## Integrated Performance Framework

<table>
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<th>Quality</th>
<th>I&amp;E</th>
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<td>Amber</td>
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### Divisional Summary

#### Feedback Summary

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<tr>
<td>Division of Operations &amp; Service Improvement</td>
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#### Workforce Summary

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<tr>
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<th>Unit</th>
<th>Total</th>
<th>Weekly FTEs</th>
<th>Weekly WTE</th>
<th>Total Pay Costs</th>
<th>Sickness Absence</th>
<th>Bank Usage</th>
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#### Operations & Service Improvement

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#### Other

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<tr>
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<td>Apr</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td><strong>Percentage of patients receiving subsequent treatment for cancer within 31-days of cancer diagnosis - CancerAll0</strong></td>
<td>Latest</td>
<td>Apr</td>
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<td>0%</td>
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<td><strong>Percentage of patients receiving subsequent treatment for cancer within 31-days of cancer diagnosis - CancerAll0</strong></td>
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<td>0.00%</td>
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*Legend*
- NA: Not Applicable
- G: Green
- R: Red
- A: Amber
- RTT - Non-Admit 95th percentile for non-admitted no longer than 18 weeks, A/E and cancelled operations
- EAL17: Total on Inpatient Waiting List dates within 17 weeks
- EAL35: Total on Inpatient Waiting List waiting over 35 weeks
- FA: Total number of first outpatient attendances
- FAOther: Other referrals for a first outpatient appointment
- InCompPath: Numbers waiting on incomplete referral to treatment pathway
- 18Incomp: RTT - incomplete % within 18 weeks
- DiagWaits2: % Diagnostic waits waiting 6 weeks or more
- I&E: Waiting on incomplete referral to treatment pathway
- 95th percentile for non-admitted no longer than - RTTNonAdm95
-косметологи
<table>
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<th>Domain</th>
<th>Ref</th>
<th>Issue</th>
<th>Action</th>
<th>Timescale</th>
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<td>Q067</td>
<td>A/E</td>
<td>Reporting sourced from Millennium has continued throughout May. Achieving the 95% standard has remained challenging through May. Q1 performance at the end of May was at 89%. During June, this has improved slightly. W/E 17.6.12 91.65%, 10.6.12 95.4% respectively.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>A033</td>
<td>Cancellations (Hospital)</td>
<td>The figures detailed here are, as yet, unvalidated. The clinical service have a large validation agenda and thus far these have not yet been verified.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>A036</td>
<td>% of cancellations rebooked with 28 days</td>
<td>The clinical service have a large validation agenda and thus far these have not yet been verified.</td>
<td></td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>Q050 &amp; Q052</td>
<td>Elective Access</td>
<td>The Trust is achieving 18 weeks for admitted &amp; non-admitted at a Trust-wide level, by quarter 1 contractually the Trust needs to achieve this target by speciality. Divisional plans are in place &amp; are being monitored.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>Q056 &amp; Q058</td>
<td>Incompletes RTT pathways</td>
<td>The figures presented here are the re-run from the October RTT submission. There are data quality issues with the incomplete RTT pathway numbers, that are being addressed. For transparency it was consider better to present what has been externally reported.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>Q060 – 62</td>
<td>Elective Access</td>
<td>Numbers on the waiting list(EAL): Data Quality issues persist with the waiting list numbers, plans in place for on-going validation &amp; training.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>Q063</td>
<td>Elective Access</td>
<td>% Planned waiting list is also subject to on-going validation with services.</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
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<tr>
<td>Access</td>
<td>Q064</td>
<td>% Diagnostic waits waiting 6 weeks or more</td>
<td>Diagnostic waits over 6 weeks: There are ongoing data quality issues with the diagnostic waiting position. These are extricably linked to the data quality of the waiting lists, and are being addressed as a top priority. The May position was a continuation of the partial return for just the diagnostic tests covering Radiology and</td>
<td>30/06/2012</td>
<td>Director of Clinical Services</td>
</tr>
<tr>
<td>Access</td>
<td>Activity</td>
<td>Narrative</td>
<td></td>
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<tr>
<td>Access</td>
<td>A001 – A017</td>
<td>Following implementation of EPR, there have been a number of data quality issues with the activity figures for both outpatient and inpatients. A001 and A002: GP and Other referrals: Data quality issues exist with this, and are being addressed. The numbers here reflect the external submission of activity.</td>
<td></td>
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<tr>
<td>Access</td>
<td>A029-A32</td>
<td>Theatre Utilisation relevant data to calculate the utilisation rate for Labour theatre is not currently available</td>
<td></td>
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<tr>
<td>Access</td>
<td>A023</td>
<td>Delayed Discharges Delayed discharges remain a major concern for the Trust. However the Provider action plans are now being implemented and the system wide delays have reduced from 201 in March to 159 at 20/5/12.</td>
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<tr>
<td>Access</td>
<td>Q004</td>
<td>Cancer 31 day waits This is the signed off performance from Open Exeter for April.</td>
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<tr>
<td>Access</td>
<td>Q005</td>
<td>Cancer 62 day waits This is the signed off performance from Open Exeter for April.</td>
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<td>Workforce</td>
<td>W005</td>
<td>Vacancy rate distorts financial position Vacancy rate, does not represent gap in service delivery as temporary workforce employed to part cover vacant posts.</td>
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<tr>
<td>Finance</td>
<td>F031</td>
<td>Under-achievement of income v. plan Better than plan - no comment required</td>
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<tr>
<td>Finance</td>
<td>F032</td>
<td>Under-achievement of income v. plan None - close enough to plan not to be of concern at present Review at Q1 Director of Finance</td>
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<tr>
<td>Finance</td>
<td>F033</td>
<td>Under-achievement of income v. plan £0.52m of the under-achievement of “other” income relates to recharges to third parties and is offset by matching underspends on pay and on drugs; some of this will be resolved in Month 3 Review at Q1 Director of Finance</td>
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<tr>
<td>Finance</td>
<td>F034</td>
<td>Marginal overspend None - close enough to plan not to be of concern at present</td>
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<tr>
<td>Finance</td>
<td>F035</td>
<td>Underspend of non-pay v. plan Better than plan - no comment required</td>
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</tbody>
</table>