Performance of the NHS provider sector for the month ended 30 September 2017
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Providers have succeeded in treating more patients within key operating standards, and sustaining efficiency levels, despite an extremely challenging operating environment that placed considerable pressure on NHS staff. At Quarter 2 (Q2), providers reported a year-to-date deficit of £1,151 million, which is £143 million above the ambitious plan set for this point in the year. The sector is on track to live within the agency ceiling of £2.5 billion in 2017/18 and maintain efficiency levels of previous years.

**Operationally, the position is extremely challenging**

During the first two quarters of this year, demand for hospital services continued to increase. The sector has seen a 3.4% increase in emergency admissions via type 1 A&E departments compared to the same period last year, which has had a significant effect on bed occupancy levels.

Occupancy levels were also adversely affected by delays in transfers of care to other settings, including social care. Although there was some progress during August and September in reducing delayed discharges, at the end of September there were around 168,302 delayed discharges (accounting for 5.0% of all beds) – substantially higher than the stated ambition of reducing delayed discharges to less than 118,904 (or 3.5%) by September 2017. To address this pressure, it will be essential for local health and care systems to work together to ensure sufficient beds are available so that patients can continue to rely on safe, high quality care over the busy winter period.

The combined effect of these operational pressures have adversely affected performance on key operational standards, and have in many cases adversely affected the financial position, particularly in the face of higher-than-predicted cost inflation.

During the first half of the year, the NHS was also affected by a major national cyber-attack, by multiple terrorist attacks in Manchester and London, and the Grenfell Tower fire, the latter of which had a direct impact in London, and indirect consequences for providers across the country.

**More patients have been seen within 4 hours in A&E**

Despite the continued increase in the number of patients attending A&E and those being admitted to hospital as an emergency, the hard work of NHS staff to prepare for a demanding winter period is having an impact.

During Q2, more patients were seen within the four-hour target for A&E than during the same period last year, and fewer patients waited over 12 hours to be treated, admitted or discharged. Providers have therefore achieved a sustained improvement in A&E response times. Data published by NHS England showed that A&E performance of 90.2% year-to-date at Q2 has met the national ambition of delivering 90% by September 2017.

Achieving the national standard of 95% by the end of the year will nonetheless be challenging. The national Urgent and Emergency Care programme is now building momentum and winter planning is gathering pace to ensure that the NHS is on track to meet this.

**More patients have been seen within 18 weeks for planned care**

Alongside rising demand, high levels of bed occupancy have affected the sector’s ability to admit patients who require planned care. As at the end of September 2017, 89.1% of patients waiting to start treatment (incomplete pathways) had been waiting up to 18 weeks compared with the standard of 92%. In the same period last year performance was 90.6%.
Nonetheless, providers succeeded in treating more patients within 18 weeks than in the same period last year – during Q2, 3.43 million patients were seen within 18 weeks, compared with 3.36 million during the same period last year.

The number of patients waiting for planned care in England exceeds 4.1 million, which is the highest level since the waiting time target was introduced in August 2007. Historically, growth in the waiting list has been due to demand for treatment exceeding the capacity available. In recent months, the growth in GP referrals has begun to moderate, however admissions to hospital continue to rise as the demand for emergency and planned care continues to increase.

**Elective income has been displaced by non-elective income**

Building on the financial achievements of last year, the focus for the provider sector this year is to accelerate the financial recovery trajectory on a recurrent basis. This reflects the ambition set out in the planning guidance, which was to reduce the level of demand for non-elective care in hospitals and the number of A&E attendances, through improvements in primary and out of hospital care. The aggregate provider plan for 2017/18 assumes little planned growth in income and a planned reduction in real-term expenditure, driven by a stepped improvement in productivity.

In 2017/18, allocation growth of 3.2% was awarded to NHS England. Planned income growth from NHS England/clinical commissioning groups (CCGs) to providers is 2.4%, which is offset by a reduction in income from other sources, providers therefore planned for income growth of just 0.3%. Total income for the first two quarters of the financial year was broadly on plan, with overall income showing a £3 million favourable variance.

The aggregate position masks the disproportionate effect of higher than planned levels of unprofitable accident and emergency activity, and lower than planned elective work, which typically makes a more positive contribution to the bottom line. Operational pressures mentioned above, including transfers of care and a number of serious destabilising events earlier in the year, have disproportionally affected income for elective admissions and outpatient work in some providers; a combined shortfall of £238 million for these two types of work has been reported.

**Providers have achieved significant agency savings and maintained efficiency levels of previous years, but the financial plan remains challenging**

At the mid-point in the financial year, the latest results indicate that NHS providers continued to do more for less.

The sector outperformed the wider economy by delivering an implied 2.0% efficiency improvement. This was supported by cost improvements of 2.9% - equivalent to £1,257 million of improvements in the first six months of the year. Taking into account inflation assumptions built into national tariff of 2.4%, this performance indicates implied efficiency above 2016/17 levels. Despite this level of efficiency and cost improvement however, there was a shortfall of £169 million against the ambitious level of cost improvements planned to date.
Responding to low levels of income growth, providers planned for pay growth of just 0.4% in aggregate, which is significantly below anticipated pay inflation of 2.1% and represents a planned real-terms reduction in the sector’s pay bill. This will be delivered by a reduction in workforce costs driven through a planned reduction in temporary staffing. The sector continued to reduce agency expenditure in the second quarter of 2017/18. Overall temporary staffing spend for the first 6 months of the year is down by 4.3% (£119 million) compared to the same period last year and NHS providers have reported an underspend against their plan on agency usage. The sector is on track to achieve a further £500 million reduction in agency spend during 2017/18, which is in addition to the £700 million delivered 2016/17.

There are significant risks to delivery for the remainder of the year

Looking ahead, the provider sector is planning for a deficit of £496 million by the end of 2017/18. This figure is derived from aggregating ambitious provider plans and depends on assumptions around risk management including winter costs, agreed activity levels and beds being freed up. Resolving issues that prevent patients from leaving hospital in a timely manner is vital to ensure the sector has the bed capacity necessary to safely manage the busy winter period and deliver the levels of productivity required.

The majority of providers have set themselves stretching plans to achieve demanding financial control totals. For 2017/18, 210 out of 233 (90%) providers have accepted a control total and 170 (73%) at Q2 are forecasting to be at or above plan at year end. A total of 87 providers did not achieve their planned year-to-date financial positions. Their underperformance was driven by the combination of a shortfall in operating incomes, expenditure on quality improvements and slippage in cost improvement programmes.

Last financial year, 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 are fewer non recurrent solutions available, which means that 2017/18 will be another financially challenging year. In addition, the cost improvement programmes are ‘back-loaded’ to the latter part of 2017/18 and this introduces a higher risk to delivery.

Based on Q2 results, providers forecast that the aggregate full year deficit will be £623 million, which is £127 million worse than planned. During the planning process the majority of providers assume access to the 0.5% CQUIN reserve to deliver a control total compliant plan. This income was earned by providers in 2016/17 and if it is not paid by NHS England /CCGs by the year end the sector’s financial position will deteriorate by at least a further £128 million.

Winter resilience preparations have been more detailed and intensive this year than in previous years and there are local, regional and national elements to the plan. We have a more detailed understanding of the risks this year, including concerns over bed occupancy levels going into winter, the level of DTOCs, staffing levels and whether there is sufficient capacity in the system.

Our regional teams are working with providers to capture delivery risks and productivity and other opportunities, and ensure that providers have plans to mitigate risks. At a national level, we continue to provide intensive and targeted support to those trusts in financial difficulties through Financial Special Measures and the Financial Improvement Programme.
# Performance comparisons

## Activity and Capacity

<table>
<thead>
<tr>
<th></th>
<th>Q2 YTD 2017/18 Plan</th>
<th>Q2 YTD 2017/18 Actual</th>
<th>Q2 YTD 2016/17 Actual</th>
<th>Q2 YTD 2017/18 variance from plan</th>
<th>Variance from Q2 YTD 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E attendances (millions)</td>
<td>10.86</td>
<td>10.94</td>
<td>10.76</td>
<td>0.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Non-elective admissions (millions)</td>
<td>3.10</td>
<td>3.09</td>
<td>3.00</td>
<td>(0.4%)</td>
<td>2.9%</td>
</tr>
<tr>
<td>Elective admissions (millions)</td>
<td>3.99</td>
<td>3.91</td>
<td>3.93</td>
<td>(2.1%)</td>
<td>(0.7%)</td>
</tr>
<tr>
<td>1st Outpatients attendances (millions)</td>
<td>10.32</td>
<td>10.21</td>
<td>10.21</td>
<td>(1.1%)</td>
<td>0%</td>
</tr>
<tr>
<td>General &amp; acute beds (average daily open - Q1 2017/18)</td>
<td>- 102,609</td>
<td>102,812</td>
<td>-</td>
<td>(0.2%)</td>
<td></td>
</tr>
<tr>
<td>Nurses (WTE)</td>
<td>348,281</td>
<td>343,259</td>
<td>347,989</td>
<td>(1.4%)</td>
<td>(1.4%)</td>
</tr>
<tr>
<td>Medical staff (WTE)</td>
<td>119,357</td>
<td>120,668</td>
<td>118,748</td>
<td>1.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cost weighted activity growth</td>
<td>2.3%</td>
<td>2.2%</td>
<td>3.3%</td>
<td>(0.1%)</td>
<td>(1.1%)</td>
</tr>
</tbody>
</table>

## Finance and Productivity

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>2017/18 Actual</th>
<th>2016/17 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 year-to-date (YTD) surplus/deficit (£m)</td>
<td>(1,008)</td>
<td>(1,151)</td>
<td>(648)</td>
</tr>
<tr>
<td>Q2 YTD total income (£m)</td>
<td>39,923</td>
<td>39,926</td>
<td>39,506</td>
</tr>
<tr>
<td>Q2 YTD expenditure (£m)</td>
<td>(41,062)</td>
<td>(41,388)</td>
<td>(40,351)</td>
</tr>
<tr>
<td>Q2 YTD efficiency savings (£m)</td>
<td>1,426</td>
<td>1,257</td>
<td>1,197</td>
</tr>
<tr>
<td>Q2 YTD efficiency savings (%)</td>
<td>3.4%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Q2 YTD total pay costs exc. agency (£m)</td>
<td>(24,306)</td>
<td>(24,640)</td>
<td>(23,615)</td>
</tr>
<tr>
<td>Q2 YTD agency costs (£m)</td>
<td>(1,272)</td>
<td>(1,194)</td>
<td>(1,514)</td>
</tr>
<tr>
<td>% of Trusts signed up to a Control Total at Q2</td>
<td>-</td>
<td>90.1%</td>
<td>95.4%</td>
</tr>
<tr>
<td>% of Trusts forecasting a 17/18 surplus at Q2</td>
<td>54.5%</td>
<td>51.9%</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

## Published Operational Performance

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Q2 2017/18 Actual</th>
<th>Q2 2016/17 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4 hour performance</td>
<td>95%</td>
<td>90.11%</td>
<td>90.63%</td>
</tr>
<tr>
<td>Diagnostics (as at 30 September 2017)</td>
<td>1%</td>
<td>1.99%</td>
<td>1.50%</td>
</tr>
<tr>
<td>RTT (as at 30 September 2017)</td>
<td>92%</td>
<td>89.10%</td>
<td>90.59%</td>
</tr>
<tr>
<td>Cancer 62-day</td>
<td>85%</td>
<td>82.21%</td>
<td>82.32%</td>
</tr>
<tr>
<td>Ambulance – Red 1</td>
<td>75%</td>
<td>67.96%</td>
<td>68.49%</td>
</tr>
<tr>
<td>Ambulance – Red 2</td>
<td>75%</td>
<td>60.30%</td>
<td>62.35%</td>
</tr>
<tr>
<td>Ambulance – Cat A</td>
<td>95%</td>
<td>89.49%</td>
<td>90.53%</td>
</tr>
</tbody>
</table>

## Quality and Safety

<table>
<thead>
<tr>
<th></th>
<th>Target or Ceiling</th>
<th>Q2 2017/18 Actual</th>
<th>Q2 2016/17 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection – MRSA</td>
<td>0</td>
<td>74</td>
<td>75</td>
</tr>
<tr>
<td>Infection - C. Diff</td>
<td>1,207</td>
<td>1,267</td>
<td>1,255</td>
</tr>
<tr>
<td>General &amp; acute bed occupancy (Q1 17/18)</td>
<td>-</td>
<td>89.1%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Acute delayed discharges (days)</td>
<td>-</td>
<td>344,053</td>
<td>385,171</td>
</tr>
<tr>
<td>&gt;12-hour A&amp;E trolley waits</td>
<td>-</td>
<td>211</td>
<td>256</td>
</tr>
<tr>
<td>&gt;52-week waits (as at 30 September 2017)</td>
<td>-</td>
<td>1,778</td>
<td>1,185</td>
</tr>
<tr>
<td>No of providers in special measures</td>
<td>-</td>
<td>20</td>
<td>16</td>
</tr>
</tbody>
</table>

Notes:
* Elective and Outpatient activity calculated with working day adjustment
1.0 Operational performance
# 1.1 Operational performance overview

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Target</th>
<th>NHS Improvement</th>
<th>NHS England</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accident &amp; emergency : July – September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E attendances</td>
<td>-</td>
<td>5,436,668</td>
<td>5,925,687</td>
</tr>
<tr>
<td>Performance – All A&amp;E types (%)</td>
<td>95%</td>
<td>89.24%</td>
<td>90.11%</td>
</tr>
<tr>
<td>Performance – Acute trusts only (%)</td>
<td>95%</td>
<td>88.52%</td>
<td>88.52%</td>
</tr>
<tr>
<td>Type 1 performance (%)</td>
<td>95%</td>
<td>85.19%</td>
<td>85.19%</td>
</tr>
<tr>
<td><strong>Diagnostics: at 30 September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of diagnostic tests waiting 6 weeks+ (%)</td>
<td>1%</td>
<td>2.07%</td>
<td>1.99%</td>
</tr>
<tr>
<td><strong>Referral to treatment (RTT) : at 30 September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 weeks incomplete (%)</td>
<td>92%</td>
<td>88.75%</td>
<td>89.10%</td>
</tr>
<tr>
<td>52-week waits (number)</td>
<td>-</td>
<td>1,707</td>
<td>1,778</td>
</tr>
<tr>
<td><strong>Cancer: July – September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-week GP referral to 1st outpatient, cancer (%)</td>
<td>93%</td>
<td>93.85%</td>
<td>93.86%</td>
</tr>
<tr>
<td>2-week referral to 1st outpatient - breast symptoms (%)</td>
<td>93%</td>
<td>93.31%</td>
<td>93.31%</td>
</tr>
<tr>
<td>31-day wait from diagnosis to first treatment (%)</td>
<td>96%</td>
<td>97.65%</td>
<td>97.65%</td>
</tr>
<tr>
<td>62-day urgent GP referral to treatment for all cancers (%)</td>
<td>85%</td>
<td>82.12%</td>
<td>82.21%</td>
</tr>
<tr>
<td>62-day referral from screening services</td>
<td>90%</td>
<td>91.63%</td>
<td>91.69%</td>
</tr>
<tr>
<td><strong>Ambulance: July – September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red 1 Calls (%)</td>
<td>75%</td>
<td>67.96%</td>
<td>67.96%</td>
</tr>
<tr>
<td>Red 2 Calls (%)</td>
<td>75%</td>
<td>60.30%</td>
<td>60.30%</td>
</tr>
<tr>
<td>Category A Call - ambulance arrived within 19 mins (%)</td>
<td>95%</td>
<td>89.49%</td>
<td>89.49%</td>
</tr>
<tr>
<td><strong>Infection control: July – September 2017</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Difficile (Total cases)</td>
<td>-</td>
<td>1,267</td>
<td>1,267</td>
</tr>
</tbody>
</table>

**Notes:**
NHS Improvement performances above are based on the performances of 153 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.
1.2 Accident & emergency

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

- In Q2 2017/18, NHS England reported an overall A&E performance of 90.11% which included performance of Independent Sector Organisations. Performance of NHS providers showed an improvement from the 88.85% in Q2 2016/17 to 89.24% this quarter.

- During the quarter, there were c.5.44m attendances at NHS A&E departments, activity was almost static with a decrease of 0.04% (like-for-like) compared to the same quarter last year, and a reduction of 1.3% compared to Q1 2017/18. Year to date has shown a 1.3% increase compared to the same period 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.1.08m, which was an increase of 3.4% when comparing to the same quarter last year.

- However, bed capacity constraints due to high occupancy rates and delayed transfers of care have continued to impact on the patient flow, in line with increases in attendances and admissions. In Q2 2017/18, 116,886 patients waited more than four hours for a bed, 8.6% more than a year ago. There were also 344,053 bed days lost due to delayed transfers of care in acute hospitals, which whilst an improvement on last year still equates to on average over 3,700 acute beds blocked each day.

- Recognising the challenges, NHS Improvement came together with NHS England at the end of 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 and returning the sector performance back to 95% will also form a core component for providers receiving Sustainability and Transformation Fund (STF) in 2017/18 and 2018/19.
1.3 Diagnostic waiting times

Diagnostic waiting times are a key part in the delivery of the referral to treatment (RTT) target as the majority of 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 Q2 2017/18, 843,848 patients were waiting for a diagnostic test, a decrease of 3.1% from the last quarter. Compared to the same time last year, the waiting list has increased by 0.7% (like-for-like). Despite the decrease in the waiting list, more patients were waiting longer than six weeks. Performance of 2.07% at the end of Q2 2017/18 (NHS England performance was 1.99%) was a deterioration in performance compared to 1.50% at Q2 last year and slightly down on Q1 performance of 1.87%

Providers in aggregate failed to achieve the waiting time standard for 13 of the 15 key diagnostic tests, one less than in 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 under 12% of the diagnostics waiting list. In September 2017, 6.30% of patients were waiting over six weeks for an endoscopy test compared to 4.16% a year ago. In an effort to increase capacity, NHS Improvement is working with Health Education England to launch the next stage of its programme to train 200 additional Non-Medical Endoscopists by 2018.

Non-obstetric ultrasound was one of the best performing tests despite having the largest waiting list (35.7% of the total diagnostics waiting list), with only 0.9% of patients waiting over six weeks at the end of the quarter.
1.4 Elective waiting times

NHS providers continue to fail to achieve the national RTT incomplete standard target of 92%. Performance at the end of the quarter was 88.75% (NHS England performance was also 89.10%) which represents a drop of 1.53% 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. In addition the cyber attack had an impact, also further reducing the elective activity completed. The elective waiting list reached a record level of 4.1 million, when including the estimated patients from non-submitting providers at the end of Q2 2017/18.

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. In September 2017, 1,707 patients were waiting over a year for treatment compared to 1,165 in September 2016, and higher than the 1,475 waiting in June 2017. Seven providers did not report incomplete RTT performance in September 2017.

The Intensive Support Team is continuing 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

- All the cancer waiting-time standards were achieved in Q2 2017/18 except for 62 day (urgent GP referral) waiting time target for first treatment, this standard has not been delivered for the quarter since Q3 2013/14.

- In response to increasing demand, more patients began treatment this year. 37,779 patients began cancer treatment in Q2 2017/18, 3.1% more than in the same quarter last year.

- NHS providers failed to achieve the national target of 85% for 62 day (urgent GP referral) with a performance of 82.1% in Q2 2017/18 (NHS England performance was also 82.2%). This was below the performance achieved in the same quarter last year (82.3%).

- The specialties that contributed most to the underperformance in Q2 2017/18 were Urological (excluding testicular), Lower Gastrointestinal and Lung. These specialities accounted for only 39.6% of activity, but contributed to more than half of the reported breaches (54.9%).

- NHS Improvement has 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.
1.6 Ambulance response times

- The national standard states that 75% of calls, presenting conditions which may be immediately life-threatening (Category A Red 1), or life-threatening but less time-critical (Category A Red 2), should receive an emergency response within eight minutes, and 95% of all Category A responses requiring an ambulance, should be reached within 19 minutes.

- Ambulance services continue to fail the Red 1, Red 2 and 19 minutes response-time targets with performance of 67.96%, 60.30% and 89.49% respectively. In Q2 2017/18, none of the six ambulance services* that submitted complete data achieved any of the performance targets.

- Ambulance services saw an increase in time-critical and life-threatening calls in Q2 2017/18. Ambulance services responded to 21,297 Red 1 calls in the quarter, a like-for-like increase of 15.8% compared to the same quarter last year. The number of like-for-like Red 2 responses increased by 4.7% compared to the same period last year.**

- In recent years, ambulance services experienced difficulties in recruiting and retaining paramedic staff which had an impact on their operations. With effect from 1 January 2017, existing paramedic staff are being re-banded from band 5 to band 6. This should result in improved recruitment and retention of paramedic staff with a knock on improvement in ambulance trust performance.

- In July 2017, NHS England announced a new set of performance targets for the ambulance service which will apply to all 999 calls for the first time. These new standards are aimed to remove “hidden” and long waiting times including reducing lengthy waits for the frail and elderly, and free up more vehicles and staff to respond to emergencies. These changes are expected to be in place by winter 2017.

* There are 11 ambulance services including 10 ambulance trusts as well as Isle of Wight NHS Trust. Three trusts (South Western Ambulance Service and Yorkshire Ambulance Service from April 2016, and West Midlands Ambulance Service from June 2016) have been pilotsing new call categorisations, and, therefore, have not been submitting data for Red 1, Red 2 and Cat A 19 minute responses. Two trusts in August 2017 ceased reporting Red 1, Red 2 and Cat A 19 minute, these were North West and East Midlands, due to a changeover to the new reporting measures.

** Comparisons exclude South Western Ambulance Service, Yorkshire Ambulance Service and West Midlands Ambulance Service activity in Q2 2015/16 and Q2 2016/17.
1.7 Infection control

**Number of Clostridium Difficile cases**

- The number of trust apportioned C. Diff cases reported in quarter 2 2017/18 was 1,267 compared to 1,255 in the corresponding quarter last year. This was an increase of 1%. During September 2017, there were 410 C. Diff cases reported, an decrease of 5.3% (23 cases) from the same period last year.

**Number of Meticillin-resistant Staphylococcus Aureus (MRSA) cases reported**

- 74 trust assigned MRSA cases were reported in quarter 2 2017/18 which is lower than the 75 cases reported in quarter 2 2016/17. During September 2017, there were 22 MRSA cases reported, a reduction of 26.7% (eight cases) from the same month last year.

**Number of E-Coli cases reported**

- The number of E-Coli cases reported in quarter 2 2017/18 was 10,989 compared to 10,884 in the corresponding quarter last year. This was an increase of 1%. There was also a 0.4% increase reported in September 2017 compared to the same month last year.

- The Secretary of State’s ambition is to reduce ‘healthcare associated’ Gram-negative bloodstream infections by 50% by March 2021. During 2017/18 there is a quality premium target for CCGs to reduce Escherichia coli (E.coli) (the most prevalent Gram-negative bloodstream infection) by 10%, providers will have a contribution to this target as some cases will have had interventions or treatments. To date this year’s performance is mirroring 2016-17, which is better than the predicted month on month rise.

- We have written to the acute NHS providers and mandated the data collection of Pseudomonas aeruginosa and Klebsiella species blood stream infections, in addition to E.coli this is back data to April 2017. The voluntary risk factor data is added to the Public health England data capture system (DCS) this will also collect the relevant data to assess/assign if these infections are healthcare associated.
1.8 Winter resilience preparations 2017/18

Overview
Our planning for winter, which is more detailed and intensive than in previous years, is built around three key pillars, each of which has a local, regional and national element. These are:

- **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

Whilst plans are well-developed, the system is fragile and there are two major risks to delivery which need to be mitigated:

- A lack of capacity to manage pressures and maintain patient flow;
- The risk of flu and/or extreme cold weather

Year-to-date performance on A&E waiting times within 4 hours is 90.2%. This is on a par with year-to-date performance last year (90.3%).

**Performance**
In summary, performance is relatively stable, however the system remains fragile, with particular concerns given occupancy levels and delayed transfers of care, about whether there is the capacity needed to manage the additional pressures of winter.

**Key actions:**
- Formal winter planning began in July with first submission of local winter plans in September;
- National Events with Chairs, Chief Executives of Trusts and Chairs and Accountable Officers of CCGs to discuss winter preparations and A&E Delivery;
- Winter Operations Function with dedicated resource agreed with implementation to take place in Quarter 3.
2.0 Financial Performance
2.1 Financial performance overview

### 6 months ended 30 September 2017 by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of providers</th>
<th>Planning surplus £m</th>
<th>Actual surplus £m</th>
<th>Variance £m</th>
<th>Deficit £m</th>
<th>Providers No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>135</td>
<td>(1,127)</td>
<td>(1,459)</td>
<td>(332)</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>10</td>
<td>(4)</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>18</td>
<td>1</td>
<td>12</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>53</td>
<td>14</td>
<td>8</td>
<td>(6)</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td>17</td>
<td>(23)</td>
<td>(24)</td>
<td>(1)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>233</strong></td>
<td><strong>(1,139)</strong></td>
<td><strong>(1,462)</strong></td>
<td><strong>(323)</strong></td>
<td><strong>152</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Technical adjustments

- Acute: (29) £m variance
- Ambulance: £19 £m variance
- Community: £292 £m variance
- Mental Health: £160 £m variance
- Specialist: £48 £m variance

### Uncommitted STF

- Acute: £160 £m variance
- Ambulance: £292 £m variance
- Community: £160 £m variance
- Mental Health: £160 £m variance
- Specialist: £48 £m variance

### Reported adjusted financial position surplus / (deficit) including all STF

- Acute: £(1,008) £m variance
- Ambulance: £(496) £m variance
- Community: £160 £m variance
- Mental Health: £48 £m variance
- Specialist: £160 £m variance

### 6 months ended 30 September 2017 by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of providers</th>
<th>Planning surplus £m</th>
<th>Actual surplus £m</th>
<th>Variance £m</th>
<th>Deficit £m</th>
<th>Providers No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>36</td>
<td>(290)</td>
<td>(406)</td>
<td>(116)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Midlands</td>
<td>72</td>
<td>(423)</td>
<td>(503)</td>
<td>(80)</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>70</td>
<td>(278)</td>
<td>(365)</td>
<td>(87)</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>55</td>
<td>(148)</td>
<td>(188)</td>
<td>(40)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>233</strong></td>
<td><strong>(1,139)</strong></td>
<td><strong>(1,462)</strong></td>
<td><strong>(323)</strong></td>
<td><strong>152</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Technical adjustments

- London: £(29) £m variance
- Midlands: £(108) £m variance
- North: £(108) £m variance
- South: £(108) £m variance

### Uncommitted STF

- London: £443 £m variance
- Midlands: £605 £m variance
- North: £605 £m variance
- South: £605 £m variance

### Reported adjusted financial position surplus / (deficit) including all STF

- London: £(1,008) £m variance
- Midlands: £(496) £m variance
- North: £(496) £m variance
- South: £(496) £m variance

---

1. Surplus/(deficit) control total basis are 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).
## 2.2 Income & expenditure

### 6 months ended 30 September 2017

<table>
<thead>
<tr>
<th></th>
<th>Plan</th>
<th>Actual</th>
<th>Variance to plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Income from patient care activities</td>
<td>35,728</td>
<td>35,790</td>
<td>62</td>
</tr>
<tr>
<td>Other income</td>
<td>4,195</td>
<td>4,136</td>
<td>(59)</td>
</tr>
<tr>
<td>Employee expenses</td>
<td>(25,578)</td>
<td>(25,834)</td>
<td>(256)</td>
</tr>
<tr>
<td>Non pay costs</td>
<td>(15,484)</td>
<td>(15,554)</td>
<td>(70)</td>
</tr>
</tbody>
</table>

Control total basis surplus/(deficit) including STF  

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>(1,139)</td>
<td>(1,462)</td>
</tr>
</tbody>
</table>

### Adjustments

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>(29)</td>
<td>19</td>
</tr>
</tbody>
</table>

Uncommitted STF  

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>160</td>
</tr>
</tbody>
</table>

Reported financial performance surplus/(deficit)  

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>(1,008)</td>
</tr>
</tbody>
</table>

### 6 months ended 30 September 2017 by sectors

<table>
<thead>
<tr>
<th></th>
<th>Acute £m</th>
<th>Ambulance £m</th>
<th>Community £m</th>
<th>Mental Health £m</th>
<th>Specialist £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from patient care activities</td>
<td>26,388</td>
<td>1,161</td>
<td>1,295</td>
<td>5,396</td>
<td>1,550</td>
</tr>
<tr>
<td>Other income</td>
<td>3,408</td>
<td>25</td>
<td>64</td>
<td>438</td>
<td>201</td>
</tr>
<tr>
<td>Employee expenses</td>
<td>(18,795)</td>
<td>(827)</td>
<td>(939)</td>
<td>(4,274)</td>
<td>(999)</td>
</tr>
<tr>
<td>Non pay costs</td>
<td>(12,459)</td>
<td>(358)</td>
<td>(409)</td>
<td>(1,552)</td>
<td>(776)</td>
</tr>
</tbody>
</table>

Control total basis surplus/(deficit) including STF  

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>(1,458)</td>
</tr>
</tbody>
</table>

Control total basis surplus / (deficit) %  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance to plan</td>
<td>(4.9%)</td>
</tr>
</tbody>
</table>

- The quarter 2 position for the provider sector recorded a year-to-date deficit of £1,151 million against a plan of £1,008 million and was therefore £143 million over plan. This represents a worsening of the position since Q1 when the sector was £30 million over plan. The variance for the year to date has arisen principally due to overspends on both employee costs and non-pay costs of £256 million and £70 million respectively. The shortfall of £59 million on other income is offset by a positive £62 million variance on patient care income.

- The net overspending is almost wholly attributable to the acute sector with £1,458 million of the deficit before adjustments and uncommitted STF, occurring in this sector. There was also a £24 million overspend in the specialist sector offset by small underspends in mental health, ambulance and community trusts.

- Analysis at Q2 confirmed some of the emerging themes previously reported. The largest reasons cited by trusts were delays in, or failure to achieve efficiency savings, non-elective volume changes and pressures relating to workforce including agency and contract staffing. Significant areas of non-pay overspending included education, training and research as well as inflationary cost pressures.

- 87 providers reported an adverse year-to-date variance to plan at Q2, an increase from 67 at Q1. This included 26 trusts who reported adverse variances of more than £5 million (10 trusts at Q1). Trusts are forecasting that the position will improve by the financial year end with 63 trusts forecasting to be overspent against plan of which 16 are forecast to be over by more than £5 million.

- The reported sector financial position also included £292 million of uncommitted Sustainability and Transformation Fund (STF). The STF was introduced in 2016/17 and has been successful in supporting trusts provide sustainable, efficient, effective and economic care. Based on year-to-date performance, trusts have included £338 million of STF in the reported year-to-date position.
## 2.3 Income analysis

<table>
<thead>
<tr>
<th>6 months ended 30 September 2017</th>
<th>Year to Date Plan £m</th>
<th>Date Plan £m</th>
<th>Month 6 2017/18 Actual £m</th>
<th>Variance to plan £m</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective income</td>
<td>4,672</td>
<td>4,548</td>
<td>(124)</td>
<td>(2.7%)</td>
<td></td>
</tr>
<tr>
<td>Non-elective income</td>
<td>6,890</td>
<td>7,016</td>
<td>126</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>First outpatient income</td>
<td>1,834</td>
<td>1,812</td>
<td>(22)</td>
<td>(1.2%)</td>
<td></td>
</tr>
<tr>
<td>Follow up outpatient income</td>
<td>2,182</td>
<td>2,090</td>
<td>(92)</td>
<td>(4.2%)</td>
<td></td>
</tr>
<tr>
<td>A&amp;E income</td>
<td>1,131</td>
<td>1,147</td>
<td>16</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>High cost drugs income from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>commissioners (excluding pass-through costs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other NHS clinical income</td>
<td>7,146</td>
<td>7,407</td>
<td>261</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Acute services</td>
<td>25,949</td>
<td>26,135</td>
<td>186</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Mental Health services</td>
<td>4,243</td>
<td>4,259</td>
<td>16</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>Ambulance services</td>
<td>1,170</td>
<td>1,159</td>
<td>(11)</td>
<td>(0.9%)</td>
<td></td>
</tr>
<tr>
<td>Community services</td>
<td>3,537</td>
<td>3,570</td>
<td>33</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>829</td>
<td>667</td>
<td>(162)</td>
<td>(19.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total income from patient care activities</strong></td>
<td><strong>35,728</strong></td>
<td><strong>35,790</strong></td>
<td><strong>62</strong></td>
<td><strong>0.2%</strong></td>
<td></td>
</tr>
<tr>
<td>Research and development</td>
<td>502</td>
<td>494</td>
<td>(8)</td>
<td>(1.6%)</td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td>1,279</td>
<td>1,312</td>
<td>33</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>Charitable and other contributions to expenditure</td>
<td>29</td>
<td>31</td>
<td>2</td>
<td>6.9%</td>
<td></td>
</tr>
<tr>
<td>Non-patient care services provided</td>
<td>565</td>
<td>624</td>
<td>59</td>
<td>10.4%</td>
<td></td>
</tr>
<tr>
<td>Support from DH for mergers</td>
<td>39</td>
<td>40</td>
<td>1</td>
<td>2.6%</td>
<td></td>
</tr>
<tr>
<td>Sustainability and transformation fund (STF)</td>
<td>470</td>
<td>338</td>
<td>(132)</td>
<td>(28.1%)</td>
<td></td>
</tr>
<tr>
<td>Recharged Pay costs accounted on a gross basis</td>
<td>63</td>
<td>75</td>
<td>12</td>
<td>19.0%</td>
<td></td>
</tr>
<tr>
<td>Lease rentals received</td>
<td>69</td>
<td>33</td>
<td>(36)</td>
<td>(52.2%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1,179</td>
<td>1,189</td>
<td>10</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Total other income</strong></td>
<td>4,195</td>
<td>4,136</td>
<td>(59)</td>
<td>(1.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>39,923</td>
<td>39,926</td>
<td>3</td>
<td>0.01%</td>
<td></td>
</tr>
</tbody>
</table>

- Total income for the first two quarters of the financial year was broadly on plan, the sector reported a £3 million favourable variance. This is an improvement compared with the £55 million income deficit reported at Q1. Patient care income (including pass through drugs and devices) was £62 million better than plan at Q2, whilst the sector under-recovered on non patient care by £59 million.
- Within these overall year-to-date movements, the sector recovered more income than planned on non-elective income (£126 million), other NHS clinical income (£261 million), education and training (£33 million) and non-patient care services (£59 million). These were offset by a significant under recovery on elective income (£124 million), follow up outpatient income (£92 million), STF (£132 million) and other income (£162 million).
- Changes in the national tariff payment system alongside the new payment currency (HRG4+) appears to have had an impact on elective income, first outpatient and outpatient follow up income. The majority of income in these categories (86 % overall) is based on national tariff. The new tariff system is designed to incentivise a move to more efficient models of care.
- Non-elective income is above plan by 1.8%, which confirms the continued operational pressure in this area. Non elective activity is paid for at a marginal rate and has crowded out planned elective work and also resulted in lost productivity. This reduction in income also has a serious knock on effect where it results in a trusts failing to achieve their plan and they also lose access to STF funding.
- Trusts are forecasting to improve the position by the financial year end and are forecasting an over recovery against planned income levels of £195 million. This is made up of £305 million on patient care offset by a forecast under recovery of £109 million on non patient care. At Q2 the total income of the sector is 49% of the forecast outturn. This is very similar to the position in 2016/17 when trusts subsequently increased average monthly income levels in the second half of the year.
2.4 Employee expenses - Pay costs

<table>
<thead>
<tr>
<th>6 months ended 30 September 2017</th>
<th>Year to Date Month 6 2017/18</th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Medical staff</td>
<td></td>
<td>6,295</td>
<td>6,512</td>
<td>(217)</td>
</tr>
<tr>
<td>Nursing staff</td>
<td></td>
<td>10,075</td>
<td>10,141</td>
<td>(66)</td>
</tr>
<tr>
<td>Other staff</td>
<td></td>
<td>9,208</td>
<td>9,181</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total employee expenses</strong></td>
<td></td>
<td><strong>25,578</strong></td>
<td><strong>25,834</strong></td>
<td><strong>(256)</strong></td>
</tr>
</tbody>
</table>

Of which

- Bank
  - Plan: 1,020
  - Actual: 1,427
  - Variance: (407) (39.9%)

- Agency ceiling performance
  - Plan: 1,272
  - Actual: 1,194
  - Variance: 78 (6.1%)

<table>
<thead>
<tr>
<th>6 months ended 30 September 2017</th>
<th>Forecast outturn 2017/18</th>
<th>Plan</th>
<th>Forecast</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Medical staff</td>
<td></td>
<td>12,506</td>
<td>12,770</td>
<td>(264)</td>
</tr>
<tr>
<td>Nursing staff</td>
<td></td>
<td>20,026</td>
<td>20,144</td>
<td>(118)</td>
</tr>
<tr>
<td>Other staff</td>
<td></td>
<td>18,286</td>
<td>18,333</td>
<td>(47)</td>
</tr>
<tr>
<td><strong>Total employee expenses</strong></td>
<td></td>
<td><strong>50,818</strong></td>
<td><strong>51,247</strong></td>
<td><strong>(429)</strong></td>
</tr>
</tbody>
</table>

Of which

- Bank
  - Plan: 1,998
  - Actual: 2,631
  - Variance: (633) (31.7%)

- Agency ceiling performance
  - Plan: 2,500
  - Actual: 2,251
  - Variance: 249 (10.0%)

- NHS trusts employ almost 1.1 million WTE (whole time equivalent) 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.

- Total pay costs for the first two quarters of the year were £256 million worse than plan, this was driven by adverse variances of £217 million (3.4%) on medical staff and £66 million (0.7%) on nursing staff. The bulk of the overspending took place in the acute and mental health sectors with respective overspends of £245 million and £38 million at Q2. In contrast to prior years, the year to date overspend was reflected in the use of bank staff which was £407 million above plan at Q2. 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. All regions are reporting overspends on staff costs at Q2 with the Midlands & East (£102 million) and the North (£114 million) being the highest.

- Trusts forecast the year end outturn to be £51.2 billion representing an overspend against plan of £429 million and a deterioration since quarter 1 of £271 million. In order to meet the year end forecast outturn, trusts will need to reduce average monthly pay expenditure by £70 million to £4,236 million. This is in line with the expenditure last year when pay efficiencies increased in the second half of the year.

- The Q2 figures show a continued reduction in the reliance on agency staff which has in part been achieved by moving agency workers and shifts into more cost-effective bank and substantive roles. This trend is set to continue to the year end with a forecast adverse variance against a very ambitious bank spend of £633 million, offset partially by the £249 million forecast underspend on agency.

- Overall the Q2 total spend for temporary staff (bank and agency) was £2,621 million, a decrease of £119 million or 4.3% on the same period in 2016/17.
2.5 Agency ceiling performance

<table>
<thead>
<tr>
<th>Agency ceiling performance</th>
<th>Year to Date Month 6 2017/18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Agency ceiling performance</td>
<td>1,272</td>
<td>1,194</td>
</tr>
<tr>
<td>Agency costs as a % of total pay costs</td>
<td>5.0%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency ceiling performance</th>
<th>Provider Forecast outturn 2017/18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan</td>
<td>Forecast</td>
</tr>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Agency ceiling performance</td>
<td>2,500</td>
<td>2,251</td>
</tr>
<tr>
<td>Agency costs as a % of total pay costs</td>
<td>4.9%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency breakdown</th>
<th>Year to Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sep-16</td>
<td>Sep-17</td>
</tr>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Medical staff</td>
<td>531</td>
<td>471</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>593</td>
<td>457</td>
</tr>
<tr>
<td>Other Staff</td>
<td>390</td>
<td>266</td>
</tr>
<tr>
<td>Total</td>
<td>1,514</td>
<td>1,194</td>
</tr>
</tbody>
</table>

- NHS Improvement has established agency ceilings for all trusts. This work commenced in 2015/16 for nursing staff and has now been expanded to all staff groups.

- Agency costs have continued to decrease significantly following the initiatives undertaken by NHS Improvement and action taken by providers over the last two years.

- At Q2, the positive variance has risen to £78 million from the £9 million reported at Q1. This represents a 6.1% underspend against the planned ceiling (1.5% at Q1). In overall terms, this is £320 million or 21% lower than the same year to date period in 16/17.

- In aggregate, agency spend as a percentage of the total NHS provider pay bill has fallen from 5.0% included in plans to 4.6% at Q2 and a further fall to 4.4% is anticipated by the financial year end by providers. Overall, providers are forecasting to underspend by £249 million this year. Based on the reported figures to date, this will be a challenging forecast that will require continued month on month reductions for the remainder of the year. Given known pressures on this position a risk adjusted most likely forecast outturn would be closer to the ceiling of £2.5bn, although the sector is on track to deliver the agency expenditure for the year within this ceiling.

- Agency costs have decreased considerably in all staff categories when compared to the levels last year. The largest fall is in other staff which has fallen by 31.8%, this is driven by a significant fall in the administrative and estates staff group amounting to 44.7%. There have also been significant reductions in nursing staff and medical and dental staff, which fell by 22.9% and 11.3% respectively.

- 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 achieved in this area of significant spend.
### 2.6 Non-pay cost pressures

**6 months ended 30 September 2017 by sectors**

<table>
<thead>
<tr>
<th></th>
<th>Year to Date Month 6 2017/18</th>
<th>Forecast outturn 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan £m</td>
<td>Actual £m</td>
</tr>
<tr>
<td>Purchase of healthcare from other providers</td>
<td>850</td>
<td>939</td>
</tr>
<tr>
<td>Purchase of social care</td>
<td>106</td>
<td>113</td>
</tr>
<tr>
<td>Drugs costs</td>
<td>3,568</td>
<td>3,551</td>
</tr>
<tr>
<td>Clinical supplies and services – (excluding drugs costs)</td>
<td>3,324</td>
<td>3,385</td>
</tr>
<tr>
<td>General supplies and services</td>
<td>831</td>
<td>808</td>
</tr>
<tr>
<td>Clinical negligence insurance</td>
<td>976</td>
<td>977</td>
</tr>
<tr>
<td>Consultancy</td>
<td>84</td>
<td>119</td>
</tr>
<tr>
<td>Establishment</td>
<td>471</td>
<td>485</td>
</tr>
<tr>
<td>Premises</td>
<td>1,505</td>
<td>1,542</td>
</tr>
<tr>
<td>Other non pay items</td>
<td>3,769</td>
<td>3,635</td>
</tr>
<tr>
<td><strong>Total non pay</strong></td>
<td><strong>15,484</strong></td>
<td><strong>15,554</strong></td>
</tr>
</tbody>
</table>

**6 months ended 30 September 2017**

<table>
<thead>
<tr>
<th></th>
<th>Year to Date</th>
<th>Forecast outturn 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan £m</td>
<td>Actual £m</td>
</tr>
<tr>
<td>Financial sanctions including penalties</td>
<td>(72)</td>
<td>(131)</td>
</tr>
<tr>
<td>Sanctions reinvested</td>
<td>38</td>
<td>70</td>
</tr>
<tr>
<td><strong>Sub-total: Financial sanctions</strong></td>
<td>(34)</td>
<td>(61)</td>
</tr>
<tr>
<td>Marginal rate emergency tariff impact</td>
<td>(140)</td>
<td>(293)</td>
</tr>
<tr>
<td>MRET reinvested</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td><strong>Sub-total: MRET</strong></td>
<td>(133)</td>
<td>(272)</td>
</tr>
<tr>
<td>Readmissions</td>
<td>(127)</td>
<td>(252)</td>
</tr>
<tr>
<td>Readmissions reinvested</td>
<td>22</td>
<td>47</td>
</tr>
<tr>
<td><strong>Sub-total: Readmissions</strong></td>
<td>(105)</td>
<td>(205)</td>
</tr>
<tr>
<td>Delayed transfers of care (DToC) - expenditure incurred on blocked capacity</td>
<td>(80)</td>
<td>(156)</td>
</tr>
<tr>
<td>DToC - reimbursement from Local Authorities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sub-total: Delayed transfers of care</strong></td>
<td>(80)</td>
<td>(155)</td>
</tr>
<tr>
<td>Waiting list initiative work</td>
<td>(72)</td>
<td>(136)</td>
</tr>
<tr>
<td>Outsourcing of work to other providers</td>
<td>(102)</td>
<td>(209)</td>
</tr>
</tbody>
</table>

- Non pay expenditure has moved from a £28 million underspend against plan at Q1 to a £70 million overspend at Q2. The largest area of overspending £89 million, is on the purchase of healthcare from other providers, of which £62 million was for purchases from non NHS bodies indicating that capacity constraints continue to be an issue. There was also overspending on clinical supplies and services £61 million above plan and consultancy costs were £35 million (41.7%) higher than plan due to trusts seeking external support. Establishment and premises costs overspent by £51 million. These overspends were in part offset by an underspend on other non operating items of £134 million (which includes depreciation underspends and asset disposals). Trusts have cited inflationary cost increases as a key contributor to the overall financial pressures. Trusts are forecasting a year end overspend on non pay of £120 million (0.4%)

- Changes brought in last year by NHS England and NHS Improvement have replaced national sanctions, which are levied by commissioners, with trust specific incentives. This has had a significant impact on the level of national sanctions and in 2016/17 this reduced to £99 million net and trusts are forecasting that this level will continue to fall, to £61 million in 2017/18.

- Trusts continue to forecast that overall spending on waiting list initiatives (WLI) and outsourcing will fall from last year’s level of £590 million. At Q2, trusts had spent £72 million on WLI and £102 million on outsourcing. The full year forecasts of £136 million and £209 million respectively represent an overall decrease of £245 million on 2016/17, when £209 million was spent on WLI and £381 million on outsourcing. This area continues to be the subject of detailed scrutiny by NHS Improvement.

- In 2017, the government allocated £1 billion extra funding to social care. Part of this will be used to reduce the volume of delayed transfers of care which should help to free up beds at acute trusts. However, providers in aggregate do not expect that the annual costs associated with blocked capacity will fall significantly this year and year-to-date costs were only slightly less when compared to the same period last year. This is a concern as delivery of the financial plan depends on achieving a number of key assumptions around risk management, agreed activity levels and availability of beds.
1.257
3.4%

The

1,426
2,878
315
3,371

The

(15%)

4.3%

111

The

(210)

1,315
3,686
90%

Providers

(12%)

NHS

2.9%

167%

4.1%

NHS

Efficiencies as a % of Spend

Total efficiency savings

Recurrent

Non Recurrent

Total efficiency savings

Efficiencies as a % of Spend

<table>
<thead>
<tr>
<th>6 months ended 30 September 2017</th>
<th>Year to Date Month 6 2017/18</th>
<th>Forecast outturn 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Recurrent</td>
<td>1,315</td>
<td>961</td>
</tr>
<tr>
<td>Non Recurrent</td>
<td>111</td>
<td>296</td>
</tr>
<tr>
<td>Total efficiency savings</td>
<td>1,426</td>
<td>1,257</td>
</tr>
<tr>
<td>Efficiencies as a % of Spend</td>
<td>3.4%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

• For the first two quarters of the year, trusts have delivered efficiency savings through cost improvement programmes (CIPs) that have reduced total operating costs by £1.26 billion (or 2.9%). This has built on the £520 million (or 2.5%) already reported at Q1. Although significant, the efficiencies achieved continue to be behind plan, by £169 million (12%). The percentage variance is an improvement compared with £102 million (16%) at Q1.

• The largest under-delivery continues to be pay cost savings which was £134 million (or 20%) behind plan. Trusts are forecasting that by the year end, the adverse variance on pay CIPs will rise to £290 million. The overall shortfall on non-pay savings was £56 million (or 10%) and there was a small surplus on income generation schemes of £16 million (or 8%).

• The data at Q2 shows a continuation of the trend identified at Q1 whereby under-performance against recurrent CIPs is being partly compensated by a significant increase in non-recurrent CIPs. Trusts had planned to deliver £1,315 million (or 92%) of their year-to-date efficiencies through recurrent schemes. At Q2 only £961 million (or 76%) of the identified savings were from recurrent sources. By contrast savings from non-recurrent schemes has risen from £111 million (or 8%) at plan to £296 million (or 24%) at Q2.

• The efficiency savings that have come about as a result of the Lord Carter recommendations regarding workforce productivity, resource optimisation and benchmarking (model hospital) amounted to £538 million or 42% of the total Q2 efficiency savings. The forecast for the year end is that Carter efficiencies will account for £1.4 billion (or 41%) of the overall savings.

• Providers have set out plans to deliver a total of £3.7 billion savings this financial year. The current forecast suggests that providers may fall short of this target by £210 million. To achieve the current forecast saving outturn of £3.5 billion, providers need to identify detailed schemes for a further £178 million in the remainder of the year. At Q2 the sector has only achieved 36% of the forecast efficiency savings for the year, in order to meet the forecast outturn, trusts will need to significantly step up the delivery of CIPs in the remaining months. There is some historic evidence to suggest increased delivery in the second half of the year. In 2016/17, 61% of the savings were delivered in last two quarters.

• NHS Improvement continues to work with providers through the provision of national and technical forums designed to share best practice
### 2.8 Capital expenditure

#### 6 months ended 30 September 2017 by sector

<table>
<thead>
<tr>
<th></th>
<th>Year to Date</th>
<th>Month 6 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan £m</td>
<td>Actual £m</td>
</tr>
<tr>
<td>Acute</td>
<td>1,406</td>
<td>798</td>
</tr>
<tr>
<td>Ambulance</td>
<td>48</td>
<td>24</td>
</tr>
<tr>
<td>Community</td>
<td>35</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health</td>
<td>224</td>
<td>129</td>
</tr>
<tr>
<td>Specialist</td>
<td>172</td>
<td>114</td>
</tr>
<tr>
<td><strong>Total CDEL</strong></td>
<td><strong>1,885</strong></td>
<td><strong>1,079</strong></td>
</tr>
</tbody>
</table>

#### 6 months ended 30 September 2017 by sector

<table>
<thead>
<tr>
<th></th>
<th>Plan £m</th>
<th>Forecast outturn 2017/18</th>
<th>Variance to plan £m</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Forecast £m</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actual £m</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variance to plan £m</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>3,345</td>
<td>3,062</td>
<td>283</td>
<td>8.5%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>125</td>
<td>108</td>
<td>17</td>
<td>13.6%</td>
</tr>
<tr>
<td>Community</td>
<td>76</td>
<td>70</td>
<td>6</td>
<td>7.9%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>455</td>
<td>443</td>
<td>12</td>
<td>2.6%</td>
</tr>
<tr>
<td>Specialist</td>
<td>331</td>
<td>257</td>
<td>74</td>
<td>22.4%</td>
</tr>
<tr>
<td><strong>Total CDEL</strong></td>
<td><strong>4,332</strong></td>
<td><strong>3,940</strong></td>
<td><strong>392</strong></td>
<td><strong>9.0%</strong></td>
</tr>
</tbody>
</table>

#### Forecast outturn at M6 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Foundation Trust £m</th>
<th>NHS Trust £m</th>
<th>Total £m</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fcast £m</td>
<td>Fcast £m</td>
<td>Fcast £m</td>
</tr>
<tr>
<td>Gross capital expenditure</td>
<td>2,832</td>
<td>1,428</td>
<td>4,260</td>
</tr>
<tr>
<td>Disposals / other deductions</td>
<td>(135)</td>
<td>(7)</td>
<td>(142)</td>
</tr>
<tr>
<td><strong>Net Capital expenditure</strong></td>
<td><strong>2,697</strong></td>
<td><strong>1,421</strong></td>
<td><strong>4,118</strong></td>
</tr>
<tr>
<td>Less donations and grants received</td>
<td>(128)</td>
<td>(40)</td>
<td>(168)</td>
</tr>
<tr>
<td>Less PFI capital (IFRIC12)</td>
<td>(84)</td>
<td>(73)</td>
<td>(157)</td>
</tr>
<tr>
<td>Plus PFI residual interest</td>
<td>80</td>
<td>80</td>
<td>160</td>
</tr>
<tr>
<td>Purchase of financial assets</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sale of financial assets</td>
<td>4</td>
<td>(19)</td>
<td>(15)</td>
</tr>
<tr>
<td><strong>Total CDEL</strong></td>
<td><strong>2,570</strong></td>
<td><strong>1,370</strong></td>
<td><strong>3,940</strong></td>
</tr>
</tbody>
</table>

- The latest provider plan submissions included Capital Departmental Expenditure Limit (CDEL) expenditure of £4.332 billion in 2017/18.
- The forecast CDEL expenditure at Month 6 is £3.940 billion, an underspend against plan of £392 million.
- Discussions between the Department of Health and NHS Improvement to establish the level of capital resource available to the provider sector in 2017/18 remain ongoing, although initial indications are that this could be set at £2.9 billion, a significant shortfall on plans.
- In 2016/17 providers spent £2.94 billion in CDEL terms. This exceeded the level of capital resource available to the provider sector in 2016/17 by £0.2 billion.
- Historically NHS providers over estimate capital spend at plan stage and therefore NHS Improvement has developed its own 'likely' estimate of provider capital spend of £3.4 billion (before GP and A&E streaming funding). This estimate is based on the assumption that providers will spend funding that has already been approved or committed.
- At the 30 September 2017 providers had spent £1,079 million on capital schemes, which was £806 million below plan. The year-to-date spend represents 27% of providers own forecasts at this stage of the year.
- NHS foundation trusts are forecasting CDEL expenditure of £2.570 billion (or 65% of the total forecast). NHS trusts are forecasting £1.370 billion (representing 35% of the total sector forecast).
2.9 Year-end financial position

In 2016/17, after allowing for the impact of the £1.8 billion Sustainability and Transformation Fund (STF), the sector had to deliver £3.1bn of cost improvements to reduce the annual deficit to £791m (from £2.5 billion in 2015/16). The scale of this challenge reflected the 2% year-on-year efficiency requirement reflected in tariff prices, additional inflationary pressures and the need to repeat savings achieved non-recurrently in the previous year. Building on last year’s success, NHS Improvement is supporting trusts in further improving productivity and in reinforcing the tighter financial controls introduced last year. We have introduced a new set of trust control totals, setting out the minimum level of improvement expected in financial positions for 2017/18, and linked (as last year) to the renewed £1.8 billion STF. At Q2, a total of 210 out of 233 providers (90% of the total) had accepted their individual control totals, this is an increase of four from the position reported at Q1. We are also working with NHS England and shadow Accountable Care Systems to develop system financial controls that will develop a collective approach to managing financial risk across all the NHS commissioners and providers in a local health economy.

- Plans submitted indicate a total sector planned deficit of £496 million for 2017/18 with the support of £1.8 billion STF. At Q2, providers forecast to end the year with an aggregate deficit of £623 million, £127 million worse than planned. This is a deterioration of £100 million from the £523 million forecast deficit reported at Q1.

- Our regional teams continue to provide direct support to all providers in an effort to identify and deliver any upside opportunities and mitigate any downside risks, to ensure that the plans stay on track. In addition, ten of the most financially challenged trusts will continue to receive intensive support through the Special Measures programme. Since Special Measures was introduced, three trusts have demonstrated significant financial improvement and exited the regime including one trust during Q2 (North Bristol NHS Trust). Furthermore, a total of 38 trusts have received targeted support through Financial Improvement Programmes which is now in its second wave.

- This year, the £1.8 billion STF has been renewed. Similar to last year’s arrangements, providers that signed up to their control totals are eligible for this fund, but receiving the fund will depend on achieving the financial control totals and meeting the performance plans set out for the urgent and emergency care standard. The fund is allocated primarily to trusts providing acute emergency care who face greater financial and operational challenges, but also includes elements of funding to support non-acute services, thereby supporting the overall sustainability of the provider sector.
3.0 Financial Performance by Providers
## 3.1 Financial performance by providers – London

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Control Total Basis Surplus Deficit Including STF</th>
<th>Sustainability &amp; Transformation Fund (STF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Total Basis Surplus Deficit Including STF</td>
<td>Year to date</td>
<td>Forecast Outturn</td>
</tr>
<tr>
<td>YTD Plan</td>
<td>YTD Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Barking, Havering and Redbridge University Hospitals NHS Trust</td>
<td>YES</td>
<td>127</td>
</tr>
<tr>
<td>Barts Health NHS Trust</td>
<td>YES</td>
<td>(52,821)</td>
</tr>
<tr>
<td>Chelsea and Westminster Hospital NHS Foundation Trust</td>
<td>YES</td>
<td>316</td>
</tr>
<tr>
<td>Croydon Health Services NHS Trust</td>
<td>YES</td>
<td>(11,088)</td>
</tr>
<tr>
<td>Epsom and St Helier University Hospitals NHS Trust</td>
<td>YES</td>
<td>(18,848)</td>
</tr>
<tr>
<td>Guy’s and St Thomas’ NHS Foundation Trust</td>
<td>YES</td>
<td>1,381</td>
</tr>
<tr>
<td>The Hillingdon Hospitals NHS Foundation Trust</td>
<td>NO</td>
<td>(7,449)</td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>YES</td>
<td>677</td>
</tr>
<tr>
<td>Imperial College Healthcare NHS Trust</td>
<td>Yes</td>
<td>(15,913)</td>
</tr>
<tr>
<td>King’s College Hospital NHS Foundation Trust</td>
<td>NO</td>
<td>(29,297)</td>
</tr>
<tr>
<td>Kingston Hospital NHS Foundation Trust</td>
<td>YES</td>
<td>(1,247)</td>
</tr>
<tr>
<td>Lewisham and Greenwich NHS Trust</td>
<td>YES</td>
<td>(14,685)</td>
</tr>
<tr>
<td>North Middlesex University Hospital NHS Trust</td>
<td>NO</td>
<td>(12,828)</td>
</tr>
<tr>
<td>London North West Healthcare NHS Trust</td>
<td>YES</td>
<td>(35,141)</td>
</tr>
<tr>
<td>Royal Free London NHS Foundation Trust</td>
<td>YES</td>
<td>(28,559)</td>
</tr>
<tr>
<td>St George’s University Hospitals NHS Foundation Trust</td>
<td>NO</td>
<td>(35,941)</td>
</tr>
<tr>
<td>University College London Hospitals NHS Foundation Trust</td>
<td>YES</td>
<td>3,303</td>
</tr>
<tr>
<td>The Whittington Hospital NHS Trust</td>
<td>YES</td>
<td>(1,180)</td>
</tr>
<tr>
<td>London Ambulance Service NHS Trust</td>
<td>YES</td>
<td>(4,264)</td>
</tr>
<tr>
<td>Central London Community Healthcare NHS Trust</td>
<td>YES</td>
<td>1,704</td>
</tr>
<tr>
<td>Hounslow and Richmond Community Healthcare NHS Trust</td>
<td>YES</td>
<td>1,103</td>
</tr>
<tr>
<td>Barnet, Enfield And Haringey Mental Health NHS Trust</td>
<td>YES</td>
<td>(4,450)</td>
</tr>
<tr>
<td>Camden and Islington NHS Foundation Trust</td>
<td>YES</td>
<td>966</td>
</tr>
<tr>
<td>Central and North West London NHS Foundation Trust</td>
<td>YES</td>
<td>(3,843)</td>
</tr>
<tr>
<td>East London NHS Foundation Trust</td>
<td>YES</td>
<td>2,467</td>
</tr>
<tr>
<td>North East London NHS Foundation Trust</td>
<td>YES</td>
<td>1,360</td>
</tr>
<tr>
<td>Oxleas NHS Foundation Trust</td>
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## 3.2 Financial performance by providers – Midlands and East

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**Year to date**

- **Control Total Basis Surplus Deficit Including STF**
- **Forecast Outturn**
- **Sustainability & Transformation Fund (STF)**
## 3.2 Financial performance by providers – Midlands and East (2/2)

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<td>(1,516)</td>
<td>(22)</td>
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<td>11,003</td>
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<td>(4,532)</td>
<td>(720)</td>
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| Midlands and East Total                           |                           | (422,190) | (502,958) | (80,766) | (527,314) | (657,884) | (130,569) | 372,703 | 88,564 | 301,143 |
### 3.3 Financial performance by providers – North (1/2)

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Control Total Basis Surplus Deficit Including STF</th>
<th>Sustainability &amp; Transformation Fund (STF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>STF Allocated</td>
<td>FOT Plan</td>
</tr>
<tr>
<td></td>
<td>YTD Plan (YTD Actual Variance)</td>
<td>FOT Variance</td>
</tr>
<tr>
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<td>Yes</td>
<td>Accepted?</td>
</tr>
<tr>
<td></td>
<td>(CT) Accepted?</td>
<td>YTD Plan</td>
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<table>
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<th>Provider Name</th>
<th>Control Total Basis Surplus Deficit Including STF</th>
<th>Sustainability &amp; Transformation Fund (STF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STF Allocated</td>
<td>FOT Plan</td>
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<td></td>
<td>YTD Plan (YTD Actual Variance)</td>
<td>FOT Variance</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Accepted?</td>
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<td>(CT) Accepted?</td>
<td>YTD Plan</td>
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<table>
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<th>Provider Name</th>
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<th>Sustainability &amp; Transformation Fund (STF)</th>
</tr>
</thead>
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<td></td>
<td>STF Allocated</td>
<td>FOT Plan</td>
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<td></td>
<td>YTD Plan (YTD Actual Variance)</td>
<td>FOT Variance</td>
</tr>
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<td>Yes</td>
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3.3 Financial performance by providers – North (2/2)

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<th>Year to date</th>
<th>Forecast Outturn</th>
<th>Sustainability &amp; Transformation Fund (STF)</th>
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<tr>
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### 3.4 Financial performance by providers – South (1/2)

<table>
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<tbody>
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<td>YTD Actual</td>
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## 3.4 Financial performance by providers – South (2/2)

<table>
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<th>Provider Name</th>
<th>Control Total (CT) Accepted</th>
<th>YTD Plan</th>
<th>YTD Actual</th>
<th>Variance</th>
<th>FOT Plan</th>
<th>FOT</th>
<th>Variance</th>
<th>STF Allocated (In Plan only if accepted CT)</th>
<th>YTD Actual</th>
<th>FOT</th>
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<td>14</td>
<td>642</td>
<td>224</td>
<td>642</td>
</tr>
<tr>
<td>Southern Health NHS Foundation Trust</td>
<td>YES</td>
<td>171</td>
<td>194</td>
<td>23</td>
<td>2,865</td>
<td>2,865</td>
<td>0</td>
<td>2,908</td>
<td>1,018</td>
<td>2,908</td>
</tr>
<tr>
<td>Kent and Medway NHS and Social Care Partnership Trust</td>
<td>YES</td>
<td>(2,118)</td>
<td>(2,036)</td>
<td>82</td>
<td>(2,834)</td>
<td>(2,834)</td>
<td>0</td>
<td>1,100</td>
<td>385</td>
<td>1,100</td>
</tr>
<tr>
<td>Oxford Health NHS Foundation Trust</td>
<td>YES</td>
<td>(528)</td>
<td>(263)</td>
<td>265</td>
<td>1,895</td>
<td>1,895</td>
<td>0</td>
<td>1,931</td>
<td>676</td>
<td>1,931</td>
</tr>
<tr>
<td>Somerset Partnership NHS Foundation Trust</td>
<td>YES</td>
<td>895</td>
<td>895</td>
<td>0</td>
<td>2,893</td>
<td>2,893</td>
<td>0</td>
<td>1,638</td>
<td>574</td>
<td>1,638</td>
</tr>
<tr>
<td>Surrey and Borders Partnership NHS Foundation Trust</td>
<td>YES</td>
<td>905</td>
<td>(610)</td>
<td>(1,515)</td>
<td>2,521</td>
<td>2,521</td>
<td>0</td>
<td>915</td>
<td>137</td>
<td>915</td>
</tr>
<tr>
<td>Sussex Partnership NHS Foundation Trust</td>
<td>YES</td>
<td>2,193</td>
<td>(1,107)</td>
<td>(3,300)</td>
<td>4,968</td>
<td>(4,968)</td>
<td>0</td>
<td>1,482</td>
<td>0</td>
<td>1,482</td>
</tr>
<tr>
<td>The Queen Victoria Hospital NHS Foundation Trust</td>
<td>YES</td>
<td>1,211</td>
<td>1,212</td>
<td>1</td>
<td>1,716</td>
<td>1,716</td>
<td>0</td>
<td>942</td>
<td>329</td>
<td>942</td>
</tr>
<tr>
<td><strong>South Total</strong></td>
<td></td>
<td>(148,193)</td>
<td>(188,411)</td>
<td>(40,215)</td>
<td>29,533</td>
<td>(51,419)</td>
<td>(80,952)</td>
<td>324,565</td>
<td>91,116</td>
<td>286,349</td>
</tr>
<tr>
<td><strong>Total for All Regions</strong></td>
<td></td>
<td>(1,138,839)</td>
<td>(1,462,392)</td>
<td>(323,551)</td>
<td>(831,067)</td>
<td>(1,183,586)</td>
<td>(352,519)</td>
<td>1,357,314</td>
<td>338,050</td>
<td>1,194,907</td>
</tr>
</tbody>
</table>

Source: NHS Improvement
4.0 Operational Performance by Providers
### 4.1 Best and worst operational performance (1/3)

**A&E 4-hour standard – ten best and worst performing trusts during Q2 2017/18 - acute trusts only**

<table>
<thead>
<tr>
<th>Best performing trusts</th>
<th>Total attendances</th>
<th>4-hour breaches</th>
<th>Q2 2017/18 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luton and Dunstable University Hospital NHS Foundation Trust</td>
<td>36,919</td>
<td>474</td>
<td>98.72%</td>
</tr>
<tr>
<td>Dorset County Hospital NHS Foundation Trust</td>
<td>25,471</td>
<td>442</td>
<td>98.26%</td>
</tr>
<tr>
<td>Sheffield Children's NHS Foundation Trust</td>
<td>13,017</td>
<td>241</td>
<td>98.15%</td>
</tr>
<tr>
<td>Yeovil District Hospital NHS Foundation Trust</td>
<td>12,340</td>
<td>256</td>
<td>97.93%</td>
</tr>
<tr>
<td>North Tees and Hartlepool NHS Foundation Trust</td>
<td>39,301</td>
<td>930</td>
<td>97.63%</td>
</tr>
<tr>
<td>South Tees Hospitals NHS Foundation Trust</td>
<td>38,145</td>
<td>1,289</td>
<td>96.62%</td>
</tr>
<tr>
<td>South Tyneside NHS Foundation Trust</td>
<td>17,351</td>
<td>622</td>
<td>96.42%</td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>30,169</td>
<td>1,083</td>
<td>96.41%</td>
</tr>
<tr>
<td>Harrogate and District NHS Foundation Trust</td>
<td>15,153</td>
<td>609</td>
<td>95.98%</td>
</tr>
<tr>
<td>Gateshead Health NHS Foundation Trust</td>
<td>29,496</td>
<td>1,337</td>
<td>95.47%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worst performing trusts</th>
<th>Total attendances</th>
<th>4-hour breaches</th>
<th>Q2 2017/18 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Kent Hospitals University NHS Foundation Trust</td>
<td>53,215</td>
<td>15,863</td>
<td>70.19%</td>
</tr>
<tr>
<td>The Princess Alexandra Hospital NHS Trust</td>
<td>25,243</td>
<td>6,853</td>
<td>72.85%</td>
</tr>
<tr>
<td>North Bristol NHS Trust</td>
<td>22,029</td>
<td>5,227</td>
<td>76.27%</td>
</tr>
<tr>
<td>Portsmouth Hospitals NHS Trust</td>
<td>37,147</td>
<td>8,704</td>
<td>76.57%</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>39,006</td>
<td>8,795</td>
<td>77.45%</td>
</tr>
<tr>
<td>Shrewsbury And Telford Hospital NHS Trust</td>
<td>33,187</td>
<td>7,415</td>
<td>77.66%</td>
</tr>
<tr>
<td>University Hospitals of North Midlands NHS Trust</td>
<td>62,033</td>
<td>12,990</td>
<td>79.06%</td>
</tr>
<tr>
<td>Stockport NHS Foundation Trust</td>
<td>24,519</td>
<td>4,907</td>
<td>79.99%</td>
</tr>
<tr>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
<td>31,357</td>
<td>5,942</td>
<td>81.05%</td>
</tr>
<tr>
<td>Walsall Healthcare NHS Trust</td>
<td>28,734</td>
<td>5,372</td>
<td>81.30%</td>
</tr>
</tbody>
</table>
### 4.1 Best and worst operational performance (2/3)

**RTT 18-week – ten best and worst performing trusts at end of Q2 2017/18 - acute and specialist trusts only**

<table>
<thead>
<tr>
<th>Best performing trusts</th>
<th>Waiting list</th>
<th>0-18 week waiters</th>
<th>Q2 17/18 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancashire Care NHS Foundation Trust</td>
<td>273</td>
<td>273</td>
<td>100.00%</td>
</tr>
<tr>
<td>The Christie NHS Foundation Trust</td>
<td>1,592</td>
<td>1,572</td>
<td>98.74%</td>
</tr>
<tr>
<td>The Royal Marsden NHS Foundation Trust</td>
<td>2,228</td>
<td>2,166</td>
<td>97.22%</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
<td>12,289</td>
<td>11,920</td>
<td>97.00%</td>
</tr>
<tr>
<td>The Clatterbridge Cancer Centre NHS Foundation Trust</td>
<td>458</td>
<td>442</td>
<td>96.51%</td>
</tr>
<tr>
<td>South Tyneside NHS Foundation Trust</td>
<td>3,922</td>
<td>3,781</td>
<td>96.40%</td>
</tr>
<tr>
<td>The Walton Centre NHS Foundation Trust</td>
<td>7,735</td>
<td>7,440</td>
<td>96.19%</td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>18,108</td>
<td>17,416</td>
<td>96.18%</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS Foundation Trust</td>
<td>40,836</td>
<td>39,098</td>
<td>95.74%</td>
</tr>
<tr>
<td>The Rotherham NHS Foundation Trust</td>
<td>12,361</td>
<td>11,794</td>
<td>95.41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worst performing trusts</th>
<th>Waiting list</th>
<th>0-18 week waiters</th>
<th>Q2 17/18 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Lincolnshire and Goole NHS Foundation Trust</td>
<td>29,973</td>
<td>21,833</td>
<td>72.84%</td>
</tr>
<tr>
<td>King’s College Hospital NHS Foundation Trust</td>
<td>79,113</td>
<td>61,364</td>
<td>77.57%</td>
</tr>
<tr>
<td>Wye Valley NHS Trust</td>
<td>14,248</td>
<td>11,135</td>
<td>78.15%</td>
</tr>
<tr>
<td>University Hospitals of North Midlands NHS Trust</td>
<td>50,268</td>
<td>39,745</td>
<td>79.07%</td>
</tr>
<tr>
<td>Colchester Hospital University NHS Foundation Trust</td>
<td>22,710</td>
<td>18,193</td>
<td>80.11%</td>
</tr>
<tr>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
<td>22,432</td>
<td>18,040</td>
<td>80.42%</td>
</tr>
<tr>
<td>Kettering General Hospital NHS Foundation Trust</td>
<td>21,529</td>
<td>17,344</td>
<td>80.56%</td>
</tr>
<tr>
<td>Mid Essex Hospital Services NHS Trust</td>
<td>46,130</td>
<td>37,274</td>
<td>80.80%</td>
</tr>
<tr>
<td>George Eliot Hospital NHS Trust</td>
<td>12,067</td>
<td>9,837</td>
<td>81.52%</td>
</tr>
<tr>
<td>East Kent Hospitals University NHS Foundation Trust</td>
<td>54,744</td>
<td>44,650</td>
<td>81.56%</td>
</tr>
</tbody>
</table>
### 4.1 Best and worst operational performance (3/3)

**Cancer 62-day standard – ten best and worst performing trusts in Q2 2017/18 - acute and specialist trusts only**

**Best performing trusts**

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Number treated</th>
<th>Within 62 days</th>
<th>Q2 17/18 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside NHS Foundation Trust</td>
<td>14</td>
<td>14</td>
<td>100.00%</td>
</tr>
<tr>
<td>Liverpool Heart and Chest Hospital NHS Foundation Trust</td>
<td>34</td>
<td>33</td>
<td>95.59%</td>
</tr>
<tr>
<td>Barnsley Hospital NHS Foundation Trust</td>
<td>113</td>
<td>107</td>
<td>95.11%</td>
</tr>
<tr>
<td>Wrightington, Wigan and Leigh NHS Foundation Trust</td>
<td>164</td>
<td>156</td>
<td>94.82%</td>
</tr>
<tr>
<td>Frimley Health NHS Foundation Trust</td>
<td>378</td>
<td>356</td>
<td>94.30%</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
<td>164</td>
<td>154</td>
<td>93.88%</td>
</tr>
<tr>
<td>Kingston Hospital NHS Foundation Trust</td>
<td>153</td>
<td>143</td>
<td>93.77%</td>
</tr>
<tr>
<td>East Cheshire NHS Trust</td>
<td>95</td>
<td>89</td>
<td>93.65%</td>
</tr>
<tr>
<td>Tameside Hospital NHS Foundation Trust</td>
<td>125</td>
<td>116</td>
<td>92.77%</td>
</tr>
<tr>
<td>Isle of Wight NHS Trust</td>
<td>152</td>
<td>124</td>
<td>81.85%</td>
</tr>
</tbody>
</table>

**Worst performing trusts**

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Number treated</th>
<th>Within 62 days</th>
<th>Q2 17/18 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clatterbridge Cancer Centre NHS Foundation Trust</td>
<td>158</td>
<td>88</td>
<td>55.38%</td>
</tr>
<tr>
<td>Royal Brompton and Harefield NHS Foundation Trust</td>
<td>18</td>
<td>11</td>
<td>62.86%</td>
</tr>
<tr>
<td>University Hospitals Birmingham NHS Foundation Trust</td>
<td>279</td>
<td>183</td>
<td>65.41%</td>
</tr>
<tr>
<td>Guy's and St Thomas' NHS Foundation Trust</td>
<td>394</td>
<td>261</td>
<td>66.20%</td>
</tr>
<tr>
<td>University College London Hospitals NHS Foundation Trust</td>
<td>230</td>
<td>156</td>
<td>67.76%</td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>467</td>
<td>322</td>
<td>68.95%</td>
</tr>
<tr>
<td>The Christie NHS Foundation Trust</td>
<td>245</td>
<td>170</td>
<td>69.18%</td>
</tr>
<tr>
<td>Colchester Hospital University NHS Foundation Trust</td>
<td>301</td>
<td>212</td>
<td>70.38%</td>
</tr>
<tr>
<td>Queen Victoria Hospital NHS Foundation Trust</td>
<td>71</td>
<td>51</td>
<td>71.13%</td>
</tr>
<tr>
<td>East And North Hertfordshire NHS Trust</td>
<td>365</td>
<td>262</td>
<td>71.64%</td>
</tr>
</tbody>
</table>

* Trusts with 10 or fewer patients treated have not been included in this analysis
## 4.2 Operational performance by providers - London

<table>
<thead>
<tr>
<th>ORGANISATION</th>
<th>A&amp;E (95%)</th>
<th>RTT Incomplete (92%)</th>
<th>RTT 52 weeks</th>
<th>Diagnostics (&lt;1.00%)</th>
<th>Cancer 62 days - GP referral (85%)</th>
<th>Cancer 2 weeks - GP referral (93%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
<th>C.Diff cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking, Havering And Redbridge University Hospitals NHS Trust</td>
<td>87.08%</td>
<td>91.49%</td>
<td>15</td>
<td>0.30%</td>
<td>87.81%</td>
<td>96.65%</td>
<td>97.09%</td>
<td>98.76%</td>
<td>3</td>
</tr>
<tr>
<td>Barts Health NHS Trust</td>
<td>87.87%</td>
<td>96.48%</td>
<td>0</td>
<td>0.00%</td>
<td>85.08%</td>
<td>97.94%</td>
<td>99.42%</td>
<td>99.18%</td>
<td>22</td>
</tr>
<tr>
<td>Central and North West London NHS Foundation Trust</td>
<td>99.23%</td>
<td>100.00%</td>
<td>0</td>
<td>0.00%</td>
<td>86.65%</td>
<td>96.17%</td>
<td>97.96%</td>
<td>100.00%</td>
<td>0</td>
</tr>
<tr>
<td>Chelsea and Westminster Hospital NHS Foundation Trust</td>
<td>94.80%</td>
<td>90.93%</td>
<td>0</td>
<td>0.53%</td>
<td>87.17%</td>
<td>92.22%</td>
<td>94.50%</td>
<td>100.00%</td>
<td>4</td>
</tr>
<tr>
<td>Croydon Health Services NHS Trust</td>
<td>89.74%</td>
<td>91.60%</td>
<td>0</td>
<td>0.11%</td>
<td>87.57%</td>
<td>95.82%</td>
<td>98.40%</td>
<td>98.45%</td>
<td>3</td>
</tr>
<tr>
<td>Epsom And St Helier University Hospitals NHS Trust</td>
<td>94.83%</td>
<td>89.06%</td>
<td>1</td>
<td>0.67%</td>
<td>86.65%</td>
<td>96.17%</td>
<td>97.96%</td>
<td>100.00%</td>
<td>8</td>
</tr>
<tr>
<td>Great Ormond Street Hospital for Children NHS Foundation Trust</td>
<td>89.67%</td>
<td>86.27%</td>
<td>2</td>
<td>1.99%</td>
<td>100.00%</td>
<td>99.94%</td>
<td>99.86%</td>
<td>99.86%</td>
<td>3</td>
</tr>
<tr>
<td>Guy's and St Thomas' NHS Foundation Trust</td>
<td>88.54%</td>
<td>85.28%</td>
<td>16</td>
<td>1.93%</td>
<td>66.20%</td>
<td>94.93%</td>
<td>97.88%</td>
<td>93.46%</td>
<td>10</td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>96.41%</td>
<td>96.18%</td>
<td>0</td>
<td>0.00%</td>
<td>80.15%</td>
<td>95.10%</td>
<td>97.57%</td>
<td>100.00%</td>
<td>4</td>
</tr>
<tr>
<td>Hounslow and Richmond Community Healthcare NHS Trust</td>
<td>99.94%</td>
<td>100.00%</td>
<td>0</td>
<td>0.00%</td>
<td>86.40%</td>
<td>93.75%</td>
<td>95.92%</td>
<td>98.15%</td>
<td>10</td>
</tr>
<tr>
<td>Imperial College Healthcare NHS Trust</td>
<td>88.76%</td>
<td>81.78%</td>
<td>439</td>
<td>4.86%</td>
<td>86.40%</td>
<td>93.75%</td>
<td>95.92%</td>
<td>98.15%</td>
<td>10</td>
</tr>
<tr>
<td>Kingston Hospital NHS Foundation Trust</td>
<td>92.01%</td>
<td>93.69%</td>
<td>0</td>
<td>0.47%</td>
<td>93.77%</td>
<td>98.56%</td>
<td>98.85%</td>
<td>99.59%</td>
<td>3</td>
</tr>
<tr>
<td>Lewisham and Greenwich NHS Trust</td>
<td>91.39%</td>
<td>89.76%</td>
<td>0</td>
<td>0.50%</td>
<td>74.53%</td>
<td>94.63%</td>
<td>98.11%</td>
<td>98.44%</td>
<td>1</td>
</tr>
<tr>
<td>London North West Healthcare NHS Trust</td>
<td>85.11%</td>
<td>88.45%</td>
<td>2</td>
<td>0.33%</td>
<td>81.73%</td>
<td>93.51%</td>
<td>94.47%</td>
<td>96.84%</td>
<td>12</td>
</tr>
<tr>
<td>Moorfields Eye Hospital NHS Foundation Trust</td>
<td>98.72%</td>
<td>95.31%</td>
<td>0</td>
<td>0.00%</td>
<td>100.00%</td>
<td>97.73%</td>
<td>99.99%</td>
<td>100.00%</td>
<td>0</td>
</tr>
<tr>
<td>North East London NHS Foundation Trust</td>
<td>99.58%</td>
<td>100.00%</td>
<td>0</td>
<td>0.00%</td>
<td>80.15%</td>
<td>95.10%</td>
<td>97.57%</td>
<td>100.00%</td>
<td>0</td>
</tr>
<tr>
<td>North Middlesex University Hospital NHS Trust</td>
<td>82.67%</td>
<td>94.44%</td>
<td>0</td>
<td>0.65%</td>
<td>80.49%</td>
<td>94.15%</td>
<td>96.00%</td>
<td>97.41%</td>
<td>7</td>
</tr>
<tr>
<td>Royal Brompton and Harefield NHS Foundation Trust</td>
<td>92.39%</td>
<td>93.29%</td>
<td>1</td>
<td>0.00%</td>
<td>62.86%</td>
<td>100.00%</td>
<td>98.89%</td>
<td>98.89%</td>
<td>7</td>
</tr>
<tr>
<td>Royal Free London NHS Foundation Trust</td>
<td>86.37%</td>
<td>87.40%</td>
<td>30</td>
<td>1.56%</td>
<td>79.58%</td>
<td>93.27%</td>
<td>93.78%</td>
<td>96.85%</td>
<td>24</td>
</tr>
<tr>
<td>Royal National Orthopaedic Hospital NHS Trust</td>
<td>90.30%</td>
<td>93.29%</td>
<td>1</td>
<td>0.29%</td>
<td>76.19%</td>
<td>93.33%</td>
<td>99.99%</td>
<td>100.00%</td>
<td>4</td>
</tr>
<tr>
<td>South West London and ST George's Mental Health NHS Trust</td>
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## 4.2 Operational performance by providers – Midlands and East (1/2)

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<th>RTT 52 weeks</th>
<th>Diagnostics (&lt;1.00%)</th>
<th>Cancer 62 days - GP referral (85%)</th>
<th>Cancer 2 weeks - GP referral (93%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
<th>C.Diff cases</th>
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4.2 Operational performance by providers – Midlands and East (2/2)

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<th>Diagnostics (&lt;1.00%)</th>
<th>Cancer 62 days - GP referral (85%)</th>
<th>Cancer 2 weeks - GP referral (93%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
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Midlands and East 87.28% 88.32% 470 1.56% 80.75% 93.61% 94.46% 97.38% 358
## 4.2 Operational performance by providers – North (1/2)

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<th>Cancer 2 weeks - GP referral (93%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
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## 4.2 Operational performance by providers – North (2/2)

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<th>Cancer 62 days - GP referral (85%)</th>
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<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
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## 4.2 Operational performance by providers – South (1/2)

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<th>ORGANISATION</th>
<th>A&amp;E (95%)</th>
<th>RTT Incomplete (92%)</th>
<th>RTT 52 weeks</th>
<th>Diagnostics (&lt;1.00%)</th>
<th>Cancer 62 days - GP referral (85%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
<th>C.Diff cases</th>
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<td>98.85%</td>
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### 4.2 Operational performance by providers – South (2/2)

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<th>RTT Incomplete (92%)</th>
<th>RTT 52 weeks</th>
<th>Diagnostics (&lt;1.00%)</th>
<th>Cancer 62 days - GP referral (85%)</th>
<th>Cancer 2 weeks - GP referral (93%)</th>
<th>Cancer 2 weeks - breast symptoms</th>
<th>Cancer 31 days - GP referral (96%)</th>
<th>C.Diff cases</th>
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<td>90.24%</td>
<td>96.91%</td>
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<td>89.20%</td>
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<td>98.26%</td>
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<td>87.59%</td>
<td>97.21%</td>
<td>100.00%</td>
<td>97.26%</td>
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<td>67.09%</td>
<td>52.88%</td>
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<td>93.24%</td>
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<td>97.30%</td>
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<td>93.26%</td>
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### 4.2 Operational performance by providers – Ambulance

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<th>Cat A Red 2 (75%)</th>
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<td>69.83%</td>
<td>90.13%</td>
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<td>72.57%</td>
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4.3 Operational performance by delivery boards – A&E (1/9)

The performance shown below cover all providers, including independent service providers.

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<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
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<td>62,959</td>
<td>8,580</td>
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<tr>
<td>Badger Ltd</td>
<td>7,936</td>
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<tr>
<td>Birmingham Wic</td>
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<td>-</td>
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<td>Erdington GP Health &amp; Wellbeing Wic</td>
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<td>28,904</td>
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<td>6,805</td>
<td>83.2%</td>
</tr>
<tr>
<td>Brighton And Sussex University Hospitals NHS Trust</td>
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## 4.3 Operational performance by delivery boards – A&E (2/9)

<table>
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<tr>
<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
</tr>
</thead>
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<tr>
<td>Bristol, North Somerset, South Gloucestershire (Bnssg) A&amp;E Delivery Board</td>
<td>89,701</td>
<td>9,430</td>
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<td>Bristol Community Health</td>
<td>13,951</td>
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<tr>
<td>Clevedon Hospital</td>
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<td>100.0%</td>
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<td>North Bristol NHS Trust</td>
<td>22,029</td>
<td>5,227</td>
<td>76.3%</td>
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<tr>
<td>Paulton Memorial Hospital</td>
<td>2,178</td>
<td>8</td>
<td>99.6%</td>
</tr>
<tr>
<td>University Hospitals Bristol NHS Foundation Trust</td>
<td>32,472</td>
<td>2,965</td>
<td>90.9%</td>
</tr>
<tr>
<td>Weston Area Health NHS Trust</td>
<td>11,546</td>
<td>1,197</td>
<td>89.6%</td>
</tr>
<tr>
<td>Yate West Gate Centre</td>
<td>4,308</td>
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<tr>
<td><strong>Bromley A&amp;E Delivery Board</strong></td>
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<td><strong>2</strong></td>
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<td>28,642</td>
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<td><strong>Buckinghamshire A&amp;E Delivery Board</strong></td>
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<td><strong>4,390</strong></td>
<td><strong>87.9%</strong></td>
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<td>87.9%</td>
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<td><strong>2,766</strong></td>
<td><strong>94.3%</strong></td>
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<tr>
<td>Calderdale And Huddersfield NHS Foundation Trust</td>
<td>38,057</td>
<td>2,766</td>
<td>92.7%</td>
</tr>
<tr>
<td>Local Care Direct Ooh</td>
<td>9,393</td>
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<td>100.0%</td>
</tr>
<tr>
<td>Park Community Practice</td>
<td>1,341</td>
<td>0</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Cambridge &amp; Ely A&amp;E Delivery Board</strong></td>
<td><strong>39,055</strong></td>
<td><strong>2,603</strong></td>
<td><strong>93.3%</strong></td>
</tr>
<tr>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td>39,055</td>
<td>2,603</td>
<td>93.3%</td>
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<tr>
<td><strong>Camden A&amp;E Delivery Board</strong></td>
<td><strong>33,885</strong></td>
<td><strong>3,947</strong></td>
<td><strong>88.4%</strong></td>
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<tr>
<td>University College London Hospitals NHS Foundation Trust</td>
<td>33,885</td>
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<td>88.4%</td>
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<tr>
<td><strong>Central Cheshire A&amp;E Delivery Board</strong></td>
<td><strong>21,731</strong></td>
<td><strong>1,320</strong></td>
<td><strong>93.9%</strong></td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Foundation Trust</td>
<td>21,731</td>
<td>1,320</td>
<td>93.9%</td>
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<tr>
<td><strong>Central Lancashire A&amp;E Delivery Board</strong></td>
<td><strong>36,659</strong></td>
<td><strong>5,236</strong></td>
<td><strong>85.7%</strong></td>
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<tr>
<td>Lancashire Teaching Hospitals NHS Foundation Trust</td>
<td>36,659</td>
<td>5,236</td>
<td>85.7%</td>
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<tr>
<td><strong>Central Norfolk A&amp;E Delivery Board</strong></td>
<td><strong>51,322</strong></td>
<td><strong>4,576</strong></td>
<td><strong>91.1%</strong></td>
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<tr>
<td>Norfolk And Norwich University Hospitals NHS Foundation Trust</td>
<td>33,744</td>
<td>4,576</td>
<td>86.4%</td>
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<td>Norwich Practices Ltd (Castle Mall)</td>
<td>17,578</td>
<td>0</td>
<td>100.0%</td>
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<td><strong>Chelwest A&amp;E Delivery Board</strong></td>
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<td><strong>4,192</strong></td>
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<td>Central London Community Healthcare NHS Trust</td>
<td>53,194</td>
<td>411</td>
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<td>Chelsea And Westminster Hospital NHS Foundation Trust</td>
<td>72,776</td>
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<tr>
<td><strong>City &amp; Hackney Health And Social Care Transformation A&amp;E Delivery Board</strong></td>
<td><strong>42,478</strong></td>
<td><strong>1,083</strong></td>
<td><strong>97.5%</strong></td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>30,169</td>
<td>1,083</td>
<td>96.4%</td>
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<tr>
<td>Orient Practice</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>St Andrews Walk-In Centre</td>
<td>5,341</td>
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<td>The Barkantine Practice</td>
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<td>6</td>
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<tr>
<td>Royal Cornwall Hospitals NHS Trust</td>
<td>58,157</td>
<td>5,418</td>
<td>90.7%</td>
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## 4.3 Operational performance by delivery boards – A&E (3/9)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coventry &amp; Rugby A&amp;E Delivery Board</strong></td>
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<td>-</td>
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<td>Coventry NHS Healthcare Ctr</td>
<td>0</td>
<td>0</td>
<td>-</td>
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<tr>
<td>NHS Coventry Healthcare &amp; Wic</td>
<td>10,915</td>
<td>0</td>
<td>100.0%</td>
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<tr>
<td>University Hospitals Coventry And Warwickshire NHS Trust</td>
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<td>89.7%</td>
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<tr>
<td>Edridge Road Community Health Centre</td>
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<td>-</td>
</tr>
<tr>
<td>Parkway Miu</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Purley Miu</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Devon A&amp;E Delivery Board</strong></td>
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<td>Okehampton Medical Centre</td>
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<td>Plymouth Hospitals NHS Trust</td>
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<td>87.9%</td>
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<td>Royal Devon And Exeter NHS Foundation Trust</td>
<td>28,832</td>
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<td>South Western Ambulance Service NHS Foundation Trust</td>
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<td>Dorset Healthcare University NHS Foundation Trust</td>
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<td>0</td>
<td>-</td>
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<tr>
<td>Poole Hospital NHS Foundation Trust</td>
<td>22,616</td>
<td>1,700</td>
<td>92.5%</td>
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<tr>
<td>The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust</td>
<td>24,832</td>
<td>1,552</td>
<td>93.8%</td>
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<tr>
<td>The Dudley Group NHS Foundation Trust</td>
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<td>4,799</td>
<td>88.0%</td>
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<td>2,583</td>
<td>95.2%</td>
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<td><strong>East &amp; North Hertfordshire A&amp;E Delivery Board</strong></td>
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<td>Haverstock Healthcare (Cheshunt Community Hospital)</td>
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<td>2,640</td>
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<tr>
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<td>91.9%</td>
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### 4.3 Operational performance by delivery boards – A&E (4/9)

<table>
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<tr>
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<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
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<tr>
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<td>3,700</td>
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<td>28,374</td>
<td>393</td>
<td>98.6%</td>
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<td>1,681</td>
<td>86.9%</td>
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<td>East Cheshire NHS Trust</td>
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<td>1,681</td>
<td>86.9%</td>
</tr>
<tr>
<td>Epsom St Helier A&amp;E Delivery Board</td>
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<td>1,966</td>
<td>94.8%</td>
</tr>
<tr>
<td>Epsom And St Helier University Hospitals NHS Trust</td>
<td>38,014</td>
<td>1,966</td>
<td>94.8%</td>
</tr>
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<td>Essex Success Regime A&amp;E Delivery Board</td>
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<td>Southend University Hospital NHS Foundation Trust</td>
<td>25,253</td>
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<td>90.1%</td>
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<td>Flyde Coast A&amp;E Delivery Board</td>
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<td>8,942</td>
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<td>Blackpool Teaching Hospitals NHS Foundation Trust</td>
<td>51,709</td>
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<td>Gateshead &amp; Newcastle A&amp;E Delivery Board</td>
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<td>Gateshead Health NHS Foundation Trust</td>
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<td>95.5%</td>
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<tr>
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<td>41,202</td>
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</tr>
<tr>
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### Operational performance by delivery boards – A&E (5/9)

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<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
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<tr>
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<tr>
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<td>91.2%</td>
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<tr>
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<td>24,620</td>
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<td>The Whittington Hospital NHS Trust</td>
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</tr>
<tr>
<td>Hounslow And Richmond Community Healthcare NHS Trust</td>
<td>14,166</td>
<td>8</td>
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<td>Kingston Hospital NHS Foundation Trust</td>
<td>28,994</td>
<td>2,318</td>
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<td><strong>Lambeth &amp; Southwark A&amp;E Delivery Board</strong></td>
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<td>Guy's And St Thomas' NHS Foundation Trust</td>
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<tr>
<td>King's College Hospital NHS Foundation Trust</td>
<td>71,021</td>
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<tr>
<td>The Junction Hc - Unregistered Patients</td>
<td>9,731</td>
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<td>Lcd-Leeds-Ooh</td>
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<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
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## 4.3 Operational performance by delivery boards – A&E (6/9)

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<tr>
<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leicester, Leicestershire &amp; Rutland A&amp;E Delivery Board</strong></td>
<td>95,639</td>
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<td>89.2%</td>
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<td>Latham House Medical Practice</td>
<td>1,173</td>
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<td>7,906</td>
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<td>1,056</td>
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<td>Market Harborough Urgent Care Centre</td>
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<td>Melton Mowbray Urgent Care Centre</td>
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<td>10</td>
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<td>Shakespeare Walk-in Centre</td>
<td>8,523</td>
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<tr>
<td>Ssafa Care Walk-in-centre</td>
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<td>474</td>
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<td><strong>Manchester City-Wide Urgent Care Transformation And Delivery Board</strong></td>
<td>100,234</td>
<td>7,771</td>
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<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Manchester University NHS Foundation Trust</td>
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<td>7,771</td>
<td>92.2%</td>
</tr>
<tr>
<td>The Christie NHS Foundation Trust</td>
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<td>0</td>
<td>-</td>
</tr>
<tr>
<td>University Hospital Of South Manchester NHS Foundation Trust</td>
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<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Medway &amp; Swale A&amp;E Delivery Board</strong></td>
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<td>Medway NHS Foundation Trust</td>
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<td>86.7%</td>
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<td>32,556</td>
<td>2,373</td>
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<td>Mid Yorkshire Hospitals NHS Trust</td>
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<td>2,410</td>
<td>93.4%</td>
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4.3 Operational performance by delivery boards – A&E (7/9)

<table>
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<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
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<td>79.1%</td>
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<tr>
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<td>12,990</td>
<td>79.1%</td>
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<tr>
<td>North Tees A&amp;E Delivery Board</td>
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<td>930</td>
<td>97.6%</td>
</tr>
<tr>
<td>North Tees And Hartlepool NHS Foundation Trust</td>
<td>39,301</td>
<td>930</td>
<td>97.6%</td>
</tr>
<tr>
<td>North Tyneside And Northumberland A&amp;E Delivery Board</td>
<td>50,752</td>
<td>2,448</td>
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</tr>
<tr>
<td>Northumbria Healthcare NHS Foundation Trust</td>
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<td>2,448</td>
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</tr>
<tr>
<td>Northern Derbyshire A&amp;E Delivery Board</td>
<td>37,853</td>
<td>1,474</td>
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</tr>
<tr>
<td>Chesterfield Royal Hospital NHS Foundation Trust</td>
<td>21,075</td>
<td>1,466</td>
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</tr>
<tr>
<td>Derbyshire Community Health Services NHS Foundation Trust</td>
<td>16,778</td>
<td>18</td>
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</tr>
<tr>
<td>Nw Surrey A&amp;E Delivery Board</td>
<td>39,481</td>
<td>2,697</td>
<td>93.2%</td>
</tr>
<tr>
<td>Ashford And St Peter's Hospitals NHS Foundation Trust</td>
<td>29,277</td>
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<tr>
<td>Ashford Health Centre</td>
<td>0</td>
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<td>-</td>
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<td>Ashford Walk-in Centre</td>
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<td>Oxford University Hospitals NHS Foundation Trust</td>
<td>38,344</td>
<td>6,630</td>
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</table>
### 4.3 Operational performance by delivery boards – A&E (8/9)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennie Lancashire A&amp;E Delivery Board</td>
<td>62,680</td>
<td>7,581</td>
<td>87.9%</td>
</tr>
<tr>
<td>East Lancashire Hospitals NHS Trust</td>
<td>51,033</td>
<td>7,581</td>
<td>85.1%</td>
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<tr>
<td>Lindley House Health Centre</td>
<td>11,647</td>
<td>0</td>
<td>100.0%</td>
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<tr>
<td>Peterborough, Stamford &amp; Hinchingbrooke A&amp;E Delivery Board</td>
<td>37,338</td>
<td>4,986</td>
<td>86.6%</td>
</tr>
<tr>
<td>Hinchingbrooke Health Care NHS Trust</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Peterborough And Stamford Hospitals NHS Foundation Trust</td>
<td>37,338</td>
<td>4,986</td>
<td>86.6%</td>
</tr>
<tr>
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<td>50,998</td>
<td>8,765</td>
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<tr>
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<tr>
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<td>81.8%</td>
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<tr>
<td>Care Uk NHS Rotherham Diagnostic Centre</td>
<td>0</td>
<td>0</td>
<td>-</td>
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<tr>
<td>The Rotherham NHS Foundation Trust</td>
<td>24,467</td>
<td>4,465</td>
<td>81.8%</td>
</tr>
<tr>
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<td>25,404</td>
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<tr>
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<td>91.3%</td>
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<tr>
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<tr>
<td>Summerfield GP Surg &amp; Urgent Care Centre</td>
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<tr>
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<tr>
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<td>241</td>
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<tr>
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<td>52,363</td>
<td>4,760</td>
<td>90.9%</td>
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<td>30,008</td>
<td>3,440</td>
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<td>622</td>
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<td>951</td>
<td>94.9%</td>
</tr>
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<td>951</td>
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</tr>
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<tr>
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<td>3,415</td>
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<tr>
<td>University Hospital Southampton NHS Foundation Trust</td>
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<td>91.4%</td>
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<td>80.0%</td>
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<td>4,907</td>
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4.3 Operational performance by delivery boards – A&E (9/9)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Attendances</th>
<th>Breaches</th>
<th>A&amp;E 4 hour Performance</th>
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</thead>
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<td>57,960</td>
<td>2,369</td>
<td>95.9%</td>
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<td>Sunderland GP Out Of Hours</td>
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<td>440</td>
<td>97.7%</td>
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<td>1,481</td>
<td>94.4%</td>
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<tr>
<td>Haslemere Minor Injuries Unit</td>
<td>2,134</td>
<td>14</td>
<td>99.3%</td>
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<tr>
<td>Surrey And Sussex Healthcare NHS Trust</td>
<td>24,544</td>
<td>1,467</td>
<td>94.0%</td>
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<td>Weybridge Walk In Centre</td>
<td>0</td>
<td>0</td>
<td>-</td>
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<td>Carfax Health Enterprise</td>
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<tr>
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<td>4,536</td>
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<td>93.4%</td>
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<tr>
<td>Tameside And Glossop Integrated Care NHS Foundation Trust</td>
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<td>2,319</td>
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<td>4,275</td>
<td>89.9%</td>
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<td>Warwickshire North A&amp;E Delivery Board</td>
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<td>1,620</td>
<td>92.0%</td>
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<td>George Eliot Hospital NHS Trust</td>
<td>20,255</td>
<td>1,620</td>
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<td>14,360</td>
<td>87.9%</td>
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<td>Barts Health NHS Trust</td>
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<td>14,360</td>
<td>87.9%</td>
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<td>63,670</td>
<td>8,906</td>
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<td>Countess Of Chester Hospital NHS Foundation Trust</td>
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<td>2,885</td>
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<td>79</td>
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<td>25,243</td>
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<td>West Kent A&amp;E Delivery Board</td>
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<td>West Norfolk A&amp;E Delivery Board</td>
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<td>1,829</td>
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<tr>
<td>The Queen Elizabeth Hospital, King’s Lynn, NHS Foundation Trust</td>
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<td>1,829</td>
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<td>West Suffolk NHS Foundation Trust</td>
<td>17,698</td>
<td>1,674</td>
<td>90.5%</td>
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<tr>
<td>Cumbria Partnership NHS Foundation Trust</td>
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<tr>
<td>Workington Health Limited</td>
<td>1,525</td>
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<tr>
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<tr>
<td>Wightington, Wigan And Leigh NHS Foundation Trust</td>
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<td>86.1%</td>
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<tr>
<td>Wiltshire A&amp;E Delivery Board</td>
<td>16,941</td>
<td>901</td>
<td>94.7%</td>
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<td>Salisbury NHS Foundation Trust</td>
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<td>Salisbury Walk-In Hc</td>
<td>4,205</td>
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<td>100.0%</td>
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<tr>
<td>Wolverhampton A&amp;E Delivery Board</td>
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<td>Worcestershire Health And Care NHS Trust</td>
<td>0</td>
<td>0</td>
<td>-</td>
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<tr>
<td>York And Scarborough A&amp;E Delivery Board</td>
<td>50,551</td>
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<td>York Teaching Hospital NHS Foundation Trust</td>
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5.0 Timetable of future publications
<table>
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<th>Date</th>
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<td>Quarter 2</td>
<td>16 Nov 2017</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>19 Feb 2018</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>21 May 2018</td>
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End notes and glossary
### End notes

1. All financial information in this report is based on unaudited monitoring returns from 233 licensed NHS trusts and NHS foundation trusts operating as at 30 September 2017. Those licensed providers include 153 NHS foundation trusts (FTs) and 80 NHS Trusts (non-FTs).

2. Surplus/(deficit) control total basis are 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. As at September 2017, a total of 210 providers have signed up to their control totals, this is based on the returns submitted for quarter 2.

5. 159 trusts reported performance against the A&E target in period Q2 2017/18.

6. 185 trusts reported against RTT incomplete pathway targets in period to Q2 2017/18. The admitted and non-admitted targets were removed in September 2015.

<table>
<thead>
<tr>
<th>Glossary (1/2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A&amp;E</strong></td>
</tr>
<tr>
<td><strong>A&amp;E standard</strong></td>
</tr>
</tbody>
</table>
| **Ambulance standard** | Red 1 calls - these are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction.  
Red 2 calls - these are serious but less immediately time-critical, and cover conditions such as stroke and fits.  
Cat A calls - the number of Category A calls (Red 1 and Red 2) resulting in an ambulance arriving at the scene of the incident within 19 minutes. |
<p>| <strong>Admitted patient</strong> | A patient who is formally admitted to a hospital for treatment. This includes admission that is not overnight, ie day cases. |
| <strong>Cancer waiting-time targets</strong> | 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. |
| <strong>CCG</strong> | Clinical commissioning group |
| <strong>CIP</strong> | Cost improvement programme - usually planned cost reduction programme to improve the productivity and streamline operational structures to provide efficient, effective services. |
| <strong>Cost weighted activity growth rate</strong> | The cost weighted activity is calculated by applying individual cost weights based on average reference costs to elective inpatient, non-elective inpatient, A&amp;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. |
| <strong>CQC</strong> | 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. |
| <strong>Day case</strong> | A patient who is admitted and treated without staying overnight, eg for day surgery. |
| <strong>DH</strong> | Department of Health, the government department responsible for the NHS. |
| <strong>DToC</strong> | 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. |
| <strong>Elective patient</strong> | Elective surgery or procedure is scheduled in advance because it does not involve a medical emergency. |
| <strong>High cost drugs</strong> | 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. |
| <strong>HMT</strong> | Her Majesty’s Treasury, the government department that fulfils the function of a ministry of finance. |</p>
<table>
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<th>Glossary (2/2)</th>
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<td><strong>PFI</strong></td>
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<td><strong>PPE</strong></td>
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<tr>
<td><strong>Surplus or deficits</strong></td>
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<td><strong>STF</strong></td>
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<tr>
<td><strong>Waiting times</strong></td>
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