

DONCASTER HEALTH COMMUNITY

CORPORATE PERFORMANCE REPORT

Reporting on Quarter 4 of the

- HImP 2000/2001
- Performance Agreement Targets 2000/2001
- Health Authority Corporate Issues
- Comparative Data

Performance Management

May 2001

Doncaster 
Health Authority

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1. EXECUTIVE SUMMARY

HImP - KEY PROGRAMME AREAS

Spiders Web (page 2)

The data in these graphs relates to the High Level Performance Indicators released in June 1999. Throughout the rest of the report the High Level Performance Indicators released in July 2000 are being reported on. The policy position statement and consultation document 'The NHS Plan - Implementing the Performance Improvement Agenda' includes the webs as a decision support planning tool to be used during 2001/02.

Mental Health (page 3)

Two Performance Agreement targets have been given amber traffic lights at quarter 4. The 'development of proposals using Modern Partnerships for People and the completion of the review of acute services' and the 'establishment of a reference group of service users' have both slipped. Four HImP issues have been highlighted as having missed their target dates.

Psychiatric emergency readmission rates have fallen sharply at quarter 4 - figures reported previously were incorrect. Doncaster & S Humber has introduced revised protocols to ensure that psychiatric readmissions are recorded correctly in the future.

Heart Health (page 4)

The review of current cardiological service provided for Doncaster residents has slipped behind schedule - the draft report has been delayed to the end of June 2001. The development of required actions in response to Doncaster lifestyle survey has also slipped to amber - the delay is due to validation problems. Three HImP issues have been highlighted as having missed their target dates.

Hospital admissions have increased slightly at quarter 4.

Accidents (page 5)

There is nothing new to report this quarter.

Cancers (page 6)

Two of the Performance Agreement targets have missed their target dates. The integrated strategy is not yet in place - this is due on 31/7/01 and there are still some breaches occurring in relation to the two week wait for all cancers. Four HImP issues have also failed to meet their target dates at quarter 4.

The number of patients with suspected cancer seen during Mar-01 has fallen, as have the number of breaches. Most of the breaches were for gynaecological cancer as a result of there being one less consultant. This is being addressed at the Cancer Commissioning Group and Waiting List Strategy Group.

Young People (page 7)

The Performance Agreement target to implement proposals and develop monitoring processes for provision of services at time of transition to adulthood remains amber - a Transition Development Officer is now in place, but the development of monitoring and evaluation methodologies is still ongoing. Two HImP issues have been highlighted as having missed their target dates.

This quarter provides an update on Doncaster's Healthy Schools Scheme. The Healthy Schools Team are planning to submit a bid for funding to widen the availability of breakfast clubs in schools.

1. EXECUTIVE SUMMARY

Older People (page 8)

There is one HImP exception to report at quarter 4. We are still awaiting information around the production of a report and action plan for robust data collection systems.

G&A non-elective FFCEs continue to increase, emergency readmission rates have fallen and delayed discharge rates have increased slightly.

Disability (page 9)

Five HImP issues have failed to meet their target date.

The number of hip replacements continue to fall, but the number of knee replacements are on the increase.

Sexual Health (page 10)

There are three HImP issues to report this quarter - we are still awaiting information around their progress.

Drugs (page 11)

The Performance Agreement target to roll out GP shared care protocol for drug rehab to PCG West practices then to other PCGs has slipped to amber - West has been established, East is in progress and Central are considering options. Three HImP issues have failed to meet target at the end of quarter 4.

This quarter reports on the under 16's drug service for Apr-00 to Mar-01. Oct-00 to Mar-01 showed a slight increase in the number of clients seen compared to the previous six months. However, the variety of substances used decreased.

Alcohol (page 12)

There is one HImP exception to report this quarter. We are still awaiting information around the establishment of a steering group and the implementation of a locally based campaign (drink driving).

This quarter reports on new clients contacting Doncaster Alcohol Services in reference to their own drinking Apr-00 to Mar-01. The majority of clients contacting the alcohol service, from Oct-00 to Mar-01, are in full time employment and are aged 30-39 yrs. The percentage of new clients with criminal convictions linked to drinking has fallen slightly compared to the previous six months.

Smoking (page 13)

The number of people setting a quit date continues to increase. The number of people receiving Zyban has increased this quarter to 158, from 130 last quarter.

Diabetes (page 14)

Both Performance Agreement targets have slipped to red. The monitoring of 'progress towards agreed targets for structured annual surveillance to ensure targets are achieved' has been delayed because there is no funding for a Retinal Camera. This has also led to a delay with the progression towards implementation of the District wide diabetic retinopathy screening programme.

Two HImP issues have failed to meet their target dates. Diabetes is still to be featured in Health News and the patient survey to inform development of the Long Term Service Agreement is still to be carried out.

1. EXECUTIVE SUMMARY

Respiratory Disease (page 15)

There are two HImP exceptions to report this quarter. We are still awaiting information on the development and implementation of a strategy to improve all unfit property and the development of an action plan to assess linkages between health and housing.

Hospital admissions increased during quarter ending Dec-00 - a pattern demonstrating a 'winter' problem is clear.

HImP - LOCAL PRIORITIES

Prescribing (page 16)

All four Performance Agreement targets have slipped. The achievement of local targets for reductions in co-proxamol prescribing remains amber because they are working towards the National average by 2003. The NSF deadline is being worked towards for the achievement of local targets for assessment of appropriate patients for treatment with aspirin therapy or ace inhibitors. An updated version of the Medicines Strategy is due to go to the District Drug and Therapeutic Company on 24/04/01, and the development of action plans to deliver the Medicines Strategy has missed target because it is linked to the development and implementation of the Strategy.

Generic prescribing has almost hit National average and the antibiotic items prescribed is continuing to fall. Excellent progress continues to be made with co-proxamol prescribing. Doncaster continues to be above National average for NIC per Astro PU.

HAZ (page 17)

As at the end of Mar-01 Doncaster HAZ had a forecast underspend of 19.6K.

The timing of this report conflicts with the HAZ project monitoring timetable, so this quarter reports on the highlights from the last year and a summary of action proposed for the next year.

Sure Start (page 18)

At year end Sure Start had a forecast underspend of 168K.

Since June 2000, when work within the community first started, 1471 children under four and 1230 families/carers have used one or more of the services Sure Start offers.

Breast Screening (page 19)

There is nothing new to report this quarter.

Cervical Screening (page 20)

% smears achieved by Doncaster practices remains constant - inadequate smear rates have improved.

HImP - OTHER PERFORMANCE AGREEMENT TARGETS (page 21)

The Performance Agreement target to agree and implement a Long Term Service Agreement has slipped to amber - lung cancer is being reviewed to follow the "Doncaster Template" and with regards to colorectal cancer we are awaiting details from the National Cancer Plan.

HImP - OTHER EXCEPTIONS (page 22)

There are a total of eight 'other' HImP exceptions to report at the end of quarter 4.

1. EXECUTIVE SUMMARY

MID YEAR REVIEW ACTION NOTES (page 23)

There are a number of health community issues that the Regional Office plan to review during the next quarter.

CLINICAL GOVERNANCE (page 24)

Two Performance Agreement targets have slipped to amber. The implementation of NICE recommendations is behind schedule - a paper is out for consultation and a working group has been set up to implement a Caldicott Action Plan.

The number of cancelled operations more than doubled at quarter 4, but the number of breaches have fallen from 17 at quarter 3 to 12. Most of the breaches were due to there being no beds - DRI are monitoring the situation closely. With regards to the transfer of medical records the number of urgent and routine requests have exceeded target at quarter 4. Emergency admissions through A&E showed a large increase in the number of breaches during quarter 4 - this was due to an issue around bed availability in March.

COMPLAINTS (page 25)

The number of complaints received at the HA for quarter 4 have fallen after reaching their highest during the previous quarter.

HEALTH FOCUS (page 26)

The number of contacts with the service increased during quarter 4. During the quarter a number of health awareness events were held which received a mixed response. No Smoking Day proved to be extremely popular as usual, whereas Marie Curie Cancer Awareness Month did not attract much interest.

NHS DIRECT (page 26)

The number of calls made to the service is beginning to fall after reaching their highest in December 2000. The number of callers who speak to a nurse within 2 minutes is declining sharply.

HR (page 27)

% lost time rates follow a downward trend after reaching their highest in December 2000, but still exceed the National acceptable level. Progress against Vital Connection and National HR targets shows that all of the objectives stated are currently on target.

RISK MANAGEMENT (page 29)

Following the second quarterly review of the HA Clinical Governance matrix, a number of areas were identified for further action.

CORPORATE ISSUES THIS QUARTER (page 30)

There are no new issues to report this quarter.

COMPARATIVE DATA

Inpatient waiting times display a positive downward trend, the outpatient waiting times are also beginning to fall.

DNA's continue to follow a downward trend.

KEY

This key will be referred to throughout the report.



On line to meet / already met target date



Behind schedule



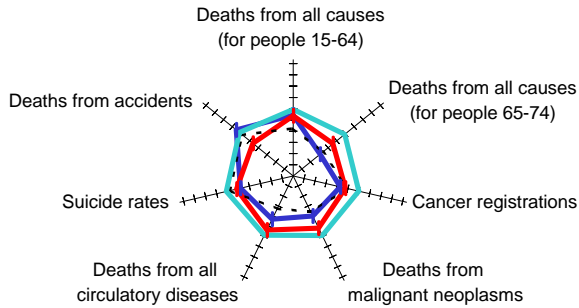
Will not meet / already missed target date



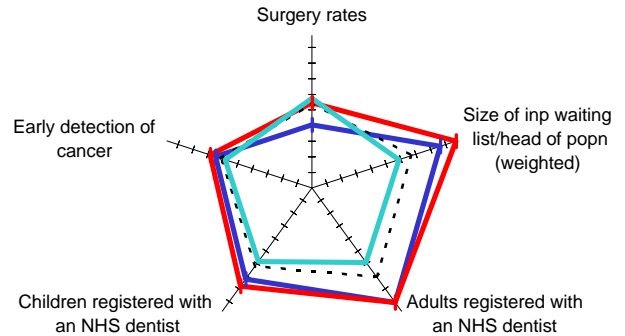
No information available at the time of the report

2. PERFORMANCE ASSESSMENT FRAMEWORK - SPIDER'S WEB

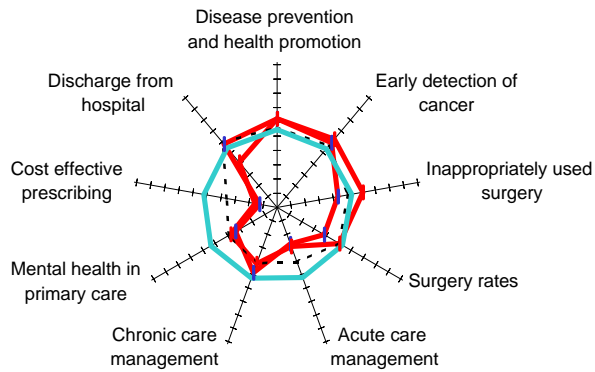
HEALTH IMPROVEMENT



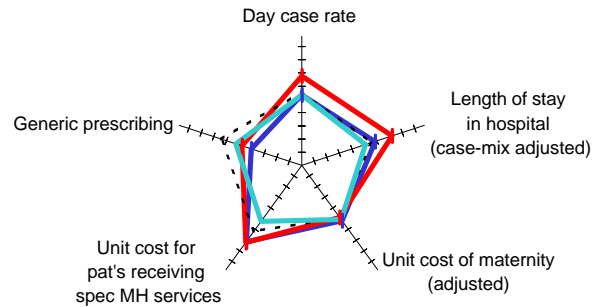
FAIR ACCESS



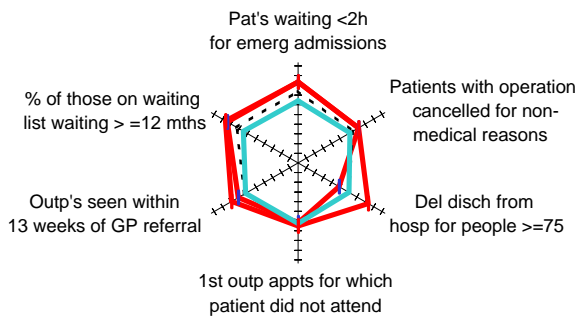
EFFECTIVE DELIVERY OF APPROPRIATE CARE



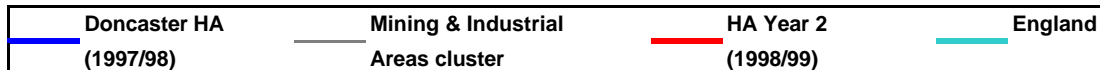
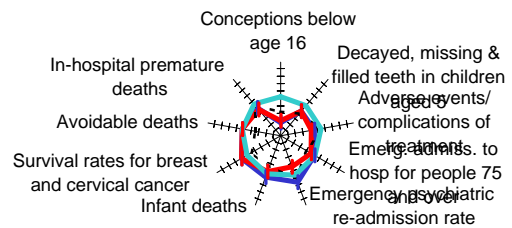
EFFICIENCY



PATIENT CARER EXPERIENCE



HEALTH OUTCOMES



3i. MENTAL HEALTH

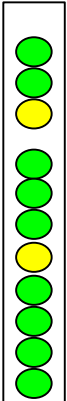
2000 / 2001 Performance Agreement

Issue

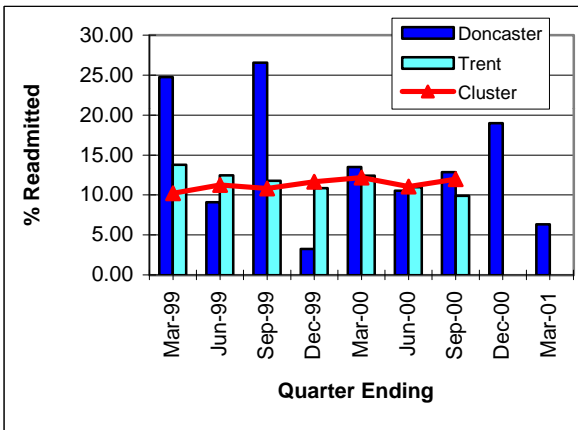
Target Date

1. Complete evaluation of telephone helpline and crisis accommodation.
2. Develop link with NHS Direct to ensure appropriateness of advice.
3. Develop proposals using Modern Partnerships for People and complete review of Acute Services.
4. Complete review of Day Services.
5. Prepare action plan addressing 7 standards in NSF.
6. Action plan to deliver changes required by Mental Health Act.
7. Establish reference group of service users.
8. Review CPN service in relation to Patients Charter standards and develop action plan.
9. Progress the re-provisioning of Loversall Hospital through PFI initiative.
10. Develop integrated info system / case register for people with serious mental illness.
11. Implement and monitor CPA and integrate with care management

- Mar 2001
- Apr 2000
- Mar 2001
- Dec 2000
- Apr 2000
- Mar 2001
- Sep 2000
- Sep 2000
- Dec 2000
- Apr 2000
- Mar 2001

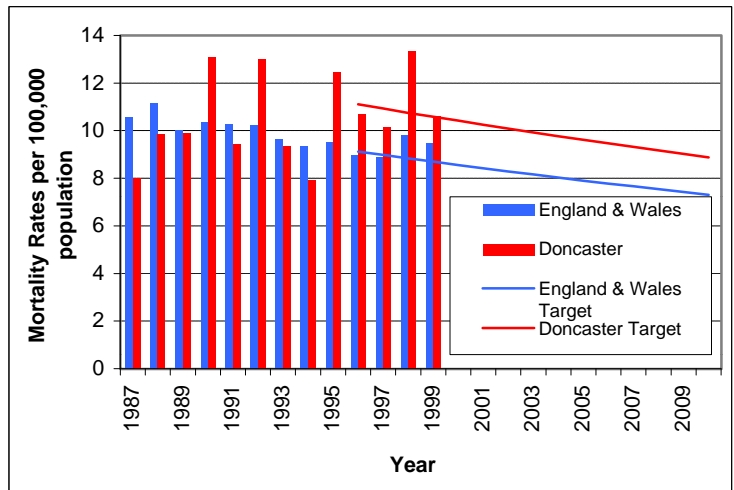


Psychiatric emergency readmission rates for patients aged 16-64 who were readmitted to the care of a psychiatric specialist within 90 days of discharge



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.

HA Lead: Chris Hall

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Joan Beck

1. To develop a proposal using the flexibilities within 'Modern Partnerships for the People'.
2. To develop a proposal to address mental health needs of homeless people.
3. To implement action plan proposals following review of the provision of information to the public.
4. To develop a comprehensive information strategy.

Timescales slipped. Work ongoing to develop something around home treatments within Health Act Flexibilities.
Awaiting formal CRISIS report.

Awaiting information.

Timescale slipped. Strategy not likely before April 2001.

3ii. HEART HEALTH

2000 / 2001 Performance Agreement

Issue

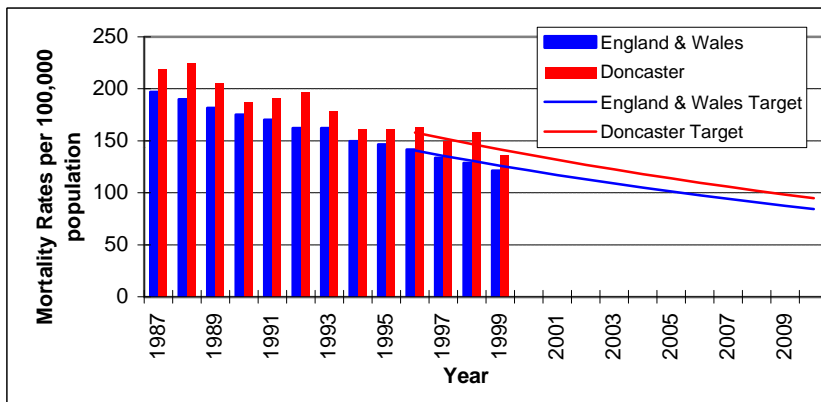
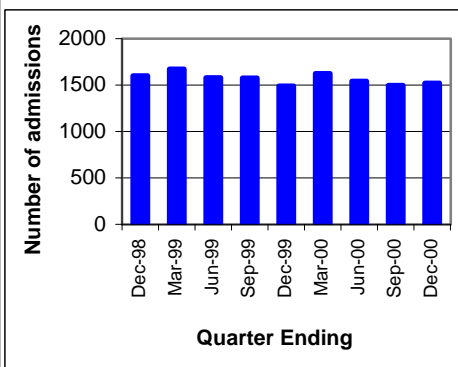
Target Date

1. Implement projects outlined in Doncaster HAZ strategy on heart health.
2. Develop service strategy for improving stroke services.
3. Review current cardiological service provided for Doncaster residents and develop strategy to achieve milestones in NSF.
4. 75% of eligible patients receive thrombolysis within 60 mins of calling for professional help.
5. Recruit 2400 volunteers to undergo basic life support training.
6. Develop required actions in response to Doncaster lifestyle survey.
7. Develop risk assessment tools to identify those with >3% annual risk of cardiac event.

Apr 2001	●
Mar 2001	●
Mar 2001	●
Mar 2001	●
Mar 2001	●
Mar 2001	●
Dec 2000	●
Dec 2000	●

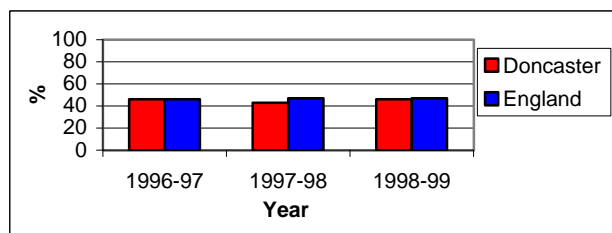
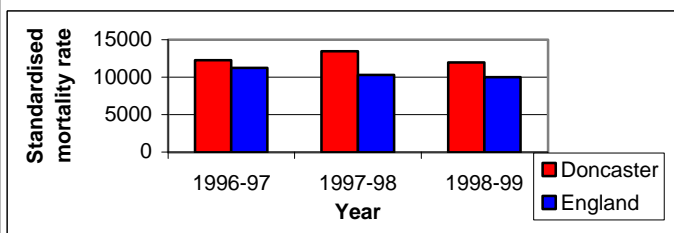
Hospital admissions where primary diagnosis is disease of circulatory system

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.

HA Lead: John Cornell

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Hugo Ellis

1. To develop a service specification for CHD.
2. To develop actions in response to the lifestyle survey which complement the current strategy.
3. To review the current cardiological service provided for Doncaster residents and develop a strategy to deliver this objective.

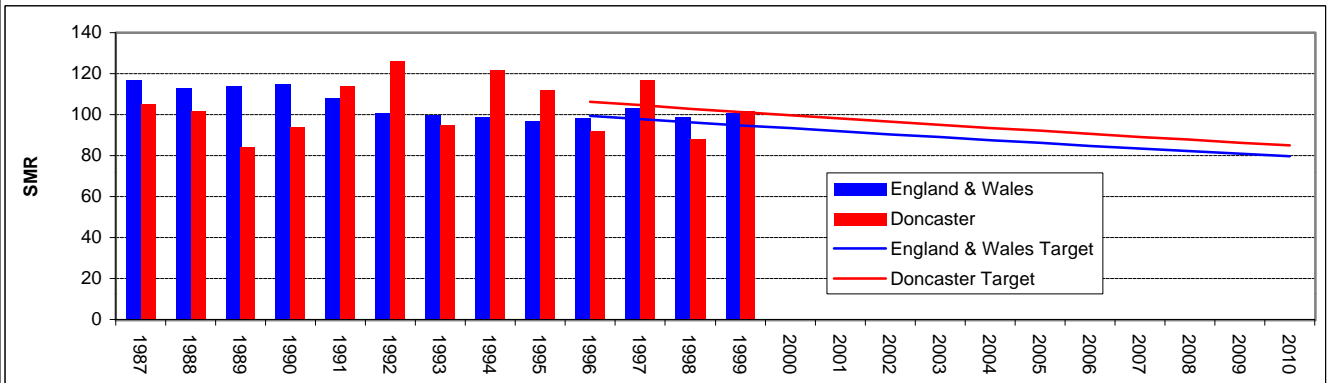
North Trent Network of Cardiac Care is now established and will take this forward. Timescale slipped to Jun-01.

Survey has been undertaken and is being analysed. Delay due to data having to be revalidated by data input company.

Draft report delayed to end of April for up to date end of year data.

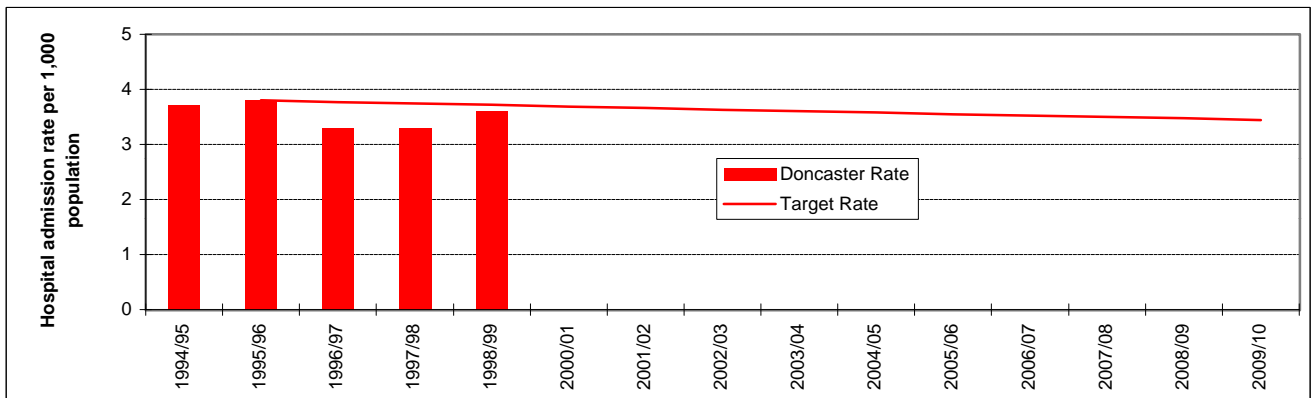
3iii. ACCIDENTS

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



HA Lead: Wendy Brownbridge

1999 / 2002 HlMP Exception Report as at 31/03/01

DMBC Lead: Mike Burns

There are no exceptions to report this quarter.

3iv. CANCERS

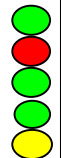
2000 / 2001 Performance Agreement

Issue

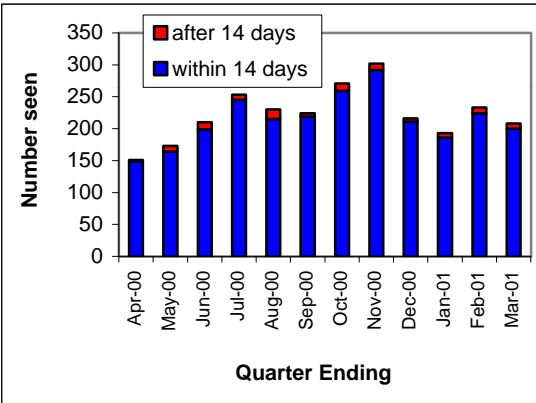
1. Make appointment to Macmillan post.
2. Have integrated strategy in place.
3. Achieve 2nd round accreditation standards and complete any issues from 1st round.
4. Establish Patient Cancer Forum.
5. 2 week wait standard introduced for all tumour sites.

Target Date

- Sep 2000
 Mar 2001
 Oct 2000
 Sep 2000
 Dec 2000

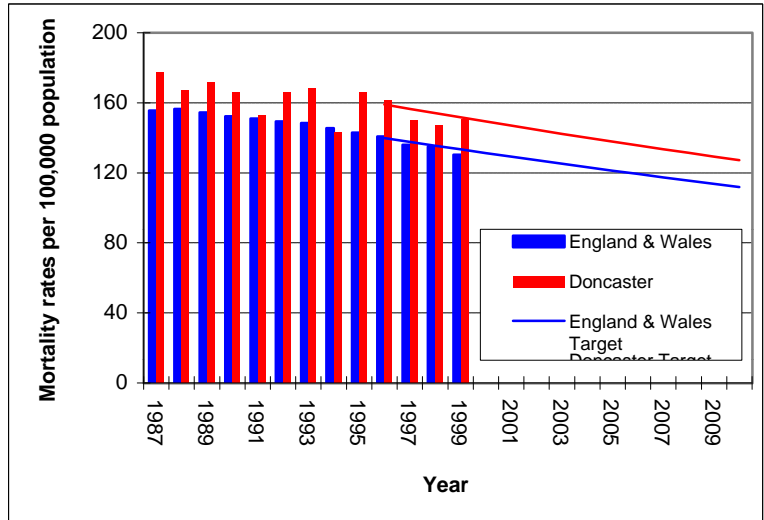


Number of patients with suspected cancer seen during the month by a specialist within and after 14 days of GPs decision to refer



Jun-99 to Jan-00 reports on breast cancer only.
 Feb-00 to Apr-00 reports on breast, lung, leukaemia, children's cancer.
 May-00 to Jul-00 reports on the all of the above plus lower GI and upper GI cancers.
 Aug-00 reports on all of the above plus skin, gynaecology and brain cancers.
 Oct-00 onwards includes all cancers.

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



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

HA Lead: John Radford

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Hilary Caunt

1. To have a strategy in place.
2. To appoint a psychosocial support post.
3. To develop a long term service agreement for lung cancer.
4. To develop a long term service agreement for colorectal cancer.

Strategic framework being developed. Document due for completion end of July 2001.
 Findings to be integrated into local strategic framework. NOF bid to be resubmitted.
 Funding of a co-ordinator and admin posts for consideration in next round of SaFF prioritisation.
 Work underway via LTSA group. Not completed for March 2001. Ongoing work will be informed by the emerging strategic framework.
 As above.

3v. CHILDREN AND YOUNG PEOPLE

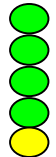
2000 / 2001 Performance Agreement

Issue

Target Date

1. Implement Denaby Sure Start plan.
2. Develop implementation of plan for Sure Start plus on HAZ wide basis.
3. Develop and implement HAZ wide and Doncaster Action Plans.
4. Review specialist MH services available for children and young people across HAZ area.
5. Implement proposals and develop monitoring processes for provision of services at time of transition to adulthood.

Mar 2001
 Mar 2001
 Apr 2000
 Mar 2001
 Dec 2000



Doncaster's Healthy Schools

The Healthy Schools Team is currently concentrating its efforts on developing and piloting an accreditation process for the local healthy schools award which will go forward for national accreditation in May 2001. They are also looking at supporting the development of breakfast clubs by putting forward a bid for SRB5 funding to widen the availability of these clubs; in the light of two very successful pilots at Stirling Street School and Highfields School. Other initiatives are being developed both within schools and in the wider school community. A further development which is very much part of the current agenda is the development of Citizenship linked to the PSHE curriculum; in November 2000 a joint appointment was made by the Local Authority and the Health Authority linking the work of the Youth Offending Team and the Healthy Schools Team in PSHE and Citizenship.

Themes which form the basis of the local and national accreditation schemes are:

- Local Priorities e.g. Teenage Pregnancy
- School Priorities e.g. Truancy
- PSHE
- Citizenship
- Drug Education
- Emotional and Mental Wellbeing
- Physical Activity
- Healthy Eating
- Safety
- Sex and Relationships

HA Lead: Angela Scott

DMBC Lead: Bron Sanders

1999 / 2002 HImP Exception Report as at 31/03/01

1. To implement protocols and develop monitoring and evaluation methods for transition from children's services to adult services.
2. To achieve baby friendly certificate commitment.

Current situation is untenable due to lack of child psychiatrist, therefore, it is proposed to bring Doncaster in line with neighbouring authorities and have transition at 16. Audit mechanisms to be agreed.

Not done as no dedicated midwife for breastfeeding.

3vi. OLDER PEOPLE

2000 / 2001 Performance Agreement

Issue

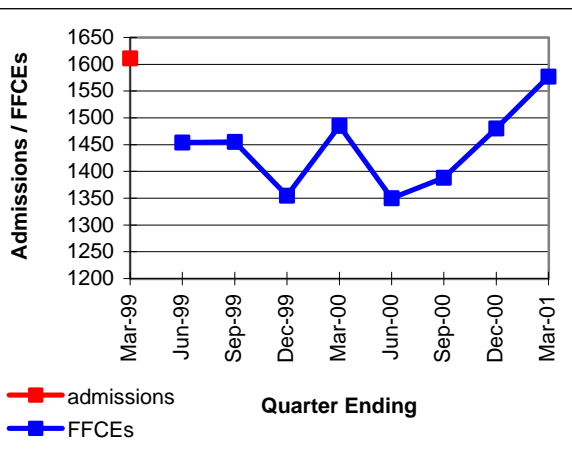
Target Date

1. Establish social rehab unit to help reduce admissions to residential and nursing care.
2. Appoint 2 rehab project workers from health and social care to identify gaps in service provision.

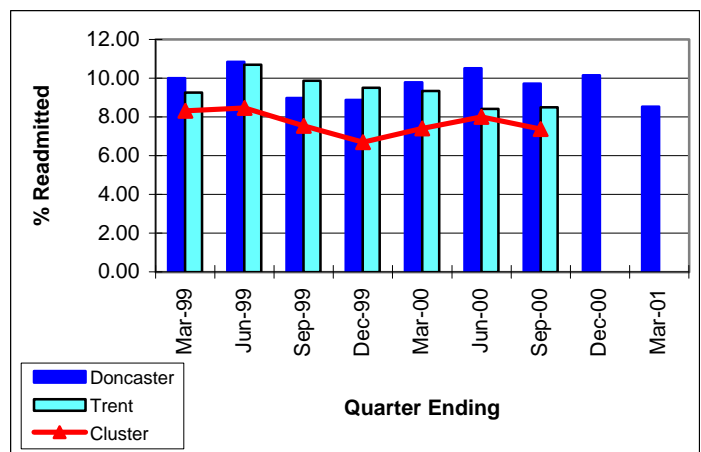
Apr 2000
Sep 2000



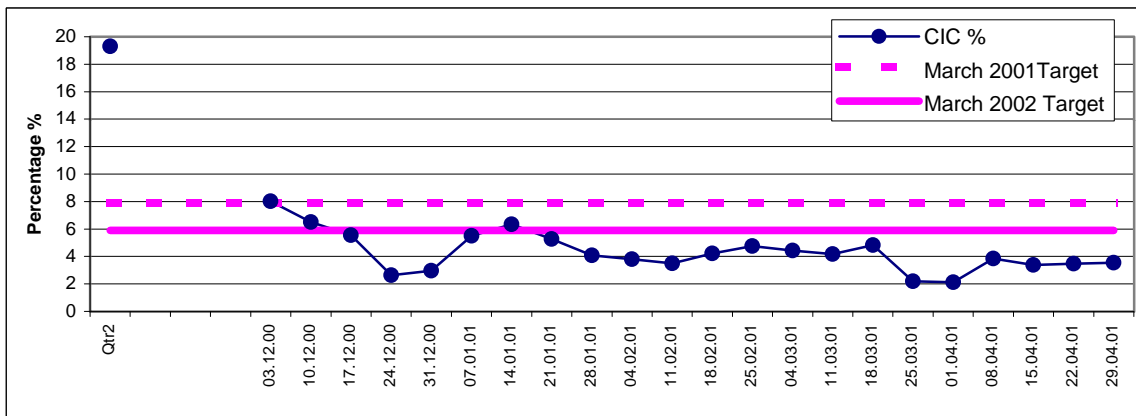
Emergency admissions/G&A non-elective FFCEs for patients aged 75 and over



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



Delayed Discharge Rate % - Weekly



HA Lead: Mark Day

1999 / 2002 HlmP Exception Report as at 31/03/01

DMBC Lead: Sarah Rogerson

1. To produce a report and action plan (for robust data collection systems).

Awaiting information.

3vii. DISABILITY

2000 / 2001 Performance Agreement

Issue

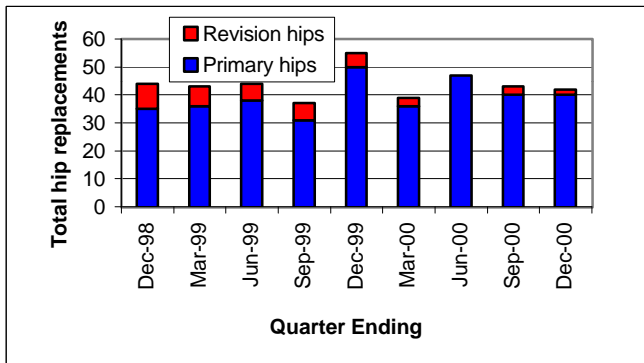
Target Date

1. Contribute to HAZ wide physical disability programme.

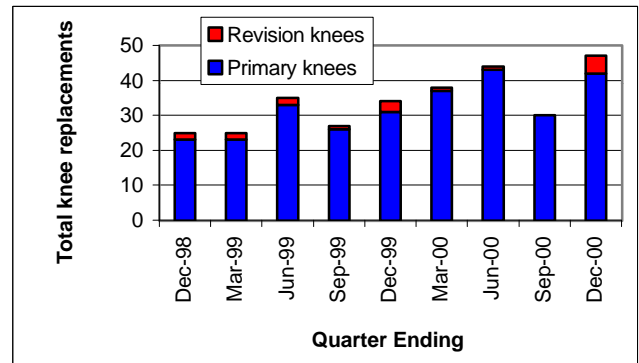
Mar 2001



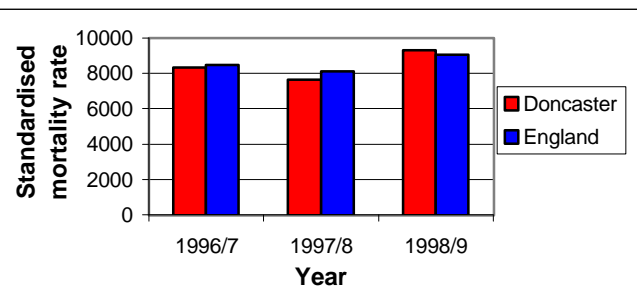
Hip replacements



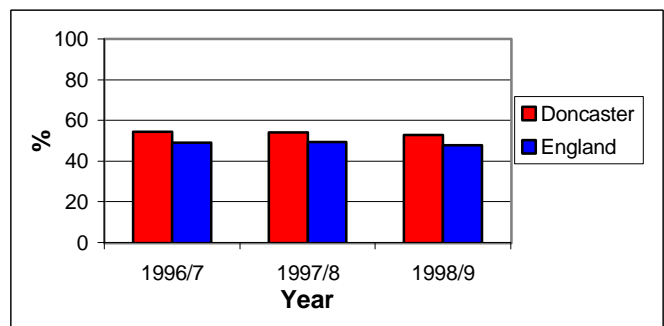
Knee replacements



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.

HA Lead: Chris Hall

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Mike Cartlidge

1. To implement the recommendations in the SSI report 'Inspection of Services to Support Disabled People in their Parenting Role' (1999).
2. To review the provision of replacement hips and knees and develop an action plan to improve performance.
3. To develop a pilot project to promote the keyworker approach to care management where complex or multiple disability is involved.
4. To utilise 'Modern Partnerships for the People' arrangements to consolidate the pooled budget and integrated management of the communication aid service.
5. To develop and implement a 'Modern Partnerships for the People' bid pilot.

Progress slow in some areas. Transition arrangements need to be taken into account and protocols developed on a multi agency working for families with a disabled member.
 Work ongoing to address this outside the work of Disability Theme Group.
 Stroke Outreach Team will be approached to pilot the keyworker approach. Project yet to begin.
 Ongoing. Timescales slipped. Working to achieve a pooled budget by next financial year.
 Delayed due to White Paper and Best Value service review.

3viii. SEXUAL HEALTH

2000 / 2001 Performance Agreement

Issue

Target Date

1. Develop joint approach to reducing unintended teenage pregnancy taking account of other local plans and HAZ initiatives.
2. Develop Doncaster HAZ peer led approach to reducing unintended teenage pregnancy as part of Jigsaw project.

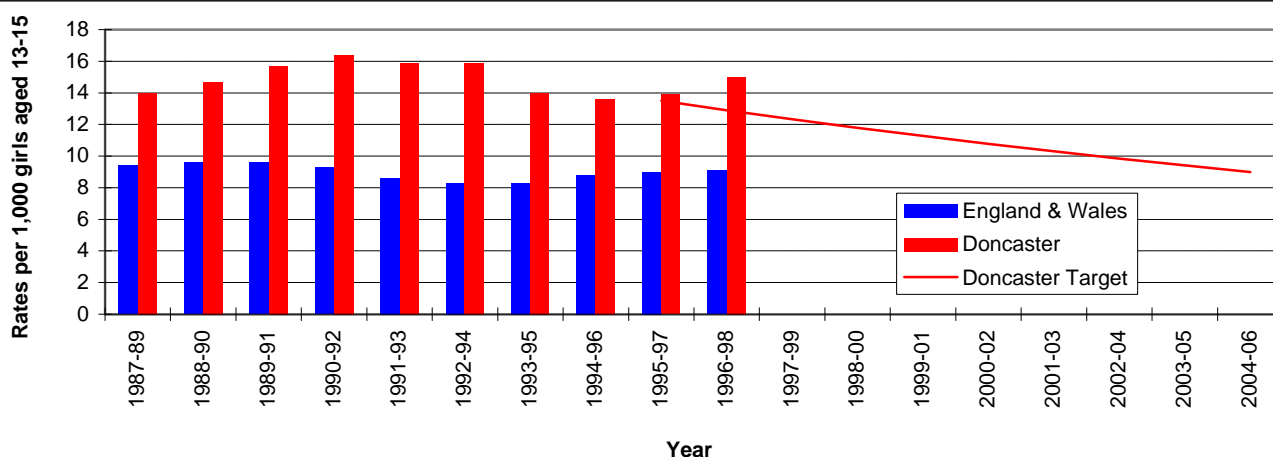
Jul 2000



Mar 2001



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



HA Lead: Angela Scott

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Steve Chew

1. To review sex education policies and curricula in light of national guidance through the Healthy Schools Initiative.
2. To act on the audit report (contraceptive services).
3. To ensure a co-ordinated approach through the implementation, monitoring and evaluation of the HAZ projects and the development of links with SRB 5 and Objective 1 strategies and funding.

Awaiting information.

Awaiting information.

Awaiting information.

3ix. DRUGS

2000 / 2001 Performance Agreement

Issue

Target Date

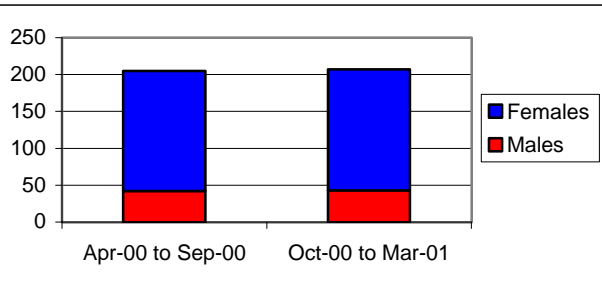
1. Implement HAZ looked after drugs project.
2. Roll out GP shared care protocol for drug rehab to PCG West practices then to other PCGs.

Apr 2000
Mar 2001



The Under 16's Drugs Service

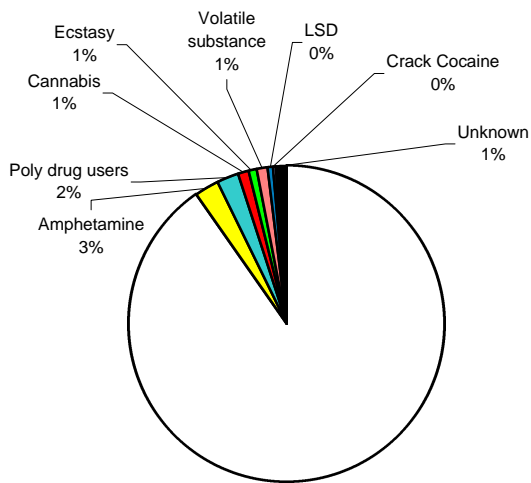
Number of Clients Seen



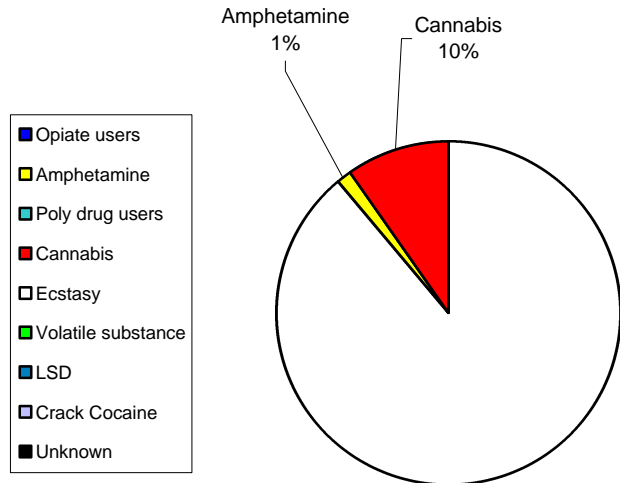
Age Breakdown of Clients Seen

	Apr-00 to Sep-00	Oct-00 to Mar-01
11 yrs	1	0
12 yrs	1	0
13 yrs	4	0
14 yrs	14	21
15 yrs	56	67
16 yrs	129	119
Total	205	207

Breakdown of Substances Used Apr-00 to Sep-00



Breakdown of Substances Used Oct-00 to Mar-01



HA Lead: Gail Stafford

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Clare Batty

1. To maintain a focus on the problem of drug litter monitoring current activity and provide a report.
2. To evaluate the multi-agency treatment, counselling and support service for 16's and under and report by December 2000.
3. To develop multi-agency proposals and seek funding to establish and initiate which will address housing and drug related needs for this particularly vulnerable group. (homeless).

Awaiting information.

Evaluation being undertaken.
Timescales slipped.

Funding opportunity remains an unresolved issue.

3x. ALCOHOL

2000 / 2001 Performance Agreement

Issue

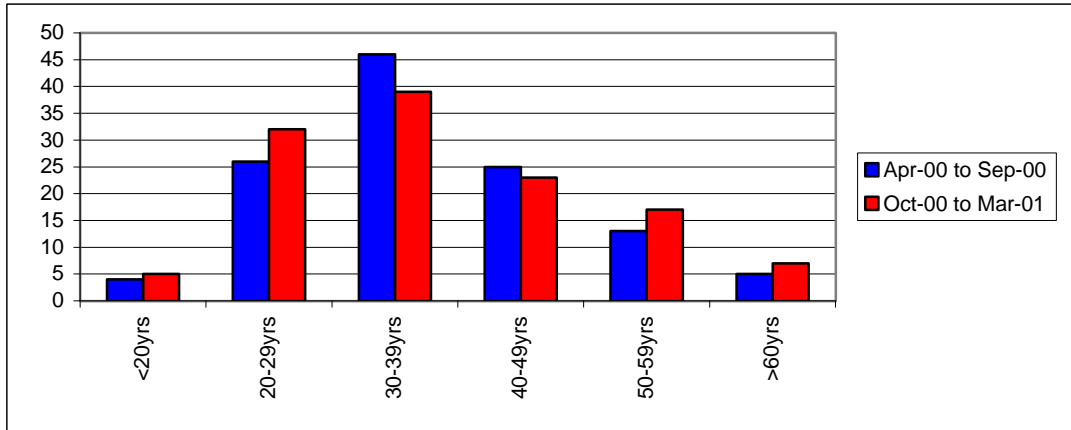
Target Date

1. Ensure that Secondary Schools include provision of advice about alcohol in their health education programmes.

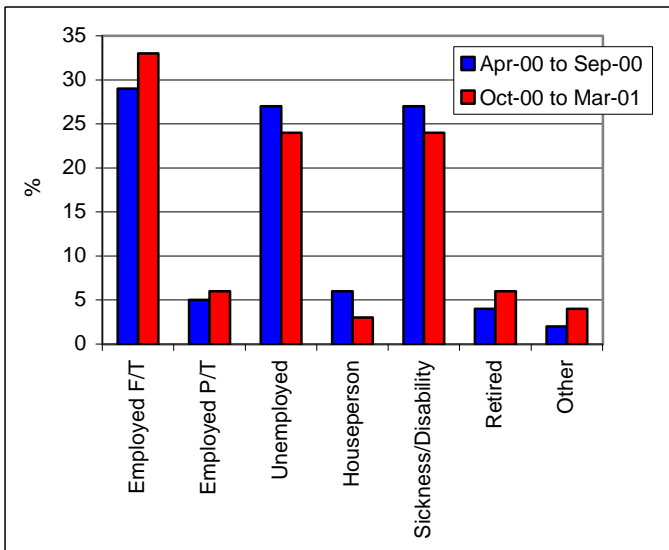
Aug 2000



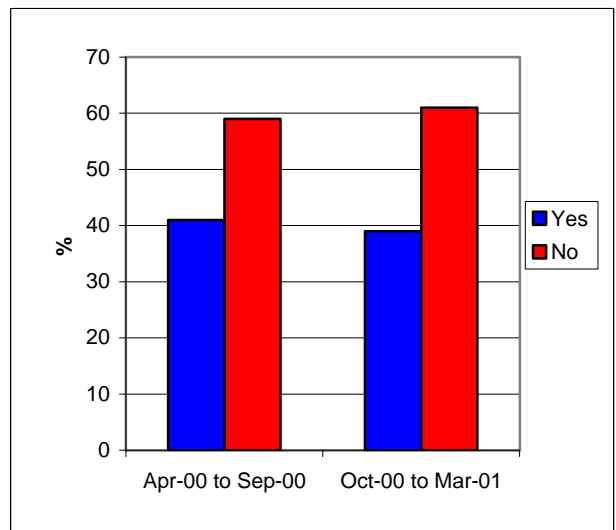
Age of new clients contacting the alcohol service about their own drinking



Employment status of new clients



% of new clients with criminal convictions linked to drinking



HA Lead: Gail Stafford

1999 / 2002 HlmP Exception Report as at 31/03/01

DMBC Lead: Clare Batty

1. To establish a steering group and implement a locally based campaign (drink driving).

Awaiting information.

3xi. SMOKING

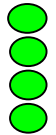
2000 / 2001 Performance Agreement

Issue

Target Date

1. Achieve local targets for reduction in number of smokers.
2. Appoint three HAZ funded smoking cessation advisers.
3. Implement Smoke Free Pregnancy Service, including Help Line, in Doncaster.
4. Achieve targets for number of specialist practitioners providing intermediate intervention and number of people who set quit date and had successfully quit at 4 week follow up.

Oct 2000
Oct 2000
Oct 2000
Mar 2001



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

	Sep-00	Dec-00	Mar-01
Total number setting a quit date in the quarter	157 4	225 -	269 2
No. who had successfully quit at 4 week follow-up (self report)	24 2	145 -	174 2
No. who had not quit at 4 week follow-up (self report)	46 2	64 -	47 0
No. not known / lost to follow up	37 0	16 -	48 0
No. who had successfully quit at 4 week follow up, where non-smoking status confirmed by CO validation	50 0	35 -	107 0

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

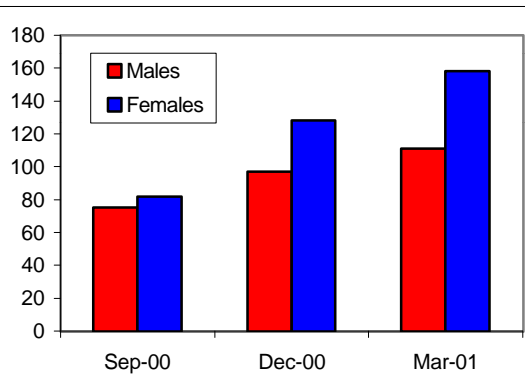
Age breakdown of number of no. setting a quit date during the quarter

	Sep-00	Dec-00	Mar-01
<18 yrs	0	0	0
18-59 yrs	121	189	242
60+yrs	36	36	27

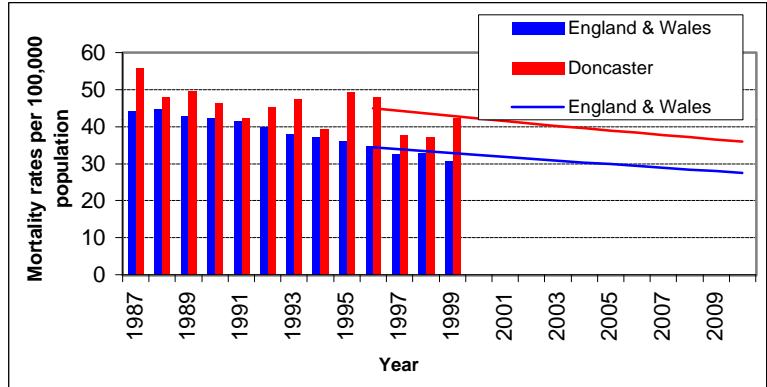
Number of people accessing service and receiving Zyban during the quarter

	Sep-00	Dec-00	Mar-01
Number receiving Zyban	48	130	158

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



HA Lead: Angela Scott

DMBC Lead: Steve Chew

1999 / 2002 HImP Exception Report as at 31/03/01

There are no exceptions to report this quarter.

3xii. DIABETES

2000 / 2001 Performance Agreement

Issue

Target Date

1. Monitor progress towards agreed targets for structured annual surveillance and ensure targets achieved.
2. Progress towards implementation of District wide diabetic retinopathy screening programme.

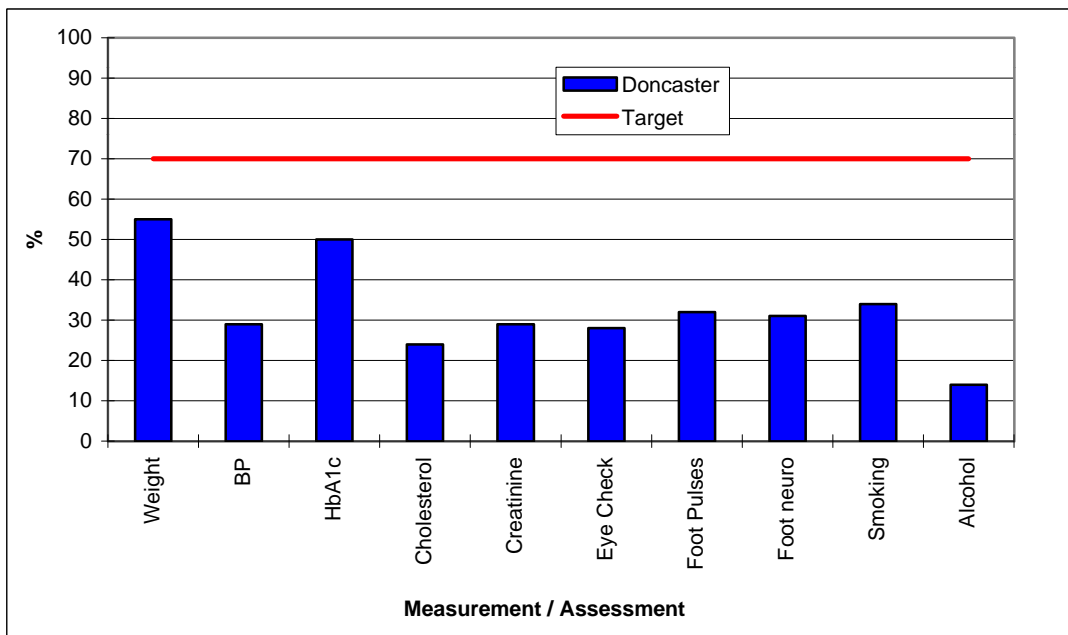
Mar 2001



Mar 2001



Percentage of diabetics who had the necessary checks in 1998



HA Lead: Jennifer Dunn

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Vacancy

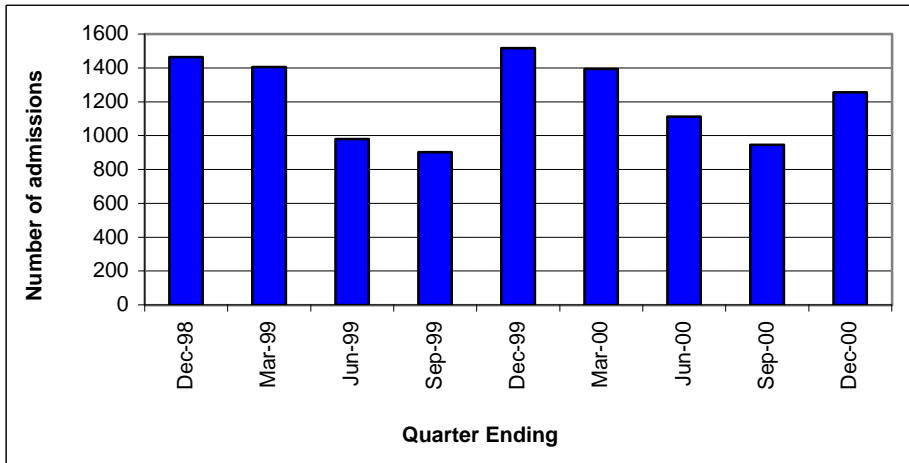
1. To ensure that diabetes features in Health News.
2. To conduct a patient survey to inform development of the Long Term Service Agreement.

Still to be undertaken.

Patient survey has not been carried out.

3xiii. RESPIRATORY DISEASE

Number of people admitted to hospital where primary diagnosis is respiratory problems



HA Lead: Elizabeth Burroughs

1999 / 2002 HImP Exception Report as at 31/03/01

DMBC Lead: Dave Telford

1. To develop and implement a strategy to improve all unfit property and that which is prejudicial to health.
2. To develop an action plan to assess linkages between health and housing and commence implementation.

Awaiting information.

Awaiting information.

4i. PRESCRIBING

2000 / 2001 Performance Agreement

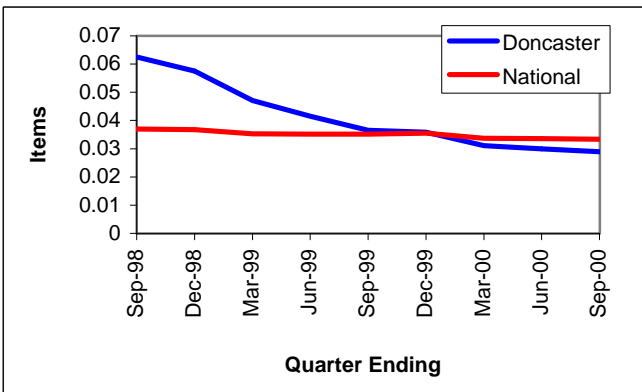
Issue

1. Achieve local targets for reductions in Co-proxamol prescribing.
2. Achieve local targets for assessment of appropriate patients for treatment with aspirin therapy or ace inhibitors.
3. Develop and implement Medicines Strategy.
4. Develop action plans to deliver Medicines Strategy.

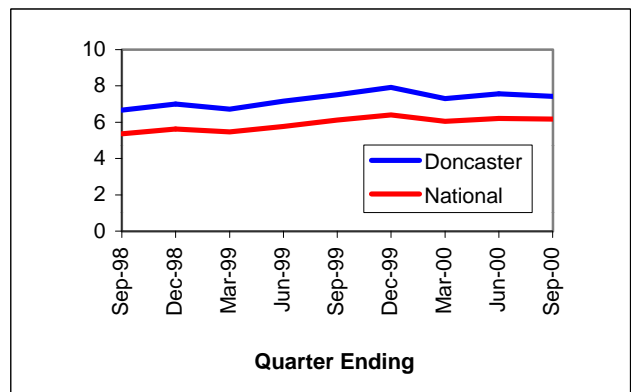
Target Date

Mar 2001	●
Mar 2001	●
Sep 2000	●
Mar 2001	●

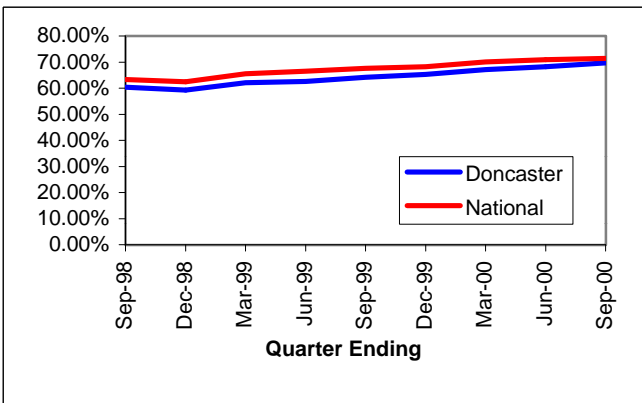
Co-proxamol Items per Standard PU Sep-98 - Sep-00



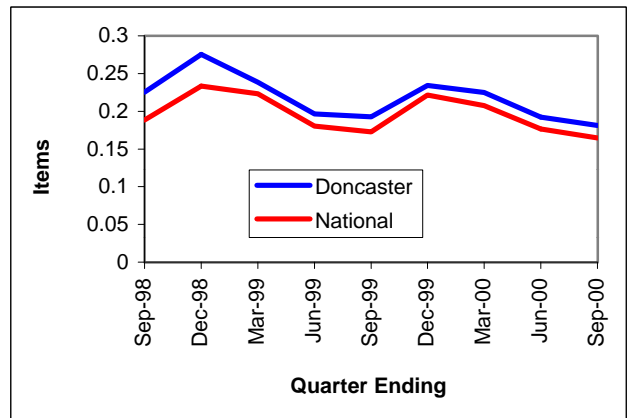
NIC per Astro PU Sep-98 - Sep-00



Percentage Generic Items Sep-98 - Sep-00



Antibiotic Items per Star PU Sep-98 - Sep-00



HLPI: Doncaster has a National rank of 82 out of 99 for its generic prescribing rate, based on 1998/99 data

1999 / 2002 HImP Exception Report as at 31/03/01

There are no exceptions to report this quarter.

4ii. HAZ

Doncaster HAZ forecast of expenditure at 31/03/01

	Forecast		
	Annual Budget 2000/01 £'000	Forecast £'000	Variance over / (under) £'000
Doncaster	1,121.20	1,101.60	(19.6)

Progress on output targets as at 31/12/00

Doncaster Programme Areas	Number of projects			Number of Projects delayed		
	HA Sponsored	LA Sponsored	Total	HA Sponsored	LA Sponsored	Total
Children and young people	11	2	13	1	0	1
Disability later in life	0	7	7	0	2	2
Heart health	6	5	10	1	0	1
GRAND TOTAL	17	14	31	2	2	4

The South Yorkshire Coalfields Health Action Zone (HAZ) covers the whole of Barnsley, Doncaster and Rotherham and is delivered locally via the multi-agency sub groups of the Health Improvement (HImP) thematic areas.

End of Year Report

This report marks the second successful year of the South Yorkshire Coalfields Health Action Zone.

Unfortunately, this report conflicts with the HAZ project-monitoring timetable so project outcome data is not available for inclusion in this report.

Therefore, what follows are the highlights from the last year and a summary of action proposed for the next year.

Highlights

Two of our local projects have been recognised as evidence of best practice by the Social Inclusion Unit: The Responsible Retailer Scheme by ASH and the Peer Educators based at Jigsaw.

Rodger Boyle, the National Heart Tsar, visited Doncaster and recognised the work being carried out by the HAZ Heart Health Programme.

HAZ Wide Project Review Programme

The HAZ Executive Board have agreed the need to ensure that all HAZ projects have a forward strategy by September 2001.

This will be taking place from April to September 2001 to ensure that outcome dovetails with the Health Communities SaFF process.

Financial Management

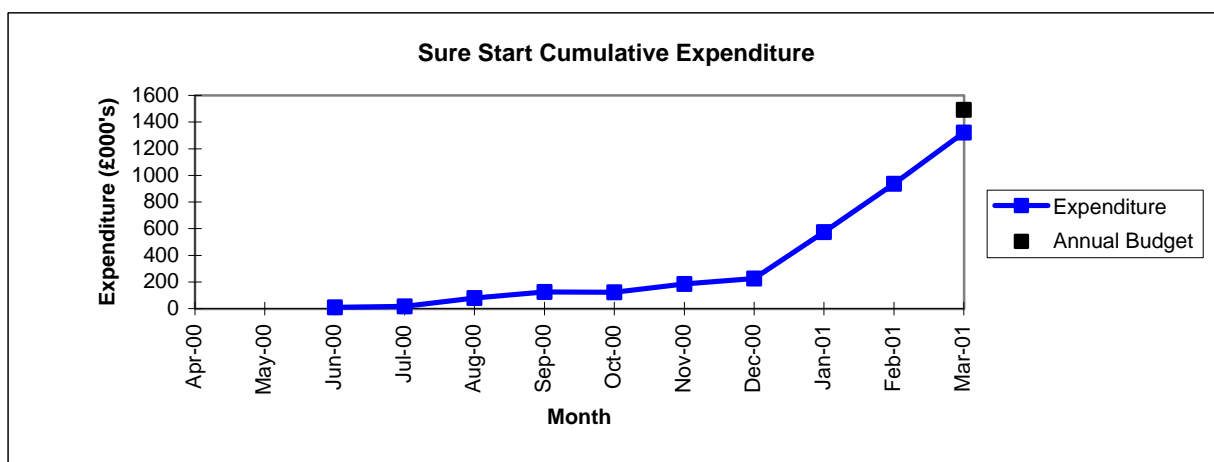
The budget reduction of 2000/01 has been managed from within existing resources via the SaFF process.

4iii. SURE START

- Sure Start has now been operational within Denaby Main for six months since October 2000. Cumulatively since June 2000 when work within the community first started **1471 children** under four and **1230 families/carers** have used one or more of the services Sure Start offers.
- When the Delivery Plan was submitted to the Sure Start Unit in 1999 Minister's expressed that the Denaby project should role out to include Conisbrough families and carers from 2001. This was to reduce the unit cost per child of the project. The Sure Start Executive Board formally agreed that Conisbrough residents would receive promotional materials to encourage them to access the services Sure Start offers. Data from Conisbrough would be included for monitoring/evaluation in working towards the national objectives from April 1st 2001. Consultation with Conisbrough residents is timetabled to take place at the beginning of May 2001 to ascertain expectations and aspirations of Sure Start in the area and inform future planning.
- The Sure Start Unit is introducing trailblazers to several new Service Delivery Agreements over the next few months. This will involve reassessing the progress of the project and bidding for small pots of additional monies.
- The building work on the new site commenced February 2001 slightly behind schedule due to a discrepancy in the procedure with the Sure Start Unit. A 'Start on Site' ceremony is due to be held towards the end of April 2001.

Budget summary as at the end Mar-01

	Annual Budget 2000/01 (£000's)			Forecast £000's	Variance £000's
	Recurrent	Non Recurrent	Total		
Project Management	108.90	18.46	127.36	187.12	59.76
Outreach and Home Visiting	113.50	17.36	130.86	83.62	(47.23)
Support to Families & Parents	98.70	16.77	115.47	89.61	(25.86)
Play, Learning & Childcare	43.40	60.67	104.07	66.41	(37.66)
Primary & Community Healthcare	157.70	27.24	184.94	68.74	(116.21)
Support For People With Special Needs	16.20	8.56	24.76	23.00	(1.76)
Total Revenue	538.40	149.06	687.46	518.5	(168.96)
Total Capital	50.00	754.00	804.00	804.00	-
Grand Total	588.40	903.06	1491.46	1322.5	(168.96)

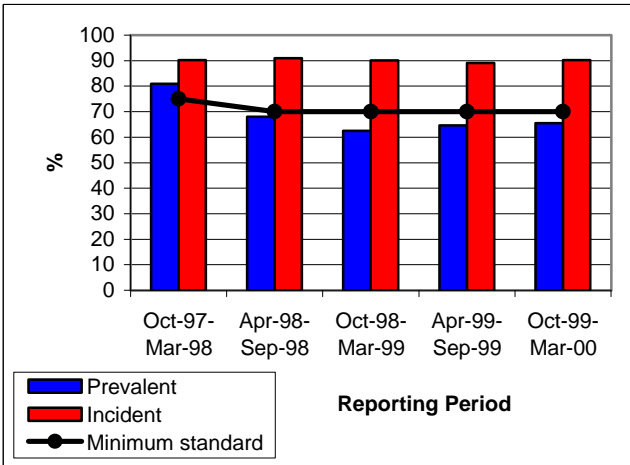


Progress on projects as at 31/03/01

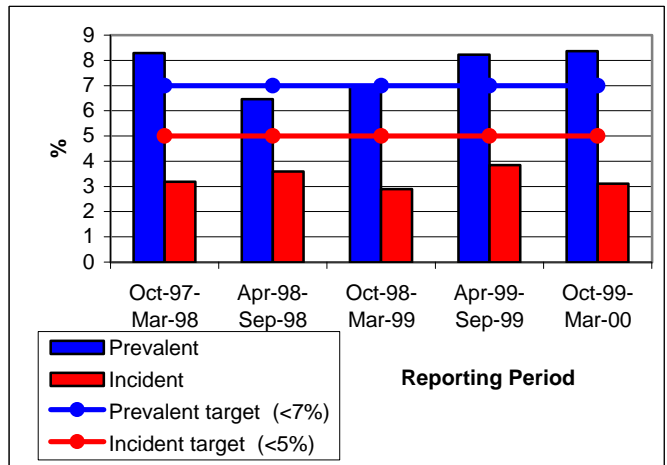
	Progress on projects			Total Projects
	Active	Pending	Delayed	
Improving social & emotional development	8	4		Not Known
Improving health	7	2		Not Known
Improving the ability to learn	7	5		Not Known
Strengthening families and communities	4	3		Not Known

4iv. BREAST SCREENING

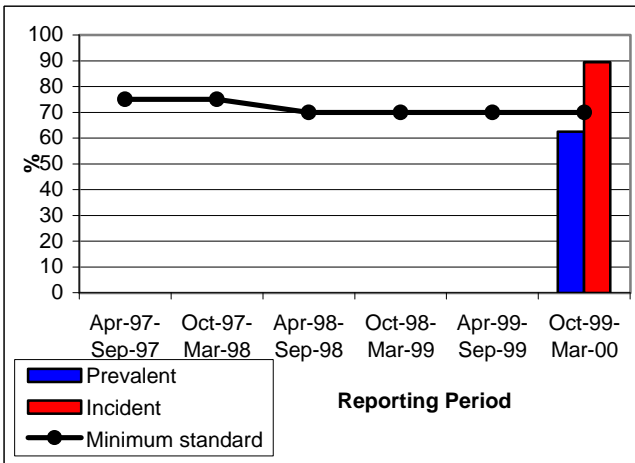
Doncaster Breast Screening Uptake Rate



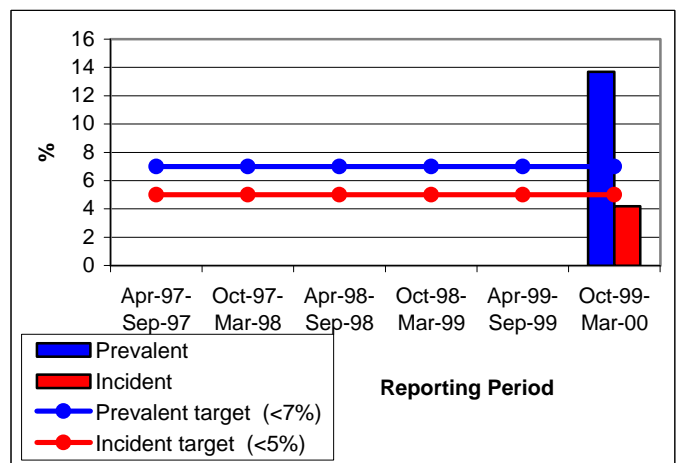
Referral Rates by Doncaster Breast Screening Service



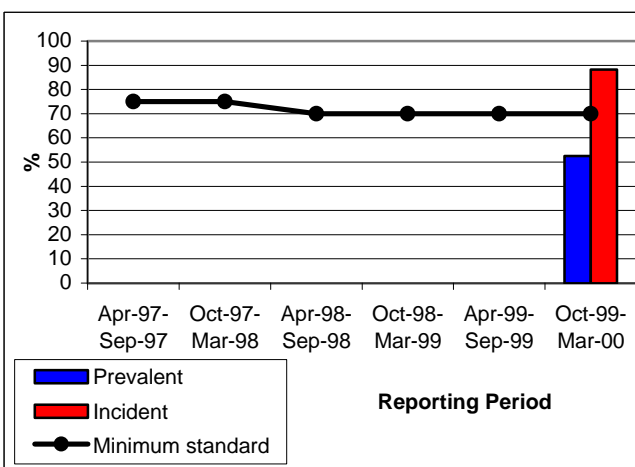
Barnsley Breast Screening Uptake Rate



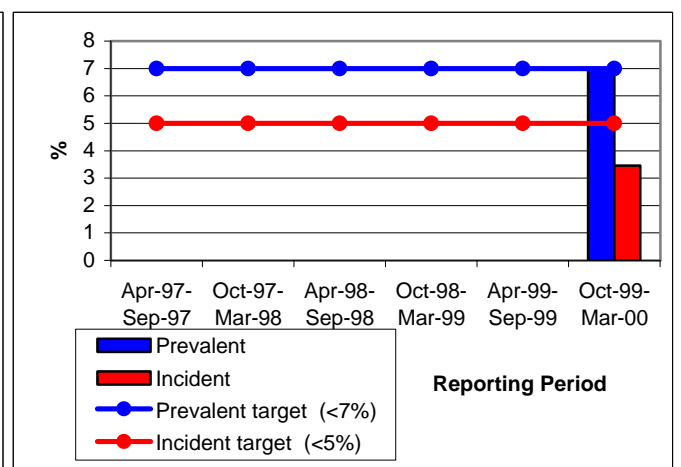
Referral Rates by Barnsley Breast Screening Service



Rotherham Breast Screening Uptake Rate



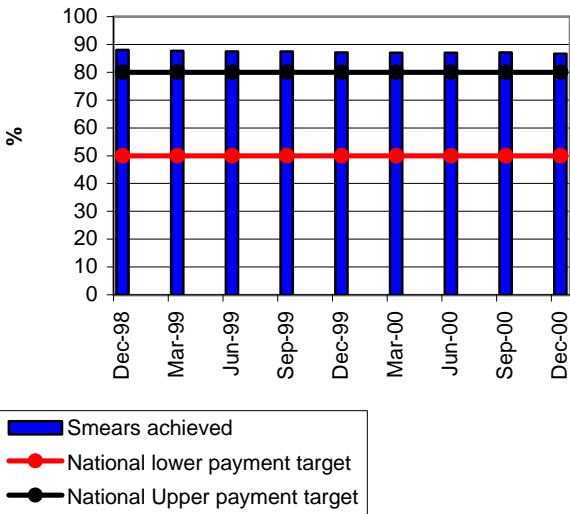
Referral Rates by Rotherham Breast Screening Service



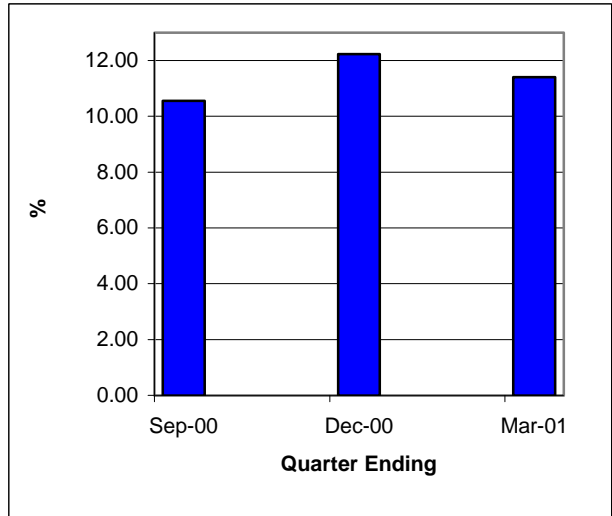
Figures prior to Oct-99 are not available for Barnsley and Rotherham.

4v. CERVICAL SCREENING

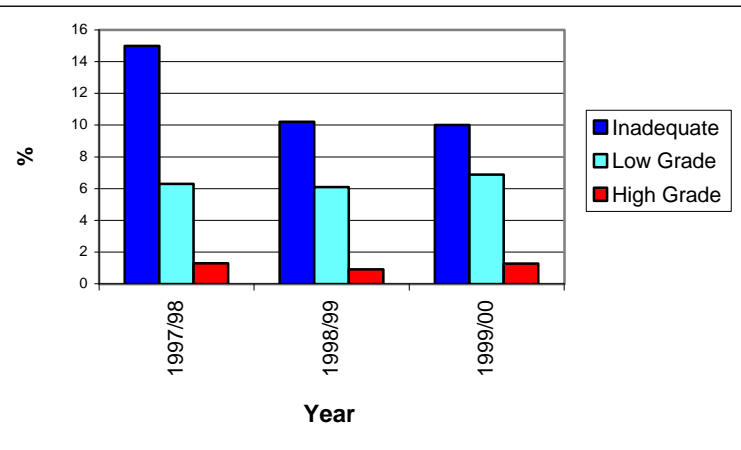
% smears achieved - Doncaster Practices



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

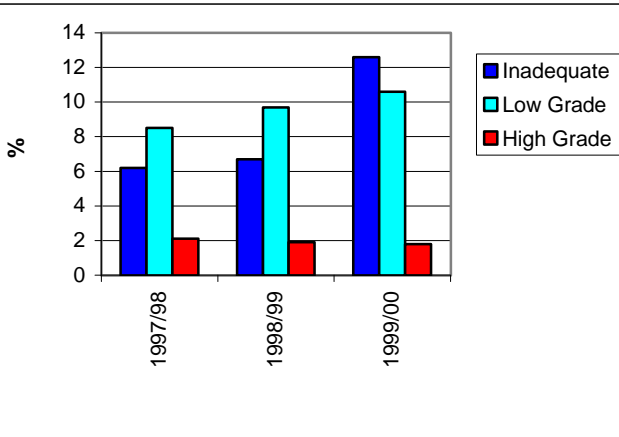
1998/99

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

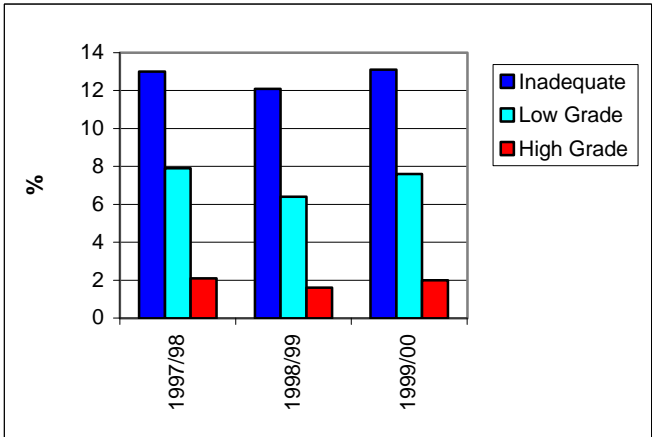
1999/00

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.

5. HImP 1999 - 2002 OTHER PERFORMANCE AGREEMENT TARGETS

2000 / 2001 Performance Agreement

<u>Issue</u>	<u>Target Date</u>	
<u>Partnerships</u>		
1. Further develop HImP process to reflect partnership approach in Doncaster.	Mar 2001	
<u>Service Configuration</u>		
1. Reconfigure Social Services boundaries to match pattern of PCG/T boundaries.	Dec 2000	
2. Successfully manage transition of Central PCG to PCT status.	Oct 2000	
3. Complete preparations for the moves by East and West PCGs to PCT status.	Mar 2001	
4. Move towards successful combination of DRI/MMH and acute parts of the Bassetlaw Trusts.	Mar 2001	
<u>Long Term Service Agreements</u>		
1. Agree and implement Long Term Service Agreement.	Mar 2001	
<u>Information and Information Technology</u>		
1. Develop Local Information Strategy with other agencies which compliments other initiatives currently in progress.	Apr 2000	
<u>Joint Investment Plan</u>		
1. Maintain the Delayed Hospital Discharges rate at 1998/99 levels.	Mar 2001	
<u>Finance</u>		
1. Achieve financial balance at year end.	Mar 2001	
<u>Working Together</u>		
1. Implement recommendations contained in 'Working Together' including preparation of comprehensive HR/OD plan.	Mar 2001	
<u>Waiting Lists</u>		
1. Develop effective plan to cover Winter pressures, critical care and other emergencies.	Mar 2001	
2. Achieve the overall and long wait specialty targets for the number of Doncaster residents awaiting OP treatment.	Mar 2001	
3. Implement, in association with primary care partners, processes for Demand Management.	Mar 2001	
4. Achieve the March 2001 target for the number of Doncaster residents awaiting in-patient or day case treatment.	Mar 2001	

6. HImP 1999 - 2002 OTHER HImP EXCEPTIONS

1999 / 2002 HImP Exception Report as at 31/03/01

Lifestyle

1. To continue to ensure that Environmental Health inspections include issues around smoking and other health related policies. To analyse data from surveys and link findings to the anti-smoking strategy.
2. To develop a programme to inform employers of their obligations and encourage no smoking workplaces.
3. To improve the availability of information regarding healthy eating.
4. To continue to implement the Food and Health challenge.
5. To make information available to professionals.

Awaiting information.

Awaiting information.

Awaiting information.

Awaiting information.

Awaiting information.

Developing Communities

1. To review current Health Forums
2. To seek SRB5 funding for a Development Worker.

Reviews still to be completed.

Application not carried through by community.

Partnership with Carers

1. To develop a local carers charter and information book.

Awaiting information.

7. MID YEAR REVIEW ACTION NOTES

Doncaster Health Community

Mid Year Review held on 16 November 2000

<u>Action</u>	<u>Timescale</u>	<u>Date For Review</u>
<u>Performance Improvement - NHS Plan</u>		
1. Pursue a North Trent network approach to improving access to investigative procedures in cardiology, in order to support increased revascularisation rate.	Sep 2001	Annual Review
2. Work together as a health community to develop an acute services strategy which addresses your capacity problems.	Sep 2001	Annual Review
<u>Performance Management</u>		
1. Whole system focus on reducing delayed discharges, including streamlining of the assessment process.	Apr 2001	Annual Review and sign off of next winter plan.
2. DRIMH to ensure that it meets Quarter 3 and 4 orthopaedic outpatient targets.	Dec 2000, Mar 2001	
3. Health community to achieve a balanced financial position for the end of 2000/01.	31 Mar 2001	Annual Review.
<u>Performance Development and Planning</u>		
1. D&SHHC to reach firm decisions with the three PCTs regarding which groups of staff will transfer within what timescales.	Apr 2001	Annual Review
2. Health community to make decisions regarding future commissioning and provision arrangements for learning disability services.	Jun 2001	Annual Review
3. Doncaster HA to work with Rotherham HA to ensure that there is a clear strategic context for discussions around future mental health configuration.	Mar 2001	Annual Review
4. The HA to continue to explore further possibilities for sharing of functions and support services in order to create economies of scale.	Ongoing	Annual Review
5. PMS development must be led and quality assured at a senior level within the HA.	Ongoing	Wave 3b of applications to be submitted in Feb 2000.
<u>Performance Agreement</u>		
1. Achievement of targets in Performance Agreement to be signed off by RO.		Annual Review

8. CLINICAL GOVERNANCE

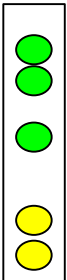
2000 / 2001 Performance Agreement

Issue

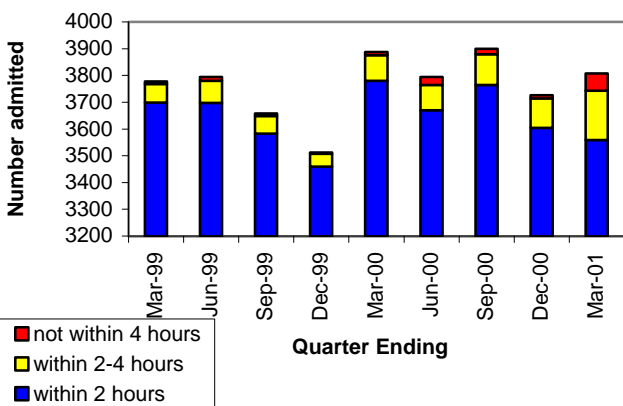
1. Develop Public Health Development Plan.
2. Undertake computer stocktake of Continuing Professional Development for medical staff.
3. Review Clinical Governance and leadership initiatives currently being undertaken in the health community to ensure co-ordinated approach is being adopted.
4. Implement National Institute for Clinical Excellence recommendations.
5. Develop and implement Caldicott Action Plan which will include Local Authority.

Target Date

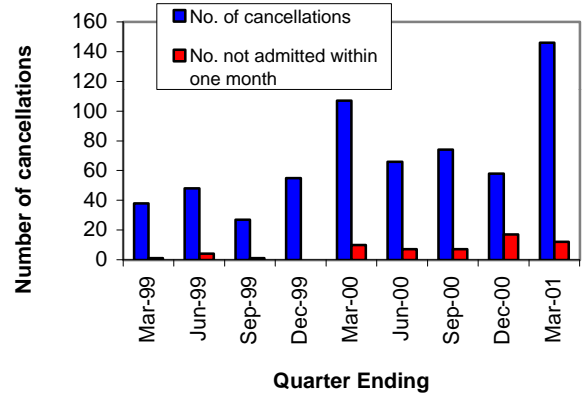
Mar 2001
Mar 2001
Mar 2001
Mar 2001
Mar 2001



Emergency admissions through A&E



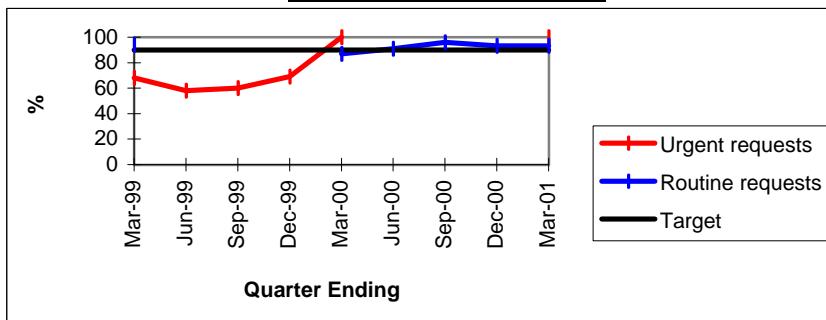
Cancelled operations



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

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.

Transfer of medical records



Doncaster HA are only required to report on urgent requests at Q4 due to meeting the target at quarter ending Mar-00. However, because the number of routine requests did not meet the target at quarter ending Mar-00 these now have to be reported on every quarter.

HA Lead: John Cornell

1999 / 2002 HImP Exception Report as at 31/03/01

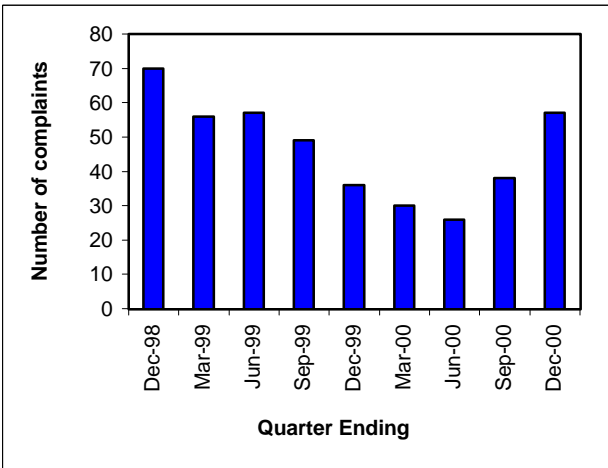
There are no exceptions to report this quarter.

9. COMPLAINTS

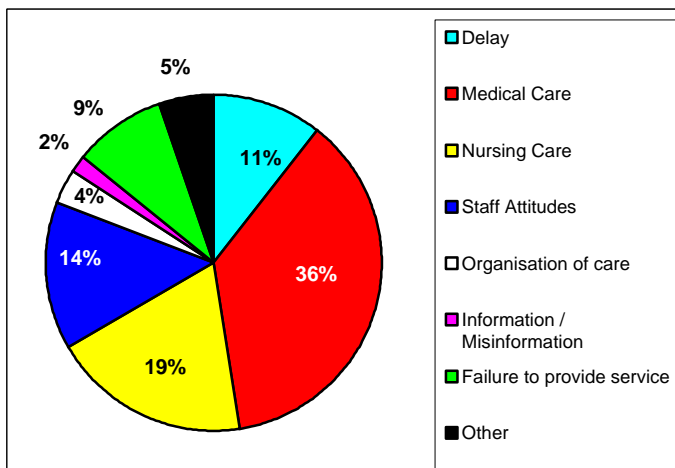
Response rate target:

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.

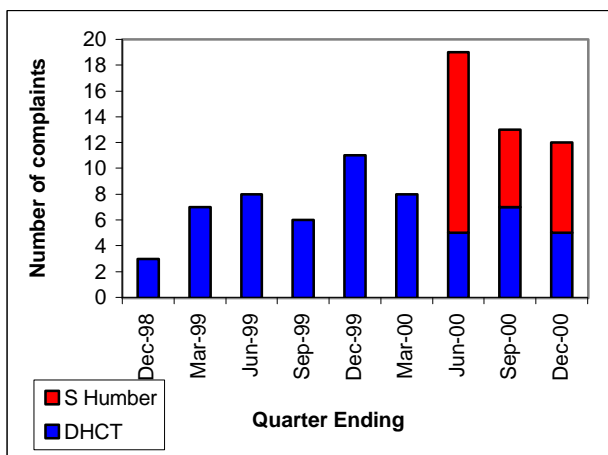
Formal Complaints at DRI



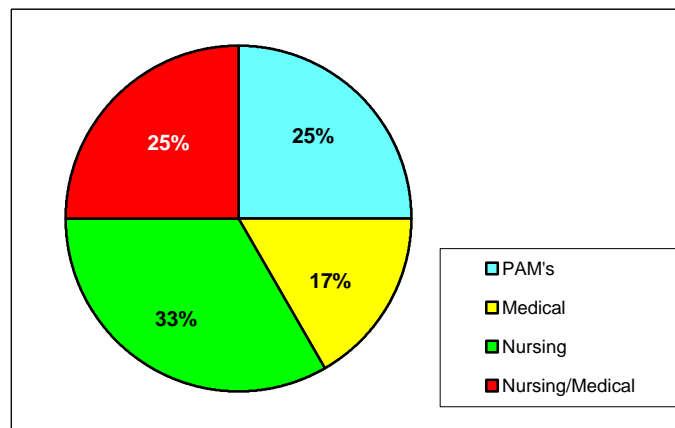
Breakdown of element of complaints at DRI/MMH for quarter ending Dec-00



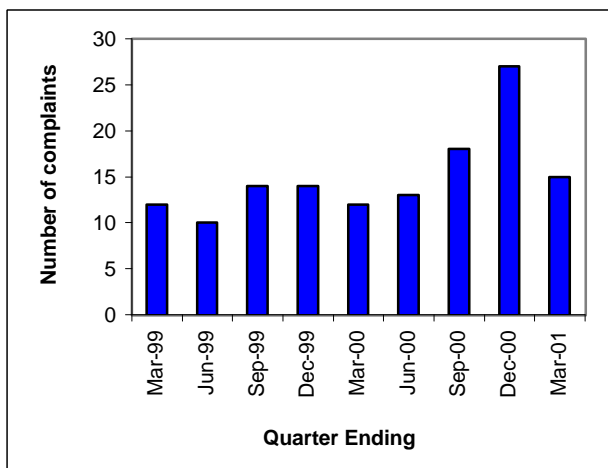
Formal Complaints at Doncaster & S Humber



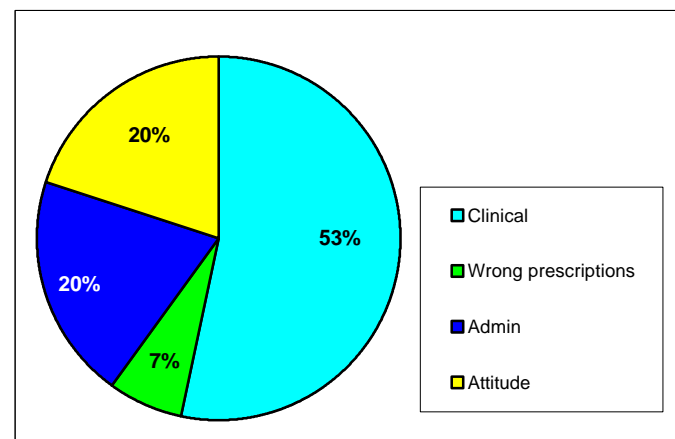
Breakdown of element of complaints at Doncaster & S Humber HCT for quarter ending Dec-00



Written complaints received at the HA



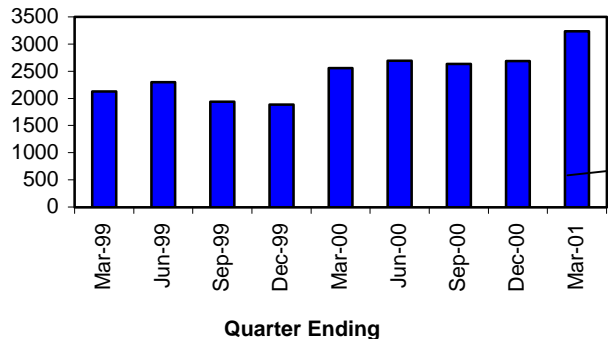
Breakdown of element of complaints at HA for quarter ending Mar-01



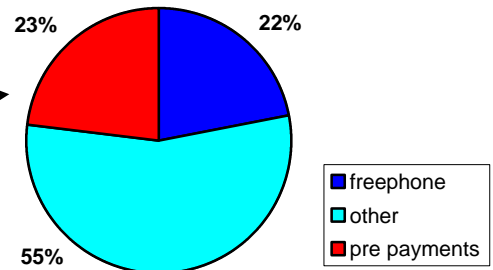
10. HEALTH FOCUS AND NHS DIRECT

Health Focus

Number of Contacts with the Service



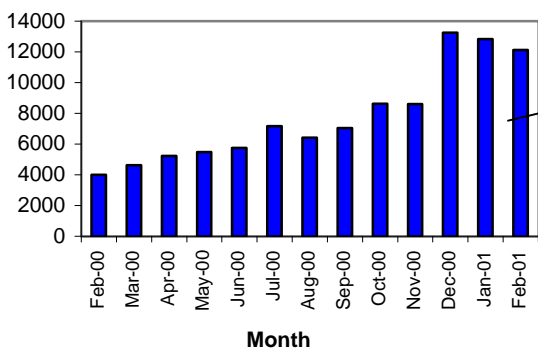
% Breakdown of Contacts with the Service for Quarter Ending Mar-01



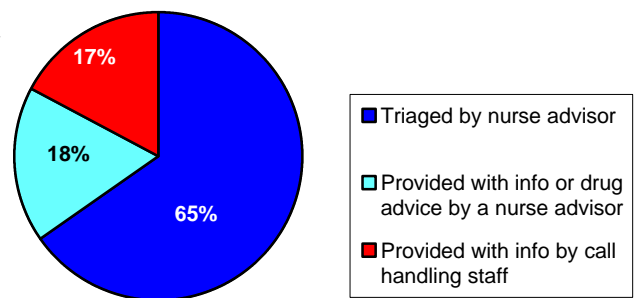
This quarter a number of events were held in Health Focus which received a mixed response. Arthritis Education Week resulted in 13 requests for information on Arthritis and 10 clients requested information on safe sex and contraception during Contraceptive Awareness Week. Only 4 requests for information on Cancer were received during Marie Curie Cancer Awareness Month. No Smoking Day proved to be very popular as usual. Members of the Smoking Cessation Team, who were based at Health Focus for the day, were asked for information by 20 clients. A further 13 requests for information on smoking cessation were received during the month.

NHS Direct - South Yorkshire & South Humber

Number of calls made to the service



Breakdown of calls handled in February 2001



Breakdown of callers triaged

	Nov-00	Dec-00	Jan-01	Feb-01
Given advice on how to treat the problem at home	30%	32%	30%	30%
Advised to attend A&E	6%	6%	6%	6%
Taken to hospital by a 999 ambulance	2%	2%	2%	2%
Advised to make contact with their GP	63%	60%	62%	62%

Timeliness of the Service

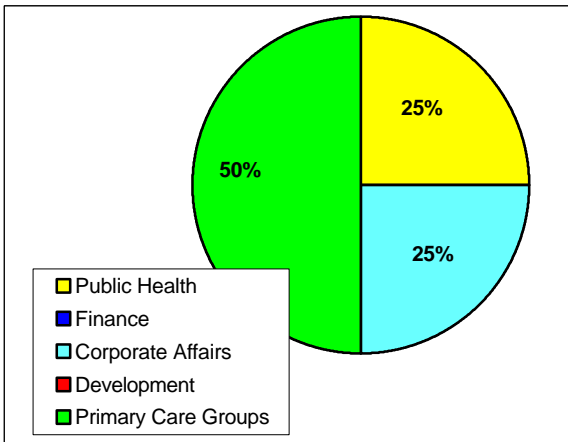
	Nov-00	Dec-00	Jan-01	Feb-01
Calls answered within 15 seconds	76%	58%	60%	55%
Callers who waited over 1 minute to be answered	8%	14%	12%	17%
Callers who spoke to a nurse within 2 minutes	39%	23%	23%	13%

11. HUMAN RESOURCES

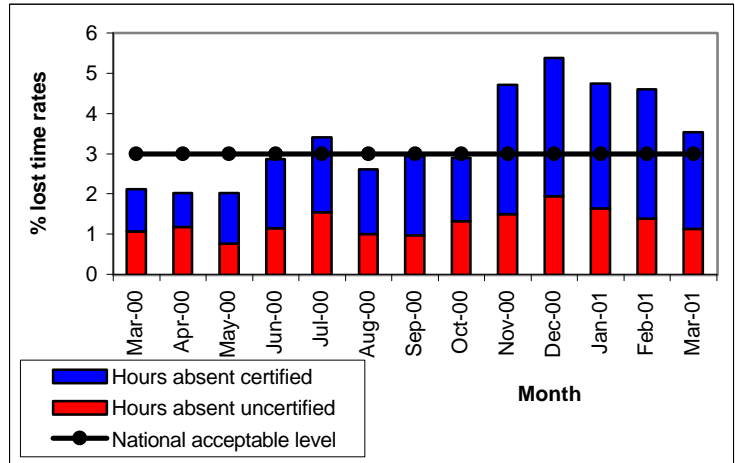
Staff turnover at Doncaster Health Authority

	Jun-00	Sep-00	Dec-00	Mar-01
Total of staff	190	199	202	213
Percentage of staff leaving	7.6	2.01	2.97	1.88

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



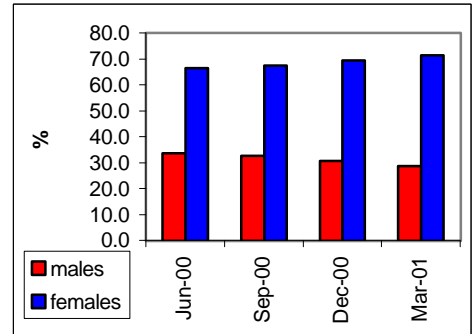
Absence levels at Doncaster Health Authority



Doncaster Health Authority Equal Opportunities Monitoring

	Jun-00	Sep-00	Dec-00	Mar-01
White	179****	191****	194****	200****
Black African	1	1	1	1
Black Caribbean	1	1	1	1
Indian	4	4	3	3
Pakistani	1	1	1	2
Chinese	1	1	1	1
Black Other	0	0	1	1
Other	1	1	1	1
Total	188****	200****	203****	210****

Breakdown of equal opportunities monitoring by gender


















* = Disabled person

1999 / 2002 HImP Exception Report as at 31/03/01

There are no exceptions to report this quarter.

11. HUMAN RESOURCES

Vital Connection and National HR Targets

<u>Issue</u>	<u>Target Date</u>	
1. Further develop the Racial Equality Means Business Action Plan	Apr 2001	
2. Achieve stage 1 - pledge status - of the Improving Working Lives (IWL) standard	Apr 2001	
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	Jun 2001	
4. Achieve a workforce composition that is more representative of the community it serves	Apr 2001	
5. Develop the framework of effective policies to assist managers and staff to more effectively undertake their health and safety responsibilities	Apr 2001	
6. Achieve average staff turnover rate of 4.5%	Apr 2001	
7. Meet the criteria to use the Employment Service Disability Symbol ("Two Ticks")	Apr 2001	
8. Agree targets with Regional Office for appointments to Executive Board posts	Apr 2001	
9. Achieve a 3% incident rate for violence and accidents to staff (effectively a reduction of 1% on the previous year)	Apr 2001	
10. Achieve a 0% incident rate of harassment towards staff (effectively a reduction of 0.6%)	Apr 2001	
11. Achieve a 2% incident rate for sickness absence (effectively a reduction of 0.67%)	Apr 2001	
12. Agree targets with Regional Office for monitoring rates of accidents, turnover and sickness absence for 2001/2002	Jun 2001	
13. Review, develop and implement a procedure for more effectively measuring sickness absence	Jul 2001	
14. Achieve stage 2 of the IWL standard	Mar 2002	
15. Review and update HR/OD plan to reflect the growing needs of the Authority	Mar 2003	

The above table shows progress against Vital Connection and National HR targets.

12. RISK MANAGEMENT

Clinical Governance (Chair - Dr J Cornell)

Following the second quarterly review of the HA Clinical Governance matrix, the following areas were identified for further action:

<u>Area Identified for further action</u>	<u>Action to be taken</u>
Practice accreditation.	i. Obtain Sheffield HA's accreditation document. ii. Raise this issue with PCTs at the quarterly reviews.
Dissemination of CG within the organisation.	CG to feature in the HA's reorganised approach to Team Briefs.
Critical Incidents.	Doncaster wide event in June to consider current position of Trusts on this issue and how to approach cross boundary implications/learning.
Occupational Health.	Work in collaboration with Sheffield HA which leads on this.
Health Impact Assessment.	Dr Aziz has produced a paper to be considered by the HI group for Finningley prior to presentation to the HA.
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.
Caldicott issues for the district.	The DPH will progress this area.

Corporate Governance (Chair - Arnold Drakeley)

Arnold Drakeley, Head of Strategic Partnerships and Chief Executive's Office, has now taken over as Chair to the Corporate Governance Group.

13. NEW CORPORATE ISSUES THIS QUARTER

During quarter 4 the e-mail tracking system has identified the following issues that need to be addressed:

Issue 1.

Subject: Consultation Document on the Findings of the National Bed Inquiry (HSC 2000/004)

Detail: The aim is to encourage contributions to the consultation document

HA Lead: Mark Day **Due Date:** 15/05/00 **Status:** Completed

Issue 2.

Subject: Personal Medical Services: Application Process for 3rd Wave Pilots (HSC 2000/018)

Detail: HA's to send fully worked up proposals to RO's

HA Lead: Mark Day **Due Date:** 01/10/00 **Status:** Completed

Issue 3.

Subject: Improving the Quality of Cancer Services (HSC 2000/021)

Detail: This circular announces consultation on a manual of national standards and performance indicators to provide the framework for assessment of the quality of cancer care.

HA lead: John Radford **Due Date:** 30/03/01 **Status:** Completed

Issue 4.

Subject: The Vital Connection: An Equalities Framework for the NHS (HSC 2000/014)

Detail: This circular sets out actions all NHS employers should take to implement the aims of the 'Vital Connection'

HA lead: Catherine Parkinson **Due Date:** 01/04/01 **Status:** Completed

Issue 5.

Subject: Project Connect: Connecting NHS staff to NHSnet (HSC 2000/037)

Detail: This circular sets out actions required to ensure that relevant NHS staff have desktop access to NHSnet to support them in their daily tasks.

HA lead: John Wells **Due Date:** 31/01/01 **Status:** Completed

Issue 6.

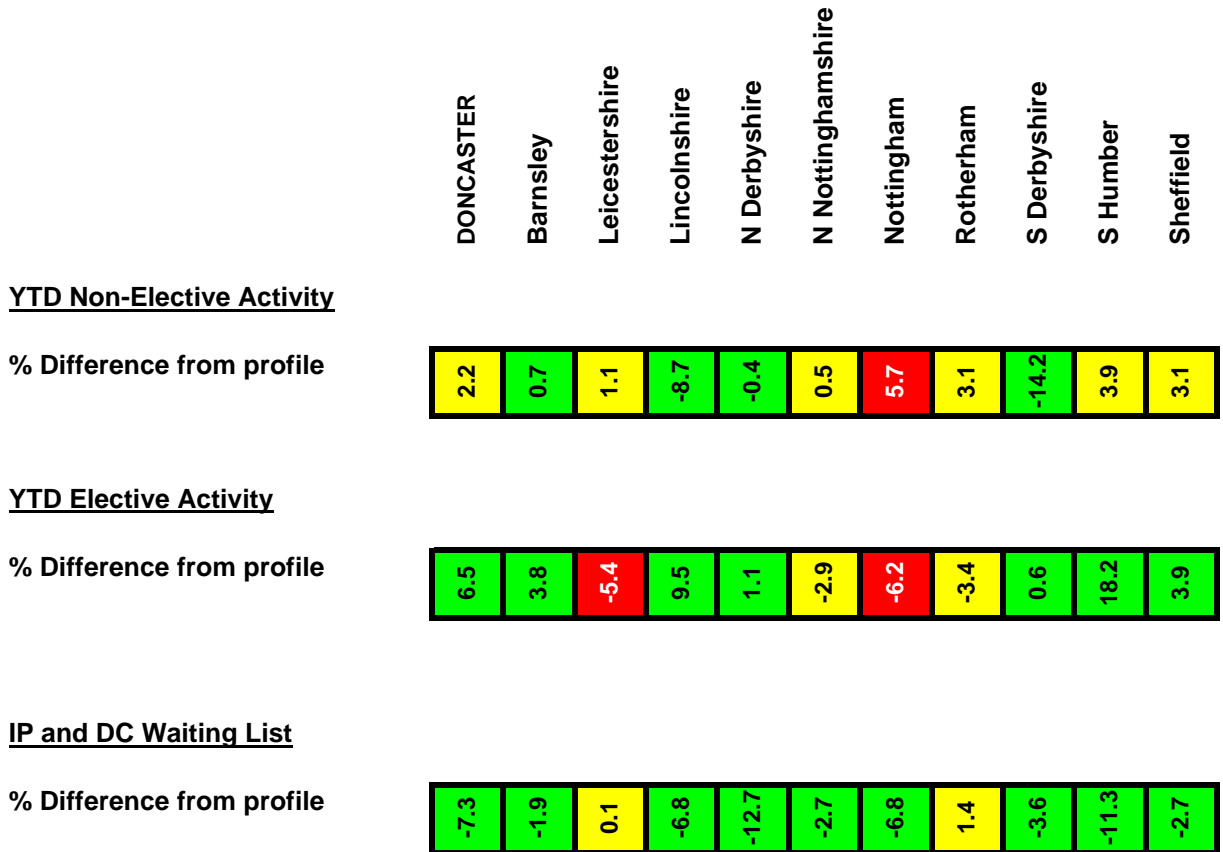
Subject: Decontamination of medical devices (HSC 2000/032)

Detail: This circular identifies actions required to ensure that decontamination of medical devices is carried out effectively.

HA lead: John Radford **Due Date:** 31/03/01 **Status:** Completed

14i. ACTIVITY & WAITING LIST COMPARISONS - TRENT

This traffic light report how Doncaster's levels of activity and waiting list as at February 2001 differ from their profiles, compared to other Trent Health Authorities.



KEY



Actual elective activity > profile.
Actual non-elective activity < profile.
Actual waiting list < profile.



Actual elective activity 0 to 5% below profile.
Actual non-elective activity 0 to 5% above profile.
Actual waiting list 0 to 5% above profile.



Actual elective activity < 5% below profile.
Actual non-elective activity > 5% above profile.
Actual waiting list > 5% above profile.

Source: Regional Office

14ii. ACTIVITY & WAITING LIST COMPARISONS - MINING AND INDUSTRIAL

This traffic light report how Doncaster's levels of activity and waiting list as at February 2001 differ from their profiles, compared to other Health Authorities which are part of the mining and industrial cluster.

	DONCASTER	Barnsley	Bury & Rochdale	Durham	E Riding	Gateshead and S Tyne	Liverpool	Manchester	N Cheshire	N Staffordshire	Newcastle and N Tyne	Rotherham	S Humber	St Helens and Knowl's	Sunderland	Tees	Wakefield	Wigan and Bolton
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YTD Non-Elective Activity

% Difference from profile



YTD Elective Activity

% Difference from profile



IP and DC Waiting List

% Difference from profile



KEY



Actual elective activity > profile.
Actual non-elective activity < profile.
Actual waiting list < profile.



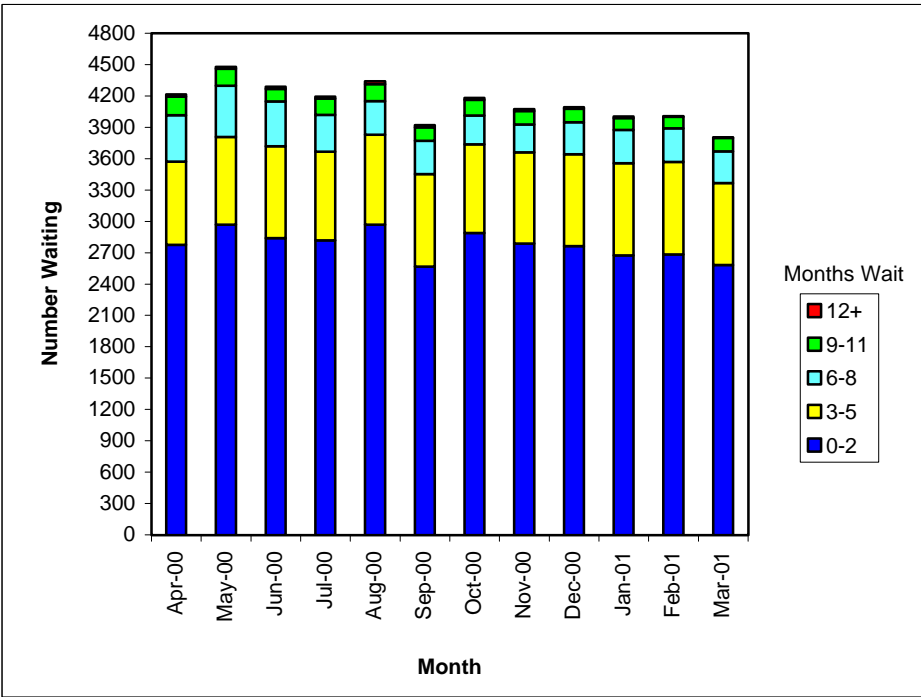
Actual elective activity 0 to 5% below profile.
Actual non-elective activity 0 to 5% above profile.
Actual waiting list 0 to 5% above profile.



Actual elective activity < 5% below profile.
Actual non-elective activity > 5% above profile.
Actual waiting list > 5% above profile.

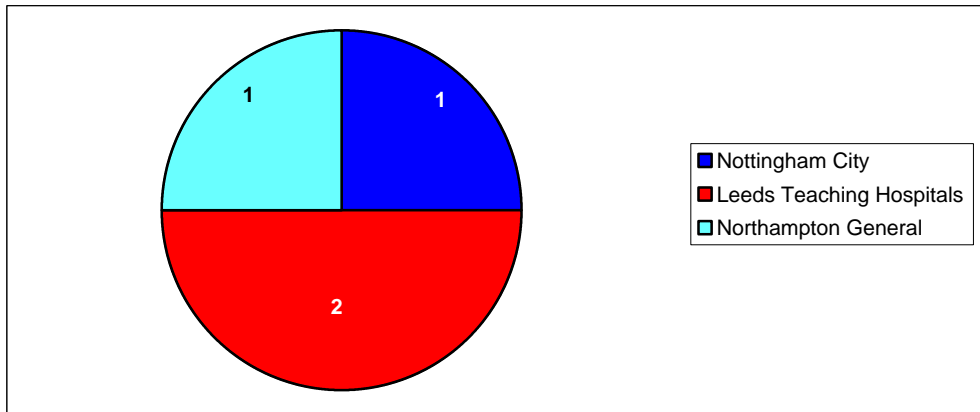
Source: Regional Office

15i. INPATIENT AND DAYCASE WAITING TIMES



Patient Charter Standard:-
Patients should not expect to wait longer than 18 months on an inpatient and daycase waiting list. The Regional standard states that patients should not expect to wait longer than 12 months

Number of 12+ month waiters as at March 2001 split by Trust



The following summary shows how the percentage of Doncaster residents waiting under 12 months on an inpatient and daycase waiting list at Quarter 3, compares to other Trent Health Authorities

99.63%	Doncaster		
99.14%	Barnsley		
98.74%	N Derbyshire		
98.22%	Sheffield		
98.11%	Rotherham		
97.38%	Leicestershire		
97.08%	S Humber		
96.41%	S Derbyshire		
95.71%	N Notts		
95.21%	Nottingham		
95.01%	Lincolnshire		
		Target	100%
		Cluster average	96.58%

Source: Monthly waiting lists and PISCES

3vi. OLDER PEOPLE

2000 / 2001 Performance Agreement

Issue

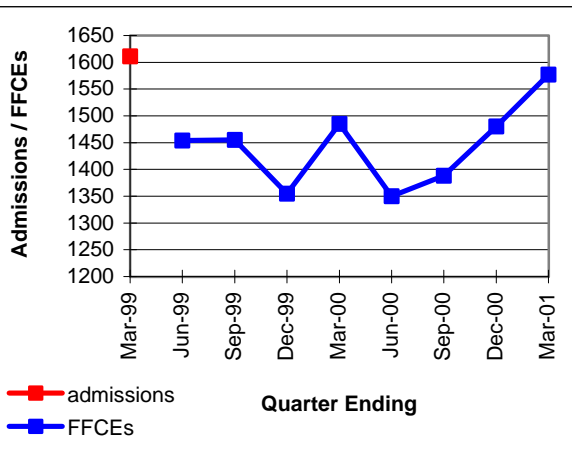
Target Date

1. Establish social rehab unit to help reduce admissions to residential and nursing care.
2. Appoint 2 rehab project workers from health and social care to identify gaps in service provision.

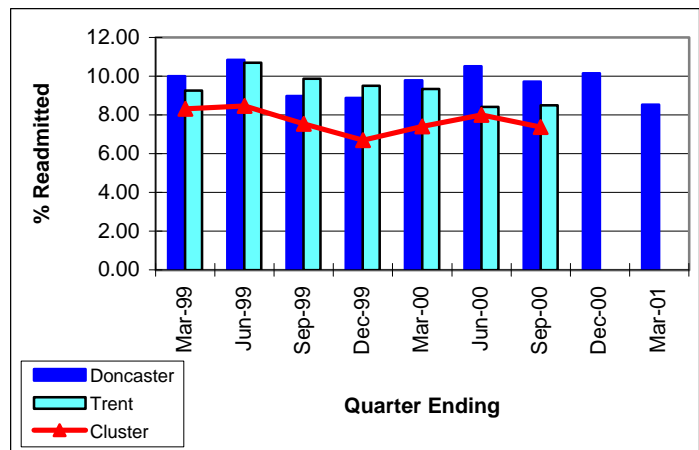
Apr 2000
Sep 2000



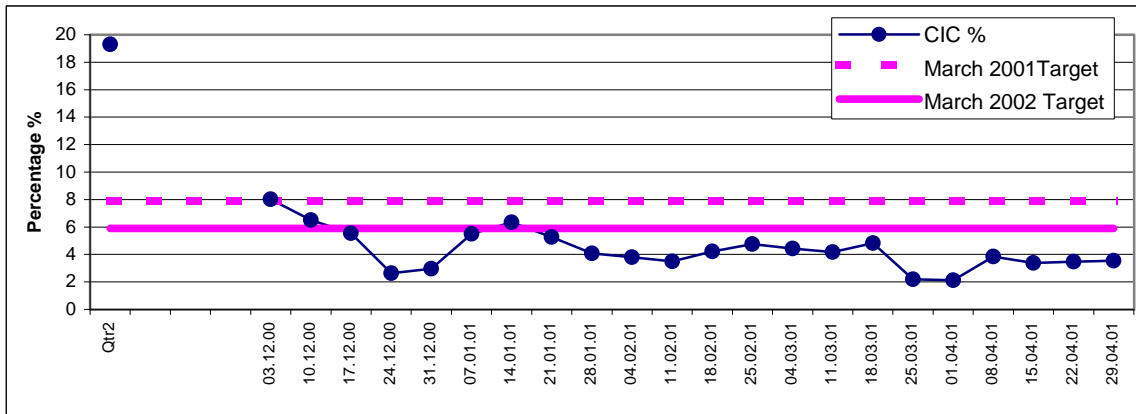
Emergency admissions/G&A non-elective FFCEs for patients aged 75 and over



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



Delayed Discharge Rate % - Weekly



HA Lead: Mark Day

1999 / 2002 HlmP Exception Report as at 31/03/01

DMBC Lead: Sarah Rogerson

1. To produce a report and action plan (for robust data collection systems).

Awaiting information.

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.