

UNITED LINCOLNSHIRE HOSPITALS TRUST

PERFORMANCE & TARGETS

PERIOD TO 29th FEBRUARY 2016

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Title: Performance & Targets Report
To: Trust Board
From: Mark Brassington, Chief Operating Officer
Author: Katherine Hensby, Planning & Performance Manager
Date: 5th April 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 29th February 2016, and set out the plans and trajectories for performance improvement.

The Report is provided to the Board for:

Decision	Discussion
Assurance x	Endorsement

Recommendations:

The Board are asked to note the current performance and future projections for improvement.

This is an evolving report and the committee are invited to make suggestions as we continue to develop it.

Strategic Risk Register	Performance KPIs year to date As detailed in the report
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Resource Implications (e.g. Financial, HR) None
Assurance Implications: The report is a central element of the Board Assurance Framework
Patient and Public Involvement (PPI) Implications None
Equality Impact None
Information exempt from Disclosure None
Requirement for further review? The report will be updated in May 2016 reflecting performance to 31 st March 2016.

1. A&E 4 hour wait

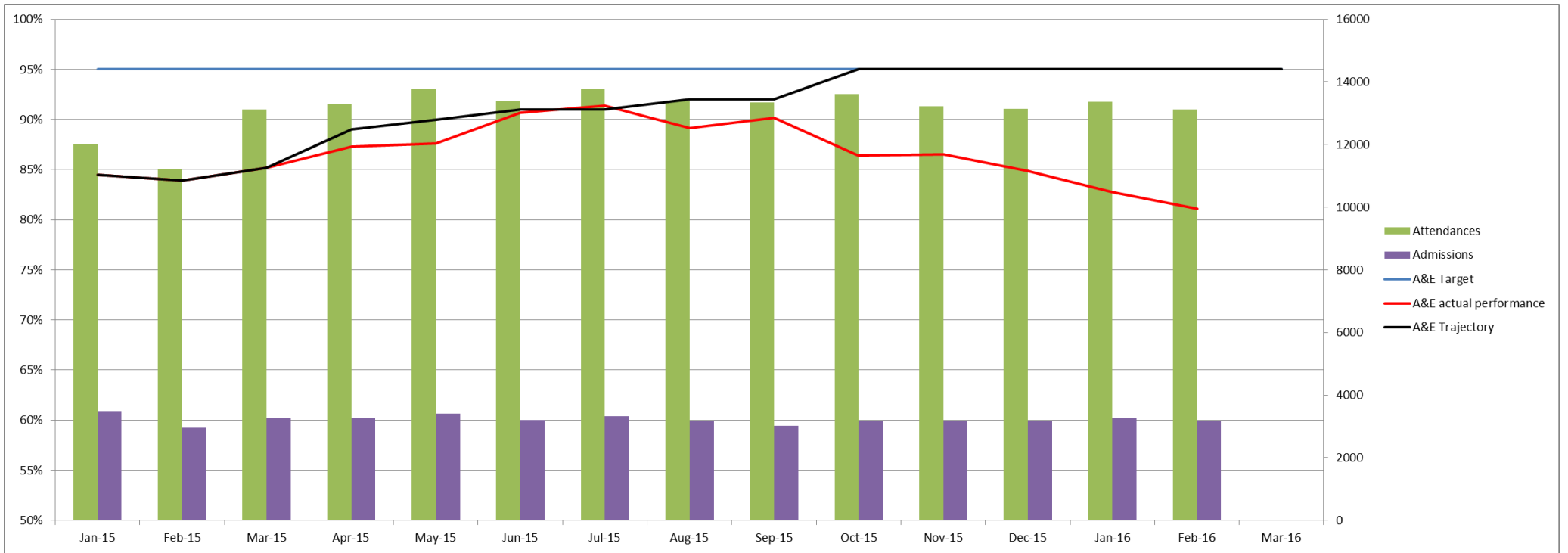
	4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
	Lead Director: Mark Brassington; Chief Operating Officer	95%	81.07%	87.11%	84.76%	88.58%	71.01%	80.91%	90.12%	94.36%

Site	Underperformance exception report	Actions taken to achieve the standard
Lincoln	<p>Attendances in February were 5,985 with an average daily attendance of 206 patients. Admissions through A&E in February were 1,455 (25.70%)</p> <p>High level performance review</p> <p>- 88.58% year to date (-1.16% compared to same YTD period last year)</p> <p>- 67,146 year to date A&E attendances (+1% compared to same YTD period last year)</p> <p>- A&E admissions +0.42% (compared to same YTD period last year)</p> <p>- GP admissions +0.98% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In February, the highest number of attendances on one day was 231, on 29th February, performance on that day was 84.9%. There were 35 4 hour breaches on that day and 19.5% of patients were admitted.</p> <p>The key issues impacting the Lincoln site's performance are:</p> <ul style="list-style-type: none"> • Staffing – despite increasing attendances in A&E, typically around 200 per day, we have had to reduce beds due to lack of staffing and a high agency usage reducing skill mix - in turn this leads to reduced flow; • Paediatrics staffing issues are particularly acute leading to bed closures which can leave paediatric patients in A&E; • A&E runs with 7 consultant posts - of these only three are substantive therefore there is a reliance on NHS locums and registrars acting up. This can on occasion lead to delays in making clinical decisions; • Heightened demand resulting in reliance on escalation beds required from October. Lincoln has had 21 escalation beds in its core bed stock and up to 15 further beds opened in areas such as Ambulatory Care and Surgical Admissions Lounge. Due to staffing the site has reduced 8 more beds on Dixon Ward and have been working to close escalation beds where possible. <p>Key actions to improve A&E performance at Lincoln include:</p> <ul style="list-style-type: none"> • Reduced length of stay – down 0.5 days since April 2015 through the work being done in the discharge hub and through the use of the SAFER bundle • New processes for transferring patients out of assessment units within a set timeframe • Adopting some of the ECIP documentation from the perfect week has increased early discharges – 33% typically on week days now, instead of 18% previously • Piloting the Ward Liaison Officer role as part of the “perfect week” with a view to this being considered in the staffing skill mix for wards to free up nursing time • Looking to “Right Size” bed numbers to reduce occupancy at Lincoln and Pilgrim next year and to mainstream some of the winter plans as it costs the same to staff (e.g.) pharmacy with substantive staff to run a 7 day service all year as it does to pay for locums for winter surge. A further paper will be submitted to Trust Board and is part of the 2016/17 Contract Negotiations with CCGs in terms of a request for funding above tariff.

Pilgrim	<p>Attendances in February were 4,540 with an average daily attendance of 156 patients. Admissions through A&E in February were 1,386 (31.15%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 81.89% year to date (-9.86% compared to same YTD period last year) - 46,112 year to date A&E attendances (+1.01% compared to same YTD period last year) - A&E admissions +2.54% (compared to same YTD period last year) - GP admissions +0.76% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In February, the highest number of attendances on one day was 175 on 1st February, performance on that day was 46.3%. There were 81 4 hour breaches on that day and 24.6% of patients were admitted.</p> <p>Pilgrim narrative will be included by exception (I.e. for months under the 95% standard). Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:</p> <ul style="list-style-type: none"> • Increased pressure resulting in a bed occupancy of 98.6% and reliance on AEC remaining open for the majority of the month; • Continued issues with delayed transfers of care/medically fit for discharge patients which averaged approximately 28 external delays and 8 internal delays; • A number of delays due to waits for NSL transport which continues to be escalated via the commissioning route; • Vacancy of the A&E Navigator post which has the potential to navigate up to 30% of patients away from A&E. <p>Key actions to improve A&E performance at Pilgrim include:</p> <p>It is anticipated that performance will improve during March due to the following additional resources being put in place from the 22nd February 2016 to support the incumbent additional medicine registrar and surgical registrar to support admission avoidance and improve time to first assessment.</p> <ul style="list-style-type: none"> • Additional middle grade shifts at peak activity times • 24/7 Band 7 nurse co-ordinator • Progress chaser and board administrator <p>The performance metric to measure the success of these resources was agreed as</p> <ul style="list-style-type: none"> • Improving overall non-admitted performance • Improving overall admitted performance • Reducing number of breaches within 1 to 30 mins • Reducing time to first assessment • Reducing breaches between 18:00 and 06:00 • Reducing breaches between midnight and 6am
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<p>Grantham</p>	<p>Attendances in February were 2,600 with an average daily attendance of 90 patients. Admissions through A&E in February were 343 (14.57%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 94.76% year to date (-0.6% compared to same YTD period last year) - 27,023 year to date A&E attendances (-0.99% compared to same YTD period last year) - A&E admissions +0.43% (compared to same YTD period last year) - GP admissions -1% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In February, the highest number of attendances on one day was 106 on 22nd February, performance on that day was 89.6%. There were 12 4 hour breaches on that day and 17.0% of patients were admitted.</p> <p>Grantham narrative will be included by exception (i.e. for months under the 95% standard). Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:</p> <ul style="list-style-type: none"> • The Grantham hospital has experienced extreme pressures this month with escalation beds open from 6-16. Currently we have 16 beds open which is a 16 % increase in bed usage. • A&E attendances has increased from 3-19 % over the last few weeks, this has impacted greatly onto the ability to maintain A&E standards. This has increased the • Elective surgery has been cancelled due to demand and lack of capacity of bed availability. • Nurse staffing has been difficult on occasions due to inability to staff wards to template, with the added difficulty of staffing escalation beds • Nursing vacancies remain high (approx. 20wte) • Sisters have been working mainly clinical which has the potential to impact onto safety and quality of care being provided • CCU has two beds currently closed due to inability to provide a consistent staff template (due to sickness, vacancies etc) • Delayed transfers of care remain high averaging between 6-16 patients (a high proportion of beds being utilised by patients who are medically fit for discharge but delayed due to lack of community facilities) • A&E is a concern from medical staff engagement, nursing leadership, vacancies, reception vacancy which has impacted onto the ability to keep up to date with coding), • Medical vacancies (4 junior doctor gaps and no substantive consultant) resulting in high usage of medical agency, resulting in lack of continuity of care; • Chapel of rest being refurbished, temporary plan in place for site viewing of the deceased in and out of hours in place <p>Key actions to improve A&E performance at Grantham include:</p> <ul style="list-style-type: none"> • HON, Matrons, and Business manager involved continually throughout the day managing operational flow and A&E • Band 7 sister in A&E now back at work on a phased return (have had assistance from Lincoln site who provided cover) • Nursing vacancies – have had recruitment for CCU, waiting HR process and 10 possible recruits from Philippines . A site recruitment day is planned for May. Matron from this site going to Philippines in May to join recruitment team • A&E risk summit held by DCN. Action plan in place. Identified insufficient nurse staffing, housekeeping, reception staff and plans in place to address this – will possibly result in requiring business case. A&E Nurse Consultant coming to the site to spend the day with the clinical team to address training, competency assessments for all staff, looking at a staffing tool to identify the correct resource needed for GDH A&E • Medical and nurse co-ordinator now in place to provide guidance to the team in A&E • HON has led three successful site sisters training sessions in conjunction with the Emergency Planning Team to address gaps in skills and knowledge of the bronze level responsibility
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Trust Actual Position



		Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Medically Fit For Discharge		529	785	1048	1049	1040	1035	1245	1288	900	920	890
Number of A&E attendances		13298	13772	13384	13768	13395	13353	13610	13217	13132	13367	13125
Number of emergency admissions		3257	3405	3202	3333	3184	3024	3191	3158	3187	3258	3184
% conversion rate		24.49%	24.72%	23.92%	24.21%	23.77%	22.65%	23.45%	23.89%	24.27%	24.37%	24.26%
Number of escalation beds open (peak)		53	44	26	22	20	46	58	59	70	62	53
Non-Elective Length of Stay		3.9	4.5	4.5	2.4	2.6	3.3	2.9	3.4	4.0	4.5	4.5
Delayed Transfers of Care		5.27%	5.48%	5.09%	5.59%	8.36%	3.76%	7.67%	6.59%	5.78%	7.60%	7.01%

Access to Services: Referral to Treatment

Access to Services: Lead Director: Mark Brassington; Chief Operating Officer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
Referral to Treatment - Incompletes Total	92%	93.14%	91.94%	93.24%	90.74%	93.13%	93.37%	93.07%	91.76%	93.21%	92.98%
Referral to Treatment - Incompletes Admitted		84.63%	84.92%	80.35%	77.27%	85.17%	89.93%	83.21%	84.01%	88.80%	87.88%
Referral to Treatment - Incompletes Non-Admitted		95.13%	93.44%	95.36%	92.84%	94.96%	94.02%	94.67%	93.00%	94.61%	94.28%
Referral to Treatment Admitted Pathway	90%	65.20%	73.04%	64.94%	70.92%	68.91%	77.54%	59.74%	69.15%	64.29%	72.37%
Referral to Treatment - Non-Admitted	95%	87.88%	88.50%	88.11%	87.39%	89.38%	90.75%	84.11%	86.66%	83.82%	85.39%

The Trust continues to deliver the RTT Incomplete 92% Standard and has now achieved the standard for seven consecutive months. February's performance is the highest since the "go live" of Medway.

February Performance Overview

Although performance has achieved for seven consecutive months at a Trust level, some specialities continue to be under the standard – namely General Surgery and T&O. Urology continues to meet the 92% standard and Neurology has achieved in February – although this is primarily due to significant over-performance. Training and processes to improve data quality also remain vital to improvement of performance.

The Trust is now concluding its outsourcing of patients to independent sector organisations. In addition, Business units are providing additional clinical sessions in all key specialty areas and working to ensure current capacity is fully utilised.

The central 18 week team continue to lead training of relevant staff groups to improve data quality. The external validation team have now been secured until the end of March, as a result of funding from NHS England. In addition an internal validation team is now in place and are working alongside the external validators over the next two months, and will fully take over their work from the beginning of April.

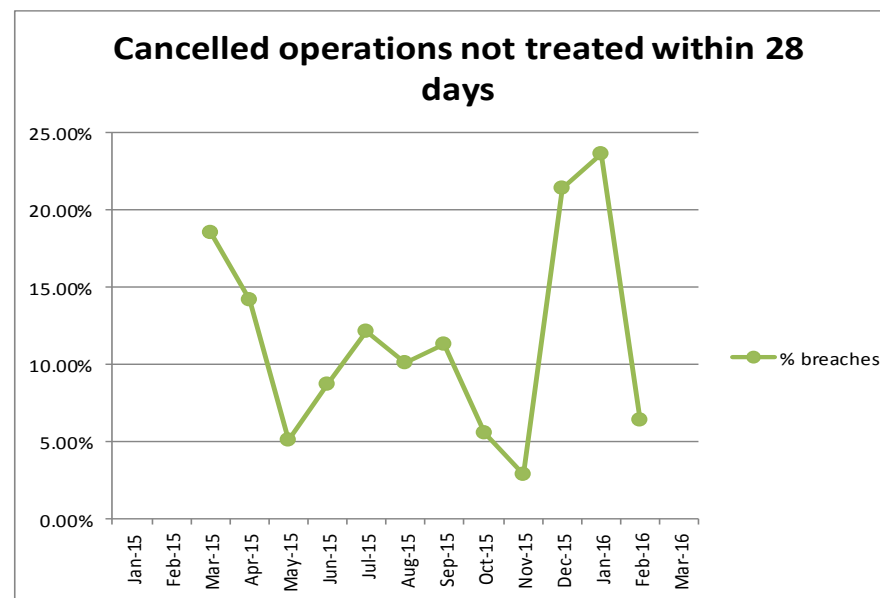
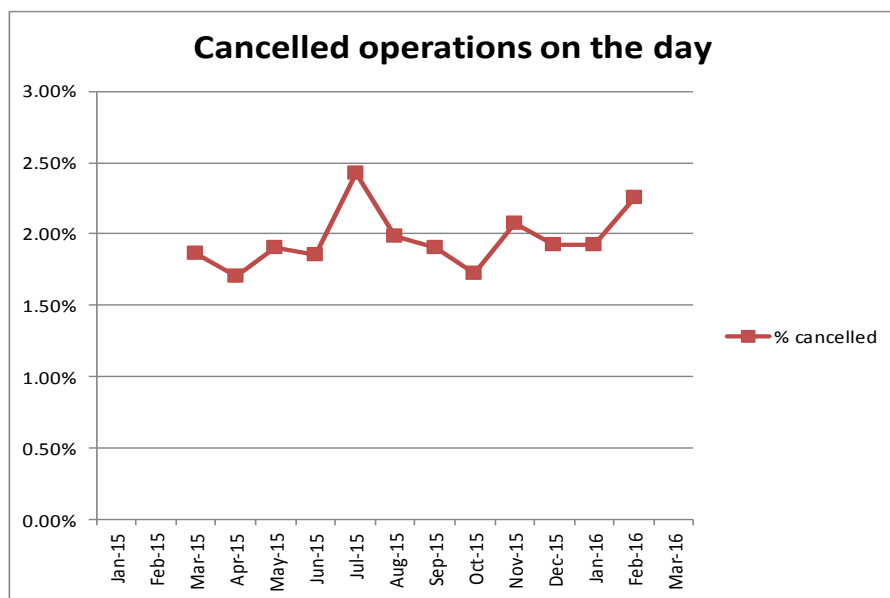
3. Cancelled Operations

The total number of cancelled operations on the day for non-clinical reasons in February 2016 was 127 (2.25%). 7 patients were not admitted within 28 days of their cancellation. The national benchmarking demonstrates a cancellation rate average of 1.1%. The total number of cancelled operations on the day before for non-clinical reasons was 56 (1.17%).

The Trust is implementing recommendations from a recent Internal Audit with regards to Cancelled Operations. This includes a revision of the standards – to align to the NHS Contract and national benchmarking

Cancelled Ops Number of patients whose operation was cancelled, by the hospital, for non clinical reasons, on the day of or after admission	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
	1.1%	2.25%	1.95%	2.39%	2.33%	2.70%	1.78%	1.01%	1.14%	1.20%	1.34%

Cancelled Ops Not treated within 28 days. (Breach)	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
	0%	6.36%	14.05%	9.09%	14.00%	6.25%	17.63%	0.00%	6.76%	0.00%	3.92%



4. Cancer

CANCER PERFORMANCE 2015/16

	Std	Apr 15 Valid'd Actual	May 15 Valid'd Actual	June 15 Valid'd Actual	July 15 Valid'd Actual	Aug 15 Valid'd Actual	Sept 15 Valid'd Actual	Oct 15 Valid'd Actual	Nov 15 Valid'd Actual	Dec 15 Valid'd Actual	Jan 16 Valid'd Actual	Feb 16 Forecast
14 day cancer	93%	81.9%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	95.5%	93.2%	93.3%
14 day breast	93%	44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%	93.8%	91.8%
31 day first	96%	99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%	96.1%	96.2%
31 day subs:												
drug	98%	98.9%	100%	96.5%	99.2%	98.9%	98.4%	100%	98.8%	94.0%	83.3%	98.0%
radiotherapy	94%	80.9%	75.3%	83.0%	96.0%	93.1%	95.1%	94.9%	98.0%	97.4%	73.5%	88.0%
surgery	94%	91.7%	97.4%	91.9%	95.3%	96.7%	91.3%	97.1%	94.4%	97.1%	87.8%	94.3%
62 day classic	85%	76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%	72.8%	72.0%
62 day screening	90%	91.3%	85.7%	77.8%	100%	73.9%	84.2%	87.5%	92.5%	81.2%	84.8%	90.0%
62 Day Upgrade	85%	100%	100%	100%	100%	88.2%	100%	96.4%	87.9%	85.2%	90.5%	76.5%

CANCER PERFORMANCE 2015/16

	Std	Q1 Valid'd Actual	Q2 Valid'd Actual	Q3 Valid'd Actual	Q4	Year End Valid'd Actual
14 day cancer	93%	88.5%	91.4%	94.3%		91.4%
14 day breast	93%	73.3%	83.7%	91.9%		83.0%
31 day first	96%	96.8%	96.6%	98.8%		97.4%
31 day subs:						
drug	98%	98.4%	98.8%	97.9%		98.4%
radiotherapy	94%	80.1%	94.8%	96.9%		90.3%
surgery	94%	93.8%	94.1%	96.2%		94.6%
62 day classic	85%	72.0%	73.6%	80.1%		75.5%
62 day screening	90%	85.0%	86.8%	87.3%		86.5%
62 Day Upgrade	85%	100%	97.7%	89.9%		92.7%

Context:

Following successes in November and December (with 8 and 6 of the 9 standards being met respectively and near attainment of the 62day classic standard in December), January's performance has fallen below these levels. This could be attributed to a number of factors, however the main trends in reasons for breaches revolve around patient choice- with the bulk of those being due to people not wishing to be treated around Christmas and New Year.

Against this, demand continues to cause challenges to diagnose all patients by day 41. This increased a number of referrals and hence demand on diagnostics, such as Breasts diagnostics (mammograms and ultrasound), MRI and CT, is delaying diagnosis and putting additional pressures to treat the patients within a smaller window before they breach.

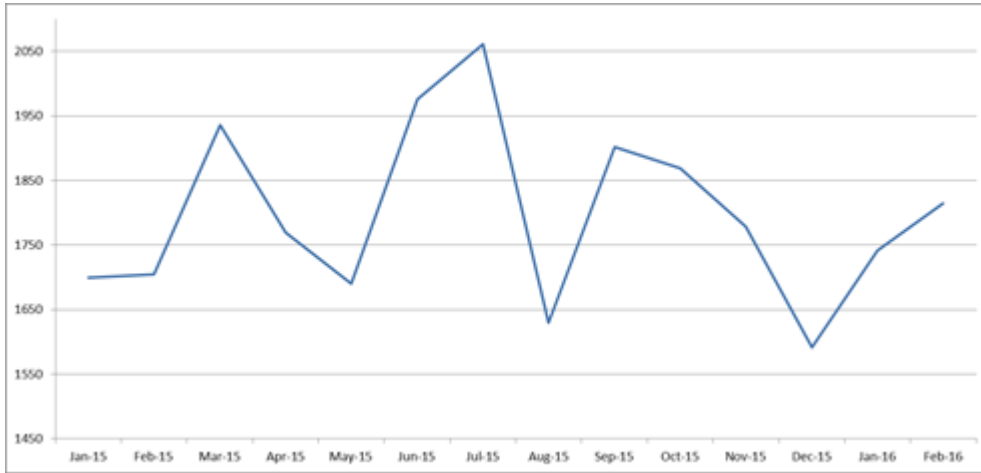
Following the 2ww success of the Lincoln Lung pilot, the 7 Day Horizon has continued to be deployed into other tumour sites. To date it is being utilized within Lincoln, Louth & Grantham Head & Neck and Lincoln Lower GI and Grantham Lower GI, with the next cohort to start moving across at the beginning of February for Pilgrim Lung and Lower GI, pan-Trust Upper GI and Gynaecology. Those tumour sites not following the 7 Day Horizon plan will ensure their First Appointment capacity matches the 85th percentile of their expected referral rates, including an expected increase of 10-20%. For the latter system it must be noted that there will likely be a knock-on effect on 18 week performance as a number of these slots will need to be reverted to Routine/urgent at short notice when not required for 2ww patients. This is monitored under a PDSA cycle to establish most appropriate levels to satisfy both 2ww and 18 Week patient needs.

The continued success of both 14 Day standards through November, December and January demonstrates the effectiveness of the weekly operational meetings that continue for all departments involved in First Appointment (One-stop) for the Breast pathways, ensuring that capacity is maximized and matching current demand. February performance against both standards will be severely challenged due to the combination of a retirement, a departure and a sickness absence of key Breast Radiology staff and every effort is being made to mitigate the effects of this where possible.

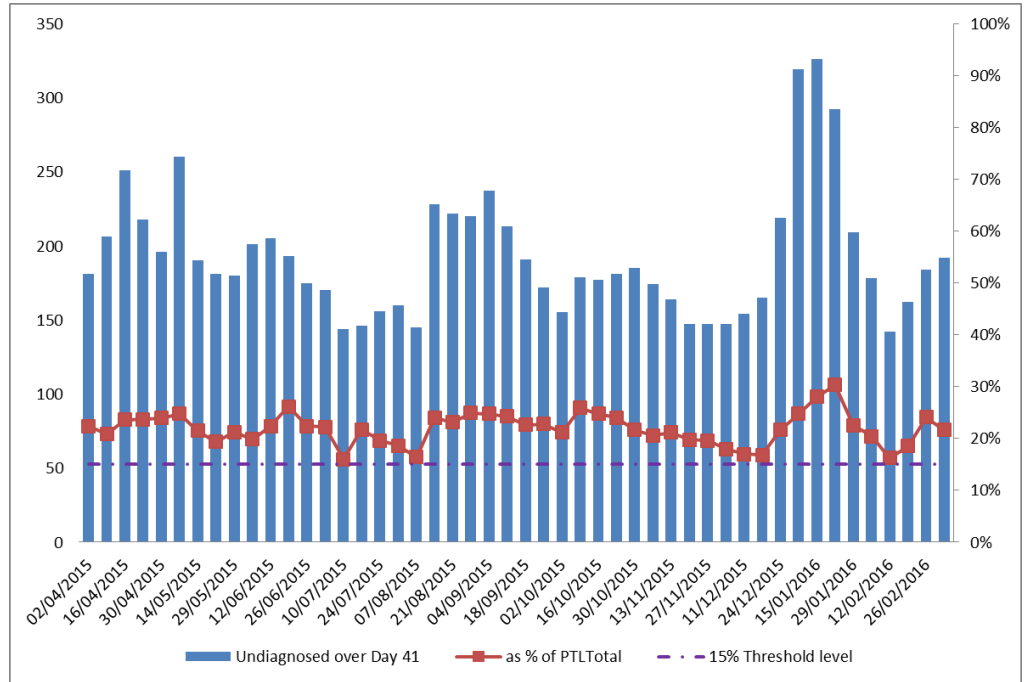
The focus that has been put on the achievement of the 31 Day Standards has been successful and the effort now is to ensure this recovery is sustainable. However, the Subsequent Drug standard is under severe risk until April due to staffing resource (maternity) and the Subsequent Radiotherapy due to machine breakdowns (in January all three LINAC were down due to power issues).

The 62 Day Classic standard continues to remain the most challenged standard and work continues with CCG, SCN & IST colleagues to improve the quality of the patient journey on the understanding that improvements in this will work directly towards achievement of this standard. Additional projects have begun internally to focus on the Urology, Lower GI and Lung pathways as well as what other improvements can be made around the diagnostic phase of the patient journey. Work has also begun with tertiary colleagues to improve the pathways for patients going to other Trusts for diagnostic tests and/or treatments.

Suspected Cancer and Breast Symptomatic Referrals received



62 day PTL – Number of patients undiagnosed over Day 41



E – Event (one-off), TE – Themed Event (more than one occurrence)

	31 Day Subsequent Treatment - Drug	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
			98%	83.3%	97.06%	76.40%	96.06%	85.20%	98.15%	66.70%	61.55%	-

<i>Underperformance exception report</i>	<i>Actions taken to achieve the standard</i>	<i>Achievement Forecast</i>
15 breaches in total – 10 breaches attributed to lack of capacity, 5 patient choice/holiday	This is considered a sustainable standard	February and March are forecast to be above standard.

	31 Day Subsequent Treatment - Surgery	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
			94%	87.8%	93.9%	85.20%	94.38%	91.70%	94.29%	100%	85.86%	-

<i>Underperformance exception report</i>	<i>Actions taken to achieve the standard</i>	<i>Achievement Forecast</i>
5 breaches – all attributed to lack of capacity	All 31 day breaches require Director authorisation	February and March are forecast above standard

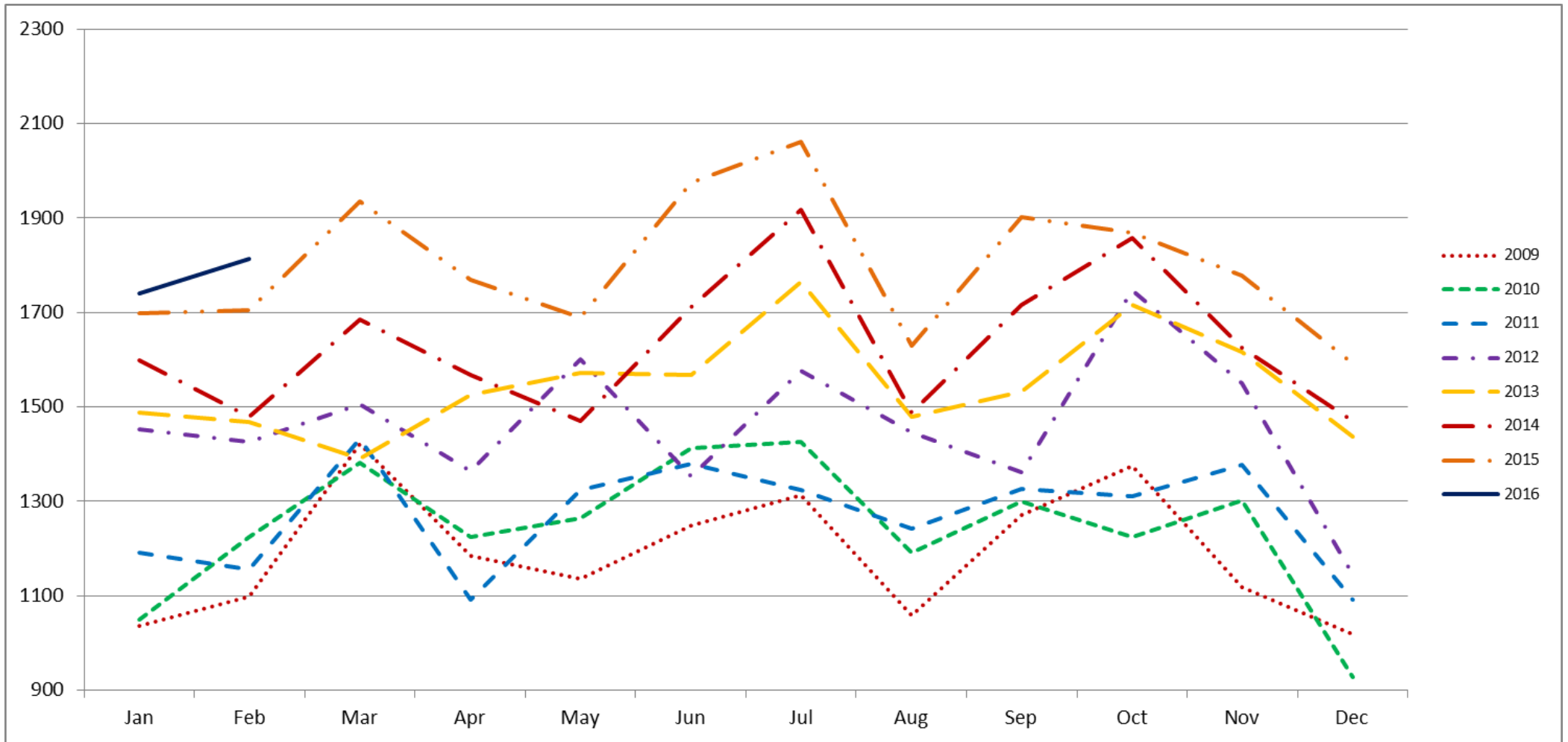
	31 Day Subsequent Treatment - Radiotherapy	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
			94%	73.5%	88.52%	73.5%	88.52%	-	-	-	-	-

<i>Underperformance exception report</i>	<i>Actions taken to achieve the standard</i>	<i>Achievement Forecast</i>
26 breaches in total – 14 patient choice, 5 due to machine breakdown, 4 lack of capacity and 3 delayed for medical reasons	First new LINAC went fully operational from August 2015, the next due to come online in February 2016	February and March are forecast to underperform.

	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
			85%	72.8%	75.57%	71.42%	66.83%	76.47%	75.75%	75.0%	82.33%	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
14 breaches above tolerance. Breaches due to a mixture of complex pathways, patient choice, lack of capacity and referral between Trusts		This remains the most challenging of the cancer standards due to multiple issues along the entire cancer pathway. These have been identified in the Cancer Improvement Plan. The key actions include; completing a demand and capacity review for the entire pathway; improving the diagnostic pathway and increasing the radiology support to MDTs					February and March are due to underperform due to issues of clinical complexity, patient choice, diagnostic capacity and patient fitness.					

	62 day Screening	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD	Jan-16	YTD
			90%	84.8%	86.13%	84.62%	85.51%	90.91%	76.85%	50%	50%	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
5 breaches in total (2 more than tolerance) – 2 due to complexity in pathway, 2 due to capacity and 1 patient choice		These patients are affected by the same issues as the 62 Day Classic but due to the very low volume of patients against this standard the issues have a more significant effect on this standard.					February is forecast on standard, March is forecast to underperform.					

Suspected Cancer and Breast Symptomatic Referrals received per month



Cancer Recovery Trajectory

Performance Trajectory														
		Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cancer 2 week wait	Trajectory	93%	81.9%	88.5%	89.9%	91.0%	92.3%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Actual Performance		81.9%	91.4%	91.9%	92.7%	92.7%	88.9%	91.8%	95.7%	95.5%	93.2%		
Cancer 2 week wait breast symptomatic	Trajectory	93%	44.3%	83.0%	82.0%	82.9%	83.9%	85.1%	85.1%	85.4%	85.4%	85.4%	85.4%	85.4%
	Actual Performance		44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%	93.8%		
Cancer 31 day wait	Trajectory	96%	99.5%	96.0%	98.3%	98.3%	98.1%	98.1%	98.4%	97.7%	96.4%	96.4%	96.4%	96.4%
	Actual Performance		99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%	96.1%		
Cancer 31 day Subsequent: Surgery	Trajectory	94%	92.0%	94.3%	95.0%	95.0%	94.3%	96.0%	98.0%	94.0%	95.0%	94.0%	94.0%	94.0%
	Actual Performance		91.7%	97.4%	91.9%	95.3%	96.7%	95.1%	97.1%	94.4%	97.1%	73.5%		
Cancer 31 day Subsequent: Drug	Trajectory	98%	98.2%	98.9%	98.1%	98.1%	98.9%	98.1%	99.1%	98.9%	98.0%	98.0%	98.0%	98.0%
	Actual Performance		98.9%	100.0%	96.5%	99.2%	98.9%	98.4%	100.0%	98.8%	94.0%	83.3%		
Cancer 31 day Subsequent: Radiotherapy	Trajectory	94%	81.0%	80.0%	91.0%	94.0%	94.4%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
	Actual Performance		80.9%	75.3%	83.0%	96.0%	93.1%	91.3%	94.9%	94.4%	97.4%	87.8%		
Cancer 62 day wait	Trajectory	85%	75.5%	74.0%	70.0%	75.0%	74.2%	73.7%	82.1%	82.5%	82.3%	84.0%	85.5%	86.5%
	Actual Performance		76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%	72.8%		
Cancer 62 day wait: screening	Trajectory	90%	84.0%	84.0%	88.0%	92.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
	Actual Performance		91.3%	85.7%	77.8%	100.0%	73.9%	84.2%	87.5%	92.5%	81.2%	84.8%		