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thequarter.

Welcome to the fourth edition of **thequarter** – an update from the Director General for NHS Finance, Performance and Operations



Introduction

18 weeks

Tackling healthcare associated infections

Achieving financial health

Improving health and well-being and reducing inequalities

Our commitment to maintain existing standards

Annexes

Quarter 4 completes the series of my quarterly reports for 2007/08, and we can look back on a year of significant progress and one in which we have delivered important benefits for patients.

I said in my last report that we must remain focused on ensuring we achieve our targets and I thank everyone in the NHS who has shown real commitment and dedication by rising to that challenge.

I think it is important to remind ourselves why we continually strive to deliver more in the NHS. It's to make a real difference for patients by ensuring that we provide the very best services in ways that are accessible and personal to their needs.

Continued over page...



“Our performance shows that 60 years on, the NHS is still providing the best quality care for all”

NHS Leadership Team

introduction

“Reducing waits to 18 weeks will transform patients’ experience of the NHS”

Continued from page 1...

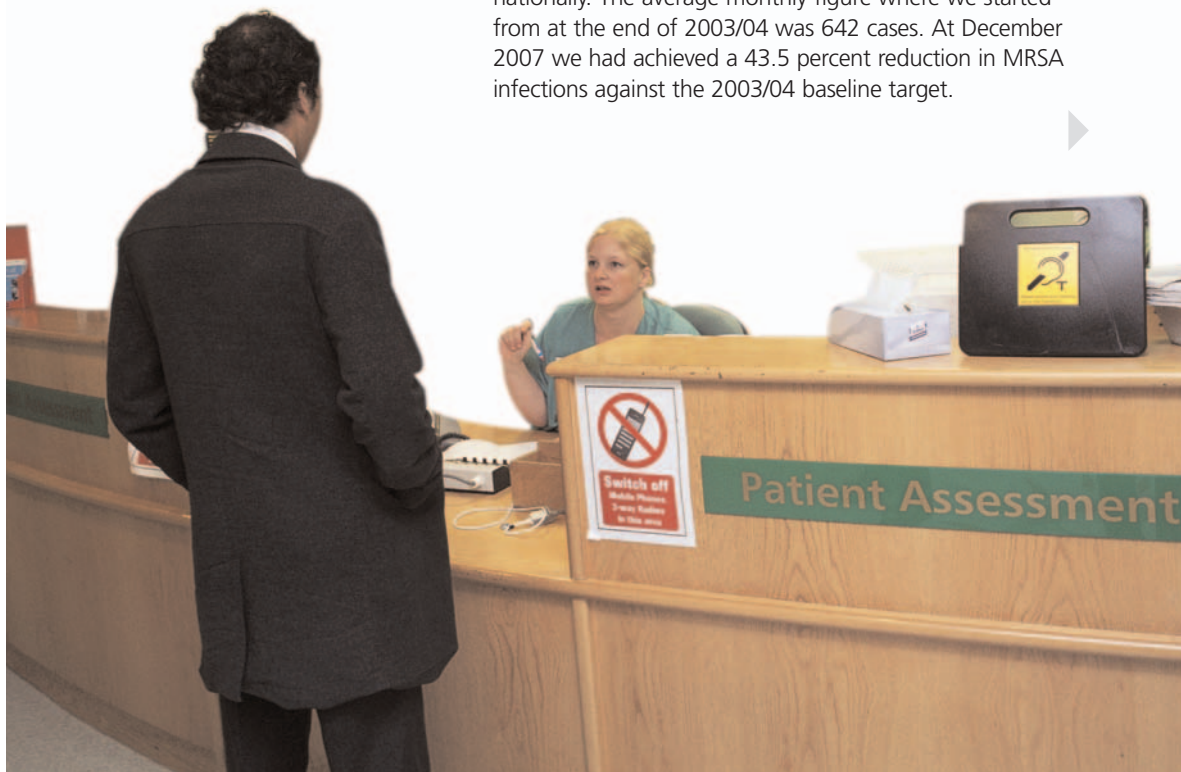
This commitment to providing accessible and personal services to patients is immediately evident in our achievement of the milestone targets to ensure that 85 percent of admitted patients and 90 percent of non-admitted patients waited no longer than 18 weeks for treatment by the end of March 2008. Achieving these important milestones strengthens our position and confidence to achieve the target of ensuring that no patient waits longer than 18 weeks for treatment by the end of December 2008, unless clinically appropriate to do so or where patients choose to wait longer.

We should not underestimate the scale of this challenge. It was not so long ago that patients could expect to wait over a year for hospital

treatment. This was an unacceptable wait for anyone but especially for the most vulnerable. When we reduced waiting times to six months, this signalled a marked change in the time by which patients could expect to be treated. Reducing waits to 18 weeks is transforming patients’ experience of the NHS.

This is not the only area, this year, where we can see wide scale improvements across the NHS. The fight against healthcare associated infections (HCAIs) remains in the headlines and in the forefront of patients’ minds. Patient safety is paramount in the NHS and will remain at the top of our priorities.

I am confident that when we have validated the latest data, it will show that we have halved MRSA infections. Success in achieving this target will be measured by comparing the average monthly figure in the quarter ending June 2008 with the average monthly figure in 2003/04. This means that from April onwards, the three-monthly rolling average must not exceed 321 cases nationally. The average monthly figure where we started from at the end of 2003/04 was 642 cases. At December 2007 we had achieved a 43.5 percent reduction in MRSA infections against the 2003/04 baseline target.



Continued from page 2...

Our fight has broadened to combat *Clostridium difficile* (*C. difficile*) and our commitment to more than double the number of modern matrons to 5,000 has been realised. At 30 May 2008, there were 5,538 modern matrons working in the NHS helping in the continued effort to improve cleanliness and infection control. Both of these initiatives are central to the delivery of safe patient-centred care. I am certain we will not lose our focus on these important issues as we look ahead.

The NHS will be reporting a healthy financial surplus for 2007/08, which is a further indication that the NHS is now on a stable footing. Thanks to the tremendous efforts of those in the NHS, organisations now have the headroom and confidence to invest in transforming patient services, whilst having the flexibility to respond to fluctuations in demand. This will be important for taking forward the NHS Next Stage Review¹ and implementing the 'visions' that clinicians have developed in the ten Strategic Health Authority regions.

The standards of care that we set in the NHS have been about meeting patients' expectations. For example, for the previous two years we have ensured that over 98 percent of patients were treated in A&E within four hours. We have fallen below this standard, achieving 97.9 percent in 2007/08. Ninety-eight percent continues to be our benchmark and we will increase our efforts to ensure that we honour our commitment to patients. That is why I have written to all SHAs to ensure recovery plans are in place for all organisations that were below the 98 percent standard at the end of the last financial year and the beginning of this year. I have also agreed with the Healthcare Commission that no less than 98 percent will be required to meet the standard in their annual health checks. Furthermore, Monitor is taking a similar approach in developing its compliance framework for NHS Foundation Trusts.

Our priorities on performance this year are set out in the *Operating Framework for 2008/09*, which I will cover in more detail in my next report. Over the summer months, we will also be working with colleagues in the service to develop our vision for a more consistent and transparent approach to performance management².

We must look back on 2007/08 with some pride. The NHS was set up to meet the health needs of the population. Our performance in 2007/08 has shown that 60 years on, the NHS is still delivering on its commitment to provide the best quality care for all.

"Our commitment to more than double the number of modern matrons to 5,000 has been realised."



¹ NHS Next Stage Review
(www.ournhs.nhs.uk)

² *Developing the NHS Performance Regime*
(Department of Health: June 2008)

pledge

Improving access by delivering the 18 weeks referral to treatment target (RTT)

By December 2008, no patients will have to wait for more than 18 weeks unless they have chosen to wait longer or it is clinically appropriate for them to do so.

The 18 week commitment is fundamentally different from previous waiting time standards. Patients and staff said that to tackle waiting, the NHS really needed to look at care from the patient's perspective. So the NHS is now measuring all stages of the treatment 'pathway' as one – which means all outpatient appointments, diagnostic tests and consultations from the moment of referral to the start of treatment.

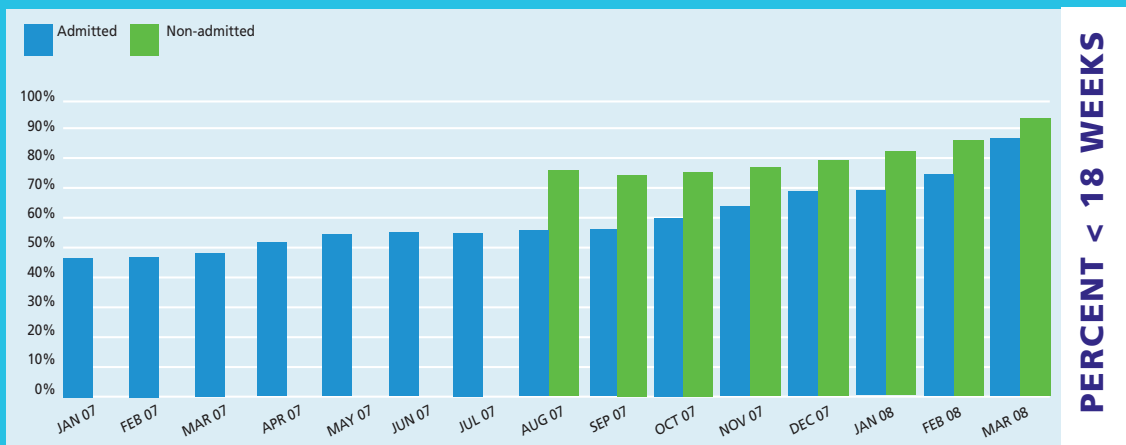
Some patients will choose to delay their appointments, and for some the right clinical treatment will be to wait longer than 18 weeks. Taking this into account the 18 weeks target for achievement by end of December 2008 is for 90 percent of admitted patients and 95 percent of non-admitted patients to be treated in 18 weeks or less. The NHS was set milestones to reach in March 2008 to ensure good progress towards the target. These milestones were that:

- 85 percent of admitted patients should start their treatment within 18 weeks of referral
- 90 percent of non-admitted patients should start their treatment within 18 weeks of referral

The performance figures published for March show how the NHS as a whole achieved both of these milestones and is on course to hit the 18 week target.

“Patients are already seeing the benefit of the work currently being undertaken in the NHS to deliver the 18 weeks maximum wait”

Figure 1
RTT
admitted /
non-admitted
patients



“The number of patients waiting over six weeks for diagnostic tests has fallen by more than 800,000 in just two years”

In order to be sure that the results represent a full picture we also have a measure of the completeness of the data for all organisations. We have worked with the NHS to make sure that this measure of data completeness is right and have refined the measure since 18 weeks referral to treatment data was first published in May 2007.

Overall, the March data is complete in the vast majority of organisations and represents a valid picture of performance for England as a whole.

Improving access to diagnostic tests is crucial to making early decisions about care and treatment. The maximum that patients should now expect to wait for any diagnostic test is six weeks. The average that patients can expect to wait for one of the 15 key diagnostic tests is much shorter – 2.1 weeks compared with 6.1 weeks in April 2006.

The chart below shows the reductions in long waits over the last two years. This includes significant progress in reducing waits for hearing assessments over the past year. When the Department published the national audiology framework in March 2007, over 100,000 patients were waiting longer than six weeks for their test. At the end of March 2008, only 3,056 patients were waiting this long.

However we know that there are still long waits for audiology treatment in some parts of the country and we are continuing to address this.

Delivery of 18 weeks has required service transformation. Supporting this transformation, the Department has been working with clinical and managerial experts to develop high-level 18-week pathways for each of the highest volume specialties reflecting national good practice (see www.18weeks.nhs.uk). Feedback from the NHS has been positive. There is evidence to suggest that the pathways are being used to good effect locally to inform commissioning discussions and planning. For example, both Derbyshire County and Poole local health communities have been using the pathways to develop alternative models of care, which reduce unnecessary delays and are focussed around the needs of the patient.

Modifying IT systems to ensure that patients can be progressed smoothly along 18-week pathways is essential. Recording and using the right data to support patient care along pathways is critical to delivery of 18 weeks in trusts, and in commissioning 18-week pathways by PCTs. There has been some progress in implementing the new data standards, but at the end of March less than half of trusts had computerised Patient Administration Systems that were 18-week compliant.

In the next six months, we expect to see further significant progress on modifying systems and use of the Secondary Uses Service (SUS) to support improved delivery.

“When the Department published the national audiology framework in March 2007, over 100,000 patients were waiting longer than six weeks for their test. At the end of March 2008, only 3,056 patients were waiting this long.”

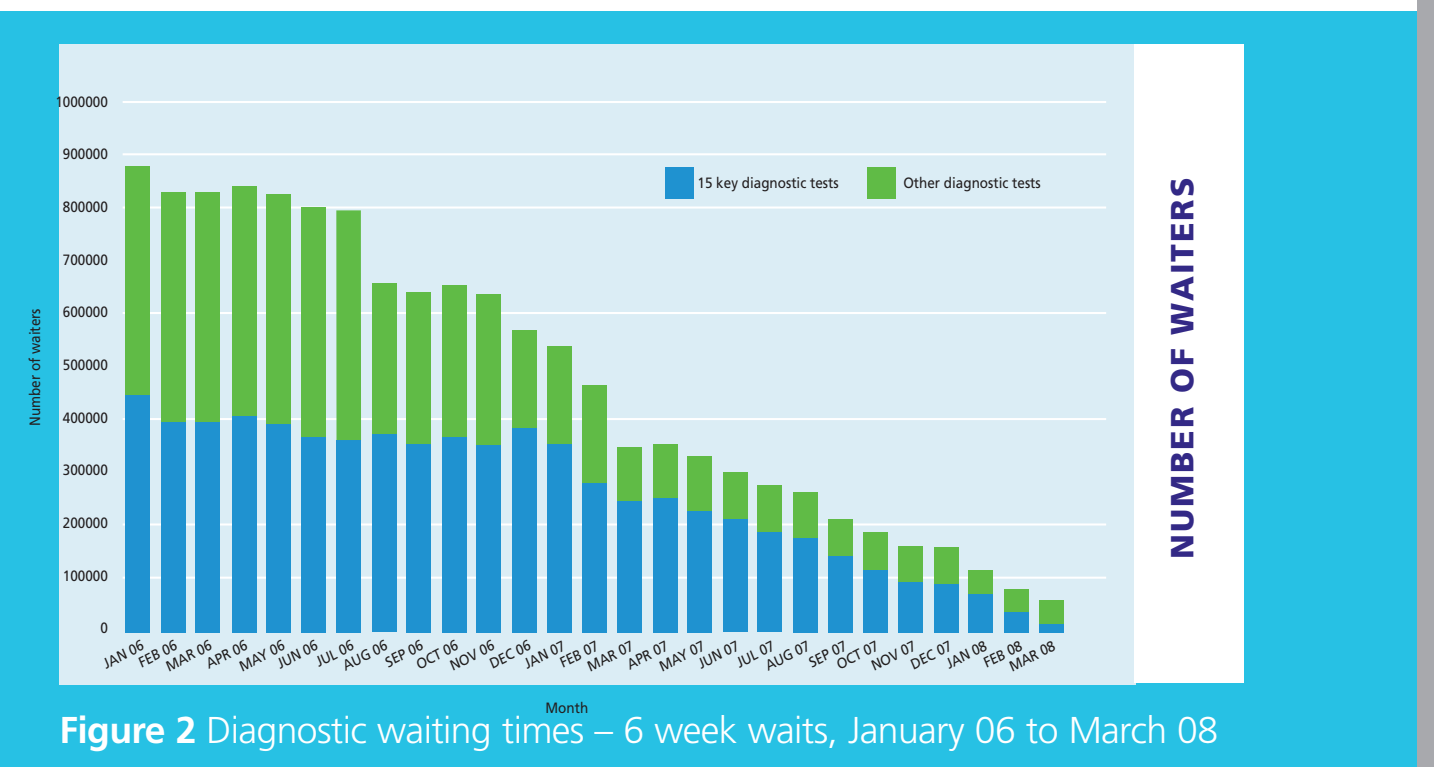


Figure 2 Diagnostic waiting times – 6 week waits, January 06 to March 08

Tackling Healthcare Associated Infections

Our efforts to reduce healthcare associated infections (HCAIs) have continued with vigour in 2007/08. Reducing HCAIs remains a top priority, and therefore we are pleased to report that the NHS has made significant reductions for both MRSA and *C. difficile* infections compared to the previous year.

MRSA

The latest quarterly data covering the period October – December 2007 shows that 1,087 MRSA bacteraemia (bloodstream infections) were recorded. This represents a 43.5 percent reduction on the 2003/04 baseline.

Based on your feedback about performance during quarter four, all the indications are that we are firmly on track to have achieved the target of a 50 percent reduction by end of 2007/08 so that, from April onwards, the monthly average will not exceed 321 cases³. This would be a tremendous achievement and a credit to the hard work of nurses and other frontline staff.

Clostridium difficile (*C. difficile*)

The latest *C. difficile* figures show that infections are down by 23 percent on the same quarter the previous year in the most vulnerable 65s and over group. For other groups such as the two years and over age group there were 12,083 *C. difficile* infections recorded. As collection of data on *C. difficile* for two years to 64 years only began in April 2007, it is too early to identify trends.

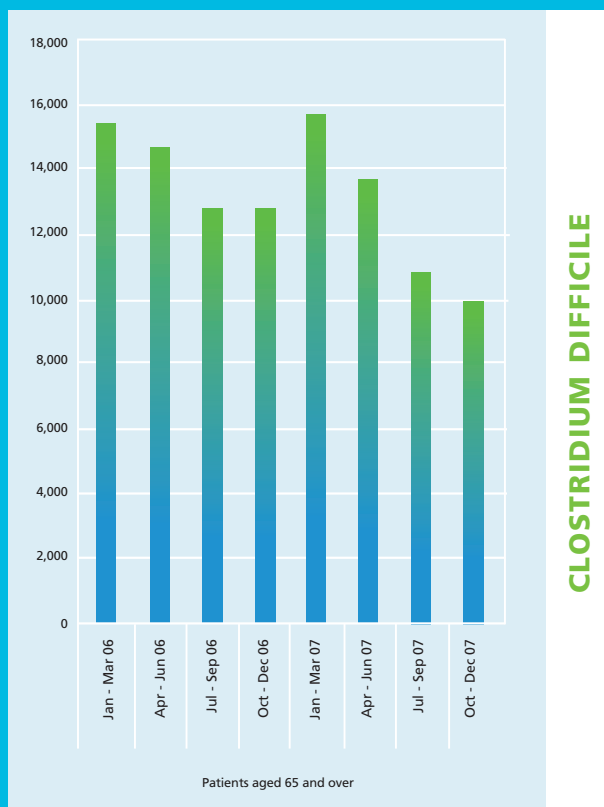


Figure 3

³ Achievement of this target will be measured against the three-monthly rolling average, from 1 April 2008 onwards. This means that the NHS will need to have achieved a monthly average of 321 cases for quarter one this year and maintain this level as the baseline for achieving further, sustainable reductions going forward.

▶ Clean, safe care

The momentum in reducing HCAs is increasingly being driven by NHS staff on the frontline. A recent Healthcare Commission survey of acute trust staff showed that the majority of those surveyed felt that infection control was applicable to them and that this issue was promoted well within trusts. They also reported improvements in training and awareness among NHS staff.

We are ensuring a range of measures are utilised to tackle HCAs, such as ensuring high standards of cleanliness, thorough hand washing supported by a 'bare below the elbows' dress code and sensible antibiotic prescribing. In addition, NHS organisations must have arrangements in place by end of March 2009 for all patients admitted for elective treatment to be screened for MRSA where this is clinically appropriate, and extended to non-elective admissions by 2010/11.

As part of these measures we set a challenging deadline for trusts to have completed a local 'deep clean' programme by 31 March 2008. 328 trusts agreed deep clean plans with their SHAs as part of the national deep cleaning programme in 2007/08 and all have now completed.

The Prime Minister also made a commitment to increase the number of modern matrons in the NHS to 5,000 by May 2008. This is in recognition of the crucial leadership role that matrons play in ensuring cleanliness and infection prevention and control on the ward. The NHS has surpassed this commitment, with 5,538 matrons working in the NHS as of 30 May 2008.

As we move forward, it is important that we can improve public confidence in our ability to tackle HCAs. We set out some of the ways we plan to do this in the *Clean, safe care* strategy published in January. As well as drawing together current HCAI initiatives, it details new areas where the NHS should invest the extra funding of £270 million per year by 2010/11 to support infection control and cleanliness in the NHS.

Our achievements in bringing down levels of HCAs over the last year have been encouraging, and our success in tackling rates of MRSA is something many critics said was unobtainable just 18 months ago. However, while we remain on track to halve rates of MRSA, our patients and local communities still expect more. Our ability to make further progress in this area will depend upon continued focus right across the NHS and the development of robust and sustainable local plans going forward.

Improvement in the consistency of NHS forecasting during the year.



finance

In previous editions of *The Quarter*, we reported that the NHS was predicting to deliver a healthy surplus of approximately £1.8 billion at the end of the 2007/08 financial year.

In the draft accounts for the 2007/08 year end the NHS (excluding Foundation Trusts) is reporting an overall surplus of £1,658 million. The move from quarter three is a result of investment programmes in some areas starting early. The surplus is a small proportion of total NHS resources, just over two percent and represents good financial planning. It also demonstrates a real improvement in the consistency of NHS forecasting during the year.

The surplus, all of which sits within NHS organisations, is in line with our overall financial strategy as we go forward to 2008/09 and is key to supporting reform and transformational improvements to services.

Over the last year, thousands of staff and clinicians have been involved in the NHS Next Stage Review – developing ambitious local and regional plans for how services will be developed, sustained and enhanced over the next decade.

The level of resources that is now available, which of course sits at a local level, provides both the stability and the flexibility local NHS organisations need to make those plans a success.

There are ten organisations reporting a deficit in the 2007/08 draft accounts, compared to 17 forecasting a deficit at quarter three and 82 reporting a deficit in 2006/07. At the 2007/08 year end there is a gross deficit of £122 million, compared to a forecast gross deficit of £143 million at quarter three and a gross deficit of £917 million in 2006/07.

Figure 4 / NHS Financial Performance by Strategic Health Authority

	2005/06		2006/07			2007/08 Draft Accounts		
	£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	129	2.9%	54
North West	58	0.6%	189	1.8%	131	317	2.7%	128
Yorkshire & The Humber	34	0.5%	131	1.8%	97	253	3.1%	122
East Midlands	(13)	(0.3%)	68	1.2%	81	130	2.1%	62
West Midlands	(38)	(0.5%)	61	0.8%	99	153	1.9%	92
East of England	(234)	(3.6%)	(153)	(2.2%)	80	86	1.1%	239
London	(174)	(1.5%)	93	0.8%	267	280	2.1%	187
South East Coast	(94)	(1.8%)	(43)	(0.8%)	51	85	1.4%	128
South Central	(59)	(1.3%)	38	0.8%	97	76	1.4%	38
South West	(49)	(0.8%)	56	0.8%	104	149	2.0%	93
Total	(547)	(0.8%)	515	0.7%	1,062	1,658	2.1%	1,143

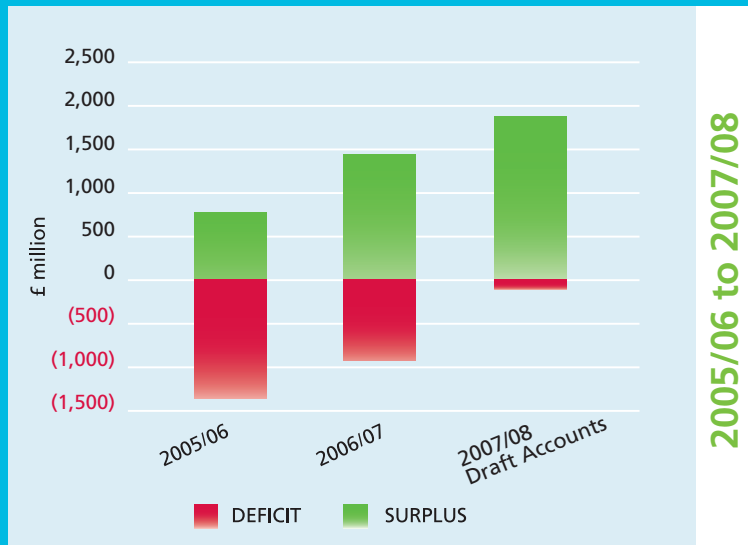


Figure 5 Gross deficit and surplus

The Department is working closely with relevant SHAs to ensure that those ten organisations in deficit have realistic recovery plans to return to financial balance whilst maintaining and improving services to patients.

In previous editions of *The Quarter*, I have reported on the position regarding the 17 organisations designated 'financially challenged trusts' (FCTs). I am pleased to confirm that for ten of the FCTs we have now agreed solutions for the repayment of their debts, which will put them on a much firmer footing as they go forward. Local announcements took place as the solution for each FCT was agreed.

Consequently, the following organisations are no longer classed as Financially Challenged in the 2008/09 financial year.

- Mid Yorkshire Hospitals NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- The Royal Wolverhampton Hospitals NHS Trust
- Surrey and Sussex Healthcare NHS Trust
- The Royal West Sussex NHS Trust
- West Middlesex University Hospital NHS Trust
- North Bristol NHS Trust

- Royal Cornwall Hospitals NHS Trust
- Royal United Hospital Bath NHS Trust
- Weston Area Health NHS Trust

Each of these ten organisations have worked extremely hard in conjunction with their SHAs and PCTs to improve their underlying financial performance. As a result, they are now trading in balance and they have shown that they are able to produce sufficient surpluses going forward to operate as a sustainable organisation, both financially and in the provision of healthcare. All ten of these organisations will have repaid their debt within five years.

The Department will continue to work with the remaining seven FCTs through the relevant SHAs to develop sustainable operating and financial solutions as we go forward. I will provide further updates on these organisations in future reports.

Focussed on the commitment to delivering the standard



The operational standard that 98 percent of patients should be seen, diagnosed and treated within four hours of their arrival at accident and emergency (A&E) departments is an ongoing commitment, both for the Department of Health and the NHS.

In the previous two years, over 98 percent of patients were seen, diagnosed and treated within four hours of their arrival at A&E and this level of performance was maintained for the first half of 2007/08. However, in the second half of the year we fell below this standard, and therefore, for the year as a whole 97.9 percent⁴ of patients were seen, diagnosed and treated within four hours.

Patients are still receiving a significantly better service than they were five or even ten years ago, especially when we consider that, at the beginning of 2003, almost a quarter of patients spent more than four hours in A&E.

However, we must demonstrate that we can keep this important promise to patients. We are redoubling our efforts, working very closely with underperforming trusts to ensure there are plans in place for immediate improvement. Our agreement with the Healthcare Commission for 2008/09 onwards that no less than 98 percent will be required to meet the standard in annual health checks gives a clear message that we aim to regain this standard for patients. Monitor is taking a similar approach in developing its compliance framework for NHS Foundation Trusts.

For the first time, the patients who attend minor injury and illness services that PCTs have commissioned from independent providers in walk-in centres or minor injury units to support local hospitals and primary care, have been counted.

⁴ From 2007/08 the data includes services provided by the independent sector.

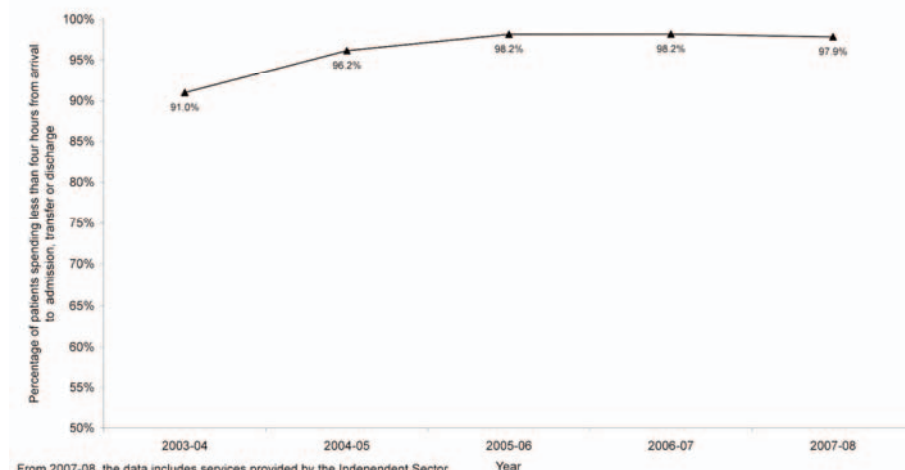


Figure 6:

Performance at Accident and Emergency departments, NHS in England: National performance at year end 2003-04 to 2007-08

Ambulance Services

For many, ambulance services provide the first point of access to healthcare for those in urgent need of care, and with over six million calls this year it has been the busiest the service has ever seen.

Performance against response times to Category A calls has continued to improve, while the work to reduce inappropriate A&E attendances has also yielded good results.

While in part this has been down to the additional recruitment of new staff and investment in new vehicles, equipment and technology over the last few years, strong leadership and a commitment to work more closely with other parts of the health service have also drawn huge benefits.

NHS performance in responding to emergencies is measured against three standards, but are only published annually:

- a) responding to 75 percent of Category A calls (life threatening) within eight minutes
- b) to have a vehicle capable of transporting the patient on scene within 19 minutes of a request for transport being made, 96 percent of the time
- c) to respond to 95 percent of Category B calls (serious but not immediately life threatening) within 19 minutes

We reported in the last *Quarter* that data for 2006/07 shows that the percentage of Category A calls which resulted in an emergency response arriving at the scene of the incident within eight minutes, was 74.6 percent – this is similar to the previous year.

The results for 2007/08 will be published later this month and all indications are that these standards have been achieved.



Ambulance Services

Health inequalities and promoting health and wellbeing

Health inequalities are endemic in our society. Where a person is born still influences, largely, how long they will live. This is fundamentally unfair and unacceptable. That is why the Government has introduced the most comprehensive programme ever seen in this country to address health inequalities, including the first ever national Public Service Agreement (PSA) target for health inequalities to narrow the health inequalities gap as measured by life expectancy and infant mortality.

The PSA target is to reduce inequalities in health outcomes by 10 percent as measured by infant mortality and life expectancy at birth by 2010.

Reducing All Age All Cause Mortality is an important indicator for areas for improvement in the health of our local communities as identified in the *Operational Plans: 2008/09 – 2010/11* guidance which set out Vital Signs indicators for measuring health outcomes and healthcare performance for next year.

All Age All Cause Mortality is used as a proxy to monitor progress towards the life expectancy inequalities PSA target, particularly at local level. For the population as a whole, we are progressing well, with the average life expectancy in England which is higher than ever previously recorded. We do, however, need to improve the life chances of those who are subject to health inequalities on account of where they live.

We know that in the most deprived areas (Spearhead areas), life expectancy is lower than the rest of England. There has been progress in reducing the health gap in Spearhead areas and the population as a whole, but this has not been fast enough.

The Spearhead group consists of 70 local authority areas and those PCTs that align to them (either wholly or partially) which are in the bottom 20 percent for three or more of the following five factors:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardiovascular disease mortality rate in under 75s
- Index of Multiple Deprivation 2004 (Local Authority Summary) average score

health inequalities

“In May, the Government committed £77m over the next three years to develop innovative new approaches to delivering stroke services”

To achieve the target, Spearhead area PCTs need to go further and faster than the England average to narrow the life expectancy gap by at least ten percent for both males and females. Some Spearheads are already achieving this and if their trends were replicated in all areas, the target would be more than met. However, 59 percent of PCTs are currently off track for both male and female life expectancy targets which is a worsening position over 2003/2005 where 43 percent were off track.

As we move forward, it will become easier to monitor performance as more regular All Age All Cause Mortality data, as a proxy for life expectancy at birth, is being provided to local areas for monitoring purposes.

The Department is supporting the narrowing of this gap in a number of ways, and in particular, in tackling the most common killer diseases. Collectively, vascular diseases such as heart disease, stroke, diabetes and kidney disease, affect the lives of more than four million people and kill 170,000 every year. They also account for more than half the mortality gap between rich and poor.

In April, the Department launched a national programme to identify vulnerability to vascular diseases, which could prevent around 9,500 of heart attacks and strokes every year and save around 2,000 lives. In May, the Government committed £77 million over the next three years to develop innovative new approaches to delivering stroke services and supporting areas of poor performance to propel the NHS and social services towards meeting key markers in the Stroke Strategy.

The Department's focus now is to provide support to those areas that need it, setting up National Support Teams for Health Inequalities and for Tobacco Control to disseminate best practice across all Spearhead areas and areas with high infant mortality rates. The *Health Inequalities Intervention Tool*, developed by the Association of Public Health Observatories and DH, is an interactive website to help local health services and councils to narrow life expectancy gaps in Spearhead areas.



health inequalities

Smoking Quitters

Smoking remains the single biggest cause of preventable illness and early death in England. Around 87,000 people in England die from smoking each year, one in five of all deaths. Over eight million adults in England still smoke, but as a result of Government action, smoking in England has fallen considerably and we now have the lowest smoking rates in England on record.

One of the ways the Department's Tobacco Control National Support Team is supporting this work is through the launch of the *Excellence in tobacco control: 10 high impact changes to achieve tobacco control* resource. This sets out practical and evidence-based guidance for local alliances to support the delivery of effective local tobacco control programmes. It describes a systematic approach to tackling the health inequalities and burden of disease caused by smoking.

The latest published statistics for NHS Stop Smoking Services in England from April to December 2007 show:

■ 462,690 people set a quit date through NHS Stop Smoking Services, an increase of 23 percent over the same period in 2006/07. Of those setting a quit date, success at the four-week follow up increased with age, from 37 percent of those aged under 18, to 59 percent of those aged 60 and over.

■ At the four week follow-up 234,060 people had successfully quit (based on self-report), 51 percent of those setting a quit date. This compares with 192,527 successful quitters in the same period in 2006/07 (an increase of 22 percent).

■ Champix was the most successful smoking cessation aid in helping people quit. Of those who used Champix 63 percent successfully quit, compared with 54 percent who received bupropion only, and 48 percent who received Nicotine Replacement Therapy.

■ Expenditure on NHS Stop Smoking Services was £41.3 million. This compares to £36 million in the same period in 2006/07. The cost of the NHS Stop Smoking Services per quitter was £177, compared with £187 during the same period in 2006/07.

smoking cessation

sexual health

There are two national targets for sexual health services:

- The percentage of patients attending Genito-Urinary Medicine (GUM) clinics who are offered an appointment within 48 hours of contacting a service should increase with time and reach 100 percent by March 2008
- The percentage of the population aged 15-24 accepting screening or testing for chlamydia should increase with time and reach 15 percent by March 2008.

The figures for March 2008 on GUM access show that 98.9 percent of first attendees are offered an appointment within two normal working days, compared to 92 percent in December 2007. In turn, 85.6 percent of first attendees are seen within two normal working days, compared to 81.8 percent in December 2007. Whilst we have ensured greater access to GUM services, we will be making every effort to support the small number of organisations, through the National Support Team, that need to make further progress to reach this target.

The National Support Team is also providing a central role in supporting delivery of the chlamydia screening target. This challenging target continues to be part of our broader strategy to improve the sexual health of our communities.

Quarter four performance data on chlamydia screening shows that around 120,000 screenings were performed, an increase of 46 percent on the previous quarter. However, for 2007/08 as a whole, 4.9 percent of 15-24 year olds in England were screened. This represents a total of around 319,000 screenings.

It's vital that we can significantly improve performance in this area and we are taking action with the NHS to address the obstacles to reaching this target. We are also putting in place better systems in a variety of settings to improve our ability to capture data on the number of screenings taking place and this will be reflected in future data monitoring. We must ensure that we are making every effort to fulfil our target commitments this year.



The NHS has sustained its good performance in quarter four to deliver commitments to maintain operational standards to deliver high quality services.

standards

Primary Care Access

Over 99 per cent of patients were offered an appointment with a GP within two working days and over 99 percent were offered an appointment with a primary care practitioner (PCP) within one working day.

Cancelled Operations

There were 1,025 breaches of the NHS cancelled operations guarantee. However, this represents just 0.05 percent of elective admissions for this period.

Rapid Access Chest Pain Clinics

99.8 per cent of patients were seen in a Rapid Action Chest Pain Clinic within two weeks of decision to refer, compared with 98.1 percent in the same period of 2006/07.

Mental Health

The NHS has exceeded the target to achieve 7,500 new early intervention cases in 2007/08, with 8,292 people served by Early Intervention Teams at 31 March 2008.

The NHS has also exceeded the target to provide 100,000 home treatment episodes by the end of March 2008. Quarter four data shows that 106,323 home treatment episodes were delivered.

Thrombolysis

Over 70 per cent of individuals receive thrombolysis within 60 minutes of a call for professional help, compared with 65.4 percent in the same period of 2006/07.

Child & Adolescent Mental Health Services (CAMHS)

All PCTs were compliant in commissioning the three proxy measures of comprehensive CAMHS (24-hour emergency service, CAMHS for those with a learning disability, and age-appropriate services for 16-17 year olds).



Improving health outcomes

The PSA target is to improve health outcomes for people with long term conditions by offering a personalised care plan for vulnerable people most at risk and reducing emergency bed days by five percent by 2008, through improved care in primary and community settings

However, there is still more work to do. The March 2008 target for an increase in the number of community matrons was a challenging target and every effort was made to achieve it. However, local intelligence suggests numbers of community matrons may be growing at a rate not currently reflected in the Workforce Census. The Census position at September 2007 (published March 2008) is 615, however the provisional, unvalidated position taken from the Local Delivery Plan Returns (LDPR) at March 2008 indicates the figure is nearer 2174.

The table below shows progress against targets.

England		
Very High Intensity Users (VHIUs) under case management	Trajectory	227,806
	Performance	193,682
Community Matrons	Trajectory	2,817
	Performance	2,174
Additional Case Managers	Trajectory	526
	Performance	1,947

Figures taken from provisional and unvalidated LDPR data.

long term conditions

Capital investment

The performance of the NHS estate is important in providing the right environment to deliver high quality, safe clinical care and a therapeutic environment for patients to recover. The environment in which a patient receives their care can leave a lasting impression on their overall NHS experience. That is why we invest over £4 billion on the NHS estate which will rise to around £5 billion this year.

This is how the NHS estate has performed:

PFI and the 100 hospital schemes target

During 2007, a further nine Private Finance Initiative (PFI) schemes with a combined capital value of £676 million became operational, together with a further 14 PFI schemes reaching financial close. In total, 94 hospital schemes (70 of which are PFI) are now operational and a further 34 are under construction.

NHS LIFT

To date there are 48 NHS Local Improvement Finance Trust (LIFT) schemes, of which 46 have reached financial close. As at June 2008, 175 primary care premises are open to patients with 45 under construction. NHS LIFT has now attracted over £1.4 billion of private capital investment and this level of investment will continue to grow in 2008/09 and beyond.

NHS LIFT is also one way of taking forward community hospitals under the community hospitals and services programme.

ProCure 21

ProCure 21 is a procurement route for publicly funded NHS capital schemes. So far over 350 schemes (£2.4 billion) have been registered, of which over 200 have been completed (£1.05 billion). The ProCure 21 programme will also deliver the many facilities commissioned through the Community Hospitals Initiative.

“The environment in which a patient receives their care can leave a lasting impression on their overall NHS experience.”

Capital Investment

“Our success over the last year will count for nothing unless the momentum we have achieved is used to push on with the changes we need to make.”

We have achieved much in 2007/08. Delivering what we said we would on 18 weeks and healthcare associated infections, while maintaining a high level of performance against our other key indicators, is making a real difference to the services our patients are now receiving through the NHS.

That we have done all of this at the same time as delivering the kind of local surpluses that will enable change to be delivered even faster in the coming years makes those achievements all the more impressive.

But our success over the last year will count for nothing unless the momentum we have achieved is used to push on with the changes we need to make to be able to tackle health inequalities and create the kind of personalised services that our patients and local communities demand.

The work around the NHS Next Stage Review, and in particular the publication of the regional visions for every part of the NHS in England, underline the strength of ambition of our staff and clinicians to transform the services we provide for our patients, and our achievements over the last year create the environment for those ambitions to now be realised.

Those achievements have not come by luck or by accident – they have come through the hard work and focus of staff at every level of the NHS, and I would like to thank everyone for their efforts over the last year.

So as the NHS prepares to celebrate its 60th anniversary, the opportunity to reflect and look back on our achievements over the last six decades, is matched by the opportunity to look forward over the next ten years to a service that is well placed to respond to the challenges of the future.

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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts 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	981	775,800	0.1%
5J9	DARLINGTON PCT	(1,436)	56	101	151,164	0.1%
5KF	GATESHEAD PCT	12	469	300	318,665	0.1%
5D9	HARTLEPOOL PCT	(5,984)	70	212	146,605	0.1%
5KM	MIDDLESBROUGH PCT	49	3,379	341	252,248	0.1%
5D7	NEWCASTLE PCT	47	860	1,082	439,737	0.2%
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	350	80,399	0.4%
Q30	NORTH EAST SHA	65,220	64,511	85,826	337,269	25.4%
RVW	NORTH TEES AND HARTLEPOOL NHS TRUST (3)	(12,812)	3,222	10,057	138,496	7.3%
5E1	NORTH TEES PCT	435	2,184	3,311	275,897	1.2%
5D8	NORTH TYNESIDE PCT	209	380	171	315,189	0.1%
TAC	NORTHUMBERLAND CARE PCT	908	(4,697)	393	475,623	0.1%
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS TRUST	588	53	3,498	292,042	1.2%
RTF	NORTHUMBRIA HEALTH CARE NHS TRUST (4)	40	2	n/a	n/a	n/a
5QR	REDCAR AND CLEVELAND PCT	553	934	1,352	208,041	0.6%
RTR	SOUTH TEES HOSPITALS NHS TRUST	(21,395)	302	17,287	409,163	4.2%
5KG	SOUTH TYNESIDE PCT	10	422	719	250,957	0.3%
5KL	SUNDERLAND TEACHING PCT	19	347	1,190	451,092	0.3%
RX3	TEES, ESK AND WEAR VALLEYS NHS TRUST	575	275	2,179	215,232	1.0%
	<i>Imperfectly mapped historical organisations</i>	558				
	TOTAL SHA ECONOMY	20,954	74,508	129,350		

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

- 1 County Durham and Darlington Acute Hospital NHS Trust achieved Foundation Trust status on 1 February 2007.
- 2 Newcastle Upon Tyne Hospitals NHS Trust achieved Foundation Trust status on 1 June 2006.
- 3 North Tees and Hartlepool NHS Trust achieved Foundation Trust status on 1 December 2007
- 4 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.

Annex 2: North West forecasts by organisation

Org Code	A-L Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
RTV	5 BOROUGH PARTNERSHIP NHS TRUST	342	545	958	100,210	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	1,641	452,815	0.4%
5CC	BLACKBURN WITH DARWEN PCT	2,067	2,880	4,753	240,944	2.0%
5HP	BLACKPOOL PCT	974	2,026	2,703	252,883	1.1%
RXL	BLACKPOOL, FYLDE AND WYRE HOSPS NHS TRUST (2)	7	1,572	3,828	148,854	2.6%
RMC	BOLTON HOSPITALS NHS TRUST	3,278	45	1,875	176,254	1.1%
5HQ	BOLTON PCT	300	827	988	392,393	0.3%
RXV	BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRUST (3)	271	252	200	102,329	0.2%
5JX	BURY PCT	369	162	98	255,851	0.0%
RJX	CALDERSTONES NHS TRUST	83	241	185	47,705	0.4%
RW3	CENT MANCHESTER/ MANCHESTER CHILD NHS TRUST	6,481	1,317	336	567,452	0.1%
5NP	CENTRAL AND EASTERN CHESHIRE PCT	285	630	1,007	582,259	0.2%
5NG	CENTRAL LANCASHIRE PCT	n/a	3,129	6,172	653,937	0.9%
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST (4)	38	116	129	27,248	0.5%
RBV	CHRISTIE HOSPITAL NHS TRUST (5)	10	3,704	n/a	n/a	n/a
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST (6)	170	523	n/a	n/a	n/a
5NE	CUMBRIA PCT	n/a	(36,703)	530	713,750	0.1%
RJN	EAST CHESHIRE NHS TRUST	12	(5,895)	885	105,039	0.8%
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	153	310	223	304,992	0.1%
5NH	EAST LANCASHIRE TEACHING PCT	n/a	3,794	9,901	581,454	1.7%
5NM	HALTON AND ST HELENS PCT	359	279	167	562,746	0.0%
5NQ	HEYWOOD, MIDDLETON AND ROCHDALE PCT	1,078	2,338	4,845	327,908	1.5%
5J4	KNOWSLEY PCT	9	2,418	1,726	275,240	0.6%
RW5	LANCASHIRE CARE NHS TRUST (7)	22	92	1,187	111,538	1.1%
5NL	LIVERPOOL PCT	351	3,840	10,644	829,797	1.3%

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 Bolton, Salford and Trafford Mental Health NHS Trust achieved Foundation Trust status on 1 February 2008
- 4 Cheshire and Wirral Partnership NHS Trust achieved Foundation Trust status on 1 July 2007.
- 5 Christie Hospital NHS Trust achieved Foundation Trust status on 1 April 2007.
- 6 Clatterbridge Centre for Oncology NHS Trust achieved Foundation Trust status on 1 August 2006.
- 7 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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
TAE	MANCHESTER HEALTH AND SOCIAL CARE NHS TRUST	28	85	476	89,448	0.5%
5NT	MANCHESTER PCT	3,636	176	1,060	846,730	0.1%
RW4	MERSEY CARE NHS TRUST	12	99	500	189,824	0.3%
RWW	NORTH CHESHIRE HOSPITALS NHS TRUST	83	(6,695)	6,991	168,940	4.1%
RNL	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST	56	97	51	202,326	0.0%
5NF	NORTH LANCASHIRE TEACHING PCT	n/a	984	418	474,368	0.1%
RX7	NORTH WEST AMBULANCE SERVICE NHS TRUST	919	130	111	211,508	0.1%
Q31	NORTH WEST SHA	46,288	206,355	206,829	854,302	24.2%
RNN	NTH CUMBRIA MH AND LEARNING DISAB NHS TRUST (8)	61	321	1,562	31,641	4.9%
5J5	OLDHAM PCT	541	1,436	1,441	345,909	0.4%
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	56	(9,170)	9,260	499,924	1.9%
RT2	PENNINE CARE NHS TRUST	82	543	612	113,127	0.5%
RQ6	ROYAL LIVERPOOL BROADGREEN HOSPS NHS TRUST	18	406	1,813	342,829	0.5%
RBS	ROYAL LIVERPOOL CHILDRENS NHS TRUST	1	21	296	144,814	0.2%
5F5	SALFORD PCT	88	2,896	973	397,082	0.2%
RM3	SALFORD ROYAL HOSPITALS NHS TRUST (9)	449	837	n/a	n/a	n/a
5NJ	SEFTON PCT	(6,215)	13	605	441,157	0.1%
RM2	SOUTH MANCHESTER UNIV HOSP NHS TRUST (10)	7,460	28	n/a	n/a	n/a
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	0	(2,823)	2,823	137,866	2.0%
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	106	257	219	268,133	0.1%
5F7	STOCKPORT PCT	51	190	1,735	393,566	0.4%
RMP	TAMESIDE AND GLOSSOP ACUTE SERVS NHS TRUST (11)	55	227	556	101,718	0.5%
5LH	TAMESIDE AND GLOSSOP PCT	107	2,238	1,931	347,084	0.6%
RBQ	THE CARDIOTHORACIC CNTR - LIVERPOOL NHS TRUST	0	27	27	89,371	0.0%
RBT	THE MID CHESHIRE HOSPITALS NHS TRUST	154	60	2,258	138,109	1.6%
RM4	TRAFFORD HEALTHCARE NHS TRUST	2,270	(5,973)	524	94,556	0.6%
5NR	TRAFFORD PCT	746	17	1,054	299,856	0.4%
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	(6,357)	932	2,884	225,725	1.3%
RET	WALTON NEUROLOGY CENTRE NHS TRUST	10	500	500	53,114	0.9%
5J2	WARRINGTON PCT	502	(2,439)	1,603	264,440	0.6%
5NN	WESTERN CHESHIRE PCT	(16,298)	3,999	900	341,610	0.3%
RBL	WIRRAL HOSPITAL NHS TRUST (12)	20	53	48	59,570	0.1%
5NK	WIRRAL PCT	535	275	9,670	516,562	1.9%
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST	1,697	2,633	2,235	207,049	1.1%
	<i>Imperfectly mapped historical organisations</i>	3,756				
	TOTAL SHA ECONOMY	57,882	189,345	316,946		

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

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

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

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

11 Tameside and Glossop Acute Servs NHS Trust achieved Foundation Trust status on 1 February 2008.

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

Annex 3: Yorkshire & Humber forecasts by organisation

A-S		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RCF	AIREDALE NHS TRUST	4,267	275	522	110,173	0.5%
5JE	BARNSELY PCT	413	1,281	2,650	356,516	0.7%
5NY	BRADFORD AND AIREDALE TEACHING PCT	409	3,181	2,875	744,306	0.4%
TAD	BRADFORD DISTRICT CARE NHS TRUST	1,992	4	550	134,756	0.4%
RWY	CALDERDALE AND HUDDERSFIELD NHS TRUST (1)	166	81	n/a	n/a	n/a
5J6	CALDERDALE PCT	50	542	1,338	277,290	0.5%
RXE	DONCASTER AND SOUTH HUMBER HLHCARE NHS TRUST (2)	362	168	436	29,141	1.5%
5N5	DONCASTER PCT	4,173	1,696	3,643	458,407	0.8%
5NW	EAST RIDING OF YORKSHIRE PCT	(11,492)	(1,958)	2,765	398,165	0.7%
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	(12,267)	165	6,755	416,169	1.6%
5NX	HULL TEACHING PCT	111	3,271	1,798	422,005	0.4%
RV9	HUMBER MENTAL HEALTH TEACHING NHS TRUST	3	24	353	77,448	0.5%
5N2	KIRKLEES PCT	(6,201)	906	4,405	530,205	0.8%
RGD	LEEDS MENTAL HEALTH TEACHING NHS TRUST (3)	1,549	2,515	541	36,186	1.5%
5N1	LEEDS PCT	453	435	3,312	1,082,856	0.3%
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	309	355	3,093	793,445	0.4%
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	(14,589)	(11,688)	767	390,354	0.2%
TAN	NORTH EAST LINCOLNSHIRE CARE TRUST PLUS (4)	0	0	1,052	234,836	0.4%
5EF	NORTH LINCOLNSHIRE PCT	(1,005)	(5,581)	1,196	224,112	0.5%
5NV	NORTH YORKSHIRE AND YORK PCT	(36,076)	(32,067)	(18,226)	969,396	(1.9%)
RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPS NHS TRUST (5)	0	446	69	19,565	0.4%
5H8	ROTHERHAM PCT	1,475	2,642	2,561	365,713	0.7%
RCC	SCARBOROUGH AND NE YORKS NHS TRUST	(8,961)	(7,199)	98	104,943	0.1%
TAH	SHEFFIELD CARE NHS TRUST	738	8	388	102,199	0.4%
RCU	SHEFFIELD CHILDREN'S NHS TRUST (6)	1,379	340	n/a	n/a	n/a
5N4	SHEFFIELD PCT	335	1,192	1,660	798,764	0.2%
RXG	SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST	229	163	2,291	108,295	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 North East Lincolnshire Care Trust Plus was formed following the dissolution of North East Lincolnshire PCT on 1 September 2007.
- 5 Northern Lincs & Goole NHS Trust achieved Foundation Trust status on 1 May 2007.
- 6 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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RFR	THE ROTHERHAM NHS TRUST (7)	(576)	n/a	n/a	n/a	n/a
5N3	WAKEFIELD DISTRICT PCT	84	72	2,223	555,306	0.4%
RCB	YORK HOSPITALS NHS TRUST (8)	9	(3,485)	n/a	n/a	n/a
RX8	YORKSHIRE AMBULANCE SERVICE NHS TRUST	n/a	(4,467)	251	155,010	0.2%
Q32	YORKSHIRE AND THE HUMBER SHA	106,726	178,022	223,198	735,480	30.3%
	<i>Imperfectly mapped historical organisations</i>	399				
	TOTAL SHA ECONOMY	34,464	131,339	252,564		

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

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

8 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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
5ET	BASSETLAW PCT	204	1,344	2,663	149,168	1.8%
5N7	DERBY CITY PCT	2,613	4,680	2,031	388,264	0.5%
5N6	DERBYSHIRE COUNTY PCT	(3,208)	4,867	4,122	960,751	0.4%
RXM	DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST	0	501	518	94,806	0.5%
RX9	EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	n/a	238	298	134,151	0.2%
Q33	EAST MIDLANDS SHA	36,329	80,476	55,151	398,647	13.8%
RNQ	KETTERING GENERAL HOSPITAL NHS TRUST	3	543	2,705	145,951	1.9%
5PC	LEICESTER CITY PCT	(4,716)	136	2,206	444,923	0.5%
5PA	LEICESTERSHIRE COUNTY AND RUTLAND PCT	(18,023)	(17,755)	199	773,524	0.0%
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	18	7	303	137,552	0.2%
RP7	LINCOLNSHIRE PARTNERSHIP NHS TRUST (1)	3	462	922	45,601	2.0%
5N9	LINCOLNSHIRE TEACHING PCT	(7,436)	3,738	6,998	953,526	0.7%
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	(2,907)	156	1,834	187,379	1.0%
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS TRUST	28	310	2,438	102,386	2.4%
5PD	NORTHAMPTONSHIRE TEACHING PCT	n/a	(7,911)	4,180	822,115	0.5%
5EM	NOTTINGHAM CITY PCT	342	4,946	6,422	463,079	1.4%
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	311	(6,803)	7,023	629,949	1.1%
5N8	NOTTINGHAMSHIRE COUNTY TEACHING PCT	4,420	8,763	9,824	875,475	1.1%
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	2,055	284	7,464	284,815	2.6%
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)	12,488	344,309	3.6%
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	60	61	40	614,533	0.0%
	<i>Imperfectly mapped historical organisations</i>	(8,418)				
	TOTAL SHA ECONOMY	(13,364)	67,752	129,829		

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		2005/06	2006/07	2007/08	2007/08	2007/08
Org Code	Organisation Name	Annual Accounts Surplus/(Deficit) Mapped £000s	Annual Accounts Surplus/ (Deficit) £000s	Draft Accounts Surplus/ (Deficit) £000s	Draft Accounts Turnover £000s	Draft Accounts Surplus/ (Deficit) as % turnover
RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS TRUST	0	1,764	3,900	206,371	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)	3,245	596,766	0.5%
RLU	BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST (2)	50	98	415	59,314	0.7%
RJF	BURTON HOSPITALS NHS TRUST	100	938	40	126,563	0.0%
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST (3)	n/a	12	206	149,734	0.1%
5MD	COVENTRY TEACHING PCT	(3,794)	(6,790)	4,499	470,174	1.0%
RNA	DUDLEY GROUP OF HOSPITALS NHS TRUST	1,753	5,009	10,524	208,147	5.1%
5PE	DUDLEY PCT	2,779	3,565	2,084	425,558	0.5%
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	(7,294)	1,303	1,379	95,369	1.4%
RJH	GOOD HOPE HOSPITAL NHS TRUST (4)	(5,972)	1,684	n/a	n/a	n/a
5MX	HEART OF BIRMINGHAM TEACHING PCT	6,165	5,268	9,685	478,292	2.0%
RLQ	HEREFORD HOSPITALS NHS TRUST	2	1,308	1,126	98,683	1.1%
5CN	HEREFORDSHIRE PCT	1	1,863	475	238,655	0.2%
RJD	MID STAFFORDSHIRE GEN HOSPITALS NHS TRUST (5)	478	1,126	250	111,211	0.2%
5PH	NORTH STAFFORDSHIRE PCT	(6,284)	(3,647)	1,058	282,352	0.4%
RLY	NORTH STAFFS COMBINED HC NHS TRUST	505	80	251	87,028	0.3%
RL1	ROB JONES AND A HUNT ORTHOPAEDIC NHS TRUST	253	(2,109)	1,146	67,043	1.7%
RRJ	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST (6)	513	3,764	n/a	n/a	n/a
RL4	THE ROYAL WOLVERHAMPTON HOSPITAL NHS TRUST	(9,423)	82	8,335	251,904	3.3%

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 Birmingham Womens Health Care NHS Trust achieved Foundation Trust status on 1 February 2008.
- 3 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.
- 4 Good Hope Hospitals NHS Trust became part of Heart of England Foundation Trust on 1 April 2007.
- 5 Mid Staffordshire Gen Hospitals NHS Trust achieved Foundation Trust status on 1 February 2008.
- 6 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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RXK	SANDWELL & WEST BIRMINGHAM HOSPS NHS TRUST	(5,726)	3,399	6,547	346,485	1.9%
TAJ	SANDWELL MH SOCIAL CARE NHS TRUST	28	61	59	47,782	0.1%
5PF	SANDWELL PCT	(4,808)	(2,286)	1,516	470,728	0.3%
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	(12,142)	(2,840)	4,102	227,241	1.8%
5M2	SHROPSHIRE COUNTY PCT	732	192	585	388,092	0.2%
TAM	SOLIHULL CARE PCT	0	996	777	261,191	0.3%
5M1	SOUTH BIRMINGHAM PCT	350	4,697	6,500	555,466	1.2%
RRE	SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST (7)	1	(95)	n/a	n/a	n/a
5PK	SOUTH STAFFORDSHIRE PCT	(9,375)	804	4,606	754,183	0.6%
RJC	SOUTH WARWICKSHIRE GEN HOSPS NHS TRUST	(13,845)	170	2,412	109,922	2.2%
RB7	STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST (8)	1	97	n/a	n/a	n/a
5PJ	STOKE ON TRENT PCT	(8,415)	263	1,934	459,774	0.4%
5MK	TELFORD AND WREKIN PCT	1,790	1,782	6,977	220,659	3.2%
RKB	UNIV HOSPS COVENTRY & WARWICKSHIRE NHS TRUST	0	54	31	378,689	0.0%
RJE	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	(15,059)	311	4,136	393,914	1.0%
RBK	WALSALL HOSPITALS NHS TRUST	2,728	3,463	644	164,514	0.4%
5M3	WALSALL TEACHING PCT	3,618	6,860	8,963	399,688	2.2%
5PM	WARWICKSHIRE PCT	634	(7,880)	435	688,172	0.1%
RYA	WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	(2,629)	75	235	147,913	0.2%
Q34	WEST MIDLANDS SHA	50,866	33,248	33,500	466,101	7.2%
5MV	WOLVERHAMPTON CITY PCT	1,189	6,534	12,976	377,536	3.4%
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	(4,952)	53	5,193	292,530	1.8%
RWQ	WORCESTERSHIRE MH PARTNERSHIP NHS TRUST	(1,830)	(3,978)	61	61,981	0.1%
5PL	WORCESTERSHIRE PCT	859	168	1,885	710,808	0.3%
	<i>Imperfectly mapped historical organisations</i>	345				
	TOTAL SHA ECONOMY	(38,221)	61,066	152,692		

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

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

8 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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RC1	BEDFORD HOSPITALS NHS TRUST	(11,887)	3,513	2,234	116,892	1.9%
RV7	BEDFORDSHIRE AND LUTON MH AND SOCIAL CARE NHS TRUST	1,282	527	130	81,281	0.2%
5P2	BEDFORDSHIRE PCT	(20,723)	(17,561)	236	474,485	0.0%
5PP	CAMBRIDGESHIRE PCT	n/a	(52,247)	837	706,769	0.1%
RT1	CAMBS & PETERBOROUGH MH PARTNERSHIP NHS TRUST	32	555	167	126,410	0.1%
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	(22,379)	(1,527)	2,003	286,332	0.7%
5P3	EAST AND NORTH HERTFORDSHIRE PCT	(12,501)	(23,625)	20	642,783	0.0%
RYC	EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	2,517	1,157	104	192,842	0.1%
Q35	EAST OF ENGLAND SHA	47,144	62,293	32,683	542,102	6.0%
RDE	ESSEX RIVERS HEALTHCARE NHS TRUST	(1,439)	8,611	2,939	180,059	1.6%
5PR	GREAT YARMOUTH AND WAVENEY PCT	(4,522)	(1,483)	942	319,956	0.3%
RWR	HERTFORDSHIRE PARTNERSHIP NHS TRUST (1)	10	546	438	56,640	0.8%
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	(7,752)	(13,354)	(16,037)	73,006	(22.0%)
RGQ	IPSWICH HOSPITAL NHS TRUST	(16,735)	1,025	5,037	194,373	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)	48	238,213	0.0%
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	(11,202)	(2,572)	8,983	203,305	4.4%
5PX	MID ESSEX PCT	(20,885)	(17,744)	2,803	411,516	0.7%
RRD	N ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST (4)	2,474	707	510	46,857	1.1%
RM1	NORFOLK AND NORWICH UNI HOSP NHS TRUST	145	867	3,842	327,674	1.2%
RMY	NORFOLK AND WAVENEY MH PARTNERSHIP NHS TRUST (5)	1,119	848	2,756	91,904	3.0%
5PQ	NORFOLK PCT	(34,568)	(46,686)	7	945,515	0.0%
5PW	NORTH EAST ESSEX PCT	(4,390)	896	188	407,121	0.0%
5PN	PETERBOROUGH PCT	n/a	2,866	38	226,228	0.0%
RQW	PRINCESS ALEXANDRA HOSPITAL NHS TRUST	(5,857)	4,408	4,534	149,202	3.0%
RCX	QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST	(10,986)	1,407	4,565	126,063	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.
- Norfolk and Waveney MH Partnership NHS Trust achieved Foundation Trust status on 1st February 2008.

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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
5P1	SOUTH EAST ESSEX PCT	7,258	1,381	25	443,174	0.0%
RWN	SOUTH ESSEX PARTNERSHIP TRUST (6)	1,377	107	n/a	n/a	n/a
5PY	SOUTH WEST ESSEX PCT	(1,266)	2,213	19,351	523,014	3.7%
RAJ	SOUTHEND HOSPITAL NHS TRUST (7)	524	2,809	n/a	n/a	n/a
RT6	SUFFOLK MH PARTNERSHIP NHS TRUST	177	1,299	1,281	86,888	1.5%
5PT	SUFFOLK PCT	(25,399)	(30,842)	49	724,995	0.0%
5PV	WEST ESSEX PCT	630	1,524	255	370,326	0.1%
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	(26,785)	(11,413)	2,495	232,967	1.1%
5P4	WEST HERTFORDSHIRE PCT	(24,550)	(26,635)	37	652,773	0.0%
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	(12,995)	974	2,588	122,007	2.1%
	<i>Imperfectly mapped historical organisations</i>	(14,663)				
	TOTAL SHA ECONOMY	(233,562)	(153,081)	86,088		

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

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

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

Annex 7: London forecasts by organisation

Org Code	A-K Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
5C2	BARKING AND DAGENHAM PCT	1,619	5,130	20,687	273,800	7.6%
RF4	BARKING, HAVERING AND REDBRIDGE HOSP NHS TRUST	(16,009)	(16,844)	(35,621)	350,509	(10.2%)
RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	(8,994)	(11,398)	2,611	274,753	1.0%
5A9	BARNET PCT	541	46	3,031	456,064	0.7%
RRP	BARNET, ENFIELD AND HARINGEY MH NHS TRUST	53	4,663	2,014	179,252	1.1%
RNJ	BARTS AND THE LONDON NHS TRUST	3,414	5,258	12,513	587,918	2.1%
TAK	BEXLEY CARE PCT	(7,713)	(8,518)	52	276,828	0.0%
5K5	BRENT TEACHING PCT	430	(25,074)	1,698	421,164	0.4%
RG3	BROMLEY HOSPITALS NHS TRUST	(15,765)	(10,002)	(17,920)	158,516	(11.3%)
5A7	BROMLEY PCT	35	315	49	402,627	0.0%
TAF	CAMDEN AND ISLINGTON MENTAL HEALTH SOCIAL CARE NHS TRUST (1)	2,449	1,681	2,595	125,830	2.1%
5K7	CAMDEN PCT	129	600	3,854	421,063	0.9%
RV3	CENTRAL AND NORTH WEST LONDON MH NHS TRUST (2)	1,258	1,809	850	16,349	5.2%
RQM	CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST (3)	2,204	449	n/a	n/a	n/a
5C3	CITY AND HACKNEY TEACHING PCT	4,314	4,963	9,480	408,633	2.3%
5K9	CROYDON PCT	102	18	2,600	448,715	0.6%
RC3	EALING HOSPITAL NHS TRUST	1,059	80	1,135	121,901	0.9%
5HX	EALING PCT	2,090	618	4,164	487,655	0.9%
RWK	EAST LONDON AND THE CITY MH NHS TRUST (4)	3,553	6,723	10,428	102,243	10.2%
5C1	ENFIELD PCT	459	(13,030)	(13,308)	370,692	(3.6%)
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	79	(5,543)	827	296,498	0.3%
RP4	GREAT ORMOND STREET HOSPITAL NHS TRUST	1,902	2,117	6,956	270,693	2.6%
5A8	GREENWICH TEACHING PCT	223	2,383	1,480	371,889	0.4%
5H1	HAMMERSMITH AND FULHAM PCT	4,468	7,360	9,878	289,701	3.4%
RQN	HAMMERSMITH HOSPITALS NHS TRUST	(18,484)	5,112	n/a	n/a	n/a
5C9	HARINGEY TEACHING PCT	161	754	539	384,981	0.1%
5K6	HARROW PCT	(9,369)	427	172	264,158	0.1%
5A4	HAVERING PCT	76	(6,261)	285	329,395	0.1%
5AT	HILLINGDON PCT	(36,148)	(52,129)	0	323,265	0.0%
5HY	HOUNSLOW PCT	(10,249)	(12,860)	(1,943)	313,415	(0.6%)
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST (5)	n/a	n/a	12,750	838,148	1.5%
5K8	ISLINGTON PCT	56	66	35	369,570	0.0%
5LA	KENSINGTON AND CHELSEA PCT	(21,748)	5,000	6,169	307,470	2.0%
RJZ	KING'S COLLEGE HOSPITAL NHS TRUST (6)	122	2,299	n/a	n/a	n/a
RAX	KINGSTON HOSPITAL NHS TRUST	14	1,673	2,713	171,740	1.6%

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

- 1 Camden and Islington Mental Health Social Care NHS Trust achieved Foundation Trust status on 1st March 2008.
- 2 Central & North West London Mental Health Trust achieved Foundation NHS Trust status on 1 May 2007.
- 3 Chelsea & Westminster Hospital NHS Trust achieved Foundation Trust status on 1 October 2006.
- 4 East London and the City Mental Health NHS Trust achieved Foundation Trust status on 1 November 2007
- 5 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.
- 6 King's College Hospital NHS Trust achieved Foundation Trust status on 1 December 2006.

Annex 7: London forecasts by organisation

Org Code	L-S Organisation Name	2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
5A5	KINGSTON PCT	(9,608)	(21,080)	3,558	210,522	1.7%
5LD	LAMBETH PCT	2,924	1,218	1,079	517,934	0.2%
5LF	LEWISHAM PCT	231	(3,082)	92	426,596	0.0%
RRU	LONDON AMBULANCE SERVICE NHS TRUST	1,258	113	398	236,196	0.2%
Q36	LONDON SHA	93,728	180,097	146,196	1,578,641	9.3%
RJ6	MAYDAY HEALTHCARE NHS TRUST	(5,847)	122	5,044	177,771	2.8%
5C5	NEWHAM PCT	49	211	3,318	443,091	0.7%
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	38	(1,996)	(2,269)	151,274	(1.5%)
RAT	NORTH EAST LONDON MENTAL HEALTH NHS TRUST	352	1,536	2,136	116,490	1.8%
RAP	NORTH MIDDLESEX UNIVERSITY HOSP NHS TRUST	(8,166)	84	3,019	155,505	1.9%
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	(24,064)	23	1,030	306,374	0.3%
RPG	OXLEAS NHS TRUST (7)	1,462	1,324	n/a	n/a	n/a
RG2	QUEEN ELIZABETH HOSPITAL NHS TRUST	(19,289)	(7,244)	(3,125)	153,723	(2.0%)
RGZ	QUEEN MARY'S SIDCUP NHS TRUST	(19,750)	(1,790)	(2,877)	101,143	(2.8%)
5NA	REDBRIDGE PCT	2,047	9,959	18,664	324,640	5.7%
5M6	RICHMOND AND TWICKENHAM PCT	458	48	150	246,314	0.1%
RT3	ROYAL BROMPTON AND HAREFIELD NHS TRUST	3,240	3,340	2,365	231,296	1.0%
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	(4,845)	18,005	10,724	448,299	2.4%
RV5	SOUTH LONDON AND MAUDSLEY NHS TRUST (8)	719	1,930	n/a	n/a	n/a
5LE	SOUTHWARK PCT	953	1,096	478	445,677	0.1%
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	(33,569)	(2,901)	5,972	410,129	1.5%
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)	58	496,680	0.0%

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

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

8 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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RQY	SW LONDON AND ST GEORGE'S MENTAL HLTH NHS TRUST	1,532	2,670	1,738	177,222	1.0%
RNK	TAVISTOCK AND PORTMAN NHS TRUST (9)	373	9	n/a	n/a	n/a
RAS	THE HILLINGDON HOSPITAL NHS TRUST	2,212	2,277	6,263	165,184	3.8%
RJ2	THE LEWISHAM HOSPITAL NHS TRUST	(8,805)	2,042	3,771	171,106	2.2%
RAN	THE ROYAL NAT ORTHOPAEDIC HOSP NHS TRUST	(462)	(315)	1,067	83,961	1.3%
5C4	TOWER HAMLETS PCT	24	6,649	396	410,910	0.1%
5NC	WALTHAM FOREST PCT	(1,848)	(4,976)	102	334,762	0.0%
5LG	WANDSWORTH PCT	(8,963)	13,356	3,399	437,840	0.8%
RKL	WEST LONDON MENTAL HEALTH NHS TRUST	782	2,339	2,279	243,292	0.9%
RFW	WEST MIDDLESEX UNIVERSITY NHS TRUST	(9,024)	(3,295)	19	127,337	0.0%
5LC	WESTMINSTER PCT	855	3,316	11,895	401,801	3.0%
RGC	WHIPPS CROSS UNIVERSITY HOSP NHS TRUST (10)	(15,811)	(10,467)	828	196,207	0.4%
RKE	WHITTINGTON HOSPITAL NHS TRUST	20	1,985	1,421	153,330	0.9%
	TOTAL SHA ECONOMY	(174,077)	93,003	279,961		

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

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

10 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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	(7,560)	1,068	2,450	191,650	1.3%
5LQ	BRIGHTON AND HOVE CITY PCT	56	804	3,018	401,454	0.8%
RXH	BRIGHTON AND SUSSEX UNIV HOSPS NHS TRUST	(11,290)	(5,278)	106	352,694	0.0%
RN7	DARTFORD AND GRAVESHAM NHS TRUST	(4,436)	255	560	121,978	0.5%
RVV	EAST KENT HOSPITALS NHS TRUST	(2,606)	(4,747)	7,654	402,054	1.9%
5P7	EAST SUSSEX DOWNS AND WEALD PCT	(11,174)	(18,091)	376	445,849	0.1%
RXC	EAST SUSSEX HOSPITALS NHS TRUST	(4,864)	1,503	3,448	245,777	1.4%
5QA	EASTERN AND COASTAL KENT PCT	(2,214)	6,615	3,960	1,010,465	0.4%
5P8	HASTINGS AND ROTHER PCT	2,118	2,181	3,562	276,213	1.3%
RXY	KENT AND MEDWAY NHS & SC PARTNERSHIP NHS TRUST	(204)	123	431	186,039	0.2%
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	112	(4,932)	118	272,940	0.0%
RPA	MEDWAY NHS TRUST	210	71	597	179,027	0.3%
5L3	MEDWAY PCT	(2,343)	1,631	3,211	345,028	0.9%
RA2	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	279	39	2,495	170,183	1.5%
RDR	SOUTH DOWNS HEALTH NHS TRUST	2,457	762	77	68,610	0.1%
RYD	SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	832	3,050	641	134,874	0.5%
Q37	SOUTH EAST COAST SHA	27,401	30,377	36,142	314,176	11.5%
RXX	SURREY AND BORDERS PARTNERSHIP NHS TRUST	70	39	152	167,718	0.1%
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	(40,281)	(12,155)	25	171,430	0.0%
5P5	SURREY PCT	(6,927)	(16,308)	426	1,373,271	0.0%
RX2	SUSSEX PARTNERSHIP NHS TRUST	3,255	3,344	4,763	232,008	2.1%
RPR	THE ROYAL WEST SUSSEX NHS TRUST	(13,298)	1,938	10,466	130,862	8.0%
5P9	WEST KENT PCT	(10,491)	(15,943)	193	817,190	0.0%
5P6	WEST SUSSEX PCT	(2,273)	(12,862)	232	1,059,127	0.0%
RPL	WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	(10,863)	(6,229)	170	154,817	0.1%
	TOTAL SHA ECONOMY	(94,034)	(42,745)	85,273		

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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
5QG	BERKSHIRE EAST PCT	(7,153)	(2,215)	107	462,210	0.0%
RWX	BERKSHIRE HEALTHCARE NHS TRUST (1)	5,102	2,225	299	8,525	3.5%
5QF	BERKSHIRE WEST PCT	(264)	(1,507)	282	541,013	0.1%
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	28	43	1,729	275,643	0.6%
5QD	BUCKINGHAMSHIRE PCT	(17,877)	(20,123)	(10,974)	573,893	(1.9%)
RW1	HAMPSHIRE PARTNERSHIP NHS TRUST	9	1,341	2,588	188,364	1.4%
5QC	HAMPSHIRE PCT	(10,007)	9,853	469	1,514,376	0.0%
RD7	HEATHERWOOD AND WEXHAM PARK HOSPS NHS TRUST (2)	(3,691)	2,598	1,319	32,992	4.0%
5QT	ISLE OF WIGHT NHS PCT	(6,546)	1,416	1,272	217,276	0.6%
RD8	MILTON KEYNES GENERAL HOSPITAL NHS TRUST (3)	536	1,678	852	62,541	1.4%
5CQ	MILTON KEYNES PCT	(2,332)	(6,735)	3,000	285,723	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	56	74,070	0.1%
RHX	OXFORD LEARNING DISABILITY NHS TRUST	5	448	386	41,112	0.9%
RTH	OXFORD RADCLIFFE HOSPITAL NHS TRUST	(19,409)	(8,649)	4,311	553,098	0.8%
RNU	OXFORDSHIRE AND BUCKINGHAMSHIRE MH PARTNERSHIP NHS TRUST (5)	(458)	157	1,053	151,688	0.7%
5QE	OXFORDSHIRE PCT	n/a	5,387	5,799	781,282	0.7%
5FE	PORTSMOUTH CITY TEACHING PCT	634	5,795	7,839	296,072	2.6%
RHU	PORTSMOUTH HOSPITALS NHS TRUST	1,096	857	7,299	409,985	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	30	110,141	0.0%
Q38	SOUTH CENTRAL SHA	22,170	31,648	27,192	330,182	8.2%
5L1	SOUTHAMPTON CITY PCT	781	7,670	2,033	350,428	0.6%
RHM	SOUTHAMPTON UNIVERSITY HOSPS NHS TRUST	(12,927)	2,151	17,944	443,824	4.0%
RN1	WINCHESTER AND EASTLEIGH HLTHCRE NHS TRUST	(3,048)	438	633	135,165	0.5%
	<i>Imperfectly mapped historical organisations</i>	(5,661)				
	TOTAL SHA ECONOMY	(58,737)	37,838	75,518		

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 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RVN	AVON AND WILTSHIRE MHP NHS TRUST	(2,790)	3,176	1,009	188,426	0.5%
5FL	BATH AND NORTH EAST SOMERSET PCT	1,194	1,184	2,837	233,745	1.2%
5QN	BOURNEMOUTH AND POOLE PCT	1,346	2,938	5,779	456,021	1.3%
5QJ	BRISTOL PCT	2,858	6,312	3,689	630,891	0.6%
5QP	CORNWALL AND ISLES OF SCILLY PCT	(2,849)	88	2,727	750,519	0.4%
RJ8	CORNWALL PARTNERSHIP NHS TRUST	21	562	0	86,656	0.0%
RWV	DEVON PARTNERSHIP NHS TRUST	(1,720)	76	1,700	107,402	1.6%
5QQ	DEVON PCT	(1,713)	76	3,700	1,021,966	0.4%
RDY	DORSET HEALTH CARE NHS TRUST (1)	1,453	1,796	n/a	n/a	n/a
5QM	DORSET PCT	2,836	5,759	3,070	533,670	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	1,366	20,209	6.8%
5QH	GLOUCESTERSHIRE PCT	(9,430)	1,401	2,798	751,190	0.4%
RX5	GREAT WESTERN AMBULANCE SERVICE NHS TRUST	(1,298)	(1,430)	1,449	68,986	2.1%
RVJ	NORTH BRISTOL NHS TRUST	1,480	85	4,008	420,918	1.0%
5M8	NORTH SOMERSET PCT	(4,232)	(8,756)	9	268,122	0.0%
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	(7,961)	(6,924)	7,602	118,418	6.4%
RK9	PLYMOUTH HOSPITALS NHS TRUST	(1,932)	2,347	12,698	346,457	3.7%
5F1	PLYMOUTH TEACHING PCT	0	1,801	5,043	374,831	1.3%
RD3	POOLE HOSPITALS NHS TRUST (4)	0	7	199	93,617	0.2%
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	(15,687)	(36,464)	1,285	259,418	0.5%
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	(7,339)	144	1,900	194,221	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		2005/06 Annual Accounts Surplus/(Deficit) Mapped £000s	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Surplus/ (Deficit) £000s	2007/08 Draft Accounts Turnover £000s	2007/08 Draft Accounts Surplus/ (Deficit) as % turnover
Org Code	Organisation Name					
RNZ	SALISBURY HEALTH CARE NHS TRUST (5)	0	0	n/a	n/a	n/a
RH5	SOMERSET PARTNERSHIP NHS AND SOC CARE NHS TRUST	3	3	541	55,690	1.0%
5QL	SOMERSET PCT	575	7,932	5,110	694,827	0.7%
RA9	SOUTH DEVON HEALTH CARE NHS TRUST (6)	89	98	n/a	n/a	n/a
5A3	SOUTH GLOUCESTERSHIRE PCT	10	30	1,090	301,241	0.4%
RYP	SOUTH WEST AMBULANCE SERVICE NHS TRUST	282	1,012	0	110,868	0.0%
Q39	SOUTH WEST SHA	30,370	94,736	56,710	412,114	13.8%
RN3	SWINDON AND MARLBOROUGH NHS TRUST	(835)	837	835	178,623	0.5%
5K3	SWINDON PCT	748	1,393	935	249,858	0.4%
RBA	TAUNTON AND SOMERSET NHS TRUST (7)	16	57	627	116,412	0.5%
TAL	TORBAY CARE PCT	260	571	7,881	225,170	3.5%
RA7	UNITED BRISTOL HEALTHCARE NHS TRUST	3,285	1,114	12,809	414,654	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)	8	80,100	0.0%
5QK	WILTSHIRE PCT	(28,168)	(20,221)	0	538,944	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.

At the end of the 2007/08 financial year, there had been 2,223 compulsory redundancies reported to SHAs within the financial year. These include data from SHAs, PCTs and trusts (including some Foundation Trusts). In total 86 percent of the redundancies were of non-clinical staff.

NHS England compulsory redundancies

- Clinical staff: 317
- Non-clinical staff: 1,906
- Total: 2,223*

*These figures include redundancies at SHAs, PCTs, Trusts (and some Foundation Trusts, but not all, as they are not obliged to send in redundancy data to SHAs).

Where workforce reductions have been necessary, they have primarily been delivered through control of vacancies and reductions in agency expenditure. Redundancies remain the exception in the NHS. During 2007/08, 2,223 redundancies have been reported of which 86 percent (1,906) were non-clinical posts.

The redundancy figures for quarter four 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.

The effect of CPLNHS and re-configuration in the overall redundancy figures can be seen when comparing numbers of redundancies in Trusts in March 2007 and March 2008. Over this period redundancies within trusts fell by 44 percent, from 1,460 in March 2007 down to 825 at March 2008. At the same time, the number of clinical redundancies fell by 24 percent, from 418 in March 2007 to 317 at March 2008.

annex 11: redundancies