

Performance of the NHS provider sector for the year ended 31 March 2018

This report has been prepared using unaudited draft accounts data

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Overview at quarter 4, 2017/18 (1/5)

Introduction

This was a challenging year for the NHS. During the first half of 2017/18, the NHS demonstrated its remarkable resilience in the face of events including a major national cyber-attack, multiple terrorist attacks in Manchester and London and the Grenfell Tower fire. The latter had a direct impact on the NHS in London and indirect consequences for providers across the country. During the second half of the year we saw the continuation of one of the most challenging winter periods that the NHS has had, with demand rising significantly and placing extraordinary pressure on NHS staff.

Staff have worked extremely hard to care for patients, including the 5.87 million people who came to A&E during quarter four – 0.22 million more than the same period last year. Overall, providers have succeeded in treating more emergency patients during the year within the key operational standard, despite the extremely challenging environment. Record demand for services and variation in performance affected the sector's finances in 2017/18 and providers' A&E performance at a national level declined to 85.0% compared to 87.6% last year.

Providers entered 2017/18 facing a substantial financial challenge. Higher-than-planned levels of A&E activity and high levels of bed occupancy, which affected their ability to admit patients who require planned care, had a further negative impact on finances. The sector ended the year with a deficit of £960 million; £464 million above the ambitious plan set for the year, but substantially below the deficit of £1,281 million deficit reported at the end of Q3. This deficit represents only 1.2% of turnover, with more than two-thirds of providers finishing the year on target or better. At aggregate level, only the acute sector is in deficit, and this position is offset by a significant aggregate surplus in other sectors (community, mental health, ambulance and specialist trusts). The outturn is a result of hard work by providers to tightly manage their finances in the last quarter of the year.

The NHS has employed more nursing and medical staff during the period, but nonetheless has more vacancies than available people qualified to fill them, and the sector ended the year with a challenging level of vacancies (around 100,000). Providers ensured that 95% of nursing, and 98% of medical vacancies were filled and achieved this while continuing to reduce the cost of agency staff to the NHS.

Last week, NHS England provisionally reported that it had managed a £955m underspend for the commissioning of healthcare services in 2017/18, which means that broadly the NHS has achieved financial balance for the year. As we consider how we collectively manage finances at a system level, we will need to consider how we avoid an imbalance between providers and commissioners in future years.

Furthermore, providers will need move away from the reliance on non-recurrent efficiency savings, to identify savings that are recurrent and long term. Given the experience of rising demand and operational pressures in 2017/18, local health systems need to work together so they can meet the increasing levels of demand we will continue to see. Significant opportunities also remain for improving efficiency and quality and providers and local health systems will need to tackle this in 2018/19 and beyond.

Overview at quarter 4, 2017/18 (2/5)

Despite intense operational pressure, NHS staff have seen more people than the same period last year within under four hours

During 2017/18, demand for hospital services has continued to increase, with a significant spike related to winter – in quarter 4 there were over 1.1 million emergency admissions via A&E (type 1), 6.8% more than the same period last year. The rate of flu-confirmed hospital admissions was around three times higher than last year and greater than the peak reached in the previous seven seasons, making this the most significant flu season since the winter of 2010/11. A&E performance remains significantly below NHS Constitution standards. Performance in March was 84.6%, below the previous month 85.0% and 5.4% lower than the same time last year (90%).

Demand for emergency care and high levels of bed occupancy have affected providers' ability to perform elective work

Alongside rising demand, high levels of bed occupancy have affected providers' ability to admit patients who require planned care. In response to these pressures, providers were required to prioritise emergency activity over elective work.

Overall, providers have made progress in reducing delayed discharges. Since March 2017, over 30,000 acute bed days have been released by reducing delays to patient discharge, but overall bed occupancy has been affected by delays in transfers of care to other settings, including social care. During Q4 there were around 446,000 bed days across acute, community and mental health providers occupied by delayed discharge patients (accounting for approximately 4.2% of all beds). By the end of March 2018, 87.2% of patients waiting to start treatment had been waiting up to 18 weeks, compared with 90.0% in the same period last year.

The autumn Budget announced £337 million additional funding for the NHS over winter. This funding helped offset some of the costs of winter already incurred by providers. However, static bed supply and the marked increase in postponed elective activity suggests that this extra funding would have had a greater impact if it were received earlier in the year.

Performance is mixed on other performance standards

Providers failed in aggregate to achieve the waiting-time standard of 1% for 12 of the 15 key diagnostic tests. This decline in performance has been driven by an increase in waiting times for endoscopy tests, which accounts for around 11% of the diagnostics waiting list (5.46% patients waiting more than 6 weeks or longer against the standard of 1%).

Overview at quarter 4, 2017/18 (3/5)

In response to increasing demand, more patients began cancer treatment this year (36,621 during Q4, 0.2% more than in the same quarter last year) and three of the cancer waiting-time standards were not achieved in Q4. This falls short of the level patients should expect.

The combined effects of these pressures affected NHS finances

Operational pressures have had a material impact on NHS finances. The sector deficit at the end of 2017/18 stood at £960 million, £464 million above the ambitious plan set for the year. This level of deficit only accounts for a small percentage (1.2%) of providers' turnover. This is attributable to a combination of factors, including overspends on employee costs and non-pay costs of £1,485 million (2.9%) and £681 million (2.2%) respectively. Part of the increase in non-pay expenditure was for purchasing healthcare from non-NHS bodies – this was £173 million above plan, reflecting capacity constraints in Q4. However, non-pay expenditure is only 2.2% higher than 2016/17, which, in view of the inflationary pressures and increased demand evident during 2017/18, is an achievement.

At the start of the year providers ambitiously planned for a real terms reduction in paybill – their single biggest area of expenditure – driven by a planned reduction in temporary staffing and workforce productivity measures. The overspend of £1,485 million (2.9%) in this area reflects the significant pressure caused by increased demand, vacancies and staff sickness/absence.

The increase in the deficit has in part been offset by a £1,980 million (2.5%) rise in income, although this masks the disproportionate effect of higher-than-planned levels of emergency activity (for which expenditure tends to exceed income), and lower-than-planned elective work (for which income typically exceeds expenditure). This shift in activity, which is in part due to the effects of the winter period, has resulted in a combined shortfall in income of £505 million for elective admissions and outpatient work.

A small number of providers (around 15%), principally acute trusts, accounted for the majority of the decline at sector level, driven by the combination of the factors described above. Most providers agreed stretching plans to achieve demanding financial control totals (212 out of 234 providers, or 91%) and 156 finished the year at, or better than, plan. Given the level of demand and the workforce challenges, this is a considerable achievement.

Overview at quarter 4, 2017/18 (4/5)

Agency spend continues to fall, but there are high levels of vacancies which are difficult to fill

Agency costs have continued to decrease significantly as a result of action taken by providers, supported by NHS Improvement initiatives. At Q4, the sector spent £93 million less than planned and £527 million less than the comparable period last year – an impressive fall of 18%. We expect this reduction to continue into 2018/19, even in the face of ongoing pressure. However, the use of bank staff was £976 million above plan at Q4, reflecting the need to manage workload in the face of increased demand, high vacancy levels, sickness/absence and staff turnover.

This report now includes NHS Improvement data on workforce, based on management information from the sector – this gives us a clear indication of the scale of the workforce challenge facing providers. In addition to the 1.1 million whole-time equivalent staff employed by providers, there are around 100,000 vacancies. Although the vacancy level reduced slightly in the last quarter, every unfilled shift is an operational challenge at the frontline and the vacancy levels will continue to have a serious impact on provider performance.

Providers achieved significant levels of savings but have not met ambitious cost improvement targets and continued focus on productivity is critical

In 2016/17, the improvement in financial performance in the second half of the year was highly dependent on non-recurrent items which do not address the longer term financial sustainability of many providers. This year there were fewer non-recurrent solutions available, and so providers entered 2017/18 facing a substantial financial challenge and at the beginning of the year set out plans to deliver a total of £3.7 billion savings this financial year.

The sector has outperformed recent productivity in the wider economy; however this performance includes non-recurrent efficiency measures which the NHS is unlikely to be able to continue making. This was supported by cost improvements of 3.7% - equivalent to £3,211 million of improvements in the year, £110 million higher than in 2016/17. However, despite the level of efficiency and cost improvement achieved by providers, there was a shortfall of £477 million against the ambitious level of cost improvements planned. Some of the under-performance can be attributed to operational issues (for example, a lack of bed capacity to support theatre productivity cost improvement programmes (CIPs)), but there is also wide variation in efficiency across the sector.

In line with the pattern seen in previous years, providers delivered a disproportionate amount of cost improvements in the final quarter of the year: 33% of annual CIPs were delivered in the final quarter this year, compared to 34% in the previous year.

Overview at quarter 4, 2017/18 (5/5)

Despite constrained capital funds, major improvements in patient facilities have been given the go ahead

An estates modernisation programme totalling £214 million to reconfigure mental health services across South West London has been agreed. A £53 million land sale in North London will enable future reinvestment in the St. Ann's Hospital site in Haringey. A new £60 million 123 bedded medium secure unit at Mersey Care NHS Foundation Trust was approved during the year and construction on the new facility has begun.

Looking ahead: the challenges for 2018/19

The provider sector deficit of £960 million at the end of 2017/18 demonstrates the challenges the provider sector faces in 2018/19 and represents a deterioration from the 2016/17 result. Nonetheless, a number of providers have achieved some significant results in terms of managing rising demand and meeting service standards given the workforce and financial constraints.

There is a need to move away from the reliance on non-recurrent efficiency savings and to identify savings that are recurrent and long term. In addition to making progress to recover deficits in certain trusts, the financial plans providers have developed will need to be sufficiently stretching to realise the opportunities for improved efficiency, while being realistic about the high levels of patient activity expected, particularly during the next winter period.

Looking ahead to 2018/19 and beyond, the work by sustainability and transformation partnerships and integrated care systems will be important in tackling the factors that affect the long-term sustainability of vital patient services – many of which cross organisational boundaries. One of those factors is clearly the availability of capital and transformation funds to support service development.

Provider boards must maintain their close oversight and grip of finances during the coming year and focus on delivering agreed plans. Our regional teams are working with providers to manage delivery risks and maximise productivity and other opportunities. We continue to provide intensive support to those trusts in the greatest financial difficulties through our financial special measures programme.

Performance comparisons

Activity and capacity					
	March 2018 YTD Plan	March 2018 YTD Actual	March 2017 YTD Actual	March 2018 YTD variance from plan	Variance from March YTD 16/17
A&E attendances (millions)	21.25	21.88	21.30	2.9%	3.5%
Non-elective admissions (millions)	6.12	6.26	6.05	2.2%	3.5%
Elective admissions (millions)	8.08	7.78	7.86	(3.7%)	(0.1%)
First outpatients attendances (millions)	21.06	20.53	20.28	(2.5%)	1.2%
General & acute beds (average daily open – Q3 2017/18)	-	101,326	101,827	-	(0.5%)
Nurses (WTE)	348,753	352,113	349,223	1.0%	0.8%
Medical staff (WTE)	118,714	122,440	118,516	3.1%	3.3%
Cost weighted activity growth	2.3%	1.7%	2.1%	(0.6%)	(0.4%)

Finance and productivity			
	Plan £m	Q4 2017/18 Actual £m	Q4 2016/17 Actual
Surplus/deficit (£m)	(496)	(960)	(791)
Total income (£m)	80,627	82,607	80,540
Expenditure (£m)	(81,527)	(83,693)	(81,331)
Efficiency savings (£m)	3,688	3,211	3,101
Efficiency savings (%)	4.3%	3.7%	3.7%
Total pay costs excl agency (£m)	(48,317)	(49,895)	(47,684)
Agency ceiling performance (£m)	(2,500)	(2,407)	(2,935)
% of trusts signed up to a control total	-	90.6%	95.8%
% of trusts reporting a surplus in draft accounts	89.8%	56.4%	55.9%

Published operational performance			
	Target	Q4 17/18 Actual	Q4 16/17 Actual
A&E 4 hour performance	95%	84.97%	87.61%
Diagnostics (as at 31 March 2018)	1%	2.07%	1.06%
RTT (as at 31 March 2018)	92%	87.22%	90.02%
Cancer 62-day	85%	82.34%	81.08%
Ambulance – Category 1 (mean time and 90 th centile response time) – March 2018	mean: 7 mins 90 centile: 15 mins	8:22 14:36	N/A
Ambulance – Category 2 (mean time and 90 th centile response time) – March 2018	mean: 18 mins 90 centile: 40 mins	27:07 57:38	N/A

Quality and safety			
	Target or ceiling	Q4 17/18 Actual	Q4 16/17 Actual
Infection – MRSA	0	71	101
Infection - C. Diff	1,140	1,192	1,098
General & acute bed occupancy (Q3 2017/18)	-	90.73%	90.51%
Acute delayed discharges (days)	-	293,795	387,809
>12-hour A&E trolley waits	-	2,267	1,597
>52-week waits	-	2,775	1,528
Number of providers in special measures	-	20	18

Notes:

- Activity & Capacity table: Elective and outpatient activity calculated with working day adjustment
- All tables: Quality and performance figures are at a national aggregate level

1.0 Operational performance

1.1 Operational performance overview

Metrics	Target /Ceiling	NHS Improvement	NHS England
Accident & emergency: January – March 2018			
A&E attendances	-	5,337,624	5,867,668
Performance – All A&E types (%)	95%	83.53%	84.97%
Performance – Acute trusts only (%)	95%	82.48%	82.48%
Type 1 performance (%)	95%	76.82%	76.82%
Diagnostics: at 31 March 2018			
Number of diagnostic tests waiting 6 weeks+ (%)	1%	2.15%	2.07%
Referral to treatment (RTT): at 31 March 2018			
18 weeks incomplete (%)	92%	86.83%	87.22%
52-week waits (number)	-	2,647	2,775
Cancer: January – March 2018			
2-week GP referral to 1 st outpatient, cancer (%)	93%	94.04%	94.05%
2-week referral to 1 st outpatient - breast symptoms (%)	93%	92.27%	92.27%
31-day wait from diagnosis to first treatment (%)	96%	97.23%	97.21%
62-day urgent GP referral to treatment for all cancers (%)	85%	82.29%	82.34%
62-day referral from screening services	90%	88.65%	88.66%
Ambulance: March 2018			
Category 1	7 mins / 15 mins	8:22 / 14:36	8:22 / 14:36
Category 2	18 mins / 40 mins	27:07 / 57:38	27:07 / 57:38
Category 3	No standard / 120 mins	NA / 178:21	NA / 178:21
Category 4	No standard / 180 mins	NA / 219:16	NA / 219:16
Infection control: January – March 2018			
C. Difficile (Total cases)	1,140	1,192	1,192

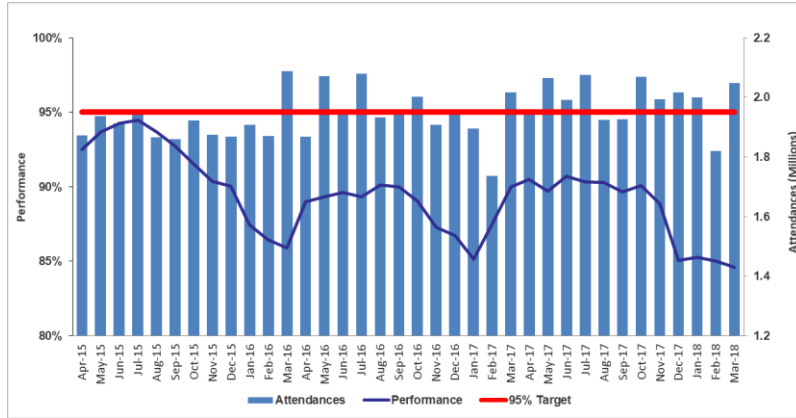
Notes:

NHS Improvement performances above are based on the performances of 154 NHS foundation trusts and 80 NHS trusts.

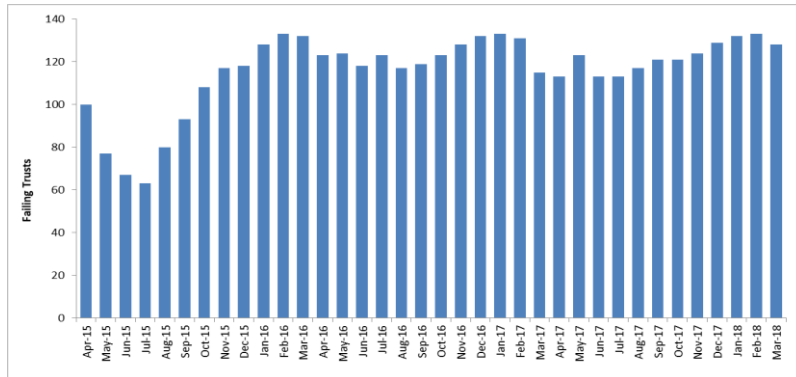
NHS England performances are based on performances of NHS trusts, NHS foundation trusts and independent sector organisations for A&E, diagnostics, RTT and cancer. Performance has been rated red where there has been failure to meet a national standard.

1.2 Accident and emergency

Percentage of A&E all type patients seen within 4 hours



Number of trusts failing the 4 hour A&E target by month

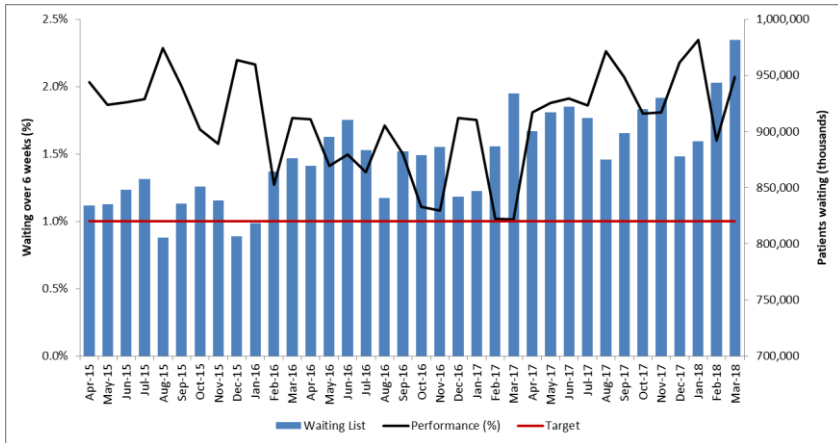


- In quarter 4 (Q4) 2018, NHS England reported an overall A&E performance of 84.97% which included the performance of independent sector organisations. Performance of NHS providers showed a large deterioration from 86.50% in Q4 2016/17 to 83.53% in Q4 2017/18.

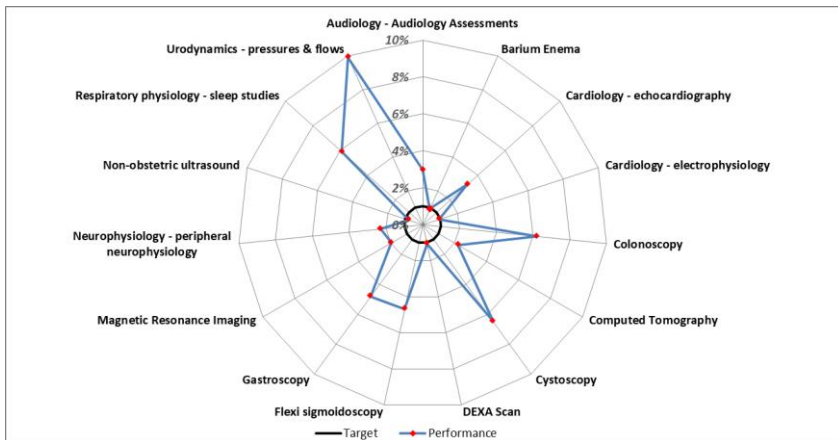
- During the quarter, there were c.5.34 million attendances at NHS A&E departments; an increase of 3.4% (like-for-like) compared to the same quarter last year.
- Last year, A&E departments were under significant operational pressures due to record-level of patients requiring emergency admissions. This quarter, the number of patients attending a major (type 1) A&E department and requiring admitted care reached c.1.12 million, which was an increase of 6.8% compared to the same quarter last year.
- Bed capacity constraints due to high occupancy rates and delayed transfers of care have continued to affect patient flow, in line with increases in attendances and admissions. In Q4 2017/18, 225,764 patients waited more than four hours for a bed, 27.5% more than a year ago. There were also 293,795 bed days lost due to delayed transfers of care in acute hospitals in Q4 2017/18; a decrease of 24.2% (94,014 delayed days) from the same period a year ago.
- Recognising the challenges, NHS Improvement and NHS England agreed at the end of the last financial year to create a joint Urgent and Emergency Care (UEC) Programme under a single national director. The programme has brought together all UEC work across the organisations and wider system into a coherent strategy to drive UEC transformation and A&E performance improvement. At a regional level, NHS Improvement and NHS England regional directors have now taken accountability on behalf of both organisations for delivery in local systems, performance managing and supporting changes and improvement.
- Improving UEC performance is a key focus for 2018/19 and expected standards have been set out in the joint planning guidance. This includes A&E 4-hour performance being managed to 90% before returning to 95%. Over the longer term; an increased focus on ambulance to hospital handover delays and more focus on ambulance performance will be applied. A central transformation team in NHS England and the NHS Improvement/NHS England regional teams are taking on a business as usual role for ambulance performance. Patient flow remains central to the hospitals programme, with initiatives around frailty, ambulatory emergency care, workforce and the continued roll-out of the emergency care dataset. All of this will support providers to return to the 95% 4-hour A&E target.

1.3 Diagnostic waiting times

Percentage of diagnostic patients waiting over six weeks



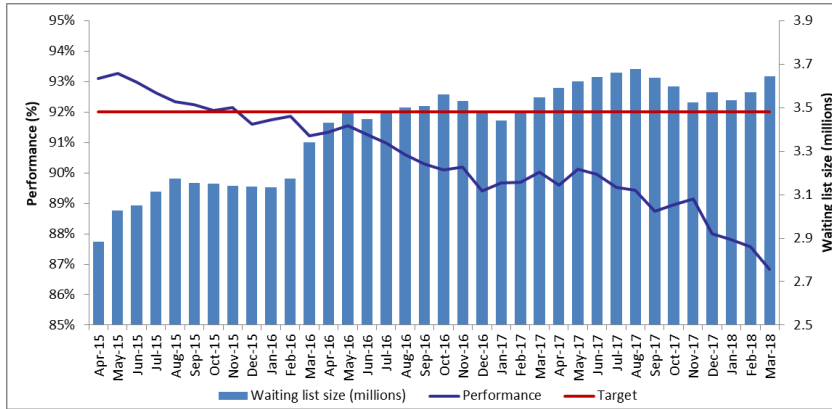
Diagnostic performance by procedures – March 2018



- Diagnostic waiting times are a key part of the delivery of the referral to treatment (RTT) target as most patients being referred for hospital treatment will require a diagnostic test. The national waiting-time target for diagnostics states that less than 1% of patients should wait six weeks or more for a test.
- At the end of March 2018, nationally, 920,530 patients were waiting for a diagnostic test in NHS trusts; an increase of 4.1% from the last month. Compared to the same time last year, the waiting list has increased by 3.4% (like-for-like). This also resulted in more patients waiting longer than six weeks. Performance of 2.15% at the end of March 2018 (NHS England performance was 2.07%) was a deterioration compared to 1.06% for the same period last year, and a deterioration on February 2018 performance of 1.66%.
- Providers in aggregate failed to achieve the waiting-time standard for 12 of the 15 key diagnostic tests; three more than the same period last year.
- The overall diagnostics performance has been driven by an increase in waiting times for endoscopy tests which contribute to just over 11% of the diagnostics waiting list. In March 2018, 5.46% of patients were waiting over six weeks for an endoscopy test compared to 2.88% a year ago. NHS Improvement is working with Health Education England to launch the next stage of its programme to train an extra 200 non-medical endoscopists during 2018.
- Non-obstetric ultrasound was one of the best performing tests despite having the largest waiting lists (36.3% of the total diagnostics waiting list), with 0.80% of patients waiting over six weeks at the end of the month. Uroynamics saw the largest percentage of patients waiting over six weeks; although relatively small numbers were involved, 9.91% were reported as waiting beyond the standard in March 2018.

1.4 Elective waiting times

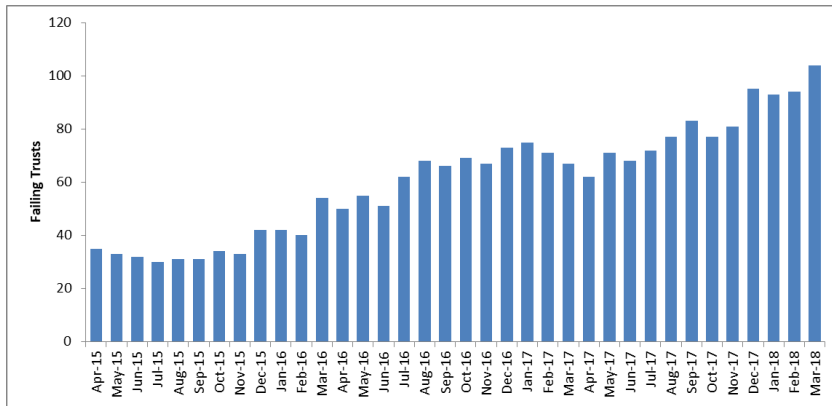
RTT 18-week performance and size of waiting list by month



- NHS providers continue to fail to achieve the national RTT incomplete standard target of 92%. Performance for the month of March 2018 was 86.83% (NHS England performance was 87.22%), which represents a drop of 3.2% compared to the same period last year.

- Sustained high demand for emergency inpatient care this year has resulted in many providers struggling to deliver their planned activity due to elective capacity either being displaced or cancelled. The cyber attack also had an impact, further reducing the elective activity completed. The national elective waiting list remained at almost record levels. At the end of March 2018 it was 3.84 million, a 2.9% increase compared to a year ago (like-for-like and excluding providers that have recommenced reporting this year). Six providers did not report incomplete RTT performance in March 2018. When adding the missing trusts' data onto the waiting list, the total waiting list was around 4.1 million nationally.

Number of trusts failing RTT 18 week incomplete target by month

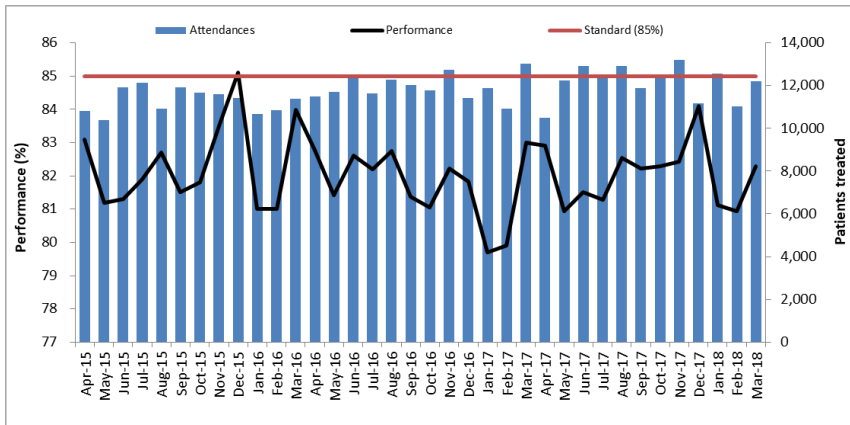


- In line with the drop in performance and the increase in the overall waiting list, the number of patients waiting longer than 52 weeks for treatment also increased. At the end of March 2018, 2,647 patients (2,775 at NHS England aggregate) were waiting over a year for treatment compared to 1,513 in March 2017, and a large increase from the 2,179 waiting in February 2018.

- Our Intensive Support Team continues to support the most challenged providers to improve performance by better aligning demand and capacity. We are also supporting a national programme to improve outpatient performance through agreeing pilot sites to use software to improve patient flow and using digital channels to reduce demand and improve access to services.

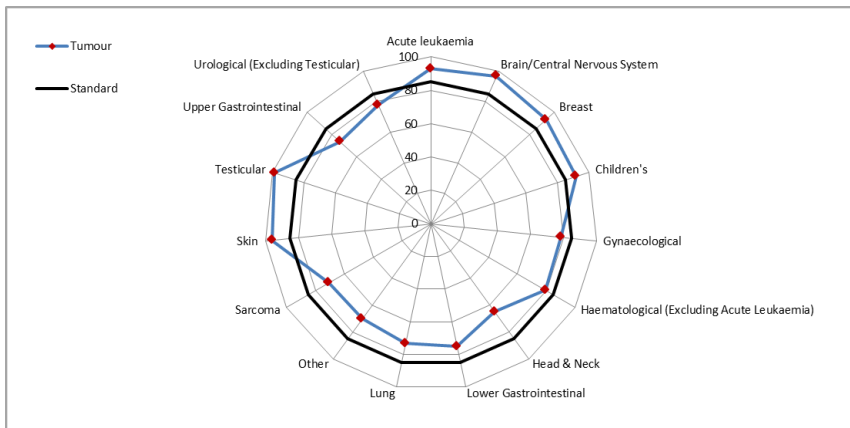
1.5 Cancer waiting times

62-day (urgent GP referral) wait for first treatment by month



- Three cancer waiting-time standards were failed in Q4 2017/18: 14-day referral to first outpatient - breast symptoms; 62-day (urgent GP referral) waiting-time target for first treatment and 62-day screening from service referral.
- NHS providers failed to achieve the national target of 85% for 62-day (urgent GP referral) with a performance of 82.29% in Q4 2017/18 (NHS England performance was 82.34%). This was 1.2% higher than achieved in the same quarter last year (81.06%).
- The specialties that contributed most to the underperformance in Q4 2017/18 were urological (excluding testicular), lower gastrointestinal and lung. These accounted for only 41.6% of activity but contributed to more than half the reported breaches (55.6%).
- NHS Improvement worked with partner organisations to improve cancer performance by reducing diagnostic delays. We are also continuing to work with NHS England to introduce the 28 days faster diagnosis standard for cancer patients. The standard is now being piloted at test sites in preparation for national roll-out.
- 14-day referral to first outpatient - breast symptoms saw a deterioration in performance to 92.27% during Q4 2017/18, compared to 92.95% reported in the same period last year.
- 62-day screening from service referral saw a deterioration in performance to 88.65% during Q4 2017/18, compared to 91.17% reported in the same period last year.

62-day (urgent GP referral) wait for first treatment by specialty – Q4 2017-18



1.6 Ambulance response times

- The historic national standards of Red 1, Red 2 and 19 minutes response-time targets have now ceased.
- In July 2017, NHS England announced a new set of performance targets for the ambulance service which for the first time will apply to all 999 calls. These new standards are aimed at removing ‘hidden’ and long waits, including reducing lengthy waits for the frail and elderly, and freeing up more vehicles and staff to respond to emergencies.
- The change to the dispatch model gives staff slightly more time to identify patients’ needs and allow quicker identification of urgent conditions. The new target response times cover every single patient, not just those in immediate need. For the most urgent patients there is the collection of mean response time in addition to the 90th percentile, so every response is counted. The change of the rules around what ‘stops the clock’, ensures that targets can only be met by doing the right thing for the patient.
- Ten of the ambulance trusts are currently reporting against the new standards. The only trust not yet recording the new standards is Isle of Wight, which plans to start reporting in spring 2018.
- Once a call has been triaged, the category (1-4) is determined. Category 1 calls (the most seriously ill patients, those in a cardiac arrest or a state of peri-arrest), have the shortest mean time and 90th percentile expectation for arrival on scene. For categories 2, 3 and 4, the intent is to ensure that patients in these categories who require transport receive it within in a timeframe appropriate to their clinical needs.
- Category 1T incidents, where patient transported by an ambulance service emergency vehicle, exclude where an ambulance clinician on scene determines that no conveyance is necessary or incidents with non-emergency conveyance.

- Response times from the reporting trusts have been collated to create the aggregated national table:

National aggregate Category C1 to C4 response times – March 2018

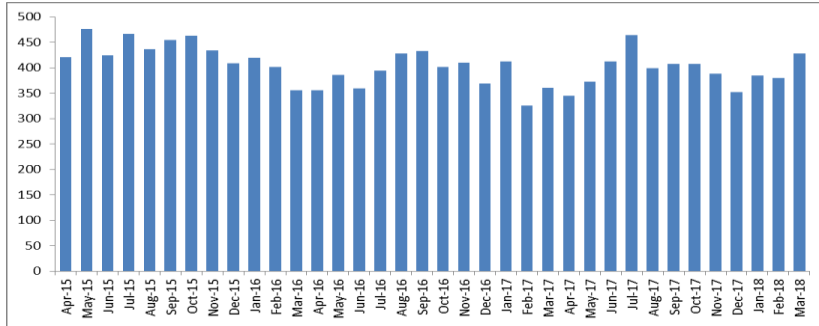
	National Standard: Mean / 90th Centile	Count of incidents	Mean (hrs:mins:sec)	90th centile (hrs:mins:sec)
Category 1	7 mins / 15 mins	58,598	0:08:22	14:36
Category 1T	no standard	40,274	0:13:36	0:26:59
Category 2	18 mins / 40 mins	368,040	0:27:07	0:57:38
Category 3	no standard / 120 mins	172,912	1:14:56	2:58:21
Category 4	no standard / 180 mins	18,521	1:37:45	3:39:18

1. Centiles (including medians) for England in this table are a mean of trusts' centiles, weighted by their count of calls/incidents.

- In March 2018 Category 1 90th percentile was within the standard of 15 minutes, at 14:36. This was a deterioration from February 2018, which was 14:17. The mean response time was 8:22 minutes compared to the seven-minute target. This was higher than the previous month which recorded the mean at 8:16 minutes.
- In March 2018 the reporting trusts did not achieve the mean or 90th percentile standards for calls in Category 2, 3 or 4.

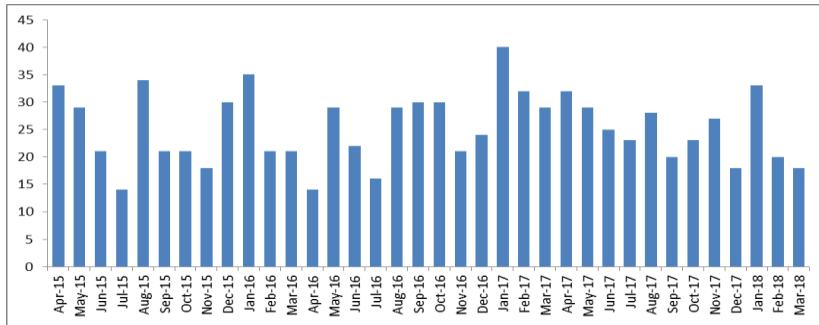
1.7 Infection control

Number of Clostridium Difficile (C. Diff) cases



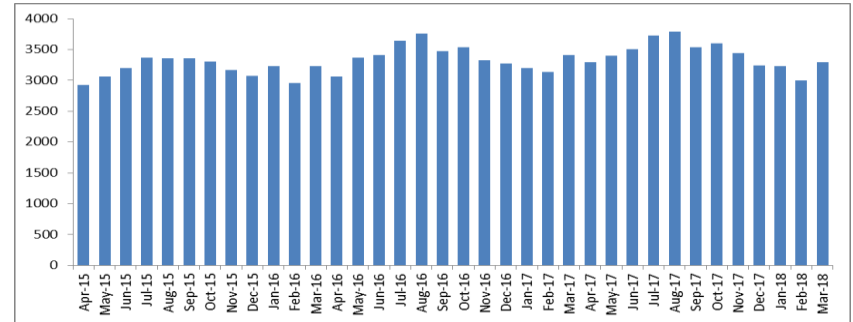
- 1,192 trust-apportioned C. Diff cases were reported in Q4 2017/18 compared to 1,098 in the same period last year, an increase of 8.6%. During 2017/18, 4,739 C. Diff cases were reported, an increase of 2.3% (105 cases) from the previous year.

Number of Meticillin-resistant Staphylococcus aureus (MRSA) cases reported



- 71 trust-assigned MRSA cases were reported in Q4 2017/18; 29.7% fewer than the 101 cases reported in the same period last year. During 2017/18, 296 MRSA cases were reported, a decrease of 6.3% (20 cases) from last year.

Number of Escherichia coli (E.coli) cases reported



- 9,519 E.coli cases were reported in Q4 2017/18 compared to 9,746 in the same period last year. This was a decrease of 2.3%. There was a 1.1% (446 cases) increase reported compared to last year.
- The Secretary of State’s ambition is to reduce ‘healthcare associated’ Gram-negative bloodstream infections (BSIs) by 50% by March 2021. During 2017/18 there was a quality premium target for clinical commissioning groups (CCGs) to reduce E.coli (the most prevalent Gram-negative bloodstream infection) by 10%.
- The 2017/18 10% ambition was not achieved, as the majority of improvement initiatives did not deliver a full year effect. A 10% or greater reduction in 2017/18 total E.coli BSIs was achieved by 32 CCGs. A 10% or greater reduction in 2017/18 hospital onset E.coli BSI was achieved by 61 trusts.
- We wrote to acute NHS providers mandating the data collection of Pseudomonas aeruginosa and Klebsiella species BSIs, in addition to E.coli (backdated to April 2017). All trusts are now submitting this data. Voluntary risk factor data is being submitted to the Public Health England (PHE) data capture system (DCS) and analysis of early data has shaped the 2018/19 programme. With data showing urinary tract infections (UTIs) as a significant risk factor, we begin a UTI Breakthrough Collaborative with 30 healthcare systems in May 2018.

1.8 Winter resilience preparations 2017/18

Overview

Our plan for winter, which was more detailed and intensive than in previous years, was built around three key pillars:

- **targeted support** to our most pressurised systems through bespoke management plans and focused improvement support
- **operational management** through structures of continuous monitoring and supporting intervention drawing on a range of live data sources
- **contingency planning** to manage expected peaks in demand.

Historically A&E performance has declined significantly since 2012/13 and last year's decline was 3.1 percentage points. This year, the decline in performance was lower with a drop of 0.8 percentage points, to 88.4% compared to last year's 89.1%.

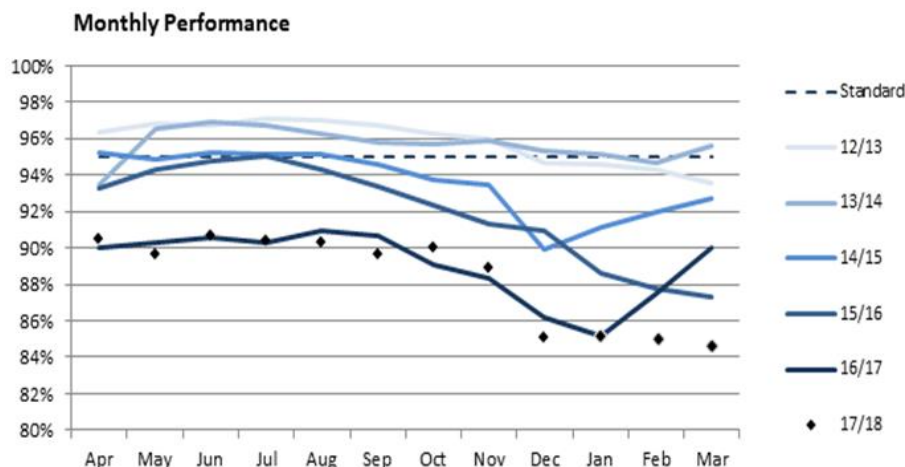
Performance for Q4 was 85%, driven by high bed occupancy rates, increased length of stay, and high demand and acuity pressures from flu and other respiratory illness brought on by the extended period of cold weather.

During the winter period:

- Record call volumes were managed through NHS 111. In Q4 688,165 more calls were made than the same period last year: an increase of 15%.
- We saw the highest ever proportion of NHS 111 calls with clinical input, reaching our target of 50% by the end of March.
- New ambulance response standards have been implemented across all ambulance trusts in mainland England.
- Since February 2017 we have released over 1,700 beds through reduced delays to patient discharge; however these have been immediately reused because of high flu levels.

Our key actions:

- The winter operations room function in place seven days a week with 24-hour on-call cover to support regional and local teams with managed response to surge.
- Targeted support for systems at most risk, focusing on flow and patient safety.
- Winter budget monies increased capacity by around 2,500 extra beds and the National Emergency Pressures Panel recommendations on planned elective postponement reduced elective activity by 22,800 admissions (around 3%), releasing roughly 1,400 beds.



2.0 Financial performance

2.1 Financial performance overview by sector

12 months ended 31 March 2018 by sector	Number of providers	Year End Month 12 2017/18				2017/18 Distribution of £1.8bn STF				
		Plan	Actual	Variance	Deficit Providers	Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		£m	£m	£m	No.	£m	£m	£m	£m	£m
Acute	136	(1,068)	(1,717)	(649)	89	1,311	684	167	105	355
Ambulance	10	(4)	36	40	0	38	11	13	10	4
Community	18	28	50	22	3	45	19	5	13	8
Mental Health	53	125	297	172	6	210	67	63	52	28
Specialist	17	19	248	229	4	179	43	102	19	15
Control total basis surplus / (deficit) including STF ⁽¹⁾	234	(900)	(1,086)	(186)	102	1,783	824	350	199	410
Technical adjustments		(30)	91	121						
Uncommitted STF		434	10	(424)		10				
Reported adjusted financial position surplus / (deficit) including all STF ⁽²⁾		(496)	(985)	(489)		1,793				
Unallocated winter funding ⁽³⁾			25	25						
Revised Reported Adjusted Financial Position Surplus / (Deficit) incl all STF		(496)	(960)	(464)		1,793				

1. Surplus/(deficit) control total basis is calculated as surplus/(deficit) before AME impairments, transfers, donated asset income, and donated asset depreciation for all trusts.
2. The sector-reported adjusted financial position surplus/(deficit) includes DEL Impairments, prior period adjustments, donated asset income and donated asset depreciation as these items have been excluded from the control total. An adjustment is needed to add the figures back to provide the reported sector surplus/(deficit).
3. Unallocated element of the 2017/18 additional winter funding attributable to the provider sector that is recorded in NHS England's accounts.

2.2 Financial performance overview by region

12 months ended 31 March 2018 by region	Number of providers	Year End Month 12 2017/18				2017/18 Distribution of £1.8bn STF				
		Plan	Actual	Variance	Deficit Providers	Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		£m	£m	£m	No.	£m	£m	£m	£m	£m
London	36	(253)	(121)	132	13	435	177	144	43	71
Midlands	70	(530)	(667)	(137)	37	430	198	67	53	112
North	73	(141)	(151)	(10)	29	543	261	94	63	125
South	55	24	(147)	(171)	23	375	188	45	40	102
Control total basis surplus / (deficit) including STF⁽¹⁾	234	(900)	(1,086)	(186)	102	1,783	824	350	199	410
Technical adjustments		(30)	91	121						
Uncommitted STF		434	10	(424)		10				
Reported adjusted financial position surplus / (deficit) including all STF⁽²⁾		(496)	(985)	(489)		1,793				
Unallocated winter funding ⁽³⁾			25	25						
Revised Reported Adjusted Financial Position Surplus / (Deficit) incl all STF		(496)	(960)	(464)		1,793				

1. Surplus/(deficit) control total basis is calculated as surplus/(deficit) before AME impairments, transfers, donated asset income, and donated asset depreciation for all trusts.
2. The sector-reported adjusted financial position surplus/(deficit) includes DEL Impairments, prior period adjustments, donated asset income and donated asset depreciation as these items have been excluded from the control total. An adjustment is needed to add the figures back to provide the reported sector surplus/(deficit).
3. Unallocated element of the 2017/18 additional Winter funding attributable to the provider sector that is recorded in NHS England's accounts.

2.3 Income and expenditure

12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan	Actual	Variance to plan	
	£m	£m	£m	%
Income from patient care activities	71,721	72,676	955	1.3%
Other income	8,906	9,931	1,025	11.5%
Employee expenses	(50,817)	(52,302)	(1,485)	2.9%
Non pay costs	(30,710)	(31,391)	(681)	2.2%
Control total basis surplus/(deficit) including STF	(900)	(1,086)	(186)	20.7%
Adjustments	(30)	91	121	(403.3%)
Uncommitted STF	434	10	(424)	(97.7%)
Reported financial performance surplus/(deficit)	(496)	(985)	(489)	98.6%
Unallocated winter funding		25	25	
Revised Reported Adjusted Financial Position Surplus / (Deficit) incl all STF	(496)	(960)	(464)	93.5%

12 months ended 31 March 2018 by sectors	Year End Month 12 2017/18				
		Ambulance	Community	Mental Health	Specialist
		£m	£m	£m	£m
Income from patient care activities	53,678	2,373	2,597	10,847	3,181
Other income	7,950	92	167	1,092	630
Employee expenses	(38,126)	(1,685)	(1,876)	(8,579)	(2,036)
Non pay costs	(25,219)	(744)	(838)	(3,063)	(1,527)
Control total basis surplus/(deficit) including STF	(1,717)	36	50	297	248
Control total basis surplus / (deficit) %	(2.8%)	1.5%	1.8%	2.5%	6.5%

- Based on the draft accounts of the year to 31 March 2018, the provider sector reported an aggregate deficit of £985 million. Once this has been adjusted for the provider element of the remaining winter pressures funding (£25 million that is reported in the NHS England position) the deficit falls to £960 million. This was worse than both the £931 million deficit projected at Q3 and the £791 million deficit achieved in 2016/17. This position continues the progress made last year with the stabilisation of financial position compared to a number of years of significant annual decline. The majority of providers have performed very well in an extremely challenging year and the sector, supported by NHS Improvement, has continued to tighten its financial grip and to demonstrate a commitment to continuous financial improvement.

- During the year, providers faced unrelenting demand for hospital-based emergency and urgent care. This was compounded by an extremely difficult winter period which saw the highest level of flu-confirmed admissions for seven years and contributed to very high levels of A&E demand. This necessitated a decision by the National Emergency Pressures Panel to allow providers to defer non-urgent inpatient elective care through January and February. The increased demand for emergency services resulted in unplanned cost pressures for many providers and in many instances forced a switch from the delivery of profitable elective work to unprofitable emergency work. Despite these external challenges, the majority of providers exercised good financial control and 132 (56%) finished the year in surplus.

- The £960 million deficit represents a £464 million adverse variance against plan which is attributable to a combination of factors including overspends on employee costs and non-pay costs of £1,485 million and £681 million respectively, partially offset by over recoveries of £955 million on patient care income and £1,025 million of other income.* The net overspending is wholly attributable to the acute sector which overspent by £1.7 billion as a result of the significant operational pressures. The other sectors reported surpluses amounting to £631 million in total.

- The reported sector financial position included £1.8 billion of Sustainability and Transformation Fund (STF). The majority of this fund £1.373 billion has been distributed to providers based on the achievement of control totals (CT) and performance targets. A general distribution of £410 million has been made available to all providers that signed up to their CT using a sliding scale based on distance from CT weighted by initial STF allocations. Of the remaining £17 million, £10 million will be distributed between draft and final accounts and £7.3 million has been allocated to the "Get it Right First Time" project.

*This position includes £25 million of unallocated winter funding, which is also captured in the £955 million of commissioning underspend noted in the overview.

2.4 Income analysis

12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan	Actual	Variance to plan	
	£m	£m	£m	%
<i>Elective income</i>	9,399	9,041	(358)	(3.8%)
<i>Non-elective income</i>	13,850	14,372	522	3.8%
<i>First outpatient income</i>	3,685	3,662	(23)	(0.6%)
<i>Follow up outpatient income</i>	4,385	4,261	(124)	(2.8%)
<i>A&E income</i>	2,255	2,292	37	1.6%
<i>High cost drugs income from commissioners (excluding pass-through costs)</i>	4,212	4,412	200	4.7%
<i>Other NHS clinical income</i>	14,366	14,934	568	4.0%
Acute services	52,152	52,974	822	1.6%
Mental Health services	8,488	8,418	(70)	(0.8%)
Ambulance services	2,348	2,382	34	1.4%
Community services	7,068	7,406	338	4.8%
Other	1,665	1,496	(169)	(10.2%)
Total income from patient care activities	71,721	72,676	955	1.3%
Research and development	1,001	1,069	68	6.8%
Education and training	2,558	2,772	214	8.4%
Charitable and other contributions to expenditure	60	106	46	76.7%
Non-patient care services provided	1,134	1,537	403	35.5%
Support from DH for mergers	104	76	(28)	(26.9%)
Sustainability and transformation fund (STF)	1,366	1,783	417	30.5%
Recharged Pay costs accounted on a gross basis	135	342	207	153.3%
Lease rentals received	140	122	(18)	(12.9%)
Other	2,408	2,124	(284)	(11.8%)
Total other income	8,906	9,931	1,025	11.5%
Total income	80,627	82,607	1,980	2.5%

- The year-end figures based on the draft accounts show that the sector has recovered £1,980 million of income above plan levels. Without the positive impact of the STF allocation, this would be £1,563 million, which is significantly up on the £910 million projected at Q3. Patient care income was £955 million better than plan and the sector also over-recovered on other income by £1,025 million (£608 million without STF). Overall, income was up by £2.1 billion (2.6%) on 2016/17.
- The sector recovered significantly more non-elective income than planned (£522 million or 3.8%) and high cost drugs income (£200 million or 4.7%). This over recovery was offset by a material under recovery of elective income (£358 million or 3.8%) and follow-up outpatient income (£124 million or 2.8%). This confirms the operational pressure experienced in urgent and emergency care and, although overall income is well above plan, the mix of income has had a detrimental impact on the financial position. Non-elective activity is paid for at a marginal rate and has displaced planned elective work and also resulted in lost productivity. As such, profit-making elective and outpatient income has been crowded out by loss-making non-elective income and zero margin pass-through drug costs.
- This effect was further accentuated by the impact on emergency care of a particularly difficult winter period. In view of the high levels of demand, the National Emergency Pressures Panel made a series of recommendations on 20 December that included providers deferring non-urgent inpatient elective care in January and February where this would appropriately release clinical time for non-elective care.
- The government made available £337 million extra funding to support winter: of this, £288 million was released to providers to support a planned approach to dealing with winter pressures. £50 million of funding was initially held back centrally: of this, £25 million of unallocated funding attributable to the provider sector has been recorded in NHS England's accounts. This funding has been reflected in the revised position for the sector.
- Other variances within the patient care category included large over recoveries (of £338 million) for community services and £568 million for other NHS clinical income partially offset by an under recovery of £169 million on other (non acute). Within the category of other income, there were material over recoveries on education and training (£214 million) and re-charged pay costs (£207 million). Non-patient care services and other, which includes services such as laundry, pathology, payroll and pharmacy, amounted to a combined over recovery £119 million. The positive variance on STF (£417 million) reflects the balance of the fund which was distributed in the last quarter.

2.5 Employee expenses – pay costs

12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan	Actual	Variance	
	£m	£m	£m	%
Medical staff	12,505	13,261	(756)	(6.0%)
Nursing staff	20,026	20,541	(515)	(2.6%)
Other staff	18,286	18,500	(214)	(1.2%)
Total employee expenses	50,817	52,302	(1,485)	(2.9%)
Of which				
- Bank	1,998	2,974	(976)	(48.8%)
- Agency ceiling performance	2,500	2,407	93	3.7%

Pay and Agency Costs by sector

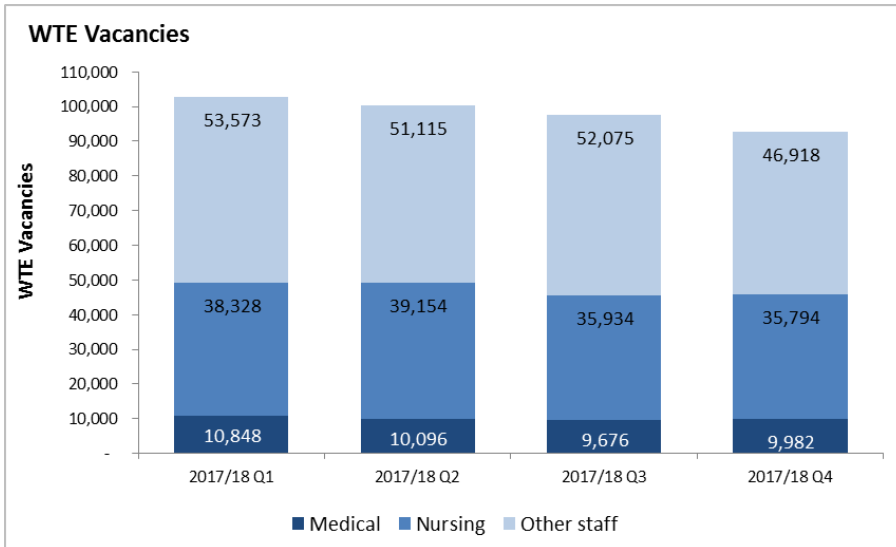
12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan	Actual	Variance	
	£m	£m	£m	%
Acute	36,837	38,126	(1,289)	(3.5%)
Ambulance	1,699	1,685	14	0.8%
Community	1,855	1,876	(21)	(1.1%)
Mental Health	8,422	8,579	(157)	(1.9%)
Specialist	2,004	2,036	(32)	(1.6%)
Total employee expenses	50,817	52,302	(1,485)	(2.9%)

- NHS trusts employ 1.1 million whole-time equivalent (WTE) staff. The pay bill is the single biggest area of expenditure and the NHS has made management of the pay bill and recruitment to fill key staff vacancies a key priority (see section 2.6)
- The total pay costs for the year topped £52 billion, which was £1.5 billion higher than the optimistic plan set at the start of the year. This represents a 3.3% growth in employee expenses compared with the £50.6 billion reported in 2016/17, which taking into account the pay inflation assumed in tariff of 2.1%, represents a 1.2% real-term growth. The bulk of the overspending took place in the acute sector and is attributable to intense operational pressure. Of the overall overspend, £1.3 billion (or 87%) arose in acute trusts. There were also overspends in the mental health, community and specialist sectors but these were nowhere near as material and amount to a total of £210 million (13%) of the overspend. Most of the overspending funded frontline staff for patient-related care, with 86% directly attributable to medical and nursing staff.
- The overspending against pay budgets included the use of bank staff, which was £976 million above plan for the year. This reflects the increasing use of bank staff by trusts to manage workload in the face of increased demands, high levels of vacancies, sickness/absence and staff turnover. The increase in the use of bank staff has also been affected by missed cost improvement programme (CIP) targets on pay and by volume shifts between agency and bank, both of which were not factored into trust plans.
- Offsetting the increase in use of bank staff, the year-end figures show a continued reduction in reliance on agency staff and a reported £93 million (or 3.7%) positive variance against the plan ceiling. This has partly been caused by moving agency workers and shifts into bank and substantive roles, which represent greater value for money than the equivalent agency posts.
- Despite the significant increase in bank spend, overall temporary staff (bank and agency) costs showed a decrease of £67 million or 1.2% on the same period in 2016/17. This builds on the significant agency cost savings achieved in 2016/17.

2.6 NHS provider vacancies

12 months ended 31 March 2018

		2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
Nursing	Vacancy Rate	10.9%	11.2%	10.2%	10.2%
	WTE Vacancies	38,328	39,154	35,934	35,794
Medical	Vacancy Rate	9.1%	8.3%	7.9%	8.1%
	WTE Vacancies	10,848	10,096	9,676	9,982
Other staff	Vacancy Rate	7.9%	7.5%	7.6%	6.8%
	WTE Vacancies	53,573	51,115	52,075	46,918
Total Workforce	Vacancy Rate	9.0%	8.7%	8.4%	8.0%
Total Workforce	WTE Vacancies	102,749	100,365	97,685	92,694



- There are currently 1.1 million WTE staff employed by NHS trusts in England with an extra c.100,000 vacancies. Managing this via recruitment of substantive staff and effective use of temporary staffing (bank and agency) is a key priority for NHS Improvement.
- We are publishing provider vacancy rates at an aggregate national, regional and sector position.
- The reduction in vacancies observed since Q3 (circa 5,000 WTE reduction) is an outcome of expected substantive recruitment from month 6. There has also been a notable reduction in agency staffing and related increase in bank, with the ambition to see this consequently move to a more sustainable substantive staffing model in the future.
- There is significant regional and sector vacancy variation, with the London region and the mental health sector having the highest numbers proportionately.
- **Nursing:** NHS trusts employ over 314,000 WTE registered nursing staff. In addition to this substantive workforce, there are over 35,000 WTE vacancies of which approximately 95% is currently being filled by a combination of bank (65%) and agency staff (35%). This vacancy position has remained relatively static since Q3.
- **Medical:** NHS trusts employ over 112,000 WTE medical staff. In addition to this substantive workforce, there are over 9,500 WTE vacancies of which approximately 98% is currently being filled by a combination of bank (45%) and agency (locum) staff (55%). This vacancy position has marginally increased since Q3.

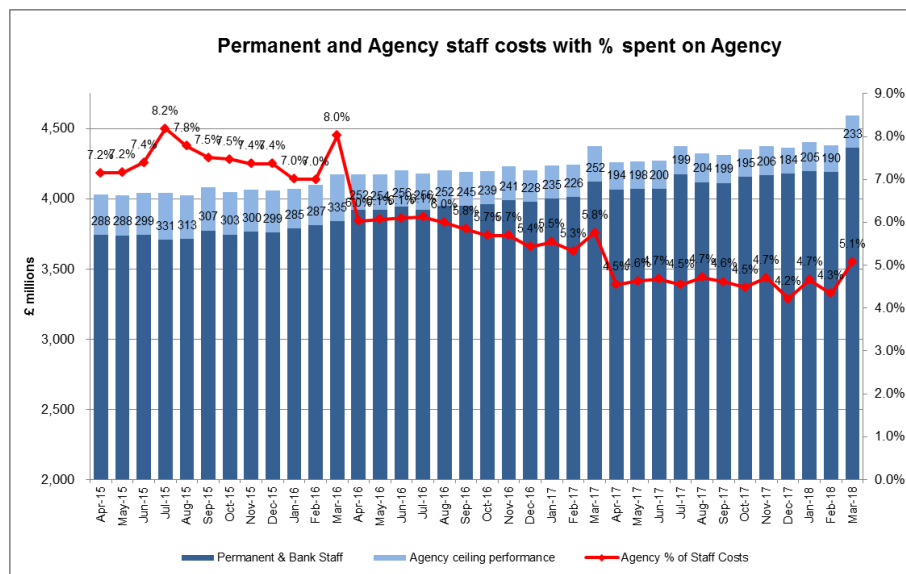
**The information above represents management information only and not an official statistic

2.7 Agency ceiling performance

Agency ceiling performance 12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan	Actual	Variance	
	£m	£m	£m	%
Agency ceiling performance	2,500	2,407	93	3.7%
Agency costs as a % of total pay costs	4.9%	4.6%		

Agency breakdown 12 months ended 31 March 2018	Year End Month 12 2017/18			
	Mar-17	Mar-18	Movement	
	£m	£m	£m	%
Medical staff	1,053	950	103	9.8%
Nursing staff	1,160	927	233	20.1%
Other Staff	721	530	191	26.5%
Total	2,934	2,407	527	18.0%

- NHS Improvement has established agency ceilings for all trusts. This work began in 2015/16 for nursing staff and has now been expanded to all staff groups.
- Agency costs have continued to decrease significantly following the NHS Improvement initiatives and action taken by providers over the last two years.
- The year-end figures show a positive variance of £93 million representing a 3.7% underspend against the planned ceiling and it is £527 million or 18% lower than the comparable figures for last year.
- As a proportion of total payroll costs the downward trend has been consolidated during the year and despite an expected increase in month 12, the cumulative position at the year end was 4.6%. This is a considerable reduction on the 7.2% reported in April 2015 at the start of the NHS Improvement initiatives.
- Agency costs have decreased considerably in all staff categories compared to the levels last year. The largest fall is in other staff (26.5%), which includes a significant fall in the administrative and estates staff group amounting to 37.7%. There have also been significant reductions in nursing staff and medical and dental staff, which fell by 20.1% and 9.8% respectively.
- The continued reduction in agency staff costs is a huge achievement in view of the record levels of demand and the extreme pressure on the acute sector. By controlling the level of agency spending, the changes brought in over the last two years have facilitated a greater level of workforce planning and improved the value for money in this area of significant spend.



2.8 Non-pay cost pressures

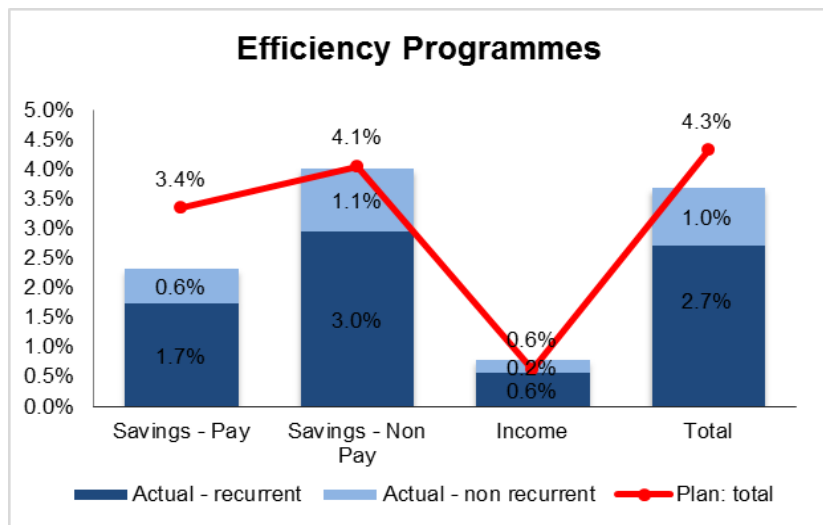
12 months ended 31 March 2018 by sectors	Year End Month 12 2017/18			
	Plan £m	Actual £m	Variance to plan £m	%
Purchase of healthcare from other providers	1,683	1,961	(278)	(16.5%)
Purchase of social care	209	213	(4)	(1.9%)
Drugs costs	7,135	7,238	(103)	(1.4%)
Clinical supplies and services – (excluding drugs costs)	6,511	6,881	(370)	(5.7%)
General supplies and services	1,645	1,478	167	10.2%
Clinical negligence insurance	1,949	1,946	3	0.2%
Consultancy	159	257	(98)	(61.6%)
Establishment	935	910	25	2.7%
Premises	3,005	3,110	(105)	(3.5%)
Other non pay items	7,479	7,397	82	1.1%
Total non pay	30,710	31,391	(681)	(2.2%)

12 months ended 31 March 2018	Month 12 2017/18 £m	Month 12 2016/17 £m
Financial sanctions including penalties	120	161
Sanctions reinvested	(80)	(62)
Sub-total: Financial sanctions	40	99
Marginal rate emergency tariff impact	338	269
MRET reinvested	(15)	(16)
Sub-total: MRET	323	253
Readmissions	234	267
Readmissions reinvested	(47)	(51)
Sub-total: Readmissions	187	216
Delayed transfers of care (DToC) - expenditure incurred on	156	175
DToC - reimbursement from Local Authorities	(4)	(2)
Sub-total: Delayed transfers of care	152	173
Waiting list initiative work	164	209
Outsourcing of work to other providers	221	381

- The draft accounts for the provider sector reported an overall overspend against plan on non pay expenditure of £681 million (2.2%), which is a significant increase from the £292 million (1.3%) reported at Q3. The principal driver of the overspending is the increase in emergency acute activity over the year, particularly over the winter period. As a result, the largest areas of overspending were clinical and general supplies and services, which overspent by a net £203 million (2.5%); drug costs, overspent by £103 million (1.4%); and consultancy, overspent by £98 million (61.6%). Consultancy spend is reduced by £6 million from 2016/17, stabilising the position after three years of significant reductions. The pressure on acute services has also created capacity constraints, which in turn has caused purchases of healthcare from other providers to overspend by £278 million (16.5%) for the year, of which £173 million (19%) related to non NHS bodies.
- The introduction of control totals and the STF in 2016/17 caused a significant reduction in national sanctions against trusts. In previous years, underperformance against national standards often resulted in financial sanctions being levied on providers. Since the introduction of STF, providers have not faced these penalties provided they have accepted their control totals. Consequently, the level of net sanctions reduced to £99 million in 2016/17 and this has continued in 2017/18 with the net sanction figure falling to £40 million.
- The impact of the Marginal Rate Emergency Tariff (MRET) has increased by £70 million due to the higher emergency activity, which has contributed to the financial pressure in the acute sector. Providers spent £164 million on weighting list initiatives (WLI) and £221 million on outsourcing. This represents a total expenditure reduction of £205 million compared to the previous year.
- Earlier this year, the government allocated £1 billion extra funding to social care. A proportion of this was to be used to reduce the volume of delayed transfers of care and help free up hospital beds. Providers in aggregate have not experienced a significant fall in the costs associated with blocked capacity this year and the year-end costs are only slightly less (£21 million) than the same period last year. However, activity recorded over the last six months suggests that some progress is now being made in this area. This is vitally important as future delivery of financial plans depends on achieving a number of key assumptions around risk management, agreed activity levels and the availability of beds.

2.9 Efficiency savings

12 months ended 31 March 2018	Year End Month 12 2017/18			
	Plan £m	Actual £m	Variance £m	Variance %
Recurrent	3,372	2,369	(1,003)	(30%)
Non Recurrent	316	842	526	166%
Total efficiency savings	3,688	3,211	(477)	(13%)
Efficiencies as a % of Spend	4.3%	3.7%		



- During 2017/18, providers achieved savings through CIPs that have reduced total operating costs of £3.2 billion or 3.7%, in the most difficult operating conditions. Although significant, the efficiencies achieved have fallen short of the ambitious plan by £477 million (13%).
- The largest under-delivery was for pay cost savings which was £521 million (30%) behind plan and this shortfall of pay CIPs is a key contributor to the overspend on the pay costs budget. The shortfall on non-pay savings was £94 million (7%). The pay and non pay shortfalls reflected sustained demand pressures and recruitment difficulties during the year. However, providers outperformed their planned income-generation schemes by delivering an extra £139 million (27%) to offset the shortfalls.
- There has been a significant under-performance against recurrent CIPs that has been compensated by a large increase in non-recurrent CIPs. Trusts had planned to deliver £3,372 million (or 91%) of their year-to-date efficiencies through recurrent schemes but only achieved recurrent savings of £2,369 million (74%). By contrast, savings from non-recurrent schemes rose from £316 million (or 9%) at plan to £842 million (or 26%) by the financial year end.
- Last year, NHS Improvement established an Operational Productivity team to support the sector in delivering increased levels of efficiency and accelerate the implementation of the recommendations from Lord Carter's review. This work has continued into 2017/18 and the specific efficiency savings linked to Lord Carter's productivity themes in workforce productivity, resource optimisation and benchmarking (Model Hospital) are estimated to be £1.45 billion. The delivery of efficiency and productivity gains is supported by the Getting it Right First Time (GIRFT) programme, which is promoting a reduction in unwarranted clinical variation resulting in improvements in quality and productivity.
- Despite the adverse variances to plan reported, the sector has achieved £110 million (or 3.5%) more than in the same period last year. We continue to work with providers to maximise this benefit, by providing national and technical forums for sharing best practice.

2.10 Implied provider productivity

Year ended 31 March 2018	Year End Month 12 2017/18		
	Total £m	Pay £m	Non Pay £m
Expenditure, all trusts 2016/17	81,331	50,619	30,712
Expenditure, all trusts 2017/18	83,694	52,302	31,392
Cost change on previous year	2,363	1,683	680
Cost change %	2.9%	3.3%	2.2%
Estimated impact of inflation (as per NHS tariff ¹)	2.4%	2.1%	2.9%
NHS real terms cost change	0.5%	1.2%	(0.7%)
Growth in cost weighted activity ²	1.7%	1.7%	1.7%
Implied productivity	1.2%	0.5%	2.4%

¹ Includes the inflationary impact of CNST premium increases

² Elective and outpatient growth rates are adjusted for differences in the number of working days in the comparator period

Year ended 31 March 2018	Year End Month 12 2017/18		
	Total ¹ £m	Pay £m	Non Pay £m
CIPS Delivered	3,211	1,245	1,315
Expenditure for CIPS calculation	86,905	53,547	32,707
Cost Improvement Programs % Delivered	3.7%	2.3%	4.0%

¹ The total includes pay and non pay CIPs as well as those relating to income (not separately listed above)

- By reviewing the change in provider costs, adjusted for estimated unavoidable inflationary pressures and then comparing these cost changes to the change in provider outputs, it is possible to calculate the implied productivity of the provider sector.
- The implied productivity for the year ending 31 March 2018 was 1.2%; however this includes non-recurrent efficiency measures which the NHS is unlikely to be able to continue making.* Underlying productivity appears to be slightly below the levels delivered in the 2016/17 financial year but continues to out-perform recent levels in the wider economy. Productivity dropped across the final quarter of the year; this reduction is linked to the winter/operational pressures seen during this period.
- The productivity improvement appears to be driven by significant efficiencies in non pay spend with pay productivity improvements being more modest.
- CIPS are the method we use to monitor the plans providers have to contain costs. The level of CIPs undertaken by providers is greater than the underlying productivity improvement. This is because a number of initiatives undertaken by providers to contain costs are one-offs; for example, profits from the sale of surplus land. These savings need to be made again the following year so would appear as a required cost improvement but wouldn't appear as an underlying change in productivity. In addition, many providers are funding investments in quality improvement through efficiencies – these quality improvements are not measured through cost-weighted activity.
- The trend in delivered cost improvements matches the implied productivity changes, with non pay cost savings being proportionately higher than pay savings.

Note: *The implied productivity measure is an early view of NHS provider productivity. It uses an early cut of activity data, is not adjusted for quality or case mix changes, and uses assumed NHS inflation in national tariff rather than actual inflation.

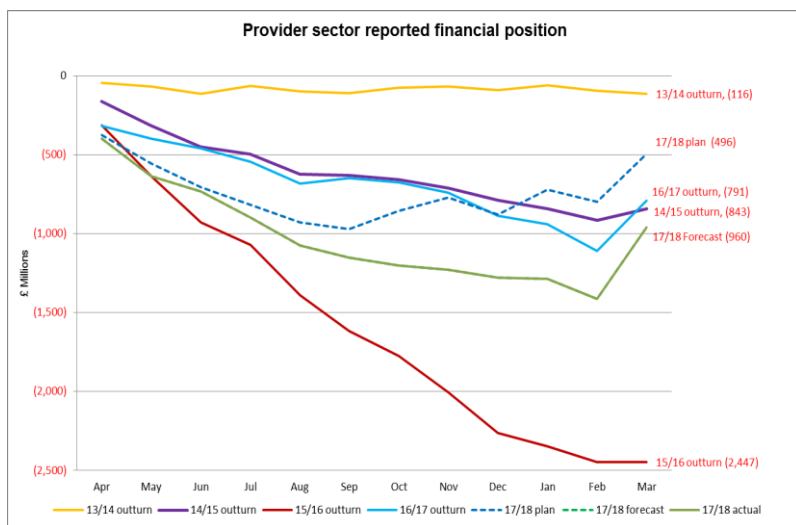
2.11 Capital expenditure

12 months ended 31 March 2018 by sector	Outturn - 2017/18			
	Plan	Actual	Variance to plan	
	£m	£m	£m	%
Acute	3,344	2,388	(956)	(28.6%)
Ambulance	125	102	(23)	(18.4%)
Community	76	56	(20)	(26.3%)
Mental Health	458	280	(178)	(38.9%)
Specialist	331	248	(83)	(25.1%)
Total CDEL	4,334	3,074	(1,260)	(29.1%)

Provider Capital Summary	Foundation Trust	NHS Trust	Total outturn
Capital Departmental Expenditure Limit	£m	£m	£m
Gross capital expenditure	2,469	1,106	3,575
Disposals / other deductions	(129)	(87)	(216)
Net Capital expenditure	2,340	1,019	3,359
Less donations and grants received	(120)	(36)	(156)
Less PFI capital (IFRIC12)	(224)	(55)	(279)
Plus PFI residual interest	72	75	147
Purchase of financial assets	1	0	1
Sale of financial assets	(3)	0	(3)
PPAs	5	0	5
Total CDEL	2,071	1,003	3,074

- Provider plans included Capital Departmental Expenditure Limit (CDEL) expenditure of £4.334 billion in 2017/18.
- The initial Department of Health and Social Care (DHSC) CDEL budget for 2017/18 of £2.9 billion increased to £3.33 billion as a result of the autumn Budget statement which announced additional funding.
- CDEL expenditure at draft accounts is £3.074 billion, an underspend against plan of £1.260 billion, and an underspend against the revised DHSC budget of £256 million.
- Throughout the year the sector has been forecasting in excess of £3.3 billion CDEL expenditure. However, at month 11 this forecast reduced and at draft accounts the expenditure was £3.074 billion, an underspend of £256 million, with no mechanism for the return of this funding in 2018/19.
- This is likely to increase the pressure on the national CDEL budget in 2018/19 as a result of emergency capital funding that could have been made available from this underspend in 2017/18.
- NHS foundation trusts reported CDEL expenditure of £2.071 billion (or 67% of the total forecast). NHS trusts reported £1.003 billion (representing 33% of the total sector forecast).

2.12 Year-end financial position



The 2017/18 financial year saw further significant increases in demand for urgent and emergency care which have put enormous pressure on the provider sector. Against the financial difficulties associated with this, the sector has achieved an aggregate year-end deficit of £960 million – this accounts for only 1.2% of turnover. Although an increase on the £791 million deficit in 2016/17, it represents a significant achievement and builds on the success of last year. Within these figures 78 providers have reported an adverse variance to plan. This includes 35 trusts with variances excluding STF of more than £10 million amounting to 122% of the £603 million variance (42 trusts if STF is included), two trusts with the largest variances account for £131 million.

NHS Improvement introduced a new set of trust control totals during the year, setting out the minimum level of improvement expected in financial positions for 2017/18, and linked (as last year) to the £1.8 billion STF. This was combined with setting very challenging financial plans for 2017/18, which particularly focused on cost control and improved productivity. At the year end, a total of 212 out of 234 providers (91%) had accepted their individual control totals. Of these, 146 received ‘pound for pound’ finance incentive money for over achieving their control total and 149 received bonus payments for achieving their control total. Full details can be seen in section 3.

Control total, STF and financial special measures data by sector
Year Ended 31 March 2018

Sector	No of trusts accepted control total	No of trusts included STF in year-to-date position	No of trusts forecast to receive full or partial STF at the year end	No of trusts in Financial Special Measures
Acute	119	119	119	12
Ambulance	8	8	8	0
Community	17	17	17	0
Mental Health	52	52	52	0
Specialist	16	16	16	0
Total	212	212	212	12

The majority of providers have maintained their level of grip and control on their finances. The number of providers in deficit, which fell from 157 in 2015/16 to 105 in 2016/17, further reduced to 102 in this financial year.

Our regional teams continue to provide direct support to all providers. Twelve of the most financially challenged trusts will continue to receive intensive support through the special measures programme and, since it started, three trusts have demonstrated significant financial improvement and exited the regime. Furthermore, a number of trusts have received targeted support through the Financial Improvement Programme which is now in its second wave. In the coming year, to reduce the sector deficit, we will continue to hold providers directly accountable for their financial performance, and support their efforts to increase operational productivity. We are fully committed to working collaboratively with our national partners to explore new care models to improve access to services and deliver a balanced financial position across the NHS.

3.0 Financial performance by provider

3.1 Financial performance by provider – London (1/1)

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance Incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
Barking, Havering and Redbridge University Hospitals NHS Trust	YES	1,379	(48,977)	(50,356)	6,109	6,109	0	0	0
Barnet, Enfield And Haringey Mental Health NHS Trust	YES	(4,616)	33,624	38,240	21,039	1,166	18,368	1,030	475
Barts Health NHS Trust	YES	(105,971)	(108,782)	(2,811)	36,188	28,198	29	1,529	6,432
Camden and Islington NHS Foundation Trust	YES	2,168	10,898	8,730	6,040	838	3,537	1,190	475
Central and North West London NHS Foundation Trust	YES	2,927	6,308	3,381	5,939	2,928	370	1,699	942
Central London Community Healthcare NHS Trust	YES	5,013	6,883	1,870	3,550	1,842	162	954	592
Chelsea and Westminster Hospital NHS Foundation Trust	YES	7,074	25,620	18,546	27,427	14,122	6,750	2,014	4,541
Croydon Health Services NHS Trust	YES	(10,447)	(22,151)	(11,704)	3,750	1,303	0	0	2,447
East London NHS Foundation Trust	YES	12,411	17,101	4,690	5,997	2,438	1,087	1,688	784
Epsom and St Helier University Hospitals NHS Trust	YES	(17,832)	(13,361)	4,471	13,756	7,697	1,047	1,689	3,323
Great Ormond Street Hospital for Children NHS Foundation Trust	YES	9,728	13,626	3,898	9,067	5,384	219	1,733	1,731
Guy's and St Thomas' NHS Foundation Trust	YES	19,094	28,492	9,398	27,951	15,963	3,542	2,014	6,432
Homerton University Hospital NHS Foundation Trust	YES	6,393	12,296	5,903	10,867	5,722	1,432	1,657	2,056
Hounslow and Richmond Community Healthcare NHS Trust	YES	2,178	4,068	1,890	2,510	902	225	908	475
Imperial College Healthcare NHS Trust	Yes	(4,499)	3,023	7,522	25,537	14,455	2,636	2,014	6,432
King's College Hospital NHS Foundation Trust	NO	(38,484)	(131,976)	(93,492)	0	0	0	0	0
Kingston Hospital NHS Foundation Trust	YES	8,519	(1,143)	(9,662)	4,814	2,680	0	0	2,134
Lewisham and Greenwich NHS Trust	YES	(22,763)	(57,592)	(34,829)	4,252	0	0	0	4,252
London Ambulance Service NHS Trust	YES	(2,402)	5,302	7,704	7,058	1,940	2,658	1,836	624
London North West Healthcare NHS Trust	YES	(49,545)	(39,086)	10,459	26,045	14,003	3,795	2,014	6,233
Moorfields Eye Hospital NHS Foundation Trust	YES	1,100	8,184	7,084	5,960	880	3,300	1,305	475
North East London NHS Foundation Trust	YES	3,920	11,039	7,119	7,096	2,302	2,198	1,856	740
North Middlesex University Hospital NHS Trust	NO	(22,391)	(28,957)	(6,566)	0	0	0	0	0
Oxleas NHS Foundation Trust	YES	3,129	4,678	1,549	2,958	1,489	32	958	479
Royal Brompton and Harefield NHS Foundation Trust	YES	(5,638)	74,819	80,457	50,545	8,189	38,101	1,622	2,633
Royal Free London NHS Foundation Trust	YES	(11,208)	(2,141)	9,067	22,425	11,404	2,843	2,014	6,164
Royal National Orthopaedic Hospital NHS Trust	YES	(16,207)	(11,807)	4,400	3,901	993	1,493	940	475
South London and Maudsley NHS Foundation Trust	YES	2,344	4,734	2,390	4,623	2,262	111	1,523	727
South West London and St George's Mental Health NHS Trust	YES	5,342	4,254	(1,088)	2,565	983	275	832	475
St George's University Hospitals NHS Foundation Trust	NO	(45,002)	(53,112)	(8,110)	0	0	0	0	0
Tavistock and Portman NHS Foundation Trust	YES	950	2,878	1,928	2,098	500	245	878	475
The Hillingdon Hospitals NHS Foundation Trust	NO	(8,476)	(7,856)	620	0	0	0	0	0
The Royal Marsden NHS Foundation Trust	YES	3,432	33,648	30,216	18,298	1,847	13,858	1,999	594
The Whittington Health NHS Trust	YES	607	5,435	4,828	10,640	5,970	856	1,669	2,145
University College London Hospitals NHS Foundation Trust	YES	9,826	75,991	66,165	49,980	12,305	30,922	2,014	4,739
West London Mental Health NHS Trust	YES	5,329	12,827	7,498	6,065	1,413	2,935	1,242	475
London Total		(252,617)	(121,214)	131,405	435,050	178,227	143,026	42,821	70,976

3.2 Financial performance by provider – Midlands and East (1/2)

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
Basildon and Thurrock University Hospitals NHS Foundation Trust	YES	(12,571)	(26,289)	(13,718)	3,117	0	0	0	3,117
Bedford Hospital NHS Trust	YES	(8,842)	(6,469)	2,373	7,432	4,698	163	883	1,688
Birmingham and Solihull Mental Health NHS Foundation Trust	YES	2,024	5,008	2,984	3,774	1,485	695	1,116	478
Birmingham Community Healthcare NHS Foundation Trust	YES	4,800	7,691	2,891	4,119	1,620	478	1,500	521
Birmingham Women's and Children's NHS Foundation Trust	YES	11,470	18,294	6,824	13,282	7,087	1,676	2,014	2,505
Black Country Partnership NHS Foundation Trust	NO	(3,179)	(2,912)	267	0	0	0	0	0
Burton Hospitals NHS Foundation Trust	YES	(9,527)	(6,488)	3,039	7,855	4,332	566	1,226	1,731
Cambridge University Hospitals NHS Foundation Trust	YES	(42,100)	(31,749)	10,351	24,136	13,648	3,022	2,014	5,452
Cambridgeshire and Peterborough NHS Foundation Trust	YES	2,249	23,609	21,360	12,737	1,318	9,900	1,044	475
Cambridgeshire Community Services NHS Trust	YES	1,999	3,189	1,190	2,252	1,072	10	695	475
Chesterfield Royal Hospital NHS Foundation Trust	YES	6,040	4,057	(1,983)	5,822	3,943	0	0	1,879
Colchester Hospital University NHS Foundation Trust	YES	(22,013)	(4,671)	17,342	19,917	8,118	7,245	1,709	2,845
Coventry and Warwickshire Partnership NHS Trust	YES	2,276	4,678	2,402	3,250	1,228	380	1,167	475
Derby Teaching Hospitals NHS Foundation Trust	NO	(41,601)	(40,747)	854	0	0	0	0	0
Derbyshire Community Health Services NHS Foundation Trust	YES	4,923	8,491	3,568	4,061	1,537	1,052	978	494
Derbyshire Healthcare NHS Foundation Trust	YES	2,764	5,757	2,993	3,123	794	664	1,190	475
Dudley And Walsall Mental Health Partnership NHS Trust	YES	1,839	3,377	1,538	1,889	500	149	765	475
East And North Hertfordshire NHS Trust	YES	(7,744)	(25,760)	(18,016)	4,116	1,302	0	0	2,814
East Midlands Ambulance Service NHS Trust	YES	(5,396)	8,759	14,155	8,844	934	6,245	1,190	475
East of England Ambulance Service NHS Trust	NO	0	95	95	0	0	0	0	0
Essex Partnership University NHS Foundation Trust	YES	(6,635)	368	7,003	7,438	2,312	2,594	1,788	744
George Eliot Hospital NHS Trust	YES	(13,217)	(18,982)	(5,765)	2,493	1,401	0	0	1,092
Heart of England NHS Foundation Trust	YES	(7,539)	(53,712)	(46,173)	5,030	0	0	0	5,030
Hertfordshire Community NHS Trust	YES	1,972	3,350	1,378	2,215	916	89	735	475
Hertfordshire Partnership University NHS Foundation Trust	YES	2,048	9,112	7,064	5,595	1,262	2,642	1,216	475
James Paget University Hospitals NHS Foundation Trust	YES	2,112	(8,186)	(10,298)	3,540	2,479	0	0	1,061
Kettering General Hospital NHS Foundation Trust	NO	(19,938)	(34,175)	(14,237)	0	0	0	0	0
Leicestershire Partnership NHS Trust	YES	3,115	4,675	1,560	3,226	1,670	3	1,016	537
Lincolnshire Community Health Services NHS Trust	YES	3,348	4,903	1,555	2,804	1,357	141	831	475
Lincolnshire Partnership NHS Foundation Trust	YES	1,143	3,922	2,779	2,779	595	599	1,110	475
Luton and Dunstable University Hospital NHS Foundation Trust	YES	10,105	15,058	4,953	13,313	8,418	949	1,239	2,707
Mid Essex Hospital Services NHS Trust	YES	(24,534)	(52,926)	(28,392)	3,007	1,160	0	0	1,847
Milton Keynes University Hospital NHS Foundation Trust	YES	(18,825)	(15,793)	3,032	10,093	6,532	261	953	2,347
Norfolk and Norwich University Hospitals NHS Foundation Trust	YES	4,406	(23,070)	(27,476)	7,357	3,853	0	0	3,504
Norfolk and Suffolk NHS Foundation Trust	YES	(1,147)	1,066	2,213	3,197	1,284	300	1,138	475
Norfolk Community Health and Care NHS Trust	YES	2,033	(1,274)	(3,307)	687	276	0	0	411
North Staffordshire Combined Healthcare NHS Trust	YES	1,400	3,683	2,283	2,371	500	404	992	475

3.3 Financial performance by provider – Midlands and East (2/2)

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
North West Anglia NHS Foundation Trust	YES	(42,405)	(38,937)	3,468	15,554	9,859	161	1,595	3,939
Northampton General Hospital NHS Trust	YES	(13,546)	(23,339)	(9,793)	3,691	1,111	0	0	2,580
Northamptonshire Healthcare NHS Foundation Trust	YES	1,624	5,615	3,991	3,867	1,145	1,269	978	475
Nottingham University Hospitals NHS Trust	YES	(10,714)	(2,260)	8,454	28,505	16,824	3,235	2,014	6,432
Nottinghamshire Healthcare NHS Foundation Trust	YES	9,622	12,348	2,726	5,326	2,733	133	1,581	879
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	YES	(6,523)	(20,568)	(14,045)	1,405	0	0	0	1,405
Royal Papworth Hospital NHS Foundation Trust	NO	(3,272)	(8,934)	(5,662)	0	0	0	0	0
Sandwell And West Birmingham Hospitals NHS Trust	YES	9,933	22,365	12,432	17,813	7,574	5,103	1,765	3,371
Sherwood Forest Hospitals NHS Foundation Trust	YES	(37,623)	(23,578)	14,045	16,916	6,567	5,941	1,574	2,834
Shropshire Community Health NHS Trust	YES	855	2,758	1,903	2,253	596	246	936	475
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	YES	3,517	8,544	5,027	4,457	1,078	1,648	1,256	475
South Warwickshire NHS Foundation Trust	YES	7,769	10,183	2,414	7,058	3,938	248	1,299	1,573
Southend University Hospital NHS Foundation Trust	YES	(14,591)	(8,344)	6,247	12,503	6,174	2,208	1,654	2,467
Staffordshire and Stoke on Trent Partnership NHS Trust	NO	(10,000)	(9,995)	5	0	0	0	0	0
The Dudley Group NHS Foundation Trust	YES	11,104	(5,765)	(16,869)	4,728	2,487	0	0	2,241
The Ipswich Hospital NHS Trust	YES	(18,118)	(13,432)	4,686	11,049	6,359	742	1,663	2,285
The Princess Alexandra Hospital NHS Trust	YES	(21,554)	(28,435)	(6,881)	3,229	959	0	0	2,270
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation	YES	1,105	2,353	1,248	1,807	592	33	707	475
The Royal Orthopaedic Hospital NHS Foundation Trust	YES	(6,182)	(4,613)	1,569	1,844	436	162	771	475
The Royal Wolverhampton NHS Trust	YES	11,641	4,327	(7,314)	8,547	5,541	0	0	3,006
The Shrewsbury And Telford Hospital NHS Trust	YES	(6,063)	(17,400)	(11,337)	3,932	1,188	0	0	2,744
United Lincolnshire Hospitals NHS Trust	YES	(48,564)	(81,253)	(32,689)	3,551	0	0	0	3,551
University Hospitals Birmingham NHS Foundation Trust	YES	13,015	24,329	11,314	25,391	15,123	2,820	2,014	5,434
University Hospitals Coventry And Warwickshire NHS Trust	YES	(292)	(18,278)	(17,986)	11,155	6,995	0	0	4,160
University Hospitals of Leicester NHS Trust	NO	(26,700)	(36,764)	(10,064)	0	0	0	0	0
University Hospitals of North Midlands NHS Trust	NO	(68,933)	(71,325)	(2,392)	0	0	0	0	0
Walsall Healthcare NHS Trust	NO	(20,757)	(24,081)	(3,324)	0	0	0	0	0
West Hertfordshire Hospitals NHS Trust	YES	(15,040)	(42,634)	(27,594)	3,688	1,360	0	0	2,328
West Midlands Ambulance Service NHS Foundation Trust	YES	2,245	4,787	2,542	3,483	1,382	435	1,191	475
West Suffolk NHS Foundation Trust	YES	(5,928)	493	6,421	9,472	4,187	2,200	1,412	1,673
Worcestershire Acute Hospitals NHS Trust	YES	(29,988)	(52,981)	(22,993)	4,903	1,615	0	0	3,288
Worcestershire Health and Care NHS Trust	YES	4,402	7,291	2,889	3,478	1,201	612	1,190	475
Wye Valley NHS Trust	YES	(27,110)	(26,158)	952	5,114	3,029	31	706	1,348
Midlands and East Total		(529,814)	(667,743)	(137,929)	429,590	197,684	67,454	52,815	111,637

3.4 Financial performance by provider – North 1/2

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
Aintree University Hospital NHS Foundation Trust	YES	(6,842)	(4,461)	2,381	10,591	6,140	289	1,429	2,733
Airedale NHS Foundation Trust	YES	4,421	7,537	3,116	6,692	3,684	532	1,152	1,324
Alder Hey Children's NHS Foundation Trust	YES	138	21,966	21,828	16,994	4,431	9,730	1,408	1,425
Barnsley Hospital NHS Foundation Trust	YES	(10,557)	(6,208)	4,349	9,073	4,733	1,205	1,244	1,891
Blackpool Teaching Hospitals NHS Foundation Trust	YES	3,739	5,740	2,001	11,323	6,757	30	1,529	3,007
Bolton NHS Foundation Trust	YES	10,128	11,801	1,673	9,525	5,700	38	1,250	2,537
Bradford District Care NHS Foundation Trust	YES	1,578	3,970	2,392	2,735	752	409	1,099	475
Bradford Teaching Hospitals NHS Foundation Trust	YES	1,977	6,365	4,388	13,467	7,658	711	1,951	3,147
Bridgewater Community Healthcare NHS Foundation Trust	YES	(523)	(3,550)	(3,027)	1,277	849	0	0	428
Calderdale and Huddersfield NHS Foundation Trust	YES	(15,934)	(28,428)	(12,494)	5,584	2,701	0	0	2,883
Central Manchester University Hospitals NHS Foundation Trust	YES	4,725	4,725	0	7,073	7,073	0	0	0
Cheshire and Wirral Partnership NHS Foundation Trust	YES	980	3,250	2,270	2,804	980	439	910	475
City Hospitals Sunderland NHS Foundation Trust	YES	(5,744)	(188)	5,556	13,376	7,436	1,417	1,552	2,971
Countess of Chester Hospital NHS Foundation Trust	YES	(3,628)	1,747	5,375	8,670	3,749	1,894	1,358	1,669
County Durham and Darlington NHS Foundation Trust	YES	3,736	7,126	3,390	16,204	10,357	111	1,599	4,137
Cumbria Partnership NHS Foundation Trust	YES	(3,204)	(1,800)	1,404	2,997	1,659	57	747	534
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	YES	(16,084)	(11,962)	4,122	15,443	10,335	6	1,389	3,713
East Cheshire NHS Trust	YES	(20,241)	(16,189)	4,052	6,738	2,911	1,342	1,190	1,295
East Lancashire Hospitals NHS Trust	YES	(863)	2,983	3,846	14,451	8,144	668	2,014	3,625
Gateshead Health NHS Foundation Trust	YES	(2,321)	2,254	4,575	8,774	4,635	1,020	1,454	1,665
Greater Manchester Mental Health NHS Foundation Trust	YES	2,355	4,009	1,654	3,426	1,772	0	1,084	570
Harrogate and District NHS Foundation Trust	YES	5,909	655	(5,254)	3,528	2,456	0	0	1,072
Hull And East Yorkshire Hospitals NHS Trust	YES	365	(7,134)	(7,499)	7,898	4,177	0	0	3,721
Humber Teaching NHS Foundation Trust	YES	233	1,399	1,166	2,597	1,431	0	691	475
Lancashire Care NHS Foundation Trust	YES	2,167	4,843	2,676	4,538	2,085	305	1,477	671
Lancashire Teaching Hospitals NHS Foundation Trust	YES	(7,766)	(37,590)	(29,824)	4,428	1,694	0	0	2,734
Leeds and York Partnership NHS Foundation Trust	YES	3,679	5,380	1,701	2,502	1,015	214	798	475
Leeds Community Healthcare NHS Trust	YES	3,034	4,655	1,621	2,417	948	152	842	475
Liverpool Community Health NHS Trust	YES	(1,501)	703	2,204	3,087	1,296	416	900	475
Liverpool Heart and Chest Hospital NHS Foundation Trust	YES	6,867	8,407	1,540	4,078	2,554	8	695	821
Liverpool Women's NHS Foundation Trust	YES	(3,998)	(1,327)	2,671	5,553	3,206	324	992	1,031
Manchester University NHS Foundation Trust	YES	18,806	37,717	18,911	30,546	13,891	8,209	2,014	6,432
Mersey Care NHS Foundation Trust	YES	5,162	6,958	1,796	2,971	1,294	119	1,083	475
Mid Cheshire Hospitals NHS Foundation Trust	YES	956	6,105	5,149	9,774	4,824	1,626	1,397	1,927
North Cumbria University Hospitals NHS Trust	YES	(44,223)	(40,258)	3,965	11,692	7,370	500	1,174	2,648
North East Ambulance Service NHS Foundation Trust	YES	(1,418)	180	1,598	2,170	713	146	836	475

3.5 Financial performance by provider – North 2/2

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance Incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
North Tees and Hartlepool NHS Foundation Trust	YES	3,047	(27,693)	(30,740)	1,187	0	0	0	1,187
North West Ambulance Service NHS Trust	YES	2,152	5,612	3,460	4,458	1,722	724	1,458	554
North West Boroughs Healthcare NHS Foundation Trust	YES	1,061	2,227	1,166	2,227	1,061	0	691	475
Northern Lincolnshire and Goole NHS Foundation Trust	YES	(13,232)	(42,196)	(28,964)	2,286	0	0	0	2,286
Northumberland, Tyne and Wear NHS Foundation Trust	YES	7,091	9,001	1,910	3,784	1,923	48	1,195	618
Northumbria Healthcare NHS Foundation Trust	YES	24,368	27,830	3,462	12,012	7,679	30	1,544	2,759
Pennine Care NHS Foundation Trust	YES	3,183	(4,185)	(7,368)	520	0	0	0	520
Rotherham Doncaster and South Humber NHS Foundation Trust	YES	2,068	6,172	4,104	3,873	987	1,221	1,190	475
Salford Royal NHS Foundation Trust	YES	(1,367)	17,999	19,366	21,674	8,173	8,128	2,014	3,359
Sheffield Children's NHS Foundation Trust	YES	795	3,764	2,969	5,018	2,486	697	1,036	799
Sheffield Health and Social Care NHS Foundation Trust	YES	1,564	10,476	8,912	6,086	780	3,641	1,190	475
Sheffield Teaching Hospitals NHS Foundation Trust	YES	(4,219)	8,591	12,810	27,148	14,942	4,223	2,014	5,969
South Tees Hospitals NHS Foundation Trust	YES	7,421	(6,180)	(13,601)	12,343	8,567	0	0	3,776
South Tyneside NHS Foundation Trust	YES	(888)	(10,191)	(9,303)	1,123	0	0	0	1,123
South West Yorkshire Partnership NHS Foundation Trust	YES	2,417	4,030	1,613	2,881	1,394	126	886	475
Southport And Ormskirk Hospital NHS Trust	NO	(18,121)	(33,601)	(15,480)	0	0	0	0	0
St Helens And Knowsley Teaching Hospitals NHS Trust	YES	8,536	5,001	(3,535)	7,945	5,105	0	0	2,840
Stockport NHS Foundation Trust	NO	(27,220)	(26,209)	1,011	0	0	0	0	0
Tameside and Glossop Integrated Care NHS Foundation Trust	NO	(24,347)	(23,726)	621	0	0	0	0	0
Tees, Esk and Wear Valleys NHS Foundation Trust	YES	10,076	16,761	6,685	6,370	1,894	2,209	1,658	609
The Christie NHS Foundation Trust	YES	10,284	74,888	64,604	34,853	1,495	31,250	1,627	481
The Clatterbridge Cancer Centre NHS Foundation Trust	YES	4,199	6,747	2,548	2,442	381	593	993	475
The Leeds Teaching Hospitals NHS Trust	YES	9,072	18,880	9,808	29,922	18,548	2,928	2,014	6,432
The Mid Yorkshire Hospitals NHS Trust	YES	(2,302)	(20,297)	(17,995)	7,441	3,615	0	0	3,826
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	YES	4,499	9,469	4,970	13,876	6,300	93	1,561	5,922
The Pennine Acute Hospitals NHS Trust	YES	(11,263)	(32,834)	(21,571)	13,301	8,236	0	0	5,065
The Rotherham NHS Foundation Trust	NO	(13,556)	(23,024)	(9,468)	0	0	0	0	0
The Royal Liverpool and Broadgreen University Hospitals NHS Trust	NO	(4,590)	(26,209)	(21,619)	0	0	0	0	0
The Walton Centre NHS Foundation Trust	YES	3,757	5,527	1,770	3,322	1,609	267	929	517
University Hospital of South Manchester NHS Foundation Trust	YES	(5,328)	(5,948)	(620)	1,445	1,445	0	0	0
University Hospitals of Morecambe Bay NHS Foundation Trust	NO	(58,613)	(64,697)	(6,084)	0	0	0	0	0
Warrington and Halton Hospitals NHS Foundation Trust	YES	(3,657)	(15,010)	(11,353)	4,298	2,460	0	0	1,838
Wirral Community NHS Foundation Trust	YES	1,571	3,049	1,478	2,032	679	125	753	475
Wirral University Teaching Hospital NHS Foundation Trust	YES	(426)	(19,280)	(18,854)	3,403	1,132	0	0	2,271
Wrightington, Wigan and Leigh NHS Foundation Trust	YES	(1,539)	7,853	9,392	12,353	5,187	3,484	1,610	2,072
York Teaching Hospital NHS Foundation Trust	YES	3,357	(24,058)	(27,415)	3,081	0	0	0	3,081
Yorkshire Ambulance Service NHS Trust	YES	3,408	9,304	5,896	5,320	1,510	2,086	1,238	486
North Total		(140,634)	(150,778)	(10,143)	543,021	260,721	93,790	62,859	125,651

3.6 Financial performance by provider – South (1/2)

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
2gether NHS Foundation Trust	YES	914	2,215	1,301	1,915	642	59	739	475
Ashford and St Peter's Hospitals NHS Foundation Trust	YES	14,033	17,980	3,947	11,148	6,866	471	1,344	2,467
Avon and Wiltshire Mental Health Partnership NHS Trust	YES	2,614	(10,380)	(12,994)	344	0	0	0	344
Berkshire Healthcare NHS Foundation Trust	YES	2,478	4,434	1,956	3,549	1,730	207	1,056	556
Brighton and Sussex University Hospitals NHS Trust	YES	(65,349)	(55,558)	9,791	8,280	0	1,558	2,014	4,708
Buckinghamshire Healthcare NHS Trust	YES	6,457	(2,891)	(9,348)	4,996	2,462	0	0	2,534
Cornwall Partnership NHS Foundation Trust	YES	511	5,598	5,087	3,907	531	1,711	1,190	475
Dartford and Gravesham NHS Trust	YES	1,642	(15,757)	(17,399)	2,838	1,097	0	0	1,741
Devon Partnership NHS Trust	YES	2,604	3,844	1,240	2,059	849	30	705	475
Dorset County Hospital NHS Foundation Trust	YES	(2,906)	899	3,805	7,534	4,176	886	1,129	1,343
Dorset Healthcare University NHS Foundation Trust	YES	2,195	5,281	3,086	4,330	1,796	552	1,404	578
East Kent Hospitals University NHS Foundation Trust	YES	(4,445)	(20,750)	(16,305)	11,174	6,941	0	0	4,233
East Sussex Healthcare NHS Trust	YES	(26,521)	(54,982)	(28,461)	3,534	1,264	0	0	2,270
Frimley Health NHS Foundation Trust	YES	16,820	27,858	11,038	27,172	16,652	2,523	2,014	5,983
Gloucestershire Care Services NHS Trust	YES	1,987	5,563	3,576	3,642	1,021	956	1,190	475
Gloucestershire Hospitals NHS Foundation Trust	NO	(14,619)	(33,039)	(18,420)	0	0	0	0	0
Great Western Hospitals NHS Foundation Trust	YES	1,796	(7,682)	(9,478)	2,858	861	0	0	1,997
Hampshire Hospitals NHS Foundation Trust	YES	8,317	(6,769)	(15,086)	7,822	5,297	0	0	2,525
Isle of Wight NHS Trust	YES	(366)	(23,250)	(22,884)	469	0	0	0	469
Kent and Medway NHS and Social Care Partnership Trust	YES	(2,834)	(1,224)	1,610	2,532	1,100	178	779	475
Kent Community Health NHS Foundation Trust	YES	3,026	6,538	3,512	4,329	1,759	942	1,062	566
Maidstone And Tunbridge Wells NHS Trust	YES	6,673	(10,924)	(17,597)	6,952	3,912	0	0	3,040
Medway NHS Foundation Trust	YES	(37,847)	(61,825)	(23,978)	4,251	2,409	0	0	1,842
North Bristol NHS Trust	YES	(18,731)	(15,657)	3,074	16,344	9,853	387	1,718	4,386
Northern Devon Healthcare NHS Trust	YES	3,922	6,480	2,558	6,066	3,176	437	1,184	1,269
Oxford Health NHS Foundation Trust	YES	1,895	(284)	(2,179)	1,855	1,255	0	0	600
Oxford University Hospitals NHS Foundation Trust	YES	39,279	(9,371)	(48,650)	5,374	0	0	0	5,374
Poole Hospital NHS Foundation Trust	YES	(3,078)	1,128	4,206	10,005	5,819	702	1,393	2,091
Portsmouth Hospitals NHS Trust	YES	9,660	(33,773)	(43,433)	4,636	1,712	0	0	2,924
Royal Berkshire NHS Foundation Trust	YES	4,629	7,734	3,105	11,950	7,254	179	1,619	2,898
Royal Cornwall Hospitals NHS Trust	YES	1,281	(2,591)	(3,872)	7,320	4,710	0	0	2,610
Royal Devon and Exeter NHS Foundation Trust	YES	(534)	12,519	13,053	16,775	6,997	4,969	2,014	2,795
Royal Surrey County Hospital NHS Foundation Trust	YES	(5,331)	29,701	35,032	25,818	6,013	15,859	1,786	2,160
Royal United Hospitals Bath NHS Foundation Trust	YES	12,841	17,506	4,665	11,366	6,097	1,094	1,669	2,506
Salisbury NHS Foundation Trust	NO	(6,989)	(11,354)	(4,365)	0	0	0	0	0

3.7 Financial performance by provider – South (2/2)

Provider Name	Control Total (CT) Accepted?	Control Total Basis Surplus Deficit Including STF			2017/18 Distribution of £1.8bn STF				
		Year ended 31st March 2018			Total STF Distributed	Core STF	Financial & Performance incentive STF	Bonus STF	General Distribution
		YTD Plan	YTD Actual	Variance					
Solent NHS Trust	YES	(1,547)	737	2,284	3,027	1,152	407	993	475
Somerset Partnership NHS Foundation Trust	YES	2,893	4,132	1,239	2,868	1,638	8	695	527
South Central Ambulance Service NHS Foundation Trust	YES	(1,385)	1,329	2,714	3,179	1,062	597	1,045	475
South East Coast Ambulance Service NHS Foundation Trust	YES	(955)	511	1,466	2,695	1,267	87	866	475
South Western Ambulance Service NHS Foundation Trust	NO	18	18	0	0	0	0	0	0
Southern Health NHS Foundation Trust	YES	2,865	1,802	(1,063)	2,810	1,890	0	0	920
Surrey and Borders Partnership NHS Foundation Trust	YES	2,521	3,885	1,364	2,209	915	71	748	475
Surrey And Sussex Healthcare NHS Trust	YES	21,307	13,646	(7,661)	8,213	5,713	0	0	2,500
Sussex Community NHS Foundation Trust	YES	4,658	2,029	(2,629)	1,639	1,117	0	0	522
Sussex Partnership NHS Foundation Trust	YES	4,968	536	(4,432)	444	0	0	0	444
Taunton and Somerset NHS Foundation Trust	YES	(310)	(3,477)	(3,167)	6,712	4,563	0	0	2,149
The Queen Victoria Hospital NHS Foundation Trust	YES	1,716	2,906	1,190	2,122	942	10	695	475
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	YES	(6,648)	(1,444)	5,204	10,188	5,152	1,417	1,561	2,058
Torbay and South Devon NHS Foundation Trust	YES	4,593	10,724	6,131	10,294	4,693	1,712	2,014	1,875
University Hospital Southampton NHS Foundation Trust	YES	27,116	41,153	14,037	27,226	14,867	4,619	2,014	5,726
University Hospitals Bristol NHS Foundation Trust	YES	12,957	19,903	6,946	18,960	11,616	1,299	1,764	4,281
University Hospitals Plymouth NHS Trust	YES	(3,060)	3,107	6,167	16,636	9,498	1,330	2,014	3,794
Western Sussex Hospitals NHS Foundation Trust	YES	14,920	7,670	(7,250)	9,942	6,471	0	0	3,471
Weston Area Health NHS Trust	YES	(6,035)	(13,470)	(7,435)	1,096	393	0	0	703
Yeovil District Hospital NHS Foundation Trust	YES	(13,083)	(19,481)	(6,398)	1,834	644	0	0	1,190
South Total		23,533	(146,569)	(170,100)	375,237	187,844	45,257	40,418	101,719
Residual costs for Mid Staffordshire NHS Foundation Trust (disolved)		0	(77)	(77)	0	0	0	0	0
Total for all providers		(899,532)	(1,086,380)	(186,844)	1,782,898	824,476	349,527	198,913	409,983

4.0 Operational performance by provider

4.1 Best and worst operational performance (1/3)

A&E 4-hour standard – ten best and worst performing trusts during quarter 4 2017-18 – acute trusts only

Best performing trusts	Total attendances	4-hour breaches	Q4 2017-18 Performance
Luton and Dunstable University Hospital NHS Foundation Trust	37,261	848	97.72%
North Tees and Hartlepool NHS Foundation Trust	40,592	1,205	97.03%
Sheffield Children's NHS Foundation Trust	13,980	444	96.82%
Dorset County Hospital NHS Foundation Trust	21,512	849	96.05%
Birmingham Children's Hospital NHS Foundation Trust	14,652	598	95.92%
Yeovil District Hospital NHS Foundation Trust	12,633	643	94.91%
Alder Hey Children's NHS Foundation Trust	15,111	815	94.61%
Chelsea and Westminster Hospital NHS Foundation Trust	79,686	4,516	94.33%
South Tees Hospitals NHS Foundation Trust	35,150	2,290	93.49%
Homerton University Hospital NHS Foundation Trust	30,992	2,053	93.38%

Worst performing trusts	Total attendances	4-hour breaches	Q4 2017-18 Performance
The Princess Alexandra Hospital NHS Trust	24,552	8,661	64.72%
Norfolk and Norwich University Hospitals NHS Foundation Trust	30,964	10,465	66.20%
Shrewsbury And Telford Hospital NHS Trust	30,279	10,012	66.93%
United Lincolnshire Hospitals NHS Trust	37,995	12,518	67.05%
Kettering General Hospital NHS Foundation Trust	21,535	6,718	68.80%
Stockport NHS Foundation Trust	23,355	6,991	70.07%
Wrightington, Wigan and Leigh NHS Foundation Trust	21,195	6,259	70.47%
Leeds Teaching Hospitals NHS Trust	55,728	16,442	70.50%
Portsmouth Hospitals NHS Trust	33,852	9,769	71.14%
East Cheshire NHS Trust	11,727	3,382	71.16%

4.1 Best and worst operational performance (2/3)

RTT 18-week – ten best and worst performing trusts at end of March 2018 – acute and specialist trusts only

Best performing trusts	Waiting list	0-18 week waiters	March 2018 Performance
Lancashire Care NHS Foundation Trust	255	253	99.22%
The Christie NHS Foundation Trust	1,314	1,296	98.63%
The Royal Marsden NHS Foundation Trust	1,826	1,785	97.75%
South Tyneside NHS Foundation Trust	3,841	3,671	95.57%
The Clatterbridge Cancer Centre NHS Foundation Trust	492	470	95.53%
Homerton University Hospital NHS Foundation Trust	17,946	17,118	95.39%
Sheffield Teaching Hospitals NHS Foundation Trust	41,326	39,179	94.80%
The Walton Centre NHS Foundation Trust	8,171	7,696	94.19%
St Helens And Knowsley Hospitals NHS Trust	20,246	19,034	94.01%
Southern Health NHS Foundation Trust	4,870	4,576	93.96%

Worst performing trusts	Waiting list	0-18 week waiters	March 2018 Performance
Northern Lincolnshire and Goole NHS Foundation Trust	29,359	19,447	66.24%
University Hospitals of North Midlands NHS Trust	49,198	35,293	71.74%
Wirral University Teaching Hospital NHS Foundation Trust	24,736	18,075	73.07%
Bradford Teaching Hospitals NHS Foundation Trust	33,784	24,978	73.93%
Wye Valley NHS Trust	15,424	11,594	75.17%
East Kent Hospitals University NHS Foundation Trust	54,515	41,477	76.08%
Kettering General Hospital NHS Foundation Trust	22,046	16,995	77.09%
Royal Cornwall Hospitals NHS Trust	26,414	20,941	79.28%
Plymouth Hospitals NHS Trust	25,585	20,382	79.66%
Maidstone And Tunbridge Wells NHS Trust	31,869	25,431	79.80%

4.1 Best and worst operational performance (3/3)

Cancer 62-day standard – ten best and worst performing trusts in quarter 4 2017-18 – acute and specialist trusts only

Best performing trusts	Number treated	Within 62 days	Q4 2017-18 Performance
South Tyneside NHS Foundation Trust	32.0	31.5	98.44%
Wrightington, Wigan and Leigh NHS Foundation Trust	188.0	175.0	93.09%
Bolton NHS Foundation Trust	151.0	140.5	93.05%
Tameside Hospital NHS Foundation Trust	98.0	91.0	92.86%
Papworth Hospital NHS Foundation Trust	13.5	12.5	92.59%
Liverpool Heart and Chest Hospital NHS Foundation Trust	40.0	37.0	92.50%
Mid Cheshire Hospitals NHS Foundation Trust	178.0	164.0	92.13%
Kingston Hospital NHS Foundation Trust	164.5	151.5	92.10%
South Tyneside NHS Foundation Trust	46.5	42.5	91.40%
Chelsea and Westminster Hospital NHS Foundation Trust	170.0	155.0	91.18%

Worst performing trusts	Number treated	Within 62 days	Q4 2017-18 Performance
Liverpool Women's NHS Foundation Trust	34.0	19.0	55.88%
The Clatterbridge Cancer Centre NHS Foundation Trust	149.5	92.5	61.87%
Royal Brompton and Harefield NHS Foundation Trust	12.0	7.5	62.50%
The Christie NHS Foundation Trust	200.0	126.0	63.00%
Basildon and Thurrock University Hospitals NHS Foundation Trust	236.0	160.0	67.80%
Maidstone And Tunbridge Wells NHS Trust	327.5	222.5	67.94%
University College London Hospitals NHS Foundation Trust	245.5	169.5	69.04%
North Middlesex University Hospital NHS Trust	95.5	66.0	69.11%
Southend University Hospital NHS Foundation Trust	233.0	163.5	70.17%
The Royal Wolverhampton NHS Trust	284.0	201.5	70.95%

4.2 Operational performance by provider – London (1/1)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Barking, Havering And Redbridge University Hospitals NHS Trust	74.48%	87.13%	7	0.48%	86.27%	96.67%	98.58%	98.15%	0
Barts Health NHS Trust	85.55%			0.51%	86.20%	97.52%	99.14%	98.76%	5
Central and North West London NHS Foundation Trust		100.00%	0	0.00%				100.00%	0
Central London Community Healthcare NHS Trust	98.86%	95.63%	0						0
Chelsea and Westminster Hospital NHS Foundation Trust	94.33%	93.00%	0	1.84%	91.18%	95.70%	95.12%	97.88%	12
Croydon Health Services NHS Trust	87.34%	92.74%	2	0.91%	90.49%	97.06%	99.18%	97.63%	3
Epsom And St Helier University Hospitals NHS Trust	89.09%	86.11%	7	0.96%	83.04%	96.26%		99.16%	2
Great Ormond Street Hospital for Children NHS Foundation Trust		92.91%	0	1.04%	100.00%	100.00%		100.00%	10
Guy's and St Thomas' NHS Foundation Trust	88.18%	88.37%	14	1.65%	72.08%	98.61%	93.39%	92.86%	3
Homerton University Hospital NHS Foundation Trust	93.38%	95.39%	0	0.04%	79.39%	95.90%	95.33%	100.00%	4
Hounslow and Richmond Community Healthcare NHS Trust	99.90%	100.00%	0	0.00%					0
Imperial College Healthcare NHS Trust	83.61%	83.28%	267	0.88%	86.68%	93.43%	93.18%	97.98%	4
King's College Hospital NHS Foundation Trust	74.18%	80.53%	249	2.49%	83.01%	94.13%	95.71%	93.14%	16
Kingston Hospital NHS Foundation Trust	85.32%	93.19%	3	0.16%	92.10%	98.35%	95.40%	99.20%	24
Lewisham and Greenwich NHS Trust	84.14%	88.12%	0	1.79%	80.74%	96.32%	91.58%	98.41%	6
London North West Healthcare NHS Trust	84.74%	81.58%	9	1.03%	82.78%	86.70%	75.13%	98.20%	5
Moorfields Eye Hospital NHS Foundation Trust	98.72%	93.89%	3	0.00%	100.00%	93.75%		100.00%	12
North East London NHS Foundation Trust	99.49%	99.09%	0						0
North Middlesex University Hospital NHS Trust	78.00%	92.10%	0	1.65%	69.11%	94.03%	93.25%	99.51%	0
Royal Brompton and Harefield NHS Foundation Trust	-	91.89%	0	0.00%	62.50%	100.00%		98.91%	16
Royal Free London NHS Foundation Trust	85.54%	83.07%	36	0.41%	84.38%	92.47%	93.66%	98.44%	2
Royal National Orthopaedic Hospital NHS Trust	-	90.02%	0	0.10%	79.49%	94.46%		97.83%	20
South West London and ST George's Mental Health NHS Trust		97.93%	0						0
St George's University Hospitals NHS Foundation Trust	82.68%			0.24%	83.39%	96.14%	96.42%	97.92%	0
The Hillingdon Hospitals NHS Foundation Trust	79.30%	88.83%	0	0.09%	85.86%	92.86%	89.11%	98.25%	3
The Royal Marsden NHS Foundation Trust		97.75%	0		75.77%	93.01%	93.10%	97.26%	8
The Whittington Hospital NHS Trust	85.19%	92.31%	0	0.78%	88.37%	94.84%	96.77%	100.00%	11
University College London Hospitals NHS Foundation Trust	86.01%	91.01%	6	1.86%	69.04%	93.61%	86.55%	94.84%	1
London	85.68%	87.18%	603	0.99%	82.38%	94.82%	92.35%	96.95%	167

4.2 Operational performance by provider – Midlands and East (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Basildon and Thurrock University Hospitals NHS Foundation Trust	82.69%	80.47%	39	2.35%	67.80%	92.99%	93.87%	94.80%	192
Bedford Hospital NHS Trust	84.31%	87.52%	0	0.64%	83.38%	94.34%	92.00%	95.92%	9
Birmingham Women and Children's Hospital NHS Foundation Trust	95.92%	92.28%	0	0.40%	83.33%	94.17%		98.25%	4
Birmingham Community Healthcare NHS Foundation Trust		94.74%	0						0
Birmingham Women's NHS Foundation Trust									0
Black Country Partnership NHS Foundation Trust		96.90%	0						0
Burton Hospitals NHS Foundation Trust	88.73%	92.12%	0	0.35%	85.94%	96.85%	99.52%	97.03%	0
Cambridge University Hospitals NHS Foundation Trust	80.36%	88.86%	4	2.46%	82.54%	92.41%	95.36%	96.95%	5
Cambridgeshire and Peterborough NHS Foundation Trust		95.59%	0						0
Cambridgeshire Community Services NHS Trust		99.93%	0	8.77%					0
Chesterfield Royal Hospital NHS Foundation Trust	89.07%	91.60%	6	0.35%	87.87%	93.31%	88.68%	99.42%	16
Colchester Hospital University NHS Foundation Trust	93.27%	84.64%	17	0.49%	80.00%	95.62%	91.32%	97.30%	4
Coventry and Warwickshire Partnership NHS Trust	-	98.76%	0	0.00%					0
Derby Teaching Hospitals NHS Foundation Trust	84.50%	88.73%	24	0.97%	81.50%	97.70%	99.48%	97.47%	3
Derbyshire Community Health Services NHS Foundation Trust	99.98%	95.03%	0	0.00%					0
Derbyshire Healthcare NHS Foundation Trust		92.29%	0						0
Dudley and Walsall Mental Health Partnership NHS Trust		98.08%	0						0
Essex Partnership University NHS Foundation Trust		97.33%	0						0
East And North Hertfordshire NHS Trust	80.63%				76.99%	97.47%	95.98%	94.98%	9
George Eliot Hospital NHS Trust	77.70%	81.92%	0	0.04%	86.08%	98.29%	99.67%	97.69%	9
Heart of England NHS Foundation Trust	75.03%	88.40%	0	0.62%	86.11%	94.43%	93.26%	98.69%	2
Hertfordshire Community NHS Trust	99.96%	91.34%	0						0
Hinchingbrooke Health Care NHS Trust									0
Ipswich Hospital NHS Trust	89.04%	89.71%	0	2.48%	77.19%	94.71%	90.98%	96.06%	19
James Paget University Hospitals NHS Foundation Trust	83.74%	85.58%	1	0.37%	87.46%	96.33%	95.15%	99.68%	5
Kettering General Hospital NHS Foundation Trust	68.80%	77.09%	3	0.89%	89.38%	95.89%	99.07%	98.89%	3
Leicestershire Partnership NHS Trust		96.96%	0	0.00%					0
Lincolnshire Community Health Services NHS Trust	98.64%								0
Lincolnshire Partnership NHS Foundation Trust		94.83%	0						0
Luton and Dunstable University Hospital NHS Foundation Trust	97.72%	90.01%	0	0.97%	87.89%	97.65%	97.41%	100.00%	2
Mid Essex Hospital Services NHS Trust	78.50%			14.06%	72.57%	91.85%	81.14%	92.11%	0
Milton Keynes Hospital NHS Foundation Trust	88.06%	84.60%	20	1.03%	89.02%	95.84%	95.91%	98.65%	16
Norfolk and Norwich University Hospitals NHS Foundation Trust	66.20%	83.12%	7	0.70%	79.28%	95.56%	90.20%	97.92%	5

4.2 Operational performance by provider – Midlands and East (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Norfolk Community Health and Care NHS Trust		99.64%	0						0
North West Anglia NHS Foundation Trust	73.64%	88.63%	0	1.95%	86.19%	95.19%	96.97%	97.90%	7
Northampton General Hospital NHS Trust	82.66%	87.38%	0	0.13%	86.62%	92.23%	89.51%	97.49%	18
Northamptonshire Healthcare NHS Foundation Trust		100.00%	0						0
Nottingham University Hospitals NHS Trust	72.25%	92.91%	3	0.49%	83.32%	94.27%	98.27%	97.33%	3
Papworth Hospital NHS Foundation Trust		83.21%	0	0.96%	92.59%			98.48%	30
Sandwell And West Birmingham Hospitals NHS Trust	80.78%	92.01%	2	1.66%	86.38%	96.68%	96.14%	97.28%	3
Sherwood Forest Hospitals NHS Foundation Trust	88.28%	88.78%	28	3.41%	88.92%	96.54%	96.08%	98.20%	11
Shrewsbury And Telford Hospital NHS Trust	66.93%	91.31%	0	0.58%	85.24%	93.39%	94.40%	99.74%	11
Shropshire Community Health NHS Trust	99.91%	91.37%	0	0.00%					0
South Essex Partnership University NHS Foundation Trust									0
South Warwickshire NHS Foundation Trust	85.11%	91.31%	5	2.29%	85.71%	96.97%	98.81%	96.68%	6
Southend University Hospital NHS Foundation Trust	80.58%	84.73%	9	0.98%	70.17%	93.54%	88.43%	92.57%	6
Staffordshire and Stoke on Trent Partnership NHS Trust		98.08%	0	0.00%					0
The Dudley Group NHS Foundation Trust	81.34%	92.83%	0	0.55%	86.89%	94.95%	96.42%	99.05%	5
The Princess Alexandra Hospital NHS Trust	64.72%	88.36%	17	0.59%	85.81%	97.63%	97.22%	98.23%	7
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	76.80%	81.06%	0	2.46%	80.73%	97.21%	97.01%	98.39%	4
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	-	90.05%	1	0.40%	87.50%	98.75%		100.00%	14
The Royal Orthopaedic Hospital NHS Foundation Trust		82.06%	52	0.34%	74.19%	97.12%		90.63%	0
The Royal Wolverhampton NHS Trust	85.33%	90.13%	0	0.77%	70.95%	91.98%	91.61%	96.77%	1
United Lincolnshire Hospitals NHS Trust	67.05%	84.68%	20	6.47%	75.62%	83.44%	54.95%	97.14%	3
University Hospitals Birmingham NHS Foundation Trust	78.25%	92.17%	0	0.52%	73.80%	90.37%	95.71%	97.52%	15
University Hospitals Coventry And Warwickshire NHS Trust	79.59%	82.28%	30	0.24%	86.82%	96.64%	94.53%	99.28%	21
University Hospitals Of Leicester NHS Trust	72.07%	85.18%	4	1.92%	75.77%	95.08%	90.99%	94.44%	10
University Hospitals of North Midlands NHS Trust	73.28%	71.74%	49	0.69%	79.65%	98.33%	98.53%	96.85%	17
Walsall Healthcare NHS Trust	76.01%	84.75%	0	1.94%	86.90%	96.69%	97.52%	99.57%	13
West Hertfordshire Hospitals NHS Trust	73.24%	83.55%	59	0.18%	87.75%	93.84%	87.36%	99.24%	0
West Suffolk NHS Foundation Trust	84.74%	89.52%	24	0.71%	84.74%	96.63%	92.44%	100.00%	13
Worcestershire Acute Hospitals NHS Trust	72.21%	83.24%	4	3.79%	76.28%	83.02%	69.44%	97.53%	3
Worcestershire Health And Care NHS Trust		96.26%	0						0
Wye Valley NHS Trust	72.48%	75.17%	104	0.05%	87.88%	92.89%	72.02%	95.97%	7
Midlands and East	80.08%	86.41%	532	1.57%	81.24%	94.22%	91.29%	97.23%	531

4.2 Operational performance by provider – North (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
5 Boroughs Partnership NHS Foundation Trust	99.76%								0
Aintree University Hospital NHS Foundation Trust	83.68%	90.06%	0	1.30%	85.33%	93.52%	92.60%	96.98%	348
Airedale NHS Foundation Trust	92.49%	92.23%	0	3.82%	90.38%	96.48%	95.16%	100.00%	13
Alder Hey Children's NHS Foundation Trust	94.61%	92.12%	1	0.26%				100.00%	0
Barnsley Hospital NHS Foundation Trust	88.86%	92.21%	0	1.00%	90.49%	95.66%	95.76%	98.72%	1
Blackpool Teaching Hospitals NHS Foundation Trust	83.30%	80.45%	3	0.52%	85.13%	95.61%	99.14%	99.59%	8
Bolton NHS Foundation Trust	78.70%	88.32%	0	0.58%	93.05%	97.25%	77.16%	99.27%	3
Bradford District Care NHS Foundation Trust		98.06%	0						0
Bradford Teaching Hospitals NHS Foundation Trust	78.11%	73.93%	4	0.07%	71.49%	67.63%	100.00%	97.01%	4
Bridgewater Community Healthcare NHS Foundation Trust	97.26%	99.32%	0	0.80%	98.44%	94.69%		97.56%	0
Calderdale and Huddersfield NHS Foundation Trust	87.82%	93.75%	0	0.41%	90.21%	97.06%	96.09%	99.77%	3
City Hospitals Sunderland NHS Foundation Trust	85.60%	93.01%	0	0.80%	86.96%	95.93%		98.87%	17
Countess of Chester Hospital NHS Foundation Trust	77.87%	88.74%	0	2.92%	81.90%	98.37%	97.14%	99.32%	6
County Durham and Darlington NHS Foundation Trust	85.70%	92.04%	0	0.32%	85.01%	91.98%	96.24%	99.78%	9
Cumbria Partnership NHS Foundation Trust		90.84%	0	0.00%					0
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	89.98%	89.06%	2	0.87%	86.80%	89.23%	91.15%	98.82%	5
East Cheshire NHS Trust	71.16%	85.74%	1	1.00%	88.40%	96.22%	90.57%	100.00%	6
East Lancashire Hospitals NHS Trust	79.94%	92.13%	0	0.14%	83.77%	94.39%	93.66%	96.60%	2
Gateshead Health NHS Foundation Trust	92.64%	93.07%	0	0.50%	86.50%	95.78%	95.98%	99.77%	10
Harrogate and District NHS Foundation Trust	92.73%	90.24%	0	0.47%	90.57%	96.51%	89.37%	99.59%	6
Hull And East Yorkshire Hospitals NHS Trust	77.26%	79.84%	25	10.51%	75.60%	96.32%	90.36%	97.04%	2
Humber NHS Foundation Trust	99.74%	96.58%	0						0
Lancashire Care NHS Foundation Trust		99.22%	0						0
Lancashire Teaching Hospitals NHS Foundation Trust	77.09%	81.34%	23	0.36%	83.54%	97.89%	96.36%	95.72%	6
Leeds Community Healthcare NHS Trust		97.61%	0	2.10%					0
Leeds Teaching Hospitals NHS Trust	70.50%	87.67%	76	0.28%	82.05%	91.71%	91.61%	97.42%	11
Liverpool Community Health NHS Trust	100.00%								0
Liverpool Heart and Chest Hospital NHS Foundation Trust	-	92.08%	0	15.02%	92.50%	100.00%		99.27%	32
Liverpool Women's NHS Foundation Trust	97.44%	87.48%	20	2.65%	55.88%	93.98%		91.14%	0
Manchester University NHS Foundation Trust	85.42%	89.89%	30	1.78%	83.07%	95.68%	96.48%	98.06%	0
Mid Cheshire Hospitals NHS Foundation Trust	78.07%	92.65%	0	0.33%	92.13%	95.60%	51.17%	100.00%	45
Mid Yorkshire Hospitals NHS Trust	82.34%	85.05%	0	1.09%	82.44%	94.95%	98.01%	97.63%	1

4.2 Operational performance by provider – North (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
North Cumbria University Hospitals NHS Trust	85.17%	84.21%	0	1.47%	86.89%	93.77%	89.07%	97.57%	12
North Tees and Hartlepool NHS Foundation Trust	97.03%	92.82%	0	0.38%	86.34%	95.23%	98.46%	98.46%	4
Northern Lincolnshire and Goole NHS Foundation Trust	82.99%	66.24%	320	8.46%	74.95%	96.06%	90.46%	98.45%	9
Northumberland, Tyne and Wear NHS Foundation Trust		99.57%	0						0
Northumbria Healthcare NHS Foundation Trust	90.82%	92.14%	0	0.14%	85.92%	96.17%	96.89%	98.67%	10
Pennine Acute Hospitals NHS Trust	81.80%	86.53%	1	0.36%	82.87%	90.10%	90.72%	96.93%	10
Pennine Care NHS Foundation Trust	99.99%			0.24%					0
Royal Liverpool And Broadgreen University Hospitals NHS Trust	86.98%	81.72%	3	9.61%	84.72%	95.24%	95.30%	89.03%	6
Salford Royal NHS Foundation Trust	80.12%	92.03%	0	3.87%	90.49%	97.66%		99.19%	10
Sheffield Children's NHS Foundation Trust	96.82%	93.01%	0	0.49%		100.00%		100.00%	6
Sheffield Teaching Hospitals NHS Foundation Trust	82.25%	94.80%	0	9.05%	80.89%	95.37%	94.35%	95.85%	1
South Tees Hospitals NHS Foundation Trust	93.49%	89.61%	0	1.05%	88.93%	94.06%	87.88%	96.82%	28
South Tyneside NHS Foundation Trust	89.99%	95.57%	0	0.00%	91.40%	89.40%		100.00%	9
South West Yorkshire Partnership NHS Foundation Trust	-	97.48%	0	0.00%					0
Southport And Ormskirk Hospital NHS Trust	80.26%	93.45%	0	3.53%	79.06%	95.13%		98.79%	2
St Helens And Knowsley Hospitals NHS Trust	74.88%	94.01%	0	0.04%	87.79%	94.95%	95.53%	96.38%	8
Stockport NHS Foundation Trust	70.07%	88.24%	2	1.26%	90.00%	96.97%	98.88%	98.51%	6
Tameside Hospital NHS Foundation Trust	84.67%	92.01%	0	0.00%	92.86%	96.54%	94.78%	98.45%	6
The Christie NHS Foundation Trust	-	98.63%	0	0.75%	63.00%			96.15%	3
The Clatterbridge Cancer Centre NHS Foundation Trust		95.53%	0	0.00%	61.87%	100.00%		97.72%	3
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	91.70%	93.65%	0	1.95%	85.55%	94.44%	94.59%	96.19%	1
The Rotherham NHS Foundation Trust	85.85%	93.24%	0	0.00%	82.32%	93.40%	79.60%	96.56%	30
The Walton Centre NHS Foundation Trust	-	94.19%	1	0.00%	100.00%	100.00%		100.00%	6
University Hospitals of Morecambe Bay NHS Foundation Trust	79.25%	84.75%	0	1.89%	82.96%	92.96%	99.39%	99.00%	0
Warrington and Halton Hospitals NHS Foundation Trust	80.66%	92.35%	0	0.86%	86.00%	93.52%	93.17%	98.15%	4
Wirral Community NHS Trust	99.58%	100.00%	0	0.00%					0
Wirral University Teaching Hospital NHS Foundation Trust	76.99%	73.07%	69	0.77%	87.88%	96.15%	95.83%	97.56%	8
Wrightington, Wigan and Leigh NHS Foundation Trust	70.47%	93.89%	0	0.73%	93.09%	96.53%	96.28%	99.04%	13
York Teaching Hospital NHS Foundation Trust	81.46%	83.25%	2	2.98%	84.33%	94.22%	97.48%	98.87%	2
North	84.20%	87.75%	583	2.27%	83.97%	93.96%	92.95%	97.54%	735

4.2 Operational performance by provider – South (1/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Ashford and St Peter's Hospitals NHS Foundation Trust	79.46%	89.46%	0	1.48%	84.52%	93.55%	98.26%	98.76%	399
Berkshire Healthcare NHS Foundation Trust	100.00%	100.00%	0	2.59%					0
Brighton And Sussex University Hospitals NHS Trust	80.16%	83.12%	9	6.06%	73.43%	93.80%	95.04%	99.29%	2
Buckinghamshire Healthcare NHS Trust	85.32%	87.95%	0	0.00%	82.59%	94.43%	92.20%	97.74%	15
Cornwall Partnership NHS Foundation Trust	-	100.00%	0	19.74%					0
Dartford And Gravesham NHS Trust	82.62%	92.38%	0	0.35%	88.79%	96.03%	95.00%	100.00%	7
Dorset County Hospital NHS Foundation Trust	96.05%	88.11%	0	11.88%	79.51%	92.22%	90.91%	97.67%	6
Dorset Healthcare University NHS Foundation Trust	-	95.92%	0	1.19%					0
East Kent Hospitals University NHS Foundation Trust	72.78%	76.08%	201	0.35%	73.66%	94.53%	92.84%	95.84%	0
East Sussex Healthcare NHS Trust	86.27%	89.94%	0	1.42%	72.76%	95.77%	95.64%	96.78%	13
Frimley Health NHS Foundation Trust	83.87%	92.30%	0	0.40%	91.02%	96.78%	95.97%	99.73%	7
Gloucestershire Care Services NHS Trust	99.29%			0.00%					0
Gloucestershire Hospitals NHS Foundation Trust	88.37%			0.27%	75.86%	89.21%	94.82%	97.07%	8
Great Western Hospitals NHS Foundation Trust	85.99%	86.68%	10	9.88%	87.27%	94.59%	91.38%	99.12%	15
Hampshire Hospitals NHS Foundation Trust	81.28%	90.38%	1	1.84%	85.29%	96.80%	95.94%	99.42%	9
Isle Of Wight NHS Trust	80.45%	84.00%	0	1.67%	81.07%	96.93%	93.33%	97.93%	8
Kent Community Health NHS Trust	99.76%	90.54%	0	32.21%					0
Maidstone And Tunbridge Wells NHS Trust	88.05%	79.80%	8	0.78%	67.94%	85.29%	80.31%	96.38%	4
Medway NHS Foundation Trust	76.47%	79.82%	1	3.25%	90.75%	94.86%	89.52%	98.85%	4
North Bristol NHS Trust	72.90%	85.56%	38	0.62%	82.77%	89.09%	81.91%	97.21%	6
Northern Devon Healthcare NHS Trust	85.71%			21.07%	76.44%	91.67%	91.67%	98.26%	10
Oxford Health NHS Foundation Trust	97.32%								0
Oxford University Hospitals NHS Foundation Trust	81.02%	85.08%	180	2.07%	81.90%	96.08%	97.18%	95.60%	3
Oxleas NHS Foundation Trust		97.04%	1	0.00%					0
Plymouth Hospitals NHS Trust	78.02%	79.66%	108	12.31%	79.34%	92.10%	57.61%	94.94%	26
Poole Hospital NHS Foundation Trust	86.69%	87.24%	0	3.01%	87.63%	98.22%	98.29%	98.32%	12
Portsmouth Hospitals NHS Trust	71.14%	86.04%	1	1.41%	83.91%	95.55%	95.12%	99.22%	1
Queen Victoria Hospital NHS Foundation Trust	99.88%	85.68%	7	0.76%	77.27%	90.35%		86.58%	12
Royal Berkshire NHS Foundation Trust	82.79%	92.26%	0	0.93%	87.44%	96.24%	97.21%	97.46%	0
Royal Cornwall Hospitals NHS Trust	85.51%	79.28%	205	5.19%	85.62%	96.52%	93.47%	97.28%	5
Royal Devon and Exeter NHS Foundation Trust	89.12%	83.36%	30	6.79%	81.23%	89.28%	98.27%	97.36%	7

4.2 Operational performance by provider – South (2/2)

ORGANISATION	A&E (95%)	RTT Incomplete (92%)	RTT 52 weeks	Diagnostics (<1.00%)	Cancer 62 days - GP referral (85%)	Cancer 2 weeks - GP referral (93%)	Cancer 2 weeks - breast symptoms (93%)	Cancer 31 days - GP referral (96%)	C.Diff cases
Royal Surrey County Hospital NHS Foundation Trust	93.30%	90.76%	0	4.08%	74.81%	97.41%	92.75%	96.26%	8
Royal United Hospitals Bath NHS Foundation Trust	74.47%	84.85%	15	2.61%	90.29%	93.53%	89.33%	99.20%	7
Salisbury NHS Foundation Trust	88.77%	92.22%	0	1.46%	83.50%	94.34%	97.94%	88.61%	4
Solent NHS Trust		99.69%	0	0.00%					0
Somerset Partnership NHS Foundation Trust	99.62%	99.77%	0	0.00%					0
Southern Health NHS Foundation Trust	100.00%	93.96%	0	0.00%					0
Surrey And Sussex Healthcare NHS Trust	88.89%	89.36%	19	0.59%	85.74%	94.21%	96.85%	96.49%	2
Sussex Community NHS Trust	98.88%	97.92%	0	1.41%					0
Taunton and Somerset NHS Foundation Trust	86.26%	80.46%	40	12.08%	76.24%	93.23%	89.87%	97.68%	8
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	91.93%	88.92%	0	0.47%	89.10%	96.01%	100.00%	97.70%	4
Torbay and South Devon NHS Foundation Trust	81.85%	81.58%	33	8.94%	82.93%	72.46%	95.69%	94.85%	4
University Hospital Southampton NHS Foundation Trust	83.93%	86.21%	4	2.93%	78.67%	93.90%	81.36%	93.01%	4
University Hospitals Bristol NHS Foundation Trust	81.42%	87.05%	18	1.49%	82.42%	93.61%		94.54%	7
Western Sussex Hospitals NHS Foundation Trust	89.16%	85.03%	0	0.93%	88.32%	96.67%	95.15%	99.87%	8
Weston Area Health NHS Trust	76.05%	90.38%	0	0.53%	73.94%	93.98%	95.06%	96.15%	14
Yeovil District Hospital NHS Foundation Trust	94.91%	91.02%	0	0.51%	85.27%	96.05%	98.84%	98.22%	2
South	84.63%	85.88%	929	3.49%	81.64%	93.44%	92.46%	97.00%	651

4.2 Operational performance by provider – Ambulance

Ambulance Service	Category 1				Category 2				Category 3				Category 4			
	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec) ¹	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec) ¹	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec) ¹	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec) ¹
<i>Standard</i>	-		7:00	15:00			18:00	40:00			-	2:00:00			-	3:00:00
East Midlands	6,483	1,055	9:46	17:31	36,498	27,434	45:06	1:40:18	10,323	18,063	1:44:59	4:15:55	192	226	1:10:33	2:58:10
East of England	6,767	991	8:47	15:40	40,518	18,522	27:26	0:56:23	13,218	18,478	1:23:53	3:29:15	5,121	8,672	1:41:36	4:02:38
Isle of Wight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
London	8,658	1,073	7:26	11:59	54,668	21,262	23:20	0:49:20	20,944	25,043	1:11:45	2:52:30	2,783	3,503	1:15:32	2:35:57
North East	2,319	250	6:28	11:00	18,674	7,084	22:46	0:47:19	7,817	11,396	1:27:28	3:27:22	405	511	1:15:42	2:55:28
North West	10,122	1,463	8:40	14:43	48,511	26,331	32:34	1:14:15	21,067	28,367	1:20:47	3:14:19	4,089	7,024	1:43:04	3:26:02
South Central	2,655	329	7:26	13:34	21,741	7,185	19:50	0:41:36	14,022	16,597	1:11:01	2:47:33	1,450	2,580	1:46:47	4:03:05
South East Coast	3,426	470	8:14	15:09	29,758	9,730	19:37	0:37:17	20,983	35,334	1:41:02	3:52:06	1,082	2,689	2:29:08	5:54:23
South Western	5,647	916	9:44	17:42	39,097	22,985	35:16	1:13:50	18,854	26,017	1:22:48	3:15:56	818	2,145	2:37:21	5:32:25
West Midlands	5,209	622	7:10	12:31	40,990	9,753	14:17	0:26:48	33,131	23,695	0:42:55	1:42:21	1,831	1,813	0:59:25	2:33:35
Yorkshire	7,312	1,009	8:17	14:15	37,585	16,052	25:38	0:55:28	12,553	12,961	1:01:57	2:23:16	750	1,007	1:20:35	3:17:37

- denotes not available.

¹ Centiles for England in this spreadsheet are a mean of trusts' centiles, weighted by their count of incidents.

5.0 Vacancy position by sector and region

5.1 Nursing vacancy position

Table 1: Registered Nursing vacancies (WTE)

Nursing					
Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
London	Acute	7,060	7,455	6,703	6,576
	Ambulance	2	1	6	2
	Community	281	201	204	214
	Mental Health	1,881	2,141	2,132	2,103
	Specialist	506	418	434	329
London Total		9,730	10,215	9,479	9,224
Midlands and East	Acute	8,044	8,368	7,357	7,434
	Ambulance	1	1	1	-
	Community	740	705	611	648
	Mental Health	2,222	2,221	2,076	1,635
	Specialist	275	326	264	289
Midlands and East Total		11,280	11,622	10,309	10,007
North	Acute	6,536	6,510	5,693	5,987
	Ambulance	14	16	16	33
	Community	123	120	62	81
	Mental Health	1,573	1,817	1,814	1,830
	Specialist	120	202	136	137
North Total		8,367	8,664	7,721	8,068
South	Acute	6,802	6,712	6,523	6,704
	Ambulance	28	27	34	22
	Community	599	519	598	585
	Mental Health	1,479	1,356	1,228	1,145
	Specialist	44	38	41	38
South Total		8,951	8,653	8,424	8,495
National Total	Acute	28,441	29,045	26,276	26,701
	Ambulance	45	45	57	57
	Community	1,743	1,545	1,475	1,529
	Mental Health	7,155	7,534	7,250	6,714
	Specialist	945	985	875	794
Grand Total		38,328	39,154	35,934	35,794

Table 2: Registered Nursing vacancies (percentage rate)

Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
London	Acute	15.3%	16.0%	14.5%	14.1%
	Ambulance	11.4%	2.9%	22.7%	8.2%
	Community	16.2%	12.0%	11.4%	11.9%
	Mental Health	15.3%	17.1%	16.7%	17.6%
	Specialist	10.3%	8.4%	8.6%	6.6%
London Total		14.9%	15.6%	14.4%	14.1%
Midlands and East	Acute	11.7%	12.2%	10.7%	10.7%
	Ambulance	0.8%	1.9%	1.3%	0.0%
	Community	9.4%	9.0%	8.2%	8.7%
	Mental Health	11.9%	12.0%	11.2%	9.1%
	Specialist	9.2%	10.9%	8.8%	9.6%
Midlands and East Total		11.5%	11.8%	10.5%	10.2%
North	Acute	8.1%	8.2%	7.1%	7.4%
	Ambulance	9.9%	10.9%	11.0%	19.7%
	Community	3.7%	3.7%	1.9%	2.5%
	Mental Health	7.8%	8.9%	8.8%	8.9%
	Specialist	2.9%	4.7%	3.2%	3.2%
North Total		7.7%	8.0%	7.1%	7.4%
South	Acute	11.5%	11.4%	11.0%	11.3%
	Ambulance	18.7%	18.1%	22.3%	15.6%
	Community	13.2%	11.8%	13.4%	13.1%
	Mental Health	10.6%	10.0%	9.1%	8.5%
	Specialist	20.6%	18.5%	19.5%	18.8%
South Total		11.4%	11.2%	10.8%	10.9%
National Total	Acute	11.2%	11.4%	10.3%	10.4%
	Ambulance	11.8%	11.6%	14.3%	14.1%
	Community	10.0%	9.0%	8.7%	9.0%
	Mental Health	11.0%	11.6%	11.1%	10.5%
	Specialist	7.7%	7.9%	7.0%	6.3%
Grand Total		10.9%	11.2%	10.2%	10.2%

5.2 Medical vacancy position

Table 1: Medical vacancies (WTE)

Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
London	Acute	1,798	1,775	1,450	1,543
	Ambulance	-	-	-	-
	Community	21	10	17	18
	Mental Health	287	177	222	247
	Specialist	191	147	192	194
London Total		2,297	2,110	1,881	2,003
Midlands and East	Acute	2,934	2,883	2,773	2,942
	Ambulance	-	-	-	-
	Community	60	60	52	45
	Mental Health	370	334	325	252
	Specialist	52	85	57	68
Midlands and East Total		3,416	3,362	3,207	3,306
North	Acute	2,624	2,488	2,423	2,447
	Ambulance	2	1	0	0
	Community	14	16	19	21
	Mental Health	329	403	385	372
	Specialist	168	163	165	83
North Total		3,137	3,071	2,992	2,924
South	Acute	1,674	1,285	1,246	1,263
	Ambulance	-	-	-	-
	Community	50	34	50	49
	Mental Health	271	235	298	438
	Specialist	3	-	3	-
South Total		1,998	1,554	1,596	1,750
Grand Total		10,848	10,096	9,676	9,982

Table 2: Medical vacancies (percentage rate)

Region	Sector	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4
London	Acute	8.9%	8.4%	7.0%	7.4%
	Ambulance	0.0%	0.0%	0.0%	0.0%
	Community	33.1%	21.0%	26.9%	28.7%
	Mental Health	10.1%	6.8%	8.5%	9.3%
	Specialist	8.9%	6.9%	8.7%	8.8%
London Total		9.1%	8.2%	7.4%	7.8%
Midlands and East	Acute	10.5%	10.2%	9.8%	10.3%
	Ambulance	0.0%	0.0%	0.0%	0.0%
	Community	11.7%	11.6%	10.3%	8.9%
	Mental Health	13.6%	12.4%	12.1%	9.8%
	Specialist	5.2%	8.0%	5.5%	6.4%
Midlands and East Total		10.6%	10.3%	9.8%	10.1%
North	Acute	8.9%	8.2%	8.0%	8.0%
	Ambulance	30.0%	20.8%	10.4%	6.5%
	Community	10.1%	11.7%	13.2%	14.9%
	Mental Health	12.0%	14.2%	13.7%	12.8%
	Specialist	10.1%	9.6%	9.4%	4.9%
North Total		9.2%	8.7%	8.5%	8.3%
South	Acute	6.6%	4.9%	4.7%	4.8%
	Ambulance	0.0%	0.0%	0.0%	0.0%
	Community	13.6%	9.7%	13.5%	13.5%
	Mental Health	12.7%	11.0%	13.8%	20.3%
	Specialist	2.2%	0.0%	1.8%	0.0%
South Total		7.1%	5.4%	5.5%	6.0%
Grand Total		9.1%	8.3%	7.9%	8.1%

6.0 Timetable of future publications

Timetable of future publications

Performance Report Publication Dates 2018/19	
Period	Date
Quarter 1	6 Sept 2018
Quarter 2	29 Nov 2018
Quarter 3	7 Mar 2019
Quarter 4	30 May 2019

End notes and glossary

End notes

- 1 All financial information in this report is based on unaudited monitoring returns from 234 licensed NHS foundation trusts and NHS trusts operating as at 31 March 2018. Those licensed providers include 154 NHS foundation trusts (FTs) and 80 NHS trusts (non-FTs). The total financial position reported includes an extra provider, Mid Staffordshire NHS Foundation Trust which was dissolved during the year. This has been excluded from any count of providers in the document.
- 2 Surplus/(deficit) control total basis is calculated as surplus/(deficit) before AME impairments, transfers, donated asset income, and donated asset depreciation for all trusts.
- 3 The sector reported adjusted financial position surplus/(deficit) includes DEL Impairments, Prior Period Adjustments, donated asset income and donated asset depreciation, as these items have been excluded from the control total an adjustment is needed to add the figures back to provide the reported sector surplus/(deficit).
- 4 The financial data is extracted from individual provider returns that are linked to their un-audited year end draft accounts.
- 5 As at March 2018, a total of 212 providers have signed up to their control totals. This is based on the returns submitted for month 12.
- 6 160 trusts reported performance against the A&E target in quarter 4 2017/18.
- 7 185 trusts reported against RTT incomplete pathway targets in March 2018. The admitted and non-admitted targets were removed in September 2015.
- 8 149 trusts reported performance against the breast cancer: 2-week wait target for quarter 4 2017/18.
150 trusts reported performance against the GP referral: 62-day wait target for quarter 4 2017/18.
129 trusts reported performance against the all cancers: 2-week wait target for quarter 4 2017/18.

Glossary (1/2)

A&E	Accident and emergency departments offer a 24-hour, 7-day a week service to assess and treat patients with serious injuries or illnesses.
A&E standard	The objective that any patient attending an A&E department is seen and transferred, admitted or discharged within 4 hours of arrival. The objective performance against this target is 95% of patients. If a trust falls below this performance level, it is deemed to have breached the target.
Ambulance standard	<p>Category 1 - Time critical life-threatening event needing immediate intervention and/or resuscitation</p> <p>Category 2 – Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.</p> <p>Category 3 – Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe</p> <p>Category 4 - Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe</p>
Admitted patient	A patient who is formally admitted to a hospital for treatment. This includes admission that is not overnight, ie day cases.
Cancer waiting-time targets	A series of objective waiting times for patients referred for cancer diagnosis and treatment. Each target has a different objective performance. The waiting times for cancer patients are much stricter than the RTT targets, but the RTT targets include cancer patients.
CCG	Clinical commissioning group
CIP	Cost improvement programme - usually a 5-year planned cost reduction programme to improve the productivity and streamline operational structures to provide efficient, effective services.
Cost weighted activity growth rate	The cost weighted activity is calculated by applying individual cost weights based on average reference costs to elective inpatient, non-elective inpatient, A&E attendance and outpatient attendance activities. This method allows combined cost weighted activity to be derived for different periods, so activity growth based on cost weighted activity could be calculated.
CQC	Care Quality Commission - the independent regulator of health and adult social care services in England that ensures care provided by hospitals, dentists, ambulances, care homes and home care agencies meets government standards of quality and safety.
Day case	A patient who is admitted and treated without staying overnight, eg for day surgery.
DHSC	Department of Health and Social Care, the government department responsible for the NHS.
DToC	A delayed transfer of care occurs when a patient is considered ready to leave their current care (acute or non-acute) for home or another form of care but still occupies a bed.
Elective patient	Elective surgery or procedure is scheduled in advance because it does not involve a medical emergency.
Government Spending categories (DEL and AME)	<p>Total government expenditure is split into two categories:</p> <p>Delegated Expenditure Limits (DEL): this is the amount that government departments are allocated to spend. This amount, and how it is split between government departments, is set in spending reviews.</p> <p>Annually Managed Expenditure (AME): this is money spent in areas outside budgetary control on items that may be unpredictable or not easily controlled by government departments.</p>
High cost drugs	Expensive drugs typically used for specialist treatments, eg cancer, that are excluded from the Payment by Results (PbR) tariff as they would not be fairly reimbursed. Commissioners and providers agree appropriate local prices.
HMT	Her Majesty's Treasury, the government department that fulfils the function of a ministry of finance.

Glossary (2/2)

Non-elective patient	A patient who is admitted for treatment on an unplanned or emergency basis. Such patients are not relevant to referral-to-treatment (waiting-time targets).
Pathway	A patient's journey through an outpatient appointment, diagnostic tests, further outpatient appointments to a potential inpatient appointment (eg for surgery).
PDC dividends	Public dividend capital represents the Department of Health and Social Care's equity interest in defined public assets across the NHS, including NHS foundation trusts. DHSC is required to make a return on its net assets, which takes the form of a public dividend capital dividend.
PFI	The private finance initiative is a procurement method that uses private-sector capacity and public resources to deliver public-sector infrastructure and/or services according to a specification defined by the public sector. In the NHS a typical PFI contract involves a private consortium building a hospital and maintaining it to a defined specification for 20+ years for an NHS trust in return for annual payments from the trust that are indexed to inflation.
PPE	Property, plant and equipment, the term used for fixed assets under International Financial Reporting Standards (IFRS).
Surplus or deficits	Refers to the net financial position. See <i>End Notes</i> .
STF	Sustainability and Transformation Fund
Waiting times	The time a patient has to wait before treatment; this is termed RTT (referral to treatment) in the NHS.
WTE	Whole-time equivalent is the ratio of the total number of paid hours during a period (part-time, full-time, contracted) by the number of working hours in the period. one WTE is equivalent to one employee working full-time.

Contact us:

NHS Improvement

Wellington House,
133-155 Waterloo Road,
London,
SE1 8UG

0300 123 2257

enquiries@improvement.nhs.uk

[improvement.nhs.uk](https://www.improvement.nhs.uk)

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