

Airedale NHS Foundation Trust

Council of Governors: 1 November 2018

Title: Finance Report for the Council of Governors for the Period Ending 30 September 2018

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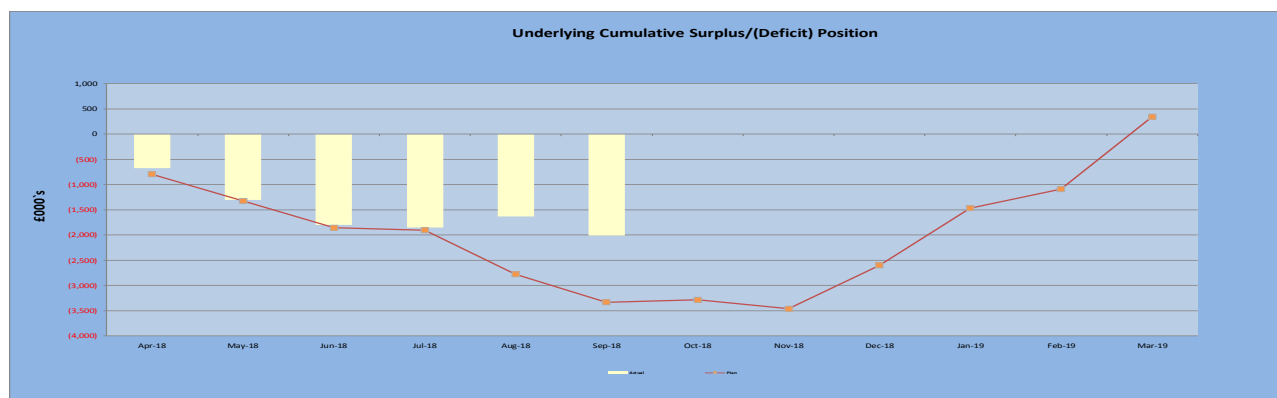
**Action required by the Council of Governors**

To receive and note the financial report and associated appendices.

## FINANCE REPORT FOR THE BOARD OF DIRECTORS FOR THE PERIOD ENDING 30 SEPTEMBER 2018

### Financial Performance Summary

Area of Review	Key Highlights	Year to date Monitor Financial		
		Sept Plan	Sept Actual	Q2 Plan
Liquidity Ratio	The liquidity ratio shows that working capital (cash + debtors - creditors) is in line with plan.	1	1	1
Capital Service Capacity	Capital Service Capacity looks at the level of debt we are required to service, i.e. PDC expense, interest on loans, and other finance costs, against the level of revenue we are generating to determine whether we can continue to service that debt. Capital Service Capacity is in line with plan.	4	3	4
I&E Margin	I&E Margin looks at the return the Trust makes on its activities. It is in line with plan	4	4	4
I&E Variance from Plan	I&E Variance from plan looks at the planned I&E margin and compares this to the actual position. It is ahead of Plan.	2	1	2
Agency Spend	Agency Spend is monitored in relation to the cumulative agency cap given to the Trust by NHSI. Expenditure is currently £152k above YTD than the maximum level allowed by the cap.	1	2	1
Weighted Average Use of Resource (UOR Metric)	Overall the Financial Risk Rating is in line with plan The key risks to this are CIP shortfall, unachievement of income, and increased Medical and Nursing Agency costs.	3	3	3
Cash Balance £'000	Cash was £17.6m at the end of September, which is ahead of plan.	5,977	9,624	5,977
Right Care & Tactical CIP £'000	In August CIP achieved is £4,048k against a target of £2,071k.	2,071	4,048	2,071
EBITDA £'000	EBITDA is £1,669k against a plan of £813k, £856k ahead of plan.	813	1,669	813



## Income and Expenditure

### Summary/Overview

The underlying consolidated position at the end of September is a deficit of £2,010k which is £1,322k better than plan.

The Trust is also subject to achieving a control total with NHSI. The control total excludes donated assets and includes PSF funding, therefore will be different to the underlying position. At the end of September the control total position is a deficit of £905k, £716k better than plan. Due to delivery of the plan, PSF related to financial performance is included in full. The performance element is not included which amounts to £503k. The overall PSF included in the position is £1,172k.

The table below shows the summary performance:

	Sep-18	Year to date	
	Budget	Actual	Variance
	£,000	£,000	£,000
Operating Income	82,661	83,415	754
Operating Expenditure	(81,848)	(81,746)	102
<b>EBITDA</b>	<b>813</b>	<b>1,669</b>	<b>856</b>
Non Operating items	(2,470)	(2,507)	(37)
<b>I&amp;E Surplus/(Deficit)</b>	<b>(1,657)</b>	<b>(838)</b>	<b>819</b>
PSF	(1,675)	(1,172)	503
<b>Underlying Surplus/(Deficit) excluding PSF</b>	<b>(3,332)</b>	<b>(2,010)</b>	<b>1,322</b>
<b>NHSI Control Total Position</b>	<b>(1,621)</b>	<b>(905)</b>	<b>716</b>

Consolidated EBITDA performance is £856k better than plan.

The 30% Non-Elective threshold adjustment for month 6 is £1,697k. £1,176k relates to AWC CCG, £288k to Bradford CCGs, and £212k for East Lancashire CCG.

### Actions Being Taken

Tighter controls remain around bank, agency and overtime with sign off at Executive level. Increased controls are also in place around discretionary spend.

The Integrated Care and Surgical Groups are subject to detailed scrutiny due to their current forecast and CIP positions. A recovery process is in place and actions are in place to improve the position and deliver the control total.

The Trust has been made aware that it will be subject to a Use of Resources assessment in November. Preparation is underway.

Groups will be using the month 6 forecast to start their financial planning for 2019/20. At this stage guidance has not been issued from NHSI.

## Cost Improvement Plan Performance for Month 6 ending 30 September 2018

	Savings to Sep-18 (to date)			Forecast to end of 2018/19			Forecast
	Target	Achieved	Variance	Target	Forecast*	Variance	WTE
	£'000	£'000	£'000	£'000	£'000	£'000	Reduction
Improving Patient Flow	511	191	(319)	1,138	302	(836)	-
The Value Programme	134	0	(134)	347	125	(222)	-
Integrated Health Record	65	60	(4)	158	189	31	1.00
The People Programme	49	22	(28)	88	50	(39)	1.50
Corporate	0	125	125	323	245	(78)	-
Diagnostics	184	424	240	532	695	163	-
Women & Children's	85	240	155	634	506	(127)	7.64
ICG Tactical	341	875	534	1,856	2,188	332	-
Surgical Tactical	124	732	608	1,852	1,293	(559)	-
Business Development	126	0	(126)	360	8	(352)	-
<b>Trust Total</b>	<b>1,619</b>	<b>3,360</b>	<b>1,740</b>	<b>7,287</b>	<b>6,291</b>	<b>(996)</b>	<b>10.14</b>
AGH Solutions	452	688	236	900	1,286	386	-
<b>Consolidated Total</b>	<b>2,071</b>	<b>4,048</b>	<b>1,977</b>	<b>8,187</b>	<b>7,577</b>	<b>(610)</b>	<b>10.14</b>

Note: Performance gradings based on year-end forecast, see exception reports for risk grading.

\*Forecast performance will be updated monthly.

CIP performance for month 6 is £4,048k against a plan of £2,071k, £1,977k better than plan. The year-end forecast is £7,577k against a plan of £8,187k, £610k worse than plan.

## PBR Contract CCG Performance

	Annual Plan £000's	Plan £000's	Actual £000's	Variance £000's
NHS ENGLAND YORKSHIRE & HUMBER - SPEC COMM	10,978	5,406	5,154	(252)
NHS ENGLAND YORKSHIRE & HUMBER	1,157	568	505	(63)
NHS LEEDS WEST CCG	0	0	0	0
NHS LEEDS CCG	1,298	638	633	(5)
ENGLISH NCA CCGs	4,300	2,113	1,248	(865)
NHS EAST LANCASHIRE CCG	13,438	6,589	6,503	(86)
NHS MORECAMBE BAY CCG	477	235	213	(22)
NHS BRADFORD DISTRICTS CCG	18,472	9,074	9,695	621
NHS BRADFORD CITY CCG	1,158	571	657	86
NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	84,847	41,625	43,018	1,394
NCA - CROSS BORDER LHB'S	16	8	18	10
<b>Total - Balance to Commissioner Plan</b>	<b>136,141</b>	<b>66,826</b>	<b>67,644</b>	<b>818</b>

## The Balance Sheet as at 30th September 2018

	Opening Mar-17 £000s	Plan Sep-18 £000s	Actual Sep-18 £'000s	Variance Sep-18 £'000s	Plan Mar-19 £'000s	Forecast Mar-19 £'000s	Variance Mar-19 £'000s
Total Non Current Assets	58,019	58,647	57,566	(1,081)	61,138	61,224	86
Inventories	2,184	2,214	2,226	12	2,195	2,195	0
Current Receivables	20,825	9,984	14,468	4,484	9,535	9,535	0
Cash	8,790	5,977	9,624	3,647	11,842	11,842	0
Current Liabilities	(23,541)	(15,108)	(21,515)	(6,407)	(15,525)	(15,605)	(80)
Long Term Liabilities	(8,425)	(5,522)	(5,355)	167	(5,200)	(5,200)	0
Taxpayers Equity	(57,851)	(56,191)	(57,014)	(823)	(63,985)	(63,990)	(5)
Balance	0	1	0	(1)	0	1	1

## **Total Non-Current Assets**

The Trust revalued its land and buildings as at the 31/3/2018.

The Capital expenditure planned for 2018/19 is £6,018k. This includes £1,259k for theatres, £300k for IHR and £1,000k for telemedicine funded through the PDC facility. The balance of the plan is for the routine capital upkeep of the building, replacement of Medical Equipment and upgrade of the IT infrastructure. A revised capital plan, based on current forecasts, has been submitted to NHSI.

In September capital is under spending against plan by £1,084k, all projects are being reviewed and are expected to be on plan by the end of the financial year.

The balance of the movement being in respect to Injury Cost Recovery schemes.

## **Inventories**

Total stock increased in month giving a stock figure of £2,205k.

## **Cash**

Cash levels are above plan. Payments on trade invoices have been extended, the expectation is that they will be paid within the terms on the order (45 days) or less if the agreed contractual terms require. Increases in creditors, in line with the increases in expenditure, will be monitored to ensure all due invoices are processed and paid in a timely manner. Issues with the implementation of the financial ledger upgrade have impacted on the Trusts ability to pay suppliers in an efficient manner, which has led to an increase in creditors and consequently an increase in cash. A plan is in place to ensure that creditors are being paid within normal terms as quickly as possible.

A significant number are still to be registered on the system, these are being accrued for on a monthly basis and form part of the plan to ensure creditors are being paid within normal terms as quickly as possible. The team has implemented a recovery process which is expected to bring down aged creditors by end October. Progress against this plan will continue to be monitored closely.

Capital expenditure is below plan.

## **Glossary for Abbreviations and Terminology**

### **EBITDA**

Earnings before Interest, Tax, Depreciation and amortisation. This is an indication for the level of operating performance.

### **Surplus**

Where income is greater than expenditure.

### **Liquidity Ratio**

Gives a measure for monitoring the availability of cash the greater the ratio or number of days, the better the performance.

### **The Return on Assets**

The level of surplus generated in proportion to the level of assets used to generate the surplus.

### **Overtrade**

This refers to the level of performance on the contract with the PCTs indicating that the level of actual income is greater than the expected plan.

### **CIP**

Cost Improvements Programmes for generating savings.

### **Capital Expenditure**

Expenditure that supports the purchase of items that will have a useful life greater than one year and a value greater than £5,000.

### **Depreciation**

The expenditure charge in the income and expenditure account for capital expenditure. The cost of the capital purchase is spread over the life of the asset.

### **Debtors**

The value representing outstanding amounts still owed to the trust.

### **MFF**

Market forces Factor is the uplift the Trust gets for unavoidable cost differences for providing healthcare.

### **PSF**

Provider Sustainability Fund – (replaced STF – Sustainability & Transformation Fund) the funds that have been included as part of Trusts control totals that are accessible dependent on performance against agreed trajectories.

### **STP**

Sustainability & Transformation Plans – a 5 year sustainability plan at West Yorkshire level.

### **UoR**

NHS Improvement have changed their metric for measuring financial performance to the Use of Resources (UoR) metric. This is similar to the previous measurement but includes variance on agency costs. One key thing to note is that the new metric has reversed the ratings so that 1 equals Strong Performance and a rating of 4 would lead to special measures.

## 1. Introduction

The attached Performance Report shows the position to September 2018 for the NHS Improvement Single Oversight Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration.

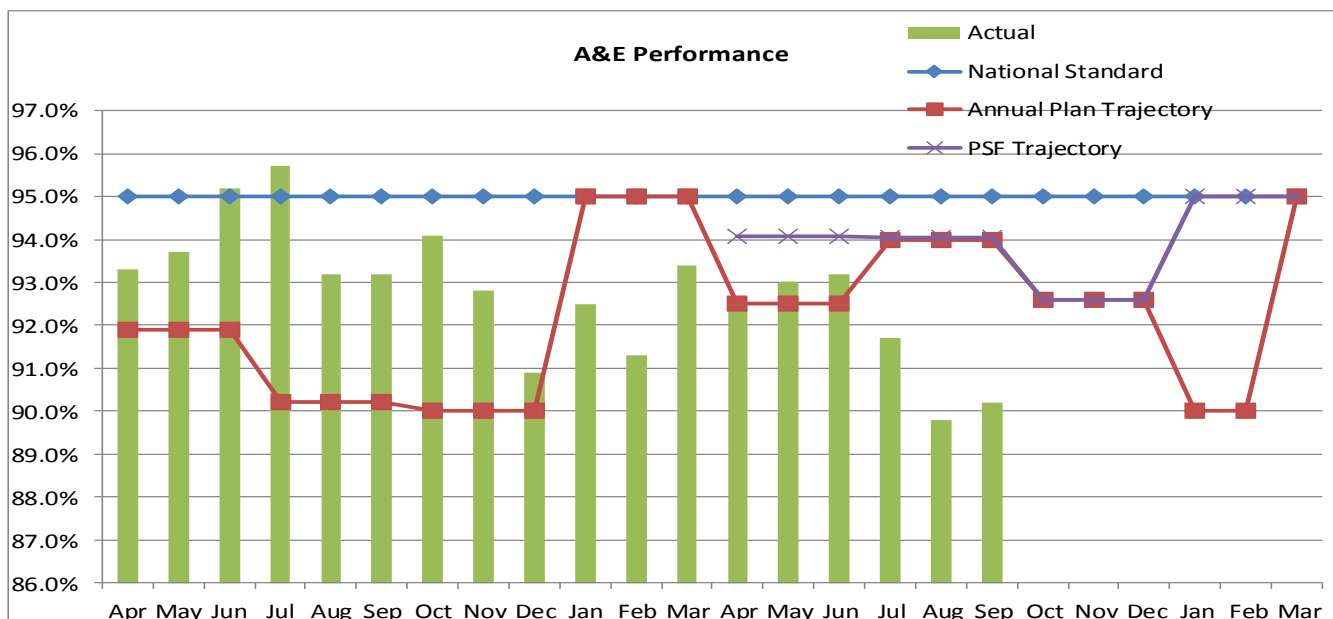
Performance is shown against the required threshold or trajectory for each indicator assessed as part of the framework.

## 2. NHS Improvement Single Oversight Framework

Key messages to September 2018 include;

### A&E

- Following continued pressures for urgent care in the health system, unfortunately the A&E 4 hour national standard was not achieved at 90.2% for September. It should be noted that the high operational demand reported previously has continued in Quarter 2 and was 6.3% higher than the corresponding period the previous year. This placed additional workload on our medical, nursing and therapy teams, leading to an increased number of patients experiencing a delay in first assessments. It has also proved challenging to source additional skilled ED doctors or nurses at short notice given the market conditions.
- Unfortunately we have not achieved the A&E Provider Sustainability Fund (formerly Sustainability and Transformation Fund) requirements for Quarters 1 or 2 and our appeal was not successful.
- This standard continues to be a declared risk with NHS Improvement (as at 19<sup>th</sup> October this was 93.3% for the month to date) below the national standard but pleasingly above the Provider Sustainability Fund trajectory.
- A summary of the position for this standard is shown in the following graph;



It is well recognised that nationally the Emergency Care Standard continues to be a challenge for the vast majority of acute providers in England.

### **Current position**

The main reasons for breaches are delayed first assessment (61%) and bed holds (26%), both of which increased on the previous months. This was mainly affected by;

- Insufficient capacity (Doctor, ANP, and ENP) to meet demand during the evenings.
- Patients with a length of stay over both 7 and 21 days, still account for on average 64 beds at any one time. Whilst a proportion of these patients need care in hospital still (25%), the remainder are medically fit for discharge and don't require hospital based care. Pleasingly however, through intervention, we have seen a reduction in the longest waiting patients in August and September from 71 to an average of 52. This is a 26% reduction from our Quarter 1 position and half way towards our ambition set by NHS Improvement of 43 patients with a Length of Stay of 21 days or more.
- Implementation of the SAFER bundle, which is an evidenced based tool for managing patient flow. This is strongly dependent on a stable and sustained nursing workforce across Inpatient wards. Nurse staffing pressures are making consistent delivery challenging.
- Alongside the unanticipated growth, there has been a shift of activity from day time hours (9-5) to early evening/night.

### **Going forward;**

There is still work to do in respect of reducing the number of patients who wait longer than 4 hours because of a delayed first assessment. This relates to redesign work we have the opportunity to deliver now our new Acute Assessment Unit (AAU) has opened. There are also pressures in diagnostics capacity and we are looking to improve this going forward.

### **Further actions being taken to further support improvement include;**

The Assistant Director of Operations (ADOP) for Integrated Care remains on secondment to provide senior management oversight and there is now regular learning across the West Yorkshire network via the West Yorkshire Association of Acute Trusts (WYAAT) and the A&E Delivery Board.

SAFER. Executive oversight is being provided for the improved delivery of the SAFER bundle, namely;

- Senior review for all patients by 12.00 noon every day
- Assessment – Expected date of discharge agreed within 24 hours of admission
- Flow – Wards that routinely accept patients doing so by 10.00 each day
- Early Discharge – 50% of patients planned for discharge completed by 1.00pm each day
- Regular Review – Weekly review of all patients with a length of stay of 7 days or more



Work is taking place on clinical rosters to try and reduce the impact of variation. We are also looking to implement established Emergency Department safety checklists to support standardisation. The new AAU development will also improve systems to reduce the impact of individual decision making.

The Emergency Department leadership team with input from the Deputy Medical Director (Integrated Care), Chief Operating Officer and Medical Director shall review the workforce with a focus on the out of hours periods where there is currently a difference between available capacity and demand.

On-going Partnership working with Bradford District Care Foundation Trust to improve mental health liaison services.

Continued system wide progress towards the 9 point Urgent and Emergency care plan oversight provided by A&E Delivery Board.

Focus on a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25%.

There is also some work ongoing relating to the West Yorkshire Accelerator Zone 3 in respect of an ask against the West Yorkshire and Harrogate (WY/H) ICS transformation monies to improve the aggregate performance of WY/H Emergency Care Standard in Quarter 4 2018/2019.

The above areas are supporting improvement, however, there is significant further work required to ensure resilience in this area across the whole health and care system going forward.

### **Referral to Treatment**

- Pleasingly, the Referral to Treatment standard was achieved for September at 92.0%.
- There continue to be pressures at specialty level in General Surgery, Urology and Orthopaedics and at the current time these are continuing in October. There were also pressures in September for ENT and Oral Surgery. Because of the activity volumes for some specialties, particularly Orthopaedics, it can have a disproportionate effect on the aggregate percentage. Specific focus is being placed on utilisation levels and seeking additional capacity in support of continued delivery of the standard.
- The Governors need to be aware of an increasing focus being applied by both NHS Improvement and NHS England on the total waiting list size increases. In the 2018/2019 Planning Guidance, a key objective was for there to be no increase in the total waiting list size by March 2019 from that in March 2018. For the Trust, we have seen this increase in total by up to 781 patients since the start of the year across a range of surgical and medical specialties. We are currently liaising with our CCG's regarding the potential for completing some additional work given the increasing priority focus being applied to this standard, whilst conscious of the current overtrade situation that exists with both the Airedale, Wharfedale, Craven and Bradford District and City CCG's.

- A further aspect being reviewed nationally are the numbers of long waiting patients, specifically the national standard regarding no patients waiting over 52 weeks. In addition, NHS Improvement have indicated Boards should be sighted on the number of patients currently waiting 40 weeks and over. To date the Foundation Trust has had low numbers for both of these indicators. There have been no over 52 week waits for the year to date in 2018/2019 and as at September, out of a total of 8064 patients on an RTT pathway, 13 are currently waiting over 40 weeks. All patients are reviewed weekly through an established RTT meeting, to ensure all have appropriate access planned.

### **Clostridium Difficile**

- The total number of Clostridium difficile infections for the year to date is 3. This is set against the national target of 6 applied in the Single Oversight Framework. In line with national guidance, individual cases can now be reviewed with Commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trusts annual target. Following a review of the three cases, **the year to date total is 0 cases against an annual threshold of 6.**
- Achievement of the Clostridium difficile threshold for 2018/2019 remains at risk as declared to NHS Improvement in the Annual Plan submission. The risk is based on the low centrally set target for 2018/2019 of 6 which, despite having reduced the number of infections from 235 to 2 over the previous ten years, the Board of Directors feel is challenging to keep within in the current year.

### **Cancer**

- Following pressures noted previously, pleasingly the 62 day cancer standard was achieved in September at 88.9%.
- Unfortunately however the 62 day cancer screening standard was not achieved. We continue to liaise with screening partners regarding the referral pathways for patients.
- Overall the 62 day standard continues to be tight going forward, with an indication of pressures in October, and so is being very closely monitored. We have requested some support from the NHS Improvement Intensive Support Team. Due to the ongoing pressures with 62 day cancer performance, the Chief Operating Officer has implemented additional performance management meetings with the relevant specialities which will take place every fortnight and also initiated a Cancer Recovery Plan.
- There is continued national priority focus being placed on Improving and Sustaining cancer performance, particularly around the 62 day standard. Nationally, weekly reporting of this standard has now been implemented and Trusts are being required to progress work on a number of key priorities such as leadership, policies, pathways, reporting, patient tracking and capacity and demand analysis.

### **Diagnostics 6 Week Standard**

- Pleasingly the 6 weeks diagnostics standard was met in September and so we have achieved the improvement trajectory requirement submitted to NHS Improvement.
- However, there continue to be service pressures for Ultrasound (US) which has over the previous 12 months been a growing modality and we are currently experiencing capacity pressures. We continue to hold some additional sessions to help manage the immediate situation, however as previously noted, there remains a risk to sustained delivery if the demand levels do not reduce.

### **Governance**

- As set out in the Single Oversight Framework, the areas where the Foundation Trust could be subject to a formal concern being triggered (and potential red rated Governance override) are where national standards are not achieved for more than two consecutive months.
- The Governors need to be aware there is still a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for ten of the last eleven quarters and the pressures regarding Cancer standards.
- Discussions are taking place with our relationship team at NHS Improvement regarding this and whether further regulatory requirements are likely. This shall include gaining an understanding on the requirements going forward regarding A&E, as apart from the Single Oversight Framework, the Foundation Trust also has a separate profile through the Provider Sustainability Fund and is included as part of the West Yorkshire Accelerator Zone project.
- In addition, renewed focus is being placed on the above through the existing assurance processes to ensure we are maximising all possibilities for correcting the current situation.

## NHS Improvement Single Oversight Framework

The Single Oversight Framework assesses an organisation in five areas; Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability. This is linked to a segmentation process, putting Providers into one of four categories used to define the level of autonomy or support offered and applied to organisations. The Segments are as per the attached table;

**Table 2: Segment description**

Segment	Description
1	<b>Providers with maximum autonomy</b> – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	<b>Providers offered targeted support</b> – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	<b>Providers receiving mandated support for significant concerns</b> – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	<b>Special measures</b> – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

NHS Improvement have recently communicated to the Foundation Trust to inform us that our current position in the Single Oversight Framework is Segment 2.

Segment 2 is where a Provider is offered targeted support in one or more of the five themes, but they are not in breach of their licence and/or formal action is not needed. This could be support either suggested or offered by the regulator to help improve the situation for particular areas. The Foundation Trust has historically utilised such offers of support and shall continue to actively seek and engage help for any areas identified in this framework.

As predicted, the few areas which are leading to us being categorised in Segment 2;

- Safe element of Care Quality Commission Inspection as Requires Improvement
- Well Led element of Care Quality Commission Inspection as Requires Improvement
- Performance Standards regarding A&E and Cancer 62 days
- Never Events
- Finance Control Total challenges

NHS Improvement review this monthly through a cross-organisation meeting with Care Quality Commission, NHS England and the local CCG's to review each Trusts performance.

As per the quarterly returns, NHS Improvement shall contact Foundation Trusts regarding their segmentation category as these are assessed and they shall also be published on their website.

The Performance Reports going forward shall reflect any updates in how the Foundation Trust is assessed.

NHS Improvement have also recently completed a consultation on updates to the Framework. The main update relating to the Governance element is the introduction of the national Dementia screening, assessment and referral standard that was previously a CQUINS.

### 3. Provider Sustainability Fund Performance Trajectories 2018/2019

A key part of achieving our Annual Plan is the delivery of a number of nationally mandated performance standards linked to the Provider Sustainability Fund process (previously called Sustainability and Transformation Fund).

Where applicable, this requires the Foundation Trust to meet specific profiled monthly performance covering the following standards (these may not necessarily be the same thresholds used in the Single Oversight Framework); A&E 4 Hour Waits, 18 Weeks Referral to Treatment, Diagnostics 6 Week Waits, Cancer 62 Day Waits, Financial Control Total.

For 2018/2019, 70% of the Provider Sustainability Funding is attributable to the delivery of the financial control total, with 30% linked to the delivery of the A&E performance standard as per the PSF trajectory highlighted above. Details of the Financial Control total position are included in the Finance Report. A separate report is attached as part of the Performance Report, indicating the position against that profiled for the Provider Sustainability Fund performance standards to September.

Unfortunately we have not achieved the A&E Provider Sustainability Fund (formerly Sustainability and Transformation Fund) requirements for Quarters 1 and 2 as our appeal was not successful. It should be noted that demand in Quarter 2 was 6.3% higher than the corresponding period the previous year.

Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	6,789	6,760	6,918	7,163	6,902	6,868	6,917	6,566	6,511	6,595	6,856	6,655
Denominator	7,379	7,348	7,520	7,786	7,502	7,465	7,519	7,137	7,077	7,169	7,452	7,234
Target performance	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actual / Forecast	92.7%	92.6%	92.5%	92.4%	92.1%	92.0%						

Percentage of Service Users waiting more than 6 weeks from Referral for a diagnostic test												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	27	27	27	27	27	27	27	27	27	27	27	27
Denominator	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724	2724
Target performance	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Actual / Forecast	6.7%	10.1%	5.4%	2.2%	3.1%	1.0%						

Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	4,919	5,332	5,017	5,431	4,911	5,206	5,142	5,011	5,443	4,878	4,293	5,234
Denominator	5,318	5,764	5,424	5,778	5,225	5,538	5,553	5,411	5,878	5,420	4,770	5,509
Target performance*	94.1%	94.1%	94.1%	94.0%	94.0%	94.0%	92.6%	92.6%	92.6%	90.0%	90.0%	95.0%
Actual / Forecast	92.4%	93.0%	93.2%	91.7%	89.8%	90.2%						

\*PSF (formerly STF) threshold for Quarter 1 updated to 94.1% from 92.5% submitted in Annual Plan

Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer												
Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	36	37	40	37	26	37	30	40	30	41	32	37
Denominator	42	44	47	43	30	43	35	47	35	48	37	43
Target performance	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Actual / Forecast	87.7%	86.1%	81.6%	84.4%	84.2%	88.9%						

#### Action required by the Council of Governors

The Council of Governors are asked to receive and note the Performance Report to September 2018.

### 2018/2019 Governance Standards Quarter 2 Position (as at September 2018)

Domain	Targets – weighted 1.0 (National requirements)	Threshold	Current Position/Projection
Safety	Clostridium Difficile – Meeting the Clostridium Difficile objective	DH allocation 6 NHS Improvement de minimis 12	0
Safety	MRSA – Meeting the MRSA objective <b>(Not part of Risk Assessment Framework from Oct 2013)</b>	DH allocation 0 NHS Improvement de minimis 6	0
Quality	All cancers: 31-day wait for second or subsequent treatment	94% Surgery 98% Drug	100% 100%
Quality	All cancers: 62-day wait for first treatment	85% Referrals  90% Screening	July 83.5% August 84.2% September 88.9%  July 100% August 100% September 88.9%
Patient Experience	Maximum time of 18 weeks from point of referral to treatment in aggregate <b>(Measured each individual month)</b>	92% Incomplete	July 92.4% August 92.1% September 92.0%
Quality	A&E - maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	July 91.7% August 89.8% September 90.2%
Effectiveness	Community Services Data Completeness	50% Referral to Treatment 50% Referral 50% Treatment Activity	100% 95.0% 98.8%
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	100%
Quality	Cancer: two week wait from referral to date first seen (Quarterly)	93% Referral 93% Breast	93.9% 97.4%
	<b>Overall Rating</b>		<b>SEGMENT 2</b>

### 2018/2019 Governance Standards Quarter 2 Position (as at September 2018)

Domain	Targets – weighted 1.0 (National requirements)	Threshold	Current Position/Projection
Quality	Diagnostics 6 maximum waiting time of 6 weeks	99%	July 97.8% August 96.9% September 99.0%
Quality	Cognitive Screening - Screening	90%	July 93.1% August 92.9% September 90.3%
Quality	Cognitive Screening - Assessment	90%	July 100% August 100% September 100%
Quality	Cognitive Screening - Referral	90%	July 100% August 100% September 100%
	<b>Overall Rating</b>		<b>SEGMENT 2</b>