

# DONCASTER HEALTH COMMUNITY

## CORPORATE PERFORMANCE REPORT

Reporting on Quarter 2 of the

- Implementation of the NHS Plan and Modernisation  
incl. Partnership Agreement Targets 2001/2002
- Health Community Corporate Issues
- Health Authority Corporate Issues

Performance Management

October 2001

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**

Page 3

3 performance agreement issues have been assessed as amber, it is anticipated all will meet their target. Accurate reporting of Psychiatric re-admission rates now shows Doncaster to have rates lower than cluster and Trent average. There are 6 Local Modernisation Review ( LMR ) gaps in Mental Health.

### **Heart Health**

Pages 4 - 5

A number of performance agreement issues have been assessed as amber, these are ongoing and should meet their target. Hospital admissions with a primary diagnosis of disease of the circulatory system reached a 2 year high during June '01. There are 7 LMR gaps in Heart Health.

### **Cancers**

Page 6

Breaches of the 2 week wait continue to be minimal, these are being addressed by DBH, the PCT's, and through clinical networks. 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 during July '01 was an all time high. There are 8 LMR gaps in cancer.

### **Children & Young People**

Page 7

The Doncaster Teenage Pregnancy Strategy was signed off by the Teenage Pregnancy Unit in July '01, a range of initiatives are now in progress. The last few months has seen rapid developments within the Doncaster Healthy Schools Programme, including a process of national accreditation. There are 2 LMR Gaps in Children and Young People.

### **Older People**

Page 8

All performance agreement issues are on track. Emergency admissions of patients aged 75 and over are increasing by approximately 100 year on year. Re-admission rates are falling approximately 1% year on year and are in line with Trent and cluster trends. The delayed discharge rate is starting to rise after being successfully managed during previous months. There are 2 LMR gaps in Older People.

# 1. EXECUTIVE SUMMARY

## Access and Capacity Plan

Pages 9 - 13

### **Access .**

There are a number of performance agreement targets assessed as amber.

There is a major under reporting issue associated with outpatients. Patients waiting for an outpatient appointment in Neurology and Plastics satellite clinics from Sheffield Teaching Hospitals (STH) at Doncaster Royal Infirmary have not previously been reported. STH have responsibility for reporting patients waiting. This issue has increased the number of outpatients waiting from August by 769, this compromises the Doncaster Health Community with regard to meeting related NHS Plan targets.

The way forward is to:

- understand why this situation developed
- put in place robust reporting systems to prevent any repetition.
- discuss with the service provider recovery plan options
- engage the RO throughout to provide a transparent and inclusive series of actions.

Inpatient waiting list profiles forecast the end of the year target should be met, there is a small number of long waiters.

There is a new section that has been compiled to provide a patient journey perspective through the system. It starts with waiting times for a GP appointment, then outpatient appointment, then inpatient appointment and finally indicators associated with the inpatient experience.

The average number of days to first appointment with a GP ranges from 1.6 to 2.5 days per PCT.

The average number of days to first appointment with a health professional ranges from 2.4 to 3.2 days per PCT.

The source of this data, as represented in this report, provides proxy indicators only and a more comprehensive set of information is required to enable trends to be monitored. It is planned to provide this for the Local Capacity Planning Group.

### **Capacity Plan.**

Ambulance journeys and emergency admissions through A&E show a gradual month on month increase.

The level of emergency admissions is broadly constant, and the number of cancelled operations fell during the summer after the winter peak. Trolley waits and medical outliers will provide an indication of future pressure within the system.

There are 20 LMR gaps in Access.

## Information

Page 14

3 performance agreement issues have been assessed as amber, ' 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 gaps in Information.

## Disability

Page 15

Performance agreement issue assessed as amber.

There are no LMR gaps in Disability.

## Learning Disability

Page 16

There are no LMR gaps in Learning Disability.

## Local Priorities

### **Accidents**

Page 17

There are no LMR gaps in Accidents.

### **Sexual Health**

Page 18

There are no LMR gaps in Sexual Health.

# 1. EXECUTIVE SUMMARY

## Drugs

Page 19

April '00 to Mar '01 data relating to drugs misuse in adults shows:

- contacts increasing
- heroin as the most common drug problem
- a 25 to 37% range of misuse across PCT's.

There are no LMR gaps in Drugs.

## Alcohol

Page 20

April '01 to September '01 data shows:

- the majority of new clients are aged 30-39, and are employed
- there is a wide differential access to the service across PCT's which may be due to the location of the service.

There are no LMR gaps in Alcohol.

## Smoking

Page 21

The total number of people setting a quit date continues to rise, as does the ratio of quitters after 4 week follow up.

There are 3 LMR gaps in smoking.

## HAZ

Page 22

SYCHAZ funding ends 31 March 2002, all projects have been reviewed, proposals for future funding will be considered during the 2002/03 SaFF round.

The SYCHAZ Sure Start Plus Pilot will be launched in December 2001.

Four Childrens Fund programmes are currently in progress.

## Sure Start

Page 23 - 24

Information provided for the first time on activity levels demonstrates indicators that could be used to assess this service.

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

## Breast Screening

Page 25

The minimum standard for breast screening prevalent uptake is not being met in Doncaster, this situation is mirrored in Rotherham and Barnsley.

The incident target for referral rates by the Doncaster service is not being met, this is also being mirrored in Rotherham and Barnsley.

## Cervical Screening

Page 26

Low and High grade smears for 2000/01 from local laboratories are reported here for the first time.

## 2001/02 OTHER PARTNERSHIP AGREEMENT TARGETS

Page 27 - 28

There is a range of green and amber self assessment.

The following areas have been assessed red:

- Hospitals making good progress toward copying letters to patients - DBH - amber, DSHHCT - red.
- Establish PALS and patient forums - will be in place by 1/4/01.

# 1. EXECUTIVE SUMMARY

## **LMR - OTHER GAP ANALYSIS**

Page 29

There are 22 other gaps.

## **Health Community Corporate Issues**

### **Clinical Governance**

Page 30

Three performance agreement issues assessed as amber.

### **Health Focus**

Page 31

Contacts during the summer months remained high.

The Heart Attack Awareness Week was extremely successful with good local and national media coverage.

### **NHS Direct**

Page 31

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.

### **End of Year Review Action Notes**

Page 32

Regional Office Health Community mid year review in diary for 23 November 2001.

## **Health Authority Corporate Issues**

### **Complaints**

Page 33

Written complaints received at the Health Authority fell during the Spetember quarter.

### **HR**

Page 34 - 35

HA absence levels during the Shifting the Balance of Power consultaion period remained at a similar level to previous months. However it is unlikely the 2% locally derived incident rate required by April 2002 will be achieved due to long term sickness.

### **Risk Management**

Page 36





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.

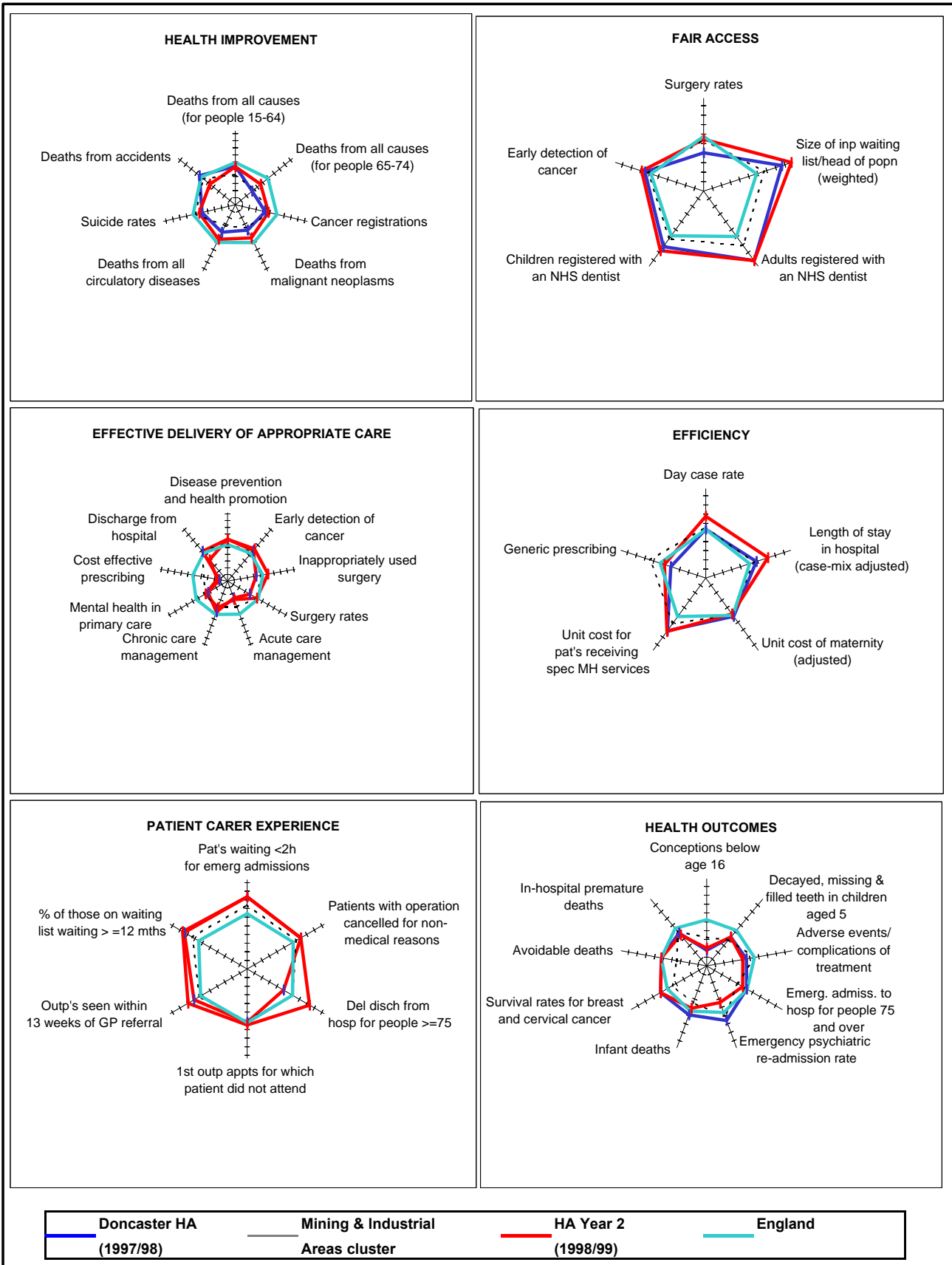
This key will be referred to throughout the report.

	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



### **Implementation of NHS Plan**

- **Modernisation Programmes**
- **Local Priorities**
- **Other Partnership Agreement Targets**
- **Other GAP Analysis**

**3i. MENTAL HEALTH**

**2001 / 2002 Partnership Agreement**

**Issue**

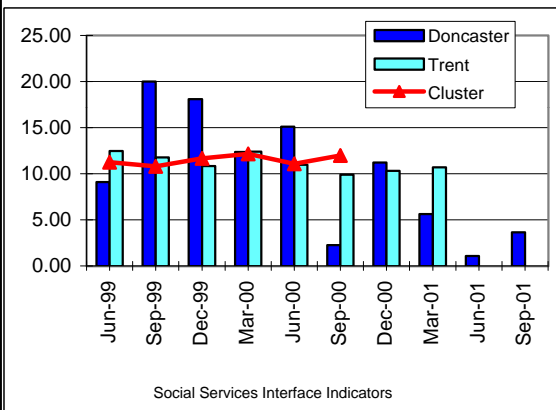
1. Ensure that all specialist MH service users on enhanced CPA have a written care plan available on EPR.
2. Ensure that all patients discharged from inpatient care have a written care plan.
3. Work within the health community to provide prison in-reach services and provide additional secure beds to transfer those people no longer needing high security.
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.
5. Work within the health community to ensure the signing off of the Stage 3 Plan for the mental health NSF.
6. Ensure that all regular carers of people on an enhanced CPA have their own caring, physical and mental health needs identified.

**Lead Agency**

**Target Date**

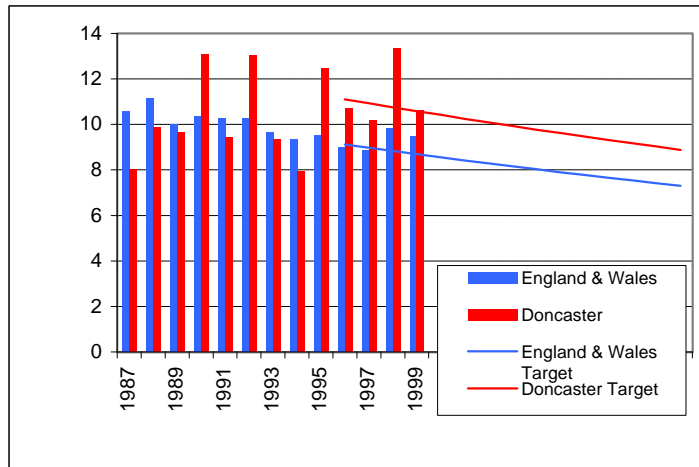
DSHHCT	31/03/02	●
DSHHCT	31/03/02	●
DHA	Ongoing	●
DHA	31/03/02	●
DHA	31/10/01	●
DSHHCT DMBC	31/03/02	●

**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 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

**3ii. HEART HEALTH**

**2001 / 2002 Partnership Agreement**

**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

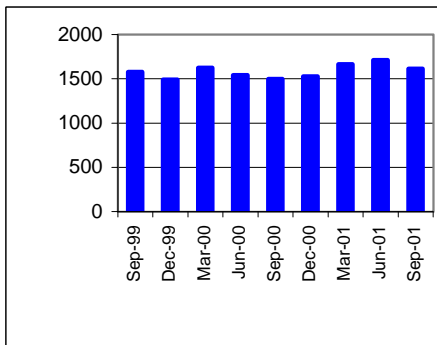


DHA

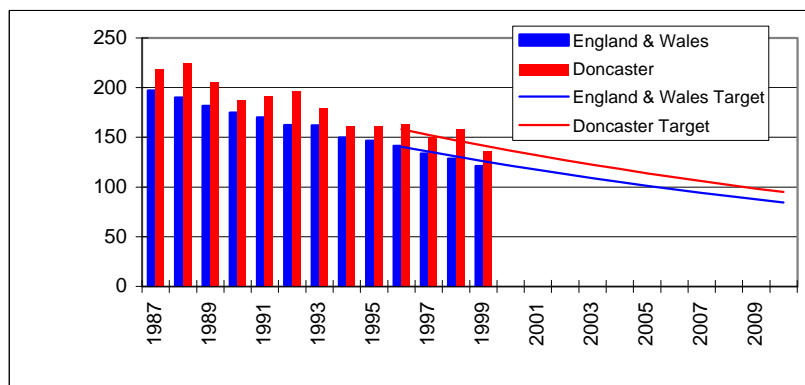
31/03/02



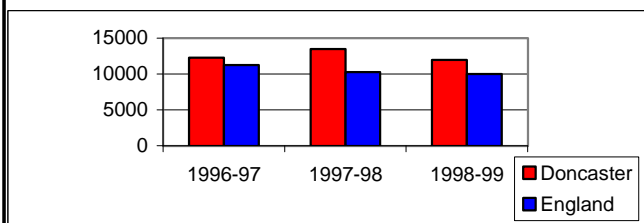
**Hospital admissions where primary diagnosis is disease of circulatory system**



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

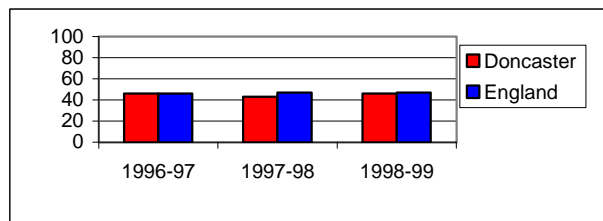


**Indirectly age & sex standardised rates (ISASRs) of mortality within 30 days following myocardial infarction.**



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

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



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

### 3ii. HEART HEALTH

#### Local Modernisation Review Gap Analysis

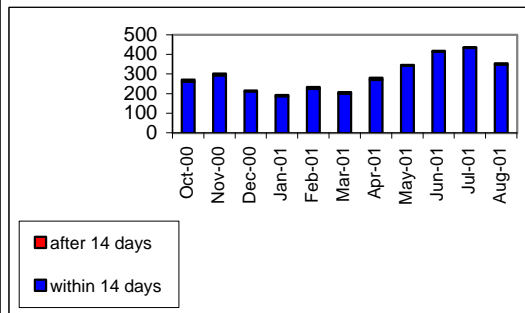
- Within 20 minutes of arriving in hospital 75% of patients to have received thrombolysis - 4
- Paramedic thrombolysis - expansion of uptake - 4
- Extension to heart failure services - 4
- Level of cardiac rehabilitation services - 5
- Revascularisation waiting times - 5
- Disease Registers for all patients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

**3iii. CANCERS**

**2001 / 2002 Partnership Agreement**

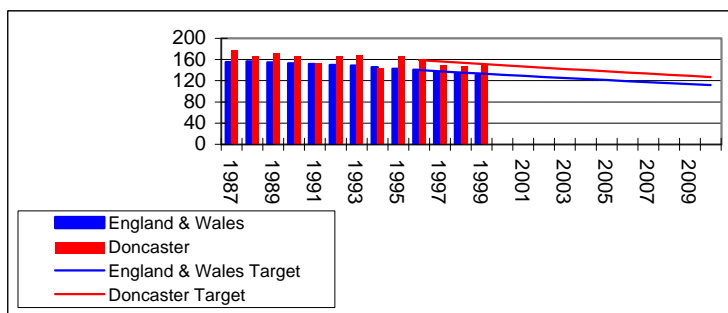
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Comply with all national requirements for Cervical and Breast Screening.	DHA	Ongoing	●
2. In addition to activities directed at Adult Smokers, ensure measures specifically target Teenage Smokers for cessation advice and input and plan the development of this service to PCTs.	DHA	Ongoing	●
3. Implement National Cancer Plan.	DHA DBH	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	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**



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

**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.

**Local Modernisation Review 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

**3v. OLDER PEOPLE**

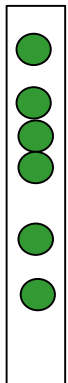
**2001 / 2002 Partnership Agreement**

**Issue**

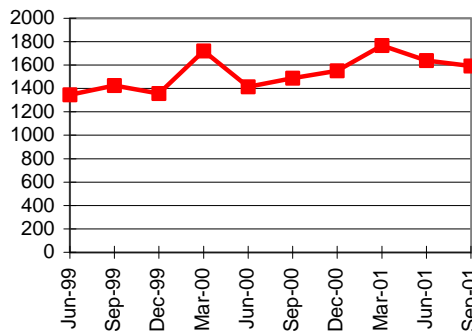
**Lead Agency Target Date**

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.

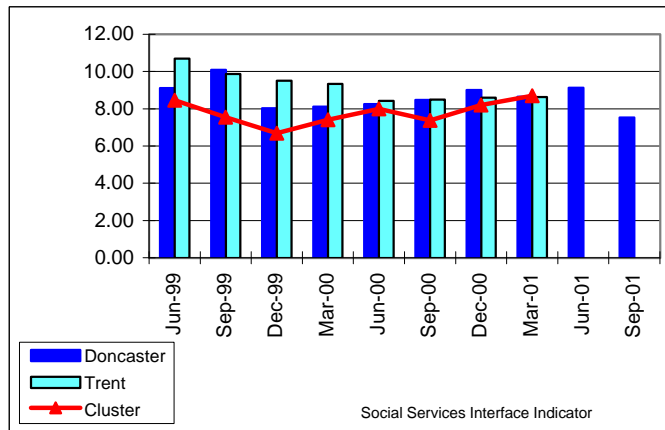
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DMBC	
Central PCT	31/03/02
DHA	31/03/02
DMBC	



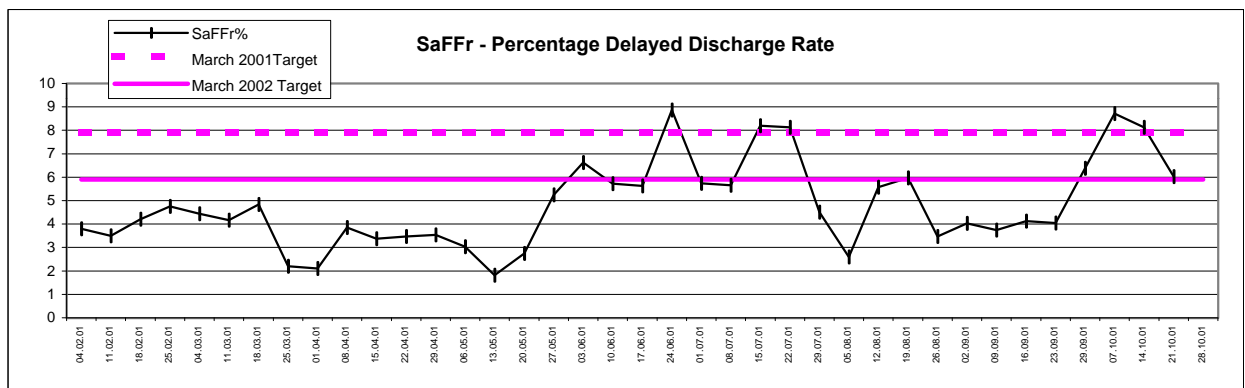
**Emergency admissions (G&A non-elective specialties) for patients aged 75 and over**



**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 Gap Analysis**

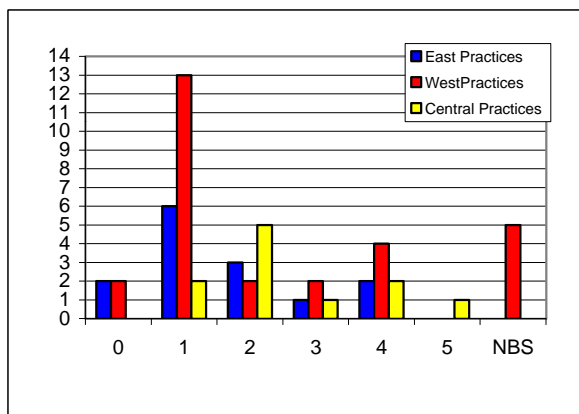
- Address gap in staff skills profile (older people services) - 4
- Reduce growth in emergency admissions of the over 75s to under 2% (DBH) - 4

**3vi. ACCESS AND CAPACITY PLAN**

**2001 / 2002 Partnership Agreement**

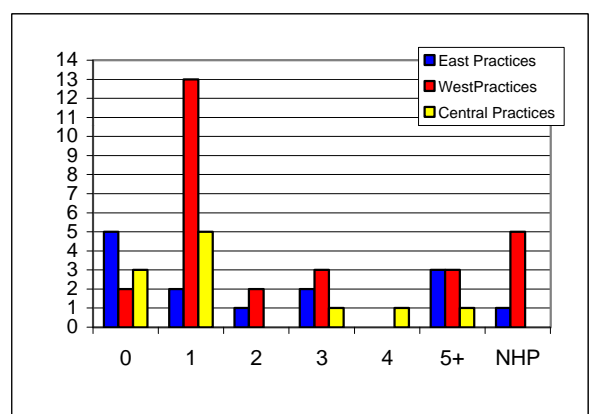
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Ensure that all aspects of the health services in Doncaster are consistent with the principle of equal access without regard to the age, sex, sexual orientation, domicile or racial origin of the user.	DHA WLSG	Ongoing	●
2. Work within the health 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.	DHA PCTs DBH	31/03/02	●
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.	DHA PCTs DBH	31/03/02	●
4. Work with acute providers to deliver OP consultations in primary / community setting as discussed in the Access LAP.	DBH PCTs	31/03/02	●
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.	All	Ongoing	●
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.	PCTs	31/03/02	●
7. Work with NHS Direct to ensure that they can refer people where appropriate to help from their local pharmacy.	DHA PCTs	Ongoing	●
8. Work with Primary Care Trusts to improve GP Practice Premises as outlined in the Access LAP.	PCTs	31/03/02	●
9. Work with Primary Care Trusts to ensure that Occupational Health Services are available to all GPs and their staff.	PCTs	31/03/02	●

**Number of working days to first appointment with GP**



NBS - Practices without a Booking System

**Number of working days to first appointment with Health Professional**

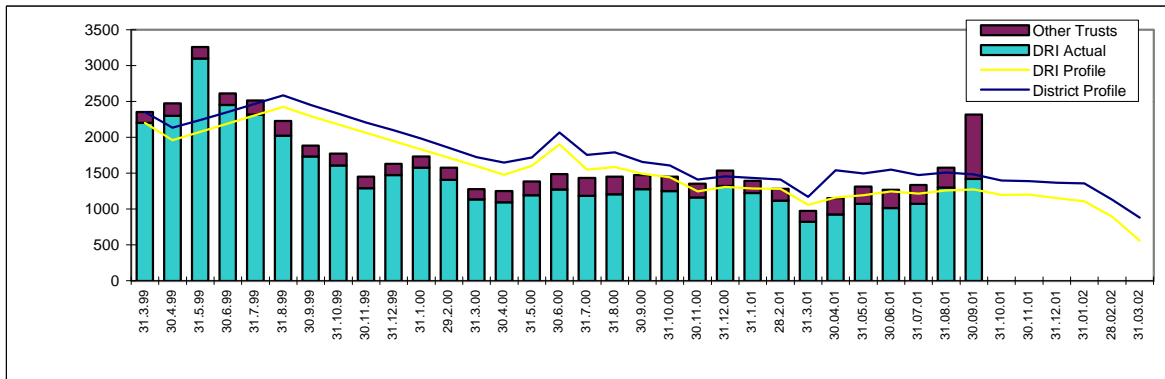


NHP - Practices without a Health Professional

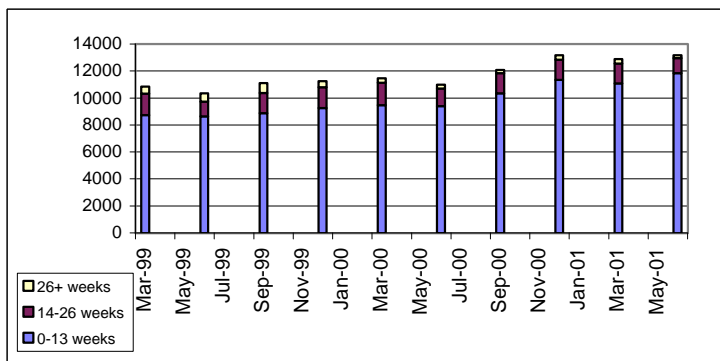
Number of Practices at each PCT - East 14, West 28 and Central 11.  
 Average number of days to first appointment with GP appointment - East 1.6 days, West 1.3 days and Central 2.5 days.  
 Average number of days to first appointment with health professional - East 2.8 days, West 3.2 days and Central 2.4 days.  
 Data Source- Quarterly Monitoring.

**3vi. ACCESS + CAPACITY PLAN**

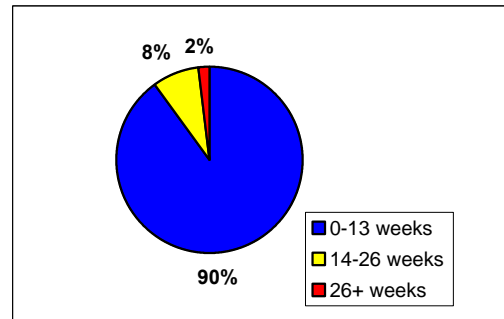
**Number of Doncaster responsible patients waiting >13 weeks for outpatient treatment against target.**



**Waiting times for first outpatient appointment during quarter**



**% Breakdown of people waiting as at quarter ending Jun 01**



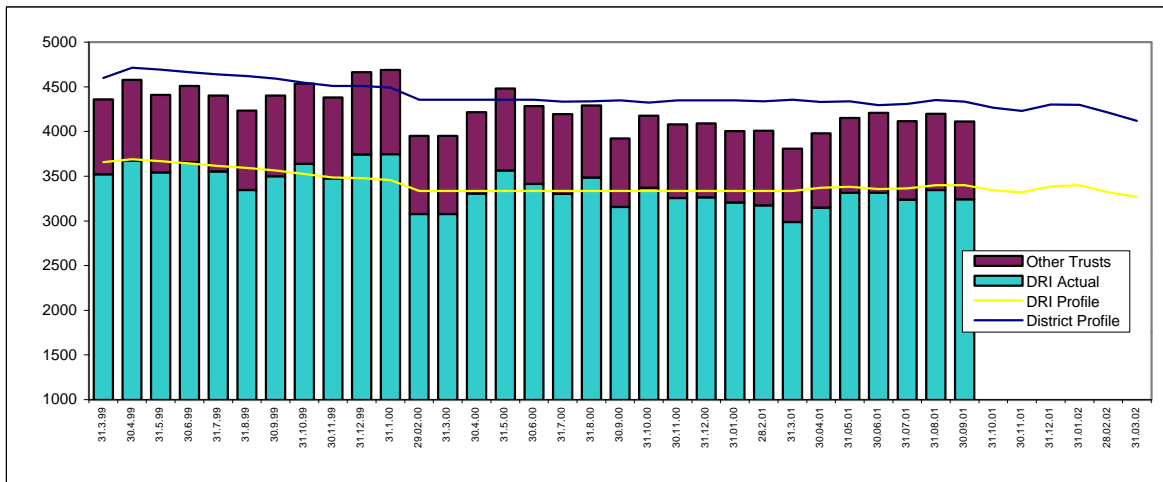
The following summary shows how the percentage of Doncaster residents waiting under 13 weeks on an outpatient waiting list at quarter 4 compares to other Trent Health Authorities.

<b>92.36%</b>	N Derbyshire
<b>87.10%</b>	Rotherham
<b>86.91%</b>	S Humber
<b>85.99%</b>	<b>Doncaster</b>
<b>80.46%</b>	S Derbyshire
<b>79.23%</b>	Sheffield
<b>78.19%</b>	Barnsley
<b>76.90%</b>	N Notts
<b>75.45%</b>	Lincolnshire
<b>73.47%</b>	Leicestershire
<b>73.01%</b>	Nottingham

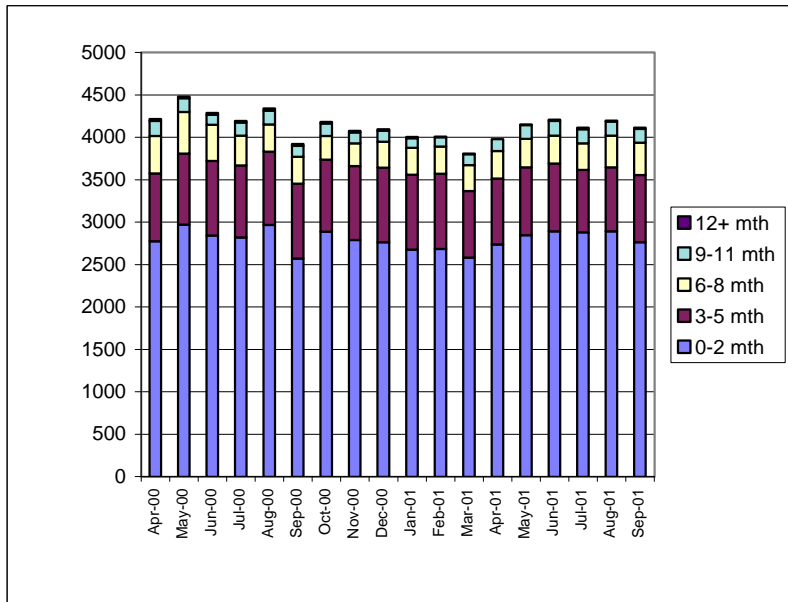
<b>Target</b>	<b>90%</b>
<b>Regional average</b>	<b>79.00%</b>

**3vi. ACCESS + CAPACITY PLAN**

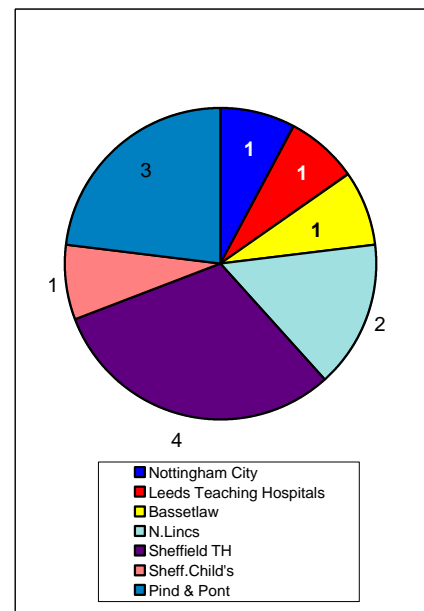
**Number of Doncaster responsible patients on inpatient waiting list against target.**



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



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

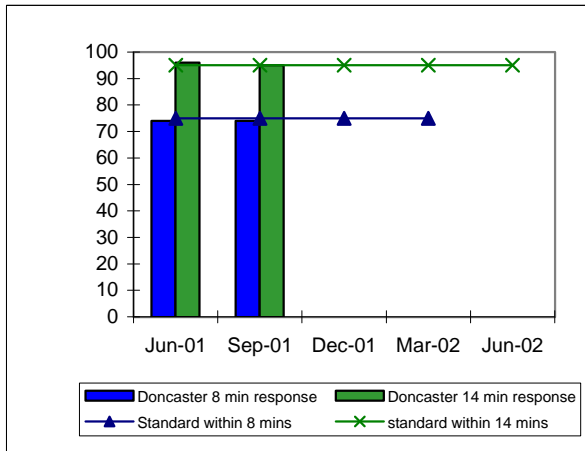


The following summary shows how the percentage of Doncaster residents waiting under 12 months on an inpatient and daycase waiting list at Quarter 4, compares to other Trent Health Authorities

<b>99.93%</b>	Barnsley		
<b>99.92%</b>	Rotherham		
<b>99.89%</b>	<b>Doncaster</b>	<b>Target</b>	<b>100%</b>
<b>99.73%</b>	S Humber		
<b>99.57%</b>	N Derbyshire	<b>Regional average</b>	<b>98.60%</b>
<b>99.44%</b>	Sheffield		
<b>99.43%</b>	N Notts		
<b>98.72%</b>	S Derbyshire		
<b>98.50%</b>	Nottingham		
<b>97.99%</b>	Leicestershire		
<b>96.03%</b>	Lincolnshire		

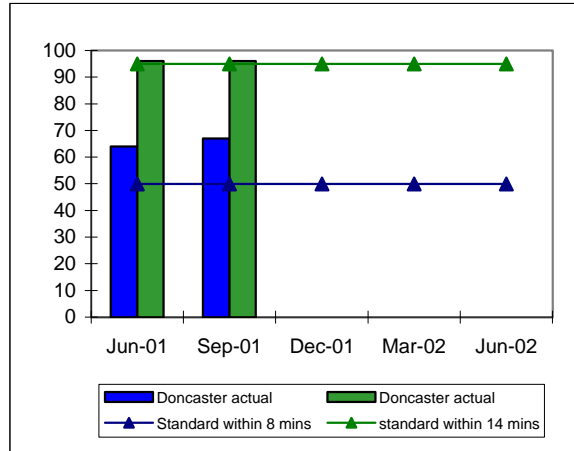
**3 vi. ACCESS + CAPACITY PLAN**

**Ambulance Journeys - Category A (life threatening conditions)**



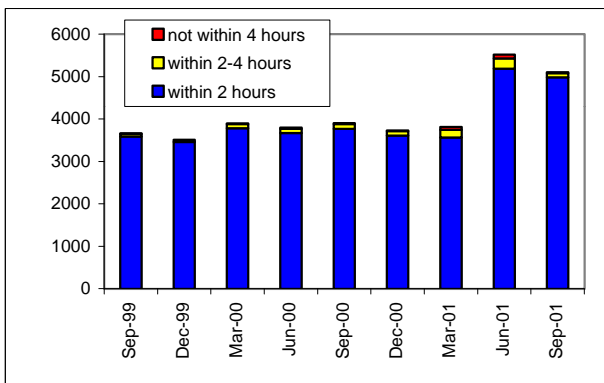
Information provided by SYMAS

**Ambulance Journeys - Category B (non life threatening conditions)**



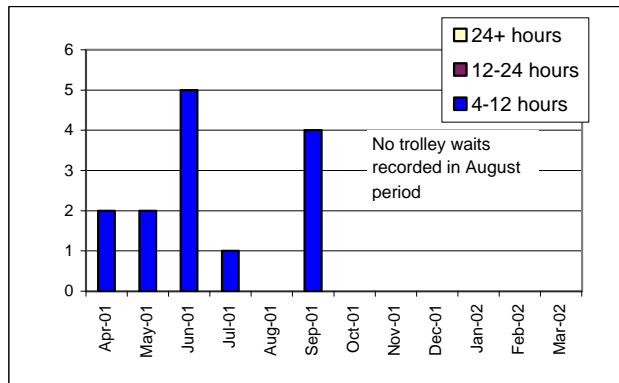
Information provided by SYMAS

**Emergency admissions through A&E \***

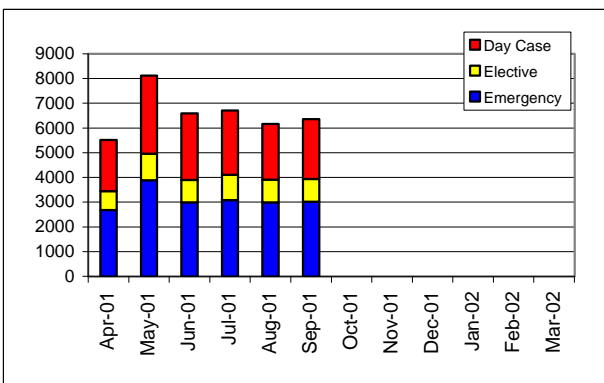


HLPI: For 1999/00 Doncaster has a National rank of 15 out of 99 for % of patients waiting <2 hrs for emergency admission.

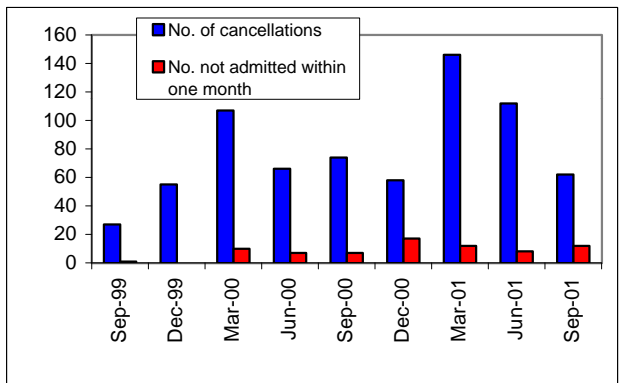
**Trolley Waits**



**Admissions**



**Cancelled Operations \***



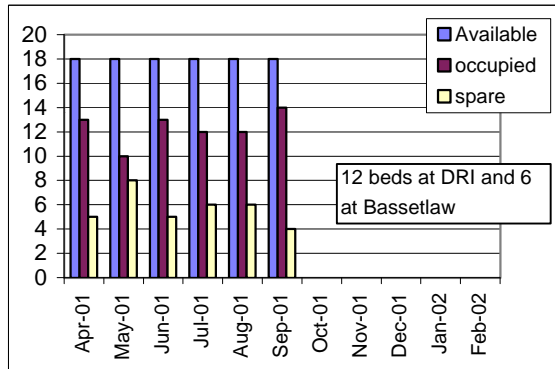
HLPI: Doncaster has a National rank of 26 out of 99, for number of cancelled operations as % of G&A elective activity for 1999/00.

Data source is Sitrep for all graphs except where marked \*. \* data source is Patients Charter.

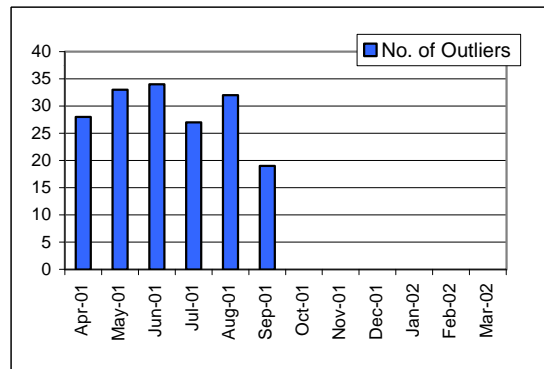
All graphs using Sitrep information are based on information relating to the last week of the month. Subsequent reports will provide a more meaningful analysis.

**3vi. ACCESS + CAPACITY PLAN**

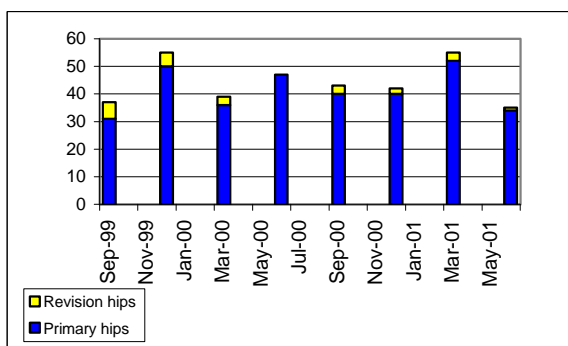
**Adult Critical Care Beds**



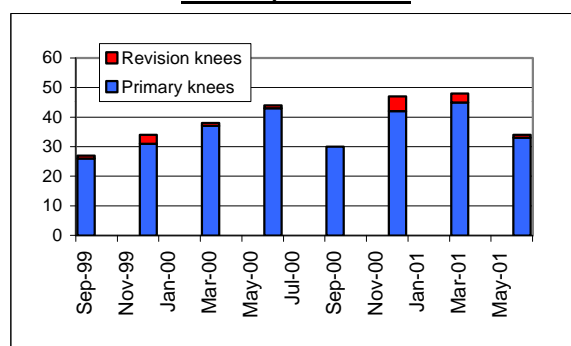
**Medical Outliers**



**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 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

**3vii. INFORMATION**

**2001 / 2002 Partnership Agreement**

<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	31/03/02	
5. Ensure that all GP Practices with Local Area Networks have NHS Net connections.	DHA	31/03/02	
6. Implementation of level 3 Electronic Patient Records at DBH Trust.	PCTs	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	
8. All Pathology results sent to GPs to contain NHS Number.	DBH	31/03/02	
9. All outpatient data sets to be transmitted through NHS Wide Clearing Service (ClearNET).	PCTs	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.	DBH	31/03/02	
11. Application of Working in Partnership toolkit.	DHA	31/03/02	
	All	31/03/02	

**Partnership Agreement Progress Report**

**Issue**

1. On target to achieve.
2. 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.
7. On target to achieve.

**Local Modernisation Review Gap Analysis**

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

**3viii. DISABILITY**

**2001 / 2002 Partnership Agreement**

**Issue**

**Lead Agency**

**Target Date**

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

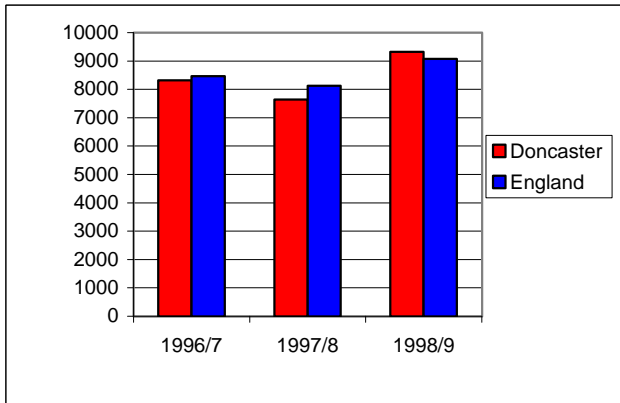
DHA

30/04/02

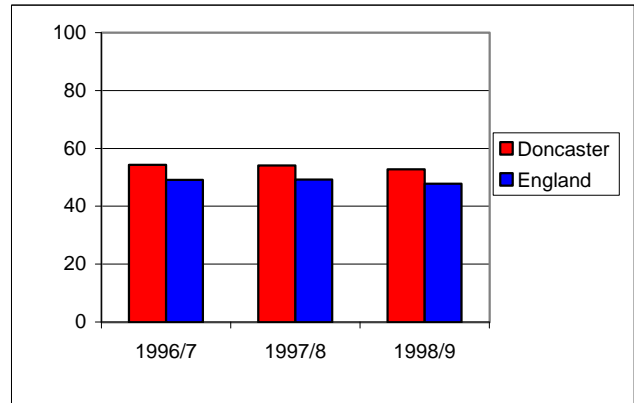


**Indirectly age and sex standardised rates (ISASRs) of mortality within 30 days following hip fracture, ages 65 years +**

**% 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**

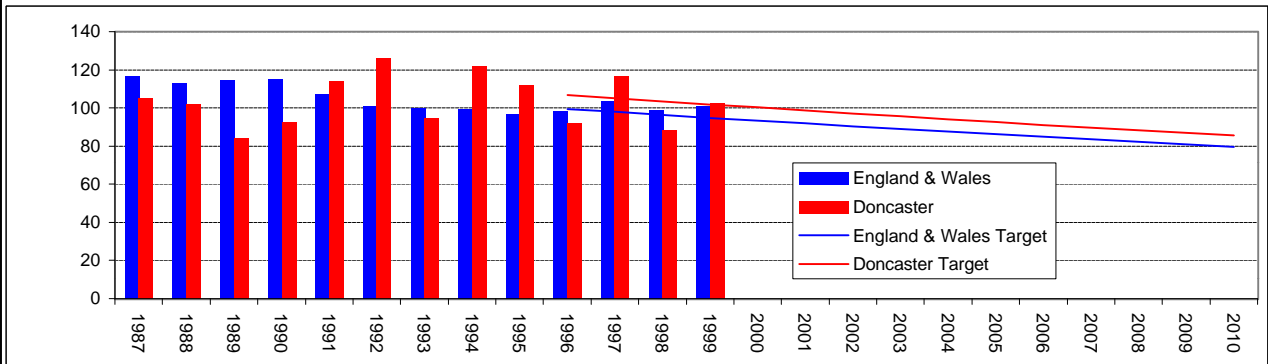
### 3ix. LEARNING DISABILITY

- 'Valuing People' - A New Strategy for Learning Disability for the 21st Century launched March 2001.
- Best Value Review of local services by November 2001.
- Establishment of local Partnership Board by October 2001 - Board established.
- Local Action Plans for the implementation of ' Valuing People ' by 31st January 2002.  
( Lead responsibility with the Learning Disability Partnership Boards )
- Revision of local Joint Investment Plans by 31st January 2002.
- Plans to establish joint/lead commissioning using Health Act Flexibilities by March 2002.

**No Gaps or Risks identified at Local Modernisation Review stage 1**

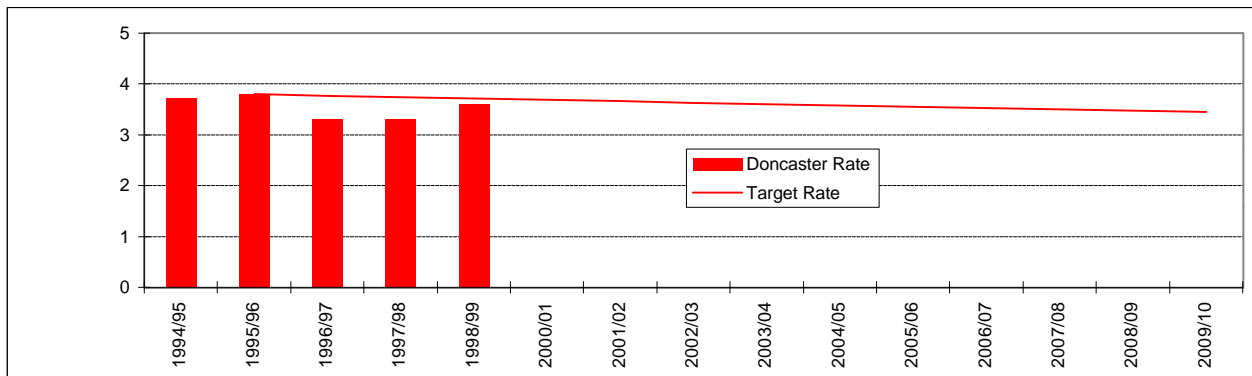
**4i. ACCIDENTS**

**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**



**4ii. SEXUAL HEALTH**

**2001 / 2002 Partnership Agreement**

**Issue**

**Lead Agency**

**Target Date**

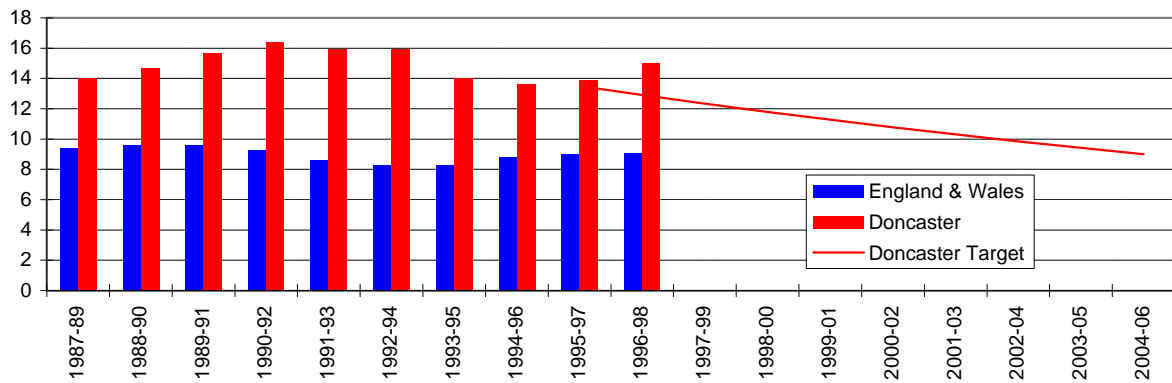
1. Work within the health community to produce a joint report on teenage pregnancy strategy implementation and progress towards rate reductions of 15% by 2002 and 40/60% by 2010

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**



**4iii. DRUGS**

**2001 / 2002 Partnership Agreement**

**Issue**

**Lead Agency**

**Target Date**

1. Implement Drugs Strategy.

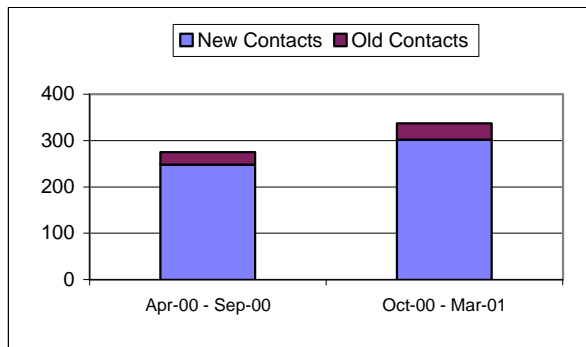
DHA

31/03/02

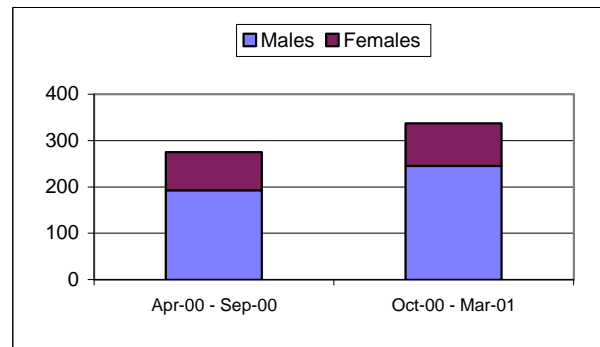


**DONCASTER - Figures for Adults from Trent Misuse Database**

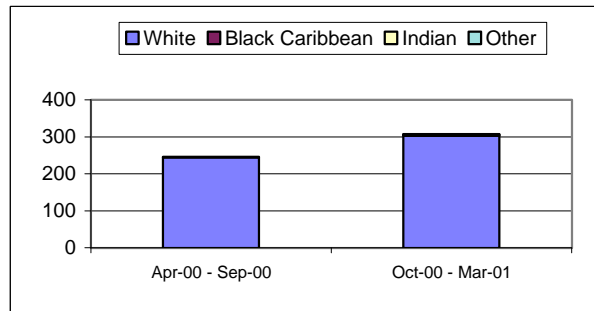
**Number of individuals reported to have begun drug treatment episodes for Apr-00 to Mar-01**



**Gender breakdown of individuals reported to have begun drug treatment Apr-00 to Mar-01**

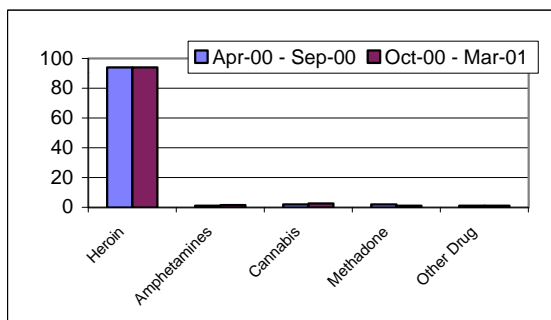


**Ethnic origin (first episode) Apr-00 to Mar-01**

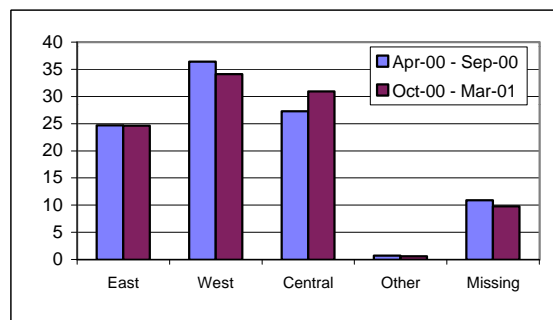


	Apr-00-Sep-00	Oct-00-Mar-01
White	244	303
Black Caribbean	2	2
Indian	0	1
Other	0	1

**% Breakdown of most common problem drug reported for Apr-00 to Mar-01**

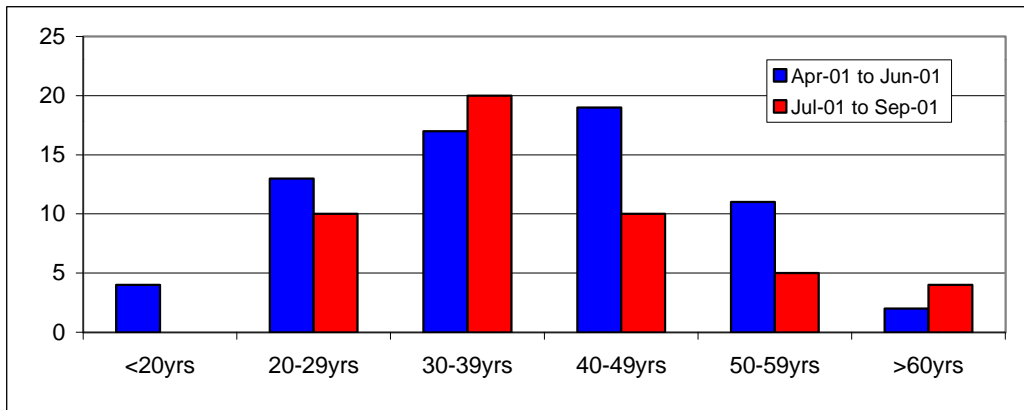


**% of Individuals by PCT area of residence Apr-00 to Mar-01**

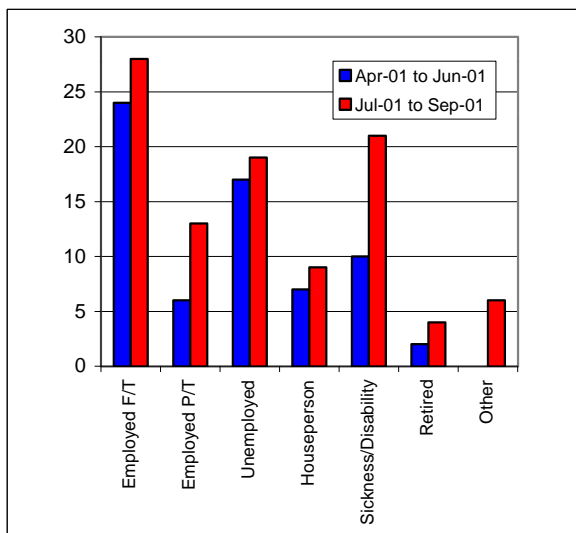


**4iv. ALCOHOL**

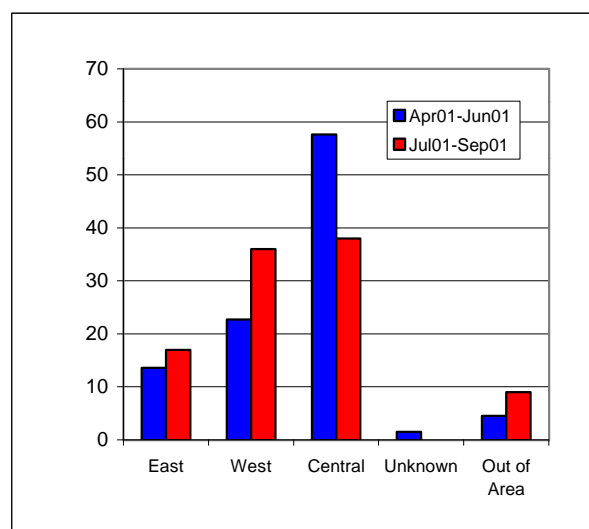
**Age of new clients contacting the alcohol service about their own drinking**



**Employment status of new clients**



**% of New Clients by PCT**



**Ethnic Minorities.**

It is noticeable that as a service we are not attracting any clients from ethnic minority groups (less than 0.5% of all clients), and this is a concern. Doncaster's ethnic minority population is low, at around 1.59% of the total population, based on the 1991 census figures (HImP:1999). There is however scope for work to be undertaken in raising awareness about alcohol-related problems in ethnic minority groups, and in offering appropriate services to meet their needs. Alcohol consumption is a sensitive issue among Asian minority ethnic groups, and there is greater stigma in acknowledging alcohol as a problem. Counselling as a means of effecting change may not be sensitive to a black or Asian cultural framework. In order to provide a service for ethnic minorities it would be necessary to refer to other black and Asian alcohol projects to find out what works and learn from their experiences as well as consulting with minority groups in Doncaster to gain an understanding of how to meet the needs of this group. This would require further research and funding.

**4v. SMOKING**

**2001 / 2002 Partnership Agreement**

<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**

	Dec-00	Mar-01	Jun-01
<b>Total number setting a quit date in the quarter</b>	225 -	269 2	462 42
<b>No. who had successfully quit at 4 week follow-up (self report)</b>	145 -	174 2	291 30
<b>No. who had not quit at 4 week follow-up (self report)</b>	64 -	47 0	112 5
<b>No. not known / lost to follow up</b>	16 -	48 0	59 7
<b>No. who had successfully quit at 4 week follow up, where non-smoking status confirmed by CO validation</b>	35 -	107 0	224 23

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

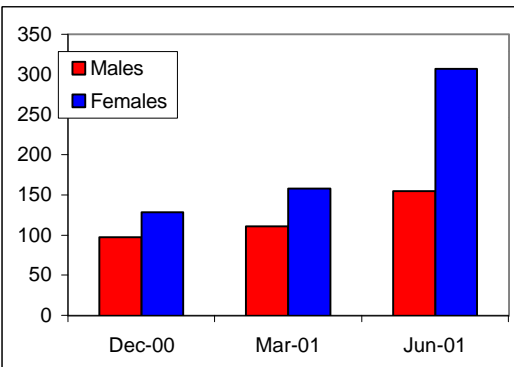
**Age breakdown of number of no. setting a quit date during the quarter**

	Dec-00	Mar-01	Jun-01
<18 yrs	0	0	1
18-59 yrs	189	242	387
60+yrs	36	27	74

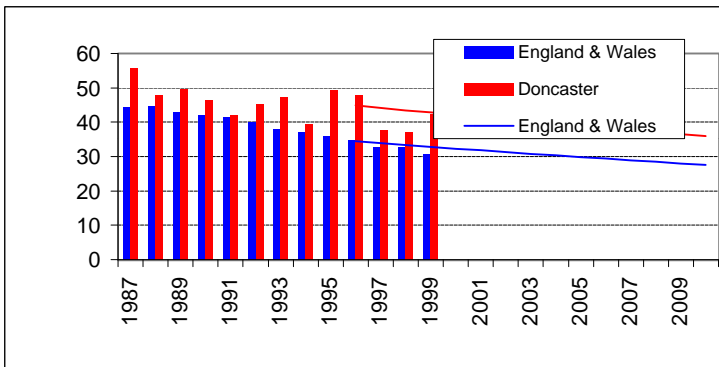
**Number of people accessing service and receiving Bupropion during the quarter**

	Dec-00	Mar-01	Jun-01
<b>Number receiving Bupropion</b>	130	158	145

**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

## 4vi. HAZ

**Doncaster HAZ forecast of expenditure at 31/08/01**

	Period 5 2001/02			2001/02		
	Budget £000's	Actual £000's	Var £000's	Budget £000's	Forecast £000's	Var £000's
<b>Doncaster</b>	<b>330.02</b>	<b>269.2</b>	<b>(61)</b>	<b>858.8</b>	<b>858.8</b>	<b>-</b>

**Progress on output targets at 30th September 2001**

Due to different timetables data from project monitoring is not available, therefore will be included in the subsequent Corporate Performance Report.

**HAZ Funding 2001/2002**

The current round of SYCHAZ funding ends on 31st March 2002. To manage this a review of all projects has been undertaken so that recommendations can be made about future funding and continuation of the services. This will ensure that those HAZ services which contribute to national and local targets are not lost.

A series of first stage HAZ recommendations on future funding made and a submission into the SAFF (DHA) or budget review (DMBC) process has been via the modernisation/HiMP planning group lead.

**SYCHAZ Futures**

Future funding of the SYCHAZ should be known in November 2002. However, the HAZ board has made a decision that should future funding be available these resources will be directed into "new" service developments.

**SYCHAZ Sure Start Plus Pilot (SSP)**

On behalf of partners Doncaster leads this national pilot. The programme has three service elements, supporting young people (parents) at risk of social exclusion, supporting young dads and smoking cessation.

- Number of school exclusions in each district reduced to level set in each LEA's Education Development Plan by 2005.
- To reduce the incidence of teenage conceptions, substance misuse and smoking.
- Rate of conceptions of under 16's reduced by at least a third by the year 2005 from 1989 baseline.
- Smoking amongst 11-15 year olds reduced to 9% or less by 2010 with a fall to 11% by 2005.

Service will be launched on 1st December 2001.

**Children's Fund**

Doncaster was one of the first wave Children's Fund areas, the partnership successfully developed a bid for £3.9M over three years. Learning from SYCHAZ enabled this application to be made successfully. There are four programme areas:

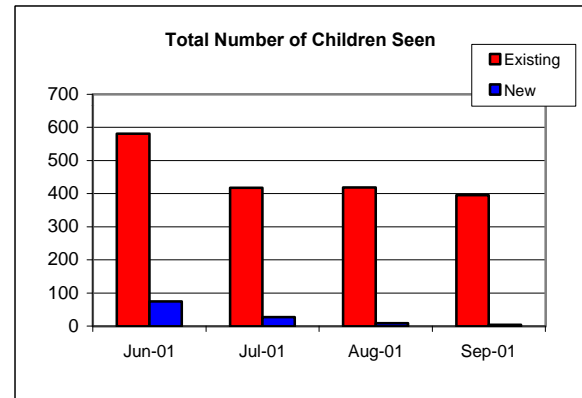
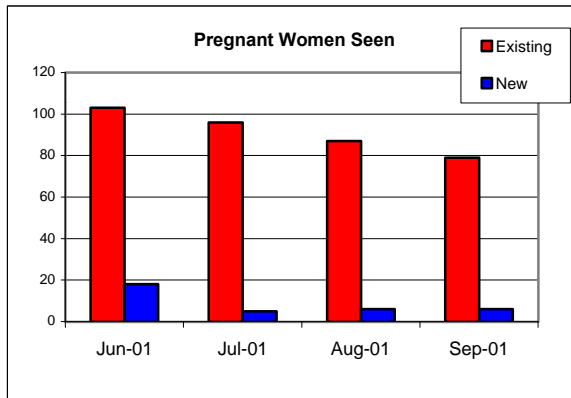
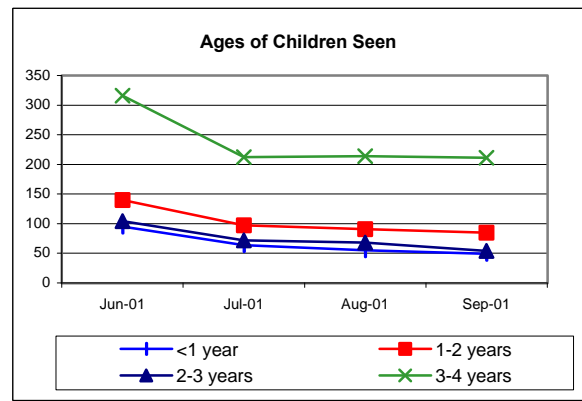
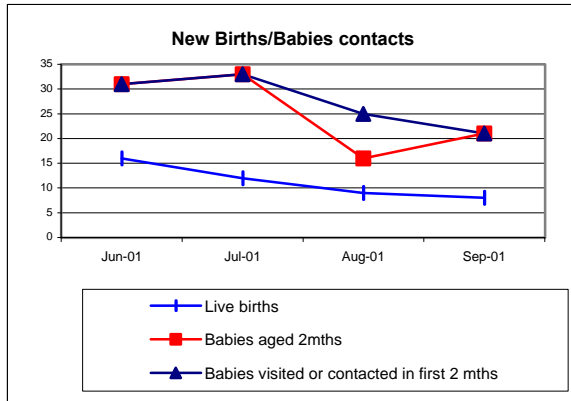
**Programme Area 1**- Early Intervention Team. A district wide service providing early interventions for children and their families with behavioural and mental health problems.

**Programme Area 2** – Provision of family support and diversionary activities for children and their families targeted the five most deprived wards in Doncaster, Adwick, Balby, Conisbrough, Thorne & Moorends and Edlington.

**Programme Area 3** – Provision of services for disabled child and their families including play schemes, sitting service, buddying service and support to parents.

**Programme Area 4** – Provision of services for children from black and ethnic minority groups.

**4vii. 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 Aug-01**

	Cumulative to August 2001			Annual Position		
	Budget	Actual	Var	Budget	Forecast	Var
Project Management	89,525	81,935	(7,590)	190,740	190,740	-
Outreach and Home Visiting	48,492	7,631	(40,861)	117,730	117,730	-
Support to Families & Parents	42,504	43,417	913	121,390	121,390	-
Play, Learning & Childcare	22,763	12,433	(10,330)	91,321	91,321	-
Primary & Community Healthcare	61,200	27,282	(33,918)	143,845	143,845	-
Support For People With Special Needs	5,529	392	(5,137)	11,270	11,270	-
Capital	40,000	40,000	-	68,000	68,000	-
<b>Total</b>	<b>310,013</b>	<b>213,090</b>	<b>(96,923)</b>	<b>744,296</b>	<b>744,296</b>	<b>-</b>

## 4vii. 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.

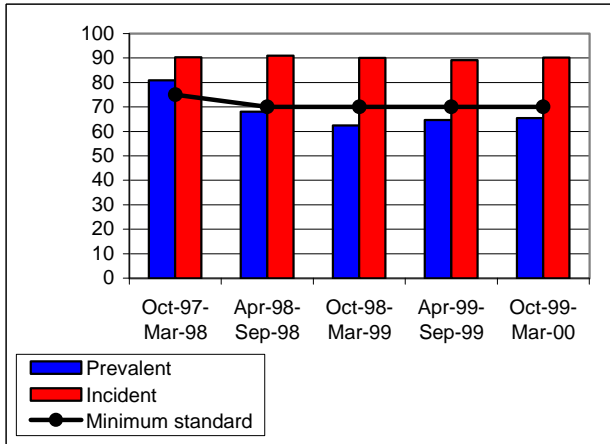
All trailblazer programmes have recently had to resubmit their delivery plans with new public service agreements being implemented from the third quarter 2001. Future reports will reflect the changing national priorities, which Sure Start is implementing from October 2001.

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.

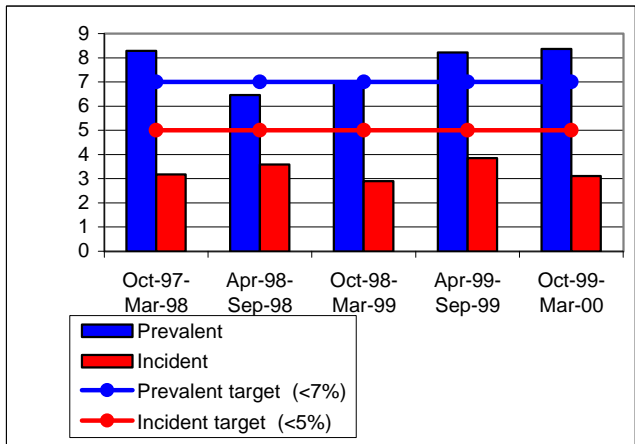
<u>National Targets</u>	<u>Milestone</u>	<u>Position</u>	<u>Comments</u>
<b>Improving social and emotional development</b>			
To increase the number of toddler groups by 50% (from 1) by 2004	50%	Achieved	Increased the number of groups locally by 100%. The parents completed the course and Tots R Us playgroup opened September 2001 for two sessions a week
To increase the number of toddler places by 50% (from 20) by 2004	50%	Achieved	As above - 25 places two sessions a week. Increased the number of places by 100%
100% of families with young children contacted by local programmes within 1st two months of birth		Achieved	100% of families are contacted by Sure Start within 2 months of birth and monthly for the first year of life
<b>Improving Health</b>			
Achieve by 2004 a 10% reduction in the number of women who smoke in pregnancy		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 January 2002 peer educator volunteer training will commence to ensure advice and information is more readily available if people wish to quit.
Parenting support and information available for all parents in the Sure Start area	60%		There has been a mass communication in the last quarter using a variety of medium. Also interim findings have just been published from the external evaluators which has been invaluable in planning future communication strategy
10% increase in breastfeeding rates by 2004	10%		Breastfriends and continued support for breast-feeders has ensured that there is a progressive increase in women choosing to initially to breastfeed. More research needs to be undertaken to determine the longevity of this uptake for the added health benefits
<b>Improving the ability to learn</b>			
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	60%	Not achieved	Until our building is complete we are very limited for facilities as the area has little quality play opportunities. Sure Start has supported the local toddler and playgroups. A grant is also being sought from the EYDCP for outdoor play equipment for a derelict piece of land within the housing estate, which the parents have identified as an ideal location for a quality/safe play area for children.
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 but sessions include storytelling and drama activities
<b>Strengthening families and communities</b>			
All Sure Start programmes to have parent representation on local programme Boards	5	Partially achieved	There is still a vacancy for a further parent. A local Mum has attended the last meeting and has been nominated to provide us with a full compliment of a third of parents when this is approved at the next Board meeting (November 16th)
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 a local Neighbourhood Nursery and alternative childcare opportunities as this area has the least childcare 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%		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

**4viii. BREAST SCREENING**

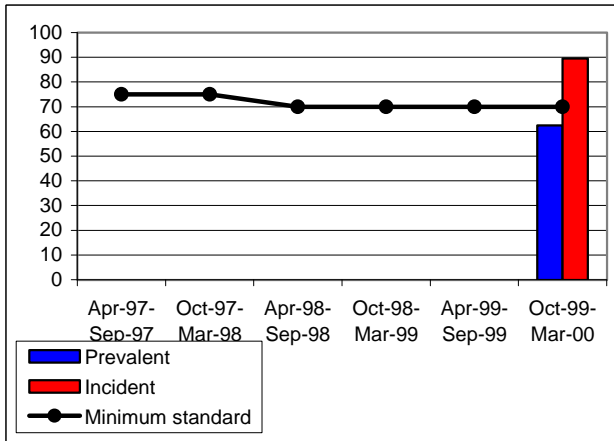
**Doncaster Breast Screening Uptake Rate**



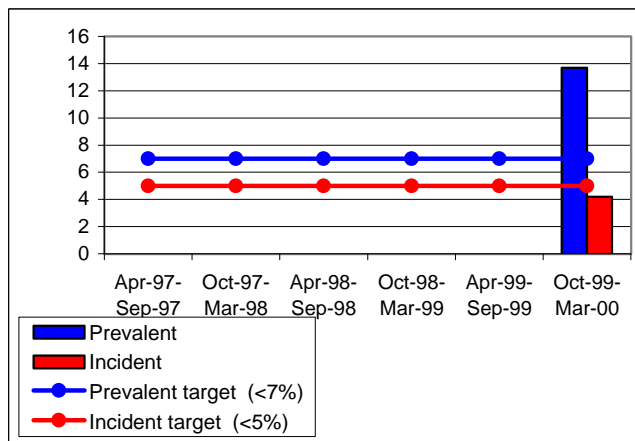
**Referral Rates by Doncaster Breast Screening Service**



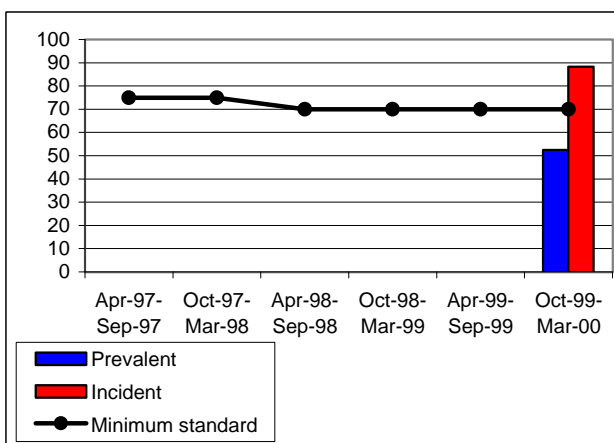
**Barnsley Breast Screening Uptake Rate**



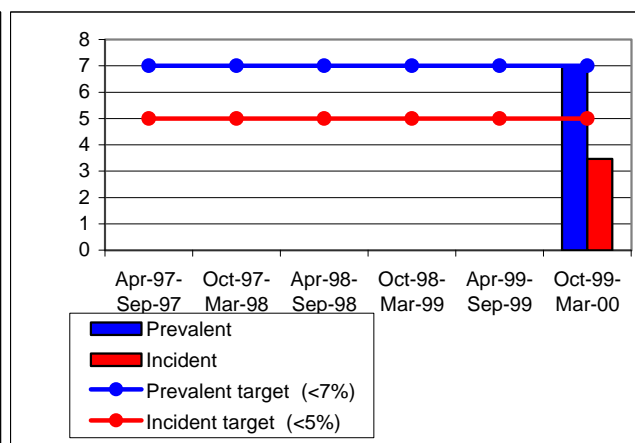
**Referral Rates by Barnsley Breast Screening Service**



**Rotherham Breast Screening Uptake Rate**



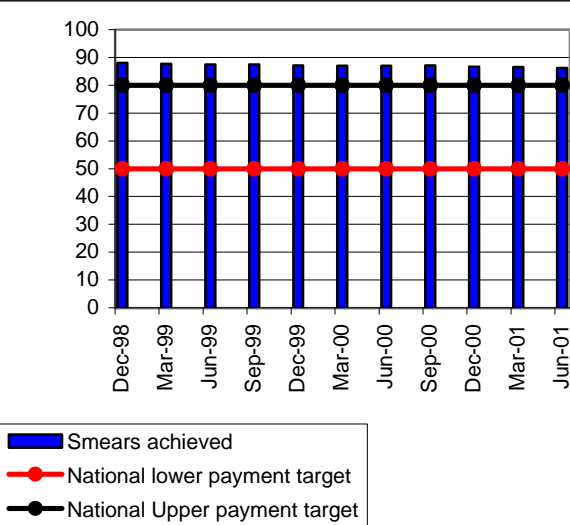
**Referral Rates by Rotherham Breast Screening Service**



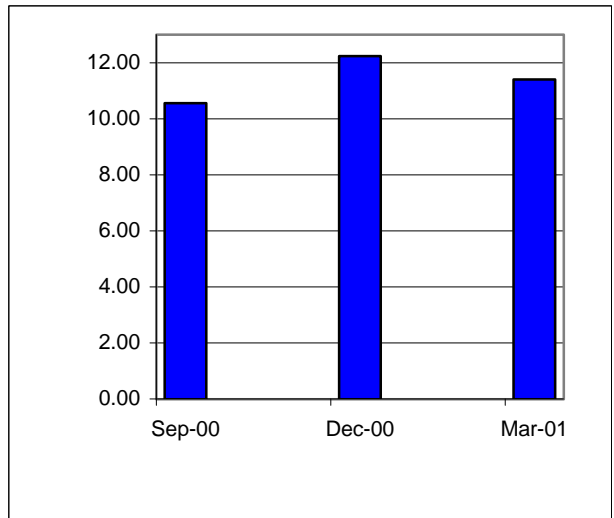
Figures prior to Oct-99 are not available for Barnsley and Rotherham.

**4ix. CERVICAL SCREENING**

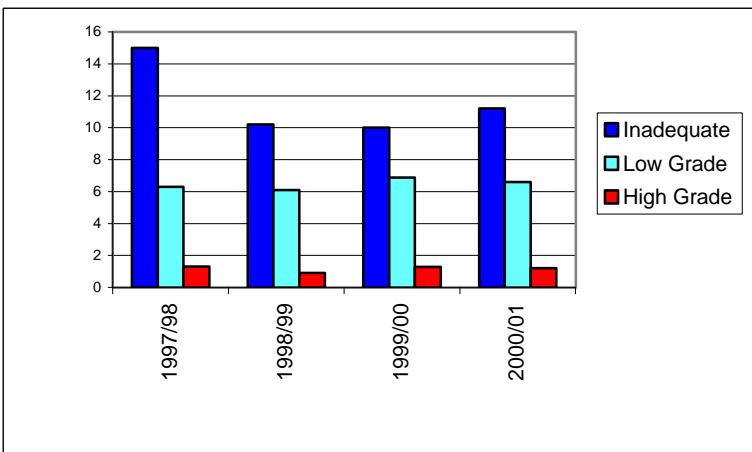
**% smears achieved - Doncaster Practices**



**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

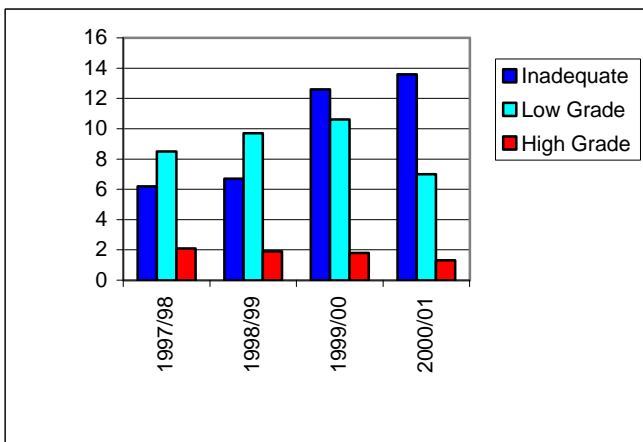
**1998/99**

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

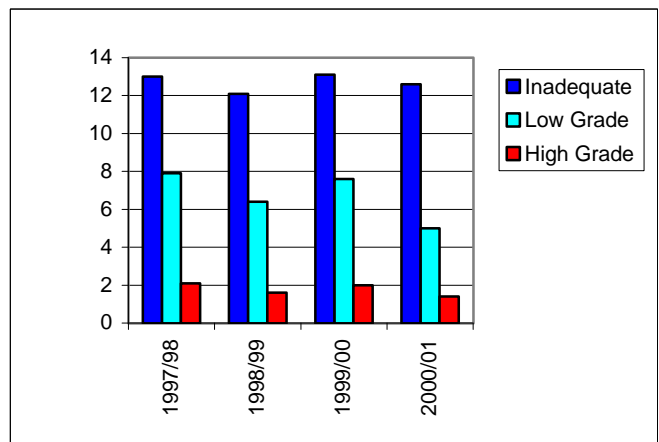
**1999/00**

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. 2001- 02 PARTNERSHIP AGREEMENT OTHER TARGETS

<u>2001 / 2002 Partnership Agreement</u>			
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
<b><u>Core Requirements</u></b>			
1. Promote and monitor achievement of immunisation targets including those for influenza.	PCTs	31/03/02	
2. Work with other 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, focussing on plans agreed in local Best Value Performance Plans.	DMBC	Ongoing	
4. Achieve financial balance at year end.	All	31/03/02	
<b><u>Organisational Issues</u></b>			
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	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	31/10/01	
10. Promote and monitor implementation of the NHS Plan standards contained in 'Your Guide to the NHS'.	PCTs 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	

**5. 2001 - 02 PARTNERSHIP AGREEMENT OTHER TARGETS**

<u>2001 / 2002 Partnership Agreement</u>			
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
<b><u>Diet</u></b>			
1. Work within the health community to prepare quantified plans to increase access to, and consumption of, fruit and vegetables.	DHA	31/03/02	
<b><u>Health Inequalities</u></b>			
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	
<b><u>Nurse Prescribing</u></b>			
1. Seek to maximise prescribing by nurses in primary/community settings.	DBH DSHCT PCTs	31/03/02	
2. Increase the number of nurses able to supply or prescribe medicines in secondary care.	DBH DSHCT PCTs	31/03/02	
<b><u>Resources</u></b>			
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	
<b><u>NSF Implementation</u></b>			
1. Implement recommendations on the prescribing of medicines contained in NSF's and audit by MAAG.	PCTs	As per NSF	
<b><u>Local Initiatives</u></b>			
1. Establishment of district wide Clinical Indicators Group (CIG)	DHA DBH DHA	Ongoing	
2. Ongoing audit of all deaths occurring within 28 days of hospital admission.		Ongoing	
3. Project to review all deaths by GPs in line with Organisation with a memory.		31/03/02	

## 6. OTHER GAP ANALYSIS

### Local Modernisation Review 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

### **Health Community Corporate Issues**

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

**7. CLINICAL GOVERNANCE**

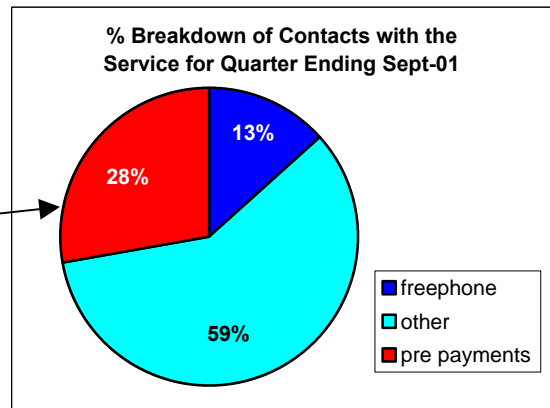
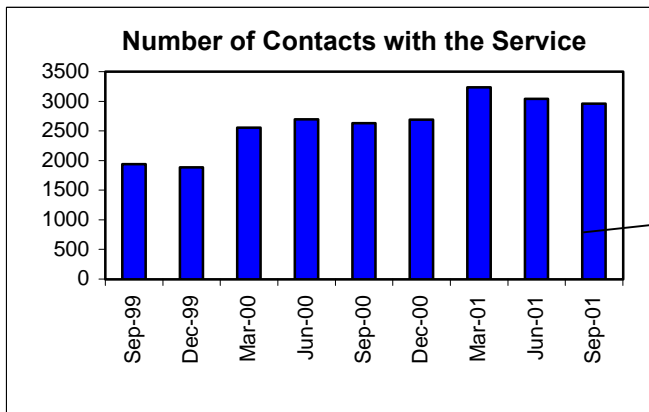
**2001 / 2002 Partnership Agreement**

<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 is to be 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.

## 8. HEALTH FOCUS AND NHS DIRECT

### Health Focus

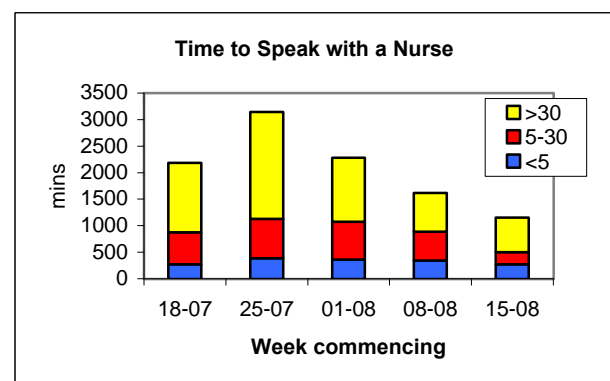
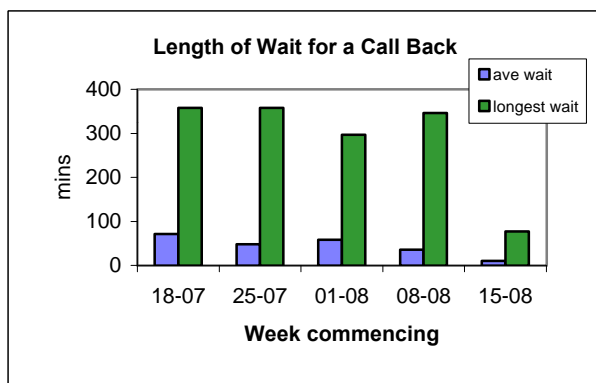
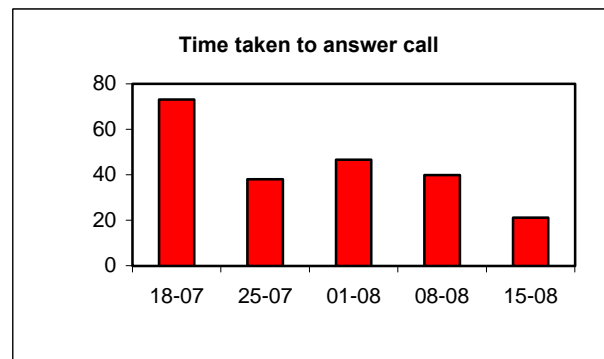
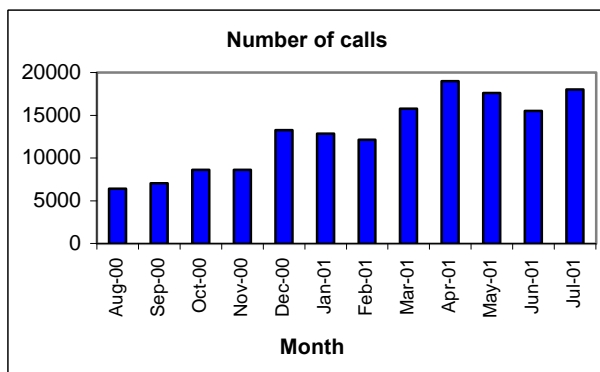


This has again been a busy quarter for events at Health Focus. The success of Alzheimer's Week initiated a pilot scheme that will be based at Health Focus and will run until December.

Heart Attack Awareness Week was extremely successful and gained coverage both in the local media and also the Health Service Journal. A road show spent the week in different locations around Doncaster and Mexborough providing information and advice through new posters, leaflets and a computer-aided risk assessment.

Members of the Osteoporosis Society were able to provide advice and support to 9 clients whilst they spent the day based at Health Focus. This also led to a further 18 enquiries for information on osteoporosis.

### 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.

**9. 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**

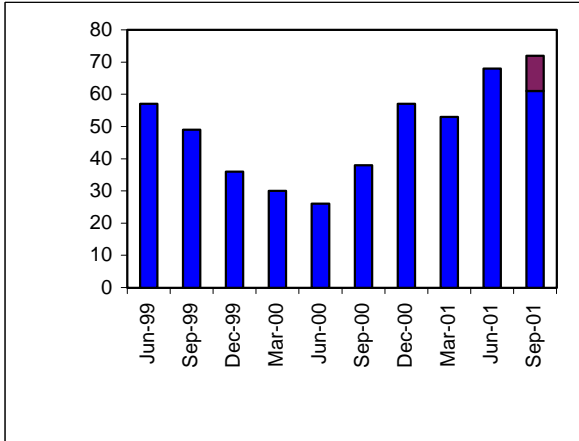
- **Complaints**
- **Human Resources**
- **Risk Management**

**10. 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.

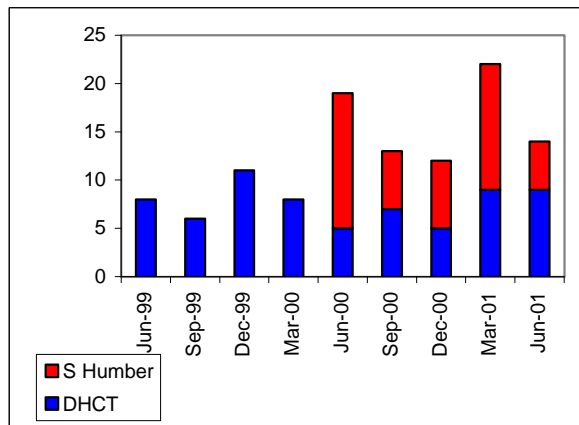
**Formal Complaints at DRI**



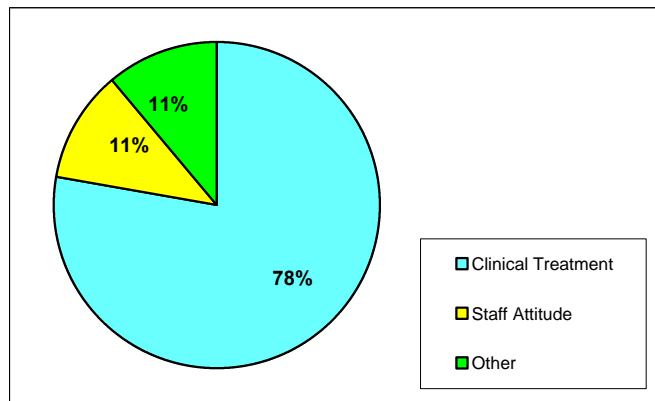
Of the 72 complaints reported in Quarter 2, 95% were acknowledged within 2 working days and 74% had a final response made within 20 working days.

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

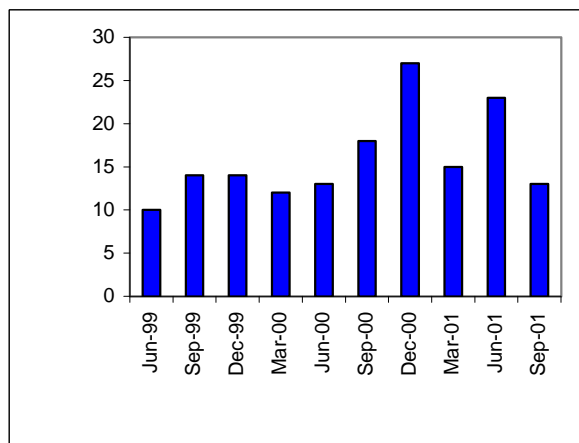
**Formal Complaints at Doncaster & S Humber HCT**



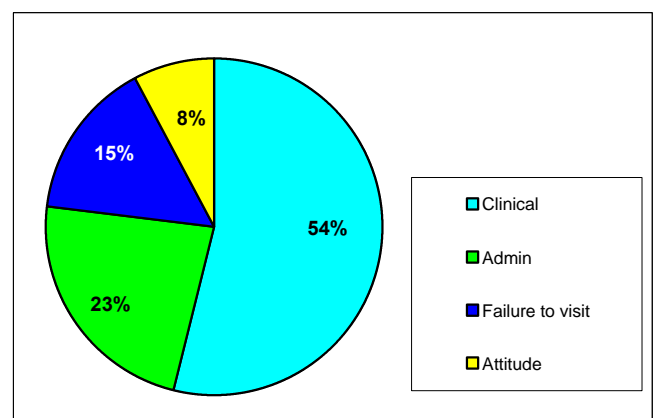
**Breakdown of element of complaints at Doncaster & S Humber HCT for quarter ending Jun-01**



**Written complaints received at the HA**



**Breakdown of element of complaints at HA for quarter ending Sept-01**

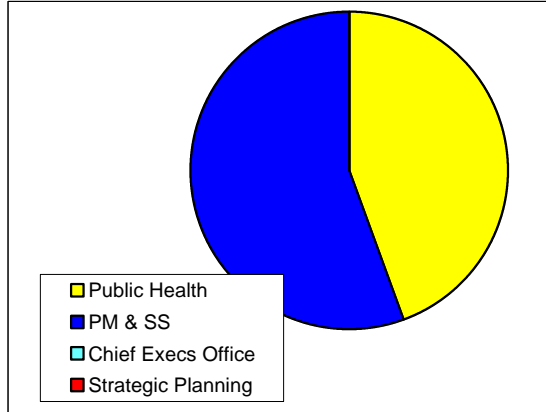


**11. HUMAN RESOURCES**

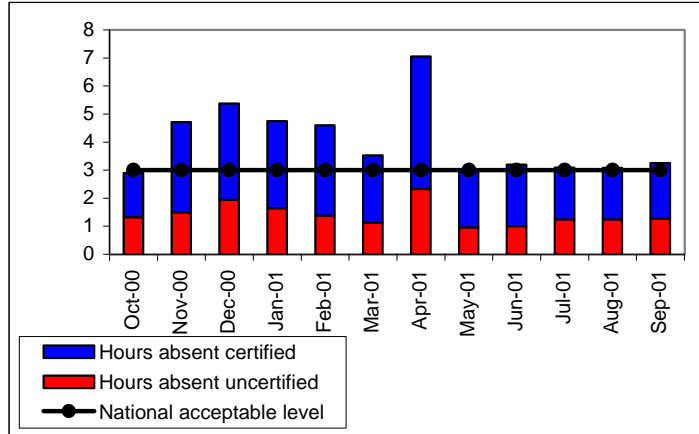
**Staff turnover at Doncaster Health Authority**

	Dec-00	Mar-01	Jun-01	Sep-01
Total of staff	202	213	190	182
Percentage of staff leaving	2.97	1.88	4.21	9.89

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



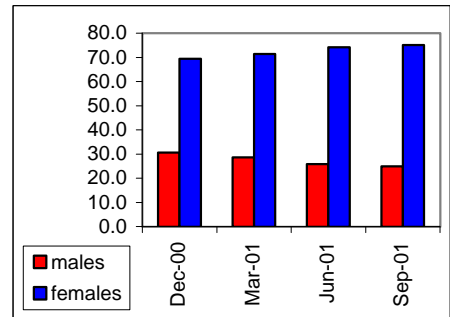
**Absence levels at Doncaster Health Authority**



**Doncaster Health Authority Equal Opportunities Monitoring**















	Dec-00	Mar-01	Jun-01	Sep-01
White	194****	200****	182****	174****
Black African	1	1	1	1
Black Caribbean	1	1	0	
Indian	3	3	3	3
Pakistani	1	2	1	1
Chinese	1	1	1	
Black Other	1	1	0	
Other	1	1	2	2
<b>Total</b>	<b>203****</b>	<b>210****</b>	<b>190****</b>	<b>181****</b>

**Breakdown of equal opportunities monitoring by gender**



\* = Disabled person

**11. HUMAN RESOURCES**

<b><u>Vital Connection and National HR Targets</u></b>		
<b><u>Issue</u></b>	<b><u>Target Date</u></b>	
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. Achieve a 3% incident rate for violence and accidents to staff (effectively a reduction of 1% on the previous year)	Apr 2001	
9. Achieve a 0% incident rate of harassment towards staff (effectively a reduction of 0.6%)	Apr 2001	
10. Achieve a 2% incident rate for sickness absence (effectively a reduction of 0.67%)	Apr 2002	
11. Agree targets with Regional Office for monitoring rates of accidents, turnover and sickness absence for 2001/2002	Sept 2001	
12. Review, develop and implement a procedure for more effectively measuring sickness absence	Jul 2001	
13. Achieve stage 2 of the IWL standard	Mar 2002	
14. Review and update HR/OD plan to reflect the growing needs of the Authority	Mar 2003	

## 12. 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.
HImP	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.