

J. Kirtley

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PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

CORPORATE EXECUTIVE BOARD

Notes of the meeting held on 30 August 2000 in the large conference room at Finchdean House.

Present:	Ms P Humphris	Dr G Sommerville
	Mr J Henly	Dr J Barton
	Mrs S Robson	Dr N Hicks (for Dr E Jorge)
	Mr B Ward	Dr C Lewis
	Mrs S Clark	

In attendance: Mr S Carr

No	Discussion	Action
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1 Apologies for Absence

Mr J Kirtley, Dr Elizabeth Jorge, Mr D Pugsley and Dr J Hughes

2 Minutes of the meeting held on 15 June 2000

These were received and agreed as a correct record.

3 Matters Arising

3.1 Creation of new Health Authority

Penny Humphris reported that no decision had been reached by Ministers on the creation of a new health authority or Island PCT. A meeting has been arranged for early October between the Island Council and Ministers to discuss the proposals. Penny stressed that, despite the uncertainty, preparations were still continuing between the two health authorities in readiness for a decision later in October.

Both health authorities were continuing to develop a single set of joint policies including organisational change policies so that staff would be fully aware of the forthcoming changes.

3.2 Development of East Hampshire Primary Care Trust

Sue Robson reported that preparations for Trust status were continuing as were the preparations for the forthcoming consultation meetings which were beginning shortly.

3.3 Development of Portsmouth City Primary Care Trust

Sheila Clark reported that the PCG presentations to the Community Health Council had been well received by the 15 or so CHC members in attendance. Preparation for PCG to PCT consultation meetings was continuing as were the PCG's discussions with key service providers to ensure consistency and stability of services.

4. Progress of PCT Consultation

Consultation meetings begin on 31 August 2000 and run into September/October and work is now just beginning on the final stages of the applications for Trust status.

The Regional Office has arranged a meeting for Primary Care Groups not proceeding to Trust status in 2001. The meeting was entitled "First Steps" and John Kirtley and John Henly were planning to attend.

A working group will meet in early September to consider the outcome of the Scenario Plan consultation meetings.

5. Continuing Care Budgets

It was agreed that more detailed work needed to be carried out regarding this item and that this could not be undertaken as part of the business of the Corporate Executive Board.

6 Meeting arrangements with Portsmouth Hospitals NHS Trust

As part of the devolution of commissioning and conducting business with Portsmouth Hospitals, Sue Robson reported that there were currently three tiers of meetings with PHT. These included:

- Monthly contract performance monitoring meetings
- Clinical issues group
- Strategic exchange

It was this third category of meeting which was causing concern to the Primary Care Groups. The PCGs currently attend the Trust's Strategic Advisory Group but it was felt that this was not addressing the key strategic issues affecting the local health economy e.g. response to the NHS Plan, creation of PCTs, as well as how business will be conducted in the future.

It was agreed that any strategic exchange between the PCGs and PHT was limited and that the Health Authority may be able to facilitate more of a strategic exchange, perhaps at six monthly intervals.

It was agreed that Penny Humphris and Sue Robson would draft an agenda of PH/SR key issues to run by PHT for the next meeting.

7 **Isle of Wight and Portsmouth & S E Hampshire Health Authority**

It was agreed that the HR sub-group of the New Health Authority Development Group should pick up issues relating to human resources.

8. **The NHS Plan**

Penny reported that the implications of the NHS Plan for the local health economy were enormous and consideration was needed by the whole organisation on how to take the issues highlighted by the plan forward. It was acknowledged that it was likely that further guidance would be received in the Autumn but the target dates for delivering the plan were still tight.

A staff focus group for each of the key areas in the plan was being established to consider the implications for the Health Authority.

The HImP and the Business Plan needed to reflect the content of the plan.

9. **Key performance issues**

John Henly introduced a number of papers highlighting some key performance issues for the Health Authority.

Performance Fund

It was recognised that the Health Authority is almost certain to have missed the 2nd quarter's payment under the Performance Fund. John has written to the Regional Office to request that payment is made on the basis that the way the figures are interpreted make it more difficult for PSEHHA to reach the required target. It was agreed that there were significant implications for the Health Authority in the 3rd quarter's target if the Health Authority is to receive any monies in 2000/2001.

Outpatients

Outpatient waits continue to increase with around 500 patients joining the waiting lists per month. Interestingly some of the areas where problems are occurring are in unfamiliar specialties but there appears to be little understanding in the system concerning why list sizes are increasing and why patterns are changing.

Penny reported that the RO would be "naming and shaming" those Health Authorities/Trusts that failed to improve the local situation. At a recent meeting in London Portsmouth was almost on the list but this was thought to be inappropriate as the RO wanted to use Portsmouth as an example of improvement in in-patient waits.

In the discussion that followed, it was agreed that there was a clear need for a number of approaches to be undertaken to ensure that this situation is addressed.

These were:

- Administrative validation
- Change in clinical practice
- Ensure senior representation in PCG group addressing these issues
- Examine best practice around country e.g. dermatology in Southampton
- Appropriateness of referrals

10. Review of the Portsmouth & S E Hampshire Health Improvement Programme 2000/2001

It was agreed that this was a useful and well-presented document. Further work should be undertaken to ensure that:

- the PSEHHA and IOWHA HImPs work together
- the wording concerning the IOW HImP needs further consideration
- the Health Authority should provide a framework for locality HImPs
- the attachment (1) is co-ordinated to ensure context for locality HImPs is clear

11. Cervical Screening Recall Interval

Dr Nick Hicks presented the paper on the screening interval for cervical recalls.

The Board asked Dr Hicks to clarify whether LMC agreement had been received for the proposals but otherwise approved the reduction in the cervical smear recall interval from 5 to 4½ years from 1 October 2000.

12. Admission and Discharge policy

Sheila Clark introduced this paper on Admission and Discharge policy.

During the discussion that followed, concern was expressed that there were no sanctions/incentives to accompany the policy to ensure adherence to it. It was agreed that:

- the policy required a "launch"
- the Quality Partnerships should monitor with a range of quality initiatives

Any comments on the policy to Sue Damarell-Kewell. It was agreed that Sue and Sheila should discuss how to take the policy forward.

13. Any other urgent business

There was no other urgent business.

14. Date of Next Meeting

The date of the next meeting of the Corporate Executive Board is Wednesday, 18th October 2000 at 12.30 in the Large Conference Room.

Circulation List:

Ms P Humphris (Chair)

Dr J A Barton

Mrs S Clark

Mr J Henly

Dr J Hughes

Dr E Jorge

Mr J Kirtley

Dr C Lewis

Mr D Pugsley

Mrs S Robson

Dr G Sommerville

Mr B Ward

Mr S Carr

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**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
PERFORMANCE FUND – CASH LIMIT ADDITIONS**

SUMMARY AS AT 25 AUGUST 2000

Introduction

The following pages summarise the local position and future targets for achieving the Performance Fund payments. These payments are the local allocations of the £60m NHS Performance Fund announced in March 2000 to provide financial incentives or reward for good performance.

Delivery criteria for 2nd payment

All targets for the 1 September 2000 payment were achieved with the exception of the inpatient/daycase waiting list position, which was 441 i.e. 4.8% above the agreed profile. As such, the overall target for the 2nd payment has not been achieved, and details of this are set out in the following pages. However dialogue with SERO is in progress to review this with respect to the inpatient/daycase waiting list criteria.

Criteria for the 3rd payment

We have just entered the third payment period for cash limit additions, which includes the additional targets of:

- cancelled operations
- delayed discharges

The 3rd tranche is the last opportunity to reclaim withheld funding from previous allocations. It has been made explicit that there is no intention by the NHS Executive to release previously withheld payments on the final cash limit allocation date where there is consistent underperformance through the year. The targets for the 1 December payment are attached.

Current position and risk areas

As at the end of July 2000 the outpatient waiting list position was 5030 against a profile of 4940, which represents the furthest position away from profile since April (see attached graph). This presents considerable risks for achieving the end of September outpatient waiting list target.

The number of cancelled operations has generally been increasing, and is currently (June 2000) at its second highest position since June 1998 (see attached graph). This area could also present considerable risk for the 3rd payment.

It should be noted that guidance from the NHS Executive on the national definitions and performance criteria around delayed discharges and cancelled operations to inform the Performance Fund is currently awaited. It is expected that these will be based on revised SITREP reporting.

1 JUNE 2000 PAYMENT - NOT ACHIEVED

	Target	Actual Performance
Criteria set 1 <ul style="list-style-type: none"> • Inpatient waiting lists • Outpatient waiting lists 	<ul style="list-style-type: none"> ➤ Credible agreed profiles ➤ Inpatient/daycase waits within 2% or 100 above April profile i.e. below 10,099 ➤ No 18 month waits during the period ➤ Credible agreed profiles 	<ul style="list-style-type: none"> ➤ Achieved ➤ Not achieved. April waiting list position 10,336 i.e. 4.4% (435) above profile ➤ Achieved ➤ Achieved <p>Overall: Not achieved</p>
Criteria set 2 <ul style="list-style-type: none"> • I&E position 	<ul style="list-style-type: none"> ➤ Credible agreed financial plan 	<ul style="list-style-type: none"> ➤ Achieved <p>Overall: Achieved</p>
Criteria set 3 <ul style="list-style-type: none"> • Winter planning • Cancelled operations • Delayed discharges • Trolley waits 	<ul style="list-style-type: none"> ➤ Approval from MET and SERO on local winter planning arrangements <li style="padding-left: 40px;">- <li style="padding-left: 40px;">- ➤ Green or amber status at PHT and Haslar during April i.e. <ul style="list-style-type: none"> i) no more than 25 patients waiting over 12 hours and ii) no over 24 hour trolley waits 	<ul style="list-style-type: none"> ➤ Achieved <li style="padding-left: 40px;">- <li style="padding-left: 40px;">- ➤ Achieved ➤ Achieved <p>Overall: Achieved</p>

Actions in place

Waiting lists

- Identified as high priority target by partner organisations for 2000/2001
- Restructuring of local groups underway to address whole systems
- Recovery plan being developed

1 SEPTEMBER 2000 PAYMENT - NOT ACHIEVED

	Target	Actual Performance
Criteria set 1 <ul style="list-style-type: none"> • Inpatient waiting lists • Outpatient waiting lists 	<ul style="list-style-type: none"> ➤ Inpatient/daycase waits within 2% or 100 above July profile of 9,262 i.e. below 9,447 ➤ No 18 month waits during the period ➤ Outpatient waits within 2% or 50 above June profile of 5,277 i.e. below 5,383 (over 13 week waits following GP referral) 	<ul style="list-style-type: none"> ➤ Not achieved - End of July waiting list position is 9,703 i.e. 4.8% (441) above July profile of 9,262 ➤ Achieved - no 18 month waits to date ➤ Achieved - end of June outpatient waits are 5281 i.e. 0.1% (4) above June profile <p>Overall: Not achieved</p>
Criteria set 2 <ul style="list-style-type: none"> • I&E position 	<ul style="list-style-type: none"> ➤ Q1 forecast position within either <ul style="list-style-type: none"> i) 0.1% of the HAs cash limit of £372,648k i.e. £373,021, or ii) 0.1% of NHS Trust turnover of £319,813k i.e. £320,813 (whichever is the greater) 	<p>Achieved</p> <ul style="list-style-type: none"> ➤ Approx break-even at Q1. Year-end forecast position also remains break-even. ➤ Overspends at PHT and PHCT at Q1 of £175k and £40k respectively. Year-end forecast position remains break-even. <p>Overall: Achieved</p>
Criteria set 3 <ul style="list-style-type: none"> • Winter planning • Cancelled operations • Delayed discharges • Trolley waits 	<ul style="list-style-type: none"> ➤ MET risk assessment of final winter plans not above "medium" - - ➤ Green or amber status at PHT and Haslar during May, June and July i.e. <ul style="list-style-type: none"> i) no more than 25 patients waiting over 12 hours and ii) no over 24 hour trolley waits 	<ul style="list-style-type: none"> ➤ Not yet known. MET assessment of winter plans not expected until after September 2000 - - <p>Achieved</p> <ul style="list-style-type: none"> ➤ Green during May, June and July ➤ Green during May, June and July <p>Overall: Achieved</p>

Risk areas**Waiting lists and cancelled operations**

As at the end of July 2000 the outpatient waiting list position was 5030 against a profile of 4940. The number of cancelled operations is currently high. Monthly reporting has been initiated by Sue Damarell-Kewell, Quality Manager for the Health Authority. Both areas present considerable risk for the 1st December payment.

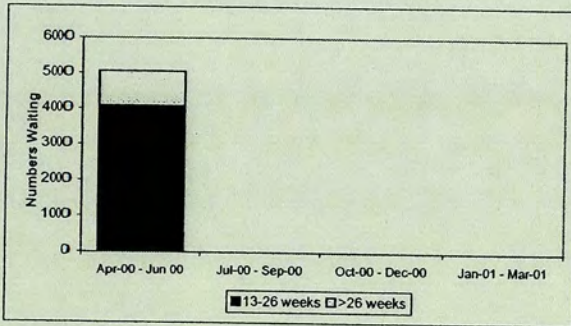
PORTSMOUTH AND SOUTH EAST HAMPSHIRE PERFORMANCE FUND

QUARTER 3 PAYMENT – 1 DECEMBER 2000

	Target	Performance
Criteria set 1 <ul style="list-style-type: none"> • Inpatient waiting lists • Outpatient waiting lists 	<ul style="list-style-type: none"> ➤ Inpatient/daycase waits within 2% or 100 above October profile of 9,052 i.e. below 9,233 ➤ No 18 month waits during the period ➤ Outpatient waits within 2% or 50 above September profile of 4,292 i.e. below 4,378 (over 13 week waits following GP referral) 	
Criteria set 2 <ul style="list-style-type: none"> • I&E position 	<ul style="list-style-type: none"> ➤ Q2 forecast position within either <ul style="list-style-type: none"> i) 0.1% of the HAs cash limit of £372,648k i.e. £373,021, or ii) 0.1% of NHS Trust turnover of £319,813k i.e. £320,813 (whichever is the greater) 	
Criteria set 3 <ul style="list-style-type: none"> • Winter planning • Cancelled operations • Delayed discharges • Trolley waits 	<ul style="list-style-type: none"> ➤ Based on SITREPs for 29 October, and 5, 12, 19 November ➤ Green or amber status, based on elective operations cancelled due to emergency pressures - national guidance awaited ➤ Green or amber status - national guidance awaited ➤ Green or amber status at PHT and Haslar per 4 week reporting period i.e. <ul style="list-style-type: none"> i) no more than 25 patients waiting over 12 hours and ii) no over 24 hour trolley waits 	

Health Authority Position

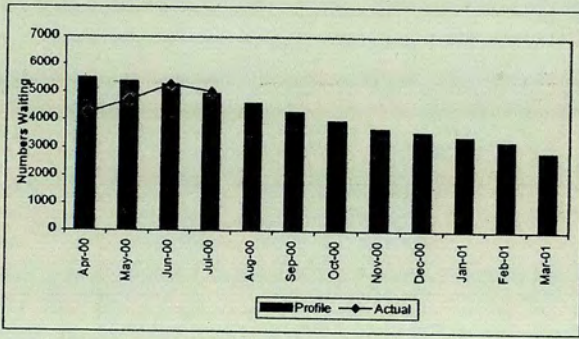
Waiting List Target: Number of outpatients waiting over 13 weeks (Based on quarterly QM08 returns)



	Total	13-26 weeks	>26 weeks	13-26 weeks (%)	>26 weeks (%)
Apr-00 - Jun-00	5061	4089	972	77%	18%
Jul-00 - Sep-00					
Oct-00 - Dec-00					
Jan-01 - Mar-01					

Health Authority Position

Outpatients waiting over 13 weeks
Waiting List Trend



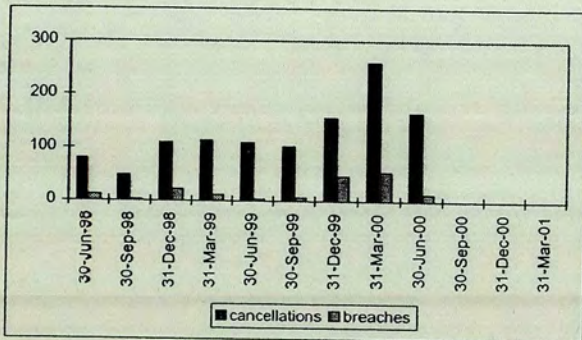
	Profile	Actual	Var	% Var
Apr-00	5503	4252	-1251	-23%
May-00	5390	4715	-675	-13%
Jun-00	5277	5281	4	0%
Jul-00	4940	5030	90	2%
Aug-00	4613			
Sep-00	4292			
Oct-00	3987			
Nov-00	3700			
Dec-00	3592			
Jan-01	3427			
Feb-01	3245			
Mar-01	2869			

Source: Fast Track Waiting List Returns (Monthly)

Note: There are differences in totals reported through the fast track returns and QM08. Fast track is based on information submitted by hospitals shortly after each month. QM08 is compiled at a later date, and is used for formal monitoring purposes.

Portsmouth Hospitals Trust and Royal Hospital Haslar Position

Cancelled operations



	Cancelled operations	Breaches
30-Jun-98	79	11
30-Sep-98	47	2
31-Dec-98	109	21
31-Mar-99	113	11
30-Jun-99	109	3
30-Sep-99	102	6
31-Dec-99	156	46
31-Mar-00	260	54
30-Jun-00	165	13
30-Sep-00		
31-Dec-00		
31-Mar-01		

Source: Patient's charter standard - quarterly performance summary

1 IMPROVING HEALTH AND REDUCING INEQUALITIES

1.1 Cancer services

1.1.1 Achieving the two week standard

Patients with suspected cancer should be seen by a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment. This is set out within national guidance for cancer services.

Considerable work has been carried out over the last 18 months by Portsmouth Hospitals, the Health Authority and the Primary Care Groups to ensure that new referral criteria, referral systems and monitoring arrangements are in place to support this standard. Some referrals are still being received from GPs outside the defined 24 hour period for this service, and the Primary Care Groups are working with GP practices to reduce these and thereby support Portsmouth Hospitals in delivering this service standard.

To date the two-week standard has been largely achieved for patients with suspected breast, lung, haematological and upper gastro-intestinal cancers. However, the standard is not yet being achieved for suspected lower gastro-intestinal cancers. Issues identified by the specialty include clinic capacity, clinic booking systems and implementation of referral guidelines. The Health Authority has been working with Portsmouth Hospitals on behalf of the Primary Care Groups to ensure that the specialty is making progress in addressing these issues. Further work is being carried out by the specialty and a final proposal to improve the service is expected shortly.

The timetable for achieving the standard for all specialties is set out below.

Area	Monitoring begins	Standard applies
Breast	In place	April 1999
Children and adolescent	February 2000	April 2000
Lung	February 2000	April 2000
Haematological, including leukaemias	February 2000	April 2000
Upper gastro-intestinal	April 2000	July 2000
Lower gastro-intestinal	April 2000	July 2000
Skin	July 2000	October 2000
Gynaecological	July 2000	October 2000
Central nervous system	July 2000	October 2000
Brain	July 2000	October 2000
Urological and all other cancers	September 2000	December 2000

Progress to date by specialty is shown in the following graphs and relates to patients referred to Portsmouth Hospitals and to the Royal Hospital Haslar. Patients referred to other hospitals are monitored by the host Health Authority for that area.

It should be noted that for some rare cancers there were no patients referred to local hospitals during this period.

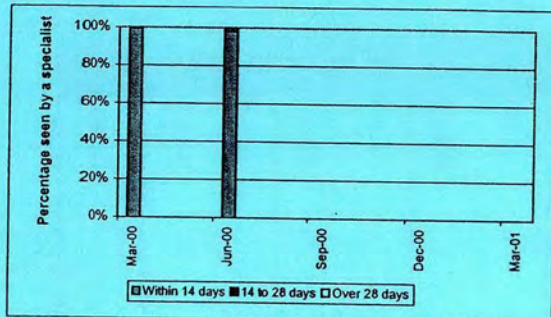
PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

Summary of two week standard for cancers

Standard: 100% of patients should be given an appointment within two weeks of an urgent GP referral, this referral being received within 24 hours.

Breast Cancer

Two week standard applies

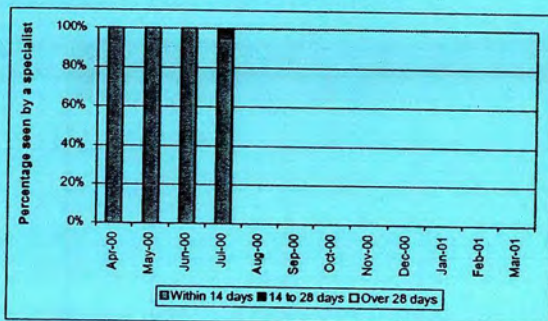


	Urgent referrals received within 24 hours	Urgent referrals seen				Total referrals received		
		Within 14 days %	15 to 28 days %	After 28 days %				
Mar-00	295	294	100%	1	0%	0	0%	331
Jun-00	224	219	98%	5	2%	0	0%	282
Sep-00								
Dec-00								
Mar-01								

Lung cancers

Shadow monitoring from February 2000

Two week standard applies from April 2000

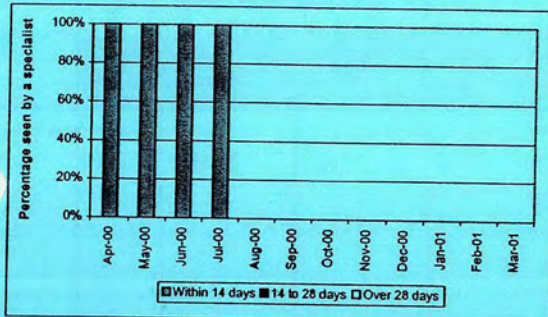


	Urgent referrals received within 24 hours	Urgent referrals seen				Total referrals received		
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00	14	14	100%	0	0%	0	0%	34
May-00	13	13	100%	0	0%	0	0%	29
Jun-00	25	25	100%	0	0%	0	0%	35
Jul-00	19	18	95%	1	5%	0	0%	43
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

Haematological Malignancies including Leukaemias

Shadow monitoring from February 2000

Two week standard applies from April 2000

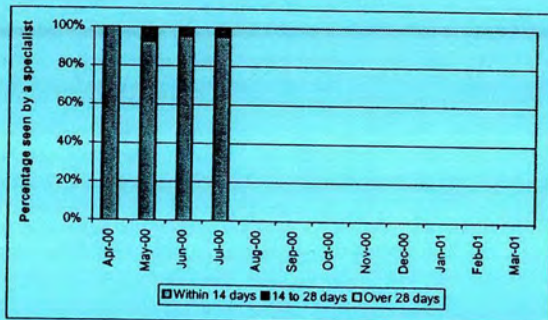


	Urgent referrals received within 24 hours	Urgent referrals seen				Total referrals received		
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00	1	1	100%	0	0%	0	0%	1
May-00	2	2	100%	0	0%	0	0%	2
Jun-00	5	5	100%	0	0%	0	0%	6
Jul-00	2	2	100%	0	0%	0	0%	3
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

Upper gastro-intestinal cancers

Shadow monitoring from April 2000

Two week standard applies from July 2000



	Urgent referrals received within 24 hours	Urgent referrals seen				Total referrals received		
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00	14	14	100%	0	0%	0	0%	20
May-00	13	12	92%	1	8%	0	0%	15
Jun-00	21	20	95%	1	5%	0	0%	25
Jul-00	20	19	95%	1	5%	0	0%	22
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

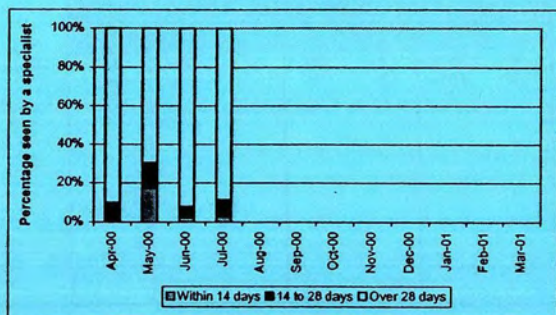
Summary of two week standard for cancers

Standard: 100% of patients should be given an appointment within two weeks of an urgent GP referral, this referral being received within 24 hours.

Lower gastro-intestinal cancers

Shadow monitoring from April 2000

Two week standard applies from July 2000

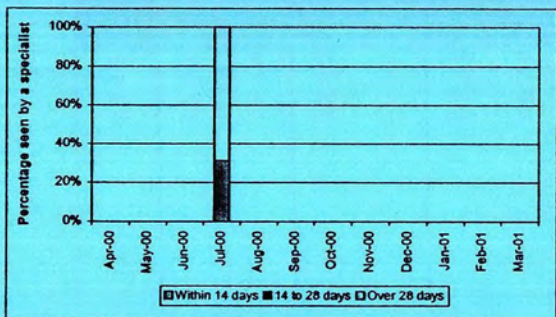


	Urgent referrals received within 24 hours	Urgent referrals seen			Total referrals received			
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00	50	0	0%	5	10%	45	90%	59
May-00	59	10	17%	8	14%	41	69%	70
Jun-00	50	1	2%	3	6%	46	92%	56
Jul-00	44	1	2%	4	9%	39	89%	60
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

Skin

Shadow monitoring from July 2000

Two week standard applies from October 2000

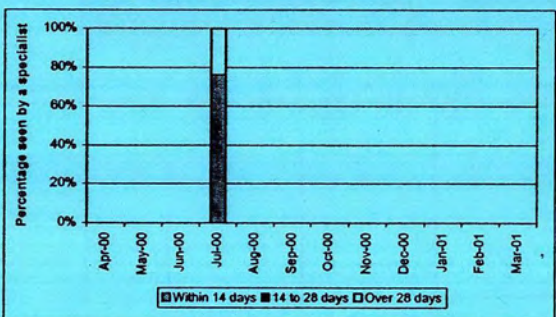


	Urgent referrals received within 24 hours	Urgent referrals seen			Total referrals received			
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00								
May-00								
Jun-00								
Jul-00	32	10	31%	0	0%	22	69%	36
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

Gynaecological Cancers

Shadow monitoring from July 2000

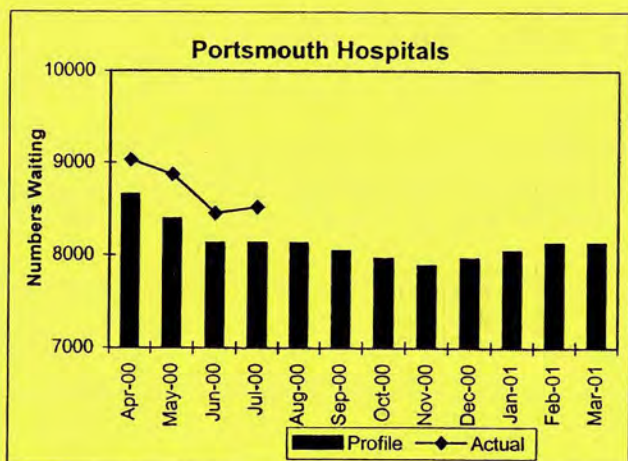
Two week standard applies from October 2000



	Urgent referrals received within 24 hours	Urgent referrals seen			Total referrals received			
		Within 14 days %	15 to 28 days %	After 28 days %				
Apr-00								
May-00								
Jun-00								
Jul-00	21	16	76%	0	0%	5	24%	40
Aug-00								
Sep-00								
Oct-00								
Nov-00								
Dec-00								
Jan-01								
Feb-01								
Mar-01								

In-patients & Daycases

Waiting List Target: Reduce to 8129 by 31 March 2001

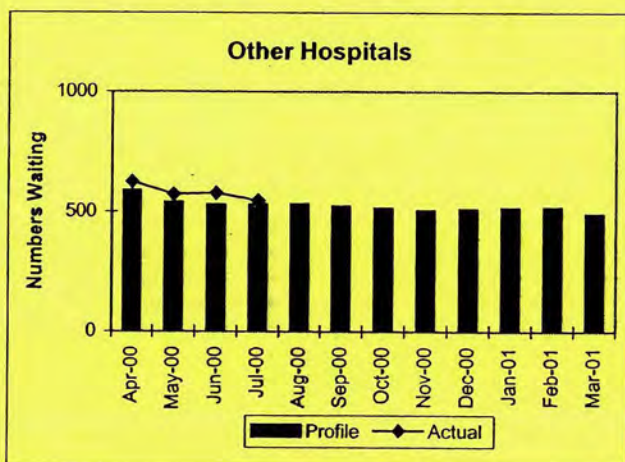


	Profile	Actual	Var	% Var
Apr-00	8652	9026	374	4%
May-00	8390	8870	480	6%
Jun-00	8131	8454	323	4%
Jul-00	8133	8519	386	5%
Aug-00	8129			
Sep-00	8048			
Oct-00	7968			
Nov-00	7890			
Dec-00	7968			
Jan-01	8048			
Feb-01	8129			
Mar-01	8129			

(Profile and actual now include Haslar)

In-patients & Daycases

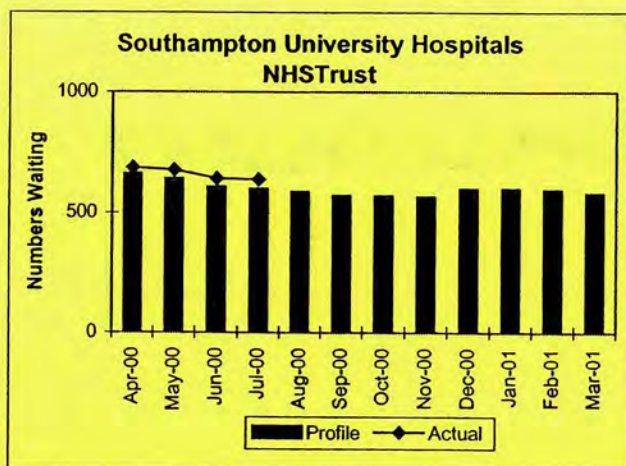
Waiting List Target: Reduce to 491 by 31 March 2001



	Profile	Actual	Var	% Var
Apr-00	588	624	36	6%
May-00	539	573	34	6%
Jun-00	530	578	48	9%
Jul-00	531	547	16	3%
Aug-00	532			
Sep-00	523			
Oct-00	515			
Nov-00	506			
Dec-00	511			
Jan-01	516			
Feb-01	518			
Mar-01	491			

In-patients & Daycases

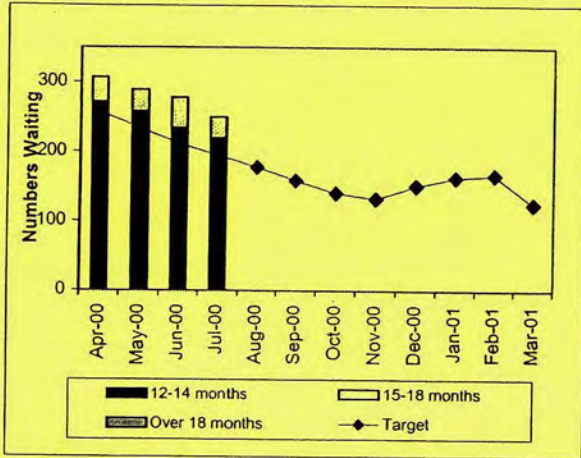
Waiting List Target: Reduce to 580 by 31 March 2001



	Profile	Actual	Var	% Var
Apr-00	661	686	25	4%
May-00	640	676	36	6%
Jun-00	607	641	34	6%
Jul-00	598	637	39	7%
Aug-00	586			
Sep-00	571			
Oct-00	569			
Nov-00	565			
Dec-00	599			
Jan-01	599			
Feb-01	595			
Mar-01	580			

In-patients & Daycases

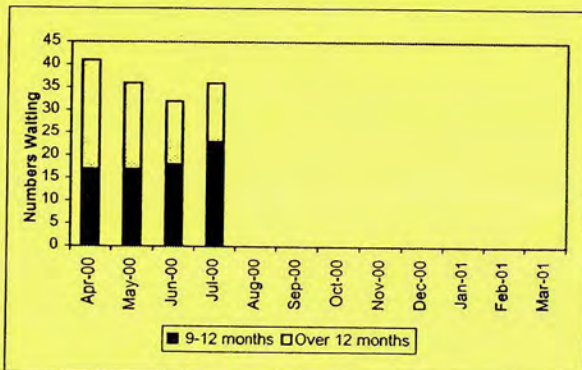
Waiting Time Target: Reduce the no. of patients waiting over 12 months to 124 by 31 March 2001
 (Graph shows the trend in over 12 month waits)



	% Under 12 months	Under 12 months	12-14 months	15-18 months	Over 18 months
Apr-00	97%	10029	271	36	0
May-00	97%	9830	257	32	0
Jun-00	97%	9396	234	43	0
Jul-00	97%	9454	219	30	0
Aug-00					
Sep-00					
Oct-00					
Nov-00					
Dec-00					
Jan-01					
Feb-01					
Mar-01					

Coronary Artery Bypass Grafts (CABGs)

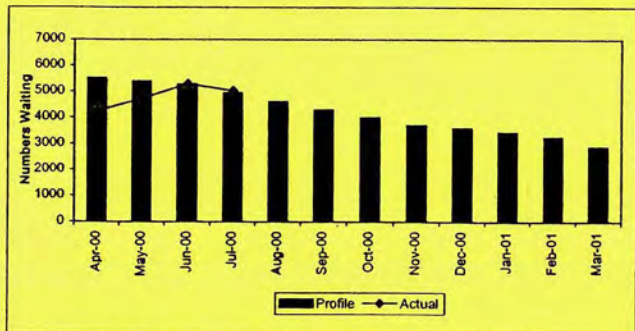
Waiting Time Target: No over 12 month waits
 (Graph shows the trend in over 9 month waits)



	9-10 months	10-11 months	11-12 months	Over 12 months
Apr-00	8	3	6	24
May-00	7	7	3	19
Jun-00	6	5	7	14
Jul-00	13	5	5	13
Aug-00				
Sep-00				
Oct-00				
Nov-00				
Dec-00				
Jan-01				
Feb-01				
Mar-01				

Outpatients waiting over 13 weeks

Waiting List Target: reduce number of patients waiting over 13 weeks for a first outpatient appointment to 2869 by 31 March 2001

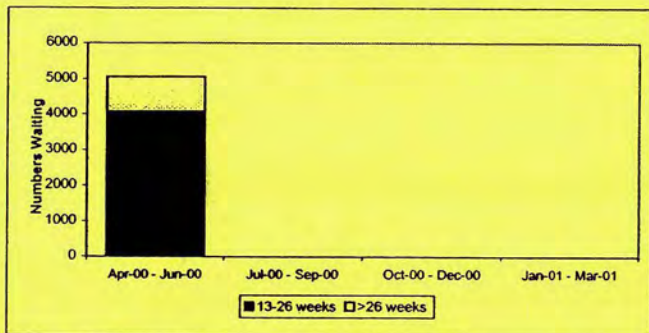


	Profile	Actual	Var	% Var
Apr-00	5503	4252	-1251	-23%
May-00	5390	4715	-675	-13%
Jun-00	5277	5281	4	0%
Jul-00	4940	5030	90	2%
Aug-00	4613			
Sep-00	4292			
Oct-00	3987			
Nov-00	3700			
Dec-00	3592			
Jan-01	3427			
Feb-01	3245			
Mar-01	2869			

Source: Fast Track Waiting List Returns (Monthly)

Outpatients

Waiting List Target: Number of outpatients waiting over 13 weeks (Graph shows the trend in over 13 week waits)

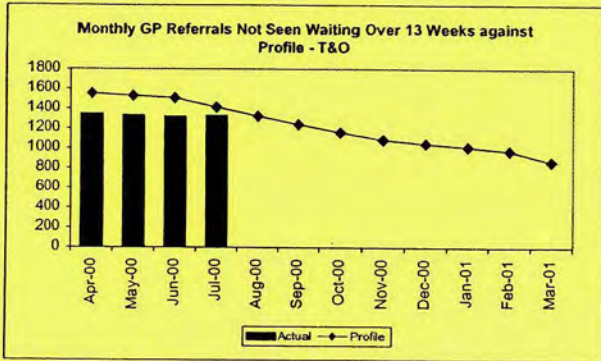


	Total	13-26 weeks	>26 weeks	13-26 weeks (%)	>26 weeks (%)
Apr-00 - Jun-00	5061	4089	972	81%	19%
Jul-00 - Sep-00					
Oct-00 - Dec-00					
Jan-01 - Mar-01					

Source: QM08 Returns (Quarterly)

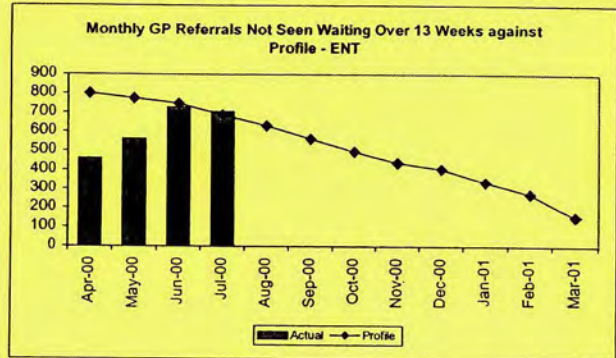
Note: There are differences in totals reported through the fast track returns and QM08. Fast track is based on information submitted by hospitals shortly after each month. QM08 is compiled at a later date, and is used for formal monitoring purposes.

Waiting List Target: Reduce to 863 by 31 March 2001



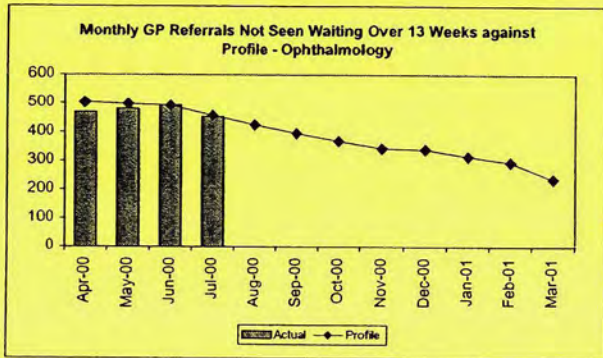
Source: Fast Track Waiting List Returns

Waiting List Target: Reduce to 154 by 31 March 2001



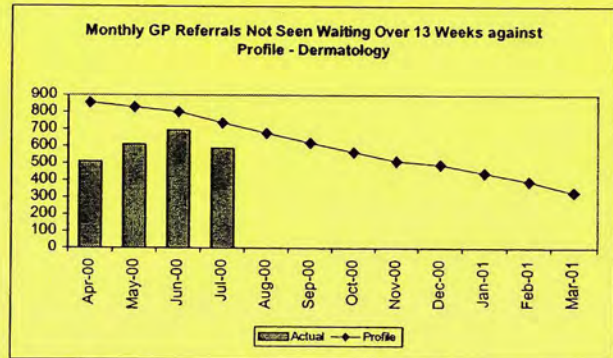
Source: Fast Track Waiting List Returns

Waiting List Target: Reduce to 236 by 31 March 2001



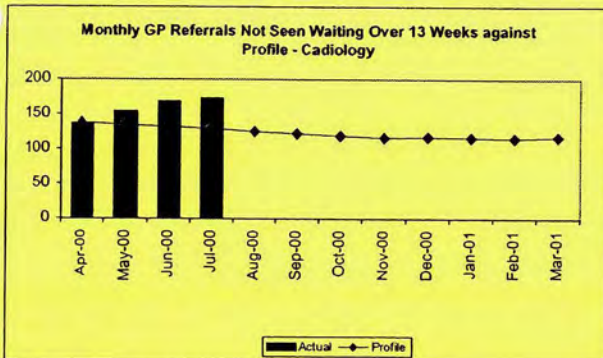
Source: Fast Track Waiting List Returns

Waiting List Target: Reduce to 330 by 31 March 2001



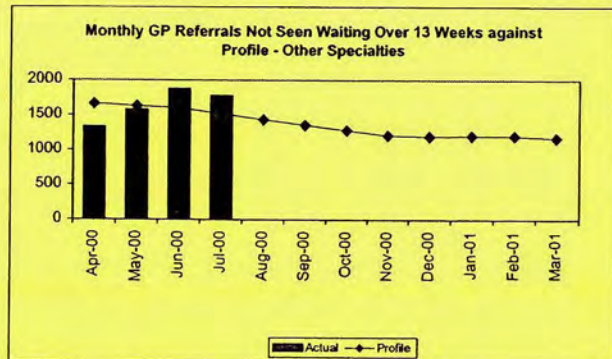
Source: Fast Track Waiting List Returns

Waiting List Target: Reduce to 117 by 31 March 2001



Source: Fast Track Waiting List Returns

Waiting List Target: Reduce to 1169 by 31 March 2001



Source: Fast Track Waiting List Returns

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
PROGRESS IN DELIVERING KEY SAFF TARGETS 2000/2001**

QUARTER 1

A number of targets were agreed at the start of the year between the local health economy and the South East Regional Office as part of the service and financial framework. A summary table and supporting narrative are attached showing the position at the end of the first quarter. The key SaFF targets for 2000/2001 are set out in the context of the national performance assessment framework.

Information includes:

- CIC line
- lead Director
- 2000/2001 Performance and Business Plan objective
- outturn for 1999/2000
- target for 2000/2001
- actual position to date

PERFORMANCE ASSESSMENT FRAMEWORK AREA

		Target/ Plan	Quarter 1 Actual	Progress to date
1. Health Improvement				
Smoking cessation services	Achieve three targets for smoking cessation:			
	Number of people to receive smoking cessation services	1149	0	▼
	Number of people to quit smoking at 4 week period	306	0	▼
	Number of people to quit smoking in the long term	153	0	▼
2. Fair Access				
Coronary Heart Disease and Stroke	Number of coronary revascularisation operations carried out	485	n/a	n/a
Primary care modernisation	Number of GPs	307	304	▶▶
	Number of Practice Nurses	136	136	▶▶
	Improvement of Practice premises:			
	Practices falling below the minimum standards	5	10	▼
	Practices meeting minimum standards but falling below the basic standards	41	55	▼
	Practices meeting best standards	3	0	▼
3. Effective delivery				
Mental health services	Assertive outreach teams	3	1	▶▶
	24 hour staffed beds	38	38	▶▶
	Medium secure places (occupied bed days)	4380	4015	▶
Cancer services	Two week standard for cancers:			
	Existing target - breast cancer	100%	98%	▶▶
	April 2000 - children & adolescents	100%	-	n/a
	April 2000 - lung	100%	100%	▶▶
	April 2000 - leukaemias	100%	100%	▶▶
	July 2000 - upper GI	100%	96%	▶
	July 2000 - lower GI	100%	7%	◀◀
	October 2000 - skin	100%	-	n/a
	October 2000 - gynaecological cancers	100%	-	n/a
	October 2000 - CNS	100%	-	n/a
	October 2000 - brain	100%	-	n/a
	December 2000 - all others	100%	-	n/a
4. Efficiency				
Prescribing	Practices with generic prescribing rates below 40%	0	0	▶▶
Efficiency savings and resource allocation	Efficiency savings:			
	Combined Trust, Health Authority, PCG contribution	tbc	tbc	n/a
	Draft unit cost reductions for Portsmouth Hospitals	4.3%	-	n/a
	Management cost savings:			
	Portsmouth Hospitals	£0m	-	▶▶
	Portsmouth Healthcare	£0m	-	▶▶
	Portsmouth & South East Hampshire health economy	£0m	-	▶▶
5. Patient/ carer experience				
Promoting independence	Delayed discharges for people aged 75 years and over	4.7%	10.5%	◀◀
Quality improvement	First outpatient attendance DNAs	8.0%	9.7%	▼
Waiting lists and waiting times	Waiting times for inpatients and daycases:			
	IP/DC waiting lists (all specialties)	9200	9673	▶
	Patients waiting over 12 months	124	277	▶
	Patients waiting over 18 months	0	0	▶▶
	Waiting times for outpatients (over 13 weeks):			
	Ophthalmology	236	502	▼
	Orthopaedics	863	1372	▶
	ENT	154	565	◀◀
	Dermatology	330	672	▶
	Cardiology	117	168	◀◀
	Other specialties	1169	1782	◀◀
	Total over 13 week waits	2869	5061	▼
6. Health outcomes				
Emergency admissions	Emergency admissions for people aged 75 years and over	10767	n/a	n/a
Psychiatric readmissions	Psychiatric readmission rate	64	12	▶▶

Abbreviations

On target	▶▶	Minimal/ no progress	▼	
Some progress	▶	Position deteriorating	◀◀	Information not available/ not applicable n/a

PAF area 1:	HEALTH IMPROVEMENT
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SMOKING CESSATION SERVICES

SaFF target:

- number of people to receive smoking cessation services

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	1149	0				▼	2021	1.1	DPH

- number of people to quit smoking at 4 week period

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	306	0				▼	2022	1.1	DPH

- number of people to quit smoking in the long term

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	153	0				▼	-	1.1	DPH

The Health Authority received confirmation of the additional funding for smoking cessation services at the end of May 2000 and recruitment of the workforce to support this programme is underway. The service will be managed and co-ordinated through Portsmouth HealthCare Trust. The service will provide smoking cessation training and clinics for highly dependent smokers in each primary care group locality. It is anticipated that the service will be operational from early autumn. As such no activity will take place or be reported for these targets until the third quarter of 2000/2001.

PAF area 2:	FAIR ACCESS
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CORONARY HEART DISEASE AND STROKE

SaFF target:

- number of coronary revascularisations carried out

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
368	485	n/a				n/a	2017,2018	1.5	DPH

Targets and activity includes CABGs and PTCAs. Information for quarter 1 from the main cardiac surgery hospitals is not yet available.

PRIMARY CARE MODERNISATION

SaFF target:

- number of GPs

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
305	307	304				▶▶	n/a	6.3	DPP

- number of practice nurses

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
129	136	136				▶▶	n/a	6.3	DPP

These are the planned increases in GPs and practice nurses.

- improvement of practice premises – i) practices falling below the minimum standards

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
10	5	10				▼	1011	6.3	DPP

- improvement of practice premises – ii) practices meeting the minimum standards but falling below the basic standards

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
58	41	55				▼	1012	6.3	DPP

- improvement of practice premises – iii) practices meeting best standards

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
30	3	0				▼	1013	6.3	DPP

iii) shows the target of 3 practices who previously met 'best standards', who will be improving standards further.

PAF area 3: EFFECTIVE DELIVERY

MENTAL HEALTH SERVICES

SaFF target:

- **assertive outreach teams**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
1	3	1				▶▶	5018	1.6, 3.7	DSSD

The programme of work for the mental health local implementation team (LIT) sets out the plans to develop three assertive outreach teams. There is currently one team in place in Portsmouth City. A further two are planned to be operational by April 2001 in Fareham and Gosport, and East Hants Primary Care Group areas in line with the milestones set out in the national service framework.

- **24 hour staffed beds**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
54	38	38				▶▶	5029	1.6, 3.7	DSSD

This refers to the number of beds provided for adult mental health patients who have continuing or on-going health needs and may be detained under the Mental Health Act 1983. These beds may also be used as a transitional step from institutional care in hospital or Prison. At the end of 1999/2000 there were 54 beds reported for Portsmouth HealthCare Trust. Original plans for the current financial year reported through CIC returns showed a reduction to 28 beds. This is being corrected with South East Regional Office. There are no plans in-year for additional staffed beds. The reduction from 1999/2000 to 2000/2001 is due to the planned closure of Foxleigh Ward at St James, and the reclassification of Cheriton House at St James as a secure facility.

- **medium secure places (occupied bed days)**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
4528	4380	4015				▶	5011	1.6, 3.7	DSSD

As at the end of June the Health Authority had in place service level agreements for 11 beds i.e. 4015 bed days. These are purchased as needed and available.

CANCER SERVICES

SaFF target:

- **two week standard for cancers - breast**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
100%	100%	98%				▶▶	7014	1.4	DPH

- **two week standard for cancers – children and adolescents**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	100%	-				n/a	n/a	1.4	DPH

- **two week standard for cancers - lung**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	100%	98%				▶▶	n/a	1.4	DPH

- **two week standard for cancers - leukaemias**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	100%	98%				▶▶	n/a	1.4	DPH

- **two week standard for cancers – upper GI**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	100%	96%				▶	n/a	1.4	DPH

- **two week standard for cancers – lower GI**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	100%	7%				◀◀	n/a	1.4	DPH

Implementation of the two week standard for breast, lung, leukaemias and upper GI cancers is largely being achieved. There have been no referrals to Portsmouth Hospitals for children and adolescent cancers. Only 7% of patients referred to the lower GI service are being seen within the two week standard.

PAF area 4:	EFFICIENCY
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PRESCRIBING**SaFF target:**

- practices with generic prescribing rates below 40%

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
0	0	0				▶▶	1008	6.4	DPH

Generic prescribing rates are high at 74.5%. The rate for individual Practices ranges from 50.3% to 87.8%, and as such there are no Practices below the target of 40%. (Information is based on February information provided by the PPA.)

EFFICIENCY SAVINGS AND RESOURCE ALLOCATION**SaFF target:**

- contribute to overall 3% efficiency savings i) combined Trust, Health Authority, PCG contribution

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	tbc	tbc				n/a	n/a	5.8	DFCS

- contribute to overall 3% efficiency savings ii) draft unit cost reductions for Portsmouth Hospitals

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	4.3%	-				n/a	n/a	5.8	DFCS

The Health Authority is still awaiting clarification from South East Regional Office on efficiency savings. Draft unit cost reductions of 4.3% for Portsmouth Hospitals identified by the Regional Office will only be known at the year end. It should be noted that the reductions are based on the TUC2000 Index and have not been agreed by the Trust.

- **Achieve management cost savings i) Portsmouth Hospitals**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	£0m	-				-	n/a	5.8	DFCS

- **Achieve management cost savings ii) Portsmouth HealthCare**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	£0m	-				-	n/a	5.8	DFCS

- **Achieve management cost savings iii) Portsmouth and South East Hampshire health economy**

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
n/a	£0m	-				-	n/a	5.8	DFCS

There is no requirement for management cost savings by Portsmouth Hospitals, Portsmouth HealthCare or the Health Authority.

PAF area 5:	PATIENT/ CARER EXPERIENCE
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PROMOTING INDEPENDENCE

SaFF target:

- Reduce delayed discharges for people aged 75 years and over

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
4.4	4.7%	10.5%				◀◀	8016 - 8022	3.3, 3.7	DSSD

The CIC definition for this information is the number of patients aged 75 years and over who are ready for discharge from an acute bed i.e. who no longer require acute clinical intervention, but who are unable to be discharged, and also the number of patients aged 75 years of age occupying an acute bed. (Data for both excludes patients with learning disabilities and patients under the care of a psychiatric consultant.) This information is expressed as a percentage for the SaFF target.

Data for CIC is actually derived from data reported through the Sitrep closest to the required survey date of 12 June 2000. Sitrep data is not broken down by age bands, therefore the delayed discharges for this age group is estimated on a pro-rata basis. For quarter 1 this was estimated at 49 patients, compared to the target of 22. Reasons cited include high delays with social services, family delays and disputes, difficulties in transfer to other hospitals, availability of continuing care beds, nursing homes beds and rehabilitation beds.

QUALITY IMPROVEMENT

SaFF target:

- Reduce first out-patient DNAs

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
10%	8%	9.7%				▼	7011	3.1	DSSD

WAITING LISTS AND WAITING TIMES

SaFF target:

- Reduce total inpatient/ daycase waiting lists (end of June profile 9268)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
10436	9200	9673				▶	7008	3.1	DSSD

SaFF target:

- Reduce the number of patients waiting over 12 months (end of June profile 211)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
294	124	277				▶	7009	3.1	DSSD

SaFF target:

- Maintain the no over 18 month guarantee

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
0	0	0				▶▶	7012	3.1	DSSD

Overall waits have reduced significantly, however the June profile of 9268 for total waiting lists, and 211 for over 12 month waits was missed by 4% and 31% respectively. This is being addressed through the waiting list taskforce.

WAITING TIMES FOR OUT-PATIENTS

SaFF target:

- Reduce by at least 50% the number of over 13 week waits in ophthalmology (end of June profile 491)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
496	236	502				▼	7016	3.1	DSSD

SaFF target:

- Reduce by at least 25% the number of over 13 week waits in orthopaedics (end of June profile 1505)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
1476	863	1372				►	7015	3.1	DSSD

SaFF target:

- Reduce by at least 50% the number of over 13 week waits in ENT (end of June profile 748)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
597	154	565				◄◄	7017	3.1	DSSD

SaFF target:

- Reduce by at least 50% the number of over 13 week waits in dermatology (end of June profile 802)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
737	330	672				►	7018	3.1	DSSD

SaFF target:

- Reduce by at least 30% the number of over 13 week waits in cardiology (end of June profile 132)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
133	117	168				◀◀	7019	3.1	DSSD

SaFF target:

- Reduce by at least 10% the number of over 13 week waits in other specialties (end of June profile 1599)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
1605	1169	1782				◀◀	7020	3.1	DSSD

SaFF target:

- Reduce the number of over 13 week waits in total by 30% (end of June profile 5277)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
5044	2869	5061				▼	n/a	3.1	DSSD

Although total outpatient waits are below the agreed profile at the end of June, the trends for the three months show a month-on-month increase.

PAF area 6:	HEALTH OUTCOMES
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EMERGENCY ADMISSIONS**SaFF target:**

- Reduce growth in the rate of non-elective admissions for people aged over 75 years (maximum 2% growth)

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
11281	10767	n/a				n/a	8015	1.7, 3.7, 3.9	DSSD

Target for 2000/2001 equates to a reduction of 4.5% on final outturn.

PSYCHIATRIC READMISSIONS**SaFF target:**

- Reduce the psychiatric readmission rate

1999/2000 outturn	2000/2001 target/ plan	Quarter 1 actual	Quarter 2 actual	Quarter 3 actual	Quarter 4 actual	Progress to date	CIC line	Business Plan objective	Lead Director
64	64	12				▶▶	5009	1.6, 3.7	DSSD

Quarter 1 readmission rates are unusually low for quarter 1, the straight line projection for the year based on this data being 48. Checks on the validity of the data are being made with Portsmouth HealthCare Trust.