



Quarter 3: 2010/2011

Gateway reference number: 15824

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

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Introduction

Quarter 3 (Q3) brought significant challenges for the NHS, with extreme weather conditions in December and a resurgence of influenza. NHS staff have done well to maintain the levels of performance that this report sets out.

Performance on healthcare-associated infections has been maintained, with MRSA bacteraemia and *C. difficile* infections continuing to reduce. Nationally, the NHS is continuing to perform very well against all of the cancer waits standards. There has also been some improvement in the percentage of patients with diabetes offered screening for diabetic retinopathy and in the numbers of smokers accessing stop smoking services and successfully stopping.

Whilst the service coped well with the severe weather conditions and flu, the effects can be seen in performance – for example, against the Ambulance Category A standard and the 95 percent A&E standards. There are also some concerns about performance against key access standards and firm action is needed to tackle poor performance and deliver improvement in delivering quality care to patients.

The returns for the third quarter of 2010/11 show that Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) are forecasting an overall surplus of £1,269 million (£1,286 million surplus at Quarter 2), which is 1.3 percent of total revenue resources. This forecast surplus is in line with the revised Operating Framework and will help to provide a strong foundation as we move towards the end of this financial year and towards the crucial transitional year ahead.

The Performance Framework results for Q3 2010/11 reveal that while the majority of trusts in England continue to meet standards and perform well, a number of trusts have seen their performance deteriorate from October to December.

There have been a number of significant publications since the Q2 report, including The Operating Framework for the NHS in England 2011/12, Liberating the NHS: Legislative framework and next steps, and the NHS Outcomes Framework 2011/12. Sir David Nicholson wrote to the NHS on 17 February (Gateway ref: 15594) on managing the transition to the new health and social care system and ensuring the NHS continues to deliver for patients at the same time as preparing for a NHS focused on outcomes.

1. Finance

The returns for the third quarter of 2010/11 show that SHAs and PCTs are forecasting an overall surplus of £1,269 million (£1,286 million surplus at Q2), which is 1.3 percent of total revenue resources. This forecast surplus is in line with the revised Operating Framework and will help to provide a strong foundation as we move towards the end of this year and towards the crucial transitional year ahead.

At Q3, NHS Trusts (excluding foundation trusts) are forecasting an overall operating surplus of £132 million (£177 million operating surplus at Q2).

Figure 1 NHS Financial Performance by SHA area - PCT/SHA sector								
SHA and PCT	2007/08		2008/09		2009/10		2010/11 Quarter 3 Forecast Outturn	
	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit	£m	% Resource Limit
North East	96	2.2%	109	2.3%	80	1.6%	69	1.3%
North West	273	2.3%	295	2.4%	185	1.4%	215	1.5%
Yorkshire & The Humber	243	3.0%	216	2.5%	185	2.0%	183	1.8%
East Midlands	94	2.1%	107	1.6%	83	1.2%	90	1.2%
West Midlands	102	2.3%	101	1.2%	80	0.8%	71	0.7%
East of England	59	1.3%	139	1.7%	137	1.5%	100	1.0%
London	238	5.4%	327	2.3%	382	2.4%	301	1.8%
South East Coast	51	1.2%	62	1.0%	50	0.7%	59	0.8%
South Central	37	0.8%	44	0.8%	60	0.9%	66	1.0%
South West	101	2.3%	104	1.3%	95	1.1%	115	1.3%
Total	1,294	1.7%	1,504	1.8%	1,337	1.5%	1,269	1.3%

Figure 2 - NHS Financial Performance by SHA area - Trust sector								
	2007/08		2008/09		2009/10		2010/11 Quarter 3 Forecast Outturn	
	£m	% Turnover	£m	% Turnover	£m	% Turnover	£m	% Turnover
North East	33	2.9%	17	0.3%	10	3.0%	3	3.2%
North West	44	3.9%	(15)	(0.1%)	15	0.5%	17	0.6%
Yorkshire & The Humber	16	1.4%	44	0.4%	14	0.6%	5	0.2%
East Midlands	36	3.2%	22	0.2%	18	0.7%	3	0.1%
West Midlands	51	4.5%	48	0.4%	53	1.6%	35	1.0%
East of England	26	2.3%	40	0.4%	30	1.4%	26	1.1%
London	47	4.1%	(21)	(0.1%)	(3)	(0.0%)	(16)	(0.2%)
South East Coast	34	3.0%	49	0.5%	37	1.5%	22	0.9%
South Central	38	3.3%	18	0.2%	(7)	(0.3%)	6	0.3%
South West	48	4.2%	33	0.3%	28	1.3%	31	1.4%
Total	373	1.1%	235	0.8%	195	0.7%	132	0.5%

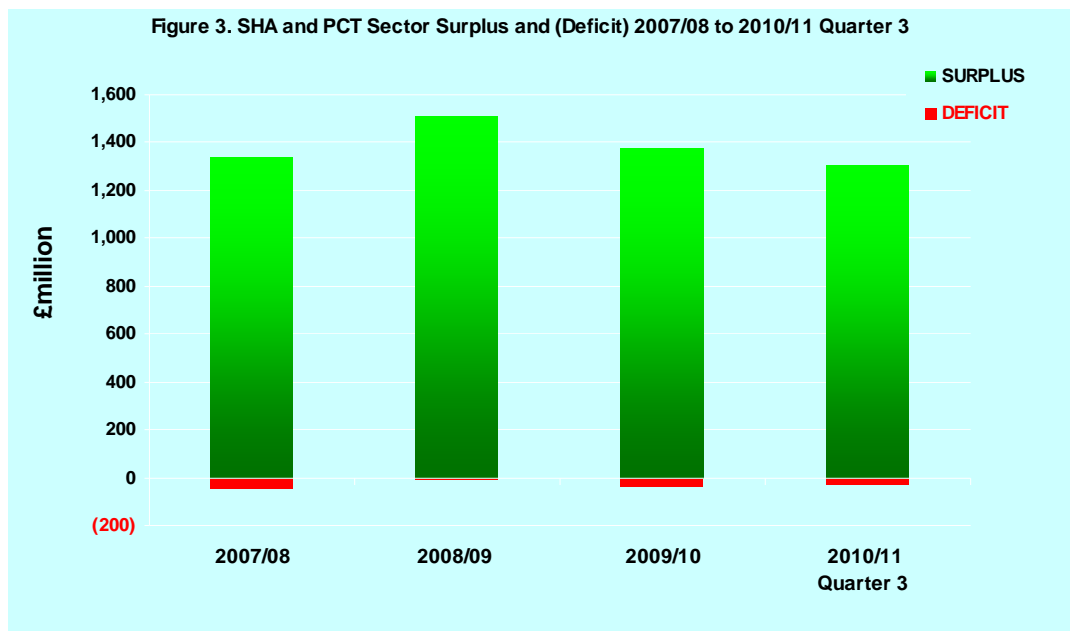
There are four PCTs forecasting a gross deficit of £34 million at Q3. These are Cumbria Teaching PCT (£8 million), Peterborough PCT (£3 million), Surrey PCT (£20 million) and Barking & Dagenham PCT (£3 million). This compares to four forecasting a gross deficit of £56 million at Q2, which included Cumbria Teaching PCT and Peterborough PCT.

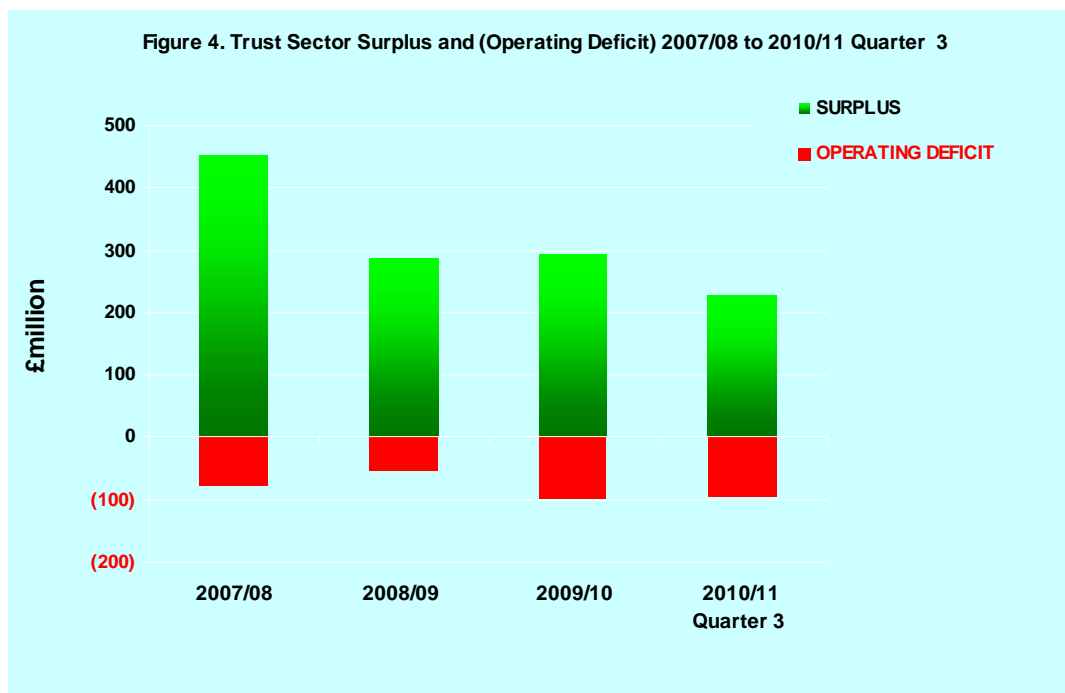
In addition, Haringey PCT and Sutton & Merton PCT were forecasting a deficit at Q2 and are now forecasting a breakeven position.

There are five NHS Trusts forecasting a gross operating deficit of £94 million¹ at Q3. These are South London Healthcare NHS Trust (£40 million), Barking, Havering and Redbridge University Hospitals NHS Trust (£29 million), United Lincolnshire Hospitals NHS Trust (£14 million), Newham University Hospital NHS Trust (£7 million) and Whipps Cross University Hospital NHS Trust (£4 million). This compares to three NHS Trusts forecasting a gross operating deficit of £69 million at Q2.

The NHS Trusts forecasting an operating deficit at Q2 were South London Healthcare NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and United Lincolnshire Hospitals NHS Trust.

Whilst 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 that the nine organisations that are forecasting a deficit have robust plans in place to return to financial balance, whilst continuing to improve the quality of services to patients.





¹ In addition to the gross operating deficit, there is a gross technical deficit of £412 million in forty two NHS Trusts (three of these organisations also have an operating deficit).

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

a) **Impairments to Fixed Assets** – 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. 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, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical.

2. NHS Performance Framework

The Performance Framework results for Q3 2010/11 reveal that while the majority of trusts in England continue to meet standards and perform well, a number of trusts have seen their performance deteriorate from October to December.

There were issues with the Delayed Transfers of Care data used in the Q2 2010/11 performance framework. This has now been corrected. Two trusts adversely impacted have been informed via their SHAs.

The Q3 Finance results reveal that nationally, there are 68 trusts 'Performing' (59 Acute trusts and nine Ambulance trusts), six trusts 'Performance under review' (all Acute trusts), and nine trusts 'Underperforming' (all Acute trusts).

The Q3 Quality of Service results reveal that there are 64 trusts 'Performing' (60 Acute trusts and four Ambulance Trusts), 17 trusts 'Performance under review' (12 Acute trusts and five Ambulance Trusts), and two Acute Trusts 'Underperforming'. Of the 17 trusts with 'Performance under review', 11 trusts were escalated to 'Underperforming' (10 Acute trusts and one Ambulance Trust) having been 'Performance under review' for three consecutive quarters.

Of the nine trusts 'Underperforming' on Finance, six have been escalated to 'Challenged' due to having been 'Underperforming' for three consecutive quarters (all Acute trusts). Additionally, Portsmouth has been escalated to 'Challenged'. There are a number of trusts that have been escalated to 'Challenged' 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 seven trusts 'Challenged' on Finance are:

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

One Acute trust has also been escalated to 'Underperforming' on Finance having been 'Performance under review' for three consecutive quarters.

The Q2 2010/11 Mental Health Framework results show that all non-FT Mental Health trusts in England are 'Performing' on Finance, and that just two trusts were 'Performance under review' on Quality of services, with the remaining 15 trusts 'Performing'. 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.

3. Experience, satisfaction and engagement

Eliminating mixed-sex accommodation

On 20 January 2011, the first set of data was published to show breaches of the Department's Same-Sex Accommodation (SSA) guidance.

In August 2010, the Secretary of State announced robust steps to ensure NHS organisations routinely report breaches of same-sex accommodation 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).

The December 2010 data comprises: submissions from a total of 273 provider organisations, made up of 75 (out of 75) Acute Non-Foundation Trusts, 72 (out of 92) Acute Foundation Trusts, 77 Community, PCT and Care Trust providers, 39 Mental Health providers and 10 Independent Sector providers. In April this year, the returns become mandatory for all trusts providing NHS care.

After local reporting systems were established, the first set of breach data from December 2010 was published in January 2011 and subsequently revised in March 2011. It showed:

- 11,802 patients were placed in mixed-sex accommodation in December (out of an estimated 1.4 million 'Finished Consultant Episodes');
- Half of the acute hospital trusts which submitted data reported no breaches;
- 95 percent of all breaches reported took place in acute hospital trusts.
- Across England, the 'breach rate' is 8.4, meaning that there were 8.4 breaches per 1,000, 'Finished Consultant Episodes', or hospital stays;
- The SHA with the highest breach rate (14.8) is London. The SHA with the lowest breach rate (1.1) is East of England.

Subsequent data sets will be available on the third Thursday of each month. In addition, on or by 1 April 2011, all providers of NHS-funded care must declare that they are compliant with the national definition or face financial penalties. Ahead of this deadline, the Department has issued a letter providing guidance to organisations on how to assess compliance ('The Week' 10 February 2011).

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

Patient experience

No new surveys for the national patient survey programme have been published since the last edition of The Quarter. The annual in-patient survey has been collected.

To support continuous improvement in Patient Experience and supplement locally-defined goals, the national Commissioning for Quality and Innovation (CQUIN) goal of 'improving responsiveness to the personal needs of patients' has been extended for a second year. This goal is measured through the annual inpatient survey. Its focus covers the following points:

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

To support PCTs and NHS Trusts in setting CQUIN goals for patient experience in 2011/12, the Department of Health (DH), together with the Care Quality Commission (CQC) and its co-ordination centre, made early results of the annual in-patient survey available via SHAs in mid-February. PCTs and NHS Trusts will need to consider this in the context of reviewing progress against the previous year's patient experience CQUIN goal.

Guidance on this published in December is available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

GP Patient Survey

The results of the quarterly GP Patient Survey for the period January 2010 to December 2010 were published on 17 March 2011.

Satisfaction with GP services remains high:

- 94 percent of patients have confidence and trust in their doctor;
- 90 percent of patients are satisfied with the care they receive at their surgery.

The majority of patients are satisfied with access to their GP. Nearly seven in ten patients (69 percent) say they find it easy to get through to their surgery by phone. Three in five patients have tried to see a doctor fairly quickly in the past six months and the majority of these (79 percent) were seen on the same day or within the next two days. The majority of patients who tried to book

ahead (71 percent) were able to get an appointment more than two full weekdays in advance.

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

- Fewer patients indicate that they book their appointments in person. This has decreased to 30 percent from 34 percent in October 2009-March 2010;
- For those who were not able to get an appointment within the next two workdays, just over eight in ten (83 percent) say it is because there weren't any appointments. This is up from 79 percent in January-March 2009 (Year 3);
- The number of patients trying to book ahead for an appointment has decreased from 55 percent in January-March 2009 to 48 percent, as has the number who were able to book in advance (71 percent, down from 76 percent in January-March 2009 (Year 3));
- Fewer patients say they are able to see the doctor they want 'always or almost always' – 53 percent, down from 57 percent in January-March 2009 (Year 3);
- Patients are more likely to say they want their surgery to open at additional times – 58 percent say they want this, compared with 55 percent January-March 2009. Additionally, preferences for additional opening times have changed – 13 percent want their surgery to open before 8am, compared with just eight percent in January-March 2009 (Year 3). Conversely, fewer patients want their surgery to open on a Saturday than previously – 50 percent say they want this, compared with 57 percent in January-March 2009 (Year 3).

[GP National Cancer Patient Experience Survey](#)

The results of the 2010 Cancer Patient Experience Survey provide insights into the care experienced by cancer patients across England who were treated as day cases or inpatients between January and March 2010. 158 NHS Trusts providing cancer services took part in the survey - 67,713 patients chose to complete the questionnaire.

Key findings show that the experience of patients with forms of cancer where comparable data is available (lung, breast, bowel and prostate cancer) have largely improved since the last major cancer survey in 2000. Care provided by clinical nurse specialists (CNS) was valued highly by patients, with those with access to a CNS reporting a significantly more positive experience than those who did not.

Patients with rarer cancers and some equality groups reported a less positive experience, and *Improving Outcomes: A Strategy for Cancer* (January 2011) states that commissioners will wish to encourage providers to take note of

these differences and consider positive action to address the distinct needs of people from different groups.

In addition to the national report, each of the 158 NHS Trusts taking part in the survey has been provided with a bespoke report which enables them to compare the experience of their cancer patients with other Trusts, (and for some more common cancers, within Trusts) in order to drive local quality improvements and better outcomes. The national and local reports are available via the following link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_122516

4. Better access to care

Referral to treatment (RTT) consultant-led waiting times

Removal of the 18-week standard from the central performance management does not reduce the importance of timely patient access to services.

Performance status: Maintained

The Government has stated its strong support for the NHS Constitution, which enshrines patients' rights to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible. Timeliness of diagnosis and treatment is what patients expect and remains an essential part of providing high quality care.

The national average (median) time waited for patients completing an RTT pathway in December 2010 was 7.9 weeks for admitted patients and 4.1 weeks for non-admitted patients. The 95th percentile time waited for patients completing an RTT pathway in December 2010 was 20.9 weeks for admitted patients and 15.3 weeks for non-admitted patients. For patients still waiting for treatment (incomplete pathways) in December 2010, the national median waiting time was 6.9 weeks and the 95th percentile was 26.3 weeks. Patients can use these data, which are available on NHS Choices, to inform their choices about their healthcare – for example, which provider they wish to be referred to.

These national data show that national headline performance is being maintained. The NHS should continue to focus on both maintaining performance and improving the performance of trusts with above average complete and incomplete waits. Patients should still be able to expect the most clinically appropriate treatment within the defined standards for elective care which remain in the Nationally Mandated schedule of the NHS Standard Contract. Local commissioners should hold providers to the Constitutional rights and their contractual commitments including achievement of maximum waiting times and take firm action to tackle outliers. Figure 8 shows the organisations reporting the poorest performance on referral to treatment waits in December 2010.

Speed of diagnosis is also a crucial component of the quality of care. In December 2010, the median waiting time for the 15 key diagnostic tests was estimated at 2.4 weeks, and there were 10,100 waits over 6 weeks. Figure 9 shows the organisations reporting the largest numbers of over six week diagnostic waits at the end of December 2010.

Patients deserve timely access to care, but the NHS must also focus on patient outcomes, so that patients get optimum care at each stage of their care pathway, not just for one part of it.

Figure 5: Average (median) waiting times, England from March 2007

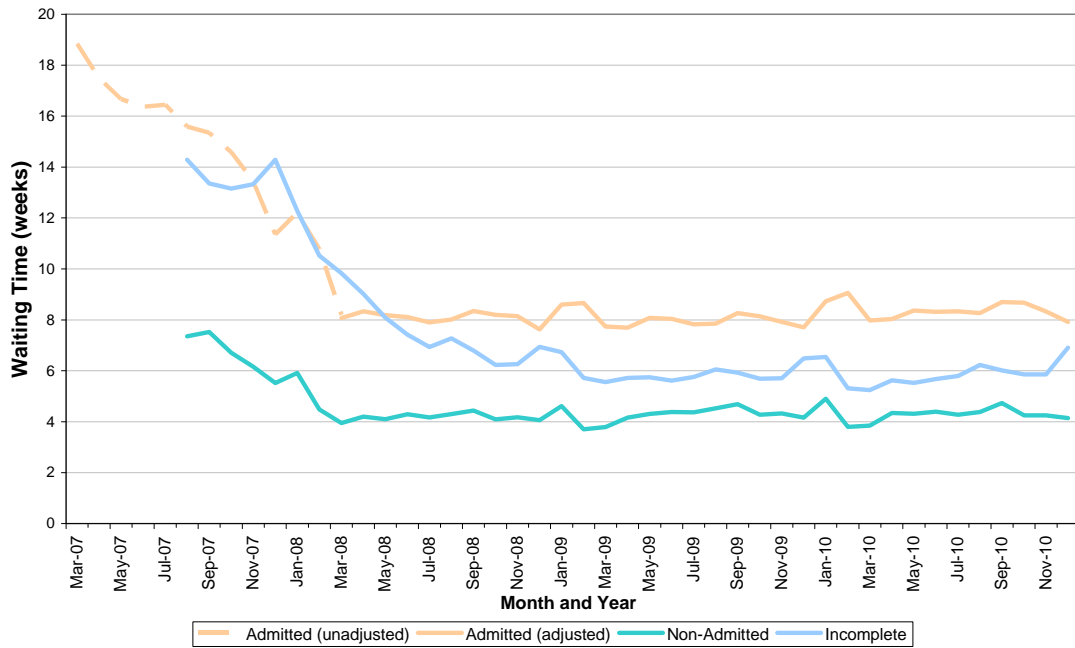


Figure 6: 95th percentile RTT waiting times from March 2007

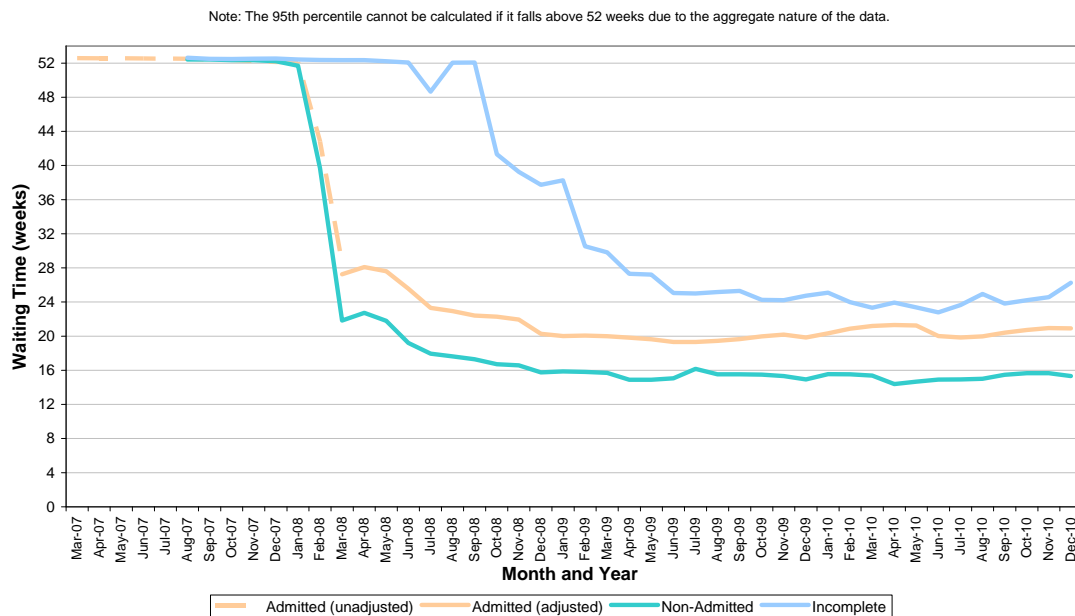
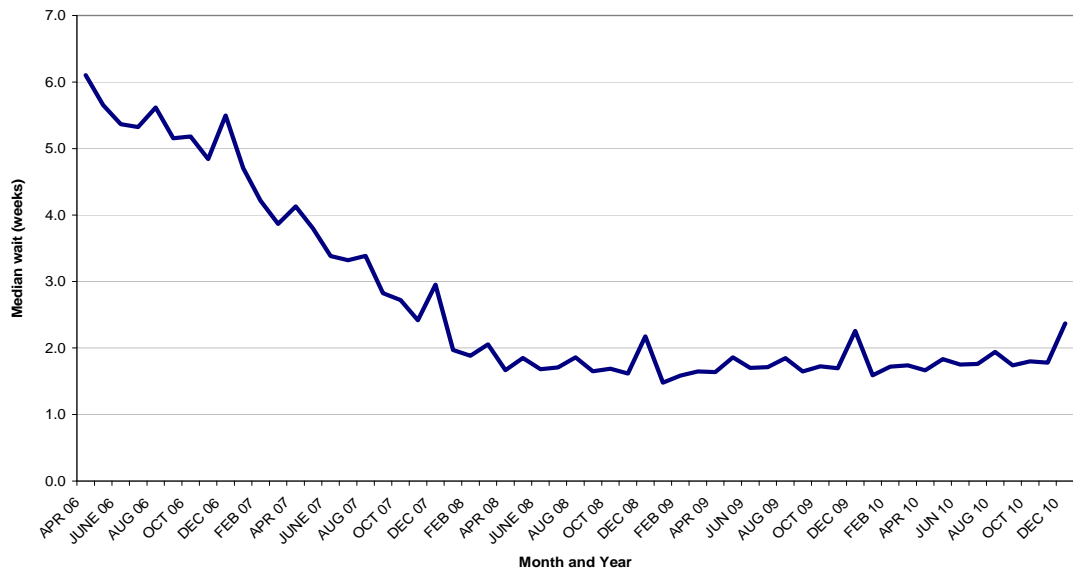


Figure 7: Median waiting time for one of 15 diagnostic tests from April 2006



**Figure 8: Acute trusts with poorest performance on referral to treatment waits
December 2010**

Performance thresholds	<90%	<95%	>27.7 weeks	>18.3 weeks	>36 weeks	Total indicators worse than threshold
Provider Name	Adm % within 18 weeks	Non-Adm % within 18 weeks	95th Percentile Admitted Patients	95th Percentile Non-admitted Patients	95th Percentile Incomplete Pathways	
Mid Yorkshire Hospitals NHS Trust	71.8%	94.9%	30.2	18.3	28.9	3
Wirral University Teaching Hospital NHS Foundation Trust	87.7%	95.3%	28.2	17.5	48.7	3
Shrewsbury and Telford Hospital NHS Trust	84.3%	91.5%	27.6	22.3	32.2	3
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	82.4%	93.3%	27.1	19.7	-	3
University Hospital of North Staffordshire NHS Trust	88.9%	93.0%	26.8	29.7	29.7	3
Guy's and St Thomas' NHS Foundation Trust	89.1%	94.3%	25.3	18.6	29.1	3
Southampton University Hospitals NHS Trust	90.2%	93.9%	23.2	20.1	47.9	3
Central Manchester University Hospitals NHS Foundation Trust	85.2%	96.1%	30.4	16.4	35.4	2
Oxford Radcliffe Hospitals NHS Trust	75.5%	96.6%	30.0	16.2	25.8	2
Royal United Hospital Bath NHS Trust	81.6%	95.2%	29.0	17.8	28.8	2
South London Healthcare NHS Trust	84.0%	95.3%	28.8	17.7	32.2	2
The Lewisham Hospital NHS Trust	88.6%	98.6%	24.7	12.3	43.4	2
Sheffield Children's NHS Foundation Trust	92.2%	94.9%	24.2	18.3	29.9	2
Royal National Orthopaedic Hospital NHS Trust	90.0%	92.9%	23.7	20.7	23.5	2
South Warwickshire NHS Foundation Trust	87.9%	95.5%	23.1	17.4	46.3	2
Kettering General Hospital NHS Foundation Trust	91.6%	94.2%	21.3	18.6	21.9	2

December 2010 - Provider-based data - RTT waiting times for admitted (on an adjusted basis) & non-admitted pathways. Percentage within 18 weeks is based on the admitted-adjusted and performance sharing returns. St Georges Healthcare NHS Trust and Aintree University Hospital NHS Foundation Trust did not report data in December.

Figure 9: Organisations reporting the largest numbers of diagnostic waits over six weeks in December 2010

Provider	Total Waiting list	Number of +6 week waits
Leeds Teaching Hospitals NHS Trust	10,105	916
Central Manchester University Hospitals NHS Foundation Trust	4,306	586
Inhealth Group Limited	10,461	394
Ealing Hospital NHS Trust	2,464	388
Sheffield Teaching Hospitals NHS Foundation Trust	5,497	359
The Princess Alexandra Hospital NHS Trust	4,514	327
Oxford Radcliffe Hospitals NHS Trust	5,738	307
Portsmouth Hospitals NHS Trust	4,447	279
Countess Of Chester Hospital NHS Foundation Trust	2,598	271
Ipswich Hospital NHS Trust	4,606	268
Tameside Hospital NHS Foundation Trust	2,857	260
East Sussex Hospitals NHS Trust	3,663	242
Pennine Acute Hospitals NHS Trust	6,741	238
North Middlesex University Hospital NHS Trust	2,897	238
Weston Area Health NHS Trust	1,222	235
United Lincolnshire Hospitals NHS Trust	4,332	221
Norfolk And Norwich University Hospitals NHS Foundation Trust	6,637	219
East Cheshire NHS Trust	2,390	191
Brighton And Sussex University Hospitals NHS Trust	3,509	166
Royal Berkshire NHS Foundation Trust	2,165	146

Cancer waits

The NHS has sustained performance for cancer waiting times through Q3 (October to December) 2010/11 and continues to report achievement above the required operational standard nationally, though there is more variation at a local level.

Performance status: Maintained

The NHS has sustained performance against the cancer waiting times commitments in the Revision to the Operating Framework for the NHS in England for 2010/11. At a national level, performance for all cancer waiting times standards covering Q3 was sustained at or above the required operational standard. Identified outlier organisations are shown at Figure 10.

“Vital Signs” Reference	Standard	Operational Standard	Q3 2010/11 Performance
EXC05	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.5%
EXC06	Maximum one month wait from date of decision to treat to first treatment for all cancers	96%	98.5%
EXC07	Maximum two month wait target from urgent GP referral to first treatment for cancer	85%	87.2%
VSA08	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	95.3%
VSA11B	Maximum 31-day wait for subsequent treatment where the treatment is surgery	94%	97.2%
VSA11A	Maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	99.7%
VSA13A	Maximum 62-day wait from referral from an NHS screening service to first treatment for all cancers	90%	93.7%
VSA13B	Maximum 62-day wait for treatment following a consultants decision to upgrade the priority of the patient (all cancers)	No operational standard has been set	93.4%

All data are taken from the Q3 2010/11 National Statistics and are provider-based (including Welsh and Unknowns)

Improving Outcomes: A Strategy for Cancer and its accompanying review of the cancer waiting times standards (January 2011) recommended that the current waiting times standards should be maintained. This is because they retain clinical justification and can help to ease patient anxiety. At best, they can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.

Figure 10: 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 STANDARD FIRST TREATMENT	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
Sheffield Teaching Hospitals NHS Foundation Trust	92.1%	96.4%	94.2%	100.0%	86.6%	86.3%	87.5%	3
Portsmouth Hospitals NHS Trust	92.7%	98.0%	91.0%	100.0%	90.9%	82.4%	90.7%	4
Guy's and St Thomas' NHS Foundation Trust	97.5%	93.6%	88.2%	99.6%	72.8%	98.2%	96.3%	3
Winchester and Eastleigh Healthcare NHS Trust	93.8%	99.5%	91.7%	100.0%	86.3%	88.9%	88.5%	3
Derby Hospitals NHS Foundation Trust	93.0%	95.0%	94.2%	99.5%	84.9%	86.4%	95.6%	4
Oxford Radcliffe Hospitals NHS Trust	90.3%	97.3%	96.7%	99.1%	78.0%	82.5%	79.9%	4
Surrey and Sussex Healthcare NHS Trust	91.3%	98.7%	98.4%	100.0%	88.3%	78.6%	91.6%	3
Hull and East Yorkshire Hospitals NHS Trust	94.3%	95.5%	97.5%	99.6%	78.2%	72.0%	95.0%	3
United Lincolnshire Hospitals NHS Trust	93.4%	95.8%	98.5%	98.7%	81.9%	82.5%	90.0%	4
East Sussex Hospitals NHS Trust	92.5%	94.7%	100.0%	100.0%	79.5%	83.8%	92.1%	5
Buckinghamshire Hospitals NHS Trust	98.7%	95.6%	95.5%	98.2%	81.8%	92.6%	91.8%	3
Shrewsbury and Telford Hospital NHS Trust	96.2%	94.5%	86.4%	97.9%	72.5%	85.4%	95.8%	5

Period: Q3 2010-2011 (October, November and December)

Basis: Provider Based Including Welsh Cross-Border Patients and "Unknowns"

Definitions: DSCN 20/2008

Note: Only Providers Reporting 5 Or More Cases In The Period Are Identified In This Analysis

Dentistry

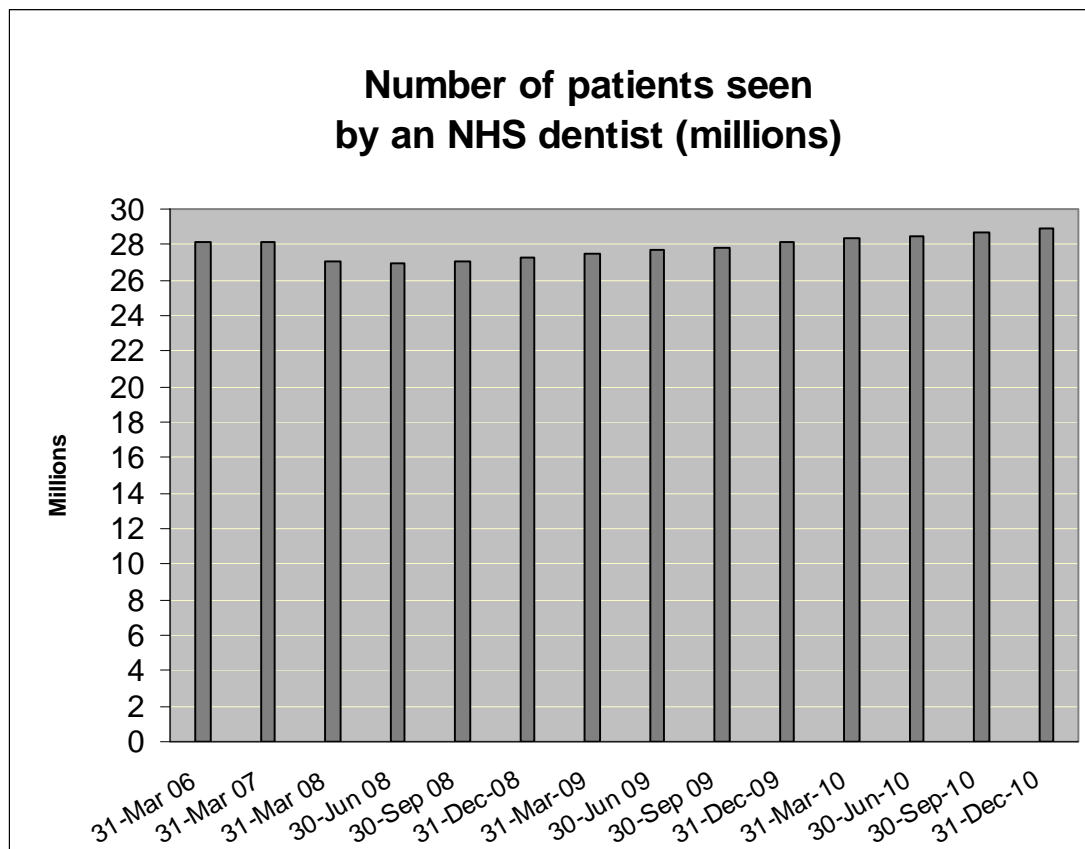
Access continues to grow quarter on quarter.

Performance status: Improved

The latest data shows that the number of patients accessing NHS dentistry has grown for the tenth consecutive quarter. In quarter 3 (period ending December 2010), around 201,000 more adults and 14,000 more children have accessed NHS dental services than in quarter 2 (period ending September 2010).

The Government is committed to improving access to NHS dentistry. The Operating Framework for the NHS in England 2011/12, which sets out the key priorities for the NHS over the next year, states that PCTs should continue to commission improvements in access to NHS dentistry. Proposals for pilots (starting this spring) have now been published which will test the elements required to design a new dental contract based on capitation and quality. The aim of the planned new contract is to increase access further and improve oral health, particularly in children.

Figure 11: Number of patients seen by an NHS dentist (millions)



A&E

The previous government had a target that no one should wait more than four hours in accident and emergency from arrival to admission, transfer or discharge. The threshold for performance against this standard was reduced from 98 to 95 percent with effect from Q2 of 2010/11.

Performance status: Deteriorated but still above standard

96.5 percent of patients spent 4 hours or less from arrival, transfer or discharge in quarter 3 2010/11. This compares to 98.0 percent in the previous quarter (Q2 2010/11) and 97.8 percent for the same quarter last year (Q3 2009/10). There were 5.2 million attendances at all types of A&E departments, a 2.2 percent increase from the same quarter last year (Q3 2009/10) and a 2.1 percent decrease from the previous quarter (Q2 2010/11).

For major A&E (type 1s), there was a 0 percent increase in attendances over the same quarter last year (Q3 2009/10) and a 2.2 percent decrease from the previous quarter (Q2 2010/11). Of the 3.4 million patients who attended major A&E departments (type 1s), 26.1 percent or 0.89 million needed to be

admitted to hospital. Of these, 96.6 percent were placed in a bed in a ward within four hours of a decision to admit. This compares to 98.1 percent in the previous quarter (Q2 2010/11).

Performance has dipped in comparison with previous years and this may be due to the threshold for performance against the four-hour standard being reduced to 95 percent in June 2010. This change was to allow clinicians more freedom to exercise their professional judgement when making important decisions about patient care. In addition, it is normal to see seasonal variations in A&E waits due to cold weather and viruses. However, we expect trusts to prepare for these pressures and work hard to provide high quality, timely care to patients.

Ambulances

Severe weather played a part in ambulance services nationally dipping below the 75 percent threshold against the Category A 8-minute response time target.

Performance status: Deteriorated

Provisional unverified performance data indicates that ambulance services performance nationally was 74 percent from April to December 2010, below the 75 percent threshold for Category A, 8-minute response time target, but this performance was better than in the same period of last year (73.6 percent). Category B, 19-minute response time performance for the same period was 91.3 percent, once again better than the previous year (90.5 percent) but below the 95 percent operational standard.

The ambulance service has responded to more Category A (immediately life threatening) and B (serious, but not immediately life threatening) calls when compared to the year-to-date figure at the end of Q3 in 2009/10, with around 3.7 million calls being handled compared to 3.6 million (an increase of circa 2.3 percent).

Despite continued increases in the levels of demand, in part attributable to the severe weather and consequential increases in 999 calls, as well as seasonal variations that traditionally impact on ambulance demand, performance so far this year is better than the same period in 2009/10.

Whilst services have been under pressure, the NHS is doing an excellent job in coping with these pressures and continues to make sustained improvements in delivering care against national requirements.

5. Healthcare-associated infections

MRSA number of infections and rates of *Clostridium difficile*

MRSA bacteraemia and C. difficile infections continued to reduce in Q3 2010/11, compared with both the previous quarter and the same quarter last year.

Performance status: Improved

The NHS has already significantly reduced MRSA bloodstream and *Clostridium difficile* infections. However, there remains capacity to drive down these and other infections further and eliminate variation.

The NHS Operating Framework 2011/12 confirmed that as well as the MRSA objective being continued in 2011/12, a new *Clostridium difficile* (*C. difficile*) objective would be introduced from April 2011. Through their achievement, these objectives will significantly reduce variation in performance between organisations by requiring those organisations with the highest rates of infections to make the largest reductions and will consequently also reduce the number of these infections at a national level.

In Q3, 330 MRSA bloodstream infections were reported – a 19 percent improvement on the previous quarter and a 26 percent improvement on the same quarter last year. Meanwhile for *C. difficile*, 4,983 infections were reported in Q3 – 18 percent fewer than the previous quarter and a 17 percent improvement on the same quarter last year.

6. Keeping adults and children well

Immunisation

The uptake rate for three doses of HPV vaccine among girls aged 12-13 in the 2009/10 academic year was 76.4 percent.

Performance status: Deteriorated

The second annual report for the Human Papillomavirus (HPV) vaccination programme covering the academic year 2009/10 was published in January 2011. The report can be viewed at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123795

The report shows that:

- 76.4 percent of 12 to 13-year-old females completed the three-dose course in the 2009/10 academic year;
- The equivalent figure in the previous annual report for 2008/09 was 80.1 percent.

NHS Health Checks programme

Ministers are committed to continuing the NHS Health Check Programme, as made clear in the Public Health White Paper -'Healthy Lives, Healthy People'. This demonstrates the Government's focus on improving public health and as such, it is proposing that the NHS Health Check Programme becomes an integral part of the new public health service, 'Public Health England'. It is included in the Operating Framework for the NHS in England 2011/12 and PCTs will be provided with funding for the programme in their baselines.

The number of NHS Health Checks offered and undertaken should continue to increase until 2012 to reflect phased implementation of the programme.

Diabetic retinopathy

At Q3, 98.1 percent of patients with diabetes had been offered screening for diabetic retinopathy during the previous 12 months.

Performance status: Improved

More people with diabetes are now being offered screening for retinopathy than ever before, and to higher standards. This is in the context of an ever-increasing number of people with diabetes. Latest figures for Q3 show that 2.22 million people were offered screening and the number of people with diabetes stands at 2.43 million. When the screening programme was introduced in 2003, the number of people with diabetes stood at 1.3 million.

England (alongside other UK countries) leads the world in this area – this is the first time a population-based screening programme has been introduced on such a large scale.

A minority of PCTs are still not offering screening to all people with diabetes. The Department of Health is working with partners in the NHS and the voluntary sector to improve the standards, quality and coverage of screening programmes across the country, including a programme of external quality assurance.

Smoking cessation

The number of smokers who successfully quit in Q1 and Q2 of 2010/11 is expected to be three percent higher than the same period in 2009/10.

Performance status: Improved

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

In Q1 and Q2 in 2010/2011, at the 4-week follow-up, 162,253 people had successfully quit (based on self-report), i.e. 48 percent of the 341,455 who set a quit date with a NHS stop smoking service. This is a decrease of four percent (6,947) from the 'final' uprated figure for the same period in 2009/10 (169,200). However, once the usual end-of-year revisions are taken into account, the number who successfully quit in Q1 and Q2 of 2010/11 is expected to be three percent higher than the same period last year.

ITEM	NUMBER	PROPORTIONAL CHANGE FROM 09/10
Number setting a quit date	341,455	Expected 4% increase
Number quit at 4 weeks	162,253	Expected 3% increase

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

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

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

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

[Stroke and Transient Ischaemic Attack \(TIA\)](#)

Performance on Transient Ischaemic Attacks has exceeded the threshold set for Q4 and performance on the stroke measure is improving and expected to achieve the Q4 threshold in Q4.

Performance status: Improved

Performance on seeing and treating high risk patients who present to the healthcare system with symptoms of a transient ischaemic attack (minor stroke) has achieved the year-end threshold a quarter early. It is also encouraging that performance relating to the amount of time a patient spends on a stroke unit is showing improvement. The threshold of 80 percent of patients spending 90 percent of their time on a stroke unit is expected to be achieved in the next quarter.

Looking forward, the guidance has been clarified to ensure that all areas are reporting against these measures on the same basis. This follows some concerns reported from the field that not everyone is interpreting current guidance in the same way. There also remains a degree of variance across England on performance against both parts of this Vital Sign.

For Q4 and onwards throughout 2011/12, PCTs which have not achieved the thresholds are asked to continue to deliver improvements. Once they reach the thresholds, they (along with all PCTs) should maintain them and where possible (through service redesign and support from the Stroke Improvement Team and the stroke networks) continue to improve.

Children and Adolescent Mental Health Services (CAMHS)

There was an improved performance on the four proxy measures for delivering comprehensive CAMHS, with 96 PCTs now fully compliant on all the proxy measures.

Performance status: Improved

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

For the first time, no PCTs scored a one or two on any of the proxy measures. The number of PCTs scoring four for all four proxies increased from 80 to 96.

Figure 12: Access to CAMHS Q3 2010/11

Rate	CAMHS for children and young people with learning disabilities	Age appropriate services for 16 and 17 year olds	24-hour cover	Full range of early intervention services commissioned by the local authority and PCT in partnership
1	0	0	0	0
2	0	0	0	0
3	34	10	7	38
4	117	141	144	113

Bed days for under-18 years old on adult psychiatric wards

Two bed days for under-16 year olds on adult psychiatric ward were reported this quarter – the first instance for over a year.

Performance status: Deteriorated

The latest bed day figures, for the period 1 October - 31 December 2010, show two bed days for under 16 year olds on an adult psychiatric ward. This incident is being investigated. Government policy states that an adult psychiatric ward is not a suitable environment for patients aged under 16. Overall, 96.8 percent of bed days for under-18s were on CAMHS wards.

Breast screening

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

Performance status: Improved

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

The Operating Framework for the NHS in England 2011/12 states that commissioners should ensure all screening services continue to take part in the breast screening age extension randomisation project, either screening women aged 47- 49 or 71-73, depending on the randomisation protocol. At the end of January 2011, 29 out of 82 local programmes (35 percent) had implemented the extension randomisation. 65 percent of programmes are expected to have extended by March 2011.

Bowel screening

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

Performance status: Improved

Since 23 August 2010, all 153 PCTs in England have been offering bowel cancer screening to people in the 60 to 69 years age range who are registered with a GP. This completes the initial roll-out of the NHS Bowel Cancer Screening Programme (BCSP) across England. At 1 January 2011, over 8.3 million kits had been sent out and over 4.8 million returned. 7,865 cancers had been detected and 39,425 patients had undergone polyp removal.

The programme is currently being extended to men and women from age 70 to their 75th birthday. The Operating Framework for the NHS in England 2011/12 states that the extensions begun in 2010/11 should continue and be maintained for 2011/12. Those centres whose end of original two-year screening round was in 2011/12 should implement the extension on completion of the original round. Those whose end of original round falls beyond 2011/12 should prepare to expand on completion of the original round. 31 out of 58 centres have now extended their programmes.

Chlamydia screening

Most areas are off trajectory for Q3.

Performance status: Maintained

Q3 data for the National Chlamydia Screening Programme shows that 6.2 percent of 15-24 year olds were tested in that period. Only 11 PCTs have met or exceeded their planned trajectory for the first nine months.

At the end of Q3 last year, we saw a cumulative total of 13.8 percent of the target population tested. The cumulative total for the first nine months of this year is 17.7 percent. While this indicates steady progress, most areas are off trajectory for the planned testing volumes. A steady acceleration of sustainable growth in the programme is therefore needed. This should be focused on increasing testing levels in core health services such as community contraception and sexual health services, general practice, community pharmacy and termination of pregnancy services. There should also be a focus on activities where higher levels of positivity are being identified and on improving treatment rates and partner notification.

Maternity and newborn

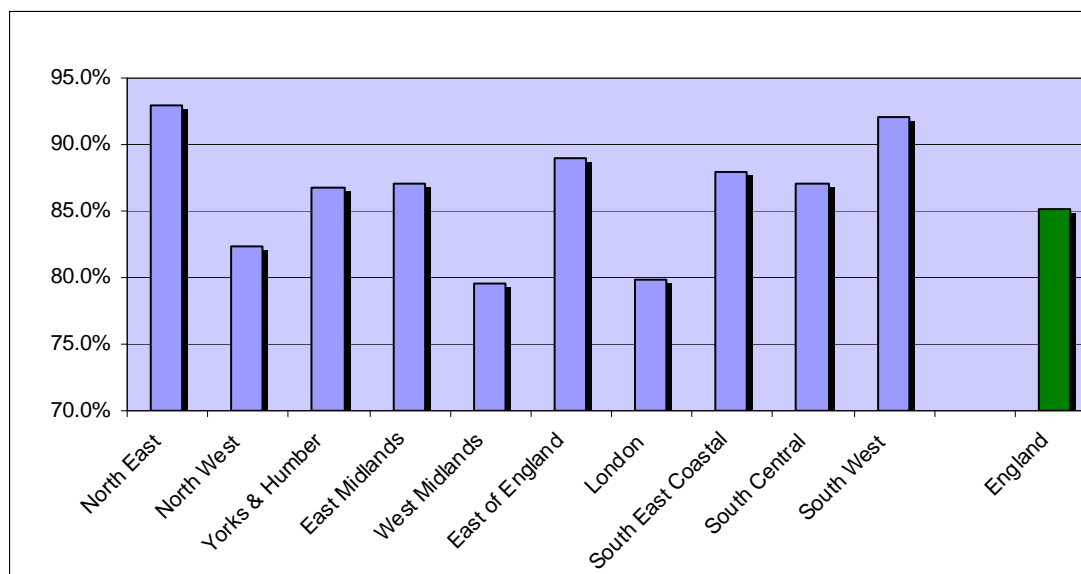
Latest data indicates that the percentage of woman being assessed by 12 weeks and 6 days has been maintained.

Performance status: Maintained

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

PCT performance is measured by the 'maternity early access' indicator: the percentage of women who have seen a midwife or a maternity healthcare professional for an assessment of health and social care needs, risks and choices by 12 completed weeks of pregnancy. The latest data submitted on the numbers of women assessed by this date in England indicates a small fall in national performance to 85.2 percent in Q1, 2010-11 from 87.1 percent in Q4 2009-10. The goal remains a 90 percent coverage rate as set out in the technical guidance for the NHS Operating Framework for 2011-12.

Figure 13: Maternity early access performance by SHA – Q1 2010-11



Breastfeeding

The Breastfeeding initiation rate at Q3 2010/11 is 73.5 percent, a slight improvement on the 2009/10 outturn of 72.7 percent.

Performance status: Maintained

The breastfeeding initiation rate at Q3 2010/11 is 73.5 percent, a slight improvement on 2009/10 (outturn) 72.7 percent. The prevalence of breastfeeding at 6-8 weeks at 2010/11 Q3 is 44.9 percent of all infants due a 6-8 week check in England. This remains largely unchanged from the figure of 44.8 percent recorded in 2009/10 Q3.

The White Paper Healthy Lives, Healthy People: our strategy for public health in England sets out a commitment to support breastfeeding through the Healthy Child Programme.

Under-18 conception rates

Under-18 conception rates continue to fall, but progress is still off the trajectory needed to achieve the Tier 2 Vital Sign.

Performance status: Improved

Teenage pregnancy is a key cause of health inequalities and poor outcomes for both teenage parents and their children. Rates of under-18 conceptions have decreased in recent years and are now at their lowest level for 20 years.

There was a further encouraging fall in the rate of under-18 conceptions during 2009, to 38.2 conceptions per thousand women aged under 18 for England. Nevertheless, the rate is still high when compared to other Western European countries.

The overall decrease in the conception rate masks considerable variation at local level and in some areas the rate is rising. Progress needs to be maintained and improved in order to tackle the poor outcomes that teenage pregnancy can bring. The key contribution that the NHS can make is to provide young people with accessible and user-friendly contraception services, which can deliver better outcomes for young people and also lead to cost savings for the NHS by avoiding additional spending on maternity and termination of pregnancy services.

The latest provisional figures from the Office for National Statistics (for 2009, broken down by local authority area) are available at the following web link: <http://www.statistics.gov.uk/statbase/product.asp?vlnk=15055>

Other existing commitments

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

The latest available data for November 2010 shows that the operational standards continued to be met, with 99.3 percent of first appointments offered to patients within 48 hours and 88.6 percent of patients seen within 48 hours. The GUM access operational standard remains a Care Quality Commission indicator for both PCTs and acute trusts.

A maximum two-week standard for Rapid Chest Pain Clinics (RACPCs)

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

In Q3, 99.8 percent of patients referred to a RACPC were seen within two weeks of referral by a GP, which demonstrates that the NHS is providing a fast and effective service.

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

There has been a gradual reduction in the proportion of patients treated within 60 minutes, from 70 percent at Q1 to 64 percent at Q3.

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

There is evidence suggesting better outcomes after primary angioplasty. At the start of the year, about 30 percent of heart attack treatment was by thrombolysis (clot busting drugs) and 70 percent was by primary angioplasty. The proportion of thrombolysis is continuing to decrease. This means that the 'call to needle' measure is being applied to fewer and fewer patients. Also, the places which still offer thrombolysis are often those in more rural areas, where it takes longer for ambulance services to reach patients and so time to treatment is longer. Pre-hospital thrombolysis by paramedics is encouraged in these areas.

Time to treatment by primary angioplasty is being measured for the first time this year for acute and ambulance trusts. Primary angioplasty is provided in specialist centres, not in every acute hospital. The measure is percentage of patients treated within 150 minutes of call for help (call to balloon). Performance this year at a national level has been above the threshold of 75 percent. At Q3, it was 80 percent.

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

At Q3, 96.9 percent of patients whose operations were cancelled for non-clinical reasons were offered another binding date within 28 days.

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

Performance on delivering Early Intervention in new psychosis cases is well ahead of plans set for the services. At the end of Q3, Early Intervention teams were engaged with 7,650 new cases. This is 102 percent of the full year's plans and 3.4 percent higher than the same period last year (7,398). The plan is to take on 7,500 new cases yearly.

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

At the end of Q3, 99,600 home treatment episodes were carried out for 88,060 people by Crisis Resolution home treatment teams. This is 99.6 percent of the full year's plans and higher than the same period last year, 94.2 percent. The plan is to carry out 100,000 home treatment episodes yearly.

FINANCIAL ANNEXES

ANNEX 1: NORTH EAST SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
COUNTY DURHAM PCT	981	918	1,020	1,000	1,001,930	0.1%
DARLINGTON PCT	101	301	301	300	185,004	0.2%
GATESHEAD PCT	297	146	504	465	395,066	0.1%
HARTLEPOOL PCT	212	126	125	100	185,024	0.1%
MIDDLESBROUGH PCT	341	633	278	600	301,319	0.2%
NEWCASTLE PCT	1,082	4,616	945	1,250	527,198	0.2%
NORTH EAST SHA	85,826	99,407	72,036	62,912	348,607	18.0%
NORTH TYNESIDE PCT	178	563	475	500	384,899	0.1%
NORTHUMBERLAND CARE PCT	373	443	220	250	556,996	0.0%
REDCAR AND CLEVELAND PCT	1,352	380	513	150	266,116	0.1%
SOUTH TYNESIDE PCT	719	592	1,819	390	313,814	0.1%
STOCKTON-ON-TEES TEACHING PCT	3,311	156	424	400	336,424	0.1%
SUNDERLAND TEACHING PCT	1,190	388	845	237	552,419	0.0%
NORTH EAST TOTAL SHA/ PCT SECTOR	95,963	108,669	79,505	68,554	5,354,816	1.3%

Trust name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
NORTH EAST AMBULANCE SERVICE NHS TRUST	350	2,249	4,736	3,446	107,118	3.2%
NORTH TEES AND HARTLEPOOL NHS TRUST (1)	10,061	n/a	n/a	n/a	n/a	n/a
NORTHUMBERLAND, TYNE AND WEAR NHS TRUST (2)	3,498	3,852	5,296	n/a	n/a	n/a
SOUTH TEES HOSPITALS NHS TRUST (3)	17,280	10,445	131	n/a	n/a	n/a
TEES, ESK AND WEAR VALLEYS NHS TRUST (4)	2,104	483	n/a	n/a	n/a	n/a
NORTH EAST TOTAL TRUST SECTOR	33,293	17,029	10,163	3,446	107,118	3.2%

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

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

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

ANNEX 2: NORTH WEST SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
ASHTON, LEIGH AND WIGAN PCT	1,641	2,495	640	1,900	576,393	0.3%
BLACKBURN WITH DARWEN PCT	4,753	2,048	717	n/a	n/a	n/a
BLACKBURN WITH DARWEN TEACHING CARE TRUST PLUS PCT (1)	n/a	n/a	n/a	1,364	288,868	0.5%
BLACKPOOL PCT	2,703	3,193	2,532	1,391	304,996	0.5%
BOLTON PCT	988	992	996	1,000	492,023	0.2%
BURY PCT	98	41	413	250	337,011	0.1%
CENTRAL AND EASTERN CHESHIRE PCT	1,007	336	1,007	1,500	709,659	0.2%
CENTRAL LANCASHIRE PCT	6,172	8,558	3,030	1,630	777,786	0.2%
CUMBRIA TEACHING PCT	530	233	229	(7,538)	860,421	(0.9%)
EAST LANCASHIRE TEACHING PCT	9,901	2,464	1,021	3,320	695,035	0.5%
HALTON AND ST HELENS PCT	167	420	295	500	620,430	0.1%
HEYWOOD, MIDDLETON AND ROCHDALE PCT	4,845	3,051	579	1,891	398,858	0.5%
KNOWSLEY PCT	1,726	4,819	576	1,603	338,609	0.5%
LIVERPOOL PCT	10,644	6,429	5,287	14,768	1,024,292	1.4%
MANCHESTER PCT	1,147	687	481	347	1,049,988	0.0%
NORTH LANCASHIRE TEACHING PCT	418	2,051	1,565	2,200	574,904	0.4%
NORTH WEST SHA	206,829	245,142	157,339	177,039	877,335	20.2%
OLDHAM PCT	1,441	1,528	1,381	1,000	439,275	0.2%
SALFORD PCT	973	1,991	993	2,245	483,369	0.5%
SEFTON PCT	605	287	498	2,500	530,820	0.5%
STOCKPORT PCT	1,735	238	231	340	480,110	0.1%
TAMESIDE AND GLOSSOP PCT	1,931	1,980	980	1,000	426,470	0.2%
TRAFFORD PCT	1,054	133	534	1,500	376,442	0.4%
WARRINGTON PCT	1,603	557	222	250	324,846	0.1%
WESTERN CHESHIRE PCT	900	1,598	1,279	1,000	430,431	0.2%
WIRRAL PCT	9,670	3,310	2,047	2,000	623,427	0.3%
NORTH WEST TOTAL SHA/PCT SECTOR	273,481	294,581	184,872	215,000	14,041,798	1.5%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
ASHTON, LEIGH AND WIGAN COMMUNITY HEALTHCARE NHS TRUST (2)	n/a	n/a	n/a	199	22,039	0.9%
5 BOROUGH PARTNERSHIP NHS TRUST (3)	958	1,482	2,210	n/a	n/a	n/a
BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS TRUST (4)	3,828	n/a	n/a	n/a	n/a	n/a
BOLTON HOSPITALS NHS TRUST (5)	1,735	(2,351)	n/a	n/a	n/a	n/a
BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRUST (6)	200	n/a	n/a	n/a	n/a	n/a
CALDERSTONES NHS TRUST (7)	185	1,520	n/a	n/a	n/a	n/a
CENTRAL MANCHESTER AND MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST (8)	336	4,715	n/a	n/a	n/a	n/a
CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST (9)	129	n/a	n/a	n/a	n/a	n/a
EAST CHESHIRE NHS TRUST	885	522	3,926	251	116,859	0.2%
EAST LANCASHIRE HOSPITALS NHS TRUST	223	133	287	300	342,108	0.1%
LANCASHIRE CARE NHS TRUST (10)	1,187	n/a	n/a	n/a	n/a	n/a
LIVERPOOL COMMUNITY HEALTH NHS TRUST (11)	n/a	n/a	n/a	1,044	45,248	2.3%
LIVERPOOL HEART AND CHEST HOSPITAL NHS TRUST (12)	27	4,337	1,827	n/a	n/a	n/a
MANCHESTER MENTAL HEALTH AND SOCIAL CARE NHS TRUST	455	521	532	350	91,436	0.4%
MERSEY CARE NHS TRUST	500	500	3,000	6,000	200,053	3.0%
NORTH CHESHIRE HOSPITALS NHS TRUST (13)	6,991	1,060	n/a	n/a	n/a	n/a
NORTH CUMBRIA MENTAL HEALTH AND LEARNING DISABILITIES NHS TRUST (14)	1,562	n/a	n/a	n/a	n/a	n/a
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	51	993	327	1,481	221,173	0.7%
NORTH WEST AMBULANCE SERVICE NHS TRUST	111	840	1,041	1,250	253,604	0.5%
PENNINE ACUTE HOSPITALS NHS TRUST	9,472	48	620	79	559,972	0.0%
PENNINE CARE NHS TRUST (15)	612	388	n/a	n/a	n/a	n/a
ROYAL LIVERPOOL BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,813	2,781	4,021	4,077	408,124	1.0%
ROYAL LIVERPOOL CHILDREN'S NHS TRUST (16)	296	301	n/a	n/a	n/a	n/a
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	2,823	802	500	803	151,321	0.5%
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	219	(22,687)	225	120	253,125	0.0%
TAMESIDE AND GLOSSOP ACUTE SERVICES NHS TRUST (17)	758	n/a	n/a	n/a	n/a	n/a
THE MID CHESHIRE HOSPITALS NHS TRUST (18)	2,258	n/a	n/a	n/a	n/a	n/a
TRAFFORD HEALTHCARE NHS TRUST	524	(2,186)	(6,048)	443	95,588	0.5%
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST (19)	2,884	1,889	2,126	302	127,658	0.2%
WALTON CENTRE FOR NEUROLOGY AND NEUROSURGERY NHS TRUST (20)	500	2,812	424	n/a	n/a	n/a
WIRRAL HOSPITAL NHS TRUST (21)	48	n/a	n/a	n/a	n/a	n/a
WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST (22)	2,235	(13,002)	n/a	n/a	n/a	n/a
NORTH WEST TOTAL TRUST SECTOR	43,805	(14,582)	15,018	16,699	2,888,308	0.6%

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

- Blackburn with Darwen Teaching Care Trust Plus PCT was formerly Blackburn with Darwen PCT pre-April 2010.
- Ashton, Leigh and Wigan Community Healthcare NHS Trust was established as an NHS Trust on 1st November 2010, taking on the provider services of NHS Ashton, Leigh and Wigan.
- 5 Boroughs Partnership NHS Trust achieved Foundation Trust status on 1st March 2010.
- Blackpool, Fylde and Wyre Hospitals NHS Trust achieved Foundation Trust status on 1st December 2007.
- Bolton Hospitals NHS Trust achieved Foundation Trust status on 1st October 2008.
- Bolton, Salford and Trafford Mental Health NHS Trust achieved Foundation Trust status on 1st February 2008.
- Calderstones NHS Trust achieved Foundation Trust status on 1st April 2009.
- Central Manchester and Manchester Children's University Hospitals NHS Trust achieved Foundation Trust status on 1st January 2009.
- Cheshire and Wirral Partnership NHS Trust achieved Foundation Trust status on 1st July 2007.
- Lancashire Care NHS Trust achieved Foundation Trust status on 1st December 2007.
- Liverpool Community Health NHS Trust was established as an NHS Trust on 1st November 2010, taking on the provider services of Liverpool Primary Care Trust.
- Liverpool Heart and Chest Hospital NHS Trust achieved Foundation Trust status on 1st December 2009.
- North Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st December 2008.
- North Cumbria Mental Health and Learning Disabilities NHS Trust achieved Foundation Trust status on 1st October 2007.
- Pennine Care NHS Trust achieved Foundation Trust status on 1st July 2008.
- Royal Liverpool Children's NHS Trust achieved Foundation Trust status on 1st August 2008.
- Tameside and Glossop Acute Services NHS Trust achieved Foundation Trust status on 1st February 2008.
- The Mid Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st April 2008.
- University Hospitals of Morecambe Bay NHS Trust achieved Foundation Trust status on 1st October 2010.
- Walton Centre for Neurology and Neurosurgery NHS Trust achieved Foundation Trust status on 1st August 2009.
- Wirral Hospital NHS Trust achieved Foundation Trust status on 1st July 2007.
- Wrightington, Wigan and Leigh NHS Trust achieved Foundation Trust status on 1st December 2008.

In addition to the operating deficits forecast in Quarter 3, 2010/11 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:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

East Lancashire Hospitals NHS Trust (£9m)

Pennine Acute Hospitals NHS Trust (£11m)

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

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

ANNEX 3: YORKSHIRE AND HUMBER SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BARNSELY PCT	2,650	2,510	3,461	3,400	471,368	0.7%
BRADFORD AND AIREDALE TEACHING PCT	2,875	3,457	7,550	6,800	919,702	0.7%
CALDERDALE PCT	1,338	2,000	2,679	6,800	346,253	2.0%
DONCASTER PCT	3,643	2,760	4,177	2,700	576,142	0.5%
EAST RIDING OF YORKSHIRE PCT	2,765	1,997	3,684	5,200	491,710	1.1%
HULL TEACHING PCT	8,339	6,548	3,820	3,800	519,378	0.7%
KIRKLEES PCT	4,405	2,787	2,928	8,100	669,425	1.2%
LEEDS PCT	3,312	5,150	5,002	20,100	1,322,089	1.5%
NORTH EAST LINCOLNSHIRE CARE TRUST PLUS (1)	1,052	1,146	2,222	2,200	291,130	0.8%
NORTH LINCOLNSHIRE PCT	1,196	1,107	1,249	3,700	264,933	1.4%
NORTH YORKSHIRE AND YORK PCT	(18,226)	2,401	317	0	1,216,231	0.0%
ROTHERHAM PCT	2,561	1,597	2,042	2,200	462,074	0.5%
SHEFFIELD PCT	1,660	1,712	4,479	0	986,142	0.0%
WAKEFIELD DISTRICT PCT	2,223	2,580	7,388	3,100	653,238	0.5%
YORKSHIRE AND THE HUMBER SHA	223,198	178,249	133,982	114,400	678,455	16.9%
YORKSHIRE AND HUMBER TOTAL SHA/PCT SECTOR	242,991	216,001	184,980	182,500	9,868,270	1.8%

Trust name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
AIREDALE NHS TRUST (2)	522	759	605	49	21,005	0.2%
BRADFORD DISTRICT CARE TRUST	550	546	103	100	120,183	0.1%
DONCASTER AND SOUTH HUMBER HEALTHCARE NHS TRUST (3)	418	n/a	n/a	n/a	n/a	n/a
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	6,755	5,020	7,601	3,000	481,849	0.6%
HUMBER MENTAL HEALTH TEACHING NHS TRUST (4)	353	1,376	1,351	n/a	n/a	n/a
LEEDS MENTAL HEALTH TEACHING NHS TRUST (5)	541	n/a	n/a	n/a	n/a	n/a
LEEDS TEACHING HOSPITALS NHS TRUST	3,093	471	963	0	933,954	0.0%
MID YORKSHIRE HOSPITALS NHS TRUST	767	32,706	871	0	415,170	0.0%
NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUST (6)	69	n/a	n/a	n/a	n/a	n/a
SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST	98	1,873	1,914	1,900	119,499	1.6%
SHEFFIELD CARE TRUST (7)	388	80	n/a	n/a	n/a	n/a
SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST (8)	2,291	1,015	569	n/a	n/a	n/a
YORKSHIRE AMBULANCE SERVICE NHS TRUST	251	151	518	0	196,915	0.0%
YORKSHIRE AND HUMBER TOTAL TRUST SECTOR	16,096	43,997	14,495	5,049	2,288,575	0.2%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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 including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Hull and East Yorkshire Hospitals NHS Trust (£4m)
 Leeds Teaching Hospitals NHS Trust (£1m)
 Mid Yorkshire Hospitals NHS Trust (£65m)
 Scarborough and North East Yorkshire Healthcare NHS Trust (£1m)
 Yorkshire Ambulance Service NHS Trust (£2m)

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

ANNEX 4: EAST MIDLANDS SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BASSETLAW PCT	2,663	2,689	1,434	2,534	193,509	1.3%
DERBY CITY PCT	2,032	2,303	650	0	456,407	0.0%
DERBYSHIRE COUNTY PCT	4,122	4,761	1,873	11,000	1,183,504	0.9%
EAST MIDLANDS SHA	55,151	69,833	59,092	23,201	425,257	5.5%
LEICESTER CITY PCT	2,206	2,244	241	6,149	553,441	1.1%
LEICESTERSHIRE COUNTY AND RUTLAND PCT	199	1,049	1,148	10,445	945,246	1.1%
LINCOLNSHIRE TEACHING PCT	6,998	7,011	7,264	14,312	1,195,322	1.2%
NORTHAMPTONSHIRE TEACHING PCT	4,159	4,387	4,642	10,526	1,045,781	1.0%
NOTTINGHAM CITY PCT	6,422	2,283	2,448	6,833	569,705	1.2%
NOTTINGHAMSHIRE COUNTY TEACHING PCT	9,820	10,003	4,514	5,000	1,076,243	0.5%
EAST MIDLANDS TOTAL SHA/PCT SECTOR	93,772	106,563	83,306	90,000	7,644,415	1.2%

Trust name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST	518	990	1,014	1,100	106,422	1.0%
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	298	1,564	2,016	250	158,058	0.2%
KETTERING GENERAL HOSPITAL NHS TRUST (1)	2,705	3,444	n/a	n/a	n/a	n/a
LEICESTERSHIRE PARTNERSHIP NHS TRUST	303	683	1,732	1,736	137,396	1.3%
LINCOLNSHIRE PARTNERSHIP NHS TRUST (2)	922	n/a	n/a	n/a	n/a	n/a
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	1,834	2,100	2,081	1,500	235,186	0.6%
NORTHAMPTONSHIRE HEALTHCARE NHS TRUST (3)	2,438	342	29	n/a	n/a	n/a
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	7,069	5,557	7,256	5,193	741,093	0.7%
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	7,458	3,905	2,387	6,005	303,098	2.0%
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	12,488	366	1,282	(13,808)	385,757	(3.6%)
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	577	3,018	51	1,000	698,131	0.1%
EAST MIDLANDS TOTAL TRUST SECTOR	36,610	21,969	17,848	2,976	2,765,141	0.1%

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

- 1 Kettering General Hospital NHS Trust achieved Foundation Trust status on 1st November 2008.
- 2 Lincolnshire Partnership NHS Trust achieved Foundation Trust status on 1st October 2007.
- 3 Northamptonshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2009.

In addition to the operating deficits forecast in Quarter 3, 2010/11 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 including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Derbyshire Mental Health Services NHS Trust (£4m)
East Midlands Ambulance Service NHS Trust (£0.8m)
Leicestershire Partnership NHS Trust (£2m)
Nottingham University Hospitals NHS Trust (£7m)
Nottinghamshire Healthcare NHS Trust (£13m)
United Lincolnshire Hospitals NHS Trust (£0.5m)
University Hospitals of Leicester NHS Trust (£5m)

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

ANNEX 5: WEST MIDLANDS SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BIRMINGHAM EAST AND NORTH PCT	3,245	1,922	2,453	500	767,129	0.1%
COVENTRY TEACHING PCT	3,894	4,983	4,644	5,747	591,148	1.0%
DUDLEY PCT	2,084	2,055	362	553	510,938	0.1%
HEART OF BIRMINGHAM TEACHING PCT	9,685	9,683	7,615	9,550	599,788	1.6%
HEREFORDSHIRE PCT	475	475	778	0	289,752	0.0%
NORTH STAFFORDSHIRE PCT	1,058	1,999	515	1,000	352,661	0.3%
SANDWELL PCT	1,516	7,020	89	982	590,012	0.2%
SHROPSHIRE COUNTY PCT	585	854	490	783	469,977	0.2%
SOLIHULL CARE TRUST	805	793	16	0	334,362	0.0%
SOUTH BIRMINGHAM PCT	6,500	6,505	4,700	0	667,405	0.0%
SOUTH STAFFORDSHIRE PCT	4,606	4,676	2,200	0	948,107	0.0%
STOKE ON TRENT PCT	1,934	4,304	2,588	2,500	516,745	0.5%
TELFORD AND WREKIN PCT	6,977	7,247	4,522	500	269,237	0.2%
WALSALL TEACHING PCT	8,963	11,602	6,022	5,000	487,211	1.0%
WARWICKSHIRE PCT	435	321	594	88	827,592	0.0%
WEST MIDLANDS SHA	33,500	6,497	19,732	26,640	586,569	4.5%
WOLVERHAMPTON CITY PCT	13,833	24,874	19,365	15,000	470,894	3.2%
WORCESTERSHIRE PCT	1,885	4,865	3,519	3,000	868,408	0.3%
WEST MIDLANDS TOTAL SHA/PCT SECTOR	101,980	100,675	80,204	71,843	10,147,935	0.7%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS TRUST (1)	3,900	1,206	n/a	n/a	n/a	n/a
BIRMINGHAM COMMUNITY HEALTH CARE TRUST (2)	n/a	n/a	n/a	682	86,507	0.8%
BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST (3)	707	n/a	n/a	n/a	n/a	n/a
BURTON HOSPITALS NHS TRUST (4)	40	2,666	n/a	n/a	n/a	n/a
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST (5)	264	1,863	3,690	3,934	148,850	2.6%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	n/a	202	376	850	67,790	1.3%
DUDLEY GROUP OF HOSPITALS NHS TRUST (6)	10,524	3,886	n/a	n/a	n/a	n/a
GEORGE ELIOT HOSPITAL NHS TRUST	1,382	964	1,164	13	107,922	0.0%
HEREFORD HOSPITALS NHS TRUST	1,126	544	1,165	0	120,260	0.0%
MID STAFFORDSHIRE GENERAL HOSPITALS NHS TRUST (7)	253	n/a	n/a	n/a	n/a	n/a
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	214	256	449	700	85,584	0.8%
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS TRUST	1,146	999	2,054	1,300	80,993	1.6%
ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	8,335	6,913	8,035	8,093	304,306	2.7%
SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST	6,524	2,547	7,260	2,038	384,730	0.5%
SANDWELL MENTAL HEALTH NHS AND SOCIAL CARE TRUST (8)	58	60	n/a	n/a	n/a	n/a
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	4,102	4,127	712	0	274,849	0.0%
SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST (9)	2,412	6,842	5,581	n/a	n/a	n/a
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	3,990	3,008	5,644	4,100	415,020	1.0%
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	201	4,825	10,234	6,067	468,801	1.3%
WALSALL HOSPITALS NHS TRUST	644	353	1,998	3,900	178,390	2.2%
WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	235	156	255	35	185,302	0.0%
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	5,193	5,833	3,135	2,043	310,560	0.7%
WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	61	2	700	700	70,687	1.0%
WEST MIDLANDS TOTAL TRUST SECTOR	51,311	47,252	52,452	34,455	3,290,551	1.0%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

North Staffordshire Combined Healthcare NHS Trust (£2m)
Sandwell & West Birmingham Hospitals NHS Trust (£3m)
Shrewsbury and Telford Hospital NHS Trust (£0.5m)
University Hospital of North Staffordshire NHS Trust (£9m)
University Hospitals Coventry and Warwickshire NHS Trust (£10m)
Walsall Hospitals NHS Trust (£79m)
Worcestershire Acute Hospitals NHS Trust (£0.5m)

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

ANNEX 6: EAST OF ENGLAND SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BEDFORDSHIRE PCT	133	330	236	500	619,678	0.1%
CAMBRIDGESHIRE PCT	752	760	501	460	869,254	0.1%
EAST AND NORTH HERTFORDSHIRE PCT	n/a	n/a	n/a	n/a	n/a	n/a
EAST OF ENGLAND SHA	32,683	124,757	135,389	91,552	674,678	13.6%
GREAT YARMOUTH AND WAVENEY PCT	2,408	230	352	2,000	405,816	0.5%
HERTFORDSHIRE PCT (1)	57	2,259	1,611	0	1,710,959	0.0%
LUTON PCT	3	492	400	0	316,269	0.0%
MID ESSEX PCT	2,803	940	1,007	2,000	533,801	0.4%
NORFOLK PCT	227	1,079	695	900	1,207,176	0.1%
NORTH EAST ESSEX PCT	189	1,348	2,993	2,000	546,970	0.4%
PETERBOROUGH PCT	9	2,896	(12,832)	(3,262)	286,562	(1.1%)
SOUTH EAST ESSEX PCT	25	852	2,014	850	556,361	0.2%
SOUTH WEST ESSEX PCT	19,351	688	1,614	0	677,929	0.0%
SUFFOLK PCT	49	1,315	2,578	1,500	910,792	0.2%
WEST ESSEX PCT	255	1,448	815	1,500	433,590	0.3%
WEST HERTFORDSHIRE PCT	n/a	n/a	n/a	n/a	n/a	n/a
EAST OF ENGLAND TOTAL SHA/PCT SECTOR	58,944	139,394	137,373	100,000	9,749,835	1.0%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BEDFORD HOSPITALS NHS TRUST	2,234	2,118	612	0	144,678	0.0%
BEDFORDSHIRE AND LUTON MENTAL HEALTH AND SOCIAL CARE PARTNERSHIP NHS TRUST	130	751	463	n/a	n/a	n/a
CAMBRIDGESHIRE AND PETERBOROUGH MENTAL HEALTH PARTNERSHIP NHS TRUST (2)	154	71	n/a	n/a	n/a	n/a
CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST (3)	n/a	n/a	n/a	600	101,837	0.6%
EAST AND NORTH HERTFORDSHIRE NHS TRUST	2,003	2,070	2,499	3,300	335,910	1.0%
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	104	283	757	1,967	223,601	0.9%
ESSEX RIVERS HEALTHCARE NHS TRUST (4)	2,939	875	n/a	n/a	n/a	n/a
HERTFORDSHIRE COMMUNITY NHS TRUST (5)	n/a	n/a	n/a	40	48,914	0.1%
HERTFORDSHIRE PARTNERSHIP NHS TRUST (6)	(1,522)	n/a	n/a	n/a	n/a	n/a
HINCHINGBROOKE HEALTH CARE NHS TRUST	(16,037)	98	598	0	100,614	0.0%
MID ESSEX HOSPITAL SERVICES NHS TRUST	8,983	7,316	2,551	3,603	255,746	1.4%
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST (7)	n/a	n/a	n/a	519	54,520	1.0%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS TRUST (8)	3,901	2,409	n/a	n/a	n/a	n/a
NORFOLK AND WAVENEY MENTAL HEALTH PARTNERSHIP NHS TRUST (9)	2,627	n/a	n/a	n/a	n/a	n/a
NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST (10)	510	n/a	n/a	n/a	n/a	n/a
SUFFOLK MENTAL HEALTH PARTNERSHIP NHS TRUST	1,264	1,504	1,513	781	87,037	0.9%
THE IPSWICH HOSPITAL NHS TRUST	5,037	4,580	3,351	3,154	232,816	1.4%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	4,534	3,222	511	0	178,319	0.0%
THE QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST	4,565	6,158	4,510	2,672	165,260	1.6%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2,495	4,405	5,699	7,500	259,344	2.9%
WEST SUFFOLK HOSPITALS NHS TRUST	2,588	4,600	6,273	2,336	153,176	1.5%
EAST OF ENGLAND TOTAL TRUST SECTOR	26,509	40,460	29,337	26,472	2,341,772	1.1%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Mid Essex Hospital Services NHS Trust (£32m)
Suffolk Mental Health Partnership NHS Trust (£7m)

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

ANNEX 7: LONDON SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BARKING AND DAGENHAM PCT	20,753	18,439	3,377	(3,137)	336,470	(0.9%)
BARNET PCT	3,031	5,860	139	0	604,628	0.0%
BEXLEY CARE PCT	52	130	51	0	346,884	0.0%
BRENT TEACHING PCT	1,698	12,584	16,334	17,227	555,493	3.1%
BROMLEY PCT	49	188	249	4,902	505,512	1.0%
CAMDEN PCT	3,445	4,340	12	11,806	535,985	2.2%
CITY AND HACKNEY TEACHING PCT	9,339	100	9,346	1,500	527,622	0.3%
CROYDON PCT	2,600	6,000	3,412	5,535	596,107	0.9%
EALING PCT	4,164	4,686	3	0	591,907	0.0%
ENFIELD PCT	(13,308)	20	(10,491)	0	503,781	0.0%
GREENWICH TEACHING PCT	1,480	1,531	608	4,764	474,802	1.0%
HAMMERSMITH AND FULHAM PCT	9,878	18,617	10,538	3,513	361,489	1.0%
HARINGEY TEACHING PCT	539	1,983	29	0	492,772	0.0%
HARROW PCT	172	1,432	126	0	359,900	0.0%
HAVERING PCT	285	748	1,528	0	419,535	0.0%
HILLINGDON PCT	0	2	19,380	0	412,191	0.0%
HOUNSLOW PCT	(1,940)	48	40	0	409,319	0.0%
ISLINGTON PCT	32	6,617	1,121	9,731	473,355	2.1%
KENSINGTON AND CHELSEA PCT	6,174	8,760	3,985	4,214	379,918	1.1%
KINGSTON PCT	3,546	117	103	2,623	270,177	1.0%
LAMBETH PCT	1,064	2,907	988	5,945	664,307	0.9%
LEWISHAM PCT	92	339	90	5,258	532,375	1.0%
LONDON SHA	146,196	187,527	288,675	184,797	1,916,178	9.6%
NEWHAM PCT	3,407	6,665	1,107	7,050	568,621	1.2%
REDBRIDGE PCT	18,664	9,893	6,232	4,000	414,470	1.0%
RICHMOND AND TWICKENHAM PCT	150	708	112	2,812	289,295	1.0%
SOUTHWARK PCT	478	218	628	736	548,170	0.1%
SUTTON AND MERTON PCT	58	76	(2,286)	0	627,393	0.0%
TOWER HAMLETS PCT	396	6,881	6,753	6,971	519,838	1.3%
WALTHAM FOREST PCT	102	201	0	0	426,768	0.0%
WANDSWORTH PCT	3,390	3,930	4,386	10,200	584,307	1.7%
WESTMINSTER PCT	11,875	15,534	15,010	10,179	536,841	1.9%
LONDON TOTAL SHAPCT SECTOR	237,861	327,081	381,585	300,625	16,786,800	1.8%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUST	(35,621)	(35,674)	(22,309)	(29,243)	405,593	(7.2%)
BARNET AND CHASE FARM HOSPITALS NHS TRUST	2,611	155	5,069	5,000	348,023	1.4%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	2,014	(5,451)	239	460	168,576	0.3%
BARTS AND THE LONDON NHS TRUST	16,416	7,532	11,423	6,000	673,770	0.9%
BROMLEY HOSPITALS NHS TRUST	(17,920)	(4,858)	n/a	n/a	n/a	n/a
CAMDEN AND ISLINGTON MENTAL HEALTH SOCIAL CARE NHS TRUST (1)	2,595	n/a	n/a	n/a	n/a	n/a
CENTRAL AND NORTH WEST LONDON MENTAL HEALTH NHS TRUST (2)	850	n/a	n/a	n/a	n/a	n/a
CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST (3)	n/a	n/a	n/a	1,021	64,706	1.6%
EALING HOSPITAL NHS TRUST	1,135	2,125	36	0	133,250	0.0%
EAST LONDON AND THE CITY MENTAL HEALTH NHS TRUST (4)	10,428	n/a	n/a	n/a	n/a	n/a
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	827	4,902	2,877	3,332	332,044	1.0%
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	6,956	1,348	7,368	8,818	333,423	2.6%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST (5)	12,750	12,025	9,102	5,000	910,172	0.5%
KINGSTON HOSPITAL NHS TRUST	2,713	807	2,412	3,003	199,941	1.5%
LONDON AMBULANCE SERVICE NHS TRUST	398	725	1,425	502	281,716	0.2%
CROYDON HEALTH SERVICES NHS TRUST (6)	5,044	2,149	1,106	4,200	225,516	1.9%
NEWHAM UNIVERSITY HOSPITAL NHS TRUST	(2,269)	201	55	(7,000)	164,920	(4.2%)
NORTH EAST LONDON MENTAL HEALTH NHS TRUST (7)	2,136	379	n/a	n/a	n/a	n/a
NORTH MIDDLESEX UNIVERSITY HOSPITALS NHS TRUST	3,019	5,031	6,044	3,000	180,515	1.7%
NORTH WEST LONDON HOSPITALS NHS TRUST	1,030	117	(8,025)	0	368,552	0.0%
QUEEN ELIZABETH HOSPITAL NHS TRUST	(3,125)	(5,481)	n/a	n/a	n/a	n/a
QUEEN MARY'S SIDCUP NHS TRUST	(2,877)	(10,991)	n/a	n/a	n/a	n/a
ROYAL BROMPTON AND HAREFIELD NHS TRUST (8)	3,566	3,173	547	n/a	n/a	n/a
ROYAL FREE HAMPSTEAD NHS TRUST	10,724	3,791	2,035	6,500	553,819	1.2%
SOUTH LONDON HEALTHCARE NHS TRUST (9)	n/a	n/a	(42,067)	(40,159)	441,393	(9.1%)
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	1,738	(3,246)	2,286	1,779	175,082	1.0%
ST GEORGE'S HEALTHCARE NHS TRUST	5,972	1,718	12,933	11,374	562,411	2.0%
THE HILLINGDON HOSPITAL NHS TRUST	6,263	2,196	258	310	187,123	0.2%
THE LEWISHAM HOSPITAL NHS TRUST	3,771	(3,929)	6,753	1,006	222,441	0.5%
THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	1,109	483	1,026	0	102,474	0.0%
WEST LONDON MENTAL HEALTH NHS TRUST	2,279	352	1,167	2,541	254,076	1.0%
WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	19	(3,534)	(4,996)	131	148,575	0.1%
WHIPPS CROSS UNIVERSITY HOSPITALS NHS TRUST	828	810	229	(3,700)	233,811	(1.6%)
WHITTINGTON HOSPITAL NHS TRUST	1,421	1,938	139	0	183,300	0.0%
LONDON TOTAL TRUST SECTOR	46,800	(21,207)	(2,868)	(16,125)	7,855,221	(0.2%)

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

- 1 Camden and Islington Mental Health and Social Care NHS Trust achieved Foundation Trust status on 1st March 2008.
- 2 Central and North West London Mental Health NHS Trust achieved Foundation Trust status on 1st May 2007.
- 3 Rebranding of Central West London Community Services to "Central London Community Healthcare completed" in July 2009. Central London Community Healthcare NHS Trust (RYX) was established on 1st November 2010.
- 4 East London and the City Mental Health NHS Trust achieved Foundation Trust status on 1st November 2007.
- 5 Imperial College Healthcare NHS Trust was formed from St Mary's NHS Trust and Hammersmith Hospitals NHS Trust.
- 6 Mayday Healthcare NHS Trust has changed its name to "Croydon Health Services NHS Trust" (RJ6) on the 1st October 2010.
- 7 North East London Mental Health NHS Trust achieved Foundation Trust status on 1st June 2008.
- 8 Royal Brompton and Harefield NHS Trust achieved Foundation Trust status on 1st June 2009.
- 9 South London Healthcare Trust was formed from the merger of Queen Elizabeth Hospital NHS Trust (RG2), Bromley Hospitals NHS Trust (RG3), and Queen Mary's Sidcup NHS Trust (RGZ).

In addition to the operating deficits forecast in Quarter 3, 2010/11 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 including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
 - b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10.
- This is a non-cash issue that is not recognised for NHS budgeting purposes.

Barking, Havering and Redbridge Hospitals NHS Trust (£0.5m)
North Middlesex University Hospitals NHS Trust (£68m)
North West London Hospital NHS Trust (£1m)
South London Healthcare NHS Trust (£5m)
The Hillingdon Hospital NHS Trust (£0.6m)
The Lewisham Hospital NHS Trust (£0.5m)
Whittington Hospital NHS Trust (£0.5m)

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

ANNEX 8: SOUTH EAST COAST SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BRIGHTON AND HOVE CITY TEACHING PCT	3,018	124	1,071	4,615	483,765	1.0%
EAST SUSSEX DOWNS AND WEALD PCT	376	2,440	1,230	3,642	573,647	0.6%
EASTERN AND COASTAL KENT PCT	3,960	5,046	6,130	12,000	1,294,250	0.9%
HASTINGS AND ROTHER PCT	3,562	3,631	3,841	5,352	351,088	1.5%
MEDWAY PCT	3,211	5,059	3,689	4,315	448,735	1.0%
SOUTH EAST COAST SHA	36,142	39,976	44,586	48,152	339,378	14.2%
SURREY PCT	425	225	(13,622)	(19,908)	1,711,244	(1.2%)
WEST KENT PCT	193	4,397	2,013	750	1,030,257	0.1%
WEST SUSSEX PCT	238	728	725	725	1,280,433	0.1%
SOUTH EAST COAST TOTAL SHA/PCT SECTOR	51,125	61,626	49,663	59,643	7,512,797	0.8%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
ASHFORD AND ST PETER'S HOSPITALS NHS TRUST (1)	2,450	5,513	6,275	2,886	149,824	1.9%
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	106	9,925	10,227	4,960	425,131	1.2%
DARTFORD AND GRAVESHAM NHS TRUST	578	4,015	115	200	155,653	0.1%
EAST KENT HOSPITALS UNIVERSITY NHS TRUST (2)	7,654	13,087	n/a	n/a	n/a	n/a
EAST SUSSEX HOSPITALS NHS TRUST	3,448	1,017	350	1,670	303,817	0.5%
EASTERN AND COASTAL KENT COMMUNITY HEALTH NHS TRUST (3)	n/a	n/a	n/a	749	59,811	1.3%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	431	1,384	1,524	0	180,721	0.0%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	131	143	189	1,574	321,662	0.5%
MEDWAY NHS TRUST (4)	597	n/a	n/a	n/a	n/a	n/a
ROYAL SURREY COUNTY HOSPITAL NHS TRUST (5)	2,517	2,930	4,554	n/a	n/a	n/a
SUSSEX COMMUNITY NHS TRUST (6)	77	92	649	634	131,604	0.5%
SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	641	658	1,130	3,693	164,186	2.2%
SURREY AND BORDERS PARTNERSHIP NHS TRUST (7)	182	(307)	n/a	n/a	n/a	n/a
SURREY AND SUSSEX HEALTHCARE NHS TRUST	27	7,048	7,755	0	195,777	0.0%
SUSSEX PARTNERSHIP NHS TRUST (8)	4,763	1,698	n/a	n/a	n/a	n/a
THE ROYAL WEST SUSSEX NHS TRUST	10,466	1,758	n/a	n/a	n/a	n/a
WESTERN SUSSEX HOSPITALS NHS TRUST (9)	n/a	n/a	4,138	5,209	363,004	1.4%
WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	170	408	n/a	n/a	n/a	n/a
SOUTH EAST COAST TOTAL TRUST SECTOR	34,238	49,369	36,906	21,575	2,451,190	0.9%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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 including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Brighton and Sussex University Hospitals NHS Trust (£3m)
 Dartford and Gravesham NHS Trust (£1m)
 Maidstone and Tunbridge Wells NHS Trust (£19m)
 Sussex Community NHS Trust (£0.4m)
 Surrey and Sussex Healthcare NHS Trust (£1m)

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

ANNEX 9: SOUTH CENTRAL SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BERKSHIRE EAST PCT	107	80	101	0	592,624	0.0%
BERKSHIRE WEST PCT	284	1,287	1,449	1,569	658,993	0.2%
BUCKINGHAMSHIRE PCT	(11,574)	(7,459)	1,368	0	720,067	0.0%
HAMPSHIRE PCT	469	258	486	0	1,890,042	0.0%
ISLE OF WIGHT NHS PCT	1,272	1,246	2,382	2,459	267,690	0.9%
MILTON KEYNES PCT	3,327	1,100	605	0	361,948	0.0%
OXFORDSHIRE PCT	5,799	2,181	1,901	2,184	954,704	0.2%
PORTSMOUTH CITY TEACHING PCT	7,839	5,810	5,207	635	379,256	0.2%
SOUTH CENTRAL SHA	27,192	39,632	45,125	56,352	385,780	14.6%
SOUTHAMPTON CITY PCT	2,033	155	917	2,849	421,195	0.7%
SOUTH CENTRAL TOTAL SHA/PCT SECTOR	36,748	44,290	59,541	66,048	6,632,299	1.0%

Trust Name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BERKSHIRE HEALTHCARE NHS TRUST (1)	299	n/a	n/a	n/a	n/a	n/a
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST (2)	1,729	(2,750)	146	299	345,002	0.1%
HAMPSHIRE PARTNERSHIP NHS TRUST (3)	2,599	2,597	n/a	n/a	n/a	n/a
HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST (4)	1,319	n/a	n/a	n/a	n/a	n/a
MILTON KEYNES GENERAL HOSPITAL NHS TRUST (5)	852	n/a	n/a	n/a	n/a	n/a
NUFFIELD ORTHOPAEDIC NHS TRUST	56	59	311	815	81,774	1.0%
OXFORD LEARNING DISABILITY NHS TRUST	386	631	181	355	39,379	0.9%
OXFORD RADCLIFFE HOSPITALS NHS TRUST	4,311	2,405	106	0	652,447	0.0%
OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST (6)	1,053	n/a	n/a	n/a	n/a	n/a
PORTSMOUTH HOSPITALS NHS TRUST	7,299	159	(14,877)	0	439,593	0.0%
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	30	559	602	1,318	136,628	1.0%
SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	17,944	13,591	6,777	3,500	510,144	0.7%
WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	633	286	224	0	144,907	0.0%
SOUTH CENTRAL TOTAL TRUST SECTOR	38,510	17,537	(6,530)	6,287	2,349,874	0.3%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Nuffield Orthopaedic NHS Trust (£0.1m)
Oxford Radcliffe Hospitals NHS Trust (£0.3m)
Southampton University Hospitals NHS Trust (£9m)

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

ANNEX 10: SOUTH WEST SHA

SHA and PCT name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2010/11 Q3 Forecast Outturn Revenue Resource Limit (RRL) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Deficit) as % RRL
BATH AND NORTH EAST SOMERSET PCT	2,837	1,752	1,924	2,685	286,941	0.9%
BOURNEMOUTH AND POOLE TEACHING PCT	5,779	5,403	2,886	5,356	569,329	0.9%
BRISTOL TEACHING PCT	3,689	4,514	4,974	6,955	769,106	0.9%
CORNWALL AND ISLES OF SCILLY PCT	2,727	5,622	6,064	8,562	920,348	0.9%
DEVON PCT	3,700	15	237	3,500	1,228,918	0.3%
DORSET PCT	3,070	4,057	4,374	6,133	650,359	0.9%
GLOUCESTERSHIRE PCT	2,798	5,784	6,216	8,685	917,796	0.9%
NORTH SOMERSET PCT	9	48	48	1,500	337,264	0.4%
PLYMOUTH TEACHING PCT	5,042	2,745	1,400	4,165	456,308	0.9%
SOMERSET PCT	5,110	5,235	5,751	7,965	859,240	0.9%
SOUTH GLOUCESTERSHIRE PCT	1,090	48	39	1,500	370,067	0.4%
SOUTH WEST SHA	56,710	63,822	56,756	49,355	454,883	10.9%
SWINDON PCT	935	1,930	2,080	2,945	311,289	0.9%
TORBAY CARE TRUST	7,881	1,640	1,808	2,494	266,664	0.9%
WILTSHIRE PCT	0	1,167	0	3,200	671,144	0.5%
SOUTH WEST TOTAL SHA/PCT SECTOR	101,377	103,782	94,557	115,000	9,069,656	1.3%

Trust name	2007/8 Annual Accounts Surplus/ (Deficit) £000s	2008/9 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Annual Accounts Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) £000s	2010/11 Q3 Forecast Outturn Turnover £000s	2010/11 Q3 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
AVON AND WILTSHIRE MHP NHS TRUST	1,009	1,827	1,113	3,200	196,250	1.6%
CORNWALL PARTNERSHIP NHS TRUST (1)	0	402	1,250	n/a	n/a	n/a
DEVON PARTNERSHIP NHS TRUST	1,700	1,298	209	600	129,137	0.5%
GLOUCESTERSHIRE PARTNERSHIP NHS TRUST (2)	1,366	n/a	n/a	n/a	n/a	n/a
GREAT WESTERN AMBULANCE SERVICE NHS TRUST	1,449	5	94	800	85,667	0.9%
NORTH BRISTOL NHS TRUST	4,008	3,036	6,177	7,890	486,413	1.6%
NORTHERN DEVON HEALTHCARE NHS TRUST	7,602	7,902	0	250	135,071	0.2%
PLYMOUTH HOSPITALS NHS TRUST	12,698	5,023	2,010	0	389,997	0.0%
POOLE HOSPITALS NHS TRUST (3)	199	n/a	n/a	n/a	n/a	n/a
ROYAL CORNWALL HOSPITALS NHS TRUST	1,285	2,009	8,349	9,756	307,911	3.2%
ROYAL UNITED HOSPITAL BATH NHS TRUST	1,900	5,600	5,800	4,195	213,587	2.0%
SOMERSET PARTNERSHIP NHS AND SOCIAL CARE NHS TRUST (4)	541	94	n/a	n/a	n/a	n/a
SOUTH WEST AMBULANCE SERVICE NHS TRUST	0	325	511	1,000	122,128	0.8%
SWINDON AND MARLBOROUGH NHS TRUST (5)	835	1,274	n/a	n/a	n/a	n/a
TAUNTON AND SOMERSET NHS TRUST (6)	627	n/a	n/a	n/a	n/a	n/a
UNITED BRISTOL HEALTHCARE NHS TRUST (7)	12,809	3,706	n/a	n/a	n/a	n/a
WESTON AREA HEALTH NHS TRUST	8	408	2,448	3,607	92,522	3.9%
SOUTH WEST TOTAL TRUST SECTOR	48,036	32,909	27,961	31,288	2,158,683	1.4%

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

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

In addition to the operating deficits forecast in Quarter 3, 2010/11 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 including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Great Western Ambulance Service NHS Trust (£2m)
Northern Devon Healthcare NHS Trust (£3m)
Plymouth Hospitals NHS Trust (£3m)

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

ANNEX 11: NHS PERFORMANCE FRAMEWORK ACUTE TRUST RESULTS

Trust name	Overall Finance Score	Overall Quality of Services Score	Performance Rating after Escalation		Quality: Standards & Vital Signs		Quality: User Experience		Quality: CQC Registration		
			Finance	Quality of Services	Score	Rating	Score	Rating	Rating		
East Cheshire NHS Trust	Performing	Performing		Performing		Performing	2.63	Performing	5	Performing	Performing
East Lancashire Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.93	Performing	5	Performing	Performing
North Cumbria University Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.83	Performing	5	Performing	Performing
Pennine Acute Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.90	Performing	3	Performance under review	Performing
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Performing	Performing		Performing		Performing	3.00	Performing	5	Performing	Performing
Southport and Ormskirk Hospital NHS Trust	Performing	Performing		Performing		Performing	2.85	Performing	5	Performing	Performing
St Helens and Knowsley Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.89	Performing	5	Performing	Performing
Trafford Healthcare NHS Trust	Underperforming	Performing	Escalated	Challenged		Performing	2.76	Performing	4	Performing	Performing
Hull and East Yorkshire Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.62	Performing	3	Performance under review	Performing
Leeds Teaching Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.58	Performing	5	Performing	Performing
Mid Yorkshire Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.62	Performing	2	Performance under review	Performing
Scarborough and North East Yorkshire Health Care NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.64	Performing	5	Performing	Performance Under Review
Northampton General Hospital NHS Trust	Performing	Performing		Performing		Performing	3.00	Performing	4	Performing	Performing
Nottingham University Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.64	Performing	5	Performing	Performing
United Lincolnshire Hospitals NHS Trust	Underperforming	Underperforming		Underperforming		Underperforming	2.30	Performance under review	5	Performing	Underperforming
University Hospitals Of Leicester NHS Trust	Performing	Performing		Performing		Performing	2.80	Performing	4	Performing	Performing
George Eliot Hospital NHS Trust	Performing	Performing		Performing		Performing	2.85	Performing	2	Performance under review	Performing
Hereford Hospitals NHS Trust	Performance under review	Performing		Performance under review		Performing	2.52	Performing	5	Performing	Performing
Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust	Performing	Performing		Performing		Performing	2.53	Performing	5	Performing	Performing
Sandwell and West Birmingham Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.80	Performing	5	Performing	Performing
Shrewsbury and Telford Hospital NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.38	Performance under review	5	Performing	Performing
The Royal Wolverhampton Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.91	Performing	4	Performing	Performing
University Hospital Of North Staffordshire NHS Trust	Performing	Performance Under Review		Performing		Performance Under Review	2.28	Performance under review	5	Performing	Performing
University Hospitals Coventry and Warwickshire NHS Trust	Performing	Performing		Performing		Performing	2.76	Performing	5	Performing	Performing
Walsall Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.89	Performing	2	Performance under review	Performing
Worcestershire Acute Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.76	Performing	5	Performing	Performing
Bedford Hospital NHS Trust	Performing	Performing		Performing		Performing	2.89	Performing	2	Performance under review	Performing
East and North Hertfordshire NHS Trust	Performing	Performing		Performing		Performing	2.74	Performing	4	Performing	Performing
Hinchingbrooke Health Care NHS Trust	Underperforming	Performing		Underperforming		Performing	2.57	Performing	5	Performing	Performing
Ipswich Hospital NHS Trust	Performing	Performing		Performing		Performing	2.62	Performing	5	Performing	Performing
Mid Essex Hospital Services NHS Trust	Performing	Performing		Performing		Performing	2.62	Performing	5	Performing	Performing
The Princess Alexandra Hospital NHS Trust	Performing	Performing		Performing		Performing	3.00	Performing	3	Performance under review	Performing
West Hertfordshire Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.94	Performing	2	Performance under review	Performing
West Suffolk Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.68	Performing	5	Performing	Performing
Barking, Havering and Redbridge University Hospitals NHS Trust	Underperforming	Underperforming	Escalated	Challenged		Underperforming	2.58	Performing	3	Performance under review	Underperforming
Barnet and Chase Farm Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.96	Performing	2	Performance under review	Performing
Barts and The London NHS Trust	Performing	Performing		Performing		Performing	2.77	Performing	5	Performing	Performing
Croydon Health Services NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.96	Performing	0	Underperforming	Performing
Ealing Hospital NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.62	Performing	0	Underperforming	Performing
Epsom and St Helier University Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.70	Performing	5	Performing	Performing

ANNEX 11 : NHS PERFORMANCE FRAMEWORK ACUTE TRUST RESULTS

Trust name	Overall Finance Score	Overall Quality of Services Score	Performance Rating after Escalation			Quality: Standards & Vital Signs		Quality: User Experience		Quality: CQC Registration
			Finance	Quality of Services	Score	Rating	Score	Rating	Rating	
Great Ormond Street Hospital For Children NHS Trust	Performing	Performing		Performing		Performing	2.50	Performing		Performing
Imperial College Healthcare NHS Trust	Performing	Performing		Performing		Performing	2.67	Performing	3	Performance under review
Kingston Hospital NHS Trust	Performing	Performing		Performing		Performing	2.83	Performing	5	Performing
Lewisham Healthcare NHS Trust	Performing	Performing		Performing		Performing	2.83	Performing	3	Performance under review
Newham University Hospital NHS Trust	Underperforming	Performing		Underperforming		Performing	2.96	Performing	3	Performance under review
North Middlesex University Hospital NHS Trust	Performing	Performing		Performing		Performing	2.86	Performing	2	Performance under review
North West London Hospitals NHS Trust	Underperforming	Performance Under Review	Escalated	Challenged	Escalated	Underperforming	3.00	Performing	0	Underperforming
Royal Free Hampstead NHS Trust	Performing	Performing		Performing		Performing	2.97	Performing	4	Performing
Royal National Orthopaedic Hospital NHS Trust	Performance under review	Performing		Performance under review		Performing	2.53	Performing	5	Performing
South London Healthcare NHS Trust	Underperforming	Performing	Escalated	Challenged		Performing	2.82	Performing	2	Performance under review
St George's Healthcare NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.32	Performance under review	5	Performing
The Hillingdon Hospital NHS Trust	Performing	Performing		Performing		Performing	2.98	Performing	3	Performance under review
The Whittington Hospital NHS Trust	Performing	Performing		Performing		Performing	2.92	Performing	5	Performing
West Middlesex University Hospital NHS Trust	Underperforming	Performing	Escalated	Challenged		Performing	2.78	Performing	2	Performance under review
Whipps Cross University Hospital NHS Trust	Underperforming	Performing	Escalated	Challenged		Performing	3.00	Performing	3	Performance under review
Brighton and Sussex University Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.63	Performing	5	Performing
Dartford and Gravesham NHS Trust	Performing	Performing		Performing		Performing	2.51	Performing	4	Performing
East Sussex Hospitals NHS Trust	Performance under review	Performing	Escalated	Underperforming		Performing	2.55	Performing	5	Performing
Maidstone and Tunbridge Wells NHS Trust	Performing	Performing		Performing		Performing	2.88	Performing	5	Performing
Surrey and Sussex Healthcare NHS Trust	Performance under review	Performance Under Review		Performance under review	Escalated	Underperforming	2.18	Performance under review	2	Performance under review
Western Sussex Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.87	Performing	5	Performing
Buckinghamshire Healthcare NHS Trust	Performing	Performing		Performing		Performing	2.89	Performing	4	Performing
Isle Of Wight NHS PCT	Performing	Performing		Performing		Performing	2.77	Performing	5	Performing
Nuffield Orthopaedic Centre NHS Trust	Performing	Performance Under Review		Performing	Escalated	Underperforming	2.29	Performance under review	5	Performing
Oxford Radcliffe Hospitals NHS Trust	Performance under review	Performance Under Review		Performance under review	Escalated	Underperforming	2.33	Performance under review	5	Performing
Portsmouth Hospitals NHS Trust	Performance under review	Performance Under Review	Escalated	Challenged	Escalated	Underperforming	2.67	Performing	1	Underperforming
Southampton University Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.64	Performing	5	Performing
Winchester and Eastleigh Healthcare NHS Trust	Performing	Performing		Performing		Performing	2.73	Performing	5	Performing
North Bristol NHS Trust	Performing	Performing		Performing		Performing	2.92	Performing	5	Performing
Northern Devon Healthcare NHS Trust	Performing	Performing		Performing		Performing	2.68	Performing	5	Performing
Plymouth Hospitals NHS Trust	Performing	Performance Under Review		Performing		Performance Under Review	2.86	Performing	5	Performing
Royal Cornwall Hospitals NHS Trust	Performing	Performing		Performing		Performing	2.77	Performing	5	Performing
Royal United Hospital Bath NHS Trust	Performing	Performing		Performing		Performing	2.65	Performing	5	Performing
Weston Area Health NHS Trust	Performing	Performing		Performing		Performing	2.45	Performing	5	Performing

Footnote

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

2 Score moderated where patient experience score is underperforming, in this case highest score trust can achieve is performance under review.

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

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

ANNEX 12: NHS PERFORMANCE FRAMEWORK AMBULANCE TRUSTS RESULTS

Trust Name	Overall Finance Score	Overall Quality Score ¹	Escalation Statuses ¹		Quality: Standards & Vital Signs		Quality: Registration	
			Financial Escalation Status	Quality of Services Escalation Status	Score	Rating	Rating	
East Midlands Ambulance Service NHS Trust	Performing	Performance Under Review		Performing	Performance Under Review	2.00	Performance Under Review	Performing
East of England Ambulance Service NHS Trust	Performing	Performing		Performing	Performing	2.50	Performing	Performing
Great Western Ambulance Service NHS Trust	Performing	Performing		Performing	Performing	2.38	Performing	Performing
London Ambulance Service NHS Trust	Performing	Performance Under Review		Performing	Performance Under Review	2.00	Performance Under Review	Performing
North East Ambulance Service NHS Trust	Performing	Performing		Performing	Performing	2.50	Performing	Performing
North West Ambulance Service NHS Trust	Performing	Performance Under Review		Performing	Escalated Underperforming	2.00	Performance Under Review	Performing
South Central Ambulance Service NHS Trust	Performing	Performance Under Review		Performing	Performance Under Review	2.13	Performance Under Review	Performing
West Midlands Ambulance Service NHS Trust	Performing	Performing		Performing	Performing	2.63	Performing	Performing
Yorkshire Ambulance Service NHS Trust	Performing	Performance Under Review		Performing	Performance Under Review	2.13	Performance Under Review	Performing

¹If a trust has been assessed as 'performance under review' for 3 consecutive quarters, it will be categorised here as 'underperforming', if a trust has been assessed as 'underperforming' for 3 consecutive quarters, it will be categorised here as 'challenged'. In addition, independent over-riding rules may be used to categorise a trust as challenged or underperforming.

ANNEX 13: NHS PERFORMANCE FRAMEWORK MENTAL HEALTH TRUSTS RESULTS

Trust Name	Overall Finance Score	Overall Quality Score ¹	Quality: Standards & Vital Signs		Quality: User Experience		Quality: Registration
			Score	Rating	Score	Rating	Rating
Avon and Wiltshire Mental Health Partnership NHS Trust	Performing	Performing	2.83	Performing	3	Performance under review	Performing
Barnet, Enfield and Haringey Mental Health NHS Trust	Performing	Performing	2.25	Performing	3	Performance under review	Performing
Bradford District Care Trust	Performing	Performing	2.36	Performing	4	Performing	Performing
Coventry and Warwickshire Partnership NHS Trust	Performing	Performing	2.58	Performing	3	Performance under review	Performing
Devon Partnership NHS Trust	Performing	Performance Under Review	2.40	Performing	4	Performing	Performance Under Review
Dudley and Walsall Mental Health Partnership NHS Trust	Performing	Performing	2.67	Performing	3	Performance under review	Performing
Kent and Medway NHS and Social Care Partnership Trust	Performing	Performance Under Review	2.58	Performing	1	Underperforming	Performing
Leicestershire Partnership NHS Trust	Performing	Performing	2.33	Performing	3	Performance under review	Performing
Manchester Mental Health and Social Care Trust	Performing	Performing	2.20	Performing	4	Performing	Performing
Mersey Care NHS Trust	Performing	Performing	2.27	Performing	3	Performance under review	Performing
North East Lincolnshire Care Trust Plus	-	Performing	2.60	Performing	4	Performing	Performing
North Staffordshire Combined Healthcare NHS Trust	Performing	Performing	2.58	Performing	4	Performing	Performing
Nottinghamshire Healthcare NHS Trust	Performing	Performing	2.92	Performing	4	Performing	Performing
South West London and St Georges Mental Health NHS Trust	Performing	Performing	2.75	Performing	4	Performing	Performing
Suffolk Mental Health Partnership NHS Trust	Performing	Performing	2.33	Performing	4	Performing	Performing
West London Mental Health NHS Trust	Performing	Performing	2.58	Performing	2	Performance under review	Performing
Worcestershire Mental Health Partnership NHS Trust	Performing	Performing	2.36	Performing	4	Performing	Performing

¹Score 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.

Annex 14: Redundancies

Redundancies (by headcount)

During Q3, there were 769 compulsory redundancies. Of these, 119 (15.5 percent) were clinical and 650 (84.5 percent) were non-clinical. These figures include data from SHAs, PCTs, Trusts and Foundation Trusts.

	Compulsory redundancies for clinical staff	Compulsory redundancies for non-clinical staff	Total Compulsory redundancies
NHS England	119	650	769

Please note: The figures for Q3 2010/11 are not comparable with 2009/10 data. Redundancy data for 2009/10 did not include Foundation Trusts, whereas they are included in the 2010/11 data.