuing to develop PCT clusters, and in particular will need to ensure that governance models for PCT clusters comply with statute, fit the operational context, are effective and do not place disproportionate demands on the single executive team.

Annex 1

NHS North of England

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
County Durham PCT	918	1,020	1,016	1,000	1,000,371	0.1%
Darlington PCT	301	301	315	300	185,217	0.2%
Gateshead PCT	146	504	192	500	394,492	0.1%
Hartlepool PCT	126	125	100	100	188,221	0.1%
Middlesbrough PCT	633	278	600	600	294,581	0.2%
Newcastle PCT	4,616	945	258	250	521,431	0.0%
North East SHA	99,407	72,036	64,754	58,425	346,024	16.9%
North Tyneside PCT	563	475	355	500	390,939	0.1%
Northumberland Care PCT	443	220	1,370	250	569,149	0.0%
Redcar and Cleveland PCT	380	513	150	150	262,583	0.1%
South Tyneside PCT	592	1,819	460	200	321,773	0.1%
Stockton-on-Tees Teaching PCT	156	424	400	400	335,241	0.1%
Sunderland Teaching PCT	388	845	382	300	565,782	0.1%
North East subtotal SHA/PCTs	**108,669**	**79,505**	**70,352**	**62,975**	**5,375,804**	**1.2%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Ashton, Leigh and Wigan PCT	2,495	640	1,900	2,726	583,218	0.5%
Blackburn with Darwen PCT	2,048	717	n/a	n/a	n/a	n/a
Blackburn with Darwen Teaching Care Trust Plus PCT (1)	n/a	n/a	1,373	1,372	296,714	0.5%
Blackpool PCT	3,193	2,532	1,392	1,399	304,197	0.5%
Bolton PCT	992	996	983	1,000	487,224	0.2%
Bury PCT	41	413	236	251	311,395	0.1%
Central and Eastern Cheshire PCT	336	1,007	1,501	3,444	723,547	0.5%
Central Lancashire PCT	8,558	3,030	1,632	3,653	787,298	0.5%
Cumbria Teaching PCT	233	229	(5,926)	4,146	859,613	0.5%
East Lancashire Teaching PCT	2,464	1,021	3,336	3,324	701,015	0.5%
Halton and St Helens PCT	420	295	500	500	610,053	0.1%
Heywood, Middleton and Rochdale PCT	3,051	579	1,933	2,000	403,926	0.5%
Knowsley PCT	4,819	576	1,610	1,619	340,385	0.5%
Liverpool PCT	6,429	5,287	14,768	9,217	1,045,874	0.9%
Manchester PCT	687	481	347	1,000	1,046,607	0.1%
North Lancashire Teaching PCT	2,051	1,565	2,200	2,200	582,359	0.4%
North West SHA	245,142	157,339	175,418	139,341	861,693	16.2%
Oldham PCT	1,528	1,381	1,000	2,015	424,181	0.5%
Salford PCT	1,991	993	2,319	2,260	484,677	0.5%
Sefton PCT	287	498	2,500	2,548	532,573	0.5%
Stockport PCT	238	231	350	667	476,337	0.1%
Tameside and Glossop PCT	1,980	980	1,000	1,000	436,988	0.2%
Trafford PCT	133	534	1,500	1,800	379,805	0.5%
Warrington PCT	557	222	250	1,543	315,621	0.5%

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Western Cheshire PCT	1,598	1,279	985	1,975	449,977	0.4%
Wirral PCT	3,310	2,047	2,031	2,000	628,721	0.3%
North West subtotal SHA/PCTs	**294,581**	**184,872**	**215,138**	**193,000**	**14,073,998**	**1.4%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts Surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Barnsley PCT	2,510	3,461	3,395	3,000	475,641	0.6%
Bassetlaw PCT (2)	n/a	n/a	n/a	1,700	197,430	0.9%
Bradford and Airedale Teaching PCT	3,457	7,550	6,680	8,300	921,317	0.9%
Calderdale PCT	2,000	2,679	4,224	3,600	355,990	1.0%
Doncaster PCT	2,760	4,177	2,691	2,700	575,979	0.5%
East Riding of Yorkshire PCT	1,997	3,684	5,185	5,200	503,476	1.0%
Hull Teaching PCT	6,548	3,820	3,714	3,200	530,564	0.6%
Kirklees PCT	2,787	2,928	7,900	8,300	686,304	1.2%
Leeds PCT	5,150	5,002	20,124	25,200	1,362,397	1.8%
North East Lincolnshire Care Trust Plus (3)	1,146	2,222	2,181	1,800	293,819	0.6%
North Lincolnshire PCT	1,107	1,249	3,693	2,000	270,515	0.7%
North Yorkshire and York PCT	2,401	317	242	0	1,230,551	0.0%
Rotherham PCT	1,597	2,042	2,192	2,200	463,946	0.5%
Sheffield PCT	1,712	4,479	499	500	992,698	0.1%
Wakefield District PCT	2,580	7,388	3,095	3,100	642,179	0.5%
Yorkshire and the Humber SHA	178,249	133,982	121,052	63,252	674,642	9.4%
Yorkshire and the Humber subtotal SHA/PCTs	**216,001**	**184,980**	**186,867**	**134,052**	**10,177,448**	**1.3%**
NHS North of England total SHA/PCTs	**619,251**	**449,357**	**472,357**	**390,027**	**29,627,250**	**1.3%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
North East Ambulance Service NHS Trust	2,249	4,736	3,120	3,025	105,954	2.9%
Northumberland, Tyne and Wear NHS Trust (4)	3,852	5,296	n/a	n/a	n/a	n/a
South Tees Hospitals NHS Trust (5)	10,445	131	n/a	n/a	n/a	n/a
Tees, Esk and Wear Valleys NHS Trust (6)	483	n/a	n/a	n/a	n/a	n/a
North East subtotal trusts	**17,029**	**10,163**	**3,120**	**3,025**	**105,954**	**2.9%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts Surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Ashton, Leigh and Wigan Community Healthcare NHS Trust (7)	n/a	n/a	388	1,666	164,197	1.0%
5 Boroughs Partnership NHS Trust (8)	1,482	2,210	n/a	n/a	n/a	n/a
Bolton Hospitals NHS Trust (9)	(2,351)	n/a	n/a	n/a	n/a	n/a
Calderstones NHS Trust (10)	1,520	n/a	n/a	n/a	n/a	n/a
Central Manchester and Manchester Children's University Hospitals NHS Trust (11)	4,715	n/a	n/a	n/a	n/a	n/a
East Cheshire NHS Trust	522	3,926	806	250	167,033	0.1%
East Lancashire Hospitals NHS Trust	133	287	723	1,889	378,694	0.5%
Liverpool Community Health NHS Trust (12)	n/a	n/a	2,654	3,451	141,878	2.4%
Liverpool Heart and Chest Hospital NHS Trust (13)	4,337	1,827	n/a	n/a	n/a	n/a
Manchester Mental Health and Social Care NHS Trust	521	532	(482)	994	104,096	1.0%
Mersey Care NHS Trust	500	3,000	7,359	4,034	190,281	2.1%
North Cheshire Hospitals NHS Trust (14)	1,060	n/a	n/a	n/a	n/a	n/a
North Cumbria University Hospitals NHS Trust	993	327	1,356	1,000	211,041	0.5%
North West Ambulance Service NHS Trust	840	1,041	2,065	1,500	257,229	0.6%
Pennine Acute Hospitals NHS Trust	48	620	259	3,502	579,162	0.6%
Pennine Care NHS Trust (15)	388	n/a	n/a	n/a	n/a	n/a
Royal Liverpool Broadgreen University Hospitals NHS Trust	2,781	4,021	4,238	5,557	408,594	1.4%
Royal Liverpool Children's NHS Trust (16)	301	n/a	n/a	n/a	n/a	n/a
Southport and Ormskirk Hospital NHS Trust	802	500	853	1,693	171,864	1.0%
St Helens and Knowsley Teaching Hospitals NHS Trust	(22,687)	225	296	250	259,173	0.1%
The Wirral Community NHS Trust (17)	n/a	n/a	n/a	704	62,688	1.1%
Trafford Healthcare NHS Trust	(2,186)	(6,048)	319	483	95,756	0.5%
University Hospitals of Morecambe Bay NHS Trust (18)	1,889	2,126	305	n/a	n/a	n/a
Walton Centre for Neurology and Neurosurgery NHS Trust (19)	2,812	424	n/a	n/a	n/a	n/a
Wrightington, Wigan and Leigh NHS Trust (20)	(13,002)	n/a	n/a	n/a	n/a	n/a
North West subtotal trusts	**(14,582)**	**15,018**	**21,139**	**26,973**	**3,191,686**	**0.8%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Airedale NHS Trust (21)	759	605	49	n/a	n/a	n/a
Bradford District Care Trust	546	103	104	100	165,422	0.1%
Hull and East Yorkshire Hospitals NHS Trust	5,020	7,601	4,701	4,866	474,294	1.0%
Humber Mental Health Teaching NHS Trust (22)	1,376	1,351	n/a	n/a	n/a	n/a
Leeds Teaching Hospitals NHS Trust	471	963	2,051	2,100	966,961	0.2%
Mid Yorkshire Hospitals NHS Trust	32,706	871	983	0	454,782	0.0%
Scarborough and North East Yorkshire Healthcare NHS Trust	1,873	1,914	1,874	1,884	122,968	1.5%
Sheffield Care Trust (23)	80	n/a	n/a	n/a	n/a	n/a
South West Yorkshire Mental Health NHS Trust (24)	1,015	569	n/a	n/a	n/a	n/a
The Leeds Community Healthcare NHS Trust (25)	n/a	n/a	n/a	683	129,846	0.5%
Yorkshire Ambulance Service NHS Trust	151	518	237	415	200,404	0.2%
Yorkshire and the Humber subtotal trusts	**43,997**	**14,495**	**9,999**	**10,048**	**2,514,677**	**0.4%**
NHS North of England total trusts	**46,444**	**39,676**	**34,258**	**40,046**	**5,812,317**	**0.7%**

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

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

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

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

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

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

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

7 Ashton, Leigh and Wigan Community Healthcare NHS Trust was established as an NHS Trust on 1 November 2010, taking on the provider services of NHS Ashton, Leigh and Wigan.

8 5 Boroughs Partnership NHS Trust achieved foundation trust status on 1 March 2010.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 The Leeds Community NHS Trust was formed on 1 April 2011.

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

Pennine Acute Hospitals NHS Trust (£9m)

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

Trafford Healthcare NHS Trust (£4m)

Mid Yorkshire Hospitals NHS Trust (£6m)

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

Annex 2

NHS Midlands and East

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Bassetlaw PCT (1)	2,689	1,434	2,595	n/a	n/a	n/a
Derby City PCT	2,303	650	30	2,974	460,576	0.6%
Derbyshire County PCT	4,761	1,873	11,212	8,000	1,187,593	0.7%
East Midlands SHA	69,833	59,092	22,905	31,172	427,710	7.3%
Leicester City PCT	2,244	241	6,192	3,640	554,986	0.7%
Leicestershire County and Rutland PCT	1,049	1,148	10,502	6,223	938,463	0.7%
Lincolnshire Teaching PCT	7,011	7,264	14,314	9,543	1,214,299	0.8%
Milton Keynes PCT (2)	n/a	n/a	n/a	100	366,714	0.0%
Northamptonshire Teaching PCT	4,387	4,642	10,528	7,017	1,065,649	0.7%
Nottingham City PCT	2,283	2,448	6,841	3,400	561,915	0.6%
Nottinghamshire County Teaching PCT	10,003	4,514	5,017	3,333	1,053,244	0.3%
East Midlands subtotal SHA/PCTs	**106,563**	**83,306**	**90,136**	**75,402**	**7,831,149**	**1.0%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Birmingham East and North PCT	1,922	2,453	522	0	762,612	0.0%
Coventry Teaching PCT	4,983	4,644	6,247	5,800	610,344	1.0%
Dudley PCT	2,055	362	794	1,000	517,551	0.2%
Heart of Birmingham Teaching PCT	9,683	7,615	9,555	5,000	605,205	0.8%
Herefordshire PCT	475	778	111	250	290,267	0.1%
North Staffordshire PCT	1,999	515	1,162	250	349,988	0.1%
Sandwell PCT	7,020	89	1,222	1,000	587,901	0.2%
Shropshire County PCT	854	490	872	1,000	469,269	0.2%
Solihull PCT (3)	793	16	531	0	332,355	0.0%
South Birmingham PCT	6,505	4,700	500	1,000	650,275	0.2%
South Staffordshire PCT	4,676	2,200	378	750	952,438	0.1%
Stoke on Trent PCT	4,304	2,588	3,115	2,000	516,659	0.4%
Telford and Wrekin PCT	7,247	4,522	467	1,000	266,463	0.4%
Walsall Teaching PCT	11,602	6,022	5,437	729	486,315	0.1%
Warwickshire PCT	321	594	176	200	842,530	0.0%
West Midlands SHA	6,497	19,732	23,204	17,013	563,753	3.0%
Wolverhampton City PCT	24,874	19,365	15,692	15,008	474,189	3.2%
Worcestershire PCT	4,865	3,519	3,470	3,000	895,759	0.3%
West Midlands subtotal SHA/PCTs	**100,675**	**80,204**	**73,455**	**55,000**	**10,173,873**	**0.5%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Bedfordshire PCT	330	236	498	500	612,538	0.1%
Cambridgeshire PCT	760	501	398	0	875,175	0.0%
East of England SHA	124,757	135,389	83,960	74,550	654,574	11.4%
Great Yarmouth and Waveney PCT	230	352	1,625	1,000	407,387	0.2%
Hertfordshire PCT (4)	2,259	1,611	638	0	1,710,882	0.0%
Luton PCT	492	400	506	0	321,106	0.0%
Mid Essex PCT	940	1,007	3,767	1,000	528,659	0.2%
Norfolk PCT	1,079	695	959	1,000	1,218,070	0.1%
North East Essex PCT	1,348	2,993	2,998	1,000	549,473	0.2%
Peterborough PCT	2,896	(12,832)	389	0	274,605	0.0%
South East Essex PCT	852	2,014	1,093	850	556,675	0.2%
South West Essex PCT	688	1,614	48	0	661,568	0.0%
Suffolk PCT	1,315	2,578	3,560	6,100	937,373	0.7%
West Essex PCT	1,448	815	721	400	441,276	0.1%
East of England subtotal SHA/PCTs	**139,394**	**137,373**	**101,160**	**86,400**	**9,749,361**	**0.9%**
NHS Midlands and East total SHA/PCTs	**346,632**	**300,883**	**264,751**	**216,802**	**27,754,383**	**0.8%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Derbyshire Mental Health Services NHS Trust (5)	990	1,014	379	n/a	n/a	n/a
East Midlands Ambulance Service NHS Trust	1,564	2,016	467	1,587	160,299	1.0%
Kettering General Hospital NHS Trust (6)	3,444	n/a	n/a	n/a	n/a	n/a
Leicestershire Partnership NHS Trust	683	1,732	1,700	6,364	257,648	2.5%
Northampton General Hospital NHS Trust	2,100	2,081	1,109	500	235,984	0.2%
Northamptonshire Healthcare NHS Trust (7)	342	29	n/a	n/a	n/a	n/a
Nottingham University Hospitals NHS Trust	5,557	7,256	5,010	3,819	754,404	0.5%
Nottinghamshire Healthcare NHS Trust	3,905	2,387	6,505	4,224	394,875	1.1%
The Derbyshire Community Health Services NHS Trust (8)	n/a	n/a	n/a	1,140	179,681	0.6%
The Lincolnshire Community Health Services NHS Trust (9)	n/a	n/a	n/a	1,071	102,076	1.0%
United Lincolnshire Hospitals NHS Trust	366	1,282	(13,880)	4	392,123	0.0%
University Hospitals of Leicester NHS Trust	3,018	51	1,013	1,289	685,783	0.2%
East Midlands subtotal trusts	**21,969**	**17,848**	**2,303**	**19,998**	**3,162,873**	**0.6%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Birmingham and Solihull Mental Health NHS Trust (10)	1,206	n/a	n/a	n/a	n/a	n/a
Birmingham Community Health Care Trust (11)	n/a	n/a	686	2,500	252,884	1.0%
Burton Hospitals NHS Trust (12)	2,666	n/a	n/a	n/a	n/a	n/a
Coventry and Warwickshire Partnership NHS Trust (13)	1,863	3,690	2,936	2,612	205,202	1.3%
Dudley and Walsall Mental Health Partnership NHS Trust	202	376	883	851	66,144	1.3%
Dudley Group of Hospitals NHS Trust (14)	3,886	n/a	n/a	n/a	n/a	n/a
George Eliot Hospital NHS Trust	964	1,164	112	1,200	110,366	1.1%

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
North Staffordshire Combined Healthcare NHS Trust	256	449	698	1,238	78,575	1.6%
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust	999	2,054	1,618	1,300	81,814	1.6%
Royal Wolverhampton Hospitals NHS Trust	6,913	8,035	7,964	7,952	358,387	2.2%
Sandwell & West Birmingham Hospitals NHS Trust	2,547	7,260	2,193	1,807	413,105	0.4%
Sandwell Mental Health NHS and Social Care Trust (15)	60	n/a	n/a	n/a	n/a	n/a
Shrewsbury and Telford Hospital NHS Trust	4,127	712	26	0	289,715	0.0%
South Warwickshire General Hospitals NHS Trust (16)	6,842	5,581	n/a	n/a	n/a	n/a
University Hospital of North Staffordshire NHS Trust	3,008	5,644	4,141	1,600	414,955	0.4%
University Hospitals Coventry and Warwickshire NHS Trust	4,825	10,234	4,162	4,592	461,711	1.0%
Walsall Healthcare NHS Trust (17)	353	1,998	3,247	2,500	203,990	1.2%
West Midlands Ambulance Service NHS Trust	156	255	99	925	187,820	0.5%
Worcestershire Acute Hospitals NHS Trust	5,833	3,135	287	0	316,408	0.0%
Worcestershire Mental Health Partnership NHS Trust	2	700	700	1,500	170,816	0.9%
Wye Valley NHS Trust (18)	544	1,165	46	145	165,435	0.1%
West Midlands subtotal trusts	**47,252**	**52,452**	**29,798**	**30,722**	**3,777,327**	**0.8%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Bedford Hospitals NHS Trust	2,118	612	274	1,390	139,830	1.0%
Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (19)	751	463	n/a	n/a	n/a	n/a
Cambridgeshire and Peterborough Mental Health Partnership NHS Trust (20)	71	n/a	n/a	n/a	n/a	n/a
Cambridgeshire Community Services NHS Trust (21)	n/a	n/a	1,044	668	189,566	0
East and North Hertfordshire NHS Trust	2,070	2,499	3,328	3,500	337,484	1.0%
East of England Ambulance Service NHS Trust	283	757	2,364	2,398	227,803	1.1%
Essex Rivers Healthcare NHS Trust (22)	875	n/a	n/a	n/a	n/a	n/a
Hertfordshire Community NHS Trust (23)	n/a	n/a	184	23	122,940	0.0%
Hinchingbrooke Health Care NHS Trust	98	598	79	0	105,568	0.0%
Mid Essex Hospital Services NHS Trust	7,316	2,551	3,660	833	243,743	0.3%
Norfolk Community Health and Care NHS Trust (24)	n/a	n/a	552	1,000	124,699	0.8%
Norfolk and Norwich University Hospitals NHS Trust (25)	2,409	n/a	n/a	n/a	n/a	n/a
Suffolk Mental Health Partnership NHS Trust	1,504	1,513	335	0	82,741	0.0%
The Ipswich Hospital NHS Trust	4,580	3,351	1,260	2,111	229,468	0.9%
The Princess Alexandra Hospital NHS Trust	3,222	511	415	0	174,602	0.0%
The Queen Elizabeth Hospital Kings Lynn NHS Trust (26)	6,158	4,510	1,931	n/a	n/a	n/a
West Hertfordshire Hospitals NHS Trust	4,405	5,699	7,358	4,451	253,553	1.8%
West Suffolk Hospitals NHS Trust	4,600	6,273	194	1,000	152,150	0.7%
East of England subtotal trusts	**40,460**	**29,337**	**22,978**	**17,374**	**2,384,147**	**0.7%**
NHS Midlands and East total trusts	**109,681**	**99,637**	**55,079**	**68,094**	**9,324,347**	**0.7%**

For FTs 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 Humber SHA region from 1 April 2011/12.

2 Milton Keynes PCT became part of East Midlands SHA from 1 April 2011. Prior to this, they 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 Kettering General Hospital NHS Trust achieved foundation trust status on 1 November 2008.

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

8 The Derbyshire Community NHS Trust was formed on 1 April 2011.

9 The Lincolnshire Community NHS Trust was formed on 1 April 2011.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nottingham University Hospitals NHS Trust (£5m)
Nottinghamshire Healthcare NHS Trust (£6m)
United Lincolnshire Hospitals NHS Trust (£0.1m)
North Staffordshire Combined Healthcare NHS Trust (£7m)
Shrewsbury and Telford Hospital NHS Trust (£1m)
University Hospital of North Staffordshire NHS Trust (£97m)
Hinchingbrooke Healthcare NHS Trust (£0.7m)
Suffolk Mental Health Partnership NHS Trust (£2m)
West Hertfordshire Hospitals NHS Trust (£0.1m)

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

Annex 3

NHS London

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Barking and Dagenham PCT	18,439	3,377	62	2,200	336,311	0.7%
Barnet PCT	5,860	139	134	(17,186)	577,918	(3.0%)
Bexley Care PCT	130	51	486	2,245	344,482	0.7%
Brent Teaching PCT	12,584	16,334	17,416	11,602	551,653	2.1%
Bromley PCT	188	249	6,899	5,993	501,074	1.2%
Camden PCT	4,340	12	11,807	22,804	503,357	4.5%
City and Hackney Teaching PCT	100	9,346	6,594	7,117	529,476	1.3%
Croydon PCT	6,000	3,412	5,535	8,301	581,726	1.4%
Ealing PCT	4,686	3	34	6,105	604,519	1.0%
Enfield PCT	20	(10,491)	11	(18,835)	476,370	(4.0%)
Greenwich Teaching PCT	1,531	608	5,327	4,612	479,757	1.0%
Hammersmith and Fulham PCT	18,617	10,538	3,513	5,421	365,728	1.5%
Haringey Teaching PCT	1,983	29	170	(20,278)	469,876	(4.3%)
Harrow PCT	1,432	126	677	0	363,020	0.0%
Havering PCT	748	1,528	932	0	412,237	0.0%
Hillingdon PCT	2	19,380	5	0	412,366	0.0%
Hounslow PCT	48	40	42	4,110	408,264	1.0%
Islington PCT	6,617	1,121	10,261	18,652	475,886	3.9%
Kensington and Chelsea PCT	8,760	3,985	3,410	5,527	361,677	1.5%
Kingston PCT	117	103	2,623	3,959	278,136	1.4%
Lambeth PCT	2,907	988	6,430	6,605	652,064	1.0%
Lewisham PCT	339	90	5,287	5,375	524,030	1.0%
London SHA	187,527	288,675	257,187	199,900	2,024,723	9.9%
Newham PCT	6,665	1,107	7,104	9,738	583,503	1.7%
Redbridge PCT	9,893	6,232	6,217	2,000	419,157	0.5%
Richmond and Twickenham PCT	708	112	2,845	4,199	289,915	1.4%
Southwark PCT	218	628	1,365	5,857	533,011	1.1%
Sutton and Merton PCT	76	(2,286)	266	3,240	599,469	0.5%
Tower Hamlets PCT	6,881	6,753	6,973	8,000	526,195	1.5%
Waltham Forest PCT	201	0	27	0	432,561	0.0%
Wandsworth PCT	3,930	4,386	12,322	12,322	589,459	2.1%
Westminster PCT	15,534	15,010	9,866	12,577	509,338	2.5%
London total SHA/PCTs	**327,081**	**381,585**	**391,827**	**322,162**	**16,717,258**	**1.9%**
NHS London total SHA/PCTs	**327,081**	**381,585**	**391,827**	**322,162**	**16,717,258**	**1.9%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Barking, Havering and Redbridge Hospitals NHS Trust	(35,674)	(22,309)	(32,986)	(39,798)	407,725	(9.8%)
Barnet and Chase Farm Hospitals NHS Trust	155	5,069	3,154	3,000	350,402	0.9%
Barnet, Enfield and Haringey Mental Health NHS Trust	(5,451)	239	274	1,885	190,939	1.0%

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Barts and the London NHS Trust	7,532	11,423	6,012	2,600	692,969	0.4%
Bromley Hospitals NHS Trust	(4,858)	n/a	n/a	n/a	n/a	n/a
Central London Community Healthcare NHS Trust (1)	n/a	n/a	2,196	2,775	185,030	1.5%
Croydon Health Services NHS Trust (2)	2,149	1,106	4,913	4,438	232,400	1.9%
Ealing Hospital NHS Trust	2,125	36	28	2,217	223,715	1.0%
Epsom and St Helier University Hospitals NHS Trust	4,902	2,877	3,332	(19,300)	317,772	(6.1%)
Great Ormond Street Hospital for Children NHS Trust	1,348	7,368	8,617	6,880	338,808	2.0%
Imperial College Healthcare NHS Trust (3)	12,025	9,102	5,146	(30,000)	897,721	(3.3%)
Kingston Hospital NHS Trust	807	2,412	2,724	2,531	198,777	1.3%
London Ambulance Service NHS Trust	725	1,425	1,002	2,412	280,379	0.9%
Newham University Hospital NHS Trust	201	55	(7,913)	2,275	164,676	1.4%
North East London Mental Health NHS Trust (4)	379	n/a	n/a	n/a	n/a	n/a
North Middlesex University Hospitals NHS Trust	5,031	6,044	3,103	500	176,081	0.3%
North West London Hospitals NHS Trust	117	(8,025)	258	(9,700)	366,978	(2.6%)
Queen Elizabeth Hospital NHS Trust	(5,481)	n/a	n/a	n/a	n/a	n/a
Queen Mary's Sidcup NHS Trust	(10,991)	n/a	n/a	n/a	n/a	n/a
Royal Brompton and Harefield NHS Trust (5)	3,173	547	n/a	n/a	n/a	n/a
Royal Free Hampstead NHS Trust	3,791	2,035	6,587	6,676	543,725	1.2%
South London Healthcare NHS Trust (6)	n/a	(42,067)	(40,865)	(65,176)	410,204	(15.9%)
South West London and St George's Mental Health NHS Trust	(3,246)	2,286	2,579	2,207	168,029	1.3%
St George's Healthcare NHS Trust	1,718	12,933	6,459	7,919	601,106	1.3%
The Hillingdon Hospital NHS Trust (7)	2,196	258	307	n/a	n/a	n/a
The Lewisham Hospital NHS Trust	(3,929)	6,753	1,058	1,090	224,340	0.5%
The Hounslow and Richmond Community Healthcare NHS Trust (8)	n/a	n/a	n/a	1,639	53,582	3.1%
The Royal National Orthopaedic Hospital NHS Trust	483	1,026	(911)	1,070	104,746	1.0%
West London Mental Health NHS Trust	352	1,167	3,970	2,533	243,090	1.0%
West Middlesex University Hospital NHS Trust	(3,534)	(4,996)	214	1,604	144,718	1.1%
Whipps Cross University Hospitals NHS Trust	810	229	395	0	235,014	0.0%
Whittington Hospital NHS Trust	1,938	139	508	885	272,657	0.3%
London total trusts	**(21,207)**	**(2,868)**	**(19,839)**	**(106,838)**	**8,025,583**	**(1.3%)**
NHS London total trusts	**(21,207)**	**(2,868)**	**(19,839)**	**(106,838)**	**8,025,583**	**(1.3%)**

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

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

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

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

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

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

6 South London Healthcare Trust was formed from the merger of Queen Elizabeth Hospital NHS Trust (RG2), Bromley Hospitals NHS Trust (RG3), and Queen Mary's Sidcup NHS Trust (RGZ).

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

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

In addition to the operating deficits in 2011/12 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:
a) impairments, or
b) incurring additional revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.

This is not recognised for NHS budgeting purposes.

Barts and the London NHS Trust (£228m)
North Middlesex University Hospitals NHS Trust (£14m)
South London Healthcare NHS Trust (£5m)
The Lewisham Hospital NHS Trust (£0.3m)

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

Annex 4

NHS South of England

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Brighton and Hove City Teaching PCT	124	1,071	4,618	4,615	478,145	1.0%
East Sussex Downs and Weald PCT	2,440	1,230	2,656	5,480	559,554	1.0%
Eastern and Coastal Kent PCT	5,046	6,130	11,972	9,000	1,296,602	0.7%
Hastings and Rother PCT	3,631	3,841	6,496	3,353	335,247	1.0%
Medway PCT	5,059	3,689	4,282	4,495	445,904	1.0%
South East Coast SHA	39,976	44,586	45,768	34,613	333,753	10.4%
Surrey PCT	225	(13,622)	(11,934)	1,000	1,671,548	0.1%
West Kent PCT	4,397	2,013	776	1,000	1,029,026	0.1%
West Sussex PCT	728	725	733	12,800	1,283,354	1.0%
South East Coast subtotal SHA/PCTs	**61,626**	**49,663**	**65,367**	**76,356**	**7,433,133**	**1.0%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Berkshire East PCT	80	101	147	200	588,268	0.0%
Berkshire West PCT	1,287	1,449	1,646	1,566	661,973	0.2%
Buckinghamshire PCT	(7,459)	1,368	715	100	702,297	0.0%
Hampshire PCT	258	486	457	0	1,892,824	0.0%
Isle of Wight NHS PCT	1,246	2,382	2,519	2,461	263,683	0.9%
Milton Keynes PCT (1)	1,100	605	551	n/a	n/a	n/a
Oxfordshire PCT	2,181	1,901	2,250	2,184	930,066	0.2%
Portsmouth City Teaching PCT	5,810	5,207	724	1,656	349,260	0.5%
South Central SHA	39,632	45,125	54,788	48,721	387,757	12.6%
Southampton City PCT	155	917	2,885	1,943	412,319	0.5%
South Central subtotal SHA/PCTs	**44,290**	**59,541**	**66,682**	**58,831**	**6,188,447**	**1.0%**

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Bath and North East Somerset PCT	1,752	1,924	2,685	2,685	283,607	0.9%
Bournemouth and Poole Teaching PCT	5,403	2,886	5,356	5,356	581,749	0.9%
Bristol Teaching PCT	4,514	4,974	6,955	3,955	770,770	0.5%
Cornwall and Isles of Scilly PCT	5,622	6,064	8,562	8,562	915,268	0.9%
Devon PCT	15	237	3,546	3,500	1,225,753	0.3%
Dorset PCT	4,057	4,374	6,133	6,133	660,621	0.9%
Gloucestershire PCT	5,784	6,216	8,685	8,685	919,428	0.9%
North Somerset PCT	48	48	1,552	1,063	335,903	0.3%
Plymouth Teaching PCT	2,745	1,400	4,190	2,165	455,738	0.5%

SHA and PCT name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (deficit) £000s	2010/11 Annual accounts surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) £000s	2011/12 Q1 Forecast outturn revenue resource limit (RRL) £000s	2011/12 Q1 Forecast outturn surplus/ (deficit) as % RRL
Somerset PCT	5,235	5,751	7,965	7,965	857,264	0.9%
South Gloucestershire PCT	48	39	1,527	1,397	364,693	0.4%
South West SHA	63,822	56,756	51,054	37,635	448,051	8.4%
Swindon PCT	1,930	2,080	1,096	2,945	309,824	1.0%
Torbay Care Trust	1,640	1,808	2,494	2,494	273,240	0.9%
Wiltshire PCT	1,167	0	3,200	6,460	669,756	1.0%
South West subtotal SHA/PCTs	**103,782**	**94,557**	**115,000**	**101,000**	**9,071,665**	**1.1%**
NHS South of England total SHA/PCTs	**209,698**	**203,761**	**247,049**	**236,187**	**22,693,245**	**1.0%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Ashford and St Peter's Hospitals NHS Trust (2)	5,513	6,275	3,188	n/a	n/a	n/a
Brighton and Sussex University Hospitals NHS Trust	9,925	10,227	4,512	5,506	551,277	1.0%
Dartford and Gravesham NHS Trust	4,015	115	206	0	160,761	0.0%
East Kent Hospitals University NHS Trust (3)	13,087	n/a	n/a	n/a	n/a	n/a
East Sussex Hospitals NHS Trust	1,017	350	(4,704)	1,333	360,413	0.4%
Eastern and Coastal Kent Community Health NHS Trust (4)	n/a	n/a	1,429	1,306	203,116	0.6%
Kent and Medway NHS and Social Care Partnership Trust	1,384	1,524	13	442	177,968	0.2%
Maidstone and Tunbridge Wells NHS Trust	143	189	1,710	266	343,119	0.1%
Royal Surrey County Hospital NHS Trust (5)	2,930	4,554	n/a	n/a	n/a	n/a
South East Coast Ambulance Service NHS Trust (6)	658	1,130	3,153	n/a	n/a	n/a
Surrey and Borders Partnership NHS Trust (7)	(307)	n/a	n/a	n/a	n/a	n/a
Surrey and Sussex Healthcare NHS Trust	7,048	7,755	875	(6,113)	195,305	(3.1%)
Sussex Community NHS Trust (8)	92	649	675	1,889	186,603	1.0%
Sussex Partnership NHS Trust (9)	1,698	n/a	n/a	n/a	n/a	n/a
The Royal West Sussex NHS Trust	1,758	n/a	n/a	n/a	n/a	n/a
Western Sussex Hospitals NHS Trust (10)	n/a	4,138	5,234	5,200	353,221	1.5%
Worthing and Southlands Hospitals NHS Trust	408	n/a	n/a	n/a	n/a	n/a
South East Coast subtotal trusts	**49,369**	**36,906**	**16,291**	**9,829**	**2,531,783**	**0.4%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Buckinghamshire Healthcare NHS Trust (11)	(2,750)	146	1,026	2,800	329,800	0.8%
Hampshire Partnership NHS Trust (12)	2,597	n/a	n/a	n/a	n/a	n/a
Nuffield Orthopaedic NHS Trust	59	311	882	580	82,121	0.7%
Oxford Learning Disability NHS Trust	631	181	161	400	40,742	1.0%
Oxford Radcliffe Hospitals NHS Trust	2,405	106	1,289	6,352	659,477	1.0%
Portsmouth Hospitals NHS Trust	159	(14,877)	159	0	425,148	0.0%
South Central Ambulance Service NHS Trust	559	602	1,383	2,050	137,185	1.5%
Southampton University Hospitals NHS Trust	13,591	6,777	2,859	5,156	506,879	1.0%

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
The Solent NHS Trust	n/a	n/a	n/a	1,860	177,958	1.0%
Winchester and Eastleigh Healthcare NHS Trust	286	224	147	0	141,516	0.0%
South Central subtotal trusts	**17,537**	**(6,530)**	**7,906**	**19,198**	**2,500,826**	**0.8%**

Trust name	2008/09 Annual accounts surplus/ (deficit) £000s	2009/10 Annual accounts surplus/ (operating deficit) £000s	2010/11 Annual accounts surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) £000s	2011/12 Q1 Forecast outturn turnover £000s	2011/12 Q1 Forecast outturn surplus/ (operating deficit) as % Turnover
Avon and Wiltshire MHP NHS Trust	1,827	1,113	3,219	3,504	189,918	1.8%
Cornwall Partnership NHS Trust (13)	402	1,250	n/a	n/a	n/a	n/a
Devon Partnership NHS Trust	1,298	209	616	785	133,970	0.6%
Great Western Ambulance Service NHS Trust	5	94	849	1,406	85,111	1.7%
North Bristol NHS Trust	3,036	6,177	7,888	8,980	508,625	1.8%
Northern Devon Healthcare NHS Trust	7,902	0	252	1,696	205,996	0.8%
Plymouth Hospitals NHS Trust	5,023	2,010	18	0	381,557	0.0%
Royal Cornwall Hospitals NHS Trust	2,009	8,349	7,544	4,400	309,702	1.4%
Royal United Hospital Bath NHS Trust	5,600	5,800	4,195	6,200	211,524	2.9%
Somerset Partnership NHS and Social Care NHS Trust (14)	94	n/a	n/a	n/a	n/a	n/a
South Western Ambulance Service NHS Trust (15)	325	511	890	n/a	n/a	n/a
Swindon and Marlborough NHS Trust (16)	1,274	n/a	n/a	n/a	n/a	n/a
United Bristol Healthcare NHS Trust (17)	3,706	n/a	n/a	n/a	n/a	n/a
Weston Area Health NHS Trust	408	2,448	2,607	3,610	93,358	3.9%
South West subtotal trusts	**32,909**	**27,961**	**28,078**	**30,581**	**2,119,761**	**1.4%**
NHS South of England total trusts	**99,815**	**58,337**	**52,275**	**59,608**	**7,152,370**	**0.8%**

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

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

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

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

4 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 it's name on 1 April 2011.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Brighton and Sussex University Hospitals NHS Trust (£5m)
Dartford and Gravesham NHS Trust (£2m)
Maidstone and Tunbridge Wells NHS Trust (£3m)
Nuffield Orthopaedic Centre NHS Trust (£0.4m)
Plymouth Hospitals NHS Trust (£1m)
Weston Area Health NHS Trust (£0.4m)

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

NHS Performance Framework results

The Q1 2011/12 Performance Framework are the first set of results to be fed by the new integrated performance measures from the NHS Operating Framework for 2011/12. Due to a number of new measures being introduced, along with the removal of some old measures, there has been a drop in performance on quality of services from the previous quarter.

The Q1 Finance results reveal that nationally, there are 68 trusts 'performing' (59 acute trusts and all 9 ambulance trusts), 5 Acute trusts 'performance under review', and 8 acute trusts 'underperforming'.

Figure 1 – Comparison of Q4 2010/11 and Q1 2011/12 finance results by category

Finance			
Q4 2010/11		**Q1 2011/12**	
Performing:	70	Performing:	68
Performance under review:	1	Performance under review:	5
Underperforming	11	Underperforming	8
Total:	82	Total:	81
Escalated to underperforming:	0	Escalated to underperforming:	0
Escalated to challenged:	6	Escalated to challenged:	6

The Q1 quality of service results reveal that there are 53 trusts 'performing' (44 acute trusts and 9 ambulance trusts), 20 acute trusts 'performance under review', and 8 acute trusts 'underperforming'

Figure 2 – Comparison of Q4 2010/11 and Q1 2011/12 quality of service results by category

Quality of services			
Q4 2010/11		**Q1 2011/12**	
Performing:	62	Performing:	53
Performance under review:	13	Performance under review:	20
Underperforming	7	Underperforming	8
Total:	82	Total:	81
Escalated to underperforming:	5	Escalated to underperforming:	4
Escalated to challenged:	0	Escalated to challenged:	2

Of the eight trusts 'underperforming' on finance, six have been escalated to 'challenged' due to having been 'underperforming' for three consecutive quarters (all acute trusts). This is either due to having outstanding debt with the Department with no plans for repayment, or due to outstanding concerns regarding their underlying financial health.

The six trusts 'challenged' on finance are:

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

There are also two acute trusts that have been escalated to 'challenged' on quality of services, having been 'underperforming' for three or more consecutive quarters. They are:

- Barking, Havering and Redbridge University Hospitals NHS Trust, and
- United Lincolnshire Hospitals NHS Trust

Additionally, four acute trusts have been escalated to 'underperforming' on quality of services.

The Q4 2010/11 Mental Health Framework results show that all non-FT mental health trusts in England are 'performing' on finance, and six trusts were 'performance under review' on quality of services, with the remaining ten trusts 'performing'.

Annex 5

Q1 NHS Performance Framework acute trust results

			Performance rating after escalation				Quality: standards & integrated performance measures		Quality: user experience		Quality: CQC registration
Trust name	**Overall finance score**	**Overall quality of services score**	**Finance**		**Quality of services**		**Score**	**Rating**	**Score**	**Rating**	**Rating**
Barking, Havering and Redbridge University Hospitals NHS Trust	Underperforming	Underperforming	Escalated	Challenged	Escalated	Challenged	2.38	Performance under review	0	Underperforming	Underperforming
Barnet and Chase Farm Hospitals NHS Trust	Performing	Performing					3.00	Performing	4	Performing	Performing
Barts and The London NHS Trust	Performing	Performance under review					2.58	Performing	1	Underperforming	Performing
Bedford Hospital NHS Trust	Performing	Performing					2.87	Performing	4	Performing	Performing
Brighton and Sussex University Hospitals NHS Trust	Performing	Performing					3.00	Performing	3	Performance under review	Performing
Buckinghamshire Healthcare NHS Trust	Performing	Performance under review					2.26	Performance under review	5	Performing	Performing
Croydon Health Services NHS Trust	Performing	Performance under review			Escalated	Underperforming	2.87	Performing	0	Underperforming	Performing
Dartford and Gravesham NHS Trust	Performing	Performing					2.60	Performing	5	Performing	Performing
Ealing Hospital NHS Trust	Performing	Performance under review			Escalated	Underperforming	2.67	Performing	0	Underperforming	Performing
East and North Hertfordshire NHS Trust	Performing	Performing					2.83	Performing	3	Performance under review	Performing
East Cheshire NHS Trust	Performing	Performing					2.40	Performing	4	Performing	Performing
East Lancashire Hospitals NHS Trust	Performing	Performing					2.57	Performing	5	Performing	Performing
East Sussex Healthcare NHS Trust	Performing	Performance under review					2.17	Performance under review	5	Performing	Performance under review
Epsom and St Helier University Hospitals NHS Trust	Underperforming	Performing					2.44	Performing	3	Performance under review	Performing
George Eliot Hospital NHS Trust	Performing	Performing					2.43	Performing	3	Performance under review	Performing
Great Ormond Street Hospital For Children NHS Trust	Performing	Performance under review					2.19	Performance under review	0		Performing
Hinchingbrooke Health Care NHS Trust	Underperforming	Performing					2.70	Performing	5	Performing	Performing
Hull and East Yorkshire Hospitals NHS Trust	Performing	Performing					2.46	Performing	5	Performing	Performing
Imperial College Healthcare NHS Trust	Performance under review	Performing					2.42	Performing	4	Performing	Performing
Ipswich Hospital NHS Trust	Performing	Performing					2.67	Performing	5	Performing	Performing

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

Trust name	Overall finance score	Overall quality of services score	Performance rating after escalation				Quality: standards & integrated performance measures		Quality: user experience		Quality: CQC registration
			Finance		Quality of services		Score	Rating	Score	Rating	Rating
Isle Of Wight NHS PCT	Performing	Performing					2.87	Performing	5	Performing	Performing
Kingston Hospital NHS Trust	Performing	Underperforming					1.89	Underperforming	4	Performing	Performing
Leeds Teaching Hospitals NHS Trust	Performing	Performance under review					2.23	Performance under review	5	Performing	Performing
Lewisham Healthcare NHS Trust	Performing	Performing					2.91	Performing	2	Performance under review	Performing
Maidstone and Tunbridge Wells NHS Trust	Performing	Performing					2.92	Performing	4	Performing	Performing
Mid Essex Hospital Services NHS Trust	Performance under review	Performing					2.64	Performing	5	Performing	Performing
Mid Yorkshire Hospitals NHS Trust	Performing	Underperforming					1.98	Underperforming	3	Performance under review	Performing
Newham University Hospital NHS Trust	Performance under review	Performing					2.67	Performing	3	Performance under review	Performing
North Bristol NHS Trust	Performing	Performance under review					2.32	Performance under review	5	Performing	Performing
North Cumbria University Hospitals NHS Trust	Performing	Performing					2.56	Performing	5	Performing	Performing
North Middlesex University Hospital NHS Trust	Performing	Performance under review					2.46	Performing	0	Underperforming	Performing
North West London Hospitals NHS Trust	Underperforming	Performance under review	Escalated	Challenged	Escalated	Underperforming	2.45	Performing	0	Underperforming	Performing
Northampton General Hospital NHS Trust	Performing	Performing					3.00	Performing	5	Performing	Performing
Northern Devon Healthcare NHS Trust	Performing	Performing					2.66	Performing	5	Performing	Performing
Nottingham University Hospitals NHS Trust	Performing	Performing					2.83	Performing	5	Performing	Performing
Nuffield Orthopaedic Centre NHS Trust	Performing	Performing					2.47	Performing	5	Performing	Performing
Oxford Radcliffe Hospitals NHS Trust	Performing	Performing					2.43	Performing	5	Performing	Performing
Pennine Acute Hospitals NHS Trust	Performing	Performance under review					2.21	Performance under review	5	Performing	Performing
Plymouth Hospitals NHS Trust	Performing	Performing					2.83	Performing	5	Performing	Performing
Portsmouth Hospitals NHS Trust	Performing	Performance under review					2.31	Performance under review	4	Performing	Performing
Royal Cornwall Hospitals NHS Trust	Performing	Performing					2.57	Performing	5	Performing	Performing

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

Trust name	Overall finance score	Overall quality of services score	Performance rating after escalation				Quality: standards & integrated performance measures		Quality: user experience		Quality: CQC registration
			Finance		Quality of services		Score	Rating	Score	Rating	Rating
Royal Free Hampstead NHS Trust	Performing	Performing					2.92	Performing	3	Performance under review	Performing
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Performing	Performing					2.66	Performing	5	Performing	Performing
Royal National Orthopaedic Hospital NHS Trust	Performing	Performing					2.91	Performing	5	Performing	Performing
Royal United Hospital Bath NHS Trust	Performing	Performance under review					2.23	Performance under review	5	Performing	Performing
Sandwell and West Birmingham Hospitals NHS Trust	Performing	Performing					2.75	Performing	5	Performing	Performing
Scarborough and North East Yorkshire Health Care NHS Trust	Performing	Performing					2.71	Performing	5	Performing	Performing
Shrewsbury and Telford Hospital NHS Trust	Performing	Underperforming					1.58	Underperforming	5	Performing	Performing
South London Healthcare NHS Trust	Underperforming	Underperforming	Escalated	Challenged			2.02	Underperforming	1	Underperforming	Performing
Southampton University Hospitals NHS Trust	Performing	Performance under review					2.21	Performance under review	5	Performing	Performing
Southport and Ormskirk Hospital NHS Trust	Performing	Performance under review					2.32	Performance under review	5	Performing	Performing
St George's Healthcare NHS Trust	Performing	Performance under review					2.30	Performance under review	5	Performing	Performing
St Helens and Knowsley Hospitals NHS Trust	Performing	Performing					2.91	Performing	5	Performing	Performing
Surrey and Sussex Healthcare NHS Trust	Performance under review	Underperforming					1.73	Underperforming	2	Performance under review	Performing
The Princess Alexandra Hospital NHS Trust	Performing	Performing					2.51	Performing	3	Performance under review	Performing
The Royal Wolverhampton Hospitals NHS Trust	Performing	Performing					2.75	Performing	5	Performing	Performing
The Whittington Hospital NHS Trust	Performing	Performing					2.95	Performing	5	Performing	Performing
Trafford Healthcare NHS Trust	Underperforming	Performing	Escalated	Challenged			2.71	Performing	5	Performing	Performing
United Lincolnshire Hospitals NHS Trust	Performance under review	Underperforming			Escalated	Challenged	1.77	Underperforming	5	Performing	Underperforming
University Hospital Of North Staffordshire NHS Trust	Performing	Performance under review			Escalated	Underperforming	2.40	Performance under review	5	Performing	Performing
University Hospitals Coventry and Warwickshire NHS Trust	Performing	Performing					2.79	Performing	5	Performing	Performing

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

Trust name	Overall finance score	Overall quality of services score	Performance rating after escalation				Quality: standards & integrated performance measures		Quality: user experience		Quality: CQC registration
			Finance		Quality of services		Score	Rating	Score	Rating	Rating
University Hospitals Of Leicester NHS Trust	Performing	Performing					2.65	Performing	4	Performing	Performing
Walsall Healthcare NHS Trust	Performing	Performance under review					2.83	Performing	1	Underperforming	Performing
West Hertfordshire Hospitals NHS Trust	Performing	Performance under review					2.78	Performing	1	Underperforming	Performing
West Middlesex University Hospital NHS Trust	Underperforming	Performing	Escalated	Challenged			2.70	Performing	4	Performing	Performing
West Suffolk Hospitals NHS Trust	Performing	Performing					2.83	Performing	5	Performing	Performing
Western Sussex Hospitals NHS Trust	Performing	Underperforming					2.09	Underperforming	5	Performing	Performing
Weston Area Health NHS Trust	Performing	Performing					2.49	Performing	5	Performing	Performing
Whipps Cross University Hospital NHS Trust	Underperforming	Performance under review	Escalated	Challenged			2.59	Performing	1	Underperforming	Performing
Winchester and Eastleigh Healthcare NHS Trust	Performing	Performing					2.51	Performing	5	Performing	Performing
Worcestershire Acute Hospitals NHS Trust	Performing	Performing					2.62	Performing	5	Performing	Performing
Wye Valley NHS Trust	Performing	Performing					2.66	Performing	3	Performance under review	Performing

Key: Performing Performance under review Underperforming Escalated Challenged

1 Please note that the Isle of Wight score includes performance from the ambulance providers and where stated, commissioner elements.
2 Score moderated. Where patient experience score is underperforming, the highest score a trust can achieve is performance under review.
3 If a trust has been assessed as 'performance under review' for three consecutive quarters, it will be categorised here as 'underperforming'. If a trust has been assessed as 'underperforming' for three consecutive quarters, it will be categorised here as 'challenged'. In addition, independent over-riding rules may be used to categorise a trust as 'challenged' or 'underperforming'.
4 Great Ormond Street do not have user experience data, so for this trust it has not been used as a moderator.

Annex 6

Q1 NHS Performance Framework ambulance trust results

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

Key: Performing Performance under review Underperforming Escalated Challenged

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

Annex 7

Q4 NHS Performance Framework mental health trust results

			Escalation statuses[1]				Quality: standards & vital signs		Quality: user experience		Quality: registration
Trust name	**Overall finance score**	**Overall quality score[1]**	**Financial escalation status**		**Quality of services escalation status**		**Score**	**Rating**	**Score**	**Rating**	**Rating**
Avon and Wiltshire Mental Health Partnership NHS Trust	Performing	Performing					2.58	Performing	4	Performing	Performing
Barnet, Enfield and Haringey Mental Health NHS Trust	Performing	Performance under review					1.83	Performance under review	4	Performing	Performing
Bradford District Care Trust	Performing	Performing					2.09	Performing	4	Performing	Performing
Coventry and Warwickshire Partnership NHS Trust	Performing	Performing					2.25	Performing	2	Performance under review	Performing
Devon Partnership NHS Trust	Performing	Performance under review					1.55	Performance under review	2	Performance under review	Performing
Dudley and Walsall Mental Health Partnership NHS Trust	Performing	Performance under review					1.83	Performance under review	4	Performing	Performing
Kent and Medway NHS and Social Care Partnership Trust	Performing	Performance under review					2.17	Performing	1	Underperforming	Performing
Leicestershire Partnership NHS Trust	Performing	Performance under review					1.83	Performance under review	3	Performance under review	Performing
Manchester Mental Health and Social Care Trust	Performing	Performing					2.00	Performing	4	Performing	Performing
Mersey Care NHS Trust	Performing	Performing					2.18	Performing	4	Performing	Performing
North East Lincolnshire Care Trust Plus	–	Performing					2.45	Performing	2	Performance under review	Performing
North Staffordshire Combined Healthcare NHS Trust	Performing	Performing					2.33	Performing	4	Performing	Performing
South West London and St Georges Mental Health NHS Trust	Performing	Performing					2.83	Performing	2	Performance under review	Performing
Suffolk Mental Health Partnership NHS Trust	Performing	Performing					2.42	Performing	4	Performing	Performing
West London Mental Health NHS Trust	Performing	Performing					2.58	Performing	3	Performance under review	Performing
Worcestershire Mental Health Partnership NHS Trust	Performing	Performance under review					1.82	Performance under review	3	Performance under review	Performing

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

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

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