

DONCASTER HEALTH COMMUNITY

CORPORATE PERFORMANCE REPORT

Reporting at Quarter 3 on the

- Implementation of the NHS Plan and Modernisation
 - NHS Plan targets
 - 2001/02 RO Performance Agreement
 - LMR 1 Gap analysis
 - LMR 2 Action Plans
 - Related HLPs
- Health Community Corporate Issues
- Health Authority Corporate Issues

Performance Management

February 2002

Doncaster 
Health Authority

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1. EXECUTIVE SUMMARY

Spiders Web

Page 2

National development of this concept has been overtaken by the development of the new set of High Level Performance Indicators (HLPI's) which are due for release in November 2001. Therefore, it is not possible to provide a comparative analysis for 1999/2000 on the existing webs. The web concept may be continued as a presentational methodology applied to the new HLPI's.

Modernisation Programmes

Mental Health

Pages 3 - 5

Three performance agreement issues have been assessed as amber, it is anticipated all will meet their target. Psychiatric readmission rates are estimated for Dec-01 - actuals will be reported on next quarter. Over the past year the rate for Doncaster has been lower than the Trent and Cluster average. There are 6 Local Modernisation Review Stage 1 (LMR 1) gaps and 4 Local Modernisation Review Stage 2 (LMR 2) action plans in Mental Health.

Heart Health

Pages 6 - 7

The performance agreement target to ensure that '75% of category A calls receive a first response by ambulance service within 8 minutes' is amber - this is ongoing and should meet target. Hospital admissions with a primary diagnosis of disease of the circulatory system are beginning to fall after reaching a 2 year high during June '01. There are 7 LMR 1 gaps in Heart Health.

Cancers

Page 8

All performance agreement issues assessed as green with the exception of the preparation of plans to improve the accessibility of screening coverage. This is due to the implementation of 2 view mammography and 65+ screening. The number of patients with suspected cancer seen by a specialist continues to fall after reaching an all time high during Oct-01. Breaches of the 2 week wait continue to be minimal, these are being addressed by DBH, the PCTs, and through clinical networks. There are 8 LMR 1 gaps in cancer.

Children & Young People

Page 9

A Doncaster Teenage Pregnancy Partnership Group is to be formed to take forward the Action Plans from the Teenage Pregnancy Strategy for 2002/2003. Doncaster has been successful in achieving the Healthy School Standard from the DoH. There are 2 LMR 1 gaps in Children & Young People.

Older People

Page 10

The performance agreement target to ensure that the rate of emergency readmissions does not increase has slipped to amber - work is ongoing to examine the causes and address the situation. The delayed discharge rate is beginning to fall after being successfully managed during previous months. Emergency admissions of patients aged 75 and over are beginning to level out around the 1600 mark after reaching a 2 year high during March '01. There are 2 LMR 1 gaps in Older People.

1. EXECUTIVE SUMMARY

Access and Capacity Plan

Pages 11 - 20

Access.

A number of the Performance Agreement targets are still assessed at amber, achievement of the targets for 879 patients waiting over 13 weeks for an OP appointment and no patients waiting over 26 weeks has slipped to red. Reference was also made in the last Corporate Performance Report to the particular problems surrounding the reporting of satellite clinic outpatient waiters. Considerable efforts have been made to address this and current indications are that a satisfactory outcome will be achieved for both plastics and neurology. A very small number (2%) of patients are still waiting more than 26 weeks for an **outpatient** appointment and despite commissioners best efforts this number has remained constant through the year. There will undoubtedly be a big push to achieve year end targets.

The health community has this year consistently achieved the **inpatient** targets in terms of the number of patients waiting. A very small number of patients (no more than 12) have been waiting more than 12 months - this tends to be for specialised treatments. DRI has consistently ensured that locally no patient waits more than 12 months for treatment.

For life threatening conditions **SYMAS** performance has been slightly volatile with an inevitable reduction during the busy time over Christmas / New Year.

Waiting times within **A&E** at Doncaster remain consistently low with the significant majority of patients seen within 2 hours.

Long **trolley waits** prior to admission have historically been small in number although there was a significant increase in January.

Elective and daycase **admissions** remain more or less constant, the only volatility being, as expected, within emergency admissions.

Cancelled operations remain a problem locally with not all patients being offered an alternative date within 28 days.

The provision of **critical care beds** appears to have kept pace with demand. Unfortunately despite visible progress for most of the year, snapshot position indicates January has seen a significant increase in the number of **medical outliers**.

There are 20 LMR 1 gaps and 11 LMR 2 action plans in Access.

Information

Page 21

The Performance Agreement target to 'Implement level 3 Electronic Patient Records at DBH' is amber - still awaiting outcome of national redefinition and timescales. 'Access to X500 conformant NHS address book directory for all connected staff' has been assessed as red as clarity on national procurement and timescales is awaited.

There are 2 LMR 1 gaps in Information.

Disability

Page 22

The PA target to 'work within the health community to ensure that severely disabled children receive support services for the first time' remains amber.

There are no LMR 1 gaps in Disability.

Learning Disability

Page 23

There are no LMR 1 gaps in Learning Disability.

LMR 1 - OTHER GAP ANALYSIS

Page 24

There are 22 other LMR 1 gaps.

1. EXECUTIVE SUMMARY

LMR 2 - OTHER ACTION PLANS

Page 25 - 32

There are 23 other LMR 2 action plans.

Local Priorities

Accidents

Page 33

There are no LMR 1 gaps in Accidents.

Sexual Health

Page 34

This quarter outlines the areas of work carried out over the last 12 months, and the proposals for the next financial year, to address unintended teenage pregnancy in Doncaster. There are no LMR 1 gaps in Sexual Health.

Drugs

Page 35 - 36

This quarter reports on waiting times for drug treatment services - outlining proposed acceptable lengths of wait and reporting on the current situation in Doncaster.

Doncaster appear to be mixed in our ability to reach the proposed targets.

There is considerable variance in the areas of

Inpatient detox (Proposed 4 weeks - Doncaster 22 weeks)

Community Prescribing specialist (Proposed 6 weeks – Doncaster detox 17 weeks, methadone 60 weeks)

Community Prescribing – GPs situation is better than the average, proposed target where the service exists but coverage is not universal.

Residential Rehabilitation is better than the average proposed target but it may be expected by the NTA that we examine our low level of service provision.

Structured Counselling and Structured Drug Care have not previously been provided as separate, identifiable modalities but progress is now being made in both areas.

Alcohol

Page 37

The Oct-01 to Dec-01 quarter shows that the majority of new clients are aged 30-39 years and are in full time employment.

There are no LMR 1 gaps in Alcohol.

Smoking

Page 38

There is nothing new to report this quarter

There are 3 LMR 1 gaps in Smoking.

HAZ

Page 39

The SYCHAZ partnership has received confirmation that the HAZ budget for 2002-03 is £2,503,000. Children and Young People, Heart Health and Disability in Later Life will remain the HAZ priorities.

Sure Start

Page 40 - 41

Progress against National targets and milestones shows a mix of partial and full achievement. Three milestones have not been met.

1. EXECUTIVE SUMMARY

Breast Screening

Page 42

The minimum standard for breast screening prevalent uptake rate is not being met in Doncaster, this situation is being mirrored in Rotherham and Barnsley.
The prevalent target for referral rates by the Doncaster service is not being met, this is also being mirrored in Rotherham and Barnsley.

Cervical Screening

Page 43

Inadequate smear rates for Doncaster practices are on the increase after following a downward trend over the previous 2 quarters.

2001/02 OTHER PARTNERSHIP AGREEMENT TARGETS

Page 44 - 45

There is a range of green and amber self assessment. The following areas have been assessed as red:
- Move Doncaster PCTs to 'teaching' status within B/D/R - joint bid led by East PCT was not accepted and were asked to resubmit in 2003.
- Hospitals make good progress toward the copying of letters to patients - team is in place to address this.

Health Community Corporate Issues

Clinical Governance

Page 46

All performance agreement issues have been assessed as green with the exception of 'ensuring that acute providers have a plan to introduce ward housekeepers' which has been assessed as amber.

Health Focus

Page 47

The number of contacts with the service remain high. This has been a very busy quarter for Health Focus - numerous events were held, many gaining coverage in the local media.

NHS Direct

Page 47

Nothing new to report this quarter.

End of Year Review Action Notes

Page 48

The Regional Office Health Community mid year review was held on 23 November 2001. The attached letter provides an overview of the main areas of discussion and records the agreed action points.

Health Authority Corporate Issues

Complaints

Page 49

Written complaints received at the Health Authority continue to follow a downward trend.

HR

Page 50 - 51

HA absence levels continue to follow a downward trend and during Jan-02 actually fell below the 3% National acceptable level. The percentage of staff leaving the Health Authority also shows a decrease for quarter ending Dec-01.

Risk Management

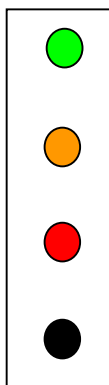
Page 52

Good progress is being made with clinical governance actions. An action plan to address risks identified through Controls Assurance is in place, three areas require the main focus.

1. KEY

2001 / 2002 Partnership Agreement.

This key will be referred to throughout the report.



On line to meet / already met target date.

Behind schedule.

Will not meet / already missed target date.

No information available at the time of compilation of this report.

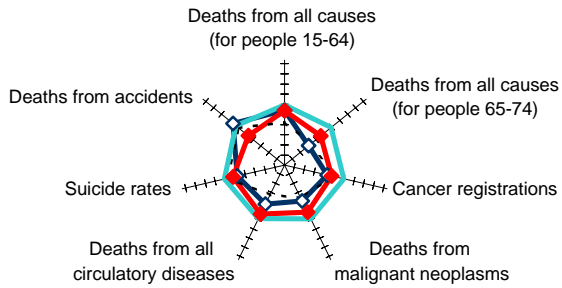
Local Modernisation Review Gap Analysis.

4 A score of 4 denotes plans are in place but the target date **may not** be met.

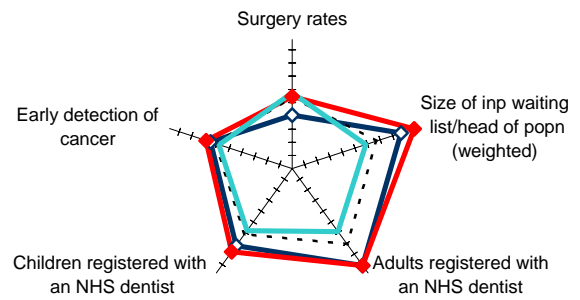
5 A score of 5 denotes plans are in place but the target date **will not** be met.

2. PERFORMANCE ASSESSMENT FRAMEWORK - SPIDER'S WEB

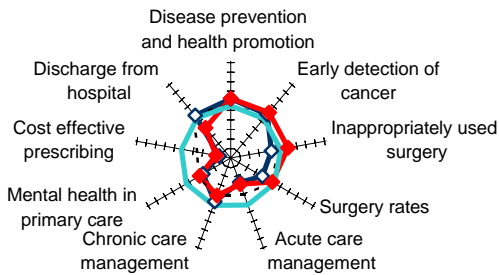
HEALTH IMPROVEMENT



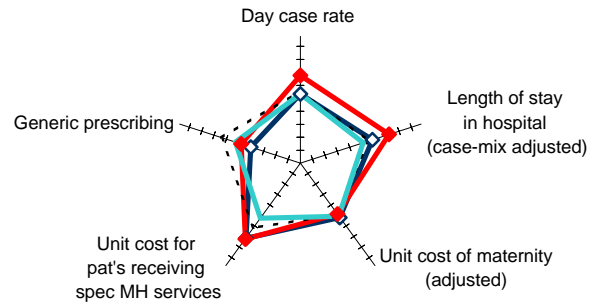
FAIR ACCESS



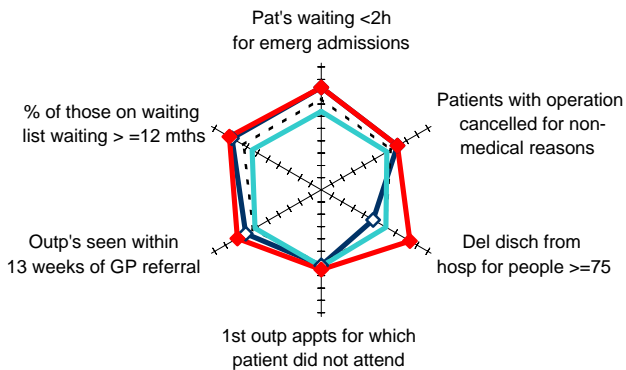
EFFECTIVE DELIVERY OF APPROPRIATE CARE



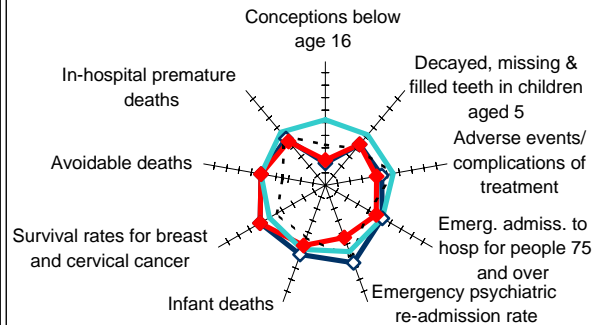
EFFICIENCY



PATIENT CARER EXPERIENCE



HEALTH OUTCOMES



Implementation of NHS Plan

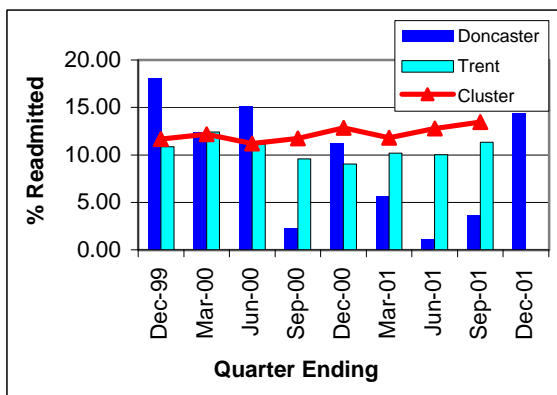
- **Modernisation Programmes**
- **Other LMR 1 Gap Analysis**
- **Other LMR 2 Action Plans**
- **Local Priorities**
- **Other Partnership Agreement Targets**

3i. MENTAL HEALTH

2001 / 2002 Performance Agreement with Regional Office

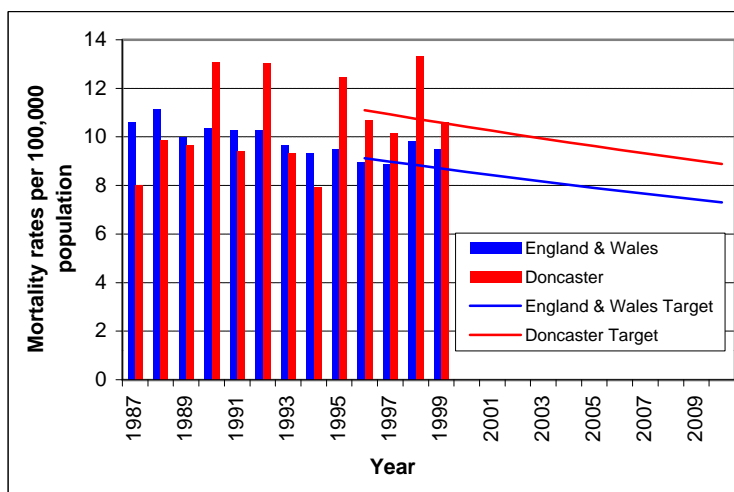
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Ensure that all specialist MH service users on enhanced CPA have a written care plan available on EPR.	DSHHCT	31/03/02	●
2. Ensure that all patients discharged from inpatient care have a written care plan.	DSHHCT	31/03/02	●
3. Work within the health community to provide prison in-reach services and provide additional secure beds to transfer those people no longer needing high security.	DHA	Ongoing	●
4. Ensure the availability of a written care plan for people on enhanced CPA showing plans for employment/occupational activity, adequate housing and entitlement to welfare benefits.	DHA	31/03/02	●
5. Work within the health community to ensure the signing off of the Stage 3 Plan for the mental health NSF.	DHA	31/10/01	●
6. Ensure that all regular carers of people on an enhanced CPA have their own caring, physical and mental health needs identified.	DSHHCT DMBC	31/03/02	●

Psychiatric emergency readmission rates for patients aged 16-64 who were readmitted to the care of a psychiatric specialist within 90 days of discharge



HLPI: For psychiatric readmission rates Doncaster has a National rank of 56 out of 99 for 1999/00.

Trends in mortality from suicide and undetermined injury in Doncaster with Our Healthier Nation target: directly standardised mortality rates, all ages, 1987 - 1999



HLPI: For suicide rates Doncaster has a National rank of 88 out of 99 for 1996-1998.

Local Modernisation Review Stage 1 - Gap Analysis

- Mental health services for prisoners - 4
- Mental health community staff in place to treat people discharged from high secure hospitals - 4
- Shortfall in mental health beds - 4
- Reducing bed occupancy rates in mental health - 4
- Reduction in out of area treatments - mental health - 4
- Reduce emergency readmission rate for mental health - 4

3i. MENTAL HEALTH

Local Modernisation Review Stage 2 - Action Plan

Reduce bed occupancy below 95%

Issues to be addressed:

- Monitor occupancy
- Audit differential admission rates between sectors
- Pilot home treatment in South West sector
- Progress opening of 3 crisis beds
- Explore opportunities for alternatives to hospital admission, including those that facilitate early discharge
- Review admission/discharge policy
- Develop needs led proposals for local low secure facility

Milestones

Audit results to influence OBC by Nov 2001.
Commence home treatment pilot Jan 2002.
Evaluate pilot July 2002.
Roll out across PCTs 2003.
Open Crisis house March 2002.
Proposals for alternatives to hospital admission completed by Sept 2002.
Revised admission / discharge policy implemented by March 2002.
Proposals for low secure facility developed by Sept 2002.

By 2010, reduce the suicide rate by at least 20%

Issues to be addressed:

- Re-audit local suicides
- Remove all ligature points from inpatient areas
- Implement improved access to services 24 hours by extending psychiatric liaison service
- Implement home treatment team after pilot evaluation
- Progress opening of 3 crisis beds
- Review and implement mental health promotion strategy
- Provide additional training in assessment and treatment in primary care

Milestones

Re-audit local suicides 2002/03 if funding available, if not in 2003/04 as per original timescale.
All ligature points removed by March 2002.
Develop & implement proposals for extending psychiatric liaison service by April 2002.
Roll out home treatment team across PCTs by April 2003.
Open crisis house March 2002.
Complete mental health promotion strategy by March 2002.
Implement mental health promotion strategy.
Training needs analysis implemented by March 2003.

3i. MENTAL HEALTH

Local Modernisation Review Stage 2 - Action Plan

By March 2002, reduce emergency re-admissions by 12.3%

Issues to be addressed:

- Monitor emergency re-admission rate
- Implement improved access to services 24 hours by extending psychiatric liaison service
- Progress opening of 3 crisis beds
- Pilot home treatment in South West sector
- Review admission/discharge policy

Milestones

Develop & implement proposals for extending psychiatric liaison service by April 2002.
 Open crisis house by March 2002.
 Commence home treatment pilot Jan 2002.
 Evaluate pilot July 2002.
 Roll out across PCTs April 2003.
 Revised admission / discharge policy implemented by March 2002.

By 2004, all prisoners with severe mental illness must receive treatment & leave prison with care plan & care co-ordinator

Issues to be addressed:

- Establish prison services sub-group of MHPG
- Develop proposals for prison in-reach based on needs analysis

Milestones

Sub-group established by Jan 2002.
 Initial proposal for prison in-reach developed (based on 1 local prison) by March 2002.
 Implement prison in-reach scheme by April 2002.
 Evaluate prison in-reach scheme by Sept 2002.
 Proposals developed for roll out across 4 local prisons by March 2003.

3ii. HEART HEALTH

2001 / 2002 Performance Agreement with Regional Office

Issue

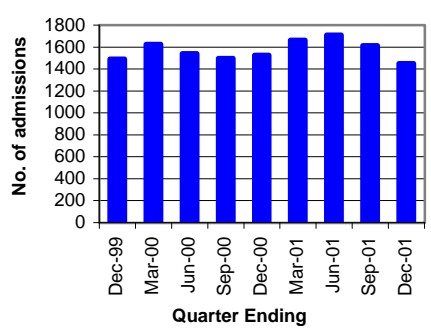
Lead Agency

Target Date

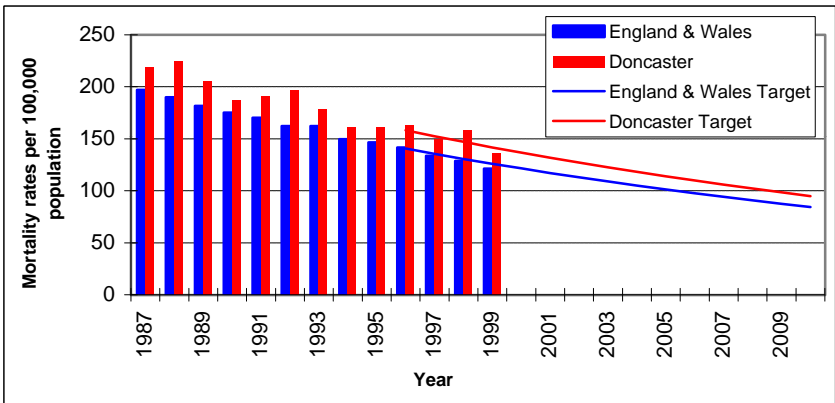
1. Implement the requirements of the NSF.
2. Commission sufficient activity to achieve targets for coronary revascularisations.
3. Work within the community to improve the appropriate use of clinically and cost effective medicines (especially aspirin, beta-blockers and statins) so that 80% of people discharged from hospital following a heart attack will be prescribed these drugs.
4. With other health organisations ensure the provision of ambulance services to ensure that 75% of category A calls receive a first response within 8 minutes.
5. Work within the health community to contribute towards the agreement of a protocol describing the systematic assessment, treatment and follow-up of people with CHD which is used to provide care.
6. Work within the health community to meet targets for the availability of automated defibrillators in public places.
7. Ensure the provision of services to ensure that 75% of eligible patients receive thrombolysis within 30 minutes of arrival at hospital.
8. Contribute to the development within the health community of costed workforce plans (including education and training) to support implementation of the NSF.

DHA	31/03/02	●
DHA	31/03/02	●
DBH	31/03/02	●
DHA	31/03/02	●
DHA	31/03/02	●
DHA	Ongoing	●
DBH	31/03/02	●
DHA	31/03/02	●

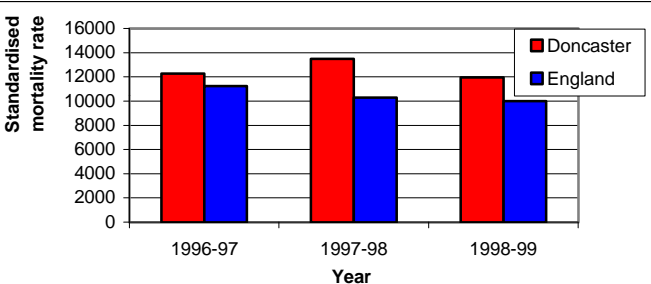
Hospital admissions where primary diagnosis is disease of circulatory system



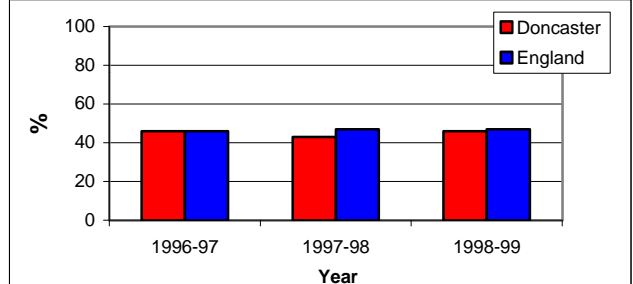
Trends in mortality from all circulatory diseases in Doncaster with OHN target: directly standardised mortality rates, ages <75, 1987 - 1999



Indirectly age & sex standardised rates (ISASRs) of mortality within 30 days following myocardial infarction.



Discharge to usual place of residence within 56 days of emergency admission with stroke



HLPI: Doncaster has a National rank of 81 out of 99 for 1998/99.

HLPI: Doncaster has a National rank of 59 out of 99 for 1998/99.

3ii. HEART HEALTH

Local Modernisation Review Stage 1 - Gap Analysis

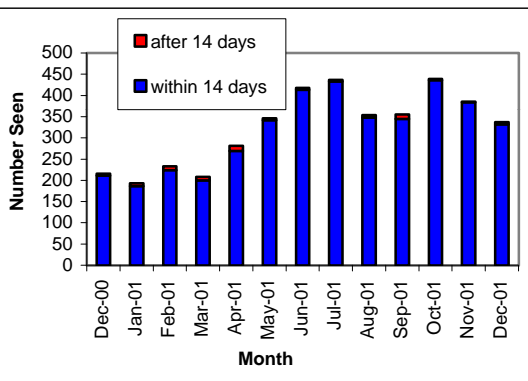
- Within 20 minutes of arriving in hospital 75% of patients to have received thrombolysis - 4
- Paramedic thrombolysis - expansion of uptake - 4
- Extension to heart failure services - 4
- Level of cardiac rehabilitation services - 5
- Revascularisation waiting times - 5
- Disease Registers for all patients in Primary Care - 5
- Reduce heart disease mortality rates - 4

3iii. CANCERS

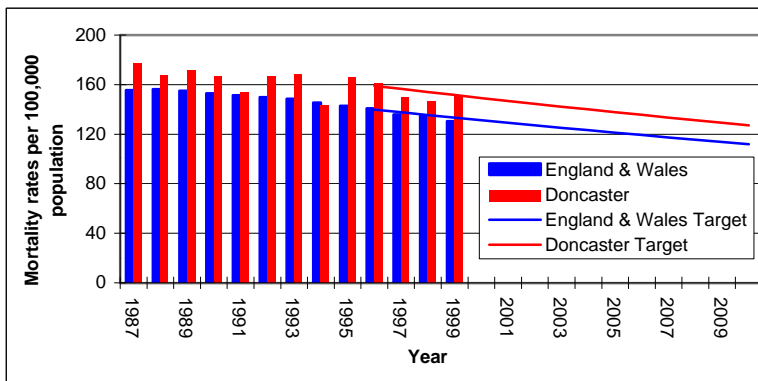
2001 / 2002 Performance Agreement with Regional Office

Issue	Lead Agency	Target Date	
1. Comply with all national requirements for Cervical and Breast Screening.	DHA	Ongoing	●
2. In addition to activities directed at Adult Smokers, ensure measures specifically target Teenage Smokers for cessation advice and input and plan the development of this service to PCTs.	DHA	Ongoing	●
3. Implement National Cancer Plan.	DHA DBH DHA	Ongoing	●
4. Ensure review of Breast and Cervical screening coverage rates and the preparation of plans to improve the accessibility of screening women in socially excluded and minority groups.	DHA	31/03/02	●
5. Continue work within the health community to agree referral procedures to ensure appropriate referrals are made within 24 hours.	PCTs	31/03/02	●
6. Patients seen within 14 days.	DBH	31/03/02	●
7. Monitor achievement of the targets.	DBH PCTs DHA	31/03/02	●
8. Work within the health community to assist the Cancer network in the development of a strategic service delivery plan.	DHA	31/03/02	●
9. Continue to provide systems to meet the phased introduction of the 2 week cancer wait.	DBH	Ongoing	●
10. Continue to provide systems to ensure patients with breast cancer receive treatment within 1 month of diagnosis.	DBH	31/03/02	●

Number of patients with suspected cancer seen during the month by a specialist within and after 14 days of GPs decision to refer



Trends in mortality from all cancers in Doncaster with Our Healthier Nation target: directly standardised mortality rates, ages <75, 1987 - 1999



Oct-00 onwards includes all cancers.
Apr-01 reports on DRI and Bassetlaw

HLPI: Doncaster has a National rank of 81 out of 99, based on 1996-98 data.

Local Modernisation Review Stage 1 - Gap Analysis

- Increase community palliative teams for children - 4
- Screening programme for haemoglobinopathies - 4
- Cancer waiting times (Sheffield) - 4
- 2 month wait from referral to treatment for breast cancer by 2002 - 4
- By 2005 1 month wait from diagnosis to treatment for all cancers - 4
- By 2005 maximum 2 month wait from urgent GP referral to treatment - 4
- All patients receiving clinically proven and cost-effective drugs - 5
- Costed plans for palliative care - 4

3iv. CHILDREN AND YOUNG PEOPLE

2001 / 2002 Performance Agreement with Regional Office

Issue

Lead Agency

Target Date

1. Continue within the health community to seek to reduce the Teenage Pregnancy rate within Doncaster.

DHA

Ongoing



Teenage Pregnancy Strategy

A Doncaster Teenage Pregnancy Partnership Group is to be formed to take forward the Action Plans for 2002/2003. This multi-agency group will monitor all the work in Doncaster which is aimed at reducing teenage conceptions and link with initiatives such as Sure Start Plus, that support teenagers and teenage parents. The Health Authority, in partnership with PCT's is currently undertaking an audit of GP practices to ascertain the level of teenage friendly services and confidentiality issues. A report will be produced and recommendations used to enhance service provision relating to young people.

A multi-agency TP Media & Communications Strategy Implementation Group has been convened to develop robust media and communications campaigns targeting school settings, GP Practices, Youth organisations etc. over the next 12 months. One of the key aims is to produce a Young Person's Directory of Services and 'Credit Card' sized contact information, which will be produced by March 2002.

The TP Annual Report for Doncaster will be submitted to the Teenage Pregnancy Unit by March 2002. As part of its development, a key stakeholder / partnership consultation event is planned for early March. This event will also provide the opportunity for future action plans to be discussed.

Sure Start 5th Wave

Doncaster was successful in the submission of 'Expression of Interest' for 5th Wave Sure Start status. The areas outlined in the bid were Bentley Central and Adwick, Intake and Wheatley and Mexbrough. Community Consultation Events have taken place in Bentley and Mexbrough in order to shape service provision for 0-4 year old children and their families in these areas. Project monitoring for the development of the plans is being undertaken by the Family Support Strategy Group.

CAMHS

CAMHS has been identified as a priority area in the HAZ Wide Children & Young People Programme Area.

Health Schools Initiative

Doncaster has been successful in achieving the Healthy School Standard from the DoH.

Local Modernisation Review Stage 1 - Gap Analysis

- Dental caries in children - 5
- Reduce death rate in children - 4

3v. OLDER PEOPLE

2001 / 2002 Performance Agreement with Regional Office

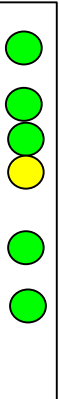
Issue

1. Work within the health community to establish a baseline of current intermediate care services and associated bed numbers.
2. Apply the National Beds Inquiry model to inform forward planning.
3. Develop plans informed by the above and the requirements of the NSF.
4. Ensure that the average growth in emergency admissions for people aged 75 and over is less than 2% and that the rate of emergency readmissions does not increase.
5. Ensure that the delayed discharge rate remains at or below 5.9% during the year.
6. Build on current integrated services to implement new disability equipment services.

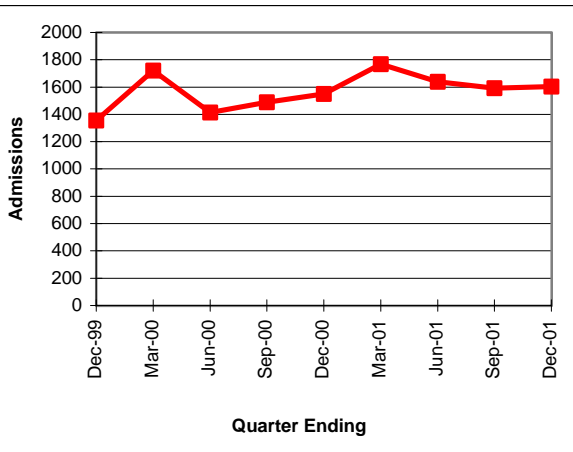
Lead Agency

Target Date

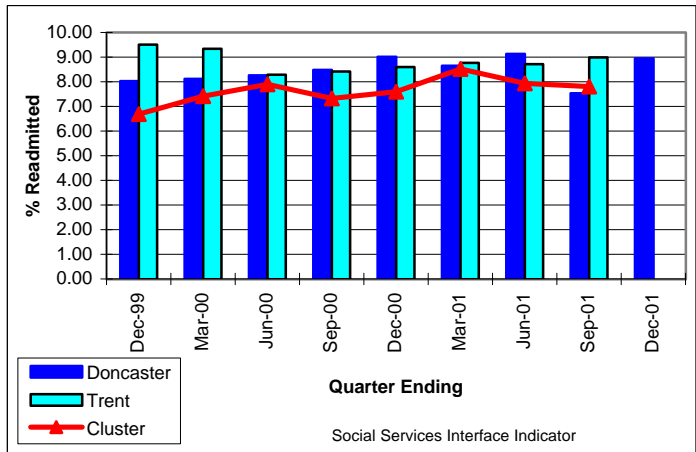
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DMBC	
Central PCT	31/03/02
DHA	31/03/02
DMBC	



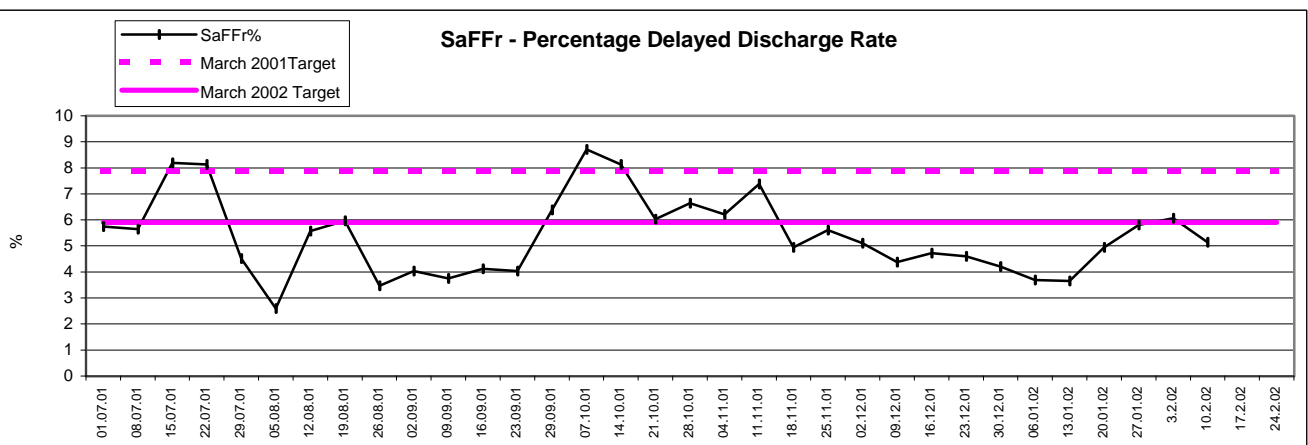
Emergency admissions (G&A non-elective specialties) for patients aged 75 and over



Emergency readmission rates for patients aged 75 and over who are readmitted within 28 days of discharge



Delayed Discharge Rate % - Weekly (Social Services Interface Indicator)



Local Modernisation Review Stage 1 - Gap Analysis

- Address gap in staff skills profile (older people services) - 4
- Reduce growth in emergency admissions of the over 75s to under 2% (DBH) - 4

3vi. ACCESS AND CAPACITY PLAN

2001 / 2002 Performance Agreement with Regional Office

Issue

Lead Agency

Target Date

1. Ensure that all aspects of the health services in Doncaster are consistent with the principle of equal access without regard to the age, sex, sexual orientation, domicile or racial origin of the user.
2. Work within the health community to reach a maximum of 4120 people waiting at Mar-02 and to reduce the number of over 12 month waiters to zero, implementing a maximum wait for most specialties of 9 months as agreed with the RO.
3. Work within the health community to achieve the community's targets for 879 patients waiting over 13 weeks for an OP appointment and no patients waiting over 26 weeks as discussed in the Access LAP.
4. Work with acute providers to deliver OP consultations in primary / community setting as discussed in the Access LAP.
5. Promote and encourage the implementation, as appropriate, of the best practice identified through the Cancer Collaborative, the CHD Partnership and the 'Action On' programme.
6. Work within the health community to ensure that 60% of patients wait no more than 24 hours for an appointment with Primary Care professional and no more than 48 hours for appointment with GP.
7. Work with NHS Direct to ensure that they can refer people where appropriate to help from their local pharmacy.
8. Work with Primary Care Trusts to improve GP Practice Premises as outlined in the Access LAP.
9. Work with Primary Care Trusts to ensure that Occupational Health Services are available to all GPs and their staff.

DHA
WLSG

Ongoing



DHA
PCTs
DBH

31/03/02



DHA
PCTs
DBH
DBH
PCTs

31/03/02



All

Ongoing



PCTs

31/03/02



DHA
PCTs
PCTs

Ongoing



PCTs

31/03/02



PCTs

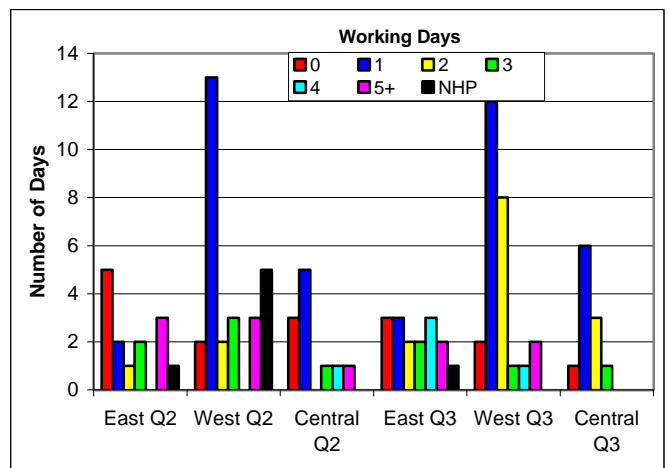
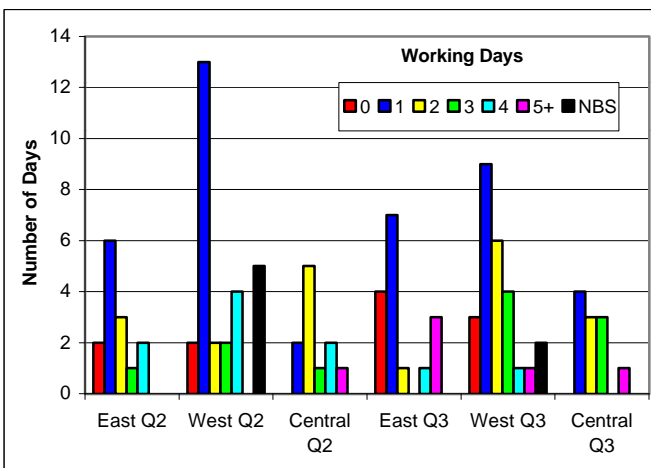
31/03/02



The Access and Capacity Plan pages seek to "follow" a patient on his/her journey through the NHS starting with waiting time to see GP or other access methods and concluding with waiting times for inpatient procedures.

Number of working days to first appointment with GP by PCT 2001-02

Number of working days to first appointment with Health Professional by PCT 2001-02



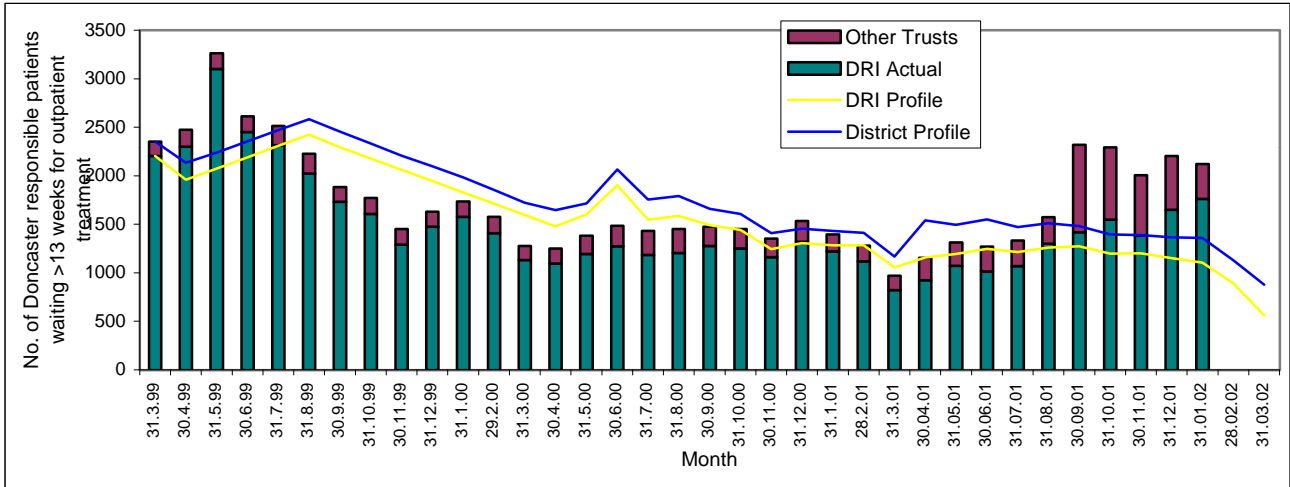
NBS - Practices without a Booking System

NHP - Practices without a Health Professional

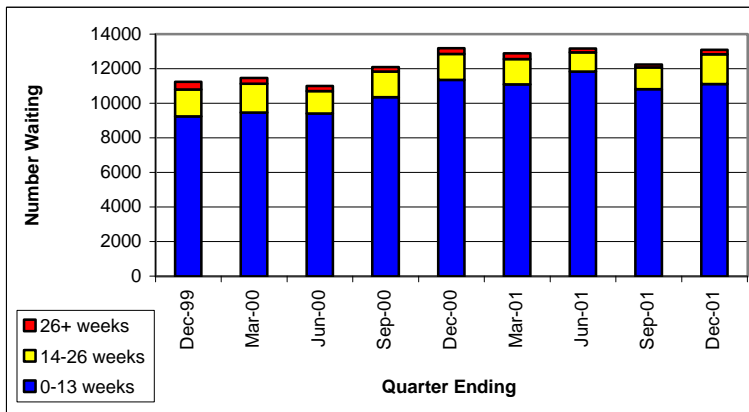
Number of Practices at each PCT - East 14, West 28 and Central 11.
 Average number of days to first appointment with GP appointment - East 2.3 days, West 1.7 days and Central 2.3 days.
 Average number of days to first appointment with health professional - East 2.8 days, West 1.8 days and Central 1.4 days.
 Data Source- Quarterly Monitoring.

3vi. ACCESS + CAPACITY PLAN

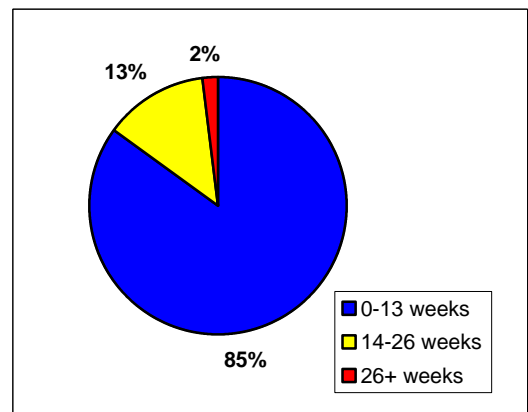
Number of Doncaster responsible patients waiting >13 weeks for outpatient treatment against target.



Waiting times for first outpatient appointment experienced during quarter



% Breakdown of people waiting during quarter ending Dec-01



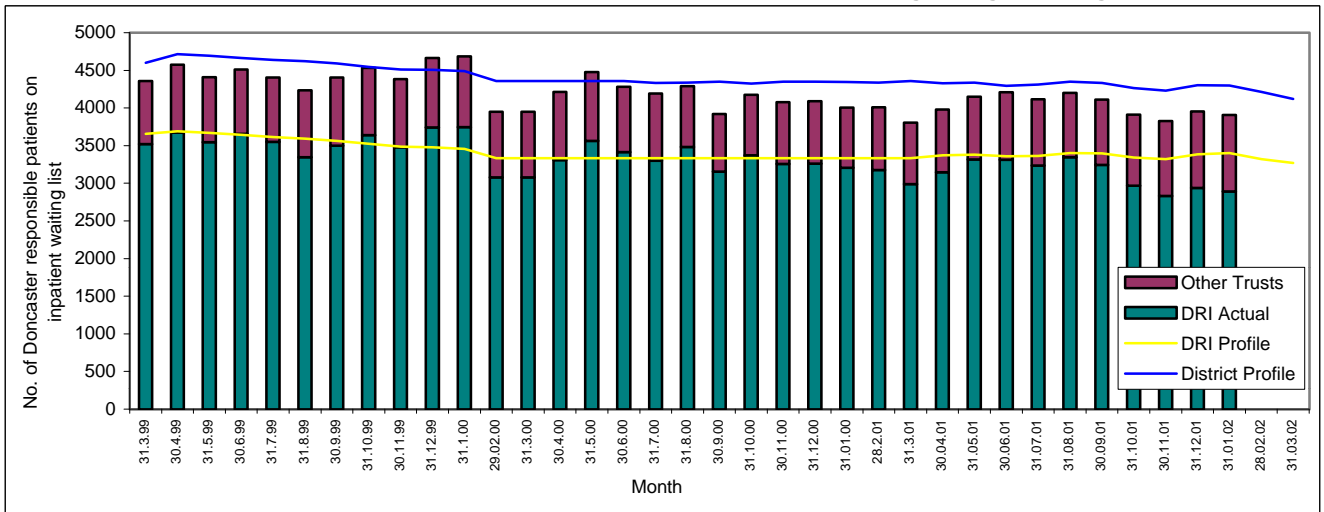
The following summary shows how the percentage of Doncaster responsible patients waiting under 13 weeks on an outpatient waiting list at quarter 1 2001-02 compares to other Trent Health Authorities.

93.57%	N Derbyshire
89.87%	Doncaster
89.18%	S Humber
89.16%	Rotherham
82.89%	Sheffield
82.69%	S Derbyshire
80.90%	Barnsley
80.21%	Lincolnshire
79.68%	N Notts
79.16%	Nottingham
74.86%	Leicestershire

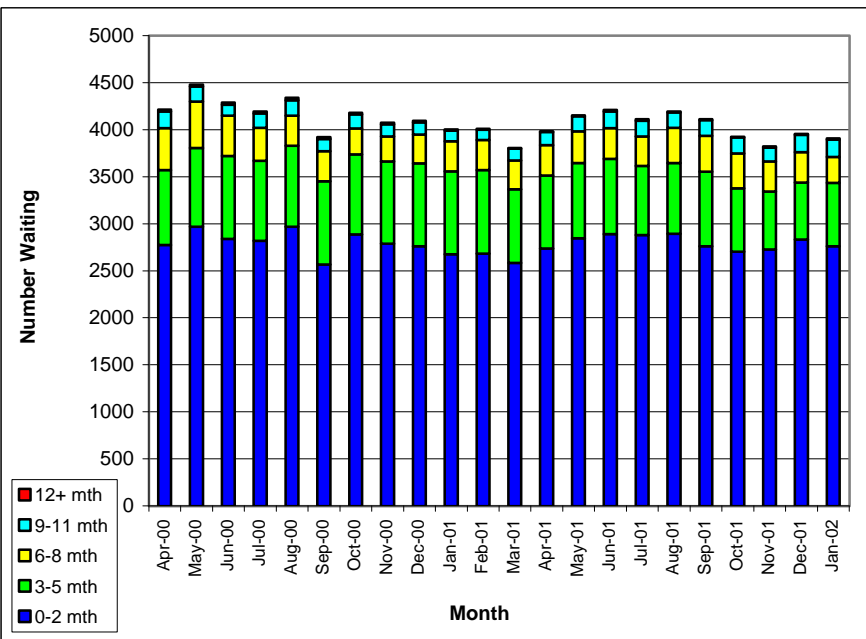
Target 90%
Regional average 82.22%

3vi. ACCESS + CAPACITY PLAN

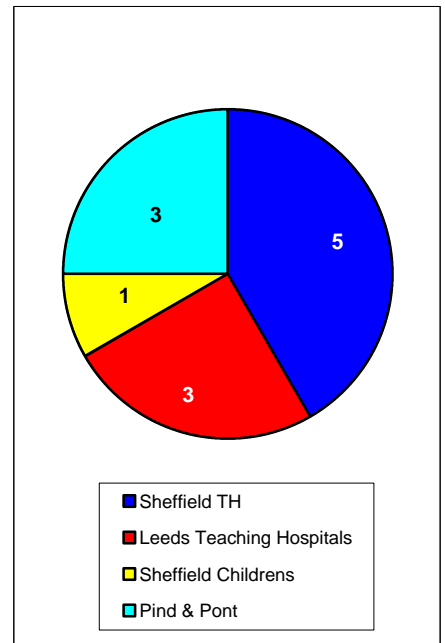
Number of Doncaster responsible patients on inpatient waiting list against target.



Number of people waiting on an inpatient/daycase waiting list split by time band



Number of 12+ month waiters as at Jan-02 split by Trust



The following summary shows how the percentage of Doncaster responsible patients waiting under 12 months on an inpatient and daycase waiting list at Quarter 1 2001-02, compares to other Trent Health Authorities

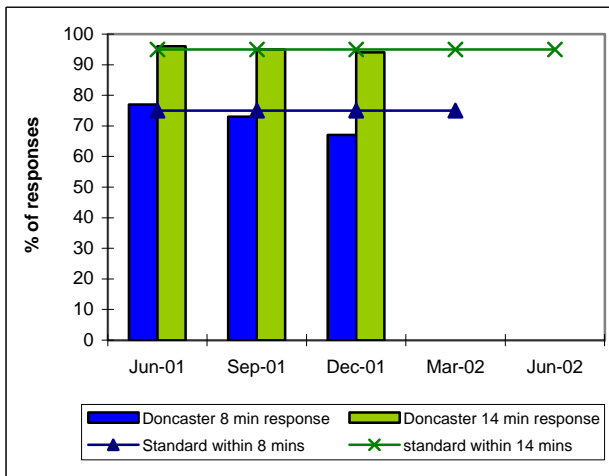
99.64%
99.60%
99.39%
99.30%
99.24%
99.15%
99.03%
98.14%
97.71%
97.22%
95.89%

Barnsley
Rotherham
N Derbyshire
S Humber
Doncaster
N Notts
Sheffield
Nottingham
S Derbyshire
Leicestershire
Lincolnshire

Target	100%
Regional average	98.12%

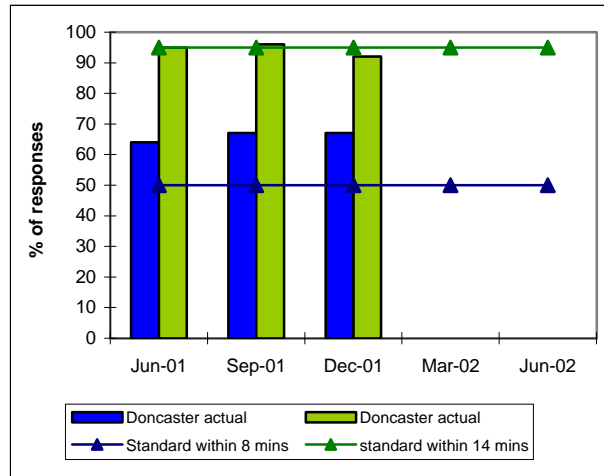
3vi. ACCESS + CAPACITY PLAN

Ambulance Journeys - Category A (life threatening conditions)



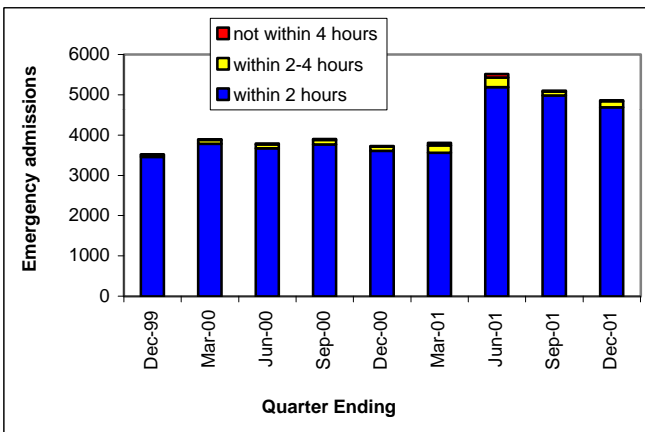
Information provided by SYMAS

Ambulance Journeys - Category B (non life threatening conditions)

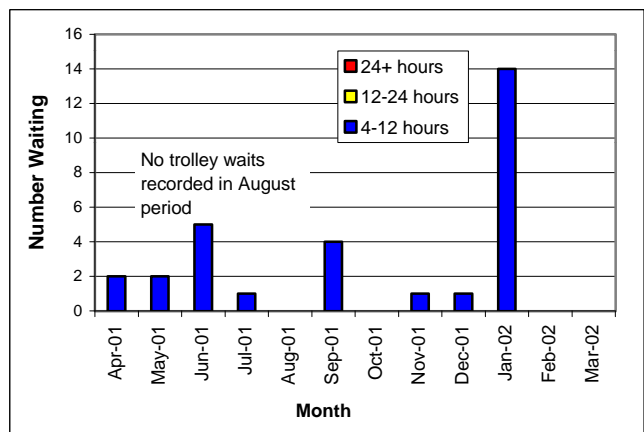


Information provided by SYMAS

Emergency admissions through A&E *

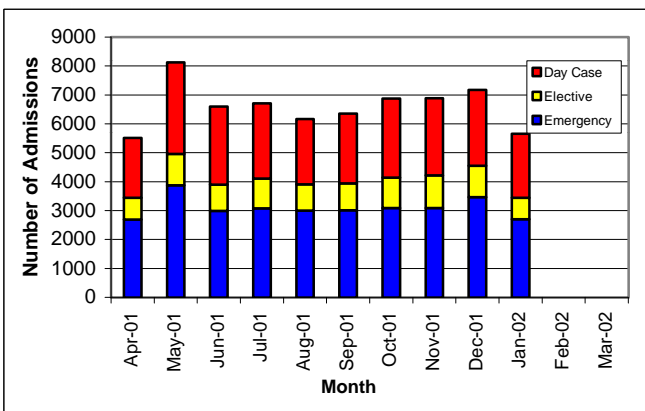


Trolley Waits

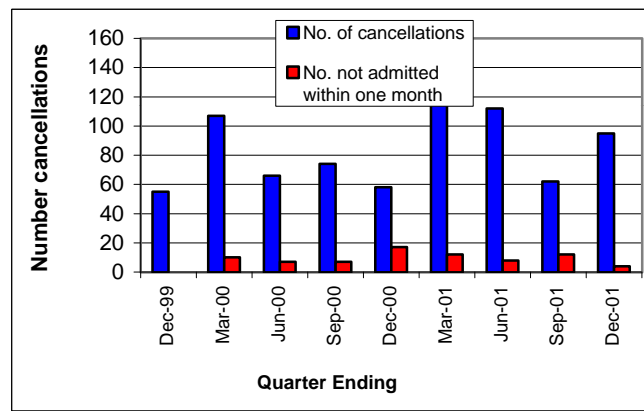


HLPI: For 1999/00 Doncaster has a National rank of 15 out of 99 for % of patients waiting <2 hrs for emergency admission.

Admissions



Cancelled Operations *

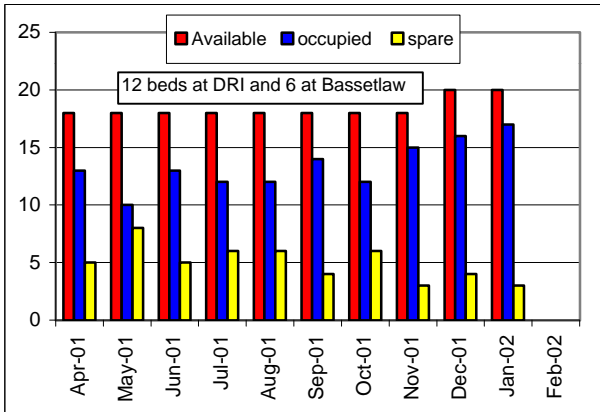


HLPI: Doncaster has a National rank of 26 out of 99, for number of cancelled operations as % of G&A elective activity for 1999/00.

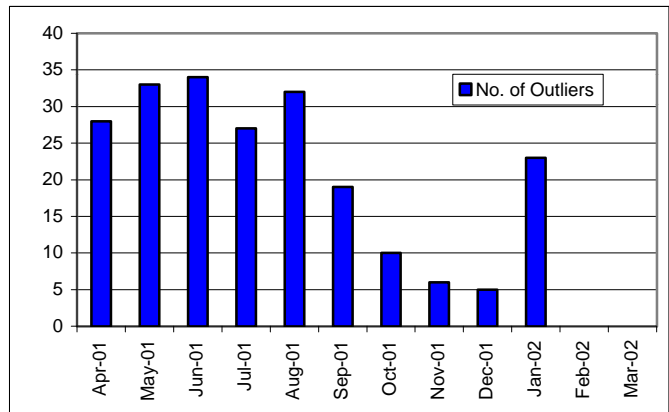
Data source is Sitrep for all graphs except where marked *. * data source is Patients Charter. All graphs using Sitrep information are based on information relating to the last week of the month. Subsequent reports will provide a more meaningful analysis.

3vi. ACCESS + CAPACITY PLAN

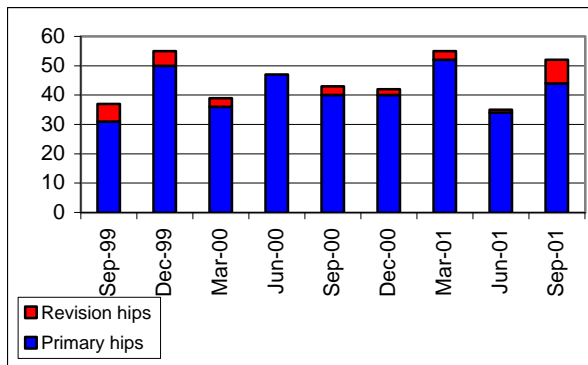
Adult Critical Care Beds



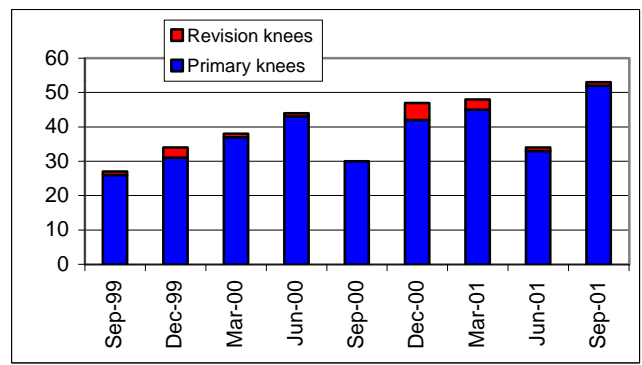
Medical Outliers



Hip Replacements *



Knee Replacements *



Data source is Sitrep for all graphs except where marked *. * data source is ITS minimum data set.

All graphs using Sitrep information are based on information relating to the last week of the month. Subsequent reports will provide a more meaningful analysis.

Local Modernisation Review Stage 1 - Gap Analysis

- 2002/3 OP wait - 5 months - 4
- 2003/4 OP wait 4 months - 5
- 2003/4 IP wait 9 months - 5
- 2004/5 OP wait 3 months - 5
- 2004/5 IP wait 6 months - 5
- 2005/6 OP wait 3 months - 5
- 2005/6 IP wait 5 months - 5
- 6 months wait for cardiac surgery - 5
- Integrated care pathway - 4
- Demand capacity analysis in all specialities - 4
- 2003/4 2/3rds of IP admissions (elective) to be pre-booked - 5
- 100% of OP to be pre-booked 2005 - 4
- 100% of IP to be pre-booked 2005 - 5
- Primary care access - reducing workload - 4
- Achievement of 48 hour to see a GP and 24 hour to see a health professional - 5
- Tests in primary care centres by 2004 - 4
- Specialist GPs in Primary Care - 4
- OP consultations in Primary Care - 5
- 4 hour maximum wait in A&E - 5
- Inappropriate waits for admission eliminated - 4

3vi. ACCESS + CAPACITY PLAN

Local Modernisation Review Stage 2 - Action Plan

Theatre Capacity

Issues to be addressed:

- Theatre utilisation
- Improve theatre capacity for all specialities across all sites
- Action Plan

Milestones

Project team from DBH to work with Sheffield Hallam university to model current theatre capacity – present project to Theatre Utilisation Group.
Two day workshop held by January 2002 to address theatre capacity issues.
Action Plan to be carried forward by Theatre Delivery Group and report progress to Service Improvement Team.

Dermatology (Primary Care)

Issues to be addressed:

- Redesign the dermatology patient pathway
- Steering Group
- Dermatology Project Group
- Produce Action Plan

Milestones

Project manager to be appointed by 2001.
Steering Group to be identified and first meeting to be held by Oct 2001.
Operational project group established by Nov 2001.
Process to be mapped and action plan produced by Nov 2001.

Dermatology (Secondary Care)

Issues to be addressed:

- Address waiting times and capacity issues through Action On Dermatology.
- Nurse led Cutaneous Surgery
- Nurse led Photo Therapy Clinic

Milestones

Process mapping session by Oct 2001.
Project (Clinical Governance) group established and action plan agreed by Nov 2001.
Cutaneous Surgery
Training of appropriate nursing staff by Sept 2001.
First nurse led session held Oct 2001.
Review of service and plan to roll out to other sites by April 2002.
Photo Therapy Clinic
First nurse led session held July 2001.
Review of service and plan to roll out to other sites by Jan 2002.

3vi. ACCESS + CAPACITY PLAN

Local Modernisation Review Stage 2 - Action Plan

ENT

Issue to be addressed:

To address capacity and waiting times in ENT

Milestones

Hold a one day workshop by Nov 2001.
Redesign of ENT and action plan prioritised and agreed by Jan 2002.

Endoscopy

Issues to be addressed:

- Whole system redesign of the Endoscopy patient pathway.
- Steering Group
- Endoscopy Project Group
- Action Plan

Milestones

Project manager to be identified by Oct 2001.
Steering group to be identified and first meeting held by Oct 2001.
Operational project group to be established by Nov 2001.
Process to be mapped and action plan produced by Nov 2001.

Gastro Intestinal surgery

Issues to be addressed:

- Identify specialties that may not achieve 9 month wait.
- GI surgery
- Develop GI action plan

Milestones

Map GI process, identify constraints and actions to impact on waiting times.
Report outcome (GI action plan) to Service Improvement Team.
Develop action plan to achieve:
Development of colorectal nurse
Method of attracting good quality staff to fill vacancies
Streamline repeat colonoscopies process
Consider where hidden waits are within the GI process
Common waiting lists for laproscopic cholecystectomies.

3vi. ACCESS + CAPACITY PLAN

Local Modernisation Review Stage 2 - Action Plan

Hidden Waits

Issue to be addressed:

- Identify current hidden waits within DBH
- Understand how these are impacting on patient process and waiting times
- Identify how hidden waits can be improved by redesign of patient process
- Mapping hidden waits pilot.
- Develop process for monitoring and improving hidden waits.

Milestones

Hidden waits report to be produced by Oct 2001.
 Identify a process for regular reporting and analysis of hidden waits by Dec 2001.
 Identify services with the longest hidden waits by Dec 2001.
 Review of waiting list and booking information in the Pain Clinic at Montagu Hospital. Project to be completed by March 2002.
 Develop a programme of service / process redesign to improve the patient process and waits.

Orthopaedics

Issues to be addressed:

- Understand the capacity issue that needs to be overcome to meet the NHS Plan waiting list targets
- Develop action plan
- Reduce delays in theatre
- Identify opportunities for improved clinic utilisation
- Avoid unnecessary follow-ups
- Identify opportunities to off load unnecessary work from consultants.
- Identify opportunities to off load unnecessary work from consultants to other health care professionals
- Avoid unnecessary follow-ups following discharge.
- Follow up workshop with orthopaedic team to review progress made and plan for new actions.
- Report follow up recommendations to the Service Improvement Team.

Milestones

Assess possibilities for other improvements in scheduling.
 Patients where feasible walk to theatre.
 Consider other aspects where time is lost.
 Review individual clinic booking rules with consultants.
 Review clinics for delays in patient throughput and plan changes.
 Complete plans for booked outpatients, new and follow-ups.
 Identify patient groups who are inappropriately referred to fracture clinic from A&E. Plan changes.
 Identify patient groups who are follow-ups who can be safely seen by an alternative health care professional. Plan changes.
 Identify opportunities for improved patient information and triage. Plan for changes.
 Arrange workshop with orthopaedic team for Dec 2001. Consider how developments could be implemented on the Bassetlaw site.
 Produce report for Service Improvement Team.

3vi. ACCESS + CAPACITY PLAN

Local Modernisation Review Stage 2 - Action Plan

Out of District Referrals

Issue to be addressed:

- Identify potential solutions. Consider 'front end' actions.
- Introduction of "Dear Dr" letters for all tertiary cardiac referrals from DRI to NGH.
- N Trent cardiac guidelines
- Steering group established examine NICE guidelines in relation to implantable defibrillators.
- Review programme for specialised services.

Milestones

Discuss ideas to improve referral process by Oct 2001.
 Agreement in principle of "Dear Dr" letters with all stakeholders, agree standard letter and commence pilot by Dec 2001.
 Evaluate pilot March 2002.
 Introduce for all tertiary cardiac referrals by April 2002.
N Trent cardiac guidelines
 Establish Steering Group by Jan 2002.
 Initial scoping completed by March 2002.
 Action plan agreed by April 2002.
Implantable defibrillators
 Steering group established by Dec 2001.
 Initial scoping completed by March 2002.
 Action plan agreed by April 2002.
For specialised services
 Agreement to principle from N Trent health communities by March 2002.
 Agreement to principle with Sheffield Teaching Hospitals by March 2002.
 Review programme agreed.
 Reviews undertaken between 2002 and 2006.

Urology

Issue to be addressed:

- Achieve aims of the 4th wave booked admissions project.
- Establish Steering Group
- Establish Urology Project Group
- Produce Action Plan

Milestones

Project manager to be identified by Oct 2001.
 Steering Group to be identified and first meeting to be held by Oct 2001.
 Operational project group to be established by Nov 2001.
 Process to be mapped and action plan produced by Nov 2001.
 Completion of project by March 2003.

3vi. ACCESS + CAPACITY PLAN

Local Modernisation Review Stage 2 - Action Plan

A&E Access

Issue to be addressed:












- A&E process mapping workshop
- Steering Group
- Project subgroups x 3

Milestones

Workshop to be held Sept 2001.
 Set up first meeting of Steering Group to begin work on action plan by Nov 2001.
Subgroup 1: develop and use one data set throughout the patient process.
Subgroup 2: develop a call centre approach to triage patient need.
Subgroup 3: explore the role development of key professionals within the process in particular broadening the role of the paramedic and community nurse.

3vii. INFORMATION

2001 / 2002 Performance Agreement with Regional Office

<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Work within the health community to ensure that all NHS staff have basic e-mail, browsing and directory services for all clinical and support staff in NHS Trusts.	All	31/03/02	
2. Access to X500 conformant NHS address book directory for all connected staff.	All	31/03/02	
3. Ensure that all GP Practices are computerised.	DHA	31/03/02	
4. Ensure that all GP Practices have NHS Net connections.	PCTs		
	DHA	31/03/02	
	PCTs		
5. Ensure that all GP Practices with Local Area Networks have NHS Net connections.	DHA	31/03/02	
	PCTs		
6. Implementation of level 3 Electronic Patient Records at DBH Trust.	DBH	31/03/02	
7. Electronic transfer of all biochemistry, haematology and microbiology test results to at least 60% of all local GP Practices.	DBH	31/03/02	
	PCTs		
8. All Pathology results sent to GPs to contain NHS Number.	DBH	31/03/02	
	PCTs		
9. All outpatient data sets to be transmitted through NHS Wide Clearing Service (ClearNET).	DBH	31/03/02	
10. Integration of information strategies to support NSF topics into LIS development within 6 months of the publication of the relevant strategy.	DHA	31/03/02	
11. Application of Working in Partnership toolkit.	All	31/03/02	

Partnership Agreement Exception Report

Issue

1. Awaiting clarity of national procurement and timescales. Potential failure to hit target.
6. Awaiting outcome of national re-definition and pilots. Potential failure to hit target.

Local Modernisation Review Stage 1 - Gap Analysis

- Electronic transfer of pathology test results - 4
- Electronic personal medical records - 4

3viii. DISABILITY

2001 / 2002 Performance Agreement with Regional Office

Issue

Lead Agency

Target Date

1. Work within the health community to ensure that severely disabled children receive support services for the first time.

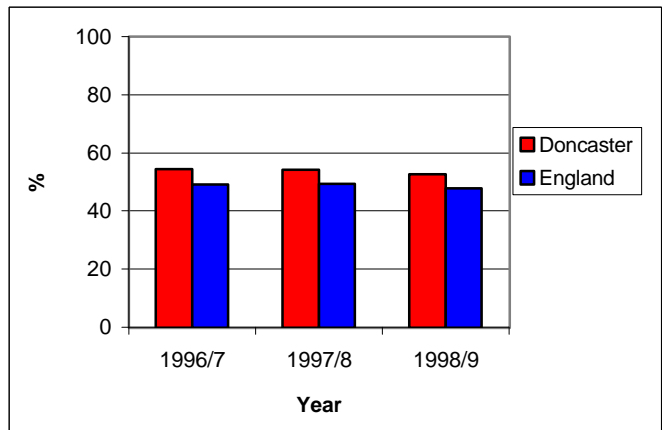
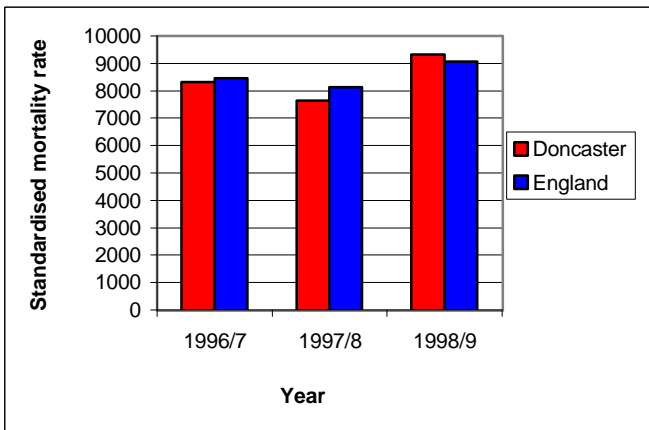
DHA

30/04/02



Indirectly age and sex standardised rates (ISASRs) of mortality within 30 days following hip fracture, ages 65 years +

% discharged to usual place of residence within 28 days with fractured neck of femur



HLPI: Doncaster has a National rank of 57 out of 99, based on 1998/9 data.

HLPI: Doncaster has a National rank of 29 out of 99, based on 1998/9 data.

No Gaps or Risks identified at Local Modernisation Review Stage 1

3ix. LEARNING DISABILITY

- Best Value Review completed. Action plans developed for local implementation.
- Shadow Partnership Board in place. Work in progress for full implementation to embrace joint / lead commissioning.
- Revised local joint investment plan developed.
- Ongoing plans to establish joint / lead commissioning using Health Act flexibilities by March 2002.
- Community learning disability team now integrated to form a joint health and social care community learning disability service.

No Gaps or Risks identified at Local Modernisation Review Stage 1

Other LMR 1 gap analysis

Other LMR 2 action plans

4. OTHER LMR 1 GAP ANALYSIS

Local Modernisation Review Stage 1 - Gap Analysis

- All areas of workforce planning that require additional staff numbers - 5
- Clinical governance/Organisation with a Memory in Primary Care - 4
- Clean Hospitals (DSH) - 4
- Ward housekeepers (DBH) - 4
- Single sex accommodation (DSH) - 5
- Letters copied to patients - 4
- One stop dispensing - 5
- Pharmacists to help older people with their medication plus undertake an annual review of their medication - 5
- All patients to have a discharge plan (DSH) - 4
- Achieve value for money with independent nursing/residential home providers - 4
- Reduce mortality rate for suicide and undetermined injury - 4
- Extra beds - all areas - 4
- Intermediate care beds - 4
- TV and telephones by bedsides - 4
- Clear hospital maintenance backlog - 4
- Increase renal haemodialysis stations and acceptance rate for care - 5
- Modernise pathology services - 4
- Invest in Primary Care premises - 4
- Refurbish Primary Care premises - 4
- PCT medicine management schemes - 4
- PCT repeat dispensing- 4
- Pharmacy PMS schemes - 4

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: WORKFORCE

GPs		
Issue to be addressed:		
- Recruitment and Retention		
Milestones		
Recruitment and retention strategy to be ratified by Nov 2001. Proposals to SaFF 2002/03 for GP Start scheme.		
Nurse Recruitment		
Issue to be addressed:		
- Explore cadet scheme and expand to primary care - Joint generic training.		
Milestones		
Expand cadet scheme across healthcare including PCTs by Nov 2002. Roll out to include Social Workers if appropriate by Nov 2003. Enhance links to Doncaster College by Sept 2002.		
Hospital medical staff		
Issue to be addressed:		
- Awaiting further guidance. Work to be developed over the next 12 months to influence Workforce Development Strategy		
Milestones		
Develop thinking to influence Workforce Development Strategy (by Nov 2002). Develop links to the postgraduate deans via Workforce Confederation by Nov 2002. Understand the impact of critical care networks, CHD and mental health NSFs. Consider appropriate bases for delivery of services.		
Other professional staff including social workers, care staff and technicians		
Issue to be addressed:		
- Ascertain whether there is a campaign to encourage trained Social Workers back into the profession - Work with professionals in health and social care about changes in practices to improve recruitment and retention. - Determine what can be done to support clinical staff		
Milestones		
Ascertain whether there is a return to practice scheme for Social Workers, if not offer Doncaster as a pilot area by Nov 2001. Look to enhance links between Allied Health Professionals and PCTs by Nov 2002.		

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: WORKFORCE

Education provision		
Issue to be addressed:		
<ul style="list-style-type: none"> - Develop links with Workforce Confederation - Consider developing a learning / teaching unit to support Doncaster community - Provide support to staff undertaking any training 		
Milestones		
<p>Map education needs by Nov 2002. Debate alternative modes of training delivery by Nov 2002. Map new roles of working by Nov 2002. Use recently completed PCT training needs analysis and other information to stocktake current need and provision by Nov 2002.</p>		
Pay		
Issue to be addressed:		
<ul style="list-style-type: none"> - Awaiting national guidance (Expected Oct 2002) 		
Milestones		
Management Capacity		
Issue to be addressed:		
<ul style="list-style-type: none"> - Organise joint agency events / learning sets for managers 		
Milestones		
<p>Request DMCP to create headroom for managers to attend learning set events by Dec 2001. Make links with Borough Strategy 'Achieving our Full Potential' Team by Nov 2002.</p>		
Continuing Professional Development		
Issue to be addressed:		
<ul style="list-style-type: none"> - Funding has been allocated by Workforce Confederation if action plans produced - A health and social care community wide discussion needed to link CPD with the training needs agenda 		
Milestones		
<p>Action plans to be developed by March 2002. Identify individuals from each Trust to pull together CPD work by Nov 2001.</p>		

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: WORKFORCE

Leadership Challenges

Issue to be addressed:

- Headroom – see management capacity above
- Patients at the centre of care
- User involvement
- Develop new ways of working
- Work with Workforce Confederation to look at changing roles

Milestones

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Look beyond traditional boundaries of working by Nov 2002.
Hold a health and social care conference to look at changing roles.

Staff Involvement

Issue to be addressed:

- Create a non-executive lead in each organisation.
- Review constitution with staff sides

Milestones

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HIGH RISK AREA: DELAYED DISCHARGES / COMMUNITY PLACES

Single Assessment Process

Issue to be addressed:

- To deliver a single assessment process including a framework and the necessary paperwork by March 2002

Milestones

--	--	--

Project team including key individuals established to meet the March 2002 target.
The project team will develop a project plan which will be endorsed by service users.
Multidisciplinary training, linked to continuing care training.

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: DELAYED DISCHARGES / COMMUNITY PLACES

Home Care Packages

Issue to be addressed:

- Redesign home care contracts
- Develop multidisciplinary post rehabilitation / discharge teams
- Transfer of Care

Milestones

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Social Services to work over the next two years on redesigning home care services.
 Use research from Sheffield Hallam University to develop the multidisciplinary post rehabilitation / discharge teams.
 Work to be done on developing common outcome measures and preventing readmission to hospital.
 Short term measures included in the Capacity Plan with one-off funding available.

Intermediate Care

Issue to be addressed:

- Prevention: Potential to increase CIT.
- Residential Intermediate Care: to consider how hospital based and social care based services can better complement each other
- ICPT: to discharge patients from acute care into intermediate care working with the voluntary sector

Milestones

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Strategy to be developed over the next 18 months to prevent people admitted for care who are not acutely ill.
 Develop tighter criteria to make existing services more efficient.
 Develop exit strategy out of independently provided intermediate care if care needed is longer than 4 – 6 weeks

Nursing Home Placements

Issue to be addressed:

- Consider different ways to use nursing home care and make independent providers feel secure enough to continue to provide the service.

Milestones

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Involve nursing home providers in the Capacity Plan and Intermediate Care initiatives and Continuing Care plans.
 Develop contracts with local nursing home providers
 Increase training for NHS & Independent sector nurses re: wound care to prevent admission to hospital.
 Use the CIT in nursing homes to prevent admission to hospital and assist GPs in providing support to the independent sector.
 Look to implement 7 day working week.

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: DELAYED DISCHARGES / COMMUNITY PLACES

Panel Arrangement		
Issue to be addressed:		
- Work to streamline financial assessment process, possibly include an intermediate type arrangement		
Milestones		
To change current arrangements by April 2002		
Role of Social Workers		
Issue to be addressed:		
- Roll out pre-admission work for people with planned admissions		
Milestones		
Long term initiative to roll out links with pre-admission nurses for all pre-admissions.		
Integrated Community Equipment		
Issue to be addressed:		
- Consider community equipment provision once a baseline audit has been undertaken.		
Milestones		
Baseline information available by October 2002. Determine how to involve users and carers in community equipment issues. Take milestones from the Guide to Integrated Community Equipment		

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: PRIMARY CARE

Premises

Issue to be addressed:

- Submit joint LIFT application
- PFI scheme in Sprotbrough
- PCT East – practices up to capacity
- PCT East – Improvement Grants on 2 premises
- PCT Central – develop scheme to provide premises for one sub-standard practice
- PCT Central – consider proposals for a primary care centre.

Milestones

Awaiting outcome of national LIFT application; if successful April 2002 commencement
 Site agreement for Sprotbrough PFI by December 2001
 Complete analysis of PCT practice survey by January 2002
 Improvement grants on 2 premises agreed by March 2002
 New premises for PCT Central practice by March 2003
 Link new primary care centre to LIFT bid.

Improving Access to Primary Care

Issue to be addressed:

1. Widen the primary care collaborative
2. Nurse triage pilot commenced
3. Detailed performance management standards agreed with 3b wave PMS pilots
4. Equity of Access survey carried out
5. PC collaborative using local mechanism for improving access ensuring 'today's work is seen today' and that the right professional is accessed
6. 3 salaried doctors posts created
7. Creation of Young Person's drop-in clinics
8. PCT Central – all practices becoming teenage friendly
9. Invest to Save pilots in 2 practices in each PCT area
10. Introduction of IT based clinical assessment to support nurse triage
11. Investing in PC scheme utilised to invest in smoking cessation clinics for each practice
12. Nurse practitioner posts being developed via PMS
13. Health Care Assistants providing smoking cessation services in community facilities
14. Expand 'Exercise for Health' scheme Doncaster wide
15. Health Inequalities Team set up to screen asylum seekers and new immigrants. Interpreting service provided
16. Consider ways to facilitate enhanced access
17. Creation of an holistic clinic providing homeopathy
18. Provision of shared care drugs services
19. GP/CPN drugs service pilot in Moorends

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: PRIMARY CARE

Milestones		
<ol style="list-style-type: none"> 1. Workshop held need to gain agreement from GPs to adopt recommendations 2. One year evaluation April 2002 3. Quarterly evaluation to commence June 2002 4. Written report January 2002 5. Formal evaluation May 2002 6. Formal evaluation August 2002 7. Evaluation? 8. Likely commencement date April 2002 9. Pilot commences January 2002 10. Evaluation July 2002 11. – 12. PMS wave 4a commences April 2002 13. – 14. Subject to SaFF funding 2002/03 15. Possible expansion to cover other vulnerable groups 16. Under consideration by Executive Committee 17. Roll out and evaluation planned? 18. Roll out PCT wide 19. Roll out and evaluation? 		
Additional GPs		
Issue to be addressed:		
<ul style="list-style-type: none"> - GP recruitment strategy produced - Commencement of GP Start scheme - Application for Teaching PCT status 		
Milestones		
<p>Strategy to be considered by PCT Executive Committees and funding to be secured in 2002/03 SaFF round. GP Start scheme to commence July 2002 TPCT application submitted Nov 2001, awaiting outcome.</p>		
GP Specialists		
Issue to be addressed:		
<ul style="list-style-type: none"> - Creation of dermatology and urology outreach from DRI via booked admissions pilot 		
Milestones		
Under consideration		

5. OTHER LMR 2 ACTION PLANS

Local Modernisation Review Stage 2 - Action Plan

HIGH RISK AREA: PRIMARY CARE

Secondary Care procedures carried out in Primary Care

Issue to be addressed:

- Some existing provision in PCT Central; HRT services provided in Northern part of PCT East
- 4th Wave Booked Admissions programme

Milestones

Roll out existing secondary care provision across the Borough
Doncaster pilot to commence December 2002

Out of Hours

Issue to be addressed:

- Baseline positions to be further developed to provide a comprehensive stocktake of existing services
- A three year implementation plan produced

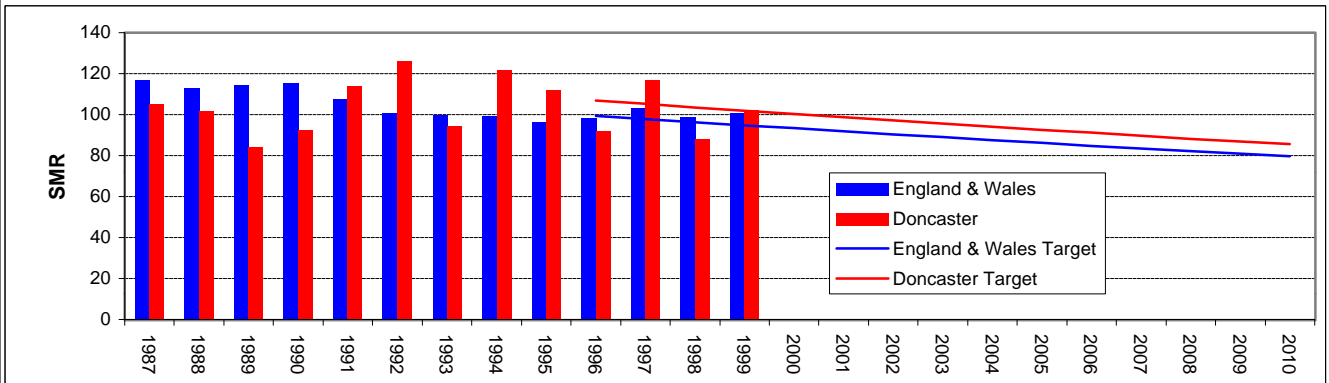
Milestones

Baseline positions to be produced by December 2001
Implementation Plan produced by February 2002

Local Priorities

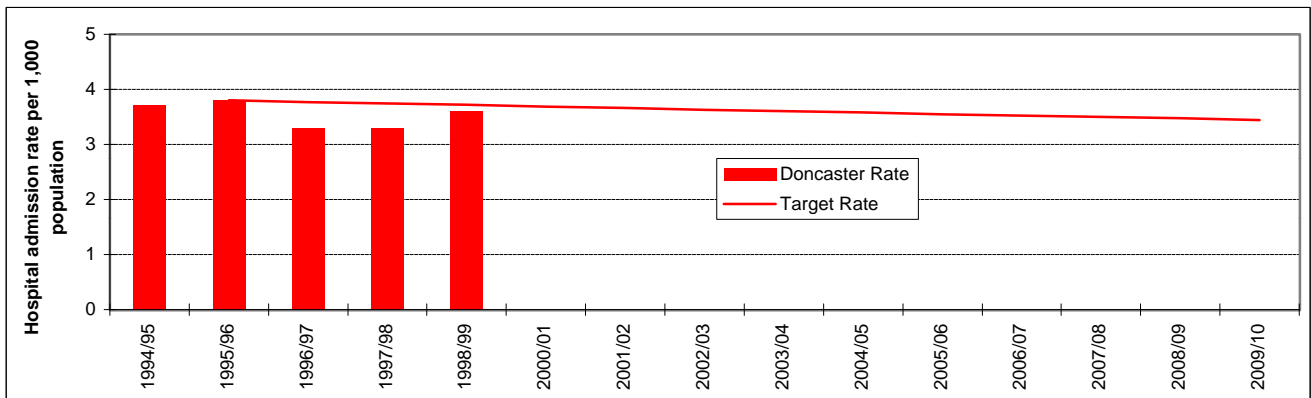
6i. ACCIDENTS

Trends in mortality from accidents in Doncaster with Our Healthier Nation target: standardised mortality ratios, all ages, 1987 - 1999



HLPI: Doncaster has a National rank of 55 out of 99 for its mortality rate from accidents, based on 1996-98 data.

Trend in hospital admission rate for serious injury from accidents in Doncaster with Our Healthier Nation target, all ages, 1994/5 - 1998/9



6ii. SEXUAL HEALTH**2001 / 2002 Performance Agreement with Regional Office****Issue****Lead Agency****Target Date**

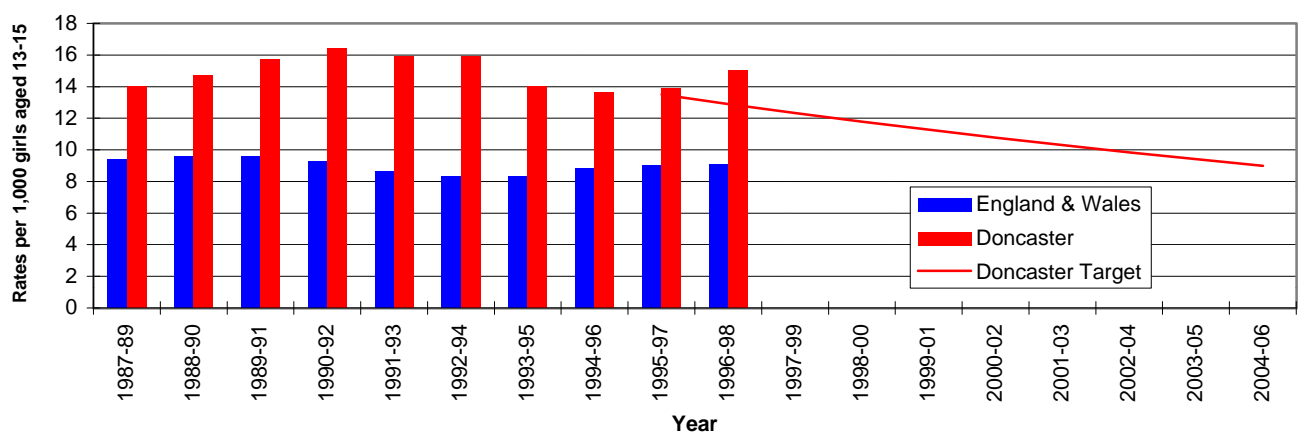
1. Work within the health community to produce a joint report on teenage pregnancy strategy implementation and progress towards rate reductions of 15% by 2002 and 40/60% by 2010

DHA

31/03/02



Trends in teenage conception rates, amongst girls aged under 16 per 1,000 girls aged 13-15, in Doncaster with HImP target: 1987 - 1998



Addressing Unintended Teenage Pregnancy in Doncaster

Areas of work over the last 12 months - proposed for next financial year

- Peer Education at Jigsaw.
- APAUSE Project - Peer Education in schools - piloted currently in 5 schools with plans to role out to remaining secondary schools pending evaluation.
- Professionals Conference held in November 2001 - Professional Stallholders event where various young people service providers promoted their project / programme of work. Attended by Cathy Hamlyn, Head of TPU - top marks from TPU and from all who attended - very well attended.
- Development of consultation using drama as a medium to gain young people's views.
- Further Drama production to be commissioned in April 2002 to disseminate positive sexual health messages / raise teenage pregnancy issues.
- TP Media & Communications Strategy - development stages, recommendations from the strategy will form the foundation for planning of media / communications campaigns / events for the next 12 months.
- Production of 'Credit Card' of info for young people providing info about sexual health services and other useful info.
- Directory of Services for young people - see above.
- Audit of Service Provision in GP Practices - completion due April 2002.
- Annual Report to TPU in development - submission date 31 March 2002.

6iii. DRUGS

2001 / 2002 Performance Agreement with Regional Office

Issue

Lead Agency

Target Date

1. Implement Drugs Strategy.

DHA

31/03/02



WAITING TIMES FOR DRUG TREATMENT SERVICES

BACKGROUND

The newly formed National Treatment Agency (NTA) have identified proposed targets for acceptable maximum waiting times in accordance with the aims of the NHS plan to reduce waiting times. Drug Action Teams (DATs) are expected to set maximum waiting times for each type of treatment, to achieve the performance of the current top 25% of services, by 2002. DATs are also held responsible for monitoring agencies' performance towards achieving the targets.

THE PROPOSED ACCEPTABLE LENGTHS OF WAIT : 2002/03 set by the NTA are:

- In patient detoxification 4 weeks
- Community prescribing – specialist 6 weeks
- Community prescribing – GPs 4 weeks
- Structured Counselling 4 weeks
- Structured Drug Care 4 weeks
- Residential Rehabilitation 4 weeks

THE CURRENT SITUATION IN DONCASTER is

In Patient Detoxification

- Number of patients waiting for hospital admission 21
- Date of assessment of client at top of waiting list 31.08.01
- Date of assessment of client at bottom of waiting list 25.01.02
- Waiting time 22 weeks

Community Prescribing Specialist

- Number of clients waiting for community detoxification 122
- Date of assessment of client at top of waiting list 08.10.01
- Date of assessment of client at bottom of waiting list 02.02.02
- Waiting time 17 weeks
- Number of clients waiting for methadone 74
- Date of assessment of client at top of waiting list 13.12.00
- Date of assessment of client at bottom of waiting list 31.01.02
- Waiting time 60 weeks

Community Prescribing GPs

- PCT West
 - detoxification 0 wait
 - methadone no service provided
- PCT East
 - detoxification 0 wait
 - Methadone 0 wait
- PCT Central
 - No service available for general population
 - service targeting streetreach 0 wait

- Of the 155 GPs in the area
- 24 GPs in PCT West are involved in Shared Care
- 2 GPs in PCT East are involved in Shared Care
- 1 GP in PCT Central is involved in Streetreach scheme

6iii. DRUGS

Structured Counselling

In general Structural Counselling is an integral part of Community/In patient detox processes and currently separate figures are not available. A new project aimed at pre-detoxification support and development was established in November and is now beginning to receive some clients.

Structured Day Care

We currently have no service provision for this modality. However, plans are now progressing to establish a project which will encompass rehabilitation and reintegration, the new approach to in patient detox accommodation and employment streams.

Residential Rehabilitation

There is currently no waiting list for Residential Rehabilitation.

CONCLUSION

We appear to be mixed in our ability to reach the proposed targets.

There is considerable variance in the areas of

Inpatient detox (Proposed 4 weeks - Doncaster 22 weeks)

Community Prescribing specialist (Proposed 6 weeks – Doncaster detox 17 weeks, methadone 60 weeks)

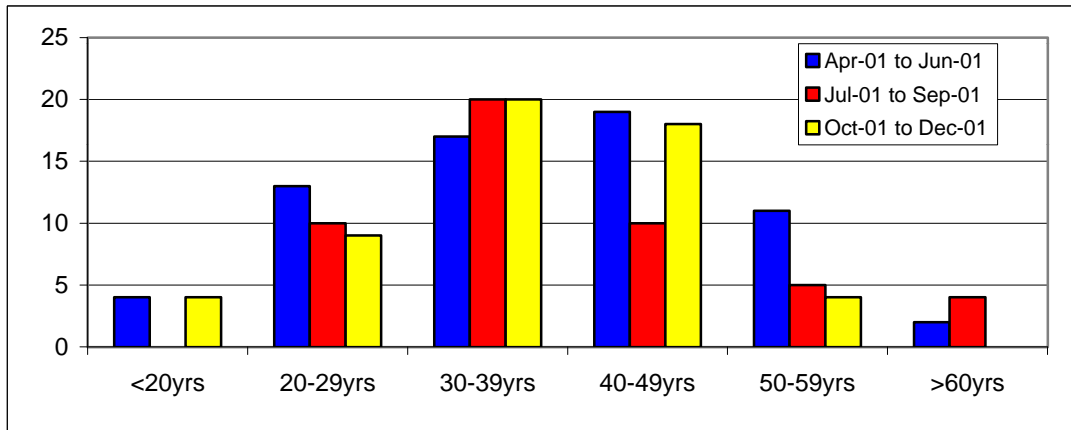
Community Prescribing – GPs situation is better than the average, proposed target where the service exists but coverage is not universal.

Residential Rehabilitation is better than the average proposed target but it may be expected by the NTA that we examine our low level of service provision.

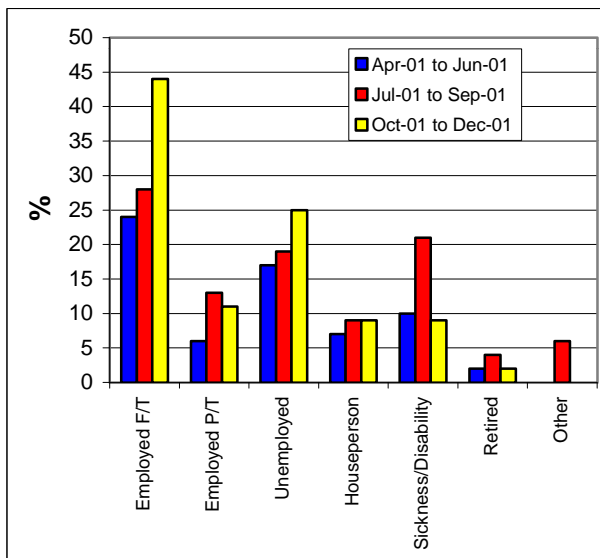
Structured Counselling and Structured Drug Care have not previously been provided as separate, identifiable modalities but progress is now being made in both areas.

6iv. ALCOHOL

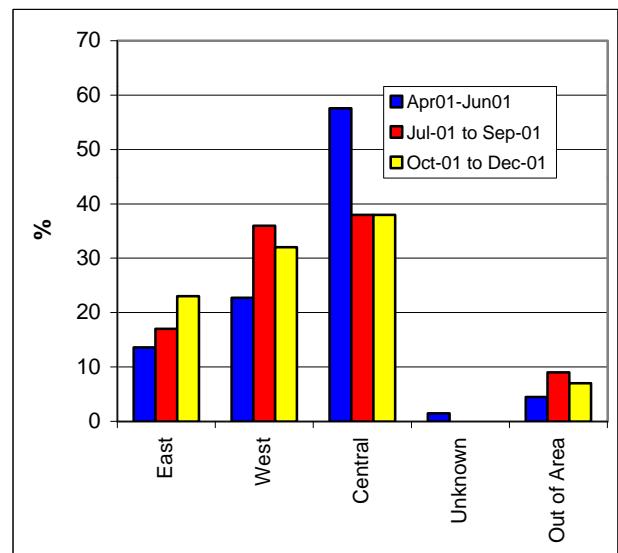
Age of new clients contacting the alcohol service about their own drinking



Employment status of new clients



% of New Clients by PCT



Strategy for Addressing Alcohol Related Problems

A Strategy has been developed by the Strategic Theme Group for Alcohol with the aim of developing a strategy of excellence for the prevention and management of alcohol related problems using multi-agency co-ordinated approaches. The Strategy that has been developed is consistent with key service requirements and guidelines:-

- The National Plan key areas
- NSF for Mental Health
- Quality in Alcohol & Drug services, 1999 (QUADS)
- Commissioning Standards for Drug & Alcohol Treatment & Care (SMAS)

In order to ensure that the most appropriate model of delivery is adapted, the strategy is based on the Transtheoretical Model of Change (Prochaska & Di Clemente, 1983). This is a well recognised and influential model in the field of drug and alcohol treatment.

The existing providers are already well placed to deliver against the Strategy and this should remain constant. Other providers, for example from within Primary Care, may need to be encouraged and trained to contribute as appropriate.

The Strategy is currently with the partner agencies for approval.

6v. SMOKING

2001 / 2002 Performance Agreement with Regional Office

<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Deliver 544 smokers successfully quitting 4 weeks after setting a quit date.	DHA PCTs	31/03/02	●
2. Deliver a reduction of 58 pregnant women who quit smoking.	DHA PCTs	31/03/02	●

Number of people setting a quit date during the quarter and outcome at 4 week follow-up

	Jun-01	Sep-01	Dec-01
Total number setting a quit date in the quarter	462 42	428 33	422 32
No. who had successfully quit at 4 week follow-up (self report)	291 30	307 27	272 24
No. who had not quit at 4 week follow-up (self report)	112 5	102 4	123 8
No. not known / lost to follow up	59 7	19 2	27 0
No. who had successfully quit at 4 week follow up, where non-smoking status confirmed by CO validation	224 23	233 7	214 10

NB. The figures for the number of pregnant women are shown in red.
Figures for intermediate services included from quarter ending Sep-00.

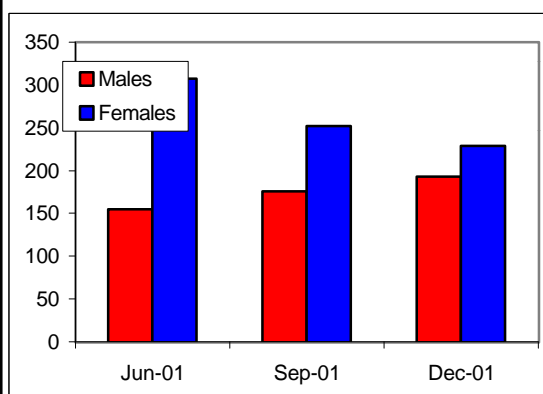
Age breakdown of number of no. setting a quit date during the quarter

	Jun-01	Sep-01	Dec-01
<18 yrs	1	6	5
18-59 yrs	387	337	331
60+yrs	74	85	86

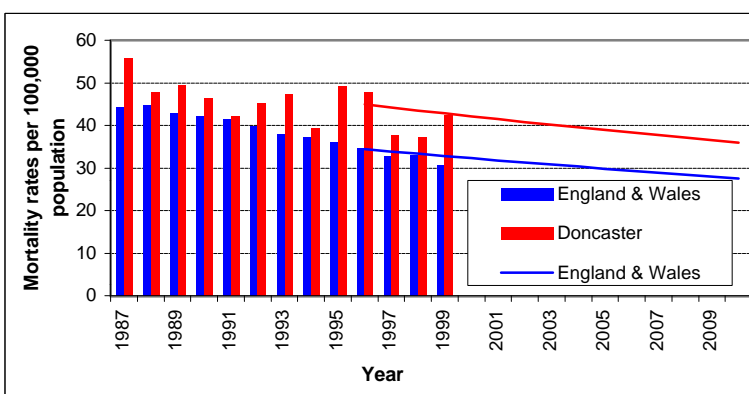
Number of people accessing service and receiving Bupropion during the quarter

	Jun-01	Sep-01	Dec-01
Number receiving Bupropion	145	103	82

Number of people setting a quit date during the quarter, by gender



Trends in mortality from lung cancer in Doncaster: directly standardised mortality rates, ages <75, 1987 - 1998



Local Modernisation Review Gap Analysis

- Reduce women who smoke during pregnancy - 4
- Reduce smoking amongst adults - 4
- Expansion of smoking cessation service - 4

6vi. HAZ**Doncaster HAZ forecast of expenditure at 31/01/02**

	Period 10 2001/02			2001/02		
	Budget £000's	Actual £000's	Var £000's	Budget £000's	Forecast £000's	Var £000's
Doncaster	605.1	507.4	(97.8)	853.2	853.2	-

SYCHAZ Funding 2001/2002

As previously reported the project review process, which evaluated project outcomes and alignment with mainstream objectives, has resulted in recommendations to mainstream several projects in the next financial year. All three PCT's are actively involved in decision making with regards to which current HAZ projects to mainstream via the SAFF for 2002-03. However, the outcome of the SAFF was not known at the time of writing this report.

SYCHAZ Futures

In December the SYCHAZ partnership received confirmation that the HAZ budget for 2002-03 is £2,503,000. The HAZ management group have agreed a planning process treating next year as a 'transitional year', with one year projects that will move us from our current position towards delivering the revised objectives. Children and Young People, Heart Health and Disability in Later Life remain the HAZ priorities.

PCT Involvement in HAZ

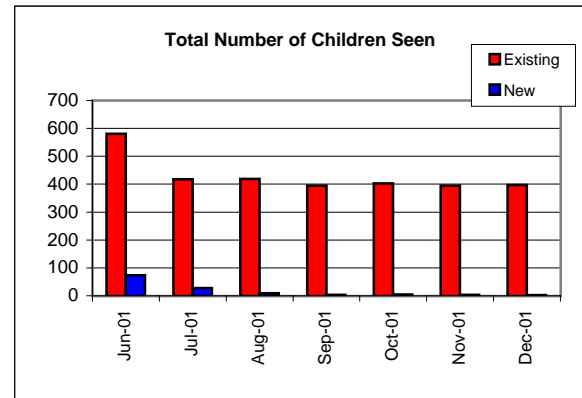
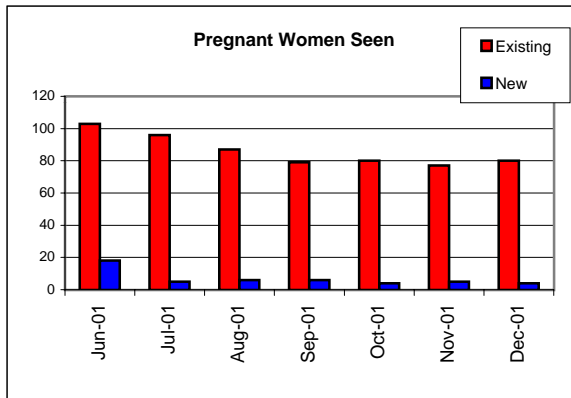
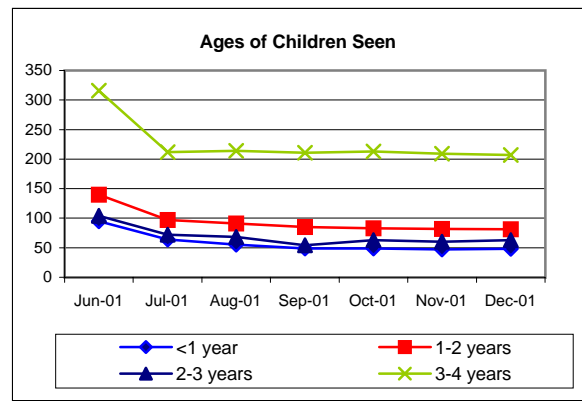
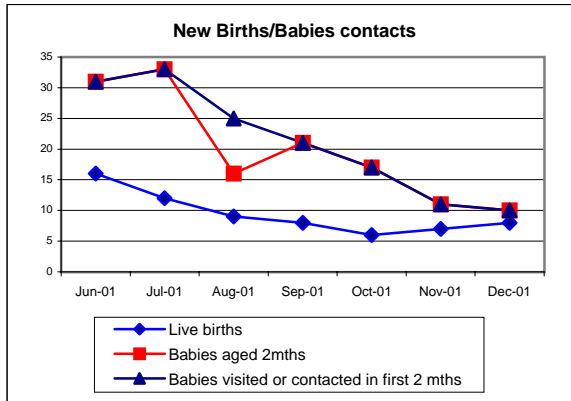
HAZ governance was re-structured in April. The new HAZ management group now includes a PCG/T representative from all three districts and one representative of the Acute Trusts. This reconfiguration is mirrored locally on Doncaster's HAZ Partnership Board with all three PCT Chief Executives having membership.

The Central HAZ team will be located in PCT East from April 2002.

SYCHAZ Evaluation

HAZ is currently undertaking an interim evaluation, which will identify progress against targets and effectiveness of the 1999-2002 programme: this will be published in March 2002. However, an action plan has been agreed to inform the development of the HAZ plan for 2002-05 to address any of the weaknesses identified in the current programme.

6vii. SURE START



* Information runs from June as this is when Surestart commenced activities in Conisbrough as well as Denaby

Graph 1

The aim should be that all newborn babies and babies in their first 2 months of life should be seen by Surestart. Performance against this target is currently variable although this may be due to difficulties with data collection.

Graph 2

This graph shows the breakdown of Surestart contacts by age. There is little variation at the moment and the breakdown remains constant month on month indicating that the team is contacting the full range of potential contacts.

Graph 3

Early contact with pregnant women is fundamental to the success of the project. Initial numbers in this and the other graphs are "high" due to the initial need to contact all pregnant women at the start of the project. Workload then settles down to the "norm".

Graph 4

This graph shows the total number of children receiving a service from Surestart. It compares new contacts with the total number of children. Inevitably the number of new contacts will diminish as Surestart works more and more within the community.

Budget summary as at the end Dec-01

	Cumulative to December 2001 (£000)			Annual Position (£000)		
	Budget	Actual	Var	Budget	Forecast	Var
Project Management	151	103	(48)	245	211	(34)
Outreach and Home Visiting	91	87	(4)	135	135	-
Support to Families & Parents	82	89	7	127	127	-
Play, Learning & Childcare	52	20	(32)	106	106	-
Primary & Community Healthcare	116	105	(11)	174	152	(22)
Support For People With Special Needs	10	1	(9)	13	13	-
Capital	40	40	-	68	68	-
Total	542	444	(98)	868	812	(56)

6vii. SURE START

Quarterly milestones are submitted on an annual basis to the Sure Start Unit, it is from these that the following data is drawn.

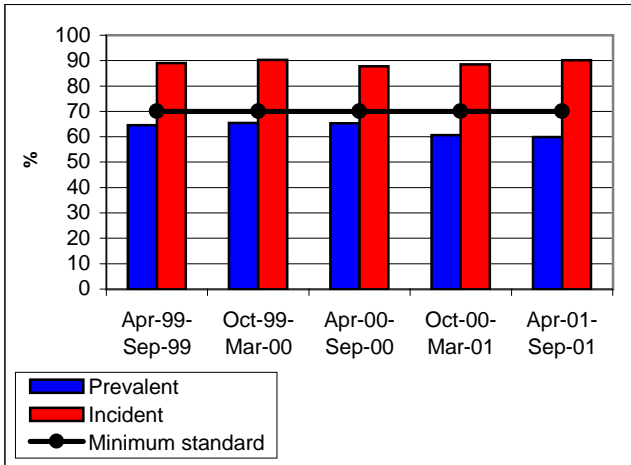
All trailblazer programmes have recently had to resubmit their delivery plans with new public service agreements being implemented from the third quarter 2001. Future reports will reflect the changing national priorities, which Sure Start is implementing from October 2001.

There are four national objectives that all programmes work towards. These are then sub-divided with local targets being developed within each individual programme. Shown below are representative targets.

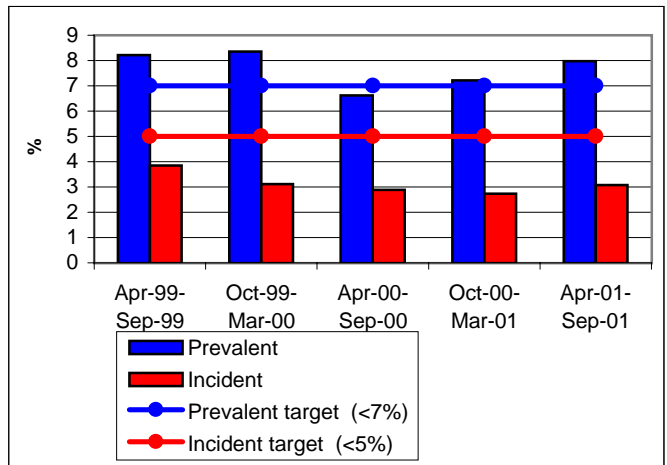
<u>National Targets</u>	<u>Milestone</u>	<u>Position</u>	<u>Comments</u>
Improving social and emotional development			
To increase the number of toddler groups by 50% by 2004	50%	Achieved	Parents recently completed a course supported by Sure Start and a playgroup has opened for three sessions a week.
To increase the number of toddler places by 50% by 2004	50%	Achieved	As above.
100% of families with young children contacted by local programmes within 1st two months of birth	100%	Achieved	All children are contacted within two months of birth as part of midwifery / health visiting visits.
Improving Health			
Achieve by 2004 a 10% reduction in the number of women who smoke in pregnancy.	10%	Not achieved	We have only successfully got one woman to stop smoking during pregnancy this quarter. From October we have recruited a smoking cessation co-ordinator to provide training for staff. From February 2002 peer educators will ensure advice and information is more readily available if people request it.
Parenting support and information available for all parents in the Sure Start area.	70%	Achieved	There has been a mass communication in the last quarter using leaflets / posters and focus groups to inform parents about the initiative following some initial feedback from our local evaluation.
10% increase in breastfeeding rates by 2004.	10%	Achieved	Breastfriends and continued support for breast-feeders has ensured that there is a progressive increase in women choosing to breastfeed and continuing
Improving the ability to learn			
All children in Sure Start areas have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school.	75%	Not achieved	Until our building is complete we are very limited for facilities as the area has little play opportunities. Sure Start has supported the local toddler groups and the playgroup the parents have recently established.
95% of infants aged 7-8 months receive Bookstart package by 2004.	75%	Achieved	Currently 75% of families receive this package at specific Bookstart sessions. The remainder will be distributed to the children's homes.
95% of infants aged 18 months receive Bookstart Plus package by 2004.	75%	Achieved	As above
Strengthening families and communities			
All Sure Start programmes to have parent representation on local programme Boards.	5	Achieved	There is still a vacancy for a further parent. A local Mum has been nominated to provide us with a full compliment of a third of parents when this is approved at the next Board meeting.
All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in the Sure Start areas compared to other areas.		Partially Achieved	Working with EYDCP to establish local Neighbourhood Nursery and alternative childcare opportunities as this area has the least facilities within the borough.
Reduce the number of 0-3 year old children in the Sure Start areas living in households where no-one is working by 10%	10%	Not Achieved	Working in partnership with New Deal for Lone Parents creating 17 training positions for local people. Due to the delay in the new building being completed these vacancies have been delayed and will be recruited next quarter. Interviews have now been completed and police checks are underway for successful candidates. Appointment is expected from March onwards

6viii. BREAST SCREENING

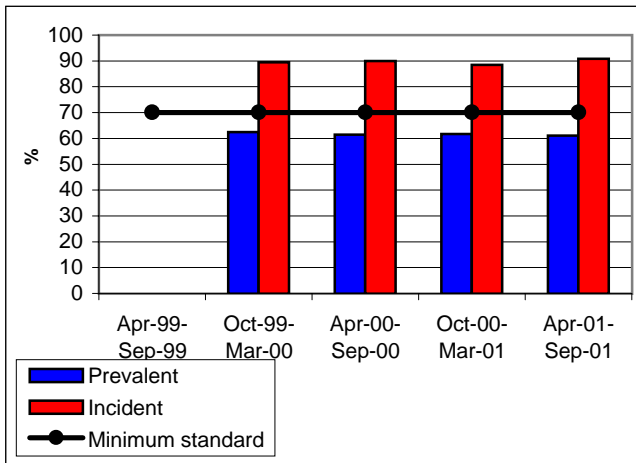
Doncaster Breast Screening Uptake Rate



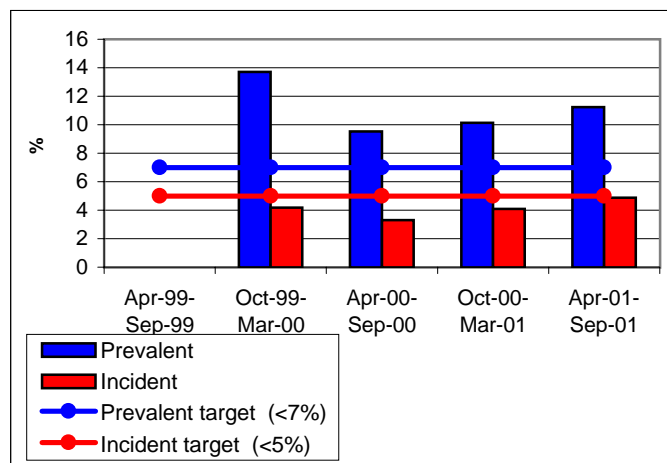
Referral Rates by Doncaster Breast Screening Service



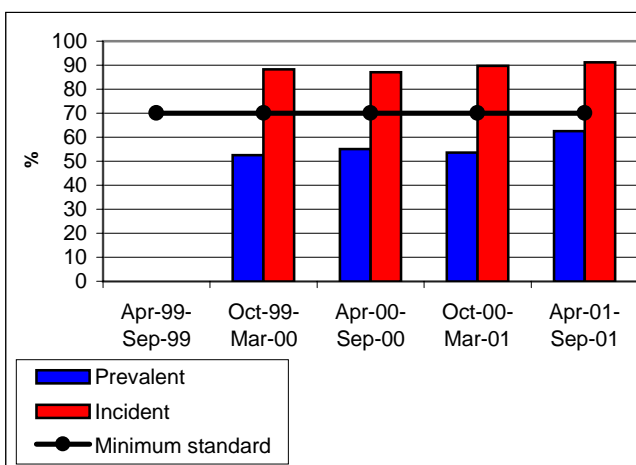
Barnsley Breast Screening Uptake Rate



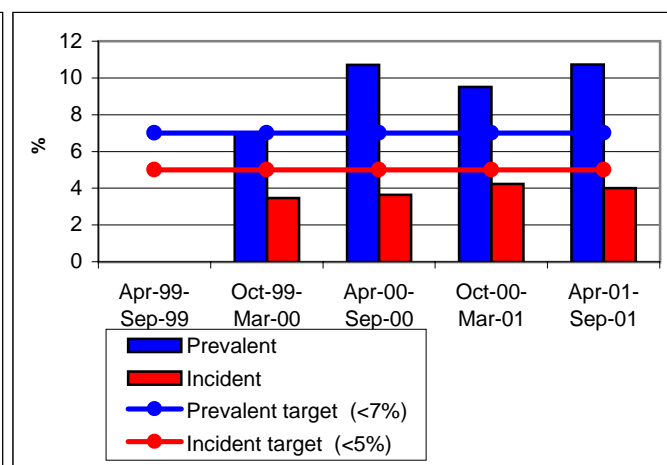
Referral Rates by Barnsley Breast Screening Service



Rotherham Breast Screening Uptake Rate



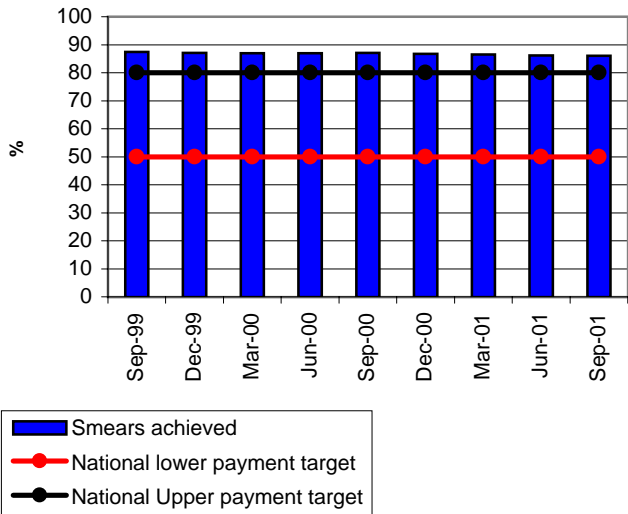
Referral Rates by Rotherham Breast Screening Service



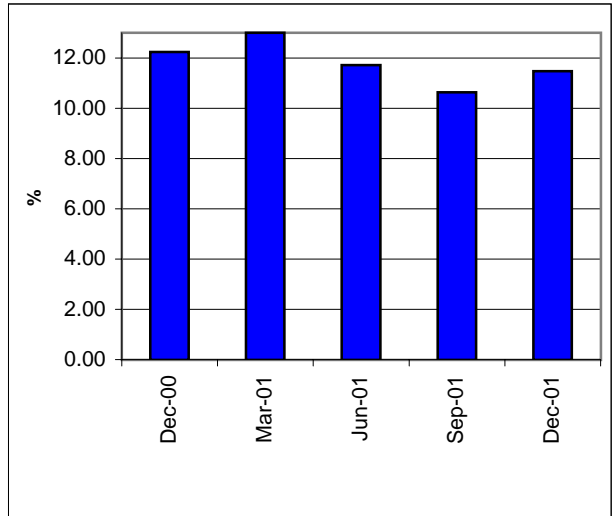
Figures prior to Oct-99 are not available for Barnsley and Rotherham.

6ix. CERVICAL SCREENING

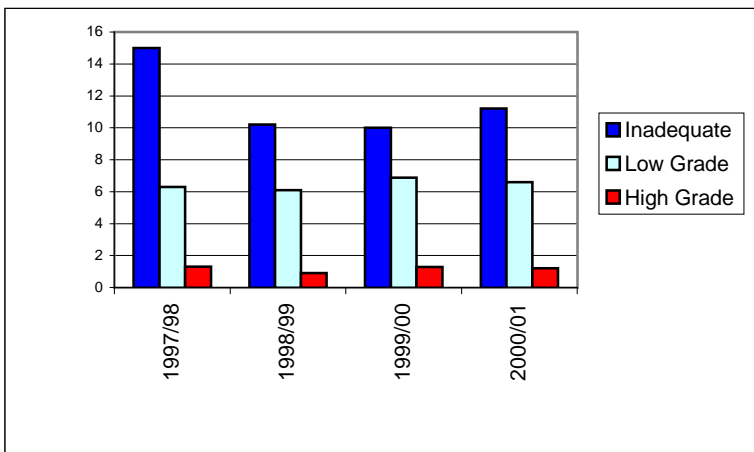
% smears achieved - Doncaster Practices



Inadequate smear rates - Doncaster Practices



Low Grade and High Grade smears - Doncaster Laboratory



Parameters

Up to and including 1997/98

High = 1.6% +/- 0.4
 Low = 5.5% +/- 1.5
 Inadequate = 7.0% +/- 2.0

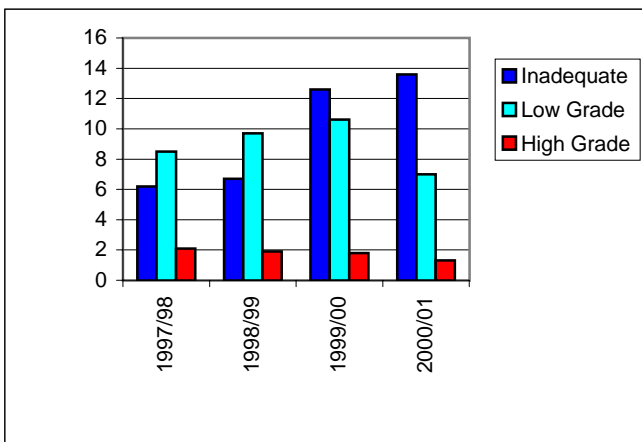
1998/99

High = 1.0 - 2.0
 Low = 4.0 - 9.5
 Inadequate = 5.8 - 12.8

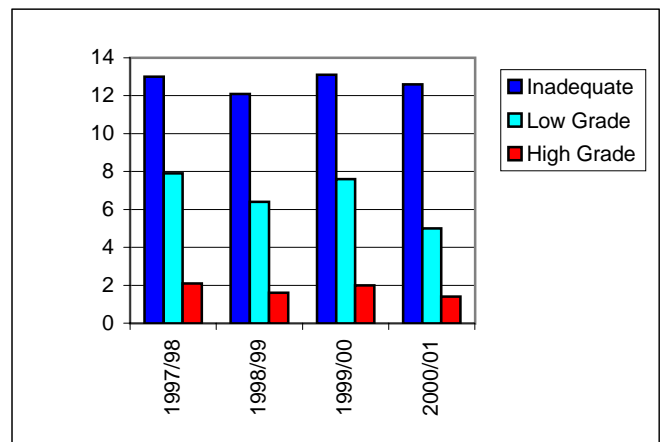
1999/00

Inadequate = 6.3 - 13.7

Low Grade and High Grade smears - Barnsley Laboratory



Low Grade and High Grade smears - Rotherham Laboratory




















The range for reporting rates for 1998/99 are based on the 10th-90th percentile data from the laboratory KC61 returns. Each year the ranges will be calculated based on the previous years KC61 returns therefore reflecting improvements in laboratory practice and changes in the disease as the programme matures.

Other Performance Agreement Targets
















7. 2001- 02 PERFORMANCE AGREEMENT OTHER TARGETS

2001 / 2002 Performance Agreement with Regional Office

<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
<u>Core Requirements</u>			
1. Promote and monitor achievement of immunisation targets including those for influenza.	PCTs	31/03/02	
2. Work with other health agencies and organisations to meet the national health inequalities targets of - Children under one year - by 2010 reduce by at least 10% the gap in mortality between manual groups and population as a whole. - By 2010 reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.	DHA	31/03/02	
3. Work within the health community to deliver Best Value in Local Government, focusing on plans agreed in local Best Value Performance Plans.	DMBC	Ongoing	
4. Achieve financial balance at year end.	All	31/03/02	
<u>Organisational Issues</u>			
1. Ensure the commencement of the implementation of the 'Improving Outcomes' guidance on Gynaecological, Upper GI, Urological and Haematological Cancers.	PCTs DBH DHA	31/03/02	
2. Work within the health community to introduce a single assessment process for health and social care including better processes to quickly identify and invite more vulnerable people for assessment.	PCTs DHA DMBC	31/03/02	
3. Hospitals make good progress toward the copying of letters to patients.	DBH DSHHCT	31/03/02	
4. Audit against National Beds Inquiry template.	DHA DBH	31/03/02	
5. Ensure that 24 hour food service is provided for patients, reflecting NHS National menu.	DBH DSHHCT	31/12/01	
6. Ensure that cleanliness standards set out in Action plan are achieved and that patient views on cleanliness are monitored.	DBH DSHHCT	From 01/04/01	
7. Monitor patient and carer experience on rigorous, comparable and systematic basis.	All	31/03/02	
8. Encourage the issue of patient prospectus including comments on health services received and action taken.	All	31/03/02	
9. Establish PALS and Patient Forums in line with published guidance.	DBH DSHHCT PCTs	31/10/01	
10. Promote and monitor implementation of the NHS Plan standards contained in 'Your Guide to the NHS'.	All	From 01/04/02	
11. Promote and encourage the planning, development and implementation of new and innovative roles to help reshape and improve services including more Nurse, Midwife and Health Visitor Consultants, Consultant Therapists and ensure the full implementation of the 'Ten Key Roles for Nurses' guidance. Local indicative targets for 2001/02 are: - 4 consultants - 11 nurses - 3 therapists	DBH DSHHCT PCTs	31/03/02	
12. Work within the health community to promote and deliver Continuing Professional Development.	All	31/03/02	
13. As an NHS employer, increase and target vocational training investment towards those staff without a professional qualification, opening up access to ILAs.	All	31/03/02	

7. 2001 - 02 PERFORMANCE AGREEMENT OTHER TARGETS

2001 / 2002 Performance Agreement with Regional Office









<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
<u>Diet</u>			
1. Work within the health community to prepare quantified plans to increase access to, and consumption of, fruit and vegetables.	DHA	31/03/02	
<u>Health Inequalities</u>			
1. Contribute to the work of Youth Offending Teams including reviewing the resources required to properly assess those at risk and work within the health community to develop a service programme accordingly.	DMBC	31/03/02	
2. Work within the health community to ensure that every looked after child has an annual health assessment.	DHA DMBC	31/03/02	
3. Move Doncaster PCTs to 'teaching' status within B/D/R	PCTs	31/03/02	
4. Work to promote and encourage an increase in the number of GPs working in deprived areas, with the expectation that 1/3 of all GPs will be working in PMS, the majority of which will be in deprived areas and work to increase access to primary care.	PCTs	31/03/02	
5. Where it is not possible to recruit develop alternative innovative ways of delivering high quality primary care services.	PCTs	31/03/02	
<u>Nurse Prescribing</u>			
1. Seek to maximise prescribing by nurses in primary/community settings.	DBH DSHHCT PCTs	31/03/02	
2. Increase the number of nurses able to supply or prescribe medicines in secondary care.	DBH DSHHCT PCTs	31/03/02	
<u>Resources</u>			
1. As part of the Best Value regime review adult learning disability services.	DHA DMBC	31/03/02	
2. Make progress towards earned autonomy measured by the achievement of green light status for performance.	All	31/03/02	
3. Work towards being accredited as putting the Improved Working Lives (IWL) standard into practice by April 2003.	All	Ongoing	
<u>NSF Implementation</u>			
1. Implement recommendations on the prescribing of medicines contained in NSFs and audit by MAAG.	PCTs	As per NSF	
<u>Local Initiatives</u>			
1. Establishment of district wide Clinical Indicators Group (CIG)	DHA DBH	Ongoing	
2. Ongoing audit of all deaths occurring within 28 days of hospital admission.	DHA	Ongoing	
3. Project to review all deaths by GPs in line with Organisation with a memory.		31/03/02	

Health Community Corporate Issues

- **Clinical Governance**
- **Health Focus & NHS Direct**
- **End of Year Review Action Notes**

8. CLINICAL GOVERNANCE

2001 / 2002 Partnership Agreement

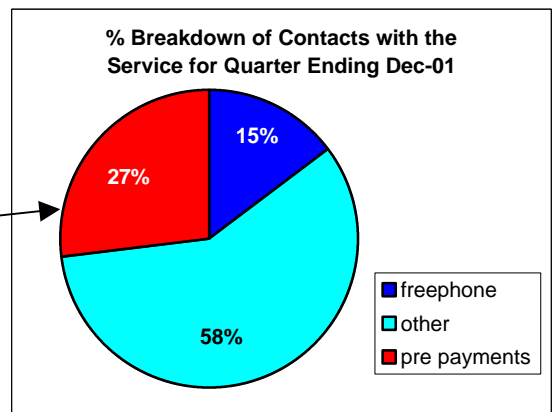
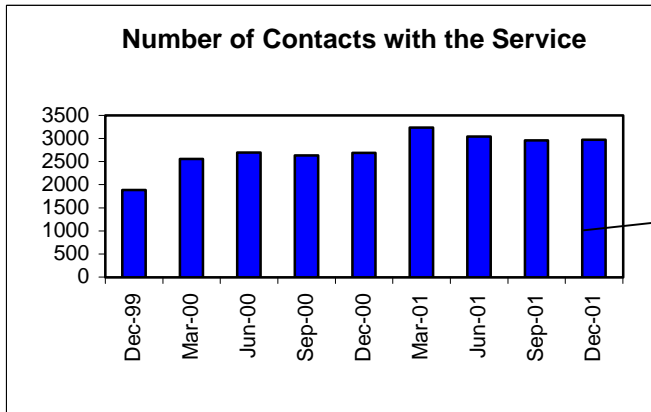
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Ensure completion, implementation and updating of individual PCT Clinical Governance Plans.	PCTs	31/03/02	
2. Ensure report on Clinical Governance is included in PCT Annual reports.	PCTs	31/03/02	
3. Ensure local mechanisms are in place to feed into national reporting system for adverse health care events.	DBH DSHHCT	31/01/02	
4. Ensure each practice has effective medical record storage in date order, appropriate medical records containing drug therapy lists for patients on long term therapy and use systems to deliver structured care including appropriate therapies for those with CHD.	PCTs PCTs	31/03/02	
5. Work with partners in the health community to ensure that all hospitals have in place senior sisters/charge nurses with the necessary resources to sort out environmental fundamentals of care.	DBH DSHHCT	Ongoing	
6. Ensure that acute providers have a plan to introduce ward housekeepers by December 2004.	DBH DSHHCT	30/06/01	
7. Improve and develop systems to identify and manage hospital acquired infection.	DBH	31/03/02	
8. Ensure that changes are made to ensure good consent practice is introduced throughout the NHS.	DSHHCT DMBC PCTs	Ongoing	

It is proposed to develop a systematic cross-organisational approach to learning and reporting from critical incidents.

A workshop was held in November 2001 to examine specific local critical incidents related to failures of communication and to develop systems to reduce the likelihood of recurrence. As a result clinicians at the DRI are working with primary care to develop referral and discharge proformas to improve communication

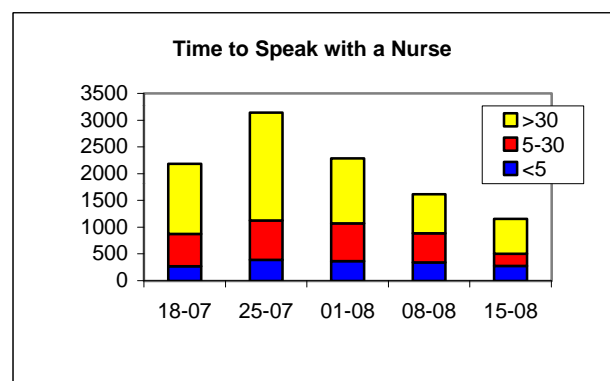
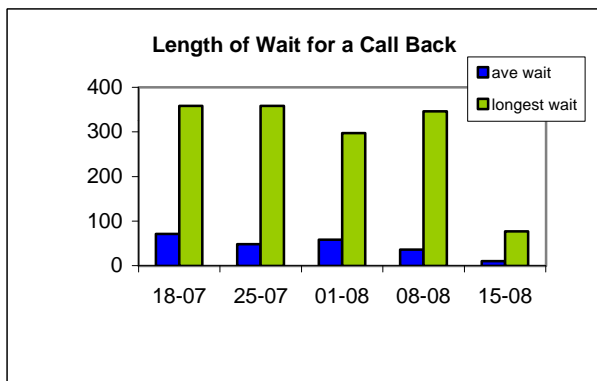
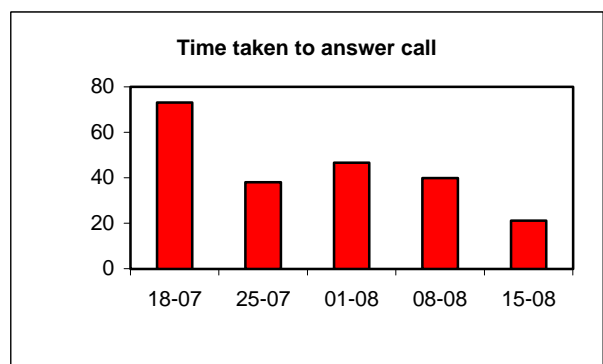
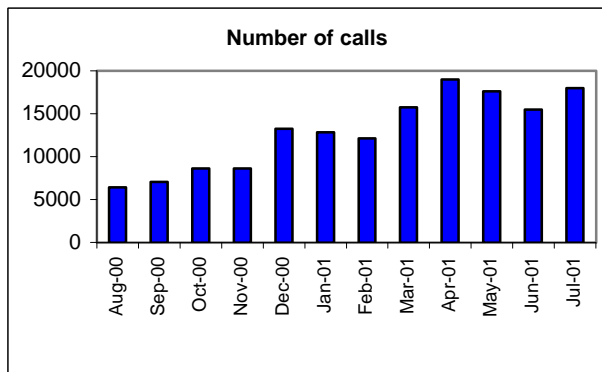
9. HEALTH FOCUS AND NHS DIRECT

Health Focus



This has again been a busy quarter for events at Health Focus, many gaining coverage in the local media. Bug Busting Day proved to be extremely successful - 11 requests for information were received during the day and all 50 'bug busting' packs were given out. During Breast Cancer Awareness Month 16 requests for information were received and 2 clients spoke with the Nurse Specialist who was based in Health Focus on 25th October. Other events which took place during the quarter were Stroke Week, Mental Health Day and World AIDS Day.

NHS Direct - South Yorkshire & South Humber



June 01 saw the introduction of the "Look Ahead" system. This enabled operators in different locations to be available to take all incoming calls. NHS Direct state that this has meant an improvement in the timeliness of the service and a reduction in the number of calls abandoned.

10. END OF YEAR REVIEW ACTION NOTES

Doncaster Health Community

Annual Review held on 3 July 2001

Agenda Item and Agreed Action

Timescale

Health Improvement

Health Inequalities

1. Lung Cancer awareness campaign encouraging people to seek earlier treatment.

Action: HA to set targets for impacting on 1 and 5 year lung cancer survival rates.

2. Smoking Cessation.

Action: HA to evaluate the effectiveness of the approaches being used, including an analysis of benefit versus cost.

3. Coronary Heart Disease.

Action: HA to ensure that CHD remains top priority for the PCT's.

Modernising Health and Social Care

Mental Health Services.

1. Reconfiguration of services.

Action: Establishment of lead agency arrangements for provision and commission.

Learning Disability Services.

1. Cultural Change

2. Future Service Models

Action: Service delivery requires cultural change, the community needs to work with the Department of Health policy advisors to look at future service models.

Older People's Services.

1. Delayed transfers of care.

Action: Health community to ensure that services are in place to minimise delays.

Improving the NHS estate.

1. Modernising mental health / maximising acute capacity.

Action: Doncaster to work together, with strategic commissioner leadership, to dovetail the business cases for moving inpatient mental health off DRI site and the case for how this accommodation will be used by the acute Trust.

Performance Management of Primary Care

Access.

1. Access to GP's and other primary care professionals.

Action: HA to provide update on progress of fast track implementation of targets by Central PCT.

Workforce.

1. Action needed to address GP shortage in Doncaster.

Actions: a) continue with best practice eg. incentives to retain VTS graduates

b) driving forward to achieve 33% PMS coverage by the end of the year.

Performance Review of 2001-01

Access.

1. HA to ensure achievement of waiting list / time targets.

Action: In particular, out of district provider services and Orthopaedics, which were problematic last year, together with any problems which arise in year.

Report on progress at Mid Year Review.

Report on progress at Mid Year Review.

Report on progress at Mid Year Review.

Update as part of Stage 3 NSF process in Autumn.

Report on progress at Mid Year Review.

Monitored via Situation Reporting.

Regional Office will remain in touch through the usual capital planning mechanisms.

Report on progress at Mid Year Review.

Update at Mid Year Review.

Monitored via usual weekly and monthly mechanisms.

Health Authority Corporate Issues

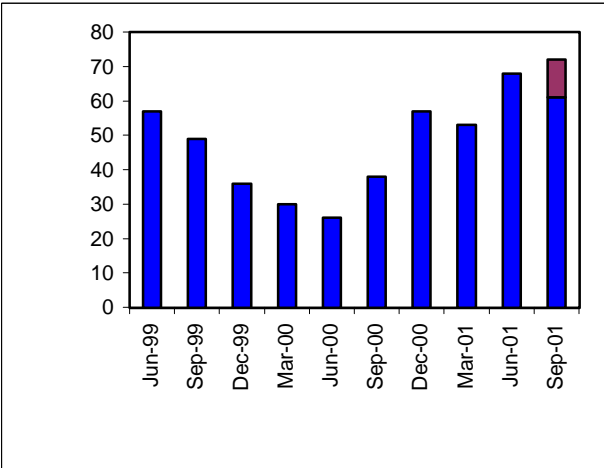
- **Complaints**
- **Human Resources**
- **Risk Management**

11. COMPLAINTS

Response rate target:

The complaint should be acknowledged within 2 working days and a full response to a complaint should be given in 20 working days from Trusts and 10 working days from Primary Care contractors.

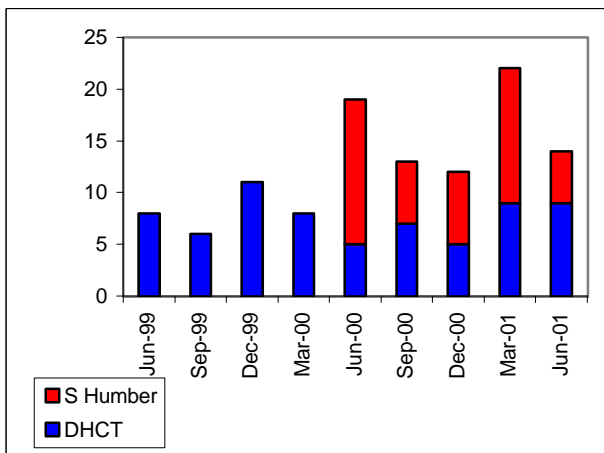
Formal Complaints at DRI



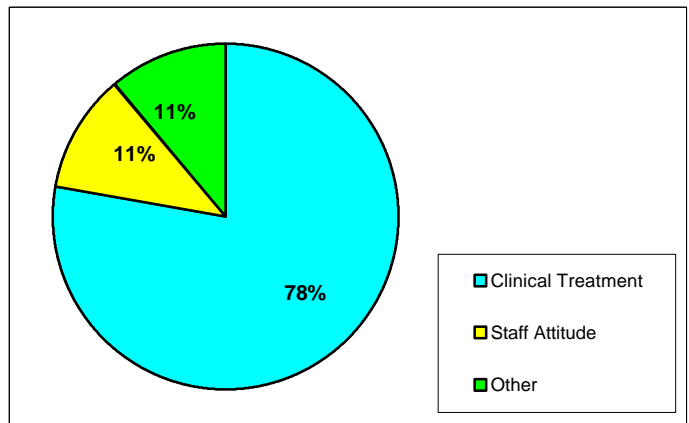
Of the 72 complaints reported in Quarter 2, 95% were acknowledged within 2 working days and 74% had a final response made within 20 working days.

NB: From June-01 complaints at Bassetlaw site are also included.

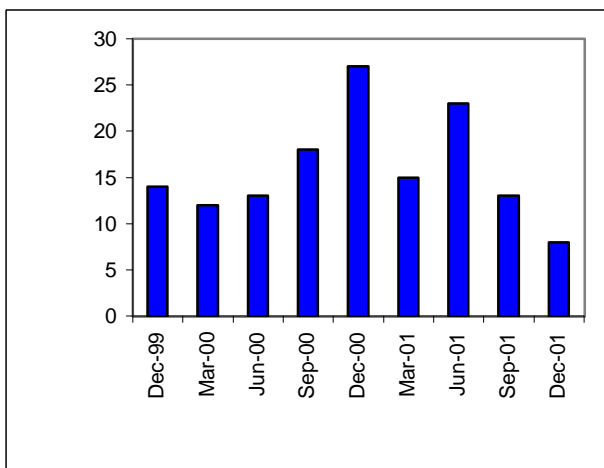
Formal Complaints at Doncaster & S Humber



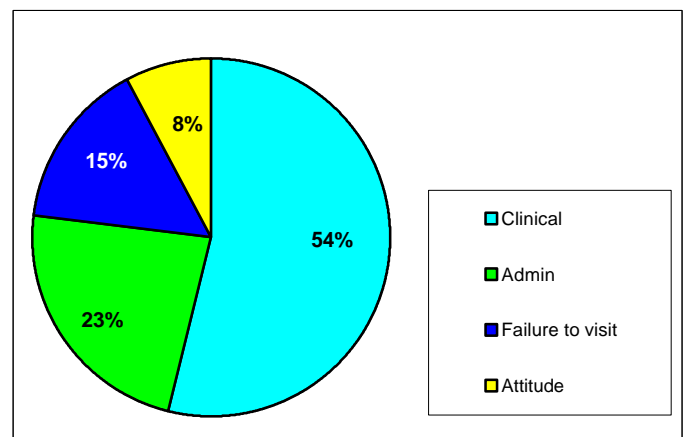
Breakdown of element of complaints at Doncaster & S Humber HCT for quarter ending Jun-01



Written complaints received at the HA



Breakdown of element of complaints at HA for quarter ending Dec-01

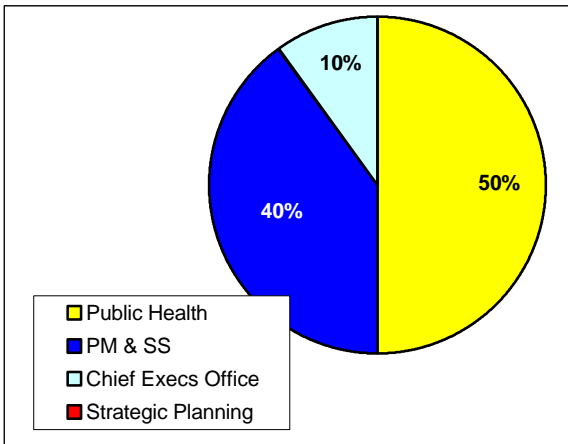


12. HUMAN RESOURCES

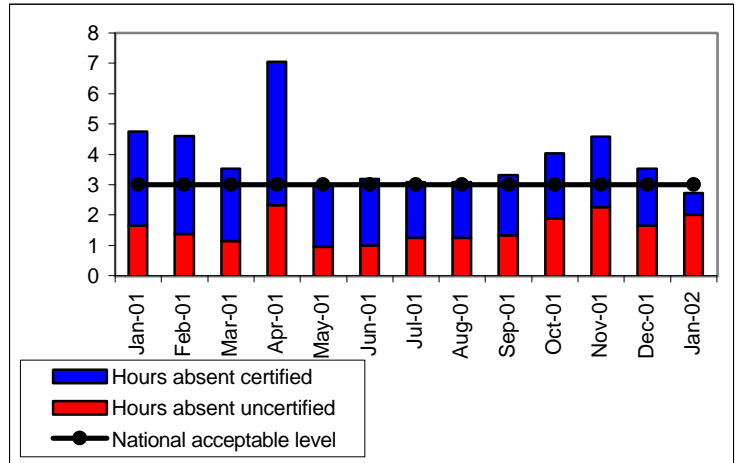
Staff turnover at Doncaster Health Authority

	Mar-01	Jun-01	Sep-01	Dec-01
Total of staff	213	190	182	197
Percentage of staff leaving	1.88	4.21	9.89	5.08

% People leaving Doncaster Health Authority split by Directorate for quarter ending Dec-01



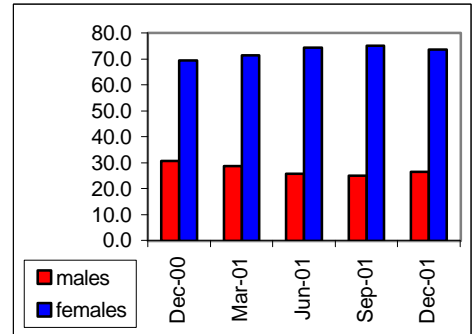
Absence levels at Doncaster Health Authority



Doncaster Health Authority Equal Opportunities Monitoring

	Mar-01	Jun-01	Sep-01	Dec-01
White	200****	182****	174****	177****
Black African	1	1	1	1
Black Caribbean	1	0	0	0
Indian	3	3	3	3
Pakistani	2	1	1	1
Chinese	1	1	0	1
Black Other	1	0	0	0
Other	1	2	2	2
Total	210****	190****	181****	185****

Breakdown of equal opportunities monitoring by gender



* = Disabled person

12. HUMAN RESOURCES

Vital Connection and National HR Targets

Issue

Target Date

1. Further develop the Racial Equality Means Business Action Plan
2. Achieve stage 1 - pledge status - of the Improving Working Lives (IWL) standard
3. Use results of the staff opinion survey to further develop and implement quality of working life initiatives and incorporate into the IWL action plan
4. Achieve a workforce composition that is more representative of the community it serves
5. Develop the framework of effective policies to assist managers and staff to more effectively undertake their health and safety responsibilities
6. Achieve average staff turnover rate of 4.5%
7. Meet the criteria to use the Employment Service Disability Symbol ("Two Ticks")
8. Achieve a 3% incident rate for violence and accidents to staff (effectively a reduction of 1% on the previous year)
9. Achieve a 0% incident rate of harassment towards staff (effectively a reduction of 0.6%)
10. Achieve a 2% incident rate for sickness absence (effectively a reduction of 0.67%)
11. Agree targets with Regional Office for monitoring rates of accidents, turnover and sickness absence for 2001/2002
12. Review, develop and implement a procedure for more effectively measuring sickness absence

Apr 2001



Apr 2001



Jun 2001



Apr 2001



Apr 2001



Apr 2001



Apr 2001



Apr 2001



Apr 2001



Apr 2002



Sept 2001



Jul 2001



13. RISK MANAGEMENT

Clinical Governance (Chair - Dr J Cornell)

<u>Area Identified for further action</u>	<u>Action to be taken</u>	<u>Progress</u>
Practice accreditation.	i. Obtain Sheffield HA's accreditation document. ii. Raise this issue with PCTs at the quarterly reviews.	Complete Complete
Dissemination of CG within the organisation.	CG to feature in the HA's reorganised approach to Team Briefs.	Complete
Critical Incidents.	Doncaster wide event in June to consider current position of Trusts on this issue and how to approach cross boundary implications/learning - Complete	Complete
Occupational Health.	Work in collaboration with Sheffield HA which leads on this.	Ongoing
Health Impact Assessment.	Dr Aziz has produced a paper to be considered by the HI group for Finningley prior to presentation to the HA.	Complete / Ongoing
CG and hard to reach groups.	Dentists, Pharmacists and Opticians have been issued with guidance on CG by their professional bodies. This is being taken forward locally. Health Professionals in the prison service to be incorporated within local CG arrangements.	Ongoing
Caldicott issues for the district.	The DPH will progress this area.	Ongoing

Corporate Governance (Chair - Arnold Drakeley)

Controls Assurance: The process last year was one of self-assessment and scoring. The process this year has been much more rigorous in its approach with the need for verification by audit and a system of presentation of evidence to support the assessment and scoring being made. It has involved providing a description of the current position of the authority on an extensive number of criteria within each of the fourteen applicable standards. A score is then determined by reference to scoring criteria. A full self-assessment, scoring and evidence collection has been carried out and this has been the subject of a verification process by Internal Audit.

An action plan has been produced to address all those issues where the Authority has not achieved a 100% score. The majority of action plan items relate to three issues; the continuing development of a comprehensive risk register, the development of indicators for benchmarking and discussion with the audit team on programmes to address individual elements of the process.

There is a requirement, contained in HSC 2001/005, that Chief Executives of NHS Trusts and Health Authorities should ensure that, by 31 March 2001, their organisation complies with Level 1 of the 'control and risk maturity matrix'. Internal Audit, who carried out the verification process, has provided confirmation of that fact. An assurance statement is also included in the Authority's annual report to that effect. Compliance with Levels 2 and 3 of the 'control and risk maturity matrix' will be required by, respectively, 31 March 2003 and 31 March 2005.

GLOSSARY

CHD	Coronary Heart Disease	
CPA	Care Programme Approach	The CPA involves close supervision of vulnerable psychiatric patients.
CPN	Community Psychiatric Nurse	A nurse who visits patients who have psychiatric problems and are living in the community.
DC	Daycase	An admission from a waiting list where the patient is treated during the course of a single day.
DNA	Did not attend	People who did not attend an appointment.
DRI/MMH	Doncaster Royal Infirmary/ Mexbrough Montagu Hospitals	
EMT	Executive Members Team	This group consists of Directors from the Health Authority and meets twice a month.
FFCEs	First Finished Consultant Episodes	The end of continuous inpatient treatment under the care of the consultant that the patient first sees on admission to hospital.
G&A	General & Acute	G&A includes all specialties with some exceptions such as mental illness, learning disability and maternity.
GI cancers	Gastro-Intestinal cancers	
HAZ	Health Action Zone	These were developed to improve the health of local people by reducing health inequalities.
HImpP	Health Improvement Programme	This is a programme, led by the Health Authority, which sets actions to improve local health and health care.
HLPI	Higher Level Performance Indicators	These have been developed by the Department of Health to reflect Government priorities - they are updated each year and show how Health Authorities compare.
HR/OD	Human Resources/ Organisational Development	
IP	Inpatient	This is an admission to hospital where the patient occupies a hospital bed.
NICE	National Institute of Clinical Excellence	This was set up by the Government to ensure all patients in the NHS are given fair access to high quality care.

GLOSSARY

NSF	National Service Framework	NSFs set National standards for a specific service and establish Performance measures and timescales in respect of a particular service area e.g. Mental Health.
OHN	Our Healthier Nation	This is a Department of Health report that sets National targets to improve health and reduce health inequalities.
OP	Outpatient	A person who attends an appointment at a hospital clinic as a result of a GP referral.
PA	Performance Agreement	These are annual targets developed by the Health Authority, in conjunction with Primary Care Groups, local Trusts and the Local Authority, which are used by the Regional Office to monitor the Health Authority's performance.
PCG	Primary Care Groups	These bring together GPs, community nurses, managers, social services etc and their overall aim is to improve the health of the population within their locality.
PCT	Primary Care Trusts	These have the same overall functions as the Primary Care Groups. They are free-standing organisations that are accountable to the Health Authority.
PFI	Private Finance Initiative	This initiative involves using private finance to cover capital costs e.g. construction costs and the operation of buildings.
PU	Prescribing Unit	This is a patient denominator that takes account of demographic differences between Health Authorities.
RO	Regional Office	
SRB	Social Regeneration Budget	This is an amount of money that is available to help regenerate deprived areas.
SSEB	Sure Start Executive Board	This is a sub-group of Doncaster Health Authority.
SYPADS	South Yorkshire Advice Line for Drugs Support	SYPADS is a helpline for parents who have concerns about their children and drugs.