

UNITED LINCOLNSHIRE HOSPITALS TRUST
PERFORMANCE & TARGETS
PERIOD TO 31st MARCH 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: 3rd May 2016

Purpose of the Report:

To update the Board on the performance of the Trust for the period ending 31st March 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 June 2016 reflecting performance to 30 th April 2016.

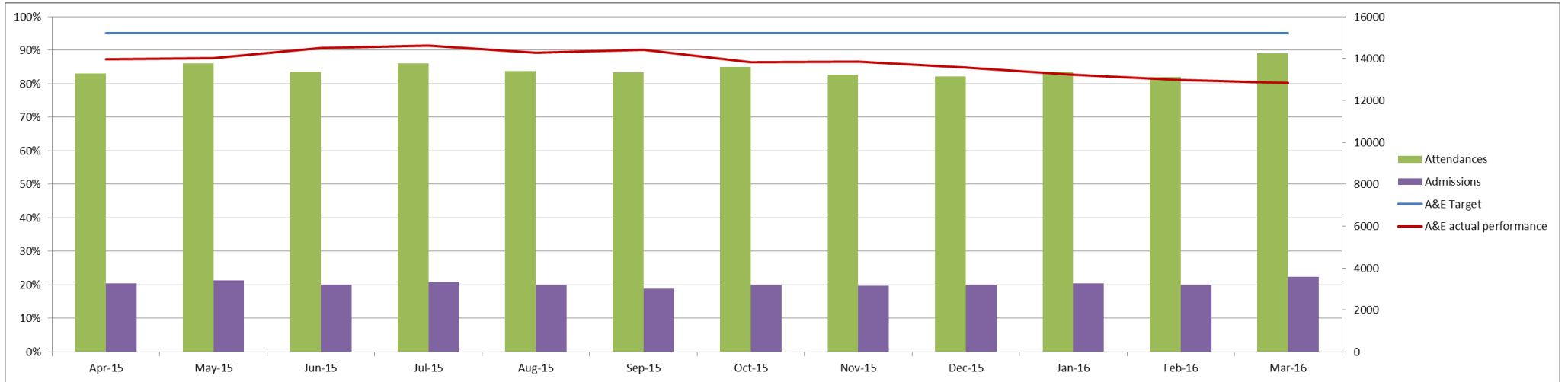
1. A&E 4 hour wait

	4 hour standard for total time in A&E	Standard	Trust		Lincoln		Pilgrim		Grantham	
			Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
	Lead Director: Mark Brassington; Chief Operating Officer	95%	80.22%	86.50%	80.13%	87.85%	75.76%	80.45%	88.24%	93.82%
Site	Underperformance exception report	Actions taken to achieve the standard								
Lincoln	<p>Attendances in March were 6,378 with an average daily attendance of 206 patients. Admissions through A&E in March were 1718 (28.6%)</p> <p>High level performance review</p> <p>- 87.85% year to date (-1.1% compared to same YTD period last year)</p> <p>- 73,524 year to date A&E attendances (+8.81% compared to same YTD period last year)</p> <p>- A&E admissions +3.32% (compared to same YTD period last year)</p> <p>- GP admissions +1.4% (compared to same YTD period last year)</p>	<p>The site continues to work towards the recovery plan. In March, the highest number of attendances on one day was 250, on 7th March, performance on that day was 76.4%. There were 59 4 hour breaches on that day and 18.6% of patients were admitted.</p> <p>The key issues impacting on Lincoln's site performance are:</p> <ul style="list-style-type: none"> Continued high attendances into the site – regularly in excess of 200 per day; Staffing issues linked to covering A&E consultant posts, nursing shifts – this has led to a reliance on locum and agency cover; Some bed closures due to flu and norovirus which impeded flow; Heightened demand resulting in reliance on escalation beds required including using areas such as Ambulatory Care and Surgical Admissions Lounge. <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. Work on this is continuing. 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. 								

Pilgrim	<p>Attendances in March were 5,008 with an average daily attendance of 162 patients. Admissions through A&E in March were 1485 (30.09%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 80.45% year to date (+3.08% compared to same YTD period last year) - 55,660 year to date A&E attendances (+7.25% compared to same YTD period last year) - A&E admissions +1.48% (compared to same YTD period last year) - GP admissions -0.5% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In March, the highest number of attendances on one day was 183 on 26th March, performance on that day was 68.9%. There were 57 4 hour breaches on that day and 30.6% 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 continued high bed occupancy and reliance on escalation beds • Continued issues with delayed transfers of care/medically fit for discharge patients • A number of delays due to waits for NSL transport which continues to be escalated via the commissioning route; <p>Key actions to improve A&E performance at Pilgrim during March include a focus on those identified as part of the 30 day action plan which was funded through winter resilience funding. These included:</p> <ul style="list-style-type: none"> • Senior acute medical and surgical decision makers at front door to improve flow; • Additional A&E staff (middle grades, A&E consultant and SHO) • Additional Band 7 Nurse in Charge, Progress Chaser and Board Administrator to decrease in the number of patients breaching within 30 mins of target • A&E Navigator to redirect patients to alternative providers avoiding A&E attendance
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<p>Grantham</p>	<p>Attendances in March were 2,857 with an average daily attendance of 92 patients. Admissions through A&E in March were 378 (14.32%)</p> <p>High level performance review</p> <ul style="list-style-type: none"> - 93.82% year to date (+4.3% compared to same YTD period last year) - 32,480 year to date A&E attendances (+12.8% compared to same YTD period last year) - A&E admissions +0.18% (compared to same YTD period last year) - GP admissions +2.8% (compared to same YTD period last year) 	<p>The site continues to work towards the recovery plan. In March, the highest number of attendances on one day was 106 on 21st March, performance on that day was 91.5%. There were 9 4 hour breaches on that day and 18.0% 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 up to 16 escalations beds open. • A&E attendances have increased significantly (up to 19%) • Elective orthopaedic and general surgery has been cancelled due to emergency care demand and lack of capacity and bed availability. • Staffing the wards with Nursing staff has been difficult on occasions due to inability to staff wards to agreed template due to vacancies, bank availability and sickness, this has been compounded by the need to staff escalation beds • Nursing vacancies remain high (approx. 24 wte) • 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 with external delays (a high proportion of beds being utilised by patients who are medically fit for discharge but delayed due to lack of community facilities) • Medical vacancies (4 junior doctor gaps and no substantive consultant) resulting in high usage of medical agency. <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 • 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 has reviewed the site and spent 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	Mar 16
Medically Fit For Discharge		529	785	1048	1049	1040	1035	1245	1288	900	920	890	951
Number of A&E attendances		13298	13772	13384	13768	13395	13353	13610	13217	13132	13367	13125	14243
Number of emergency admissions		3257	3405	3202	3333	3184	3024	3191	3158	3187	3258	3184	3581
% conversion rate		24.49%	24.72%	23.92%	24.21%	23.77%	22.65%	23.45%	23.89%	24.27%	24.37%	24.26%	25.70%
Number of escalation beds open (peak)		53	44	26	22	20	46	58	59	70	62	53	88
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	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%	4.68%

Access to Services: Referral to Treatment

Access to Services: Lead Director: Mark Brassington; Chief Operating Officer	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
Referral to Treatment - Incompletes Total	92%	92.24%	91.88%	92.47%	90.79%	92.19%	93.22%	91.31%	91.62%	92.70%	92.87%
Referral to Treatment - Incompletes Admitted		82.37%	84.51%	76.81%	77.04%	83.21%	89.14%	81.32%	83.56%	87.01%	87.69%
Referral to Treatment - Incompletes Non-Admitted		94.51%	93.46%	95.02%	92.94%	94.22%	94.00%	92.89%	92.91%	93.19%	94.23%
Referral to Treatment Admitted Pathway	90%	65.40%	72.39%	66.12%	70.91%	66.72%	77.55%	65.80%	69.20%	65.22%	72.38%
Referral to Treatment - Non-Admitted	95%	89.21%	88.56%	88.59%	87.49%	91.76%	90.85%	85.89%	86.59%	84.10%	85.43%

March Performance Overview

The Trust's March performance for RTT was 92.24%. This is the eighth month in a row that the Trust have achieved the RTT standard. The overall Trust performance in March was lower than that in February. Factors contributing to this deterioration include ongoing impact of cancellations link to junior doctors strike, reduced activity at the end of the month due to the Easter weekend and the external validators leaving the Trust.

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. An internal validation team is now in place.

Key specialities where performance has been challenged during March include Orthopaedics, General Surgery, ENT and Cardiology. Performance within General Surgery and Orthopaedics has remained relatively static over recent months, additional capacity is being provided in the short term in these areas whilst the Business Units implement longer term sustainable improvement strategies. The reduced level of performance in ENT and Cardiology occurred within March, the Business Units are currently devising recovering plans for these specialities.

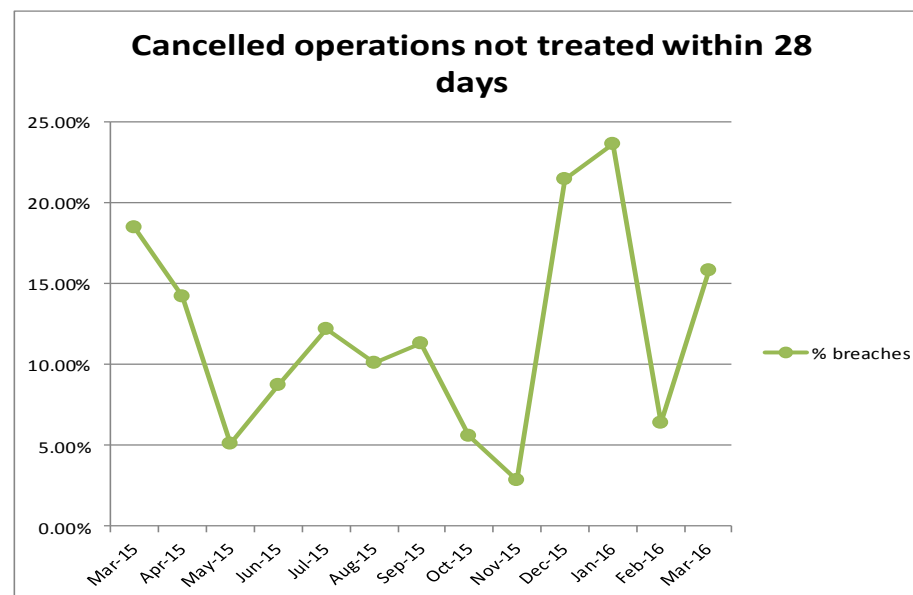
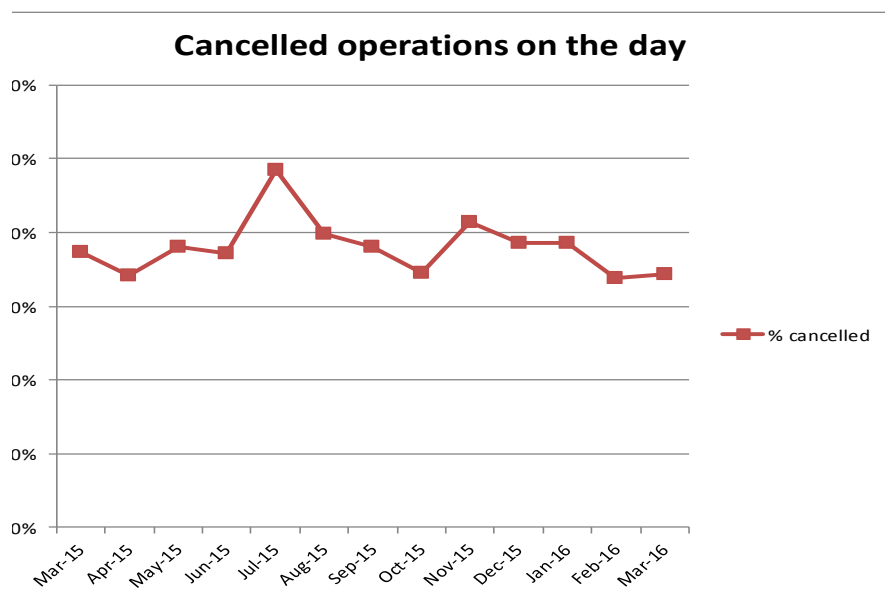
3. Cancelled Operations

The total number of cancelled operations on the day for non-clinical reasons in March 2016 was 106 (1.71%). 15 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 67 (1.08%).

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	
		Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
	1.1%	1.71%	1.89%	2.04%	2.30%	1.74%	1.67%	0.94%	1.10%	0.54%	1.25%

Cancelled Ops Not treated within 28 days. (Breach)	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
		Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD	Mar-16	YTD
	0%	15.79%	15.49%	18.03%	15.82%	15.38%	18.91%	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 Valid'd Actual	Mar 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%	94.9%	92.7%
14 day breast	93%	44.3%	87.0%	88.5%	83.4%	85.8%	81.8%	87.8%	93.8%	94.3%	93.8%	95.9%	90.6%
31 day first	96%	99.6%	96.0%	95.2%	97.4%	93.6%	98.4%	99.1%	99.0%	98.1%	96.1%	97.2%	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%	98.9%	97.0%
radiotherapy	94%	80.9%	75.3%	83.0%	96.0%	93.1%	95.1%	94.9%	98.0%	97.4%	73.5%	88.9%	89.6%
surgery	94%	91.7%	97.4%	91.9%	95.3%	96.7%	91.3%	97.1%	94.4%	97.1%	87.8%	92.2%	91.4%
62 day classic	85%	76.5%	67.3%	72.4%	72.7%	78.2%	70.3%	74.1%	82.6%	84.8%	72.8%	71.8%	75.5%
62 day screening	90%	91.3%	85.7%	77.8%	100%	73.9%	84.2%	87.5%	92.5%	81.2%	84.8%	88.9%	91.9%
62 Day Upgrade	85%	100%	100%	100%	100%	88.2%	100%	96.4%	87.9%	85.2%	90.5%	68.4%	62.3%

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 62-day classic standard in December), January and February's performance has fallen below these standards. This could be attributed to a number of factors, however the main trends in reasons attributed to breaches revolve around patient choice- with the bulk of those being due to people not wishing to be treated around Christmas and New Year and this having a knock-on effect into the following month.

Against this, demand continues to cause challenges to diagnose all patients by day 41. This increased number of referrals and hence demand on diagnostics, such as Breast 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, Lincoln Lower GI, Grantham Lower GI and Trust-wide Gynaecology, with the next cohort to start moving across being Pilgrim Lung and Lower GI and Trust-wide Upper GI. 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.

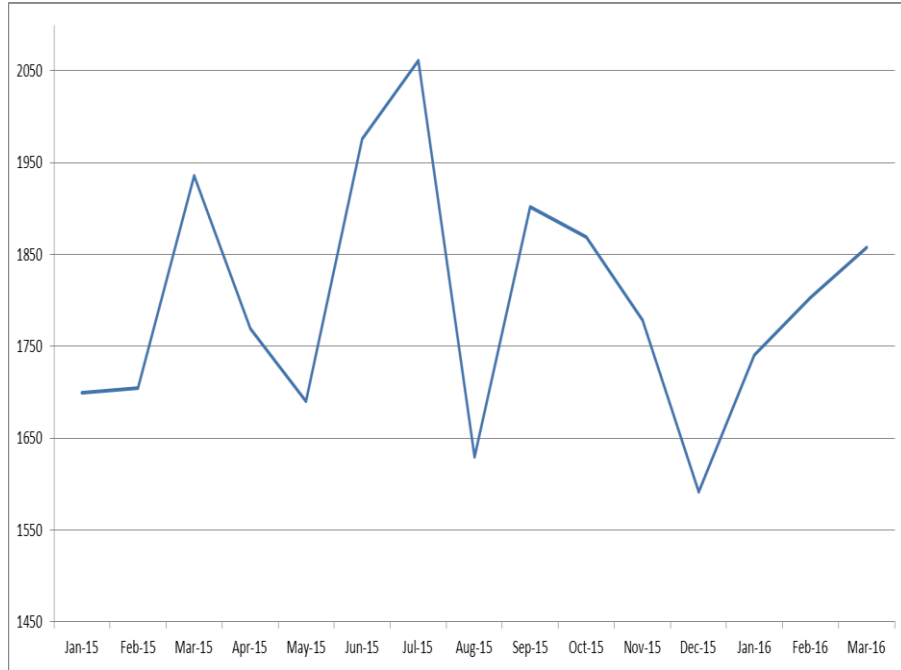
The continued success of both 14 Day standards through November, December, January and February demonstrates the effectiveness of the weekly operational meetings that continue for all departments involved in First Appointment (One-stop) for the Breast pathways, ensuring that capacity is maximized and matching the current demand, though March and April performance against both standards has been severely challenged.

Radiotherapy performance has been impacted by significant patient choice in December and January, together with a lack of Oncologists (particularly having the correct Oncologist for the tumour site). By mid-May we will have all 12 Oncologists in post and the end June/July performance should show an improvement.

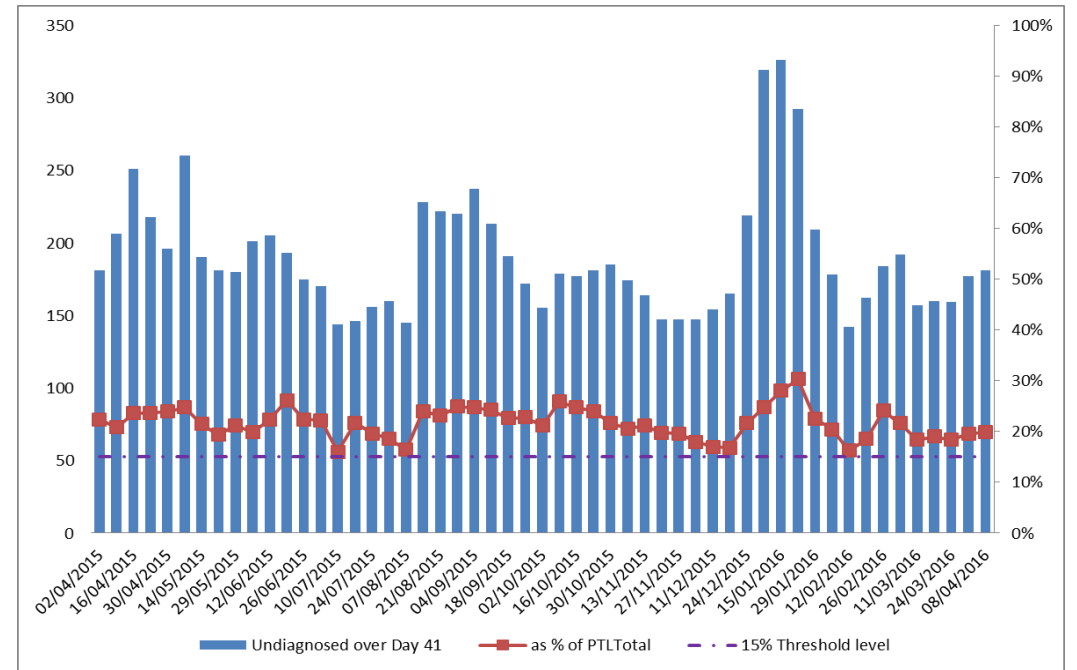
Implementation of the second LINAC has also had an effect on performance. A faulty switch on the new machine resulted in unexpected downtime (2 weeks) but as this failure was purely mechanical and not due to a lack of planning, nothing could be learnt from this for the next implementation.

The 62 Day Classic standard continues to remain the most challenged standards 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 - Surgery	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
			94%	92.2%	93.6%	87.8%	93.6%	100%	95.0%	100%	87.2%	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
4 breaches – 3 attributed to lack of capacity, 1 cancellation by hospital		An issue arose when a service was repatriated to ULH, creating multiple breaches in April. This has been resolved and achievement should be gained from May.					March and April are forecast to underperform					

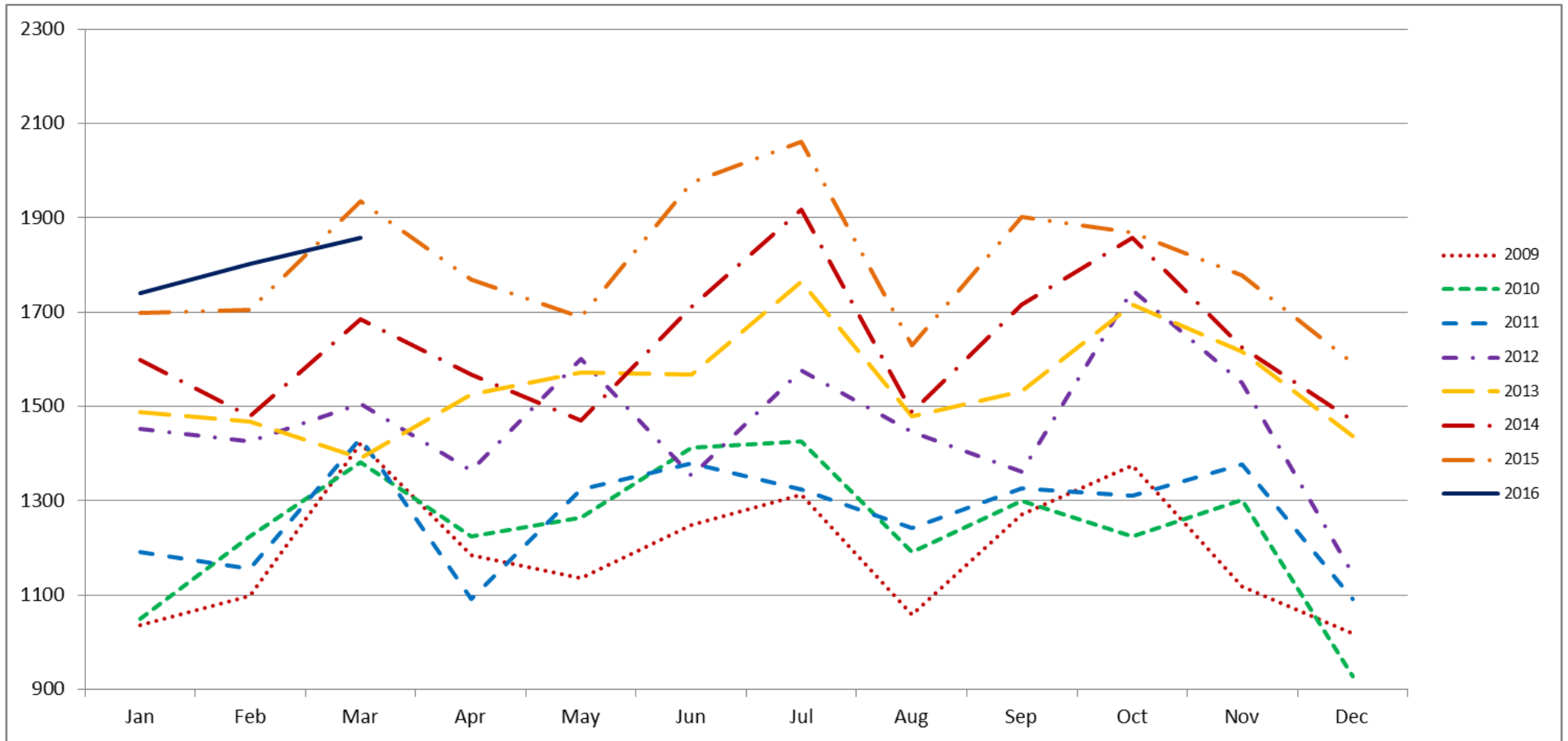
	31 Day Subsequent Treatment - Radiotherapy	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
			94%	88.9%	88.5%	88.9%	88.5%	-	-	-	-	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
12 breaches in total – 6 patient choice, 3 lack of capacity, 3 medical reason delays		First new LINAC went fully operational from August 2015, the next due to come online in February 2016					March and April are forecast to underperform					

	62 day waiting time from referral to treatment	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
			85%	71.8%	75.1%	64.5%	66.6%	83.3%	76.5%	100%	83.6%	
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
41 accountable breaches in total – a mixture of patient delays, complex pathways, late tertiary referrals and capacity		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					March and April 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	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
			90%	88.9%	86.3%	81.8%	85.3%	100%	77.7%	100%	57.9%	
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
2 breaches (1 above tolerance) – both patient delays		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.					March is forecast above standard but April is forecast to underperform.					

	62 day Upgrade	Standard	Trust		Lincoln		Pilgrim		Grantham		Louth	
			Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD	Feb-16	YTD
		90%	68.4%	87.7%	58.33%	-	70.59%	-	66.67%	-	-	-
<i>Underperformance exception report</i>		<i>Actions taken to achieve the standard</i>					<i>Achievement Forecast</i>					
11 breaches – mixture of capacity problems and delayed tertiary referrals		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.					March and April are 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%	94.9%	
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%	95.9%	
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%	97.2%	
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%	87.8%	92.2%	
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%	98.9%	
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%	73.5%	88.9%	
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%	71.8%	
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%	88.9%	