

# DONCASTER HEALTH COMMUNITY

## CORPORATE PERFORMANCE REPORT

Reporting on Quarter 1 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

July 2001

Doncaster   
Health Authority

## **Implementation of NHS Plan**

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

# CONTENTS

1.	Executive Summary	1
2.	Performance Assessment Framework - Spider's Web	2
<b><u>IMPLEMENTATION OF NHS PLAN</u></b>		
3.	Modernisation Programmes	
i.	Mental Health	3
ii.	Heart Health	4
iii.	Cancers	5
iv.	Children and Young People	6
v.	Older People	7
vi.	Access	8-11
vii.	Information	12
viii.	Disability	13
ix.	Learning Disability	14
4.	Local Priorities	
i.	Accidents	15
ii.	Sexual Health	16
iii.	Drugs	17
iv.	Alcohol	18
v.	Smoking	19
vi.	HAZ	20
vii.	Sure Start	21
viii.	Breast Screening	22
ix.	Cervical Screening	23
5.	2001/02 Partnership Agreement Other Targets	24-25
6.	Other GAP analysis	26
<b><u>HEALTH COMMUNITY CORPORATE ISSUES</u></b>		
7.	Capacity Plan	27
8.	Clinical Governance	28
9.	Health Focus and NHS Direct	29
<b><u>HEALTH AUTHORITY CORPORATE ISSUES</u></b>		
10.	Complaints	30
11.	Human Resources	31-32
12.	Risk Management	33
13.	End of Year Review Action Notes	34

## 1. EXECUTIVE SUMMARY

### **Spiders Web**

This will be updated in August to include the 1999/2000 data. It is proposed to then use the PAF domains to support Stage 2 of the Local Modernisation Review (LMR) and the re-positioning of the HIMP.

### **Modernisation Programmes**

Reporting of Self Assessment against 2001/02 Partnership Agreement targets will commence at Quarter 2.

### **Mental Health**

Previous problems associated with data relating to psychiatric emergency re-admission rates have been resolved.

### **Heart Health**

The number of hospital admissions recorded in the March '01 quarter where primary diagnosis is disease of the circulatory system were at a two year low.

### **Cancers**

Breaches of the 2 week wait continue to be minimal, these are being addressed by DBH, the PCT's, and through clinical networks.

### **Children & Young People**

No matters to report.

### **Older People**

Emergency admissions for patients aged 75 and over and re-admission rates, fell during the June '01 quarter indicating a release of winter pressure.

### **Access**

Both inpatient and outpatient waiting list targets were achieved at June '01. The majority of Doncaster resident long waiters are waiting for treatment in Leeds or Sheffield.

DNA's show an encouraging downward trend.

## 1. EXECUTIVE SUMMARY

### **Information**

No matters to report.

### **Disability**

The number of hip and knee replacements both reached a two year high during March '01.

### **Learning Disability**

No matters to report.

### **Local Priorities**

#### **Accidents**

No matters to report.

### **Sexual Health**

No matters to report.

### **Drugs**

During Oct-Mar '01 the under 16's service met a similar number of clients to the previous 6 months. No users under the age of 14 presented during Oct-Mar '01, and there was an increase in Cannabis used.

### **Alcohol**

The profile of clients accessing the alcohol service is stable. It should be noted that the majority of new clients that present are from Central PCT.

### **Smoking**

The total number of people setting a quit date and continuing to quit for 4 weeks is increasing.  
The number of people receiving Bupropion is also increasing.

## 1. EXECUTIVE SUMMARY

### **HAZ**

No matters to report.

### **Sure Start**

Sure Start has 28 active projects, 9 pending, and 24 delayed. The Denaby Main and Consibrough initiative has submitted a plan for further funding up to 2004, a decision is expected in August 2001.

### **Breast Screening**

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**

The number of inadequate smears from Doncaster practices fell during the March '01 quarter.

### **2001/02 OTHER PARTNERSHIP AGREEMENT TARGETS**

No matters to report.

### **HImP - OTHER GAP ANALYSIS**

To follow at Quarter 2.

### **Health Community Corporate Issues**

#### **Capacity Plan**

To follow at Quarter 2.

### **Clinical Governance**

No matters to report.

# 1. EXECUTIVE SUMMARY

## Health Focus

Contacts during the March '01 ' winter period ' reached an all time high.

## NHS Direct

The timeliness of service indicators show a deterioration of quality during the winter period.

## Health Authority Corporate Issues

### Complaints

In excess of 20 written complaints were received at the HA during the June '01 quarter.

## HR

HA absence levels have reduced to close to the national acceptable level.  
Vital connection and HR targets are on track.

## Risk Management

A number of actions are being progressed to embed Clinical Governance throughout the HA.  
Corporate Governance - progress update to follow.

## End of Year Review Action Notes

Not yet available - to follow.

### KEY

This key will be referred to throughout the report.



On line to meet / already met target date



Behind schedule



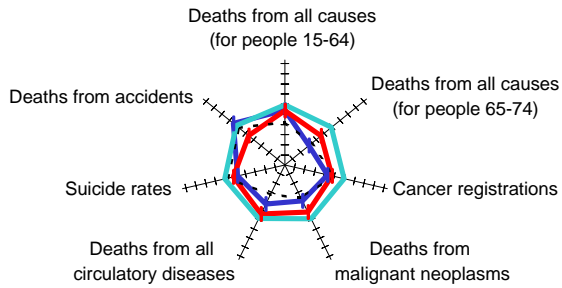
Will not meet / already missed target date



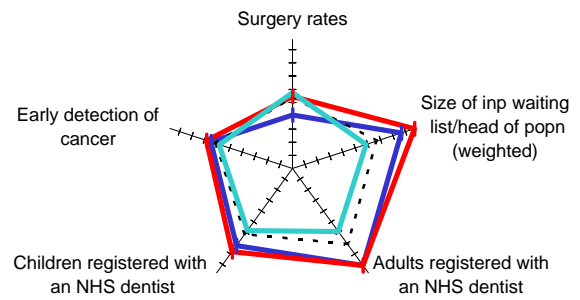
No information available at the time of the report

## 2. PERFORMANCE ASSESSMENT FRAMEWORK - SPIDER'S WEB

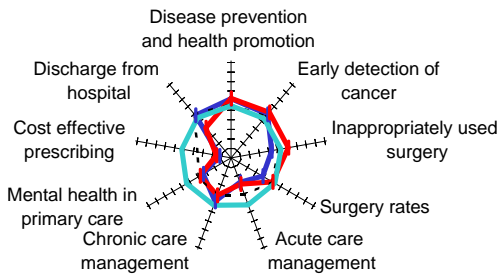
### HEALTH IMPROVEMENT



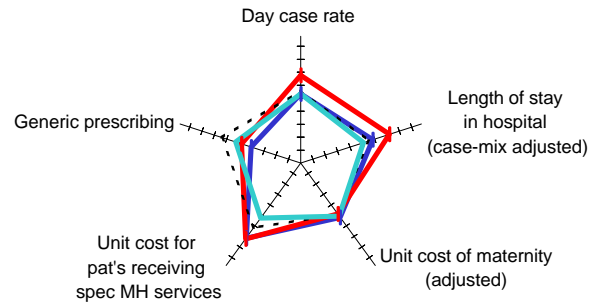
### FAIR ACCESS



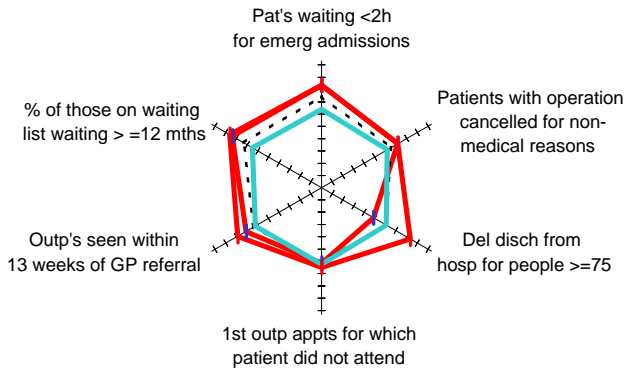
### EFFECTIVE DELIVERY OF APPROPRIATE CARE



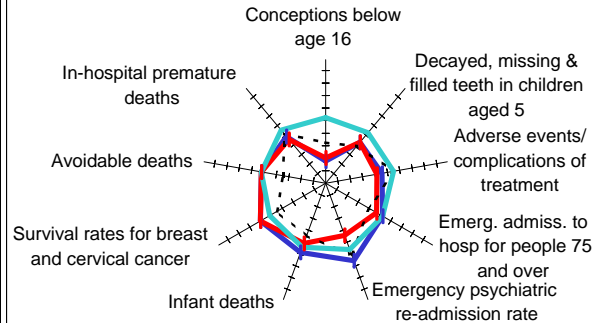
### EFFICIENCY



### PATIENT CARER EXPERIENCE



### HEALTH OUTCOMES



**3i. MENTAL HEALTH**

**2001 / 2002 Partnership Agreement**

**Issue**

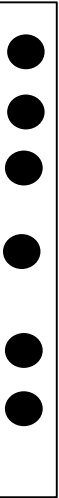
**Lead Agency**

**Target Date**

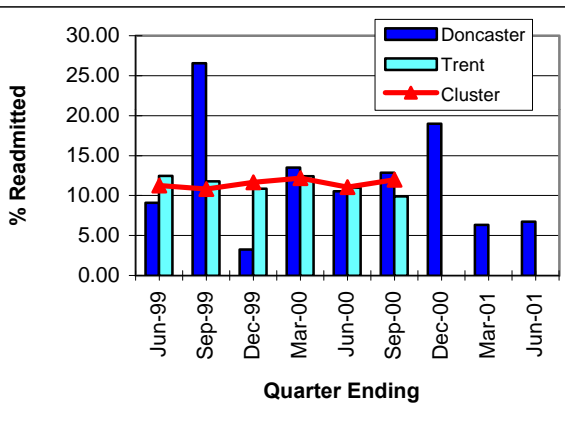
1. Ensure that all specialist MH service users on enhanced CPA have a written care plan available on EPR.
2. Ensure that all patients discharged from inpatient care have a written care plan.
3. Work within the health community to provide prison in-reach services and provide additional secure beds to 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.

DSHHCT  
DSHHCT  
DHA  
DHA  
DHA  
DSHHCT  
DMBC

31/03/02  
31/03/02  
Ongoing  
31/03/02  
30/11/01  
31/03/02

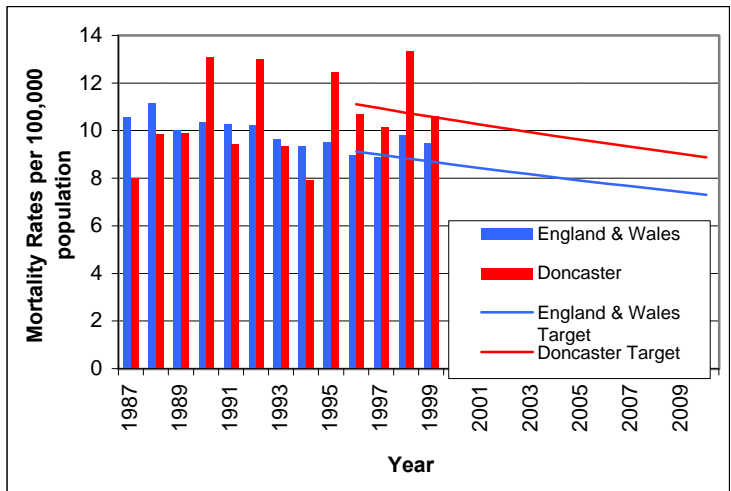


**Psychiatric emergency readmission rates for patients aged 16-64 who were readmitted to the care of a psychiatric specialist within 90 days of discharge**



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 to be reported here next quarter.**

**3ii. HEART HEALTH**

**2001 / 2002 Partnership Agreement**

**Issue**

**Lead Agency**

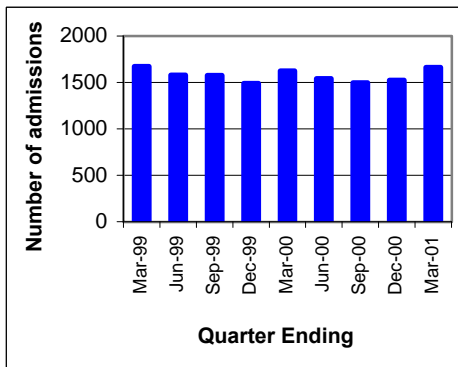
**Target Date**

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.

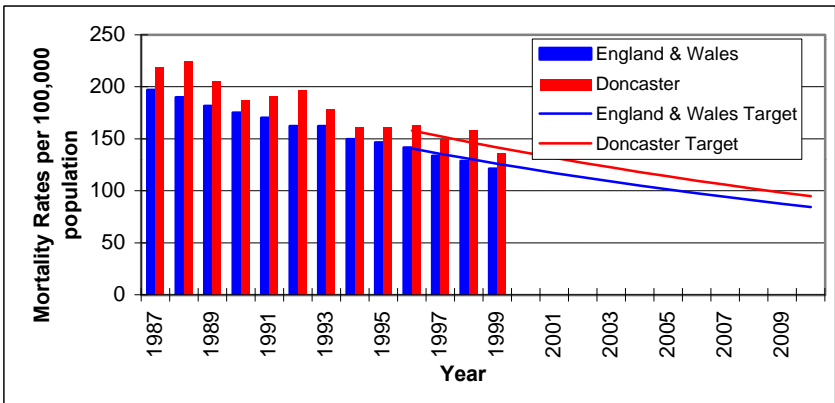
DHA	31/03/02
DHA	31/03/02
DBH	31/03/02
DHA	31/03/02
DHA	31/03/02
DHA	Ongoing
DBH	31/03/02
DHA	31/03/02



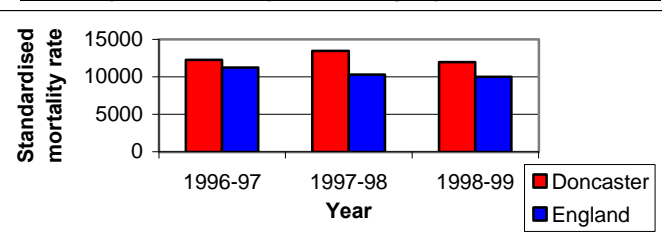
**Hospital admissions where primary diagnosis is disease of circulatory system**



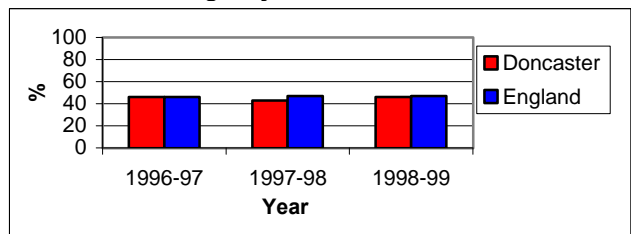
**Trends in mortality from all circulatory diseases in Doncaster with OHN target: directly standardised mortality rates, ages <75, 1987 - 1999**



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



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



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

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

**Local Modernisation Review gap analysis to be reported here next quarter.**

**3iii. CANCERS**

**2001 / 2002 Partnership Agreement**

**Issue**

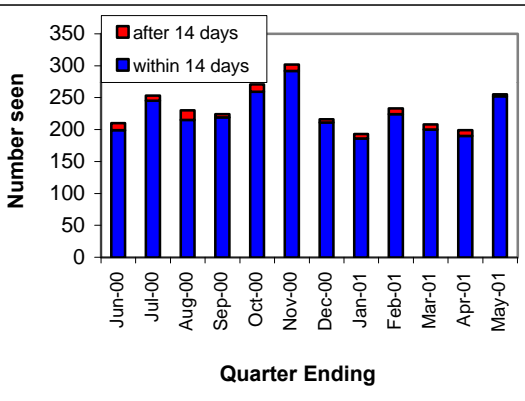
**Lead Agency**

**Target Date**

1. Comply with all national requirements for Cervical and Breast Screening.
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.
3. Implement National Cancer Plan.
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.
5. Continue work within the health community to agree referral procedures to ensure appropriate referrals are made within 24 hours.
6. Patients seen within 14 days.
7. Monitor achievement of the targets.
8. Work within the health community to assist the Cancer network in the development of a strategic service delivery plan.
9. Continue to provide systems to meet the phased introduction of the 2 week cancer wait.
10. Continue to provide systems to ensure patients with breast cancer receive treatment within 1 month of diagnosis.

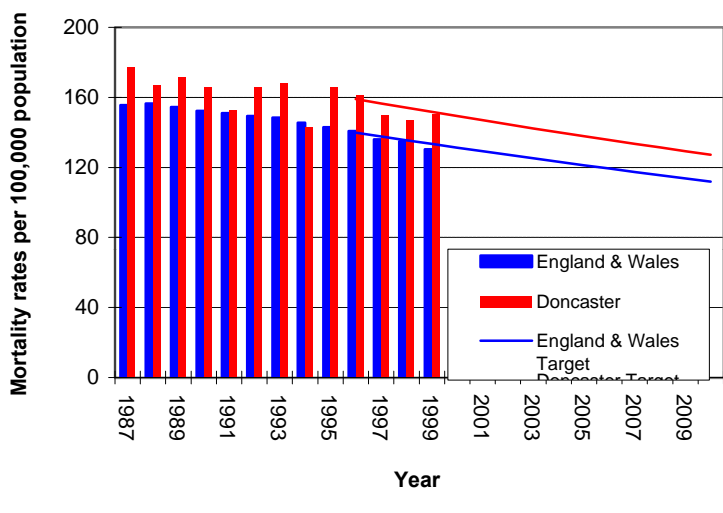
DHA	Ongoing	●
DHA	Ongoing	●
DHA DBH	Ongoing	●
DHA	31/03/02	●
PCTs	31/03/02	●
DBH	31/03/02	●
DBH	31/03/02	●
PCTs DHA	31/03/02	●
DBH	Ongoing	●
DBH	31/03/02	●

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



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

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



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

**Local Modernisation Review gap analysis to be reported here next quarter.**

**3iv. CHILDREN AND YOUNG PEOPLE**

**2001 / 2002 Partnership Agreement**

**Issue**

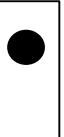
**Lead Agency**

**Target Date**

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

DHA

Ongoing



**Local Modernisation Review gap analysis to be reported here next quarter.**

**3v. OLDER PEOPLE**

**2001 / 2002 Partnership Agreement**

**Issue**

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

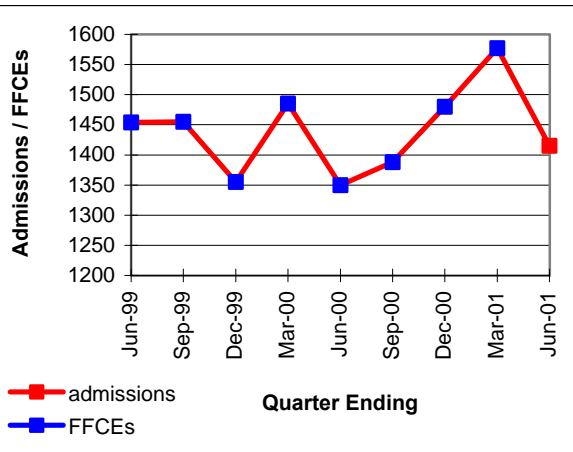
**Lead Agency**

**Target Date**

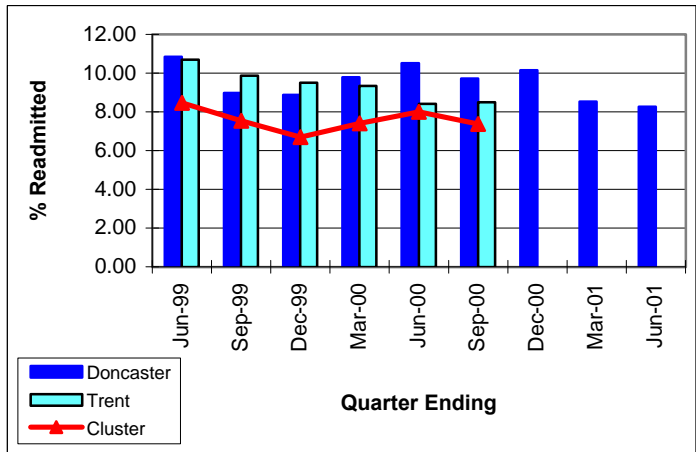
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DHA	31/03/02
DMBC	
Central PCT	31/03/02
DHA	31/03/02
DMBC	31/03/02



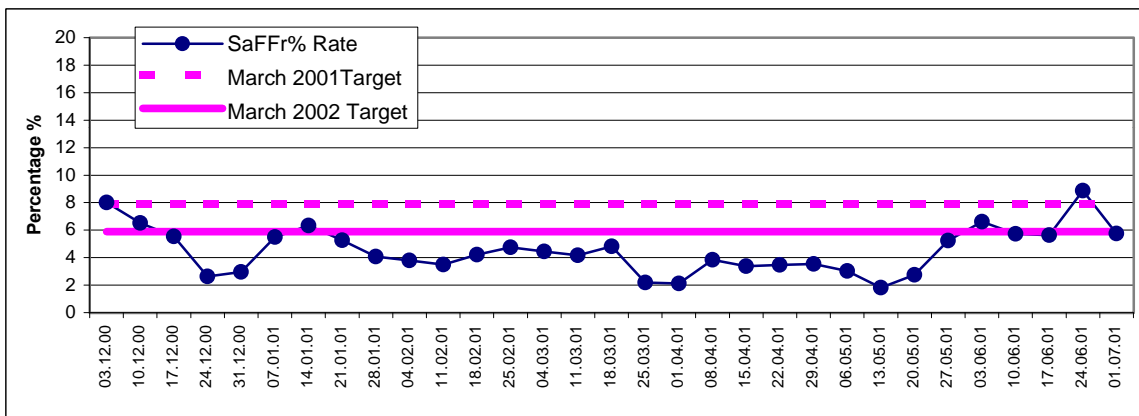
**Emergency admissions/G&A non-elective FFCEs for patients aged 75 and over**



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



**Delayed Discharge Rate % - Weekly**



Local Modernisation Review gap analysis to be reported here next quarter.

## 3vi. ACCESS

**2001 / 2002 Partnership Agreement****Issue****Lead Agency****Target Date**

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

DHA  
WLSG

Ongoing

DHA  
PCTs  
DBH

31/03/02

DHA  
PCTs  
DBH

31/03/02

DBH  
PCTs

31/03/02

All

Ongoing

PCTs

31/03/02

DHA  
PCTs  
PCTs

Ongoing

PCTs

31/03/02

**DRI - Percentage Booked Admissions by month 2001-02 (Daycase & Elective Inpatient)**

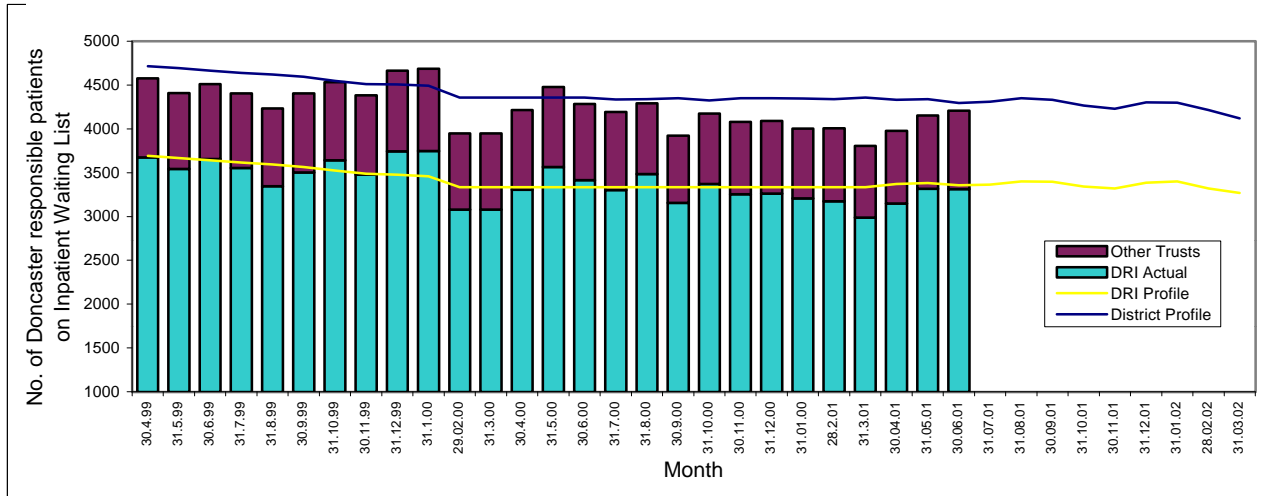
	Apr		May		Jun	
	Day	Elec	Day	Elec	Day	Elec
General Surgery	49.4	18.9	48.5	17		
Urology	19.7	8	16.8	19		
Orthopaedics	18.8	2.6	18.4	5.7		
ENT	65.8	54.5	44	43.2		
Ophthalmology	18.7	36.4	15.2	0		
Oral Surgery	23.1	9	50.8	0		
Maxillo-Facial	0	0	0	100		
Pain Management	100	100	100	100		
General Medicine	33.1	49	35.3	31.3		
Haematology	51.8	100	51.7	100		
Dermatology	100	80	100	100		
GU Medicine	100	0	100	0		
Rheumatology	100	16.7	100	5.2		
Paediatrics	100	61.1	0	68.8		
Gynaecology	28.7	21.6	31.3	27.4		

**Bassetlaw - Percentage Booked Admissions by month 2001-02 (Daycase & Elective Inpatient)**

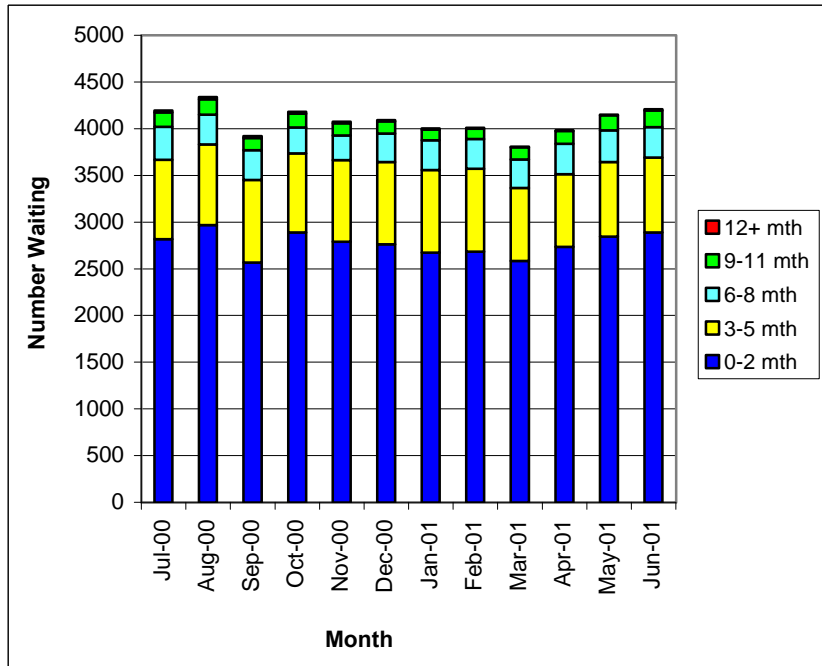
	Apr		May		Jun	
	Day	Elec	Day	Elec	Day	Elec
General Surgery	93	80.2	86.7	79	84.8	79.7
Gynaecology	35	9.5	50	38.7	68.1	30.3
Dental	100	N/A	100	N/A	100	N/A

**3vi. ACCESS**

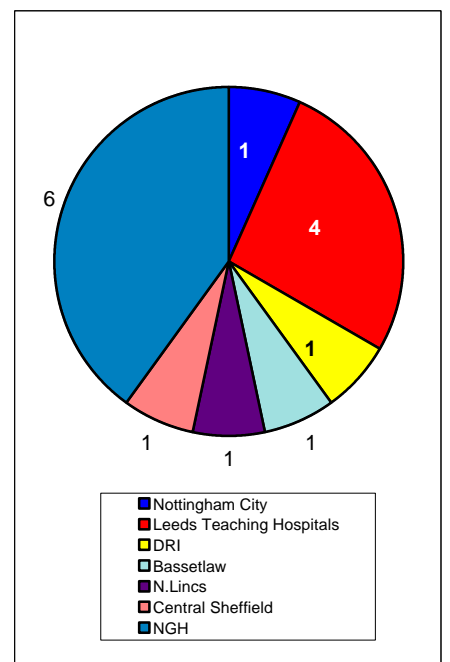
**Number of Doncaster responsible patients on inpatient waiting list against target.**



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



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



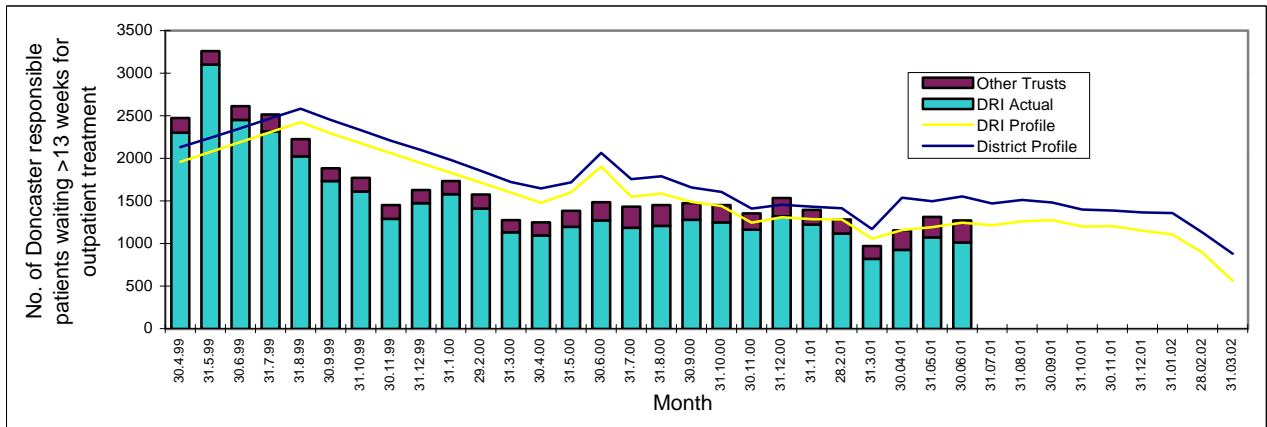
The following summary shows how the percentage of Doncaster residents waiting under 12 months on an inpatient and daycase waiting list at Quarter 3, compares to other Trent Health Authorities

<b>99.63%</b>	<b>Doncaster</b>
<b>99.14%</b>	Barnsley
<b>98.74%</b>	N Derbyshire
<b>98.22%</b>	Sheffield
<b>98.11%</b>	Rotherham
<b>97.38%</b>	Leicestershire
<b>97.08%</b>	S Humber
<b>96.41%</b>	S Derbyshire
<b>95.71%</b>	N Notts
<b>95.21%</b>	Nottingham
<b>95.01%</b>	Lincolnshire

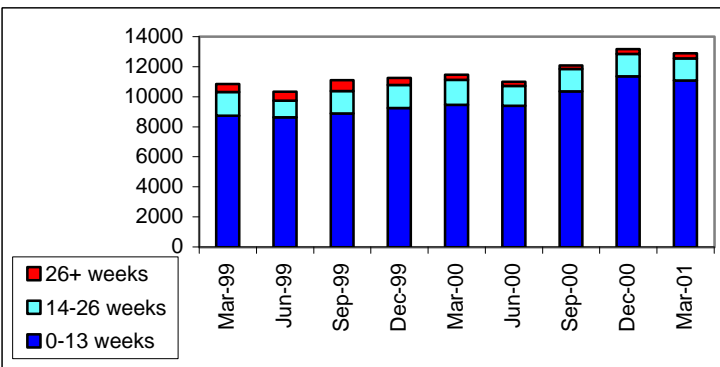
<b>Target</b>	<b>100%</b>
<b>Cluster average</b>	<b>96.58%</b>

**3vi. ACCESS**

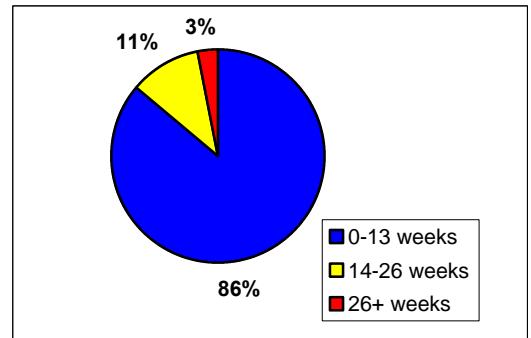
**Number of Doncaster responsible patients waiting >13 weeks for outpatient treatment against target.**



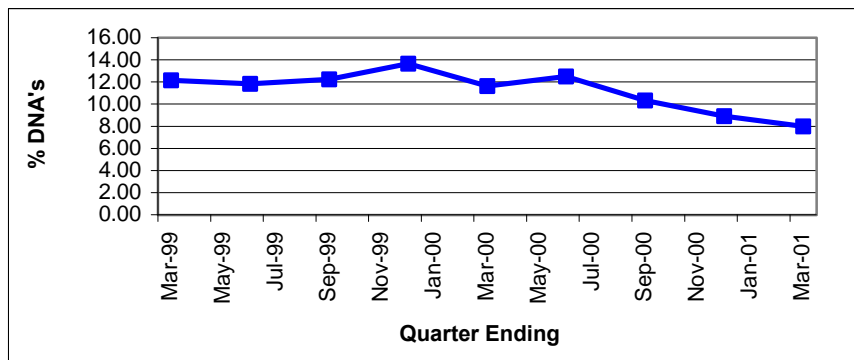
**Waiting times for first outpatient appointment during quarter**



**% Breakdown of people waiting as at quarter ending Mar-01**



**DNA's as % of total referrals during the quarter**



**HLPI:** Doncaster has a National rank of 63 out of 99 for number of outpatient appointments for which the patient did not attend as a % of all first outpatients seen for 1999/00.

Central Sheffield and Sheffield Children's Hospital were unable to provide the required data up to and including quarter ending Jun-99

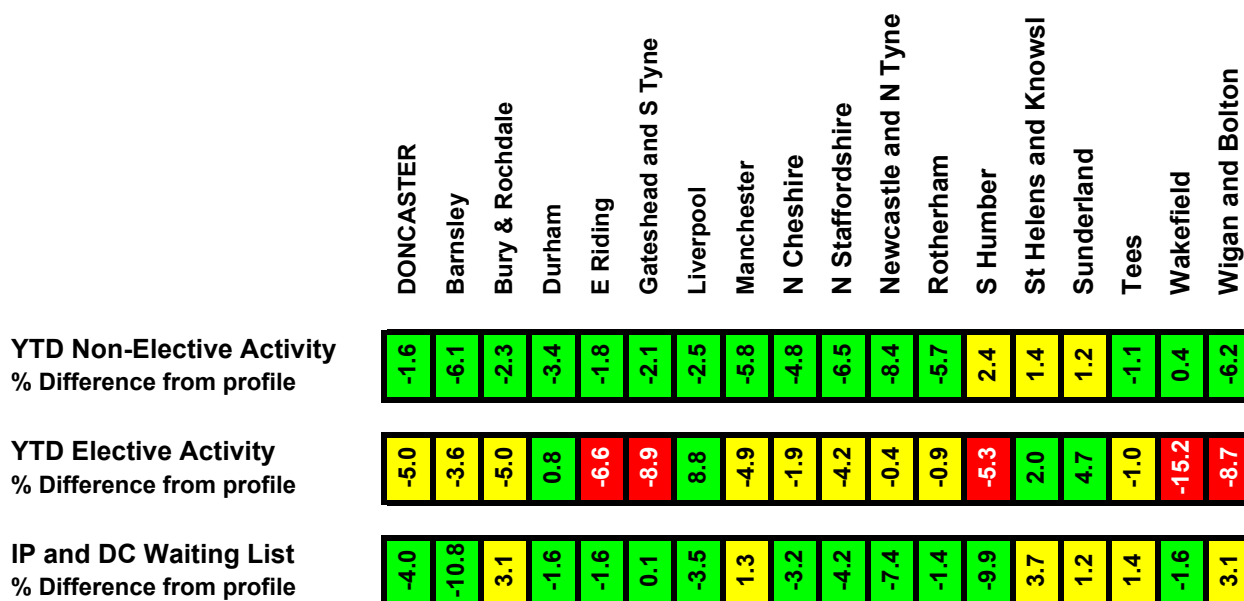
The following summary shows how the percentage of Doncaster residents waiting under 13 weeks on an outpatient waiting list at quarter 3 compares to other Trent Health Authorities.

90.24%	N Derbyshire
86.14%	<b>Doncaster</b>
85.81%	S Humber
81.17%	S Derbyshire
80.81%	Rotherham
77.71%	Lincolnshire
75.69%	N Notts
75.31%	Sheffield
74.82%	Nottingham
74.68%	Barnsley
67.11%	Leicestershire

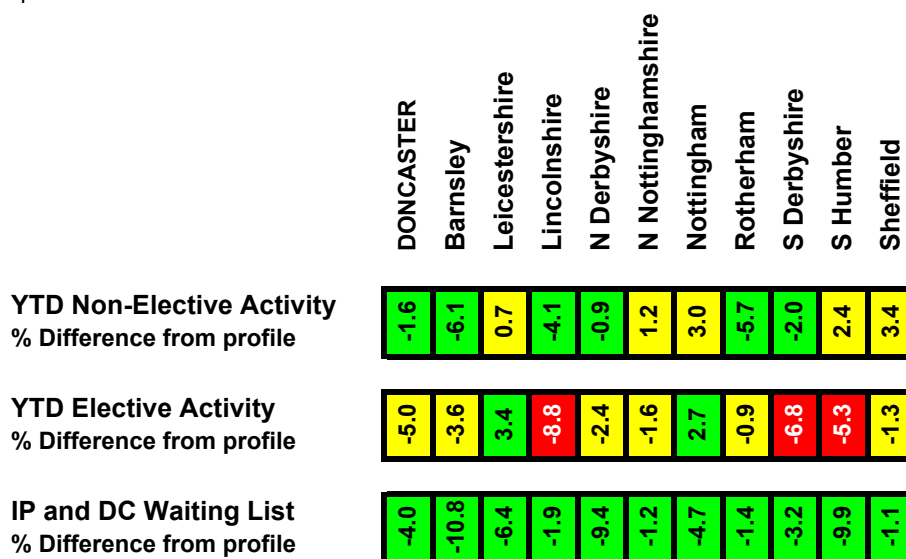
<b>Target</b>	<b>90%</b>
<b>Cluster average</b>	<b>74.91%</b>

**3vi. ACCESS**

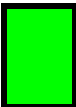
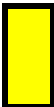
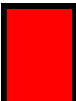
This traffic light report shows how Doncaster's levels of activity and waiting list as at May 2001 differ from their profiles, compared to other Health Authorities which are part of the mining and industrial cluster.



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



**KEY**

- |   |   |   |  |
|---|---|---|--|
|  | Actual elective activity > profile.<br>Actual non-elective activity < profile.<br>Actual waiting list < profile.                            |  | Actual elective activity 0 to 5% below profile.<br>Actual non-elective activity 0 to 5% above profile.<br>Actual waiting list 0 to 5% above profile. |
|  | Actual elective activity < 5% below profile.<br>Actual non-elective activity > 5% above profile.<br>Actual waiting list > 5% above profile. |   |  |

Source: Regional Office

## 3vii. INFORMATION

**2001 / 2002 Partnership Agreement****Issue****Lead Agency****Target Date**

- | <b><u>Issue</u></b>   | <b><u>Lead Agency</u></b> | <b><u>Target Date</u></b> |   |
|---|---------------------------|---------------------------|---|
| 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<br>PCTs               | 31/03/02                  | ● |
| 4. Ensure that all GP Practices have NHS Net connections.   | DHA<br>PCTs               | 31/03/02                  | ● |
| 5. Ensure that all GP Practices with Local Area Networks have NHS Net connections.  | DHA<br>PCTs               | 31/03/02                  | ● |
| 6. Implementation of level 3 Electronic Patient Records at DBH Trust.   | DBH                       | 31/03/02                  | ● |
| 7. Electronic transfer of all biochemistry, haematology and microbiology test results to at least 60% of all local GP Practices.                                      | DBH<br>PCTs               | 31/03/02                  | ● |
| 8. All Pathology results sent to GPs to contain NHS Number.   | DBH<br>PCTs               | 31/03/02                  | ● |
| 9. All outpatient data sets to be transmitted through NHS Wide Clearing Service (ClearNET).   | DBH                       | 31/03/02                  | ● |
| 10. Integration of information strategies to support NSF topics into LIS development within 6 months of the publication of the relevant strategy.                     | DHA                       | 31/03/02                  | ● |
| 11. Application of Working in Partnership toolkit.  | All                       | 31/03/02                  | ● |



**Local Modernisation Review gap analysis to be reported here next quarter.**

**3viii. DISABILITY**

**2001 / 2002 Partnership Agreement**

**Issue**

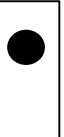
**Lead Agency**

**Target Date**

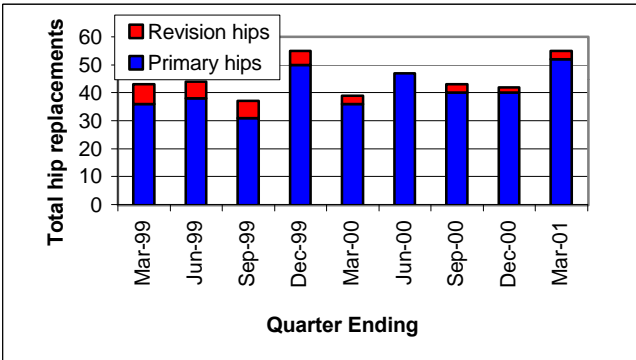
1. Work within the health community to ensure that severely disabled children receive support services for the first time.

DHA

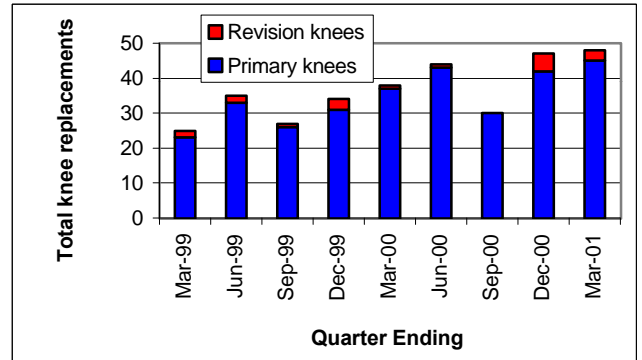
30/04/02



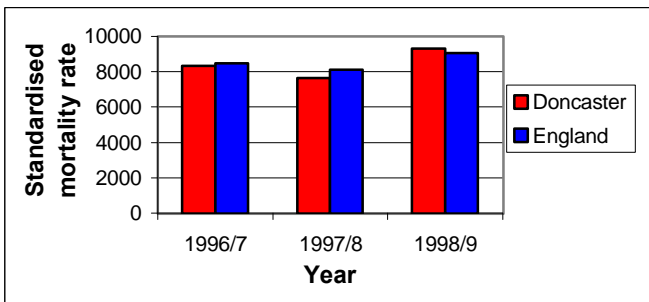
**Hip replacements**



**Knee replacements**

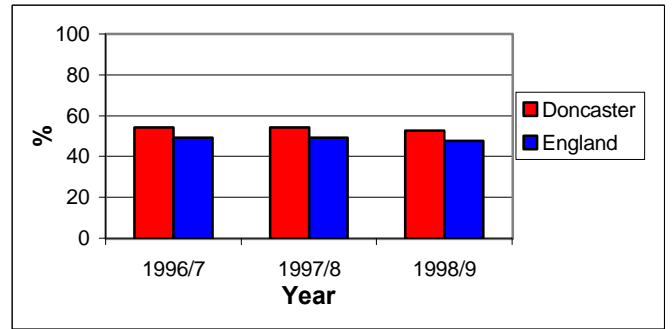


**Indirectly age and sex standardised rates (ISASRs) of mortality within 30 days following hip fracture, ages 65 years +**



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

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



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

Local Modernisation Review gap analysis to be reported here next quarter.

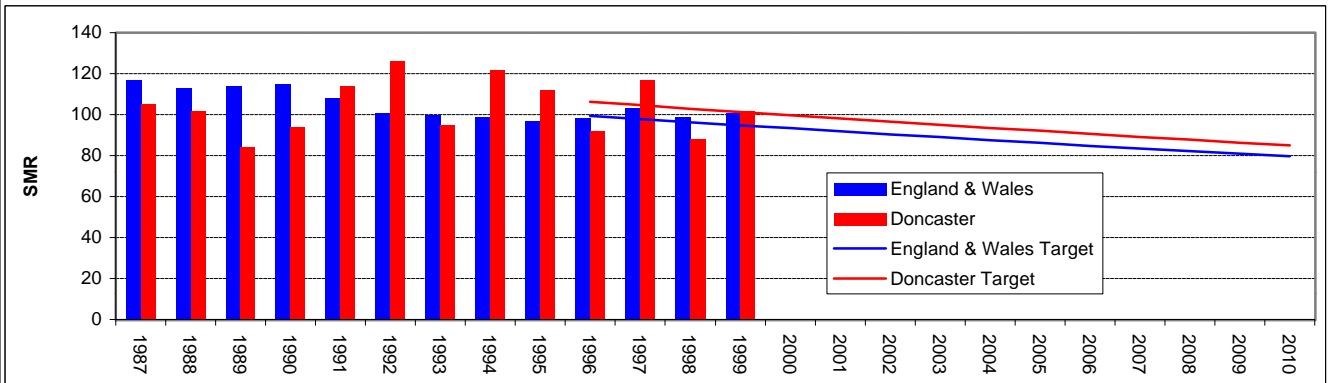
### 3ix. LEARNING DISABILITY

- 'Valuing People' - A New Strategy for Learning Disability for the 21st Century launched March 2001.
- Best Value Review of local services by October 2001.
- Establishment of local Partnership Board by October 2001.
- 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 commissioning using Health Act Flexibilities by March 2002.

**Local Modernisation Review gap analysis to be reported here next quarter.**

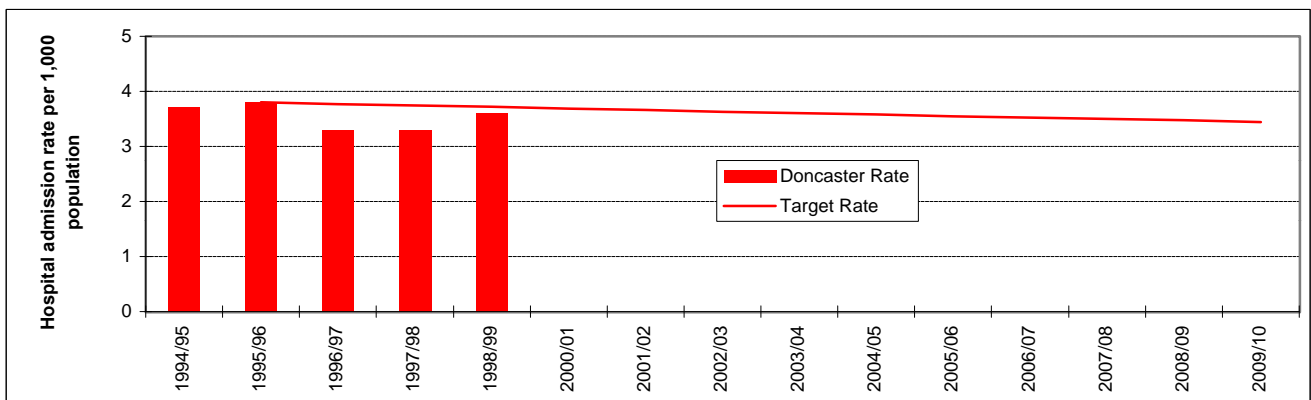
**4i. ACCIDENTS**

**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**

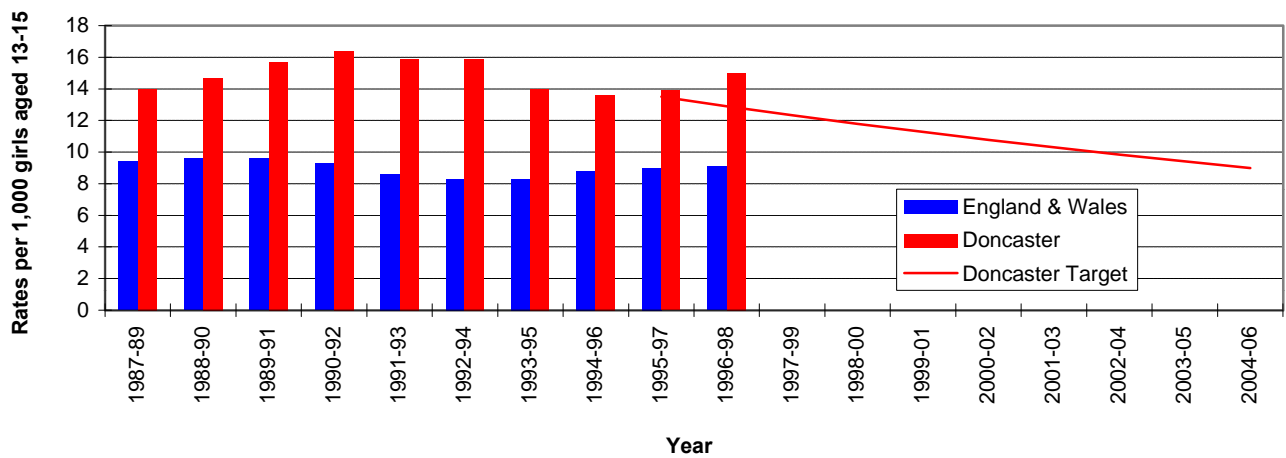
1. Work within the health community to produce a joint report on teenage pregnancy strategy implementation and progress towards rate reductions of 15% by 2002 and 40/60% by 2010

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.

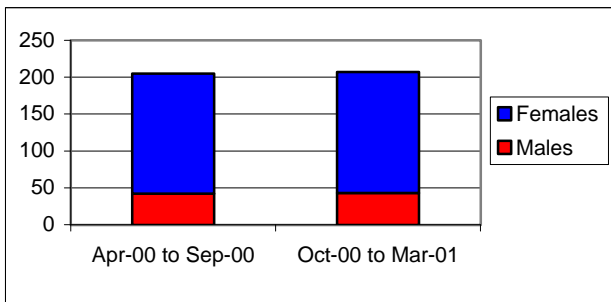
DHA

31/03/02



**The Under 16's Drugs Service**

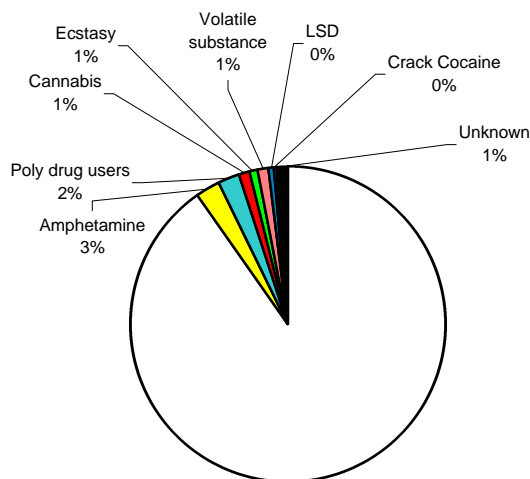
**Number of Clients Seen**



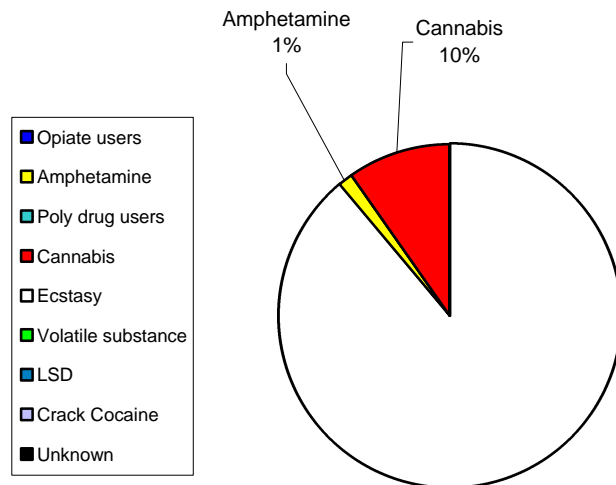
**Age Breakdown of Clients Seen**

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

**Breakdown of Substances Used Apr-00 to Sep-00**

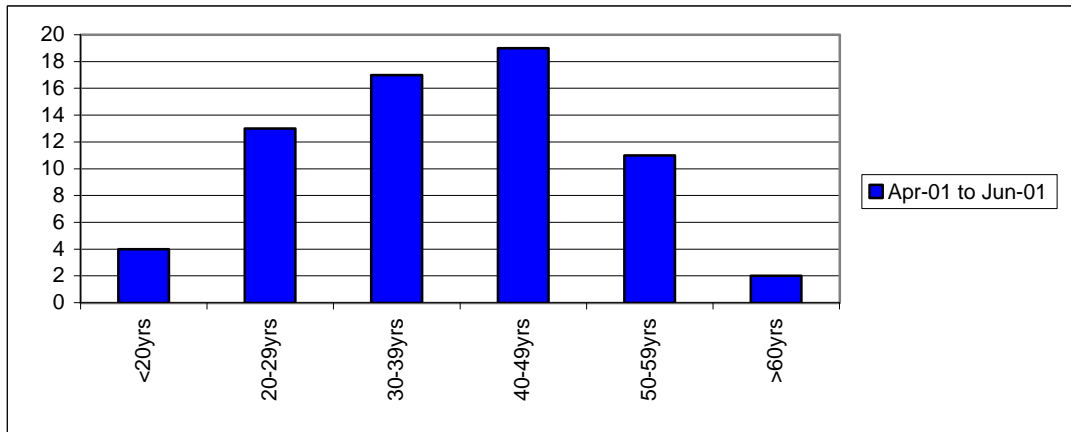


**Breakdown of Substances Used Oct-00 to Mar-01**

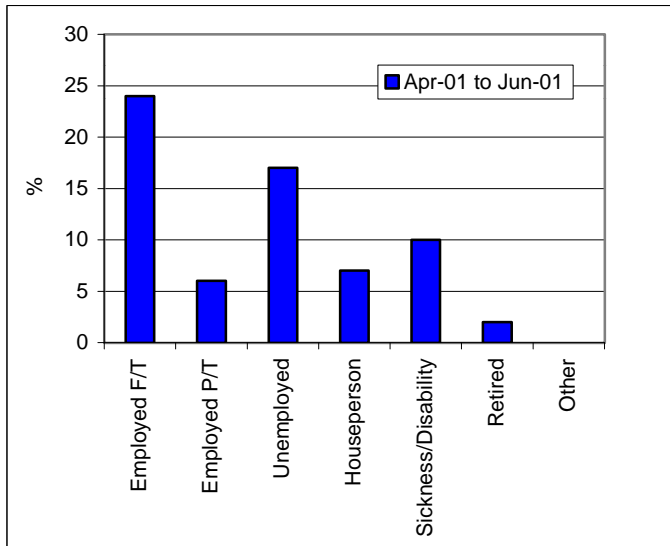


**4vi. ALCOHOL**

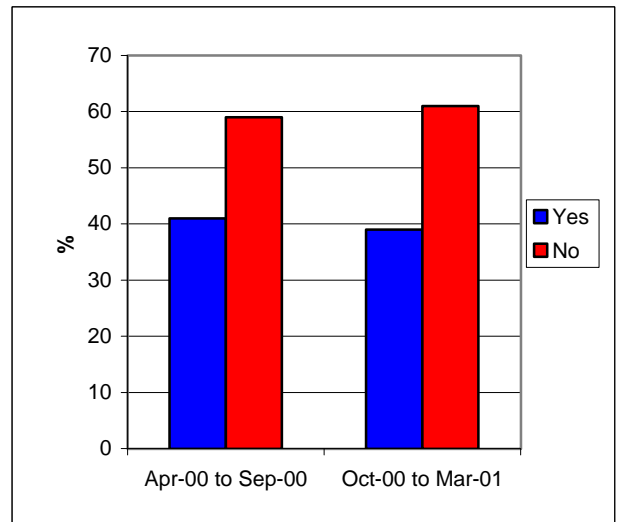
**Age of new clients contacting the alcohol service about their own drinking**



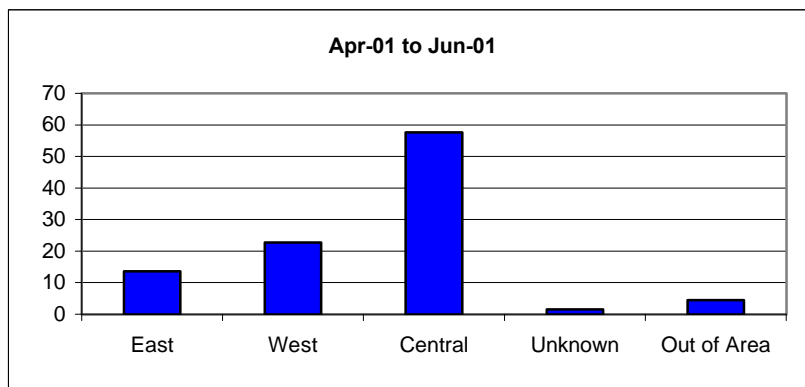
**Employment status of new clients**



**% of new clients with criminal convictions linked to drinking**



**% of New Clients by PCT**



**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 continue to smoke.	DHA PCTs	31/03/02	●

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

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

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

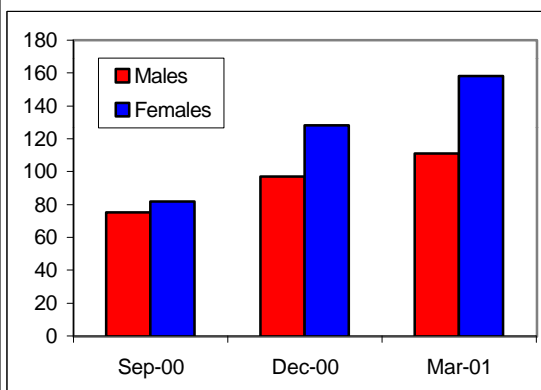
**Age breakdown of number of no. setting a quit date during the quarter**

	Sep-00	Dec-00	Mar-01
<b>&lt;18 yrs</b>	0	0	0
<b>18-59 yrs</b>	121	189	242
<b>60+yrs</b>	36	36	27

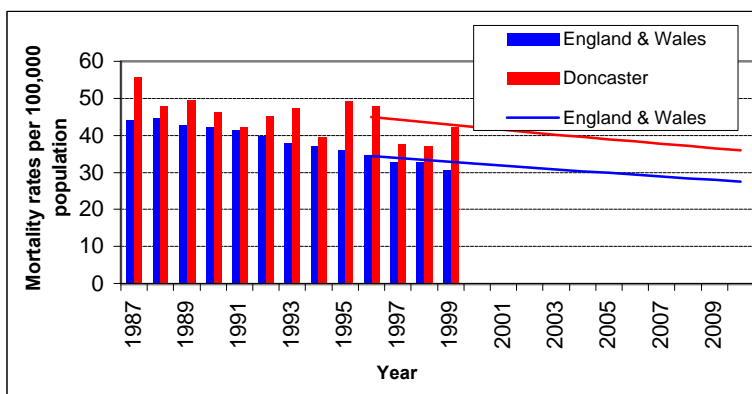
**Number of people accessing service and receiving Bupropion during the quarter**

	Sep-00	Dec-00	Mar-01
<b>Number receiving Bupropion</b>	48	130	158

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



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



## 4vi. HAZ

**Doncaster HAZ forecast of expenditure at 31/03/01**

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

**Progress on output targets as at 31/12/00**

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

## 4vii. SURE START

**Introduction** - Sure Start now has 260 programmes across the country. Sure Start in Denaby Main and Conisbrough since the extension to Conisbrough in April 2001 now covers an area with 1250 children, from birth to four years of age, and their parents/carers.

**Progression of Work** - The Sure Start Unit is introducing new public service agreements in October 2001, which all programmes have to work towards. Denaby Main and Conisbrough programme has had to collate data from 1998/2001 to assess progress to date and aid planning the next three years of work. A new plan was submitted at the end of June 2001 to the Regional Office. The Sure Start Unit has stated a response to approve funding until 2004 will be made to programmes in August 2001.

Additional capital and revenue monies are available to enable trailblazers to introduce these new targets. Staffing levels and projects in conjunction with preliminary evaluation findings have helped to reshape service provision from October.

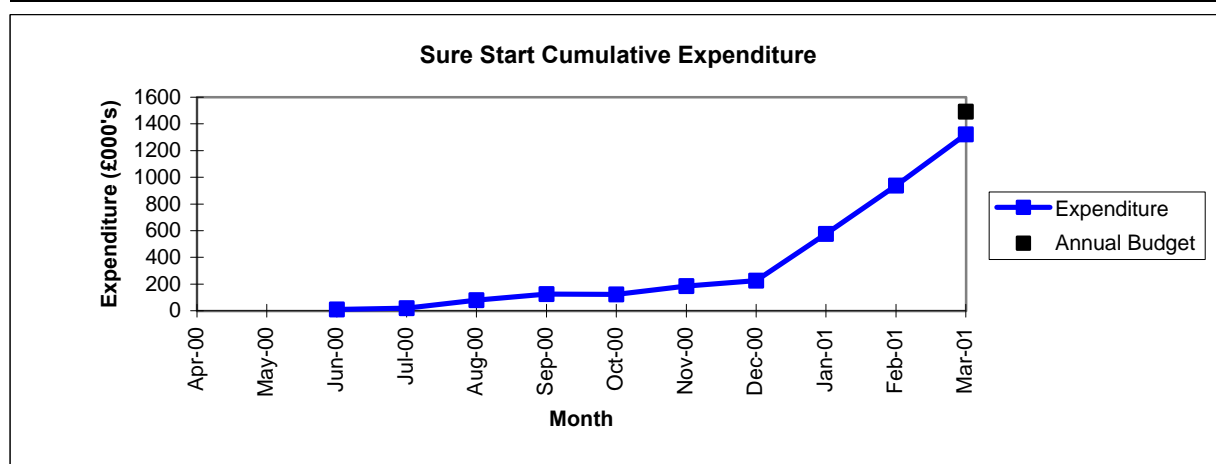
Twelve trips are planned in the summer to locations around the country including Chester Zoo, Scarborough, Eureka and so on, the response so far from the community has been very positive.

The new building is due to be completed September 2001 and is on schedule. The new plan and building will create a dozen training opportunities for local people to work within the nursery, administration and community cafe. A total of 42% of the workforce will then be from the local community reaching another government target of reducing child poverty by lowering the number of households where no one works.

An Early Excellence Centre bid was submitted in May and category 2 status has been granted with two areas for development to be addressed in the autumn.

### Budget summary as at the end Mar-01

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

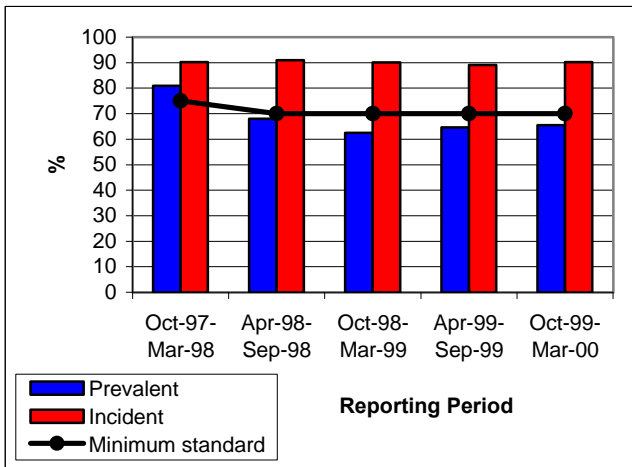


### Progress on projects as at 12/07/01

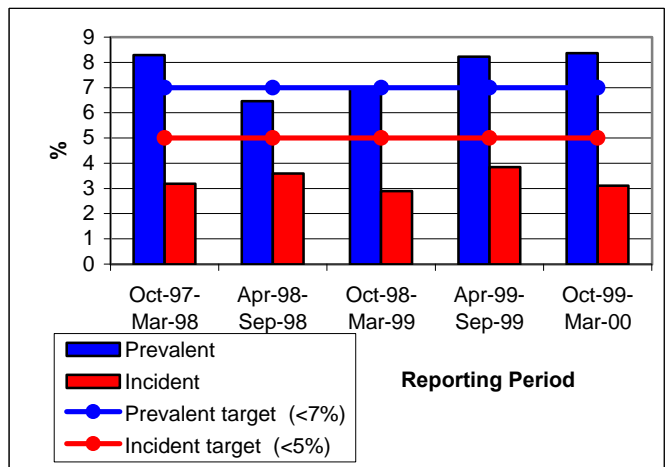
	Progress on projects			Total Projects
	Active	Pending	Delayed	
Improving social & emotional development	10	2	5	Not Known
Improving health	7	2	4	Not Known
Improving the ability to learn	7	5	10	Not Known
Strengthening families and communities	4	0	5	Not Known

**4viii. BREAST SCREENING**

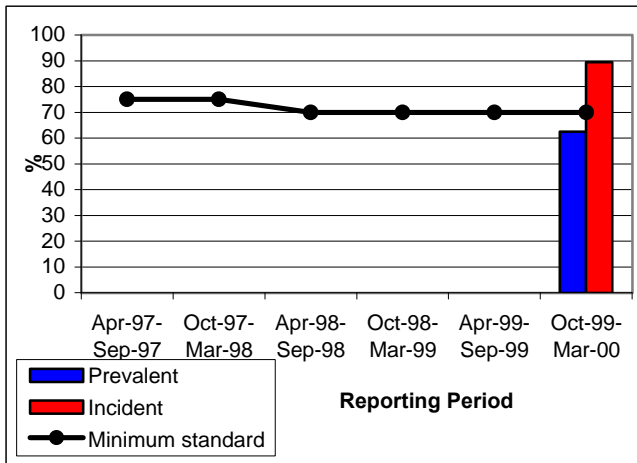
**Doncaster Breast Screening Uptake Rate**



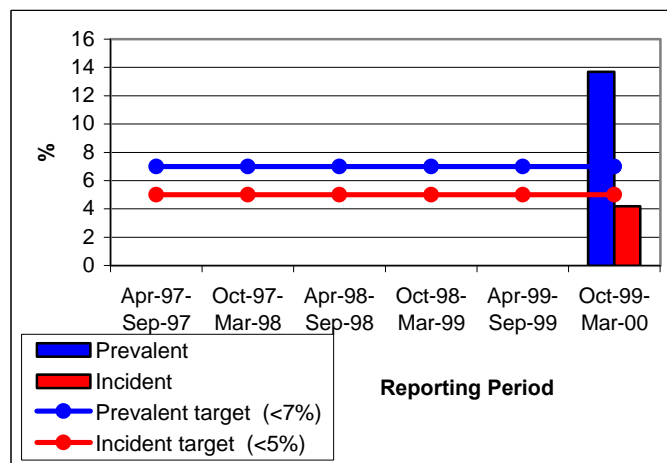
**Referral Rates by Doncaster Breast Screening Service**



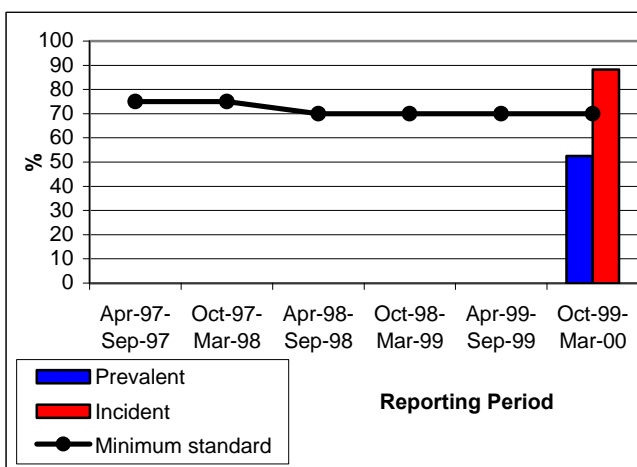
**Barnsley Breast Screening Uptake Rate**



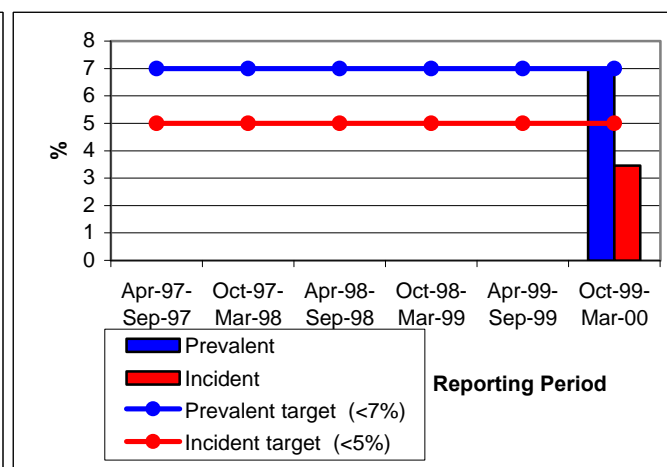
**Referral Rates by Barnsley Breast Screening Service**



**Rotherham Breast Screening Uptake Rate**



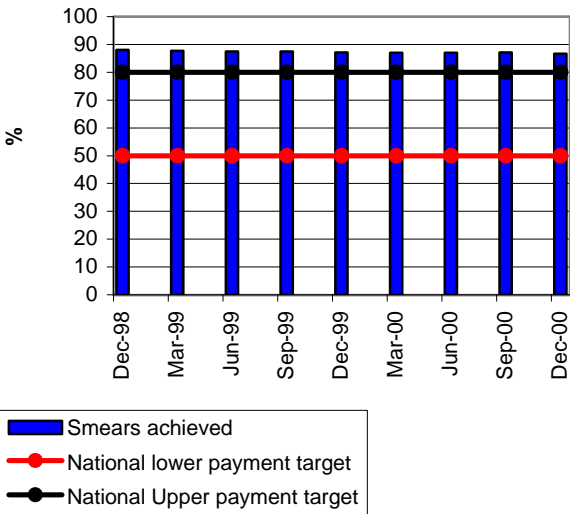
**Referral Rates by Rotherham Breast Screening Service**



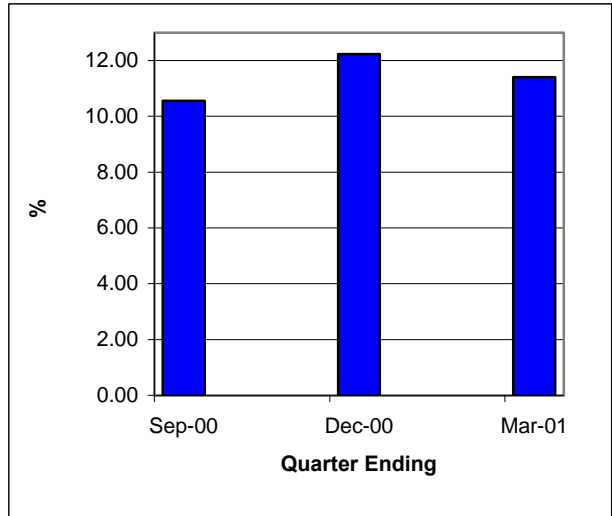
Figures prior to Oct-99 are not available for Barnsley and Rotherham.

**4ix. CERVICAL SCREENING**

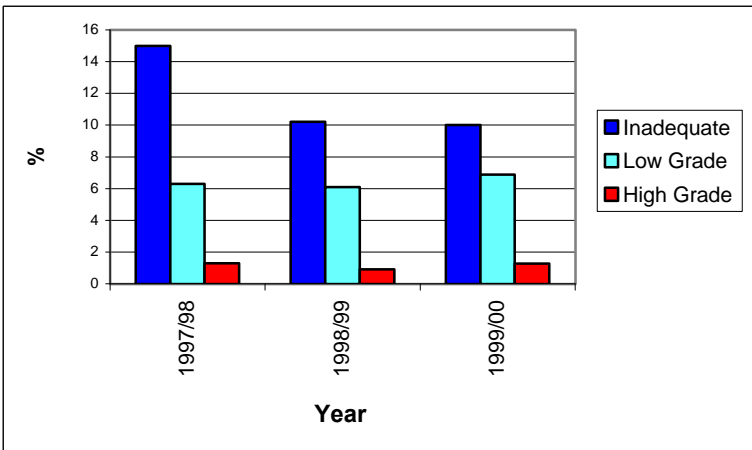
**% smears achieved - Doncaster Practices**



**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

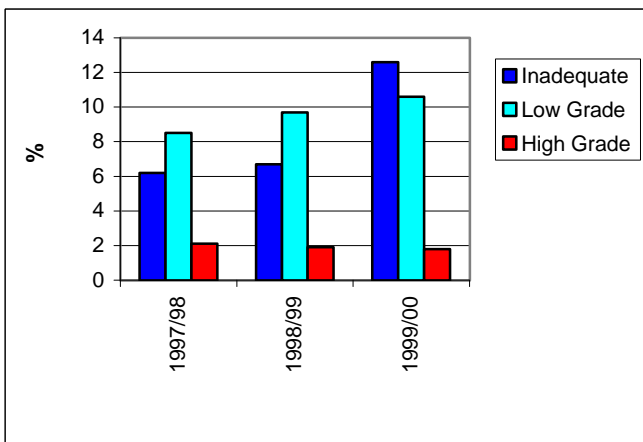
**1998/99**

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

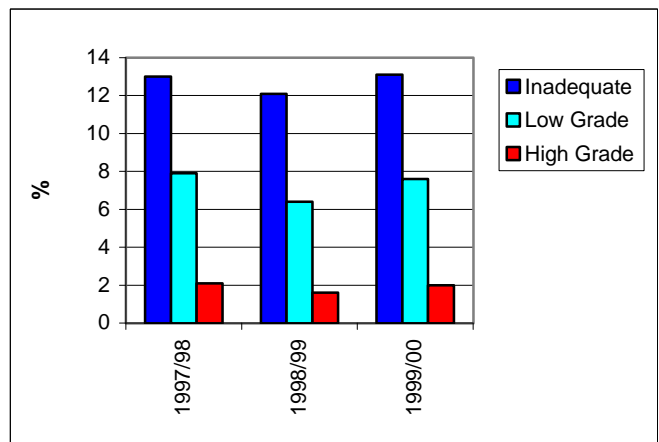
**1999/00**

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**

**2001 / 2002 Partnership Agreement**

<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	31/03/02	●
4. Audit against National Beds Inquiry template.	DSHHCT DHA	31/03/02	●
5. Ensure that 24 hour food service is provided for patients, reflecting NHS National menu.	DBH	31/12/01	●
6. Ensure that cleanliness standards set out in Action plan are achieved and that patient views on cleanliness are monitored.	DSHHCT DBH	From 01/04/01	●
7. Monitor patient and carer experience on rigorous, comparable and systematic basis.	DSHHCT 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	31/10/01	●
10. Promote and monitor implementation of the NHS Plan standards contained in 'Your Guide to the NHS'.	DSHHCT PCTs	All	●
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	All	From 01/04/02 31/03/02	●
12. Work within the health community to promote and deliver Continuing Professional Development.	DBH DSHHCT	PCTs	●
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

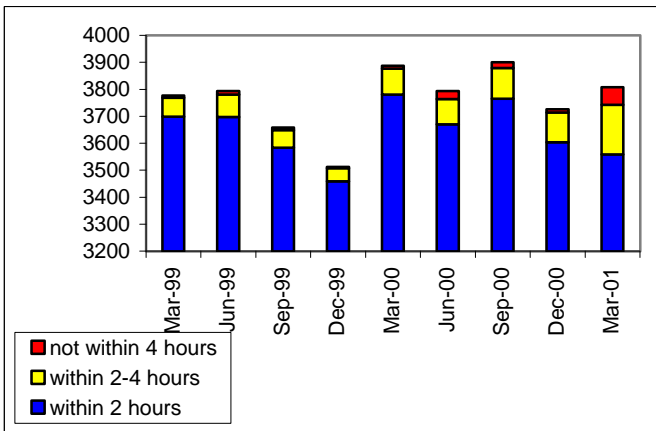
<u>2001 / 2002 Partnership Agreement</u>			
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
<b><u>Diet</u></b>			
1. Work within the health community to prepare quantified plans to increase access to, and consumption of, fruit and vegetables.	DHA	31/03/02	●
<b><u>Health Inequalities</u></b>			
1. 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 PCTs	31/03/02 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.			
<b><u>Nurse Prescribing</u></b>			
1. Seek to maximise prescribing by nurses in primary/community settings.	DBH DSHHCT PCTs	31/03/02	●
2. Increase the number of nurses able to supply or prescribe medicines in secondary care.	DBH DSHHCT PCTs	31/03/02	●
<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 NSFs 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 Ongoing 31/03/02	● ● ●
2. Ongoing audit of all deaths occurring within 28 days of hospital admission.			
3. Project to review all deaths by GPs in line with Organisation with a memory.			

## 6. OTHER GAP ANALYSIS

No issues to report.

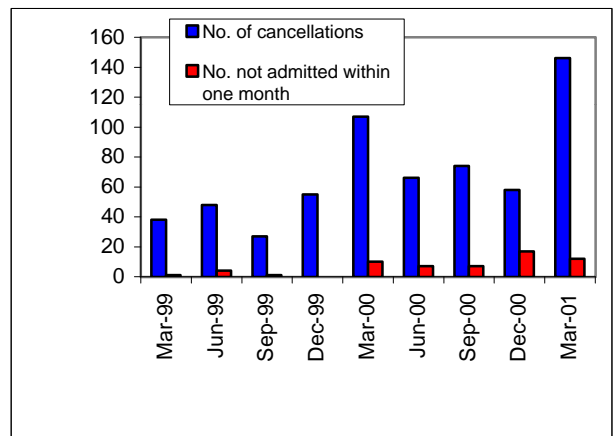
**7. CAPACITY PLAN**

**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.

**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.

**This section will be updated with the Capacity Map after the submission of the Capacity Plan to the Regional Office in August 2001.**

## 8. CLINICAL GOVERNANCE

### 2001 / 2002 Partnership Agreement

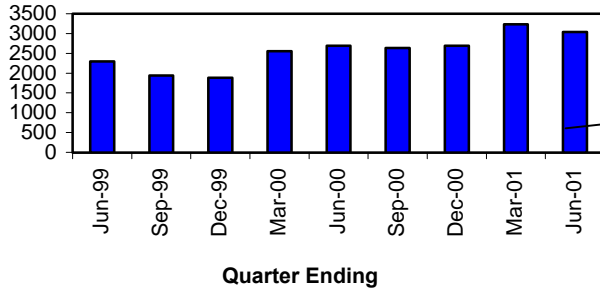
<u>Issue</u>	<u>Lead Agency</u>	<u>Target Date</u>	
1. Ensure completion, implementation and updating of individual PCT Clinical Governance Plans.	PCTs	31/03/02	●
2. Ensure report on Clinical Governance is included in PCT Annual reports.	PCTs	31/03/02	●
3. Ensure local mechanisms are in place to feed into national reporting system for adverse health care events.	DBH DSHHCT PCTs	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	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 intended to develop a systematic cross-organisational approach to learning and reporting from critical incidents. This will include the development of a communications Integrated Pathway of Care or IPOC to monitor the progress of the District Clinical Governance Workplan.

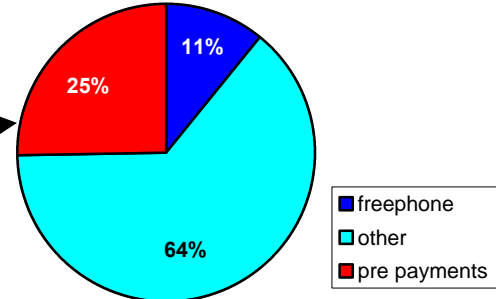
## 9. HEALTH FOCUS AND NHS DIRECT

### Health Focus

Number of Contacts with the Service



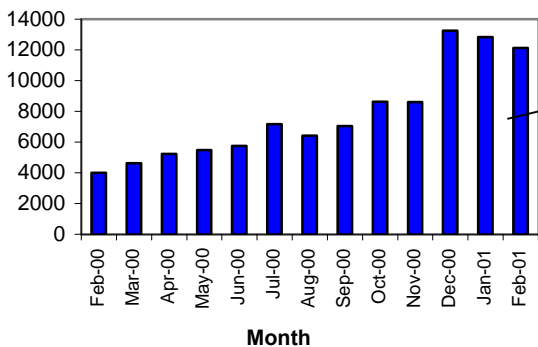
% Breakdown of Contacts with the Service for Quarter Ending Jun-01



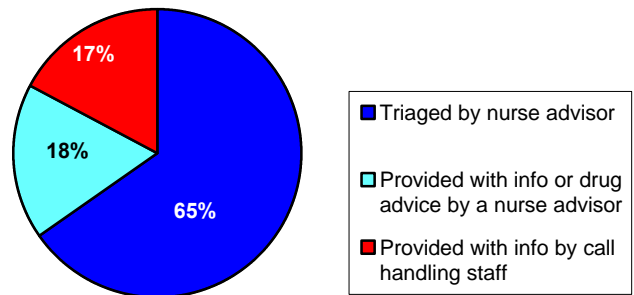
This quarter has been particularly busy with regards to events held in Health Focus. During Parkinson's week 13 clients were offered advice and support. National Smile Week proved to be very successful - requests for the free toothbrushes and paste and general 'healthy smile' information were received from 64 clients. During British Heart Week 100 leaflets were given out to clients and 10 people attended the emergency life support training courses. The main promotional day during Male Cancer Awareness Month was 'Get Your Kit on Day' when staff were encouraged to wear sports kit for the day and to offer a donation towards research into male cancers. Staff from Doncaster Health Authority donated £63 to the Everyman Charity.

### NHS Direct - South Yorkshire & South Humber

Number of calls made to the service



Breakdown of calls handled in February 2001



### Breakdown of callers triaged

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

### Timeliness of the Service

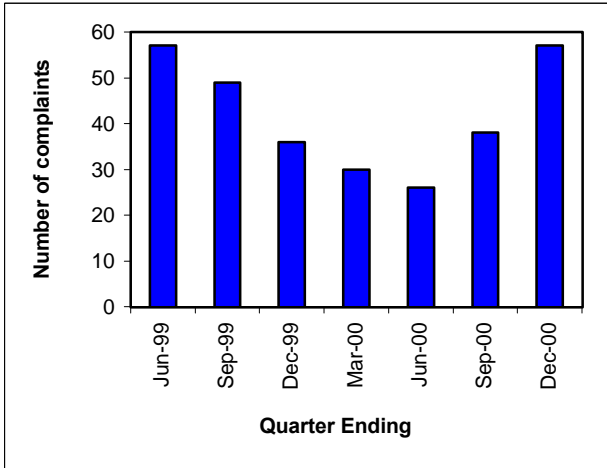
	Nov-00	Dec-00	Jan-01	Feb-01
Calls answered within 15 seconds	76%	58%	60%	55%
Callers who waited over 1 minute to be answered	8%	14%	12%	17%
Callers who spoke to a nurse within 2 minutes	39%	23%	23%	13%

**10. COMPLAINTS**

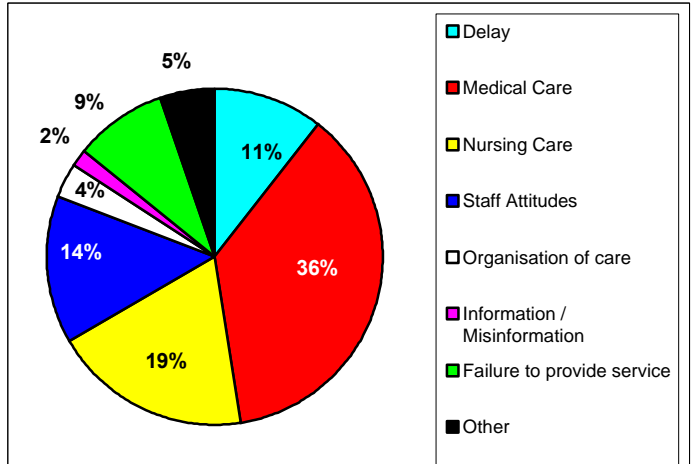
**Response rate target:**

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.

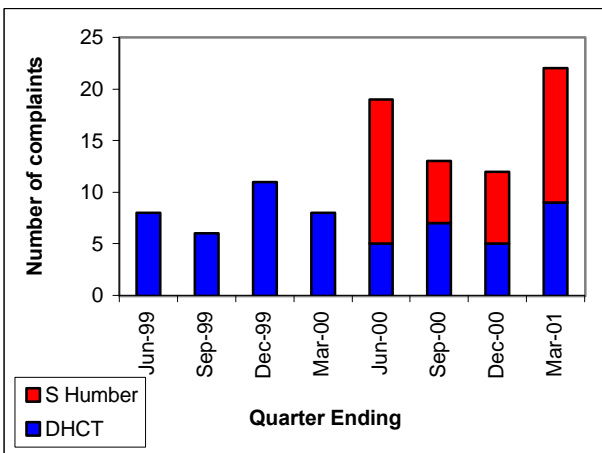
**Formal Complaints at DRI**



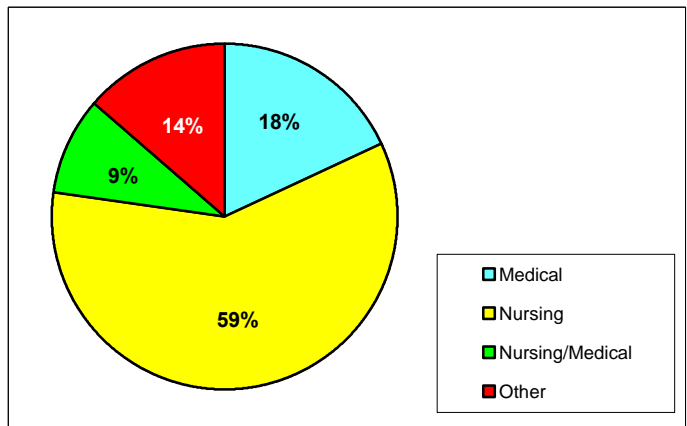
**Breakdown of element of complaints at DRI/MMH for quarter ending Dec-00**



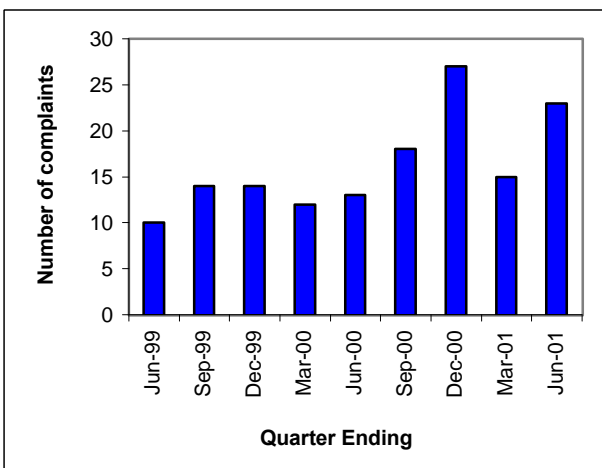
**Formal Complaints at Doncaster & S Humber**



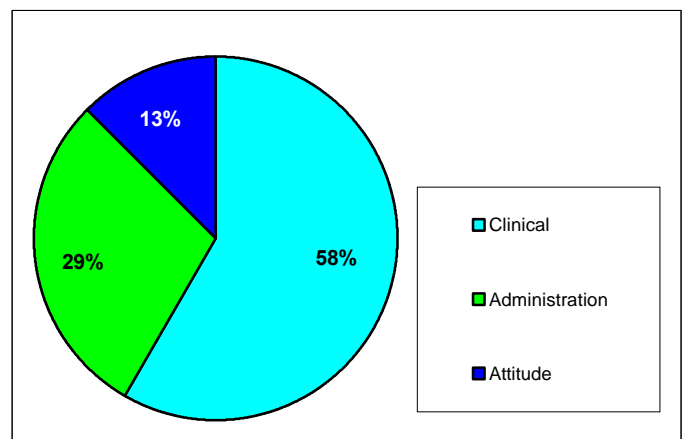
**Breakdown of element of complaints at Doncaster & S Humber HCT for quarter ending Mar-01**



**Written complaints received at the HA**



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

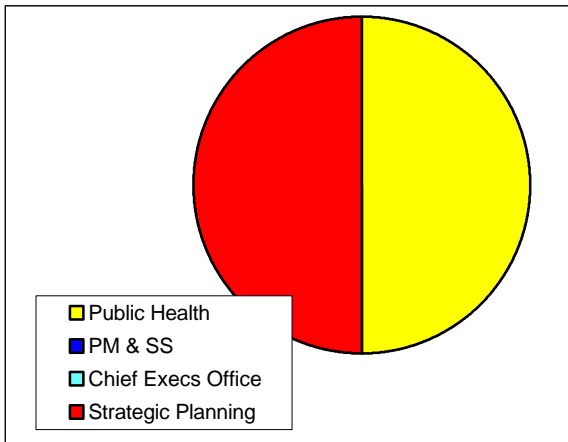


**11. HUMAN RESOURCES**

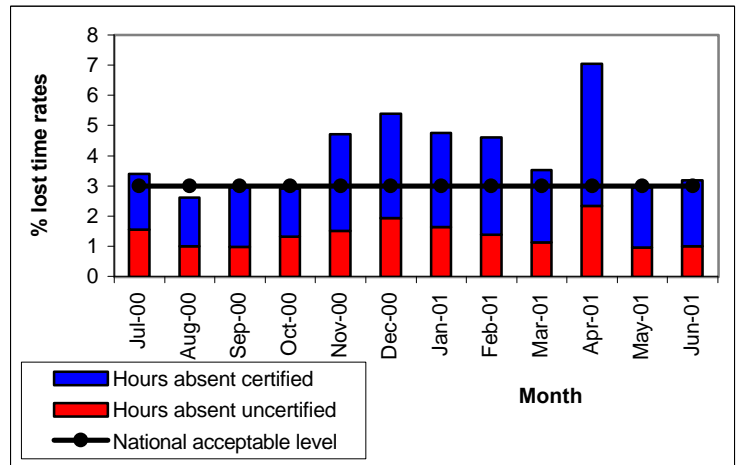
**Staff turnover at Doncaster Health Authority**

	Sep-00	Dec-00	Mar-01	Jun-01
<b>Total of staff</b>	199	202	213	190
<b>Percentage of staff leaving</b>	2.01	2.97	1.88	4.21

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



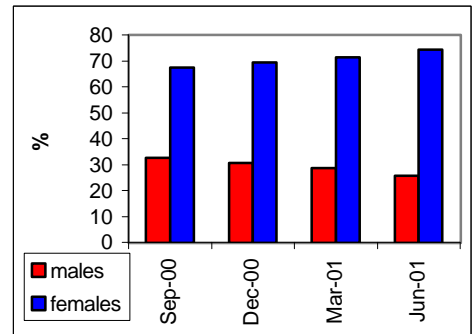
**Absence levels at Doncaster Health Authority**



**Doncaster Health Authority Equal Opportunities Monitoring**

	Sep-00	Dec-00	Mar-01	Jun-01
<b>White</b>	191****	194****	200****	182****
<b>Black African</b>	1	1	1	1
<b>Black Caribbean</b>	1	1	1	0
<b>Indian</b>	4	3	3	3
<b>Pakistani</b>	1	1	2	1
<b>Chinese</b>	1	1	1	1
<b>Black Other</b>	0	1	1	0
<b>Other</b>	1	1	1	2
<b>Total</b>	<b>200****</b>	<b>203****</b>	<b>210****</b>	<b>190****</b>
















**Breakdown of equal opportunities monitoring by gender**



\* = Disabled person

## 11. HUMAN RESOURCES

### Vital Connection and National HR Targets

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

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

The Vital Connection / National HR target to agree targets with Regional Office for appointments to Executive Board posts remains amber as HR are still awaiting correspondence from Regional Office.

## 12. RISK MANAGEMENT

### **Clinical Governance** (Chair - Dr J Cornell)

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

<b><u>Area Identified for further action</u></b>	<b><u>Action to be taken</u></b>	<b><u>Progress</u></b>
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)

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

At the November meeting the Risk Management Committee established processes and proceedings to address areas in which Doncaster fell short of the requirements. The next meeting of the Risk Management Committee will take place in July 2001 when these issues will be revisited.

## 13. END OF YEAR REVIEW ACTION NOTES

### Doncaster Health Community

#### Mid Year Review held on 16 November 2000

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

## GLOSSARY

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

## GLOSSARY

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