



David Flory Director General for
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thequarter.

Welcome to the
third edition of

thequarter –

an update from the
Director General for
NHS Finance, Performance
and Operations



Introduction

18 weeks

Tackling healthcare associated
infections

Improving health and well-being
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In this, my third quarterly report to you as Director General for NHS Finance, Performance and Operations, I am pleased to report continued progress in improving services for patients within the four priority areas set out in the 2007/08 Operating Framework and, in particular, what we have committed to deliver by the end of March.

The priorities we set in
the 2007/08 Operating
Framework are:

- making significant progress toward meeting our target of treating patients no longer than 18 weeks after their referral
- delivering improvements in healthcare associated infections (HCIs) – meeting the national targets on MRSA and delivering against local targets on *Clostridium Difficile* (*C.difficile*)
- focusing on health inequalities and promoting health and well-being
- tackling financial deficits in NHS organisations and generating an overall surplus.



**We must remain
clearly focused on
ensuring we achieve
our targets by the
end of March**

NHS Leadership Team

introduction



Delivering a surplus is a crucial part of our financial strategy, creating the capacity to invest in future years.

Not only are we approaching the end of the financial year, we are also near to the end of a three-year planning cycle – a period in which the NHS has made significant strides in reducing waiting times, tackling health inequalities, and stabilising our financial position.

Our ability to deliver on our promises at the end of this financial year will provide us with a strong platform on which to build at the start of the new planning round.

While much of the progress we have made up to December is encouraging, I am also aware that we must remain clearly focused on ensuring we achieve what we set out to by the end of March.

At Quarter 3, the NHS continues to forecast a healthy £1.8 billion surplus for 2007/08, in line with the position we reported at Quarter 2. We now need to make sure that we achieve this at year-end. Delivering a surplus is a crucial part of our financial strategy and essential for creating the capacity to invest in future years.

By the end of March, we have promised to reduce MRSA bacteraemia infections by 50 per cent, compared with our position in 2003/04. Performance during Quarter 3 is encouraging and demonstrates clearly that this target is achievable. We now need to further improve to the end of March and into the first quarter of next year to hit the target, and then further accelerate our performance going forward throughout 2008/09.

In line with the strategy outlined in *Clean, Safe Care: reducing infections and saving lives*, we are due to have rolled-out the Deep Clean programme in every trust by the end of March and we should already be seeing the benefits of increased satisfaction for patients and staff. In parallel, we have begun a national public education campaign to help reduce inappropriate use of antibiotics (see right). These are important steps in helping us sustain reductions in MRSA rates and improve public confidence in standards of cleanliness and infection control.

By the end of March we are also due to achieve a key milestone in improving access to elective care so that 85 per cent of admitted patients and 90 per cent of non-admitted patients are treated within 18 weeks or less from the date of referral to seeing a specialist.

Performance at Quarter 3 demonstrates that good progress continues to be made, with the overall rate of improvement in the proportion of patients treated within 18 weeks having increased from Quarter 2. I am aware of the considerable amount of work going on around the country to achieve this. We now need to maintain these rates of improvement to the end of March and beyond to December, avoiding the potential for slowdown in the period April-June that we have sometimes seen in previous years.

Since publication of my last report, the Government has published national statistics on average life expectancy for the period 2004-06. The data shows that life expectancies have continued to increase for both males and females and we have made excellent progress in reducing deaths from cancer and coronary heart diseases.



However, this data also shows that the gap between average life expectancy in some of our most deprived areas has widened since 1995/97 (i.e. the baseline), compared with the average for England as a whole.

Reducing health inequalities is one of the most difficult challenges facing the NHS today and is not something that can be achieved by health services alone. Nevertheless, the trend in the data on average life expectancies can only underline the importance of the NHS's contribution to improving health and well-being on issues such as smoking cessation and promoting good sexual health, where related illnesses are more prevalent in deprived areas.

As in previous editions of *The Quarter*, I have included a report on our commitment to maintain the improvements in services for patients that have been achieved in previous years. Overall, performance at Quarter 3 shows that we are keeping our promises.

The busy winter period always presents challenges for emergency care and previously published data on A&E waiting times for December shows that 97.3 per cent of patients waited less than four hours, compared with 98.2 per cent for the equivalent period last year. There is a similar pattern of performance by ambulance trusts in responding to Category A calls. Early

indications indicate that we can expect to see improvements in performance during January and February, which we must now sustain.

Finally, this report includes an update on information governance as a timely reminder of the importance of protecting personal data as a priority across all areas of the public sector and as a matter of significant public concern.

Life expectancies are rising, but the rate of improvement is slower in some of the most deprived areas



pledge

18 weeks

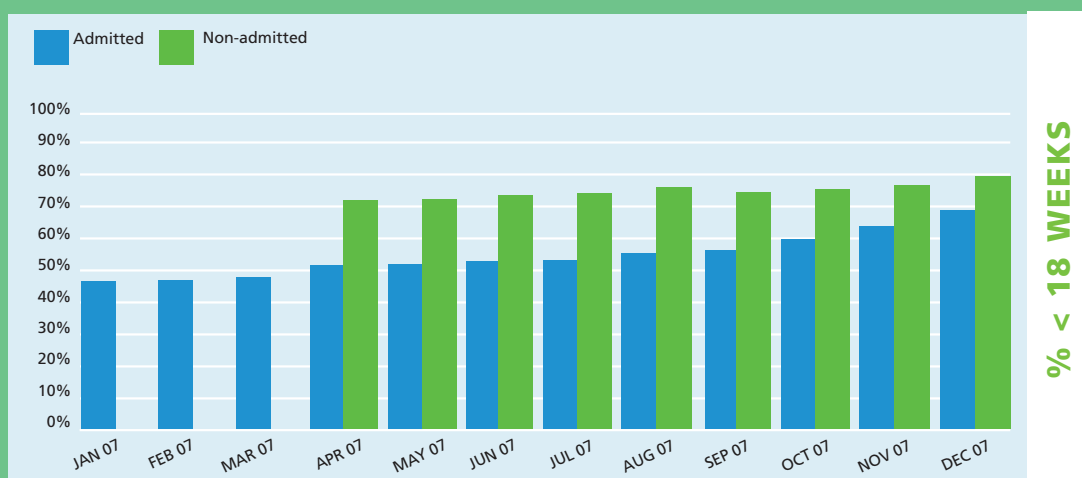
Improving access through achievement of the 18 weeks referral to treatment pledge

By December 2008, patients who want it, and for whom it is clinically appropriate, can expect to start their treatment within a maximum of 18 weeks from referral.

18 weeks reflects the real patient experience of waiting in the NHS by tackling the entire pathway for all patients including waits for diagnostic tests and follow-up outpatient appointments. As set out in the Operating Framework for 2008/09, 18 weeks is one of five key areas where PCTs, working with providers and their local partners, need to pay particular attention.

Figure 1 below shows the NHS is making good progress.

Figure 1
RTT admitted /
non-admitted
patients

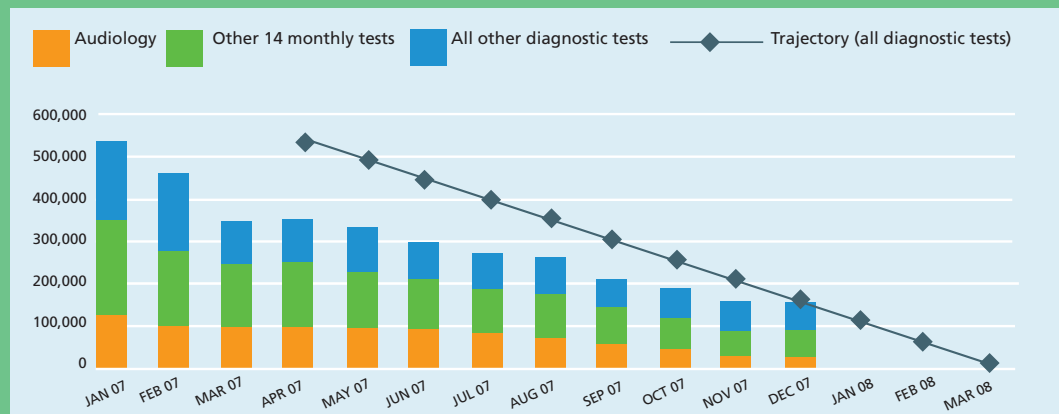


Latest referral to treatment data for December shows:

- 69 per cent of admitted patients waited 18 weeks or less in December 2007 compared with 47 per cent in January 2007
- 79 per cent of non-admitted patients waited 18 weeks or less in December compared with 73 per cent in April 2007.

continued overleaf

Figure 2
6 week +
waiters
against
trajectory
(all diagnostic
tests): England



However, these figures are based on patients for whom we have referral to treatment data. We currently have this on 75 per cent of admitted patients. Data completeness is improving but we need to make significant advances in the next few months. Without knowing how long all of their patients have been waiting, trusts cannot use this information to make the service improvements needed to achieve 18 weeks everywhere.

While the 18 weeks target is for achievement by December 2008, milestones to be reached by March 2008 are that 85 per cent of admitted patients and 90 per cent of non-admitted patients should start their treatment within 18 weeks of referral. PCTs and trusts have committed themselves to achieving these milestones and are working intensively in Quarter 4 towards this objective.

Six early achiever health communities reached 18 weeks a year early in December 2007. Others are within touching distance of delivering 18 weeks and expect to get there by March 2008. This is an outstanding achievement. The success of these organisations shows that 18 weeks is achievable and we will spread the learning and good practice from these organisations.

Access to services at the time and place that people want remains a key litmus test of the public's view of the NHS.

Ultimately, patient experience will be the true measure of success in delivering further improvements in access – and we will only know if we have succeeded when our patients tell us that they are no longer concerned about waits and that their actual experience of the service is a good one.

We are testing an 18 weeks patient survey, which focuses on patients' satisfaction with the referral to treatment service they have received. Subject to the outcome of this testing, we plan to roll this out nationally in 2008/09.

Access to the 15 key diagnostic tests also continues to improve. This is central to addressing one of the main barriers to effective and timely treatment.

- The number of waits over 13 weeks fell by a further 30,300 (54 per cent) from 55,800 at the end of September to 25,500 at the end of December
- The number of over 6 week waits fell by 53,900 (38 per cent) from 140,100 over the same period
- The median waiting time now stands at 3 weeks compared to 6.1 weeks in April 2006. The number of waits over six weeks continues to fall as shown in figure 2 (above).

Looking further ahead, the Operating Framework confirmed the December 2008 operational standards of delivery of 18 weeks for the NHS. After allowing for adjustments to reflect patient choice along the admitted part of admitted pathways, these standards are:

- 90 per cent of pathways where patients are admitted for hospital treatment should be completed within a maximum of 18 weeks; and
- 95 per cent of pathways that do not result in an admission should be completed within a maximum of 18 weeks.

These standards will allow for patient choice and compliance along the non-admitted parts of the pathway, and for clinical complexity. They are reflected in the requirements of the NHS contract. We expect achievement from 1 January 2009.

We will also introduce performance sharing between all providers on an 18 week pathway during autumn 2008 so that each provider receives the credit for delivery or the penalty for non-delivery on inter-provider pathways. This will be similar to what is in place for cancer waits – so called ‘breach sharing’ – which will help ensure that all the providers contributing to a patient pathway are held to account for achieving 18 weeks.

By improving access to services in delivering 18 weeks we will reduce unnecessary delays, improve patients’ experience of the whole journey and deliver real improvements in health outcomes.



**By improving
access to services
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Tackling Healthcare Associated Infections (HCAIs)

MRSA

The latest published data shows continuing progress in the fight to reduce HCAIs. This continued progress is testament to the focus given to the HCAI agenda by NHS staff across the country.

Rates of MRSA bloodstream infections have decreased once more against the previous quarter and show that there were 1,072 cases reported in England during the July to September quarter of 2007/08. This represents an 18 per cent decrease on the previous quarter (April to June 2007) when 1,304 reports were received.

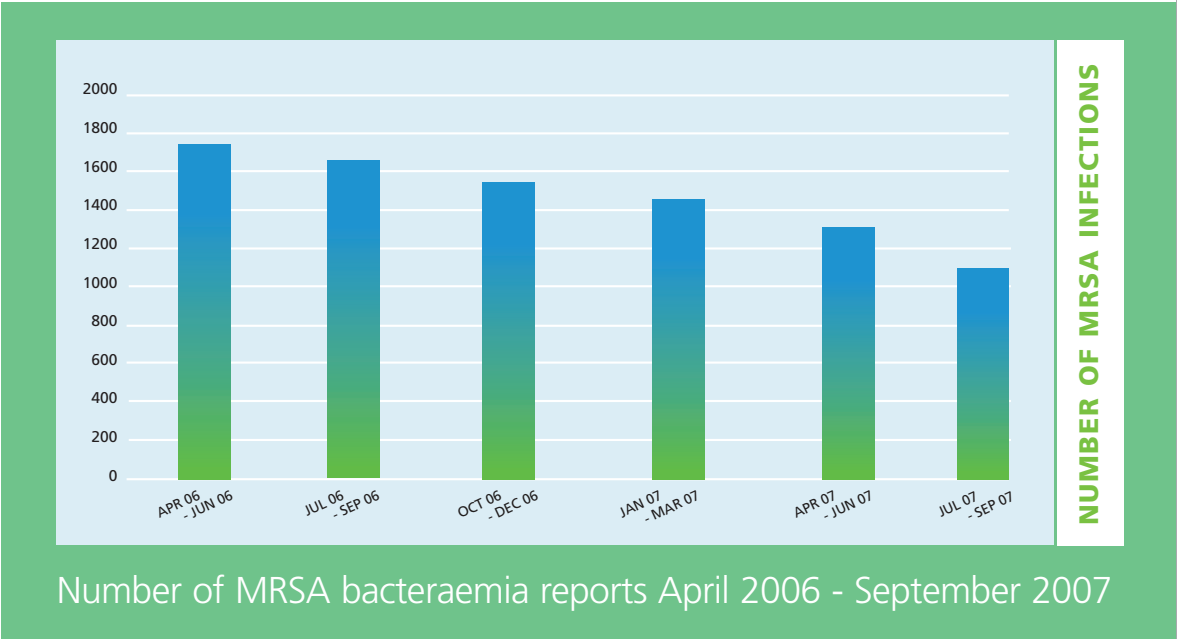


Figure 3

Number of MRSA bacteraemia reports April 2006 - September 2007

MRSA bloodstream infection figures

A summary of cases reported under mandatory surveillance in England

Quarter	Number of MRSA infections
April 2006 - June 2006	1742
July 2006 - September 2006	1651
October 2006 - December 2006	1543
January 2007 - March 2007	1447
April 2007 - June 2007	1304
July 2007 - September 2007	1072

Figure 4

Clostridium difficile

The latest *C. difficile* figures show there were 10,734 cases in patients aged 65 years and over in England, reported in the July to September quarter of 2007. This represents a 21 per cent decrease on the previous quarter (April to June 2007) when 13,669 reports were received and a reduction of 2,087 cases (16 per cent) on the same period last year.

In patients between 2 and 64 years of age, 2,496 cases were reported in the July to September quarter of 2007/08. This is a 14 per cent decrease on the previous quarter (April – June) when 2,887 reports were received.

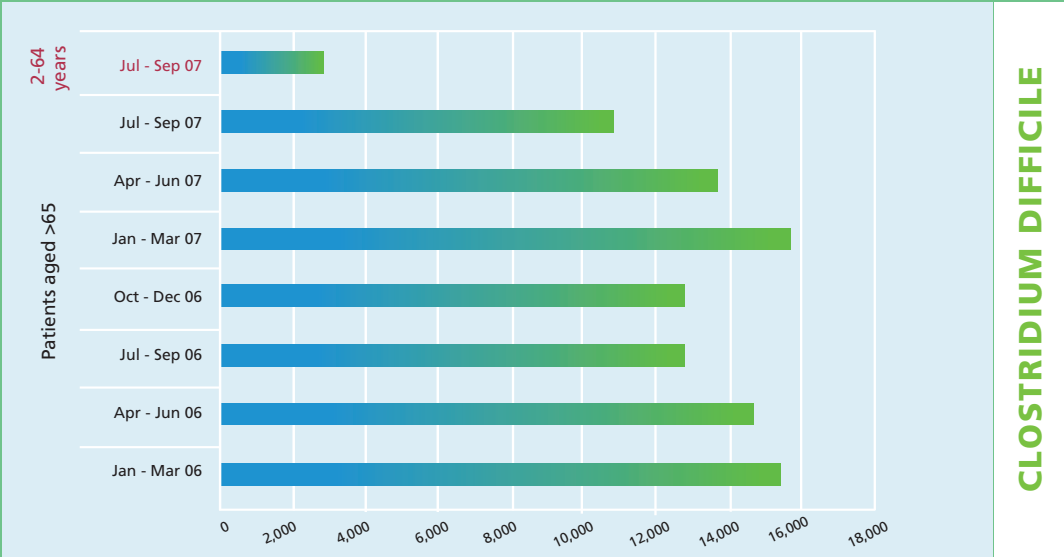


Figure 5

Summary of Quartely counts of *C.Difficile* for patients aged 2-64 years

2006/07	Number of <i>C. difficile</i> reports for patients aged >65 years	2007/08	Number of <i>C. difficile</i> reports for patients aged >65 years
-	-	Jan - March 07	15,640
April - June 06	14,689	April - June 07	13,689
July - Sept 06	12,821	July - Sept 07	10,734
Oct - Dec 06	12,777	-	-

Figure 6

Improving health and well-being and reducing inequalities

priorities

The NHS has made a major contribution to significantly reducing deaths from cancer, circulatory diseases and suicide, since 1997. These are outstanding achievements.

In addition, the Government has put in place the most comprehensive programme ever in this country to address and tackle health inequalities and this is a key priority for the NHS going forward, as set out in the 2008/09 Operating Framework.

In January 2008, the Department published guidance on *Operational Plans: 2008/09-2010/11*, underpinned by a common set of indicators for measuring health outcomes and healthcare performance, the Vital Signs. Reducing All Age All Cause Mortality (as a proxy for life expectancy), was included as a **national priority for local action** by PCTs. This indicator will also be used to measure the performance of local authority services and appears in the *Local Authorities & Local Authority Partnerships: National Indicator Set*, encouraging local partnership working between the NHS and local government in addressing the needs of their populations.

A key cross-government PSA target is to reduce inequalities in health by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth. Latest data for 2004-06 shows that we still have a considerable way to go to meet this target, with only 8 of the 70 'Spearhead' local authorities – those with the lowest 20 per cent of health and deprivation indicators – having narrowed the gap in average life expectancy for both males and females. Overall, the gap in average life expectancy for males has remained static compared with 2003-05 (ie, 2 per cent wider than baseline) and increased slightly for females (11 per cent wider than baseline compared with 8 per cent for 2003-05).

However, the NHS has made real progress on many of the relevant healthcare-specific targets – including success in helping people to quit smoking and improving access to sexual health services – and we are on track to achieve a 40 per cent reduction in the gap in the premature mortality rate from cardiovascular diseases in the fifth of areas with the worst health and deprivation scores and England as a whole.

Meanwhile, latest data on infant mortality (2004-06) shows that we are moving in the right direction with overall rates at an all-time low and a slight narrowing of the gap between the England average and the rate amongst routine and manual socio-economic groups.

The *Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide* was published on 14 December 2007 and builds on the key interventions in the Infant Mortality review, showing how to narrow the health inequalities gap in infant mortality by looking at current examples of good practice. The actions in this plan will contribute to meeting the target, and improving infant and child health for all disadvantaged groups.



Reducing deaths from cardiovascular diseases and stroke

targets

PSA mortality target:

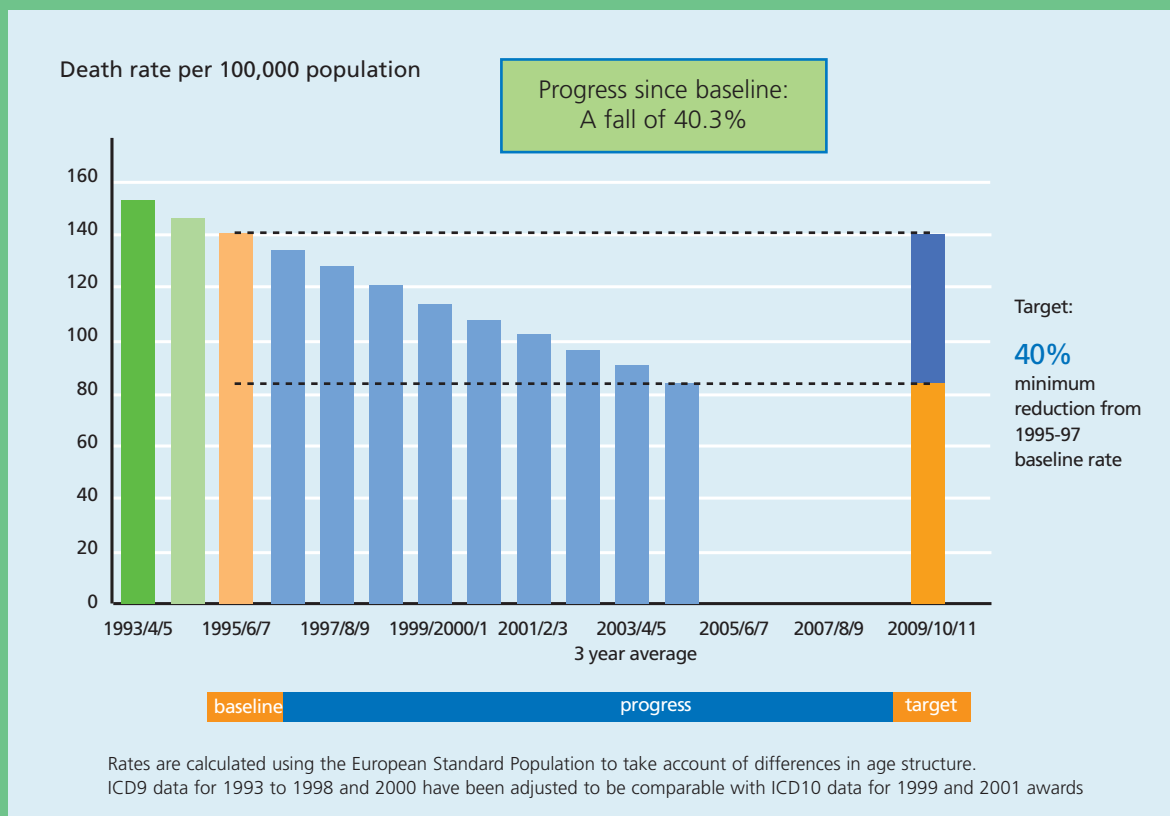
To reduce mortality from heart disease and stroke and related circulatory diseases in people under 75 by at least 40 per cent by 2010.

Since setting this target in 1999, we have seen continuing, steady progress to the point where we are able to say that the target has been met, five years ahead of schedule. This is a major achievement. It comes as the result of the shared efforts of people working across the whole spectrum of healthcare. Emergency care is delivering thrombolysis more quickly for people suffering a heart attack; waiting times for heart surgery have dropped dramatically since the inception of the National Service Framework (NSF), and outcomes have improved; in primary care, with the additional incentive of the Quality and Outcomes Framework, secondary prevention has improved. Smoking cessation has also made a major contribution.

- The prescription rate for cholesterol-reducing statins has more than doubled over the last three years, cutting mortality from Coronary Heart Disease (CHD) and the number of heart attacks each year.
- Prevalence of smoking among adults dropped from 24 per cent in 2005 to 22 per cent in 2006. This is particularly encouraging since the rate of decline had slowed over the last decade.
- Thrombolysis is now delivered within the target of 60 minutes in 69 per cent of individuals, up from 64 per cent in 2006/07, and up from just 22 per cent in early 2001.

continued overleaf

Figure 7
Circulatory Disease Mortality Target Death Rates from all Circulatory Disease in England; persons under 75



We continue to make good progress towards meeting the inequalities dimension of our target and are on track to meet a 40 per cent reduction in the gap in the premature mortality rate from cardiovascular diseases in the fifth of areas with the worst health and deprivation scores and England as a whole. Latest data show a 32% reduction in this absolute gap.



Figure 8
Circulatory
Disease
mortality in
people under
75 years:
Inequality Gap
England



Mental health

To support reducing suicides in 2006/07, the NHS delivered 87 per cent of its target to serve 7,500 new people needing early intervention services. The Operating Framework for 2007/08 identified this year as one in which the NHS needed to make further progress to deliver this caseload.

At Quarter 2, the NHS reported delivery of 3,314 new early intervention cases, 88 per cent of its second quarter trajectory. A concerted effort to increase capacity will be needed if the NHS is to meet the target this year.

In 2006/07, the NHS delivered 95 per cent of its target to provide 100,000 home treatment episodes. By the second quarter of this year, the NHS was delivering 50 per cent of the total caseload. If this performance is sustained, the NHS will deliver in full by the end of March 2008.

We set out to recruit 500 community development workers (CDWs) in the NHS by the end of December 2007. CDWs are key to

the implementation of *Delivering Race Equality in Mental Health Care*, helping to bridge gaps between mental health services and black and minority ethnic communities. However, by December the NHS had recruited over 350 CDWs, and a concerted effort will now be required by SHAs to ensure we meet our commitment in this area.

In Quarter 3 for the first time all PCTs were compliant with all three CAMHS proxy measures

Child and Adolescent Mental Health Services

The NHS has also worked to ensure that the Child and Adolescent Mental Health Services (CAMHS) PSA target that 'all patients who need them have access to a comprehensive Child and Adolescent Mental Health service by 2006,' is maintained in 2007/08.

The Department has worked closely with SHAs and the National CAMHS Support Service to performance manage delivery of the PSA as measured by the three proxy measures of 24-hour emergency service, CAMHS service for those with a learning disability, and appropriate services for 16-17 year olds. Most PCTs delivered in December 2006, and all PCTs were compliant at Quarter 3 (2007/08).

From April 2008 the current three proxies will be supplemented by a fourth indicator on the joint commissioning of early intervention services in universal settings. In addition DH and the Department for Children Schools and Families (DCSF) are working to produce a new indicator, for possible introduction from 2009/10 and replacing the current proxies, which will assess the impact of treatment on children's mental health and emotional well-being.

DH and DCSF have jointly commissioned an independent review of the way that services are delivered to children and young people with mental health and emotional well-being needs. The review will provide an opportunity to take stock of progress since the publication of the Children's NSF in 2004 in delivering comprehensive CAMHS and to identify how mainstream and universal services could be more effective in promoting the emotional well-being and mental health of children, young people and their families. The review is expected to report in autumn 2008.

Smoking Quitters

Undoubtedly, the introduction of legislation to reduce smoking in public places from 1 July 2007 is continuing to encourage smokers to quit with NHS support and we are hopeful that this positive impact demonstrated in the latest statistics will continue over the coming months.

The latest published statistics are for the period April 2007 to September 2007 and the key results show that in England during this period:

- 327,800 people set a quit date through NHS Stop Smoking Services – an increase of 29 per cent over the same period in 2006/07
- At the four week follow-up 164,711 people had successfully quit (based on self report), 50 per cent of those setting a quit date. This compared with 128,868 successful quitters in the same period in 2006/07 (an increase of 28 per cent)

- Of those setting a quit date, success at the four week follow-up increased with age, from 37 per cent of those under 18, to 59 per cent of those aged 60 and over.
- The number of successful smoking quitters recorded was 87,797 – this is an increase of nearly 11,000 (14 per cent) over Quarter 1.

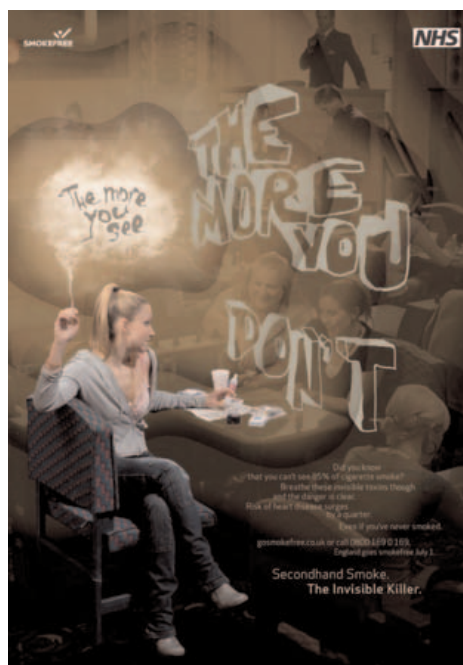
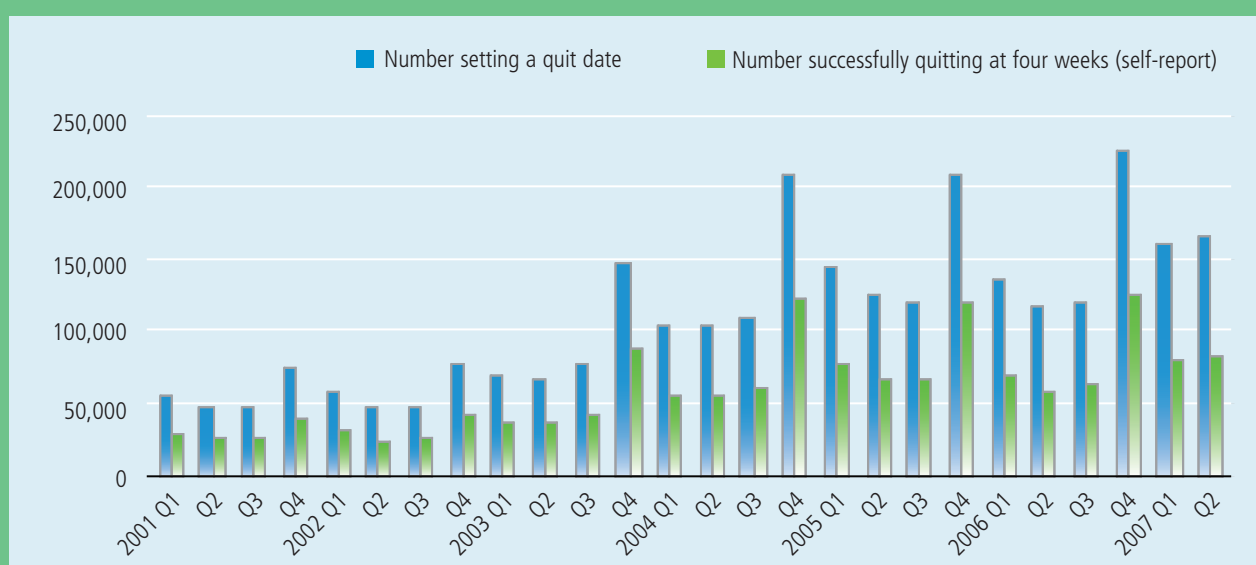


Figure 9
NHS Stop
Smoking services



Sexual health services

On sexual health, we aim to ensure, by March 2008, that 100 per cent of people who need an appointment at a Genito-Urinary Medicine (GUM) clinic will be offered one within two working days.

The latest figures for December 2007 show that:

- 92 per cent of first attendees are offered an appointment within two normal working days, compared to 88.3 per cent in September
- 81.8 per cent of first attendees are seen within two normal working days, compared to 78.3 per cent in September.

Good progress has continued to be made towards this target and we need to maintain our focus on ensuring 100 per cent coverage across the NHS by the end of next month. To support delivery, Genitourinary Medicine 48-hour Access: Getting to target and staying there¹, has just been published. Along with the 10 High Impact Changes² document, it provides practical help and examples to deliver and maintain this target and can be found on the DH website. The national support team continues to support organisations who are most challenged.

The target for chlamydia screening of 15 per cent of the population between the ages of 15-24 continues to be part of our broader strategy to improve access to sexual health services.

Performance data on chlamydia screening shows that:

- Nearly 82,000 screens have been performed at Quarter 3
- screenings have increased by 39 per cent over the previous quarter
- a total of almost 194,000 screens were completed to the end of December 2007 bringing the total to over 500,000 since the programme started in 2003.

better access



¹ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083087

² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074104

Our commitment to maintain existing standards

In the third quarter of 2007/08, the NHS has continued to ensure delivery of its ongoing commitments to maintain operational standards, which ensure patients receive fast access to high quality services.



- Over 97 per cent of patients were seen within a maximum of four hours in A&E.
- At the end of January 2008, 135 people were waiting more than 13 weeks for an outpatient appointment, and 99 people were waiting over 26 weeks for an inpatient appointment.
- Over 99 per cent of patients were offered an appointment with a GP within two working days and over 99 per cent were offered an appointment with a primary care professional within one working day.
- Over 99 per cent of patients are seen in a Rapid Access Chest Pain clinic within two weeks of a decision to refer.
- 67 per cent of patients receive thrombolysis within 60 minutes of a call for professional help*.
- There were 720 breaches of the NHS cancelled operations guarantee.

* This figure does not include data for London. This is because the policy in London is for primary angioplasty, an alternative treatment.

quality care

Cancer

Cancer continues to remain a key priority for this Government. We are delivering better treatment to more people than ever before and thousands of people are alive and well who would not be without these improvements. Cancer mortality in people under 75 fell by over 17 per cent between 1996 and 2005. This equates to over 60,000 lives saved over this period.

Over 99 per cent of patients with suspected cancer are now seen by a specialist within two weeks of being referred by their GP, compared to 63 per cent in 1997. More people than ever before, who are diagnosed with cancer begin their treatment within a month of diagnosis, meaning faster access to treatment is now a reality for thousands of cancer patients.

Data for the period July to September 2007 also shows that:

- over 99 per cent of patients with cancer are receiving their first treatment within one month of diagnosis.
- Over 97 per cent of patients with cancer are receiving their first treatment within two months of being urgently referred by their GP.
- Over 99 per cent of women with breast cancer are receiving their first treatment within one month of diagnosis, and over 99 per cent of women with breast cancer are receiving their first treatment within two months of being referred by their GP.
- The 2008/09 Operating Framework refers to how, as part of the Cancer Reform Strategy (December 2007), current cancer waiting times standards are being extended to cover all patients referred with breast symptoms being seen within two weeks (from December 2009), all cancer patients receiving second and subsequent treatments within 31 days (from December 2008 (December 2010 for radiotherapy)), and patients receiving a 62 day referral to treatment guarantee when cancer is suspected by a cancer screening programme or by a hospital specialist (from December 2008). PCTs are currently establishing the baselines and trajectories for meeting these standards in developing Operational Plans for 2008/09.
- The Cancer Reform Strategy builds on the progress of the NHS Cancer Plan by spreading best practice and recommending what more needs to be done by cancer networks and the NHS to improve clinical outcomes, drive up quality and increase value for money.

We are delivering better treatment to more people than ever before and thousands of people are alive and well who would not be without these improvements

Ambulances

The ambulance service provides the first point of access to healthcare for a wide variety of patient conditions, ranging from life threatening emergencies to chronic illnesses.

There are 12 trusts providing ambulance services and these are the first and often the most important contact for over six million 999 callers each year.

NHS performance is measured against three standards:

- (1) responding to 75 per cent of Category A calls (life threatening) within 8 minutes
- (2) to have a vehicle capable of transporting the patient on scene within 19 minutes of a request for transport being made, 95 per cent of the time
- (3) to respond to 95 per cent of Category B calls (serious but not immediately life threatening) within 19 minutes.

Ambulance response time statistics are only published annually. The data for 2006/07 shows that the per centage of Category A calls that resulted in an emergency response arriving at the scene of the incident within 8 minutes is 74.6 per cent – this is similar to the previous year.

All ambulance services are making progress but continued focus and improvement is needed throughout the remainder of 2007/08



The total number of emergency calls rose by 6.3 per cent to 6.3 million from 2005/06 – this number has been increasing steadily over the last decade (an 89.6 per cent increase since 1996/97). The number of Category B incidents increased 2.4 per cent from 2005/06 to 2.4 million, and of these 2.2 million (90.5 per cent) were responded to with a vehicle capable of transporting the patient within 19 minutes.

Provisional unpublished data from ambulance services indicates that nationally, the 75 per cent performance standard for responding to Category A calls has been achieved for the period April 2007 to January 2008, but performance was around 3.5 per cent below the 95 per cent standard for responding to Category B calls. Performance during December for Category A calls was below standard due to higher levels of demand over the winter/Christmas season, but as these higher levels of demand drop away, January data shows an increase in performance back above the 75 per cent standard.

Ambulance services are continuing to work towards new performance requirements which come into effect from 1 April 2008 – all services are making progress, but continued focus and improvement is needed throughout the remainder of 2007/08.

Achieving financial health

In previous editions of *The Quarter*, we reported that the NHS was projecting to deliver a surplus of £1.8 billion at the 2007/08 year-end. At Quarter 3, this projection still holds firm at the aggregate level.

The returns for the third quarter of 2007/08 show the NHS (excluding Foundation Trusts) are still forecasting an overall surplus of £1,789 million at the end of the financial year. This Quarter 3 forecast, which is consistent with the forecast reported at Quarter 2, is a small proportion of total NHS resources, just over two per cent and represents sound and prudent financial planning. (See figure 10)

stability

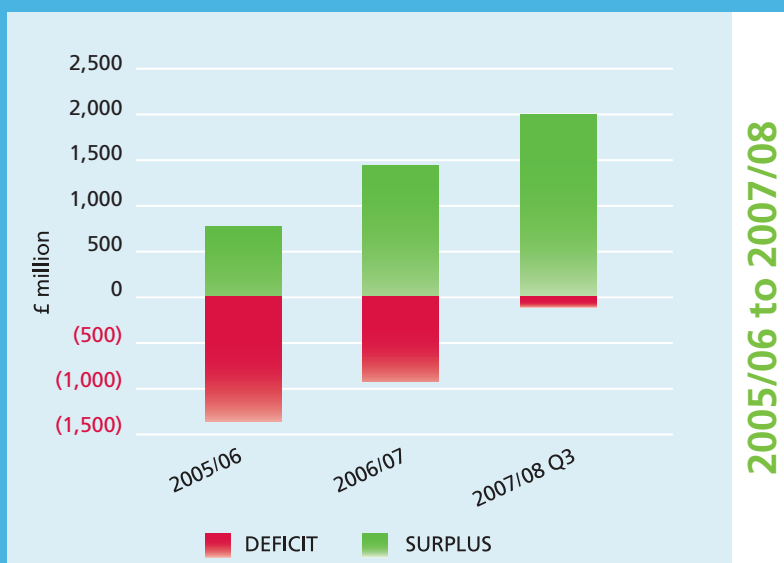
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Figure 10 / NHS Financial Performance by Strategic Health Authority

	2005/06		2006/07			2007/08 Quarter 3		
	£m	% Resource Limit	£m	% Resource Limit	Improvement over 2005/06 £m	£m	% Resource Limit	Improvement over 2006/07 £m
North East	21	0.6%	75	1.9%	54	140	3.2%	65
North West	58	0.6%	189	1.8%	131	350	3.0%	161
Yorkshire & The Humber	34	0.5%	131	1.8%	97	280	3.5%	149
East Midlands	(13)	(0.3%)	68	1.2%	81	140	2.2%	72
West Midlands	(38)	(0.5%)	61	0.8%	99	170	2.1%	109
East of England	(234)	(3.6%)	(153)	(2.2%)	80	90	1.2%	243
London	(174)	(1.5%)	93	0.8%	267	300	2.3%	207
South East Coast	(94)	(1.8%)	(43)	(0.8%)	51	90	1.5%	133
South Central	(59)	(1.3%)	38	0.8%	97	80	1.5%	42
South West	(49)	(0.8%)	56	0.8%	104	149	2.0%	93
Total	(547)	(0.8%)	515	0.7%	1,062	1,789	2.3%	1,274

Figures in the table may not sum due to rounding.

Figure 11
Gross Deficit
and Surplus



In the Operating Framework for 2008/09, we stressed the importance of sustaining the level of surplus forecasted for 2007/08 as we go forward to 2008/09. The 2007/08 forecast surplus is in line with our overall financial strategy and is key to supporting reform and transformational improvements to services.

There are 17 organisations forecasting a deficit at the year-end, compared to 25 forecasting deficit at Quarter 2 and 82 in 2006/07. There is now a combined forecast gross deficit of £143 million (an improvement of £58 million on the forecast gross deficit of £201 million at Quarter 2) compared to a gross deficit of £917 million in 2006/07 (See figure 11).

We have already announced the plans to tackle the 17 most Financially Challenged Trusts (FCTs). The 17 FCTs are not the same group of organisations as the 17 organisations forecasting a deficit at Quarter 3. In fact, only eight of the FCTs are forecasting a deficit at Quarter 3. All 17 of the FCTs have been subject to a rigorous review of both their financial and operational positions, to identify long-term solutions to maintain the provision and standard of patient care to the community they serve, whilst still delivering value for money. These reviews are now completed and the SHAs have made proposals which are under discussion with the Department. Acceptable solutions will be reported, as they are agreed.

For the remaining nine organisations forecasting a deficit at Quarter 3, which are not part of the FCT regime, the Department is working through the SHAs to ensure they have developed recovery plans to return to financial balance whilst still maintaining and improving services to patients.

Conclusion

The Quarter 3 forecast – all of which sits within NHS organisations – demonstrates that the NHS has been restored to financial health and creates the necessary flexibility to respond to fluctuations in demand, activity and cost, whilst maintaining sufficient funds for investment in new services.

Annexes

The annexes include a financial forecast at Quarter 3 for each NHS trust and PCT, grouped by SHA patch, with a comparison to 2006/07 and 2005/06 final outturn. These can be found at the end of this document.

Information Governance

improvements

Review of data security and losses

The loss of CDs containing large amounts of confidential personal information about child benefit recipients has led to a continuing focus on information governance and security across the public sector.

An enormous amount of information is transferred within and between the thousands of organisations that provide NHS services. In a typical week information is transferred to provide, support and manage the delivery of care to over six million people who visit their GPs, 800,000 who are treated in hospital clinics, thousands who have operations, millions who receive prescriptions etc.

In view of public concerns around this issue, the Department and the NHS have both taken steps to review the security arrangements for safeguarding personal information. As a result, there has been a tightening of procedures and identification of areas that need improvement, particularly in the transfer of patient data within trusts and to outside locations.

The NHS is now working to provide a comprehensive assurance of current policies and practices around the secure and confidential management of person identifiable data by 31 March.

For foundation trusts this assurance will be provided through Monitor.

The 10 SHAs are publishing lists of any incidents involving potential loss of personal data and reported to the Department in accordance with their local protocols. Information for Quarter 3 will be published on SHA websites from 3 March and updated on a quarterly basis.



Driving Forward

Performance across the NHS has remained strong in the third quarter of this financial year and we remain on track to deliver against our key pledges in areas such as 18 weeks and healthcare associated infections.

A sustained focus is now needed to ensure that we do not let delivery slip in the run up to the end of the final quarter of the year and that we have the platform to go into the NHS's 60th anniversary year in a strong position.

The statistics published in this document give us every encouragement that we will achieve what we have set out to achieve this year, but just as important as meeting our targets is the necessity to ensure that our patients and the communities that we serve are fully engaged in this. It is they who will ultimately judge whether we have been successful in improving the services we provide.

So as we enter into the planning phase for the new financial year, using the Operating Framework that was published in December 2007, not only do we need to have robust plans for delivering service improvements, we need to ensure that what matters to our patients and local communities underpins all that we are doing.



conclusion

“Just as important as meeting our targets is the necessity to ensure that our patients and the communities that we serve are fully engaged in this”

Annex 1: North East forecasts by organisation

Org Code	Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
RXP	COUNTY DURHAM AND DARLINGTON ACUTE HOSPITALS NHS TRUST (1)	114	1,374	n/a	n/a	n/a
5ND	COUNTY DURHAM PCT	(6,990)	242	950	775,245	0.1%
5J9	DARLINGTON PCT	(1,436)	56	200	151,165	0.1%
5KF	GATESHEAD PCT	12	469	0	318,732	0.0%
5D9	HARTLEPOOL PCT	(5,984)	70	0	147,040	0.0%
5KM	MIDDLESBROUGH PCT	49	3,379	839	249,999	0.3%
5D7	NEWCASTLE PCT	47	860	213	441,056	0.0%
RTD	NEWCASTLE UPON TYNE HOSPITALS NHS TRUST (2)	234	1	n/a	n/a	n/a
RX6	NORTH EAST AMBULANCE SERVICE NHS TRUST	n/a	122	275	78,526	0.4%
Q30	NORTH EAST SHA	65,220	64,511	100,952	346,772	29.1%
RVW	NORTH TEES AND HARTLEPOOL NHS TRUST (3)	(12,812)	3,222	10,047	136,256	7.4%
5E1	NORTH TEES PCT	435	2,184	3,770	276,114	1.4%
5D8	NORTH TYNESIDE PCT	209	380	0	314,580	0.0%
TAC	NORTHUMBERLAND CARE PCT	908	(4,697)	0	477,099	0.0%
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS TRUST	588	53	2,800	290,248	1.0%
RTF	NORTHUMBRIA HEALTH CARE NHS TRUST (4)	40	2	n/a	n/a	n/a
5QR	REDCAR AND CLEVELAND PCT	553	934	834	209,041	0.4%
RTR	SOUTH TEES HOSPITALS NHS TRUST	(21,395)	302	17,000	397,118	4.3%
5KG	SOUTH TYNESIDE PCT	10	422	0	251,076	0.0%
5KL	SUNDERLAND TEACHING PCT	19	347	0	449,937	0.0%
RX3	TEES, ESK AND WEAR VALLEYS NHS TRUST	575	275	2,120	210,177	1.0%
	<i>Imperfectly mapped historical organisations</i>	558				
	TOTAL SHA ECONOMY	20,954	74,508	140,000		

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

- County Durham and Darlington Acute Hospital NHS Trust achieved Foundation Trust status on 1 February 2007.
- Newcastle Upon Tyne Hospitals NHS Trust achieved Foundation Trust status on 1 June 2006.
- North Tees and Hartlepool NHS Trust achieved Foundation Trust status on 1 December 2007
- Northumbria Healthcare NHS Trust achieved Foundation Trust status on 1 August 2006.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

**Appendix
of forecasts
by SHA**

Annex 2: North West forecasts by organisation

A-L	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RTV	5 BOROUGH PARTNERSHIP NHS TRUST	342	545	987	100,148	1.0%
	REM	AINTREE HOSPITALS NHS TRUST (1)	6	5	n/a	n/a	n/a
	5HG	ASHTON, LEIGH AND WIGAN PCT	300	2,163	2,250	456,289	0.5%
	5CC	BLACKBURN WITH DARWEN PCT	2,067	2,880	4,900	240,952	2.0%
	5HP	BLACKPOOL PCT	974	2,026	4,110	253,042	1.6%
	RXL	BLACKPOOL, FYLDE AND WYRE HOSPS NHS TRUST (2)	7	1,572	3,772	150,491	2.5%
	RMC	BOLTON HOSPITALS NHS TRUST	3,278	45	2,500	171,543	1.5%
	5HQ	BOLTON PCT	300	827	1,000	393,084	0.3%
	RXV	BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRUST	271	252	200	119,151	0.2%
	5JX	BURY PCT	369	162	250	255,897	0.1%
	RJX	CALDERSTONES NHS TRUST	83	241	200	47,385	0.4%
	RW3	CENT MANCHESTER/ MANCHESTER CHILD NHS TRUST	6,481	1,317	358	523,429	0.1%
	5NP	CENTRAL AND EASTERN CHESHIRE PCT	285	630	1,048	589,664	0.2%
	5NG	CENTRAL LANCASHIRE PCT	n/a	3,129	6,360	654,248	1.0%
	RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST (3)	38	116	121	28,304	0.4%
	RBV	CHRISTIE HOSPITAL NHS TRUST (4)	10	3,704	n/a	n/a	n/a
	REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST (5)	170	523	n/a	n/a	n/a
	5NE	CUMBRIA PCT	n/a	(36,703)	250	713,890	0.0%
	RJN	EAST CHESHIRE NHS TRUST	12	(5,895)	900	109,469	0.8%
	RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	153	310	250	292,113	0.1%
	5NH	EAST LANCASHIRE TEACHING PCT	n/a	3,794	11,068	581,715	1.9%
	5NM	HALTON AND ST HELENS PCT	359	279	298	562,686	0.1%
	5NQ	HEYWOOD, MIDDLETON AND ROCHDALE PCT	1,078	2,338	5,100	328,367	1.6%
	5J4	KNOWSLEY PCT	9	2,418	1,400	275,957	0.5%
	RW5	LANCASHIRE CARE NHS TRUST (6)	22	92	1,179	111,538	1.1%
	5NL	LIVERPOOL PCT	351	3,840	17,752	829,442	2.1%

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

- 1 Aintree Hospitals NHS Trust achieved Foundation Trust status on 1 August 2006.
- 2 Blackpool, Fylde and Wyre Hospitals NHS Trust achieved Foundation Trust status on 1 December 2007
- 3 Cheshire and Wirral Partnership NHS Trust achieved Foundation Trust status on 1 July 2007.
- 4 Christie Hospital NHS Trust achieved Foundation Trust status on 1 April 2007.
- 5 Clatterbridge Centre for Oncology NHS Trust achieved Foundation Trust status on 1 August 2006.
- 6 Lancashire Care NHS Trust achieved Foundation Trust status on 1 December 2007

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 2: North West forecasts by organisation

M-Z	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	TAE	MANCHESTER HEALTH AND SOCIAL CARE NHS TRUST	28	85	500	88,951	0.6%
	5NT	MANCHESTER PCT	3,636	176	2,035	844,655	0.2%
	RW4	MERSEY CARE NHS TRUST	12	99	500	186,888	0.3%
	RWW	NORTH CHESHIRE HOSPITALS NHS TRUST	83	(6,695)	6,001	171,225	3.5%
	RNL	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST	56	97	50	192,644	0.0%
	5NF	NORTH LANCASHIRE TEACHING PCT	n/a	984	456	474,903	0.1%
	RX7	NORTH WEST AMBULANCE SERVICE NHS TRUST	919	130	100	206,708	0.0%
	Q31	NORTH WEST SHA	46,288	206,355	230,269	877,464	26.2%
	RNN	NTH CUMBRIA MH AND LEARNING DISAB NHS TRUST (7)	61	321	1,656	31,572	5.2%
	5J5	OLDHAM PCT	541	1,436	1,500	344,602	0.4%
	RW6	PENNINE ACUTE HOSPITALS NHS TRUST	56	(9,170)	6,590	494,656	1.3%
	RT2	PENNINE CARE NHS TRUST	82	543	659	108,297	0.6%
	RQ6	ROYAL LIVERPOOL BROADGREEN HOSPS NHS TRUST	18	406	1,100	334,412	0.3%
	RBS	ROYAL LIVERPOOL CHILDRENS NHS TRUST	1	21	728	143,960	0.5%
	5F5	SALFORD PCT	88	2,896	1,000	394,719	0.3%
	RM3	SALFORD ROYAL HOSPITALS NHS TRUST (8)	449	837	n/a	n/a	n/a
	5NJ	SEFTON PCT	(6,215)	13	1,002	441,502	0.2%
	RM2	SOUTH MANCHESTER UNIV HOSP NHS TRUST (9)	7,460	28	n/a	n/a	n/a
	RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	0	(2,823)	2,823	135,049	2.1%
	RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	106	257	260	268,826	0.1%
	5F7	STOCKPORT PCT	51	190	1,757	393,444	0.4%
	RMP	TAMESIDE AND GLOSSOP ACUTE SERVS NHS TRUST	55	227	200	119,778	0.2%
	5LH	TAMESIDE AND GLOSSOP PCT	107	2,238	2,469	347,095	0.7%
	RBQ	THE CARDIOTHORACIC CNTR - LIVERPOOL NHS TRUST	0	27	26	90,171	0.0%
	RBT	THE MID CHESHIRE HOSPITALS NHS TRUST	154	60	1,700	135,777	1.3%
	RM4	TRAFFORD HEALTHCARE NHS TRUST	2,270	(5,973)	566	94,093	0.6%
	5NR	TRAFFORD PCT	746	17	1,900	301,069	0.6%
	RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	(6,357)	932	2,201	217,799	1.0%
	RET	WALTON NEUROLOGY CENTRE NHS TRUST	10	500	500	53,197	0.9%
	5J2	WARRINGTON PCT	502	(2,439)	1,400	264,555	0.5%
	5NN	WESTERN CHESHIRE PCT	(16,298)	3,999	1,600	341,591	0.5%
	RBL	WIRRAL HOSPITAL NHS TRUST (10)	20	53	0	60,896	0.0%
	5NK	WIRRAL PCT	535	275	10,000	516,673	1.9%
	RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST	1,697	2,633	2,200	205,457	1.1%
		<i>Imperfectly mapped historical organisations</i>	3,756				
		TOTAL SHA ECONOMY	57,882	189,345	350,000		

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

7 North Cumbria Mental Health and Learning Disability NHS Trust achieved Foundation Trust status on 1 October 2007

8 Salford Royal Hospitals NHS Trust achieved Foundation Trust status on 1 August 2006.

9 South Manchester University Hospital NHS Trust achieved Foundation Trust status on 1 November 2006.

10 Wirral Hospital NHS Trust achieved Foundation Trust status on 1 July 2007.

Annex 3: Yorkshire & Humber forecasts by organisation

A-S	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RCF	AIREDALE NHS TRUST	4,267	275	681	107,705	0.6%
	5JE	BARNSELY PCT	413	1,281	1,878	356,724	0.5%
	5NY	BRADFORD AND AIREDALE TEACHING PCT	409	3,181	3,277	734,714	0.4%
	TAD	BRADFORD DISTRICT CARE NHS TRUST	1,992	4	550	127,692	0.4%
	RWY	CALDERDALE AND HUDDERSFIELD NHS TRUST (1)	166	81	n/a	n/a	n/a
	5J6	CALDERDALE PCT	50	542	1,300	276,559	0.5%
	RXE	DONCASTER AND SOUTH HUMBER HLTHCARE NHS TRUST (2)	362	168	388	30,517	1.3%
	5N5	DONCASTER PCT	4,173	1,696	2,012	458,319	0.4%
	5NW	EAST RIDING OF YORKSHIRE PCT	(11,492)	(1,958)	1,729	392,278	0.4%
	RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	(12,267)	165	4,200	415,771	1.0%
	5NX	HULL TEACHING PCT	111	3,271	1,856	411,813	0.5%
	RV9	HUMBER MENTAL HEALTH TEACHING NHS TRUST	3	24	356	75,766	0.5%
	5N2	KIRKLEES PCT	(6,201)	906	2,650	529,626	0.5%
	RGD	LEEDS MENTAL HEALTH TEACHING NHS TRUST (3)	1,549	2,515	804	36,154	2.2%
	5N1	LEEDS PCT	453	435	0	1,072,004	0.0%
	RR8	LEEDS TEACHING HOSPITALS NHS TRUST	309	355	0	802,342	0.0%
	RXF	MID YORKSHIRE HOSPITALS NHS TRUST	(14,589)	(11,688)	0	385,137	0.0%
	TAN	NORTH EAST LINCOLNSHIRE CARE TRUST	0	0	1,052	234,768	0.4%
	RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPS NHS TRUST (4)	0	446	69	19,565	0.4%
	5EF	NORTH LINCOLNSHIRE PCT	(1,005)	(5,581)	952	210,000	0.5%
	5NV	NORTH YORKSHIRE AND YORK PCT	(36,076)	(32,067)	(19,179)	960,901	(2.0%)
	5H8	ROTHERHAM PCT	1,475	2,642	2,148	365,683	0.6%
	RCC	SCARBOROUGH AND NE YORKS NHS TRUST	(8,961)	(7,199)	0	104,482	0.0%
	TAH	SHEFFIELD CARE NHS TRUST	738	8	354	101,895	0.3%
	RCU	SHEFFIELD CHILDREN'S NHS TRUST (5)	1,379	340	n/a	n/a	n/a
	5N4	SHEFFIELD PCT	335	1,192	500	797,765	0.1%
	RXG	SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST	229	163	2,325	110,557	2.1%

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

- 1 Calderdale and Huddersfield NHS Trust achieved Foundation Trust status on 1 August 2006.
- 2 Doncaster and South Humber Healthcare NHS Trust achieved Foundation Trust status on 1 July 2007.
- 3 Leeds Mental Health Teaching NHS Trust achieved Foundation Trust status on 1 August 2007.
- 4 Northern Lincs & Goole NHS Trust achieved Foundation Trust status on 1 May 2007.
- 5 Sheffield Children's NHS Trust achieved Foundation Trust status on 1 August 2006.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 3: Yorkshire & Humber forecasts by organisation

T-Z		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RFR	THE ROTHERHAM NHS TRUST (6)	(576)	n/a	n/a	n/a	n/a
5N3	WAKEFIELD DISTRICT PCT	84	72	2,223	504,547	0.4%
RCB	YORK HOSPITALS NHS TRUST (7)	9	(3,485)	n/a	n/a	n/a
RX8	YORKSHIRE AMBULANCE SERVICE NHS TRUST	n/a	(4,467)	250	152,921	0.2%
Q32	YORKSHIRE AND THE HUMBER SHA	106,726	178,022	267,625	784,113	34.1%
	<i>Imperfectly mapped historical organisations</i>	399				
	TOTAL SHA ECONOMY	34,464	131,339	280,000		

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

6 The Rotherham NHS Trust achieved Foundation Trust status on 1 June 2005.

7 York Hospitals NHS Trust achieved Foundation Trust status on 1 April 2007.

Annex 4: East Midlands forecasts by organisation

Org Code	Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
5ET	BASSETLAW PCT	204	1,344	2,700	149,253	1.8%
5N7	DERBY CITY PCT	2,613	4,680	2,300	387,522	0.6%
5N6	DERBYSHIRE COUNTY PCT	(3,208)	4,867	4,205	959,506	0.4%
RXM	DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST	0	501	500	93,600	0.5%
RX9	EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	n/a	238	300	131,161	0.2%
Q33	EAST MIDLANDS SHA	36,329	80,476	66,324	416,149	15.9%
RNQ	KETTERING GENERAL HOSPITAL NHS TRUST	3	543	2,700	143,840	1.9%
5PC	LEICESTER CITY PCT	(4,716)	136	2,194	441,779	0.5%
5PA	LEICESTERSHIRE COUNTY AND RUTLAND PCT	(18,023)	(17,755)	0	767,792	0.0%
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	18	7	1,350	132,850	1.0%
RP7	LINCOLNSHIRE PARTNERSHIP NHS TRUST (1)	3	462	1,822	46,231	3.9%
5N9	LINCOLNSHIRE TEACHING PCT	(7,436)	3,738	7,044	953,818	0.7%
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	(2,907)	156	1,800	184,119	1.0%
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS TRUST	28	310	2,700	100,228	2.7%
5PD	NORTHAMPTONSHIRE TEACHING PCT	n/a	(7,911)	4,178	821,550	0.5%
5EM	NOTTINGHAM CITY PCT	342	4,946	6,500	462,080	1.4%
5N8	NOTTINGHAMSHIRE COUNTY TEACHING PCT	4,420	8,763	10,000	876,034	1.1%
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	311	(6,803)	2,800	595,839	0.5%
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	2,055	284	8,000	283,081	2.8%
RK5	SHERWOOD FOREST HOSPITALS NHS TRUST (2)	1	2,470	n/a	n/a	n/a
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	(15,043)	(13,761)	12,524	337,842	3.7%
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	60	61	60	608,702	0.0%
	<i>Imperfectly mapped historical organisations</i>	(8,418)				
	TOTAL SHA ECONOMY	(13,364)	67,752	140,000		

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

- Lincolnshire Partnership NHS Trust achieved Foundation Trust status on 1 October 2007
- Sherwood Forest Hospitals NHS Trust achieved Foundation Trust status on 1 February 2007.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 5: West Midlands forecasts by organisation

A-R	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS TRUST	0	1,764	3,900	204,224	1.9%
	RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST (1)	1,487	547	n/a	n/a	n/a
	5PG	BIRMINGHAM EAST AND NORTH PCT	(3,900)	(947)	3,200	596,823	0.5%
	RLU	BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST	50	98	757	72,122	1.1%
	RJF	BURTON HOSPITALS NHS TRUST	100	938	0	120,091	0.0%
	RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST (2)	n/a	12	1,635	152,453	1.1%
	5MD	COVENTRY TEACHING PCT	(3,794)	(6,790)	4,026	470,626	0.9%
	RNA	DUDLEY GROUP OF HOSPITALS NHS TRUST	1,753	5,009	10,500	204,334	5.1%
	5PE	DUDLEY PCT	2,779	3,565	2,000	426,085	0.5%
	RLT	GEORGE ELIOT HOSPITAL NHS TRUST	(7,294)	1,303	1,427	94,354	1.5%
	RJH	GOOD HOPE HOSPITAL NHS TRUST (3)	(5,972)	1,684	n/a	n/a	n/a
	5MX	HEART OF BIRMINGHAM TEACHING PCT	6,165	5,268	9,680	478,432	2.0%
	RLQ	HEREFORD HOSPITALS NHS TRUST	2	1,308	1,100	96,573	1.1%
	5CN	HEREFORDSHIRE PCT	1	1,863	475	238,866	0.2%
	RJD	MID STAFFORDSHIRE GEN HOSPITALS NHS TRUST	478	1,126	250	131,641	0.2%
	5PH	NORTH STAFFORDSHIRE PCT	(6,284)	(3,647)	1,981	281,735	0.7%
	RLY	NORTH STAFFS COMBINED HC NHS TRUST	505	80	200	87,691	0.2%
	RL1	ROB JONES AND A HUNT ORTHOPAEDIC NHS TRUST	253	(2,109)	1,134	65,365	1.7%
	RRJ	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST (4)	513	3,764	n/a	n/a	n/a
	RL4	ROYAL WOLVERHAMPTON HOSPITAL NHS TRUST	(9,423)	82	6,200	244,174	2.5%

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

- 1 Birmingham Children's Hospital NHS Trust achieved Foundation Trust status on 1 February 2007.
- 2 Coventry & Warwickshire Partnership NHS Trust (RYG) was formed from the Mental Health elements of Rugby PCT (5M9), Coventry Teaching PCT (5MD), North Warwickshire PCT (5MP) and South Warwickshire PCT (5MQ) on 1 October 2006.
- 3 Good Hope Hospitals NHS Trust became part of Heart of England Foundation Trust on 1 April 2007.
- 4 The Royal Orthopaedic Hospital NHS Trust achieved Foundation Trust status on 1 February 2007.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 5: West Midlands forecasts by organisation

S-Z	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RXK	SANDWELL & WEST BIRMINGHAM HOSPS NHS TRUST	(5,726)	3,399	6,500	336,191	1.9%
	TAJ	SANDWELL MH SOCIAL CARE NHS TRUST	28	61	60	47,544	0.1%
	5PF	SANDWELL PCT	(4,808)	(2,286)	1,500	471,381	0.3%
	RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	(12,142)	(2,840)	4,100	220,153	1.9%
	5M2	SHROPSHIRE COUNTY PCT	732	192	611	387,353	0.2%
	TAM	SOLIHULL CARE PCT	0	996	777	261,431	0.3%
	5M1	SOUTH BIRMINGHAM PCT	350	4,697	6,500	553,575	1.2%
	RRE	SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST (5)	1	(95)	n/a	n/a	n/a
	5PK	SOUTH STAFFORDSHIRE PCT	(9,375)	804	4,600	753,901	0.6%
	RJC	SOUTH WARWICKSHIRE GEN HOSPS NHS TRUST	(13,845)	170	1,520	105,246	1.4%
	RB7	STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST (6)	1	97	n/a	n/a	n/a
	5PJ	STOKE ON TRENT PCT	(8,415)	263	2,023	463,593	0.4%
	5MK	TELFORD AND WREKIN PCT	1,790	1,782	7,000	220,809	3.2%
	RKB	UNIV HOSPS COVENTRY & WARWICKSHIRE NHS TRUST	0	54	(3,000)	375,138	(0.8%)
	RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE HOSPITAL NHS TRUST	(15,059)	311	4,100	407,097	1.0%
	RBK	WALSALL HOSPITALS NHS TRUST	2,728	3,463	650	162,932	0.4%
	5M3	WALSALL TEACHING PCT	3,618	6,860	8,957	400,041	2.2%
	5PM	WARWICKSHIRE PCT	634	(7,880)	200	690,143	0.0%
	RYA	WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	(2,629)	75	300	141,928	0.2%
	Q34	WEST MIDLANDS SHA	50,866	33,248	54,258	484,028	11.2%
	5MV	WOLVERHAMPTON CITY PCT	1,189	6,534	13,900	377,446	3.7%
	RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	(4,952)	53	5,000	276,139	1.8%
	RWQ	WORCESTERSHIRE MH PARTNERSHIP NHS TRUST	(1,830)	(3,978)	61	59,140	0.1%
	5PL	WORCESTERSHIRE PCT	859	168	1,918	711,465	0.3%
		<i>Imperfectly mapped historical organisations</i>	345				
		TOTAL SHA ECONOMY	(38,221)	61,066	170,000		

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

5 South Staffordshire Healthcare NHS Trust achieved Foundation Trust status on 1 May 2006.

6 Staffordshire Ambulance Service NHS Trust (RB7) dissolved into West Midlands Ambulance Service NHS Trust (RYA) on 1 October 2007.

Annex 6: East of England forecasts by organisation

A-R	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RC1	BEDFORD HOSPITALS NHS TRUST	(11,887)	3,513	5,398	116,216	4.6%
	RV7	BEDFORDSHIRE AND LUTON MH AND SOCIAL CARE NHS TRUST	1,282	527	0	81,033	0.0%
	5P2	BEDFORDSHIRE PCT	(20,723)	(17,561)	0	472,253	0.0%
	5PP	CAMBRIDGESHIRE PCT	n/a	(52,247)	0	698,987	0.0%
	RT1	CAMBS & PETERBOROUGH MH PARTNERSHIP NHS TRUST	32	555	400	126,195	0.3%
	5P3	EAST AND NORTH HERTFORDSHIRE PCT	(12,501)	(23,625)	0	642,109	0.0%
	RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	(22,379)	(1,527)	4,500	281,513	1.6%
	RYC	EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	2,517	1,157	(915)	186,017	(0.5%)
	Q35	EAST OF ENGLAND SHA	47,144	62,293	38,377	538,286	7.1%
	RDE	ESSEX RIVERS HEALTHCARE NHS TRUST	(1,439)	8,611	2,937	180,866	1.6%
	5PR	GREAT YARMOUTH AND WAVENEY PCT	(4,522)	(1,483)	0	319,703	0.0%
	RWR	HERTFORDSHIRE PARTNERSHIP NHS TRUST (1)	10	546	390	57,170	0.7%
	RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	(7,752)	(13,354)	(15,500)	72,771	(21.3%)
	RGQ	IPSWICH HOSPITAL NHS TRUST	(16,735)	1,025	5,000	193,004	2.6%
	RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS TRUST (2)	1,527	25	n/a	n/a	n/a
	RC9	LUTON AND DUNSTABLE HOSPITAL NHS TRUST (3)	395	430	n/a	n/a	n/a
	5GC	LUTON PCT	(8,689)	(8,380)	0	240,856	0.0%
	RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	(11,202)	(2,572)	7,048	195,413	3.6%
	5PX	MID ESSEX PCT	(20,885)	(17,744)	526	390,124	0.1%
	RRD	N ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST (4)	2,474	707	696	44,994	1.5%
	RM1	NORFOLK AND NORWICH UNI HOSP NHS TRUST	145	867	3,800	321,564	1.2%
	RMY	NORFOLK AND WAVENEY MH PARTNERSHIP NHS TRUST	1,119	848	2,566	109,020	2.4%
	5PQ	NORFOLK PCT	(34,568)	(46,686)	0	942,470	0.0%
	5PW	NORTH EAST ESSEX PCT	(4,390)	896	0	407,408	0.0%
	5PN	PETERBOROUGH PCT	n/a	2,866	0	225,157	0.0%
	RQW	PRINCESS ALEXANDRA HOSPITAL NHS TRUST	(5,857)	4,408	4,500	146,740	3.1%
	RCX	QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST	(10,986)	1,407	4,500	126,676	3.6%

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

- Hertfordshire Partnership NHS Trust achieved Foundation Trust status on 1 August 2007.
- James Paget University Hospitals NHS Trust achieved Foundation Trust status on 1 August 2006.
- Luton and Dunstable Hospital NHS Trust achieved Foundation Trust status on 1 August 2006.
- North Essex Mental Health Partnership NHS Trust achieved Foundation Trust status on 1 October 2007

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 6: East of England forecasts by organisation

S-Z	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	5P1	SOUTH EAST ESSEX PCT	7,258	1,381	0	445,002	0.0%
	RWN	SOUTH ESSEX PARTNERSHIP TRUST (5)	1,377	107	n/a	n/a	n/a
	5PY	SOUTH WEST ESSEX PCT	(1,266)	2,213	19,726	522,714	3.8%
	RAJ	SOUTHEND HOSPITAL NHS TRUST (6)	524	2,809	n/a	n/a	n/a
	5PT	SUFFOLK PCT	(25,399)	(30,842)	0	721,931	0.0%
	RT6	SUFFOLK MH PARTNERSHIP NHS TRUST	177	1,299	1,050	86,600	1.2%
	5PV	WEST ESSEX PCT	630	1,524	0	371,349	0.0%
	5P4	WEST HERTFORDSHIRE PCT	(24,550)	(26,635)	0	653,213	0.0%
	RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	(26,785)	(11,413)	2,400	230,239	1.0%
	RGR	WEST SUFFOLK HOSPITALS NHS TRUST	(12,995)	974	2,600	120,052	2.2%
		<i>Imperfectly mapped historical organisations</i>	(14,663)				
		TOTAL SHA ECONOMY	(233,562)	(153,081)	90,000		

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

5 South Essex Partnership NHS Trust achieved Foundation Trust status on 1 May 2006.

6 Southend University Hospital NHS Trust achieved Foundation Trust status on 1 June 2006.

Annex 7: London forecasts by organisation

A-K	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	5C2	BARKING AND DAGENHAM PCT	1,619	5,130	20,800	273,797	7.6%
	RF4	BARKING, HAVERING AND REDBRIDGE HOSP NHS TRUST	(16,009)	(16,844)	(39,900)	340,306	(11.7%)
	RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	(8,994)	(11,398)	2,000	269,240	0.7%
	5A9	BARNET PCT	541	46	265	447,980	0.1%
	RRP	BARNET, ENFIELD AND HARINGEY MH NHS TRUST	53	4,663	2,000	178,358	1.1%
	RNJ	BARTS AND THE LONDON NHS TRUST	3,414	5,258	12,500	570,035	2.2%
	TAK	BEXLEY CARE PCT	(7,713)	(8,518)	(2,900)	275,774	(1.1%)
	5K5	BRENT TEACHING PCT	430	(25,074)	(1,769)	423,192	(0.4%)
	RG3	BROMLEY HOSPITALS NHS TRUST	(15,765)	(10,002)	(18,700)	153,180	(12.2%)
	5A7	BROMLEY PCT	35	315	0	400,938	0.0%
	TAF	CAMDEN AND ISLINGTON MENTAL HEALTH SOCIAL CARE NHS TRUST	2,449	1,681	2,750	142,376	1.9%
	5K7	CAMDEN PCT	129	600	5,278	414,878	1.3%
	RV3	CENTRAL AND NORTH WEST LONDON MH NHS TRUST (1)	1,258	1,809	1,016	16,349	6.2%
	RQM	CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST (2)	2,204	449	n/a	n/a	n/a
	5C3	CITY AND HACKNEY TEACHING PCT	4,314	4,963	10,260	407,643	2.5%
	5K9	CROYDON PCT	102	18	4,000	449,931	0.9%
	RC3	EALING HOSPITAL NHS TRUST	1,059	80	1,100	120,165	0.9%
	5HX	EALING PCT	2,090	618	5,000	487,959	1.0%
	RWK	EAST LONDON AND THE CITY MH NHS TRUST (3)	3,553	6,723	10,394	104,102	10.0%
	5C1	ENFIELD PCT	459	(13,030)	(13,307)	370,152	(3.6%)
	RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	79	(5,543)	0	289,193	0.0%
	RP4	GREAT ORMOND STREET HOSPITAL NHS TRUST	1,902	2,117	7,000	270,046	2.6%
	5A8	GREENWICH TEACHING PCT	223	2,383	1,491	371,970	0.4%
	5H1	HAMMERSMITH AND FULHAM PCT	4,468	7,360	10,000	284,460	3.5%
	RQN	HAMMERSMITH HOSPITALS NHS TRUST	(18,484)	5,112	n/a	n/a	n/a
	5C9	HARINGEY TEACHING PCT	161	754	1,440	374,443	0.4%
	5K6	HARROW PCT	(9,369)	427	0	262,636	0.0%
	5A4	HAVERING PCT	76	(6,261)	0	327,082	0.0%
	5AT	HILLINGDON PCT	(36,148)	(52,129)	0	319,017	0.0%
	5HY	HOUNSLOW PCT	(10,249)	(12,860)	(2,358)	312,325	(0.8%)
	RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST (4)	n/a	n/a	10,000	800,574	1.2%
	5K8	ISLINGTON PCT	56	66	0	370,817	0.0%
	5LA	KENSINGTON AND CHELSEA PCT	(21,748)	5,000	7,300	309,369	2.4%
	RJZ	KING'S COLLEGE HOSPITAL NHS TRUST (5)	122	2,299	n/a	n/a	n/a
	RAX	KINGSTON HOSPITAL NHS TRUST	14	1,673	2,700	170,700	1.6%

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

- 1 Central & North West London Mental Health Trust achieved Foundation NHS Trust status on 1 May 2007.
- 2 Chelsea & Westminster Hospital NHS Trust achieved Foundation Trust status on 1 October 2006.
- 3 East London and the City Mental Health NHS Trust achieved Foundation Trust status on 1 November 2007
- 4 Imperial College Healthcare NHS Trust (RYJ) was formed from St Mary's NHS Trust (RJ5) and Hammersmith Hospitals NHS Trust (RQN) on 1 October 2007.
- 5 King's College Hospital NHS Trust achieved Foundation Trust status on 1 December 2006.

Annex 7: London forecasts by organisation

L-S	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	5A5	KINGSTON PCT	(9,608)	(21,080)	3,470	210,921	1.6%
	5LD	LAMBETH PCT	2,924	1,218	2,447	519,349	0.5%
	5LF	LEWISHAM PCT	231	(3,082)	0	426,246	0.0%
	RRU	LONDON AMBULANCE SERVICE NHS TRUST	1,258	113	1,117	236,007	0.5%
	Q36	LONDON SHA	93,728	180,097	184,338	1,617,349	11.4%
	RJ6	MAYDAY HEALTHCARE NHS TRUST	(5,847)	122	3,600	174,449	2.1%
	5C5	NEWHAM PCT	49	211	3,600	442,763	0.8%
	RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	38	(1,996)	(2,701)	146,561	(1.8%)
	RAT	NORTH EAST LONDON MENTAL HEALTH NHS TRUST	352	1,536	1,713	111,472	1.5%
	RAP	NORTH MIDDLESEX UNIVERSITY HOSP NHS TRUST	(8,166)	84	3,000	153,240	2.0%
	RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	(24,064)	23	0	297,567	0.0%
	RPG	OXLEAS NHS TRUST (6)	1,462	1,324	n/a	n/a	n/a
	RG2	QUEEN ELIZABETH HOSPITAL NHS TRUST	(19,289)	(7,244)	(3,338)	148,245	(2.3%)
	RGZ	QUEEN MARY'S SIDCUP NHS TRUST	(19,750)	(1,790)	(6,300)	98,184	(6.4%)
	5NA	REDBRIDGE PCT	2,047	9,959	21,700	324,227	6.7%
	5M6	RICHMOND AND TWICKENHAM PCT	458	48	165	245,432	0.1%
	RT3	ROYAL BROMPTON AND HAREFIELD NHS TRUST	3,240	3,340	2,417	225,643	1.1%
	RAL	ROYAL FREE HAMPSTEAD NHS TRUST	(4,845)	18,005	10,331	437,185	2.4%
	RV5	SOUTH LONDON AND MAUDSLEY NHS TRUST (7)	719	1,930	n/a	n/a	n/a
	5LE	SOUTHWARK PCT	953	1,096	0	444,921	0.0%
	RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	(33,569)	(2,901)	0	403,488	0.0%
	RJ5	ST MARY'S NHS TRUST	3,094	8,598	n/a	n/a	n/a
	5M7	SUTTON AND MERTON PCT	(6,708)	(10,083)	0	490,867	0.0%

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

6 Oxleas NHS Trust achieved Foundation Trust status on 1 May 2006.

7 South London & Maudsley NHS Trust achieved Foundation Trust status on 1 November 2006.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 7: London forecasts by organisation

T-Z	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RQY	SW LONDON AND ST GEORGE'S MENTAL HLTH NHS TRUST	1,532	2,670	1,700	175,083	1.0%
	RNK	TAVISTOCK AND PORTMAN NHS TRUST (8)	373	9	n/a	n/a	n/a
	RAS	THE HILLINGDON HOSPITAL NHS TRUST	2,212	2,277	6,023	163,467	3.7%
	RJ2	THE LEWISHAM HOSPITAL NHS TRUST	(8,805)	2,042	2,912	170,395	1.7%
	RAN	THE ROYAL NAT ORTHOPAEDIC HOSP NHS TRUST	(462)	(315)	1,510	85,588	1.8%
	5C4	TOWER HAMLETS PCT	24	6,649	4,050	406,262	1.0%
	5NC	WALTHAM FOREST PCT	(1,848)	(4,976)	102	333,605	0.0%
	5LG	WANDSWORTH PCT	(8,963)	13,356	5,282	436,708	1.2%
	RKL	WEST LONDON MENTAL HEALTH NHS TRUST	782	2,339	2,369	241,726	1.0%
	RFW	WEST MIDDLESEX UNIVERSITY NHS TRUST	(9,024)	(3,295)	(1,400)	125,549	(1.1%)
	5LC	WESTMINSTER PCT	855	3,316	13,233	403,302	3.3%
	RGC	WHIPPS CROSS UNIVERSITY HOSP NHS TRUST (9)	(15,811)	(10,467)	(1,100)	190,267	(0.6%)
	RKE	WHITTINGTON HOSPITAL NHS TRUST	20	1,985	1,400	151,820	0.9%
		TOTAL SHA ECONOMY	(174,078)	93,003	300,000		

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

8 Tavistock and Portman NHS Trust achieved Foundation Trust status on 1 November 2006.

9 Whipps Cross University Hospital NHS Trust's 2005-6 final accounts figure remains the previously published provisional figure. Final accounts were approved on 25 June 2007. This showed an increase of £481k in their provisional deficit

Annex 8: South East Coast forecasts by organisation

Org Code	Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	(7,560)	1,068	2,450	185,997	1.3%
5LQ	BRIGHTON AND HOVE CITY PCT	56	804	3,000	399,870	0.8%
RXH	BRIGHTON AND SUSSEX UNIV HOSPS NHS TRUST	(11,290)	(5,278)	0	350,728	0.0%
RN7	DARTFORD AND GRAVESHAM NHS TRUST	(4,436)	255	500	116,718	0.4%
RVV	EAST KENT HOSPITALS NHS TRUST	(2,606)	(4,747)	7,500	396,565	1.9%
5P7	EAST SUSSEX DOWNS AND WEALD PCT	(11,174)	(18,091)	0	443,651	0.0%
RXC	EAST SUSSEX HOSPITALS NHS TRUST	(4,864)	1,503	3,396	243,605	1.4%
5QA	EASTERN AND COASTAL KENT PCT	(2,214)	6,615	4,000	1,006,123	0.4%
5P8	HASTINGS AND ROTHER PCT	2,118	2,181	3,600	276,171	1.3%
RXY	KENT AND MEDWAY NHS & SC PARTNERSHIP NHS TRUST	(204)	123	0	185,573	0.0%
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	112	(4,932)	0	268,546	0.0%
RPA	MEDWAY NHS TRUST	210	71	585	173,707	0.3%
5L3	MEDWAY PCT	(2,343)	1,631	3,207	345,903	0.9%
RA2	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	279	39	3,200	168,409	1.9%
RDR	SOUTH DOWNS HEALTH NHS TRUST	2,457	762	18	54,334	0.0%
RYD	SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	832	3,050	677	133,761	0.5%
Q37	SOUTH EAST COAST SHA	27,401	30,377	41,921	327,270	12.8%
RXX	SURREY AND BORDERS PARTNERSHIP NHS TRUST	70	39	800	166,133	0.5%
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	(40,281)	(12,155)	25	168,562	0.0%
5P5	SURREY PCT	(6,927)	(16,308)	0	1,371,857	0.0%
RX2	SUSSEX PARTNERSHIP NHS TRUST	3,255	3,344	4,794	214,853	2.2%
RPR	THE ROYAL WEST SUSSEX NHS TRUST	(13,298)	1,938	10,470	131,432	8.0%
5P9	WEST KENT PCT	(10,491)	(15,943)	0	818,380	0.0%
5P6	WEST SUSSEX PCT	(2,273)	(12,862)	0	1,054,355	0.0%
RPL	WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	(10,863)	(6,229)	0	152,211	0.0%
	TOTAL SHA ECONOMY	(94,034)	(42,745)	90,143		

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 9: South Central forecasts by organisation

Org Code	Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
5QG	BERKSHIRE EAST PCT	(7,153)	(2,215)	0	459,829	0.0%
RWX	BERKSHIRE HEALTHCARE NHS TRUST (1)	5,102	2,225	120	8,423	1.4%
5QF	BERKSHIRE WEST PCT	(264)	(1,507)	(1,028)	540,610	(0.2%)
5QD	BUCKINGHAMSHIRE PCT	(17,877)	(20,123)	(10,000)	570,436	(1.8%)
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	28	43	0	269,085	0.0%
RW1	HAMPSHIRE PARTNERSHIP NHS TRUST	9	1,341	2,900	185,000	1.6%
5QC	HAMPSHIRE PCT	(10,007)	9,853	500	1,509,451	0.0%
RD7	HEATHERWOOD AND WEXHAM PARK HOSPS NHS TRUST (2)	(3,691)	2,598	0	32,877	0.0%
5QT	ISLE OF WIGHT NHS PCT	(6,546)	1,416	1,250	216,550	0.6%
RD8	MILTON KEYNES GENERAL HOSPITAL NHS TRUST (3)	536	1,678	900	63,665	1.4%
5CQ	MILTON KEYNES PCT	(2,332)	(6,735)	3,000	287,730	1.0%
RN5	NORTH HAMPSHIRE HOSPITALS NHS TRUST (4)	26	259	n/a	n/a	n/a
RBF	NUFFIELD ORTHOPAEDIC NHS TRUST	229	2,001	0	70,459	0.0%
RHX	OXFORD LEARNING DISABILITY NHS TRUST	5	448	370	39,858	0.9%
RTH	OXFORD RADCLIFFE HOSPITAL NHS TRUST	(19,409)	(8,649)	4,000	541,950	0.7%
RNU	OXFORDSHIRE AND BUCKINGHAMSHIRE MH PARTNERSHIP NHS TRUST (5)	(458)	157	1,098	159,047	0.7%
5QE	OXFORDSHIRE PCT	n/a	5,387	6,000	779,022	0.8%
5FE	PORTSMOUTH CITY TEACHING PCT	634	5,795	7,839	296,962	2.6%
RHU	PORTSMOUTH HOSPITALS NHS TRUST	1,096	857	7,400	400,982	1.8%
RHW	ROYAL BERKSHIRE AND BATTLE HOSPS NHS TRUST (6)	20	850	n/a	n/a	n/a
RYE	SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	n/a	252	0	107,882	0.0%
Q38	SOUTH CENTRAL SHA	22,170	31,648	35,051	346,536	10.1%
5L1	SOUTHAMPTON CITY PCT	781	7,670	2,000	349,547	0.6%
RHM	SOUTHAMPTON UNIVERSITY HOSPS NHS TRUST	(12,927)	2,151	18,000	436,687	4.1%
RN1	WINCHESTER AND EASTLEIGH HLTHCRE NHS TRUST	(3,048)	438	600	128,463	0.5%
	<i>Imperfectly mapped historical organisations</i>	(5,661)				
	TOTAL SHA ECONOMY	(58,737)	37,838	80,000		

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

- 1 Berkshire Healthcare NHS Trust achieved Foundation Trust status on 1 May 2007.
- 2 Heatherwood & Wexham Park Hospitals NHS Trust achieved Foundation Trust status on 1 June 2007.
- 3 Milton Keynes General Hospital NHS Trust achieved Foundation Trust status on 1 October 2007
- 4 North Hampshire NHS Trust achieved Foundation Trust status on 1 December 2006.
- 5 Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust incorporates Buckinghamshire Mental Health Trust (RWT) from 1 April 2006
- 6 Royal Berkshire & Battle NHS Trust achieved Foundation Trust status on 1 June 2006.

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 10: South West forecasts by organisation

A-R		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) £000s	2007/08 Q3 Forecast Turnover £000s	2007/08 Q3 Forecast Outturn Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RVN	AVON AND WILTSHIRE MHP NHS TRUST	(2,790)	3,176	1,000	182,808	0.5%
5FL	BATH AND NORTH EAST SOMERSET PCT	1,194	1,184	2,836	234,469	1.2%
5QN	BOURNEMOUTH AND POOLE PCT	1,346	2,938	5,783	455,913	1.3%
5QJ	BRISTOL PCT	2,858	6,312	3,701	634,017	0.6%
5QP	CORNWALL AND ISLES OF SCILLY PCT	(2,849)	88	2,725	748,408	0.4%
RJ8	CORNWALL PARTNERSHIP NHS TRUST	21	562	0	83,466	0.0%
RWV	DEVON PARTNERSHIP NHS TRUST	(1,720)	76	1,700	109,449	1.6%
5QQ	DEVON PCT	(1,713)	76	3,695	1,019,035	0.4%
RDY	DORSET HEALTHCARE NHS TRUST (1)	1,453	1,796	n/a	n/a	n/a
5QM	DORSET PCT	2,836	5,759	3,070	533,986	0.6%
RA4	EAST SOMERSET NHS TRUST (2)	2	0	n/a	n/a	n/a
RTQ	GLOUCESTERSHIRE PARTNERSHIP NHS TRUST (3)	(1,363)	514	1,367	20,425	6.7%
5QH	GLOUCESTERSHIRE PCT	(9,430)	1,401	2,798	750,560	0.4%
RX5	GREAT WESTERN AMBULANCE SERVICE NHS TRUST	(1,298)	(1,430)	1,454	67,372	2.2%
RVJ	NORTH BRISTOL NHS TRUST	1,480	85	4,000	428,534	0.9%
5M8	NORTH SOMERSET PCT	(4,232)	(8,756)	0	267,889	0.0%
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	(7,961)	(6,924)	7,600	119,626	6.4%
RK9	PLYMOUTH HOSPITALS NHS TRUST	(1,932)	2,347	12,700	339,922	3.7%
5F1	PLYMOUTH TEACHING PCT	0	1,801	5,046	375,273	1.3%
RD3	POOLE HOSPITALS NHS TRUST (4)	0	7	200	93,576	0.2%
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	(15,687)	(36,464)	1,282	256,369	0.5%
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	(7,339)	144	1,900	188,277	1.0%

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

- 1 Dorset Healthcare NHS Trust achieved Foundation Trust status on 1 April 2007.
- 2 Yeovil District Hospital NHS Trust (previously East Somerset NHS Trust) achieved Foundation Trust status on 1 June 2006.
- 3 Gloucestershire Partnership NHS Trust achieved Foundation Trust status on 1 July 2007.
- 4 Poole Hospitals NHS Trust achieved Foundation Trust status on 1 November 2007

Note: SHA and PCT turnover equals the revenue resource limit 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.

Following the reorganisation in 2006/07, it has not been possible to accurately map the 2005/06 financial results of predecessor organisations to the new PCT or NHS trusts. This may be because of complex cross-SHA transfers etc. The appropriate financial results for these organisations have been added together in the line entitled 'Imperfectly mapped historical organisations.'

The 2005/06 annual accounts' figures are mapped according to the organisational reconfiguration completed in 2006/07, and may not therefore be the same as an organisation's published, audited accounts for 2005/06.

Annex 10: South West forecasts by organisation

S-Z	Org Code	Organisation Name	2005/06	2006/07	2007/08 Q3	2007/08 Q3	2007/08 Q3
			Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Forecast Outturn Surplus/ (Deficit) £000s	Forecast Turnover £000s	Forecast Outturn Surplus/ (Deficit) as % turnover
	RNZ	SALISBURY HEALTHCARE NHS TRUST (5)	0	0	n/a	n/a	n/a
	RH5	SOMERSET PARTNERSHIP NHS AND SOC CARE NHS TRUST	3	3	550	55,488	1.0%
	5QL	SOMERSET PCT	575	7,932	5,110	695,723	0.7%
	RA9	SOUTH DEVON HEALTHCARE NHS TRUST (6)	89	98	n/a	n/a	n/a
	5A3	SOUTH GLOUCESTERSHIRE PCT	10	30	1,103	297,203	0.4%
	RYF	SOUTH WEST AMBULANCE SERVICE NHS TRUST	282	1,012	0	110,063	0.0%
	Q39	SOUTH WEST SHA	30,370	94,736	56,734	416,843	13.6%
	RN3	SWINDON AND MARLBOROUGH NHS TRUST	(835)	837	835	177,400	0.5%
	5K3	SWINDON PCT	748	1,393	935	250,630	0.4%
	RBA	TAUNTON AND SOMERSET NHS TRUST (7)	16	57	600	118,246	0.5%
	TAL	TORBAY CARE PCT	260	571	7,881	225,046	3.5%
	RA7	UNITED BRISTOL HEALTHCARE NHS TRUST	3,285	1,114	12,809	407,731	3.1%
	RBD	WEST DORSET GENERAL HOSPITALS NHS TRUST (8)	(1,082)	16	0	20,652	0.0%
	RA3	WESTON AREA HEALTH NHS TRUST	(6,989)	(6,673)	0	81,960	0.0%
	5QK	WILTSHIRE PCT	(28,168)	(20,221)	0	539,931	0.0%
		TOTAL SHA ECONOMY	(48,560)	55,597	149,414		

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

5 Salisbury Healthcare NHS Trust achieved Foundation Trust status on 1 June 2006.

6 South Devon Healthcare NHS Trust achieved Foundation Trust status on 1 March 2007.

7 Taunton and Somerset NHS Trust achieved Foundation Trust status on 1 December 2007

8 West Dorset General Hospitals NHS Trust achieved Foundation Trust status on 1 June 2007.

Annex 11: Redundancies

At the end of Quarter 3 of 2007/08, there had been 1,892 compulsory redundancies reported to SHAs within the financial year. These include data from SHAs, PCTs and Trusts (including some Foundation Trusts). In total 85 percent of the redundancies were of non-clinical staff.

Where workforce reductions have been necessary, they have been primarily been delivered through control of vacancies and reductions in agency expenditure. Redundancies remain the exception in the NHS. During the first three quarters of 2007/08, 1,892 redundancies have been reported of which 85 percent (1,613) were non-clinical posts.

	Compulsory redundancies for clinical staff	Compulsory redundancies for non-clinical staff	Total compulsory redundancies
NHS England	279	1,613	1,892*

* This includes some Foundation Trusts

The redundancy figures for both Quarters two and three continue to show an increase in the number of non-clinical redundancies. A major contributing factor to this has been the expiry of the Commissioning a Patient Led NHS (CPLNHS) employment guarantee for PCT staff at the end of July 2007. The aim of CPLNHS was to release resources to frontline services by reducing bureaucracy in the NHS. It was anticipated that the expiry of the guarantee for PCT staff at the end of July 2007 would lead to an increase in the number of non-clinical redundancies.

Whilst non-clinical redundancies have increased, overall the rate of redundancies has slowed over the second and third quarters of 2007/08. At the end of Quarter 2 of 2007/08, there had been 1,533 compulsory redundancies reported to SHAs, of which 85 percent (1,298) were of non-clinical staff. This was an increase of 767 over the redundancies made in the first quarter (June 2007). The equivalent increase in the third quarter (December 2007) from September 2007 was 359, of which 88 percent (315) were non-clinical.