
DATE	September 2013
REPORT FOR	Trust Board of Directors – Part A
REPORT FROM	FINANCE COMMITTEE – Stanley Shreeve, Chairman
CONTACT OFFICER	MIKE ROCKE, Director of Finance, Planning & Performance
SUBJECT	Performance Compliance, August 2013
BACKGROUND DOCUMENT (IF ANY)	
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Finance Committee – 19 Sept 2013
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	This paper summarises the key issues presented to, and discussed by, the Finance Committee
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	As outlined in the main body of the report
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	n/a
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	n/a
ACTION REQUIRED BY THE BOARD	To note the report and consider the need for any further actions to address the issues highlighted in the report.

Report to Finance Committee – September 2013

Compliance Framework Performance Update 2012/13 For the period ending 31st August 2013

This report focuses solely upon the key performance measures contained within the 2013 Monitor Compliance Framework. Any risks relating to performance against the various key performance indicators contained within the Trust's commissioning contract which could potentially result in the imposition of fines and penalties is highlighted in the monthly Trading report.

2013/14 Compliance Framework Summary

Monitor, through its Compliance Framework, continues to assign a governance risk rating to reflect the quality of governance at the Trust. Monitor includes five elements, three of which have an associated performance score as follows:-

Performance against National Measures (Appendix A)	Declared risk of, or actual, failure to meet any of the indicators = 0.5 or 1.0
Third Parties – Care Quality Commission	Major Impact on Patients = 2.0 Enforcement Action = 4.0
Commissioner Requested Services	Declared risk of, or actual, failure to deliver CRS = 4.0

This report monitors the Trust's performance against the standards and measures contained within the 2013/14 Monitor Compliance Framework. The governance rating which Monitor will use in order to gauge potential escalatory measures will continue to be based upon the following penalty point scoring system:-

Green	a score of less than 1.0
Amber – Green	a score from 1.0 to 1.9
Amber – Red	a score from 2.0 to 3.9
Red	a score of 4.0 or more

The Compliance Framework continues to have governance red-rating overrides. The detail of these is below with the last column indicating the Trust exposure. Amber represents a potential risk based upon recent performance.

Indicator	Red Rating may apply if the Trust;-	
MRSA	<ul style="list-style-type: none"> Has > 6 cases in the year to date 	
CDiff	<ul style="list-style-type: none"> Has > 12 cases in the year to date and either Breaches the cumulative year-to-date trajectory for 3 successive quarters Breaches its full year objective Reports important or significant outbreak 	
Referral to Treatment Waiting Times	<ul style="list-style-type: none"> Breaches any 3 of the measures for a third successive quarter 	
A&E	<ul style="list-style-type: none"> Fails to meet the target twice in any two quarters over a 12month period and fails the indicator in a quarter during the subsequent 9month period or the full year 	
Cancer Waiting Times	<ul style="list-style-type: none"> Breaches the 31-day cancer waiting time for third successive quarter Breaches the 62-day cancer waiting time for third successive quarter 	
Community Services Data Completeness	<ul style="list-style-type: none"> Fails to maintain the threshold for data completeness for <u>any</u> of the following for a third successive quarter <ul style="list-style-type: none"> - RTT information - Service referral information - Treatment activity information 	
Any Indicator Weighted 1.0	<ul style="list-style-type: none"> Breaches the indicator for three successive quarters 	

SECTION ONE - Summary Performance against National Measures

Quarter One Feedback

The Trust has received formal feedback on performance for the first quarter of 2013/14.

Previous reports raised the strong likelihood that this would place a red governance rating upon the Trust and the quarter one feedback has confirmed this.

Monitor considers the findings of the Keogh review to provide sufficient evidence to suspect the Trust to be in breach of its Provider Licence. For the first quarter of 2013/14 the Trust has a red governance rating.

Monitor also stated the failure of the Trust to achieve the A&E 4 hour wait measure contributed to the red governance rating.

Quarter Two Performance to date

Performance within A&E during the second quarter up to 31st August led to a 96.7% achievement against the 95% 4hour target. Whilst the threshold was achieved as a Trust, Scunthorpe A&E department continues to experience difficulties in achieving the standard reporting an average in-month performance of 94.8%.

No further MRSA infections occurred during August 2013 therefore the Trust continues to report one infection to date. It is not expected that this will trigger a governance concern with Monitor at this stage due to the fact that the Trust is expected to contain all cases within the de-minimis levels set out in the Compliance Framework.

There has been a second case of MRSA during August which is currently part of a Post Infection Review. Due to the complexities of the patient journey, the case will be going to arbitration to the Director of Public Health to confirm allocation of either hospital or community acquired.

The Trust reports eleven cases of clostridium difficile infection at the end of August; this is within the current trajectory.

Based upon the August performance the Trust would otherwise attract a green rating for compliance purposes however based upon the feedback received from Monitor for quarter 1 performance, it is anticipated that the red governance rating will continue until the conditions on the Trusts operating licence are removed.

Potential Penalty Points for Quarter to date	0
Potential Compliance Issues:	No immediate issue, risks re C Diff/A&E
Governance Rating range:	Green
GOVERNANCE OVERRIDE :	RED

SECTION 2 - Individual Performance Risk Areas

The Trust's overall performance against the various targets contained within the Compliance Framework is summarised on the attached appendix. Detailed assessments of performance against individual metrics are provided in the respective backing sheets.

A). Infection Control Targets

Clostridium Difficile

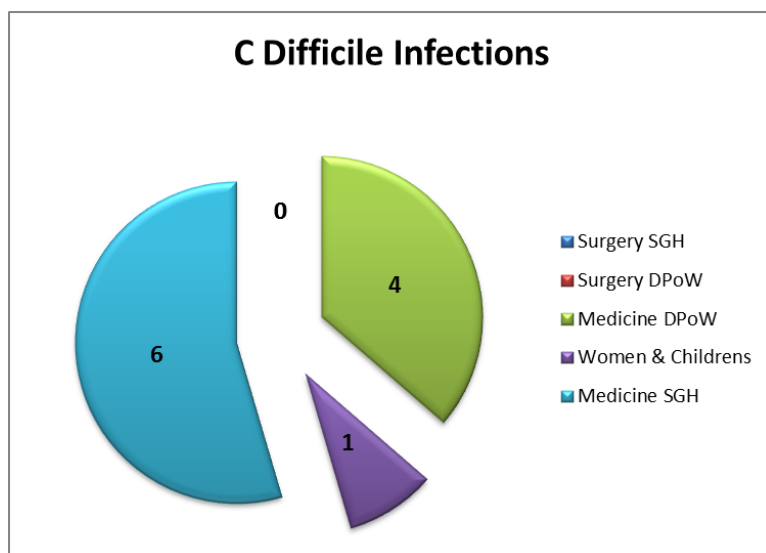
1314 Objective	De Minimis Limit	YTD Trajectory	YTD Actual
30	12	13	11

This level of infections is

- less than < Monitor's de minimis limit
- within our full year objective
- does not breach the year to date trajectory

Based upon this performance the Trust will not be declaring a CDiff compliance failure

Against a threshold up to the end of the second quarter of 15, no further infections have been confirmed. The distribution of the 11 clostridium difficile infections by group to date is summarised in the following chart



MRSA

1314 Threshold	De Minimis Limit	YTD Trajectory	YTD Actual
Zero Tolerance	6	0	1

There are no nationally set MRSA Objectives for 2013/14. The NHS Commissioning Board, Everyone Counts Framework 2013/14 introduced zero tolerance to MRSA infections.

The Trust leaves the first five months of 2013/14 with a single MRSA infection.

This level of infections is

- less than < Monitors de minimis limit
- Breaches the zero tolerance approach to infections

Monitor will assess NHS foundation trusts for breaches of the C. difficile and MRSA objectives against their objectives at each quarter using a cumulative year-to-date trajectory as follows:

Criteria	Will a score be applied?
Where the number of cases is less than or equal to the de minimis limit	No
If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective	No
If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective	Yes
If a trust exceeds its national objective above the de minimis limit	Yes (and a red rating applied)

Based upon performance to date the Trust will not be declaring an MRSA compliance failure

For information the community acquired infections, which the Trust is not assessed against, have been included in the detailed reports.

B. Cancer Waiting Times

Continued close monitoring of potential issues with the achievement of cancer standards have ensured that all standards were within trajectory at the end of the August.

C. A&E Waiting Times

Performance above the threshold needs to be sustained throughout the remainder of the second quarter. Should this level of performance not be sustained and the Trust fail to achieve the A&E threshold for a third successive quarter, the compliance framework override mechanism (detailed on page 1) will come into effect.

D. 18 Week Waiting Times

The tighter monitoring of the 18 weeks performance has continued to deliver a strong position against these indicators.

The Trust achieved all three of the 18 weeks measures.

E. Other

There are currently no issues across any of the other indicators.

SECTION 3 - Care Quality Commission

Whilst no major concerns were highlighted during the CQC visit earlier this year the Trust has put in place an action plan which will address each area of concern raised and ensure full compliance with our registration is delivered.

The issues raised do not constitute a major impact on patients or an enforcement action and on this basis the Trust continues to declare compliance.

SECTION 4 - Commissioner Requested Services (CRS)

Trusts are required by their Continuity of Services conditions to be able to provide Commissioner Requested Services and then, by exception, to declare in-year if there is a risk of none provision.

Commissioners have not alerted the Trust of any new intention to tender a service during 2013-14 however the Trust is continuing with its response to the Pathology tender published during 2012/13.

No formal changes to the Trusts CRS have been proposed/actioned.

SECTION 5- Recommendations for Action

Continued focus needs to be given to the following areas to ensure quality care is delivered on a sustainable basis;

1. Address the inconsistency in performance seen within the Emergency Care Centre.
2. Continued focus to be given to reducing Healthcare Acquired Infections in view of both current performance and the more challenging thresholds applied to 2013-14.
3. Each of our clinical groups to provide assurance that patient flows within the services are robust and pathways are adhered to. Any causes for concern or potential risks to key measures eg 18 week RTT to be escalated immediately as part of the performance process.
4. Maintain discussions with
 - i. commissioner organisations as the Sustainable Services Review progresses.
 - ii. other providers of healthcare to ensure an integrated approach to service delivery across Northern Lincolnshire, Lincolnshire and Goole.

Mike Rocke
Director of Finance, Planning & Performance
September 2013

PERFORMANCE COMPLIANCE REPORT
Appendix One

2013/14
Month 05

Section	Contents
1	Summary Statement
2	Infection Control Targets MRSA C Diff
3	Referral to Treatment Waiting Times Admitted 95th percentile Non-Admitted 95th percentile
4	Cancer Targets 1 month wait - diagnosis to treatment 1 month wait - subsequent treatment; anti-cancer drugs 1 month wait - subsequent treatment; surgery 1 month wait - referral to treatment; specific cancers 2 week wait - referral to consultation 2 week wait - breast symptomatic 62 day wait - urgent GP referral to treatment 62 day wait - consultant screening service referral
5	A&E Target 4 hour wait compliance

MONITOR COMPLIANCE FRAMEWORK SUMMARY
Performance Against Key Thresholds For The Period 1st April 2013 To 31st August 2013

TARGET	2012/13 Qtr1	2012/13 QTR 2	2012/13 QTR 3	2012/13 QTR 4	2013/14 QTR 1	WEIGHTING	QTR 2 THRESHOLD TO DATE	QTR 2 ACTUAL TO DATE	FAILURE WEIGHTING
Infection Control *									
1 MRSA Bacteraemia	G	G	G	G	R	1.0	0	1	G*
2 Clostridium Difficile	G	G	G	R	G	1.0	13	11	G
Referral to Treatment Waiting Times									
3 Admitted - Maximum waiting time of 18 weeks	G	G	G	G	G	1.0	90.0%	92.7%	G
4 Non-admitted - Maximum waiting time of 18 weeks	G	G	G	G	G	1.0	95.0%	97.2%	G
5 Incomplete - Maximum waiting time of 18 weeks	G	G	G	G	G	1.0	92.0%	96.5%	G
Cancer									
6 31 day wait diagnosis to treatment	G	G	G	G	G	0.5	96.0%	100.0%	G
7 i) 31 day wait for subsequent treatments - Surgery	G	G	G	G	G	1.0	94.0%	100.0%	G
ii) 31 day wait for subsequent treatments - Anti cancer drugs	G	G	G	G	G		98.0%	100.0%	G
8 i) 62 day wait GP referral to treatment	G	G	G	G	G	1.0	85.0%	95.1%	G
ii) 62 day wait Consultant screening service referrals	G	G	G	G	G		90.0%	100.0%	G
9 i) 2 week wait referral to consultation	G	G	G	G	G	0.5	93.0%	99.1%	G
ii) 2 week wait breast symptom referrals	G	G	R	G	G		93.0%	96.1%	G
A&E									
10 A&E 4 Hour Wait Compliance	G	G	G	R	R	1.0	95.0%	96.7%	G
Data Completeness Community Services									
11 i) Referral to treatment information	G	G	G	G	G	1.0	50.0%	96.0%	G
ii) Referral Information	G	G	G	G	G		50.0%	79.0%	G
iii) Treatment Activity Information	G	G	G	G	G		50.0%	79.0%	G
Access **									
12 Access to healthcare for people with learning disability	G	G	G	G	G	0.5	Y/N	Y	G

* Cumulative figures

Total Monitor Compliance Score 0.0

** Annual

Monitor Compliance Rating Red

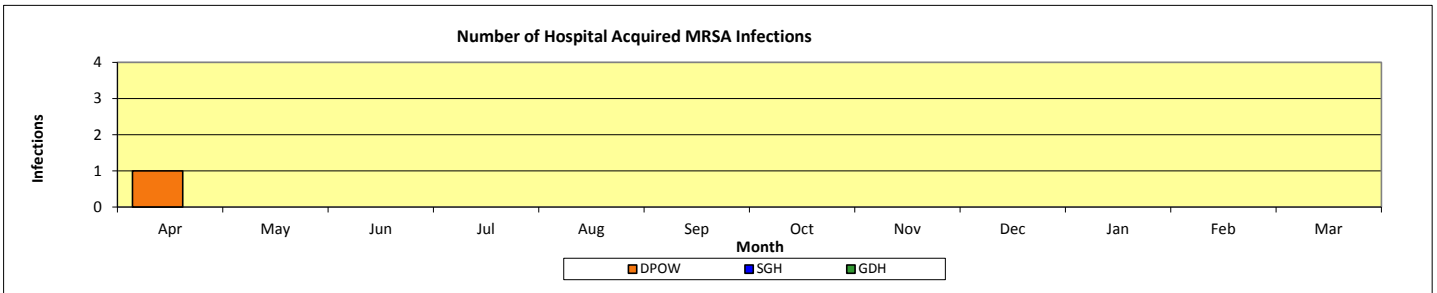
HOSPITAL ACQUIRED INFECTIONS

NUMBER OF HOSPITAL ACQUIRED MRSA INFECTIONS

ANNUAL THRESHOLD 0
CURRENT 1

MONTH 5
REF KPI CB A15

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	0	0	0	0	0	0			
Actual	1	0	0	1	0	0			
Variance	-1	0	0	-1	0	0			
Site Performance									
DPoW	1	0	0	1	0	0			
SGH	0	0	0	0	0	0			
GDH	0	0	0	0	0	0			
Commissioner Performance									
NHS Doncaster	0	0	0	0					
NHS East Riding of Yorkshire CCG	0	0	0	0					
NHS North East Lincolnshire	1	0	1	2	0	0			
Other	0	0	0	0	0	0			



NUMBER OF COMMUNITY ACQUIRED MRSA INFECTIONS (For Information)

ANNUAL THRESHOLD N/A
CURRENT 0

MONTH 5
REF KPI CB A15

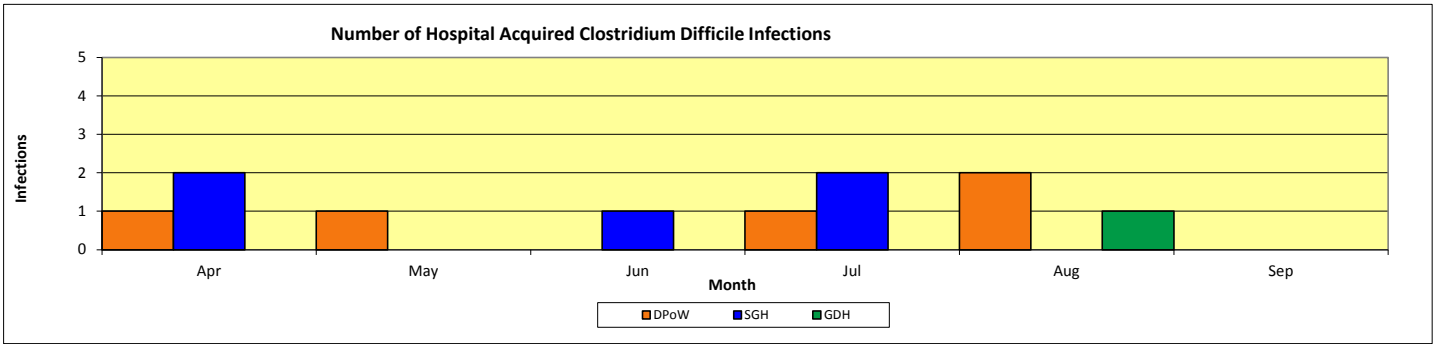
	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	0	0	0	0	0	0		0	
Actual	0	1	1	2	2	1		3	
Variance	0	-1	-1	-2	-2	-1		-3	
Site Performance									
DPoW	0	0	0	0	0	0		0	
SGH	0	1	0	1	2	0		2	
GDH	0	0	1	1	0	0		0	
Commissioner Performance									
NHS Doncaster	0	0	0	0	0	0		0	
NHS East Riding of Yorkshire CCG	0	0	0	0	1	0		1	
NHS North East Lincolnshire	0	0	1	1	0	0		0	
NHS North Lincolnshire	0	1	0	1	1	0		1	
NHS Sheffield	0	0	0	0	0	0		0	
NHS Vale of York CCG	0	0	0	0	0	0		0	
NHS Lincolnshire East CCG	0	0	0	0	0	0		0	
NHS Lincolnshire West CCG	0	0	0	0	0	0		0	
NHS South West Lincolnshire CCG	0	0	0	0	0	1		1	
NHS South Lincolnshire CCG	0	0	0	0	0	0		0	
Other	0	0	0	0	0	0		0	

NUMBER OF HOSPITAL ACQUIRED CLOSTRIDIUM DIFFICILE INFECTIONS

ANNUAL THRESHOLD 30
CURRENT 11

MONTH 5
REF KPI CB A16

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	3	2	3	8	2	3		5	
Actual	3	1	1	5	3	3		6	
Variance	0	1	2	3	-1	0		-1	
Site Performance									
DPoW	1	1	0	2	1	2		3	
SGH	2	0	1	3	2	0		2	
GDH	0	0	0	0	0	1		1	
Commissioner Performance									
NHS East Riding of Yorkshire CCG	0	0	0	0	0	1		1	
NHS North East Lincolnshire	1	1	0	2	1	2		3	
NHS North Lincolnshire	2	0	1	3	2	0		2	
Other				0				0	



NUMBER OF COMMUNITY ACQUIRED CLOSTRIDIUM DIFFICILE INFECTIONS (For Information Only)

THRESHOLD N/A
CURRENT 6

MONTH 5
REF KPI N/A

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Actual	3	0	2	5	0	1		1	
Site Performance									
DPoW	1	0	0	1	0	0		0	
SGH	2	0	2	4	0	1		1	
GDH				0				0	
Commissioner Performance									
NHS North East Lincolnshire	1	0	0	1	0	0		0	
NHS North Lincolnshire	2	0	2	4	0	0		0	
Other	0	0	0	0	0	0		0	

REFERRAL TO TREATMENT

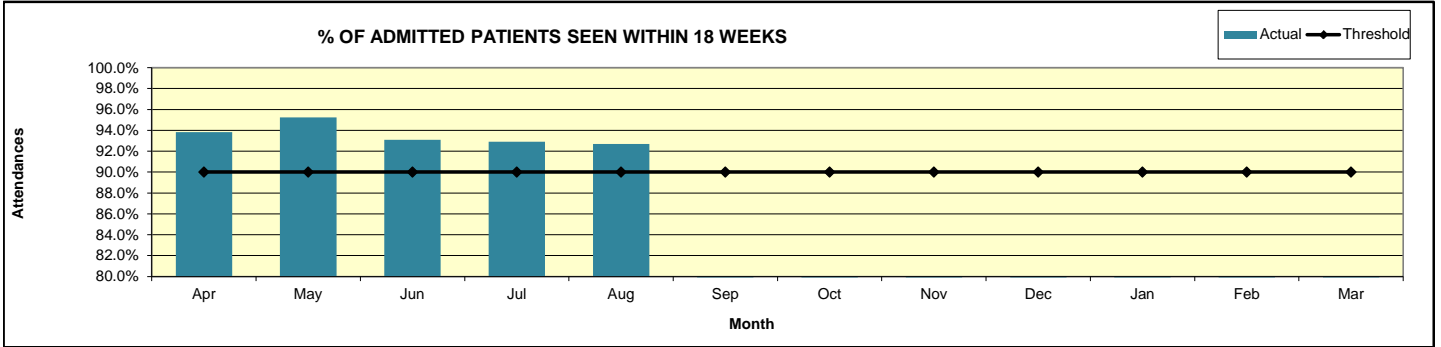
% OF ADMITTED WITHIN 18 WEEKS

THRESHOLD 90.0%
CURRENT 92.7%

MONTH 5
REF KPI CB B01

Trust Performance

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Threshold	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Actual	93.8%	95.2%	93.1%	93.1%	92.9%	92.7%			
Variance	3.8%	5.2%	3.1%	3.1%	2.9%	2.7%			



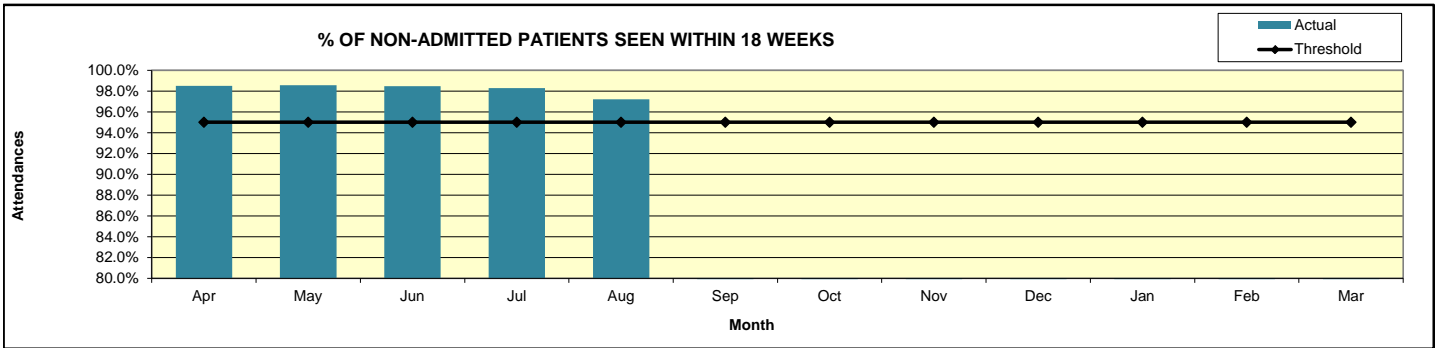
% OF NON-ADMITTED WITHIN 18 WEEKS

THRESHOLD 95.0%
CURRENT 97.2%

MONTH 5
REF KPI CB B02

Trust Performance

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Threshold	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	98.5%	98.6%	98.5%	98.5%	98.3%	97.2%			
Variance	3.5%	3.6%	3.5%	3.4%	3.3%	2.2%			



% OF INCOMPLETE WITHIN 18 WEEKS

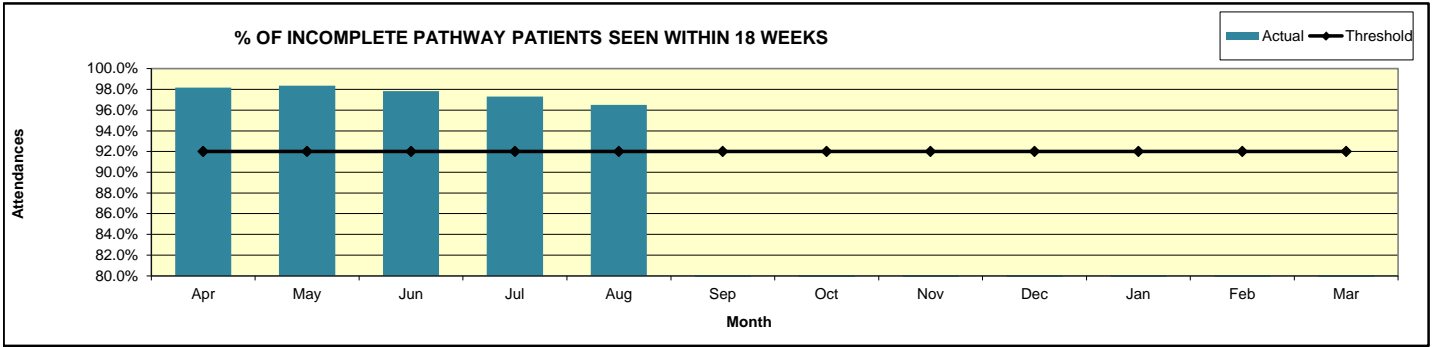
THRESHOLD 92.0%
CURRENT 96.5%

MONTH 5
REF KPI CB B03

Trust Performance

Threshold
 Actual
 Variance

Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
98.2%	98.4%	97.8%	97.8%	97.3%	96.5%			
6.2%	6.4%	5.8%	5.8%	5.3%	4.5%			



CANCER PERFORMANCE - 31 DAY TARGETS

1 MONTH WAIT DIAGNOSIS TO TREATMENT

THRESHOLD	96.0%
CURRENT	100.0%

MONTH	5
REF KPI	CB B08

Trust Performance

Threshold
Actual
Variance

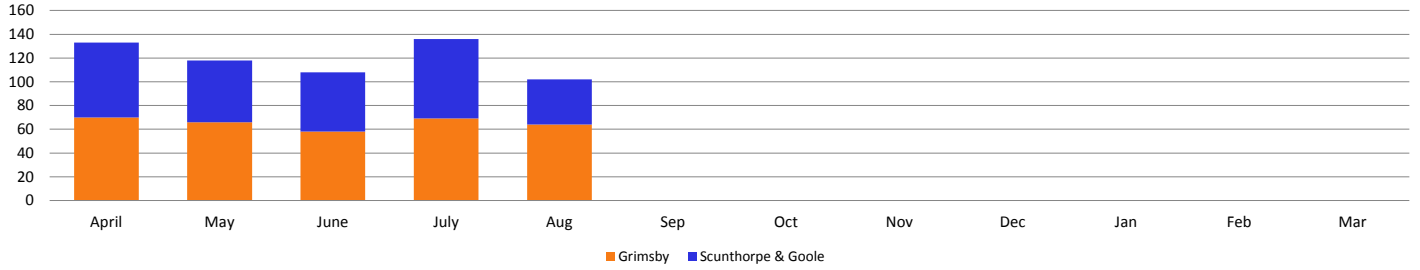
Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		96.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		4.0%	

Site Performance

DPoW
SGH

100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	

1 MONTH WAIT DIAGNOSIS TO TREATMENT - PATIENTS SEEN



1 MONTH WAIT SUBSEQUENT TREATMENTS ANTI-CANCER DRUGS

THRESHOLD	98.0%
CURRENT	100.0%

MONTH	5
REF KPI	CB B10

Trust Performance

Threshold
Actual
Variance

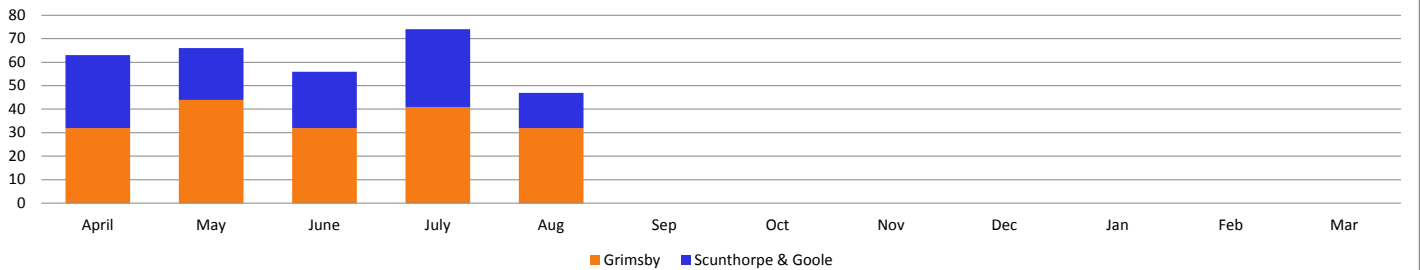
Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		98.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
2.0%	2.0%	2.0%	2.0%	2.0%	2.0%		2.0%	

Site Performance

DPoW
SGH

100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	

1 MONTH WAIT SUBSEQUENT TREATMENTS ANTI-CANCER DRUGS - PATIENTS SEEN



1 MONTH WAIT SUBSEQUENT TREATMENTS SURGERY

THRESHOLD	94.0%
CURRENT	100.0%

MONTH	5
REF KPI	CB B09

Trust Performance

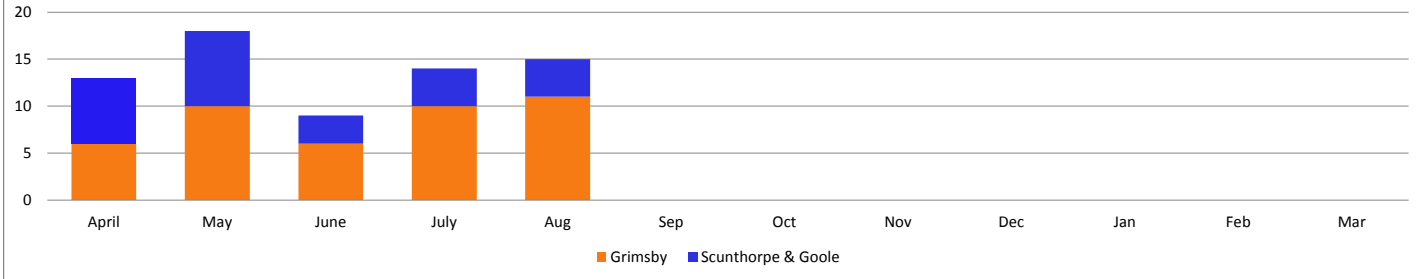
Threshold
Actual
Variance

Site Performance

DPoW
SGH

Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		94.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
6.0%	6.0%	6.0%	6.0%	6.0%	6.0%		6.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	

1 MONTH WAIT SUBSEQUENT TREATMENTS SURGERY - PATIENTS SEEN



CANCER PERFORMANCE - 62 DAY WAIT

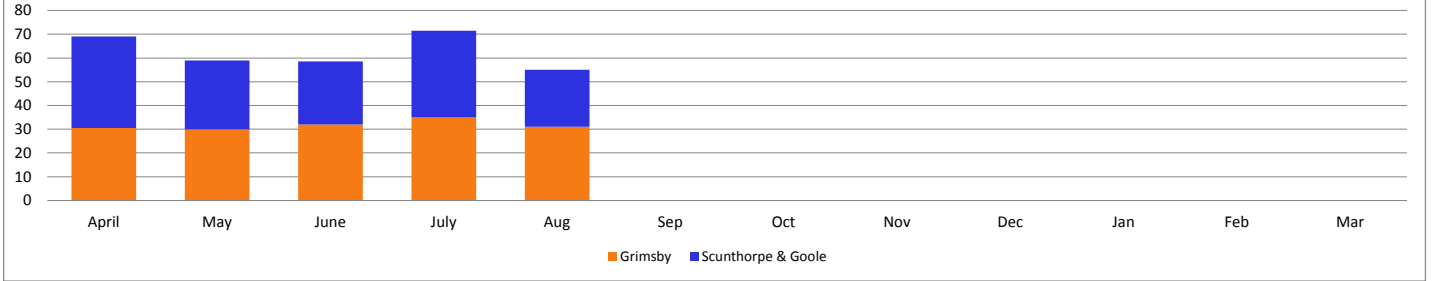
62 DAY WAIT - URGENT GP REFERRAL TO TREATMENT

THRESHOLD	85.00%
CURRENT	95.11%

MONTH	5
REF KPI	CB B12

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%		85.00%	
Actual	94.52%	90.77%	92.86%	92.79%	94.08%	96.49%		95.11%	
Variance	9.52%	5.77%	7.86%	7.79%	9.08%	11.49%		10.11%	
Site Performance									
DPoW	91.04%	85.71%	87.67%	88.10%	93.33%	96.88%		94.96%	
SGH	97.47%	96.67%	100.00%	97.92%	94.81%	96.00%		95.28%	

62 DAY WAIT URGENT GP REFERRAL TO TREATMENT - PATIENTS SEEN



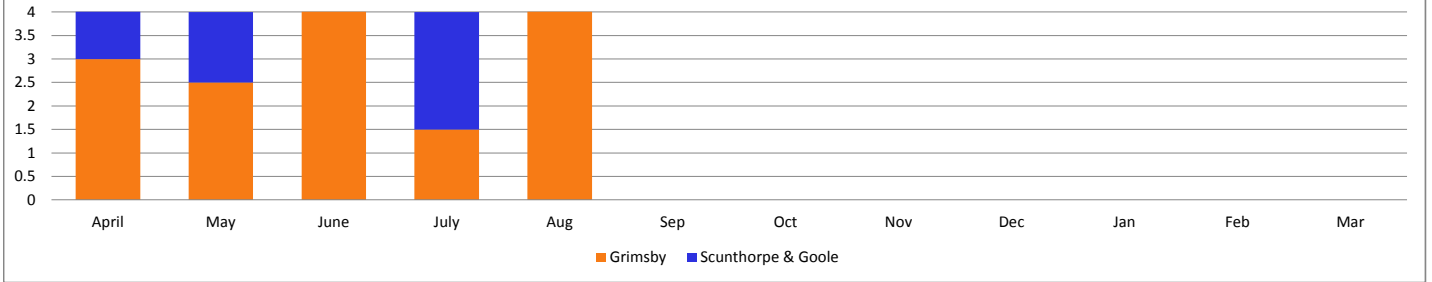
62 DAY WAIT - CONSULTANT SCREENING SERVICE REFERRAL

THRESHOLD	90.00%
CURRENT	100.00%

MONTH	5
REF KPI	CB B13

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		90.00%	
Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
Variance	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%		10.00%	
Site Performance									
DPoW	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
SGH	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	

62 DAY WAIT - CONSULTANT SCREENING SERVICE REFERRAL - PATIENTS SEEN



CANCER PERFORMANCE - 2 WEEK WAIT

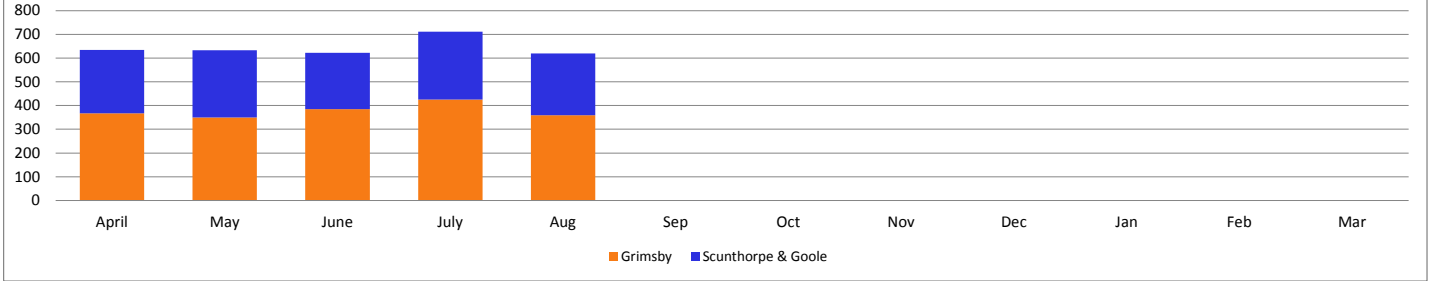
2 WEEK WAIT REFERRAL TO CONSULTATION

THRESHOLD	93.00%
CURRENT	99.11%

MONTH	5
REF KPI	CB B6

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%		93.00%	
Actual	98.75%	99.22%	99.20%	99.06%	98.75%	99.52%		99.11%	
Variance	5.75%	6.22%	6.20%	6.06%	5.75%	6.52%		6.11%	
Site Performance									
DPoW	98.40%	98.87%	98.97%	98.75%	98.38%	99.17%		98.74%	
SGH	99.25%	99.65%	99.58%	99.49%	99.31%	100.00%		99.64%	

2 WEEK WAIT - PATIENTS SEEN



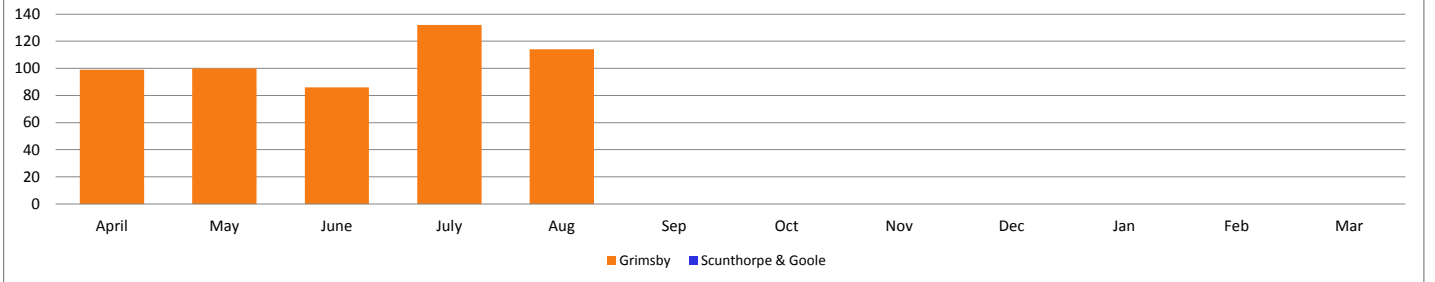
2 WEEK WAIT BREAST SYMPTOMATIC

THRESHOLD	93.00%
CURRENT	96.09%

MONTH	5
REF KPI	CB B7

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%		93.00%	
Actual	97.06%	97.09%	95.56%	96.61%	94.96%	97.44%		96.09%	
Variance	4.06%	4.09%	2.56%	3.61%	1.96%	4.44%		3.09%	
Site Performance									
DPoW	97.06%	97.09%	95.56%	96.61%	94.96%	97.44%		96.09%	
SGH	Nil	Nil	Nil	Nil	Nil	Nil		Nil	

2 WEEK WAIT BREAST SYMPTOMATIC - PATIENTS SEEN



A&E REPORTING

PERCENTAGE OF PATIENTS SEEN WITHIN 4 HRS

THRESHOLD 95.0%
CURRENT 96.7%

MONTH 5
REF KPI CB B05

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Q4
Trust Performance									
Threshold	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		95.0%	
Actual	91.3%	96.2%	96.5%	94.7%	97.2%	96.1%		96.7%	
Variance	-3.7%	1.2%	1.5%	-0.3%	2.2%	1.1%		1.7%	
Site Performance									
DPoW	87.0%	95.7%	94.5%	92.5%	97.2%	96.1%		96.7%	
SGH	92.3%	95.5%	97.1%	95.0%	96.2%	94.7%		95.5%	
GDH	99.8%	99.6%	99.9%	99.8%	99.7%	99.8%		99.8%	
Commissioner Performance									
NHS Doncaster	99.0%	99.3%	98.6%	99.0%	99.7%	100.0%		99.8%	
NHS East Riding of Yorkshire CCG	97.7%	98.6%	99.7%	98.6%	99.0%	98.7%		98.8%	
NHS North East Lincolnshire	87.5%	96.2%	94.9%	92.9%	97.2%	96.3%		96.8%	
NHS North Lincolnshire	92.7%	95.7%	97.0%	95.2%	96.5%	94.9%		95.7%	
NHS Sheffield	83.3%	100.0%	100.0%	95.1%	100.0%	100.0%		100.0%	
NHS Lincolnshire East CCG	82.4%	91.8%	92.0%	88.7%	96.6%	93.8%		95.1%	
NHS Lincolnshire West CCG	91.0%	95.2%	96.5%	94.1%	94.2%	95.0%		94.6%	
NHS South West Lincolnshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
NHS South Lincolnshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Other PCTs	95.8%	98.1%	98.6%	97.5%	98.4%	97.5%		97.9%	