

Board Meeting 10 November 2005

Title of Report: Performance Management Report

1 Purpose of Report

This monthly performance report will inform the Trust Board of progress against existing and national targets and outlines performance on a number of related performance indicators

2 Standards for Better Health

This report supports the following domains:

<input type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>	<i>Clinical & Cost Effectiveness</i>
<input checked="" type="checkbox"/>	<i>Governance</i>	<input checked="" type="checkbox"/>	<i>Patient Focus</i>
<input checked="" type="checkbox"/>	<i>Accessible & Responsive Care</i>	<input type="checkbox"/>	<i>Care Environment & Amenities</i>
<input type="checkbox"/>	<i>Public Health</i>		

3 Background Detail

3.1 Access Incentive Scheme

Access Fund Capital was established by the Department of Health in 2003/04 for a three year period with the aim of rewarding NHS organisations for making progress towards improving access across all primary, acute and mental health services including waiting in A&E and inpatient and outpatient waiting times and lists.

Payments are as follows:-

Time Period	Amount per NHS Trust and PCT	Conditions
Quarter ending 30 June 2005	£70 000 capital	Delivery of all targets specified below during the quarter
Quarter ending 30 Sept 2005	£35 000 capital	
Quarter ending 31 Dec 2005	£35 000 capital	
Quarter ending 31 March 2006	£35 000 capital	

The fund is to be managed at Strategic Health Authority level, who were responsible for designing the targets and monitoring progress.

All the targets listed below have to be delivered by the PCT during the quarter to be eligible for payment. Part payment for achievement of some but not all the targets is not possible.

Quarter 2 Progress

Target	Operational Standard	Success Criteria	Progress to Date
Primary Care Access	Maintain 100% access to a GP and PHP within standard and achieve 100% of practices not embargoing	100% Performance and 100% of practices not embargoing appointments	No Breaches up to October
Waiting List Breaches	No patients waiting against 17 week outpatient, 9 month inpatient, 3 month revascularisation standards at month ends	No month end breaches throughout the quarter	No Breaches in September
Reducing Waiting Lists	Reduce over 13 week outpatient, over 6 months inpatient and over 6 month inpatient T & O in line with LDP trajectories	No position to be above trajectory at quarter end	September 13 wk Target = 56, Actual = 57 6 month Target = 30, Actual 21 T& O Target = 8, Actual 3
Cancer: 2 Week Wait breaches	No patient will wait more than 2 weeks from an urgent GP referral for suspected cancer to date first seen as an outpatient and targets for the % of patients waiting 31 days from diagnosis to treatment and 62 days from referral to treatment to be achieved	No breaches in quarter and to achieve trajectories at quarter end	August 31 days Target = 91.5 %, Achieved = 95.0% 62 days Target = 87.5% Achieved = 75 %
No. receiving assertive outreach	Deliver assertive outreach to the adult patients with severe mental illness who regularly	Achievement of LDP target* in each quarter	Monitored quarterly

services	disengage from services		
SLA's signed	No outstanding SLAs at the end of the quarter	All SLAs agreed and signed at the end of the quarter	All inpatients Signed

3.2 Summary of Current Position

PCT Financial Duties

The PCT is required to meet certain financial targets. The current position and estimated year-end performance against these targets are summarised in the table below.

Target	Target	Position at 30 September 2005
Breakeven on I&E	Breakeven	£2,625k
Not to exceed its cash limit	£117.83m	N/A
Not to exceed its capital resource limit	£81k	N/A
Comply with the Prompt Payment Code Value	95%	99%
Comply with the Prompt Payment Code Volume	95%	79%

At this point in the year:

- Indications are that cost pressures continue to build up which suggest a break-even position is unlikely
- The tightening of NHS organisations cash positions nationally is being felt within this PCT and cash management will be an important issue throughout the year.

General & Acute Activity

In the table below Total First Finished Consultant Episode (FFCEs) relate to General and Acute activity for Sedgfield Primary Care Trust from April to September 05.

	Activity April –September 2005			
	Year to Date (actual)	Profile	+/-	% Variance
Elective FFCEs	5004	4943	61	1.23%
Non – Elective FFCEs	4888	5230	-342	-6.53%
Total FFCEs	9892	10173	-281	-2.8%
GP Referrals Seen	7228	7072	156	2.20%
GP Referral Request	9422	9165	257	2.80%

Elective Ordinary and Daycase First Finished Consultant Episode



The above indicators are Sedgfield PCT's performance agreement with the SHA and DOH. Elective First Finished Consultant Episode (FFCE) for General and Acute – April to September 05 is higher than profile by 61. Non-elective FFCE's is lower than profile by 342. Thus total FFCE for General and Acute is less than profile by -2.8%. GP referrals seen are marginally higher than profile by 156. There appears to be a marked increase in the number of GP referrals. It is 257 more than profile.

Inpatient Waiting List Activity

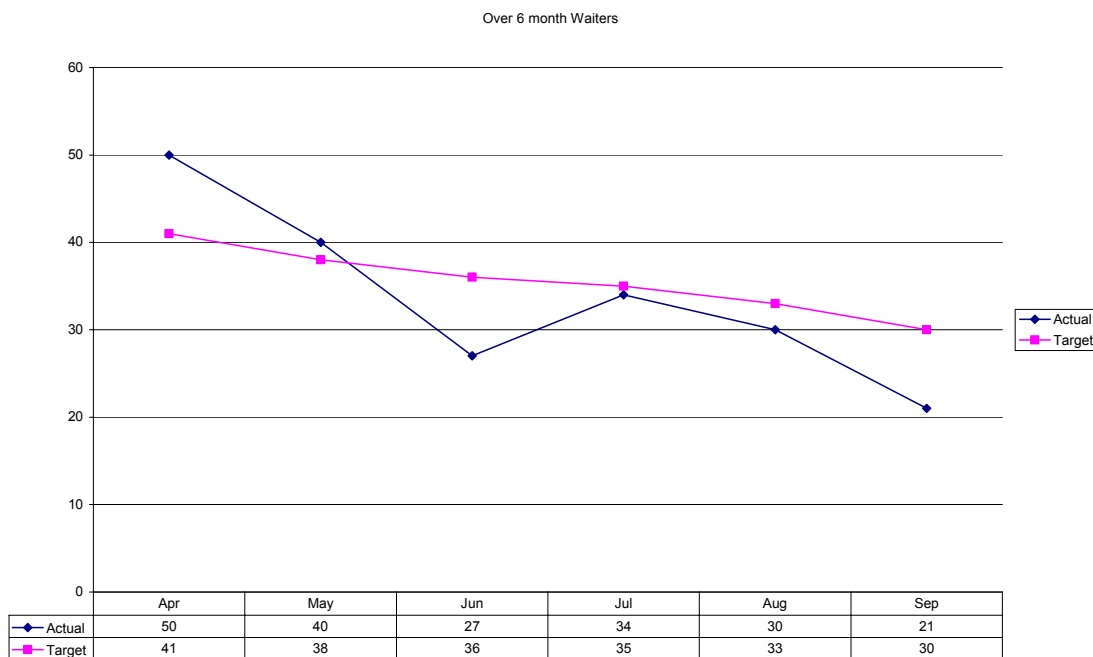
Key National Milestone for Inpatient Waiting List being:

Domain	Standard or Target
Governance	Achieve a maximum wait of 6 months for inpatients by December 2005

Achieve a maximum wait of 6 months for all inpatients, as progress towards achieving a maximum 6 month wait for inpatients by December 2005 and a 3 month maximum wait by 2008, ensuring an overall reduction in the total list size.

Over 6 months	Apr	May	Jun	Jul	August	Sept
Actual	50	40	27	34	30	21
Target	41	38	36	35	33	30
Total waitlist	1082	1100	1059	1054	1041	1068
% 6 months over total waitlist	5%	4%	3%	3%	3%	2%

In June, July and August and September over 6 month waiters were below target. The percentage of 6-month waiters when compared with total waitlist has fallen by 1% after remained steady at 3% for the past 3 months. It is essential to meet this target by October 05. There seems to be pressure around a few specialties such as Neurosurgery at South Tees Hospital and Orthopaedics, Plastic Surgery and Ophthalmology and the PCT is working with Acute Trust to explore various options.



Orthopaedic Waiting List Activity

Key National Milestone for Orthopaedic Waiting List being:

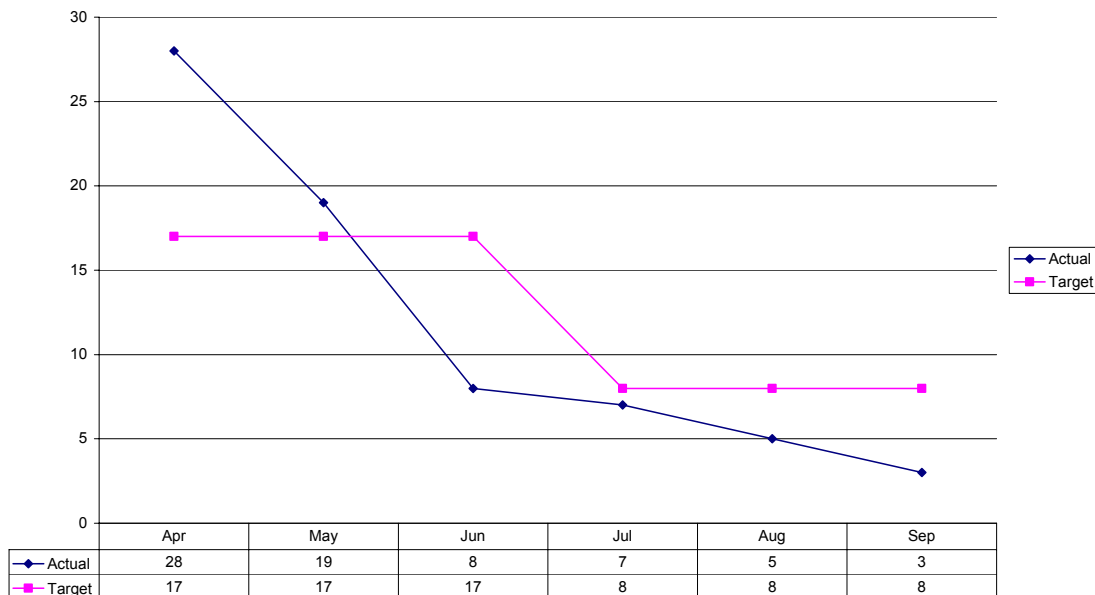
Domain	Standard or Target
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Governance	Achieve a maximum wait of 6 months for Orthopaedics by December 2005
Achieve a maximum wait of 6 months for all Orthopaedics inpatients, as progress towards achieving a maximum 6 month wait for inpatients by December 2005 and a 3 month maximum wait by 2008, ensuring an overall reduction in the total list size.	

Orthopaedics						
Over 6 months	Apr	May	Jun	Jul	August	Sep
Actual	28	19	8	7	5	3
Target	17	17	17	8	8	8
Total waitlist	1082	1100	1059	1054	1041	1068

There is constant pressure to achieve Orthopaedic Waitlist. With close monitoring and validating acute Orthopaedic activity, Sedgfield PCT was able to achieve below profile for June, July August and August 05.

Over 6 month Waiters - Orthopaedics



Outpatient Waiting List Activity

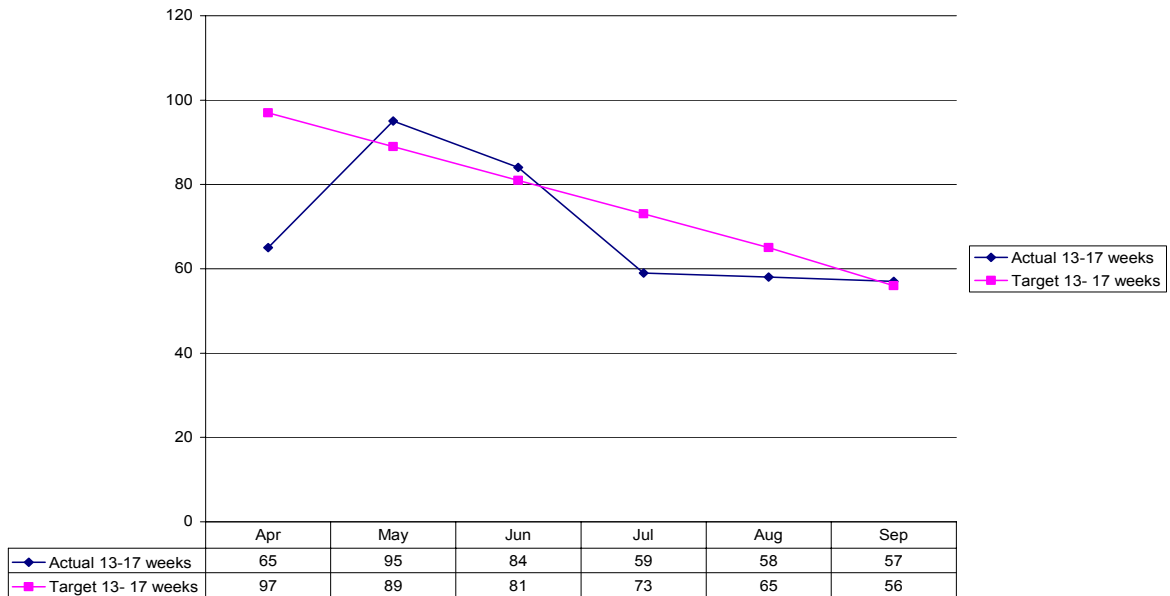
Key National Milestone for Outpatient Waiting List being:

Domain	Standard or Target
Governance	Achieve a maximum wait of 3 months for Outpatient appointment by December 2005
Achieve a maximum wait of 4 months (17 Weeks) for an Outpatient appointment and reduce the number of over 13 week outpatient waiters by March 2004, as progress towards achieving a maximum wait of 3 months for an outpatient appointment by December 2005.	

Outpatient Waiting List Activity	Apr	May	Jun	Jul	Aug	Sep
Actual 13-17 weeks	65	95	84	59	58	57
Target 13- 17 weeks	97	89	81	73	65	56
Over 17 Weeks Actual	0	1	0	0	0	0

There has been no over 17 week waiters for the past 4 months. Over 13 week waiters is above profile in Sep 05. There is constant pressure in a few specialties. Work is ongoing to curtail referrals in Orthopaedics. Orthodontics and Oral surgery pressures could be relieved to some extent by exploring various options in our dental practices.

Over 13 - 17 Wk waiters Actual V Target

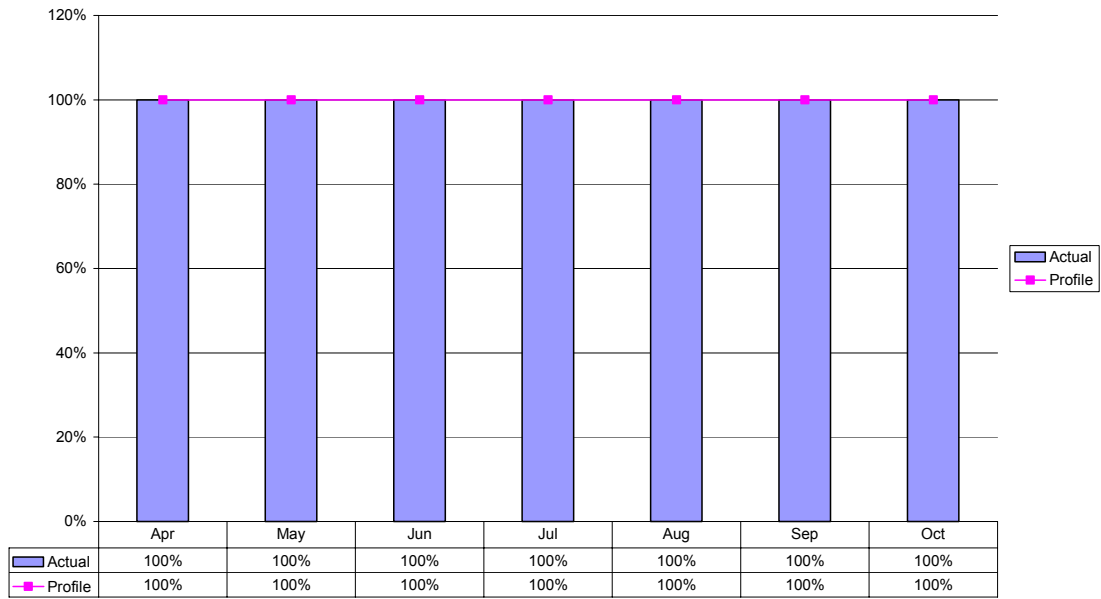


Primary Care Access

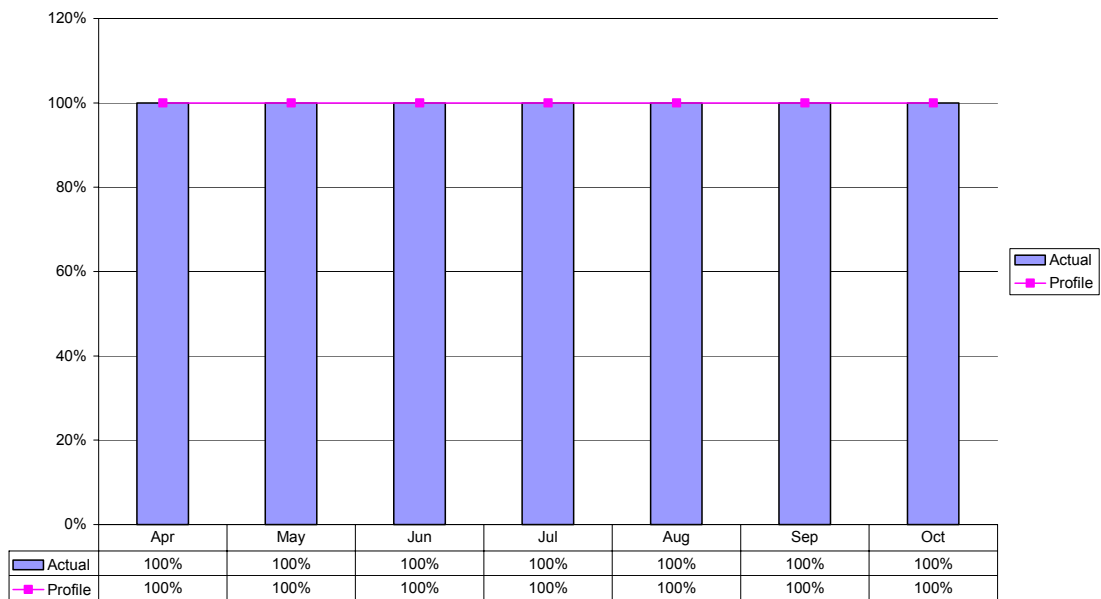
Key National Milestone for Primary Care Access

Domain	Standard or Target
Governance	100%
Ensure 100% of patients who wish to do so can see a primary health care professional within 24 hours and a GP within 48 hours by December 2004	

Primary Care Professionals -24 hour access % achieved



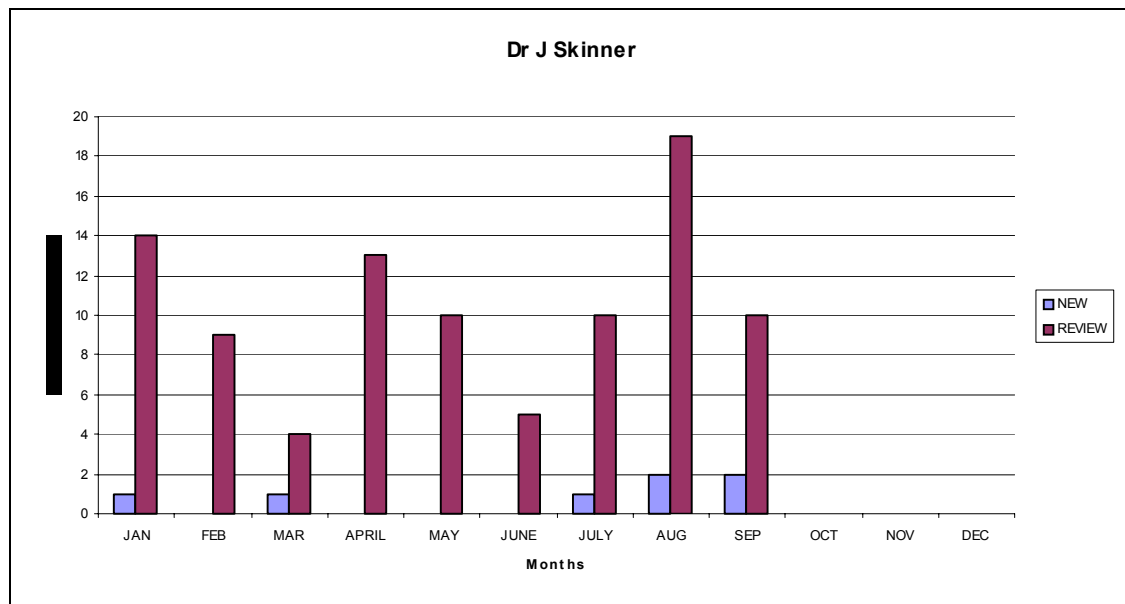
GP - 48 hour Access % Achieving



Sedgefield PCT has consistently met the Primary Care Access targets.

Community Outpatient Clinics – Dr J Skinner

	NEW	REVIEW
JAN	1	14
FEB		9
MAR	1	4
APRIL		13
MAY		10
JUNE		5
JULY	1	10
AUG	2	19
SEP	2	10
OCT		
NOV		
DEC		
TOTAL	7	94



Palliative care is one of the services provided by Sedgefield PCT at the Community Hospital.

Cancer Waiting Times

Key National Milestone for Cancer Waiting Times

Domain	Standard or Target
Governance	Maintain a maximum two week from urgent GP referral to 1 st Outpatient appointment for all urgent suspected cancer referrals
The standard states that no one should be waiting longer than 2 weeks for referrals received within 24 hours.	

Cancer waiting Time	Patients Referred and Breaches											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Urgent GP referrals received after 24 hours	0	0	0	1	4							
No of patients first seen in the period	83	87	112	85	109							
No of breaches of 2 weeks standard	0	0	0	0	0							

Number of Urgent GP referrals received after 24 hours were 4; however there were no breaches of the 2 weeks standard. There was a marked increase in the number of Urgent suspected cancer referrals in August. Dr Craig Heath, Clinical Lead, Cancer, follows up all 24 hours breaches and advises practices on procedures to avoid recurrence.

Cancer Breaches for Sedgefield PCT patients - August 2005			
No of Urgent referrals received after 24 hours			
Number Of Breaches: 4			
	Trust	Dates	Comments
Breach 1	North Tees and Hartlepool	GP referral Date 08/09/2005 Fax Arrival Date 11/08/2005	Faxed to Outpatient Department
Breach 2	County Durham & Darlington Acute Trust	GP referral Date 22/07/2005 Fax arrival date 25/07/2005	Weekend Referral – Decision to refer made on a Friday. Referral not faxed to CAB until the following Monday
Breach 3	County Durham & Darlington Acute Trust	GP referral Date 22/07/2005 Fax arrival date 25/07/2005	Weekend Referral – Decision to refer made on a Friday. Referral not faxed to CAB until the following Monday
Breach 4	County Durham & Darlington Acute Trust	GP referral Date 22/07/2005 Fax arrival date 25/07/2005	Weekend Referral – Decision to refer made on a Friday. Referral not faxed to CAB until the following Monday

Cancer Breaches	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14 days Actual	100 %	100 %	100 %	100 %	100 %							
14 days Target	100 %	100 %	100 %	100 %	100 %							

Sedgefield PCT has consistently met this target. However with marked increase in the number of urgent referrals, and the number of urgent referrals being received after 24 hours there is the risk that this target may be breached.

Domain	Standard or Target
Governance	The target is that by December 2005 no patient should wait longer than 31 days from decision to treat to first treatment

Cancer waiting Time	Patients Treated and Breaches											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of Patients treated (31 day Target)	19	29	34	32	20							
No of Breaches	3	3	1	1	1							

Cancer Breaches for Sedgefield PCT patients - August 2005			
Newly diagnosed cancer patients not treated within 31 days of decision to treatment			
Number Of Breaches: 1			
Trust	Cancer Type	Dates	Comments
South Tees Hospitals NHS Trust	Urological	Decision to Treat 13/05/2005 Treatment Date 22/08/2005 101 days	Delay due to wait for surgery – radical protatectomy

Cancer Breaches	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
31 days Target	91.5%	91.5%	91.5%	91.5%	91.5%							
31 days Actual	84.2%	89.7%	97.1%	97.1%	95.0%							
Variance	-7.3%	1.8%	5.6%	5.6%	3.5%							

There was one breach in August. It was above target by 3.5%.

Domain	Standard or Target
Governance	The target is that by December 2005 no patient should wait longer than 62 days from urgent referral to first treatment

Cancer waiting Time	Patients Treated and Breaches											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

No of Patients treated (62 day Target)	4	11	12	12	4							
No of Breaches	1	5	0	3	1							

Cancer Breaches for Sedgefield PCT patients - August 2005			
Newly diagnosed cancer patients not treated within 62 days from referral to treatment			
Number Of Breaches: 1			
Trust	Cancer Type	Dates	Comments
South Tees Hospitals NHS Trust	Ling	GP referral date 31/05/2005 Treatment Date 17/08/2005 No of days 78	1 st Seen BAGH 13/06/05 not referred to JCUH until 19/07/2005

Cancer Breaches	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
62 days Target	87.5%	87.5%	87.5%	87.5%	87.5%							
62 days Actual	75.0%	54.5%	100.0%	75%	75%							
Variance	-12.5%	-33.0%	12.5%	-13%	-13%							

Actual performance is below target for most of the months. There is a risk that this target may be breached. With the appointment of trackers and various initiatives put into place it is anticipated that there will be a marked improvement in the next two months.

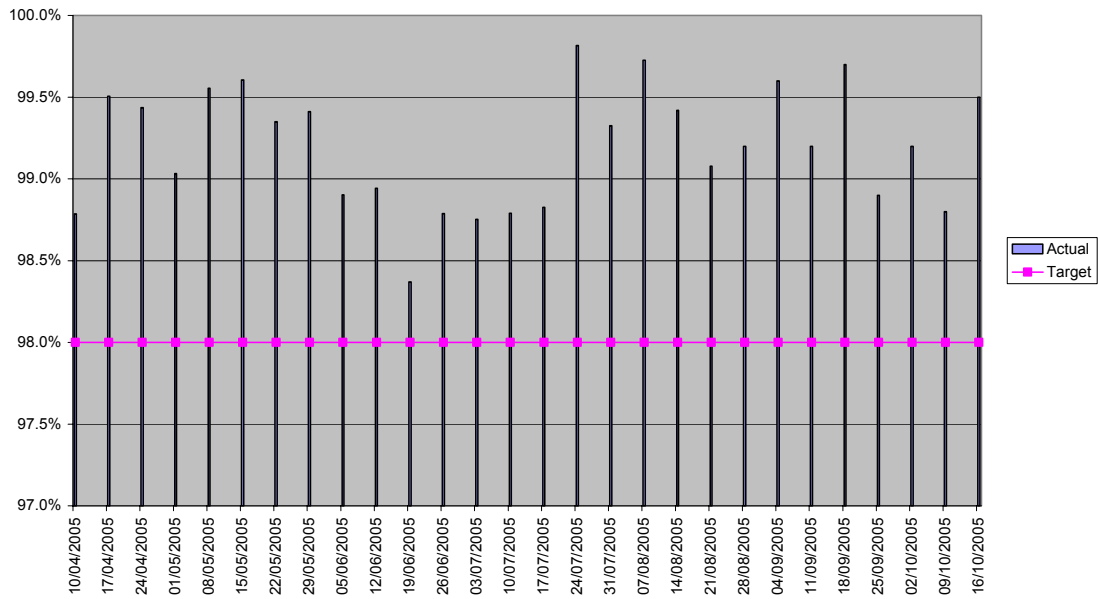
Emergency Activity

Key National Milestone:

Domain	Standard or Target
Governance	98%
Reduce to 4 hours the maximum wait in A & E from arrival to admission, transfer or discharge, by March 2004 for those Trusts who have completed the Emergency Services Collaborative and by the end of 2004 for all others.	

A & E Waiting Time

A & E



The trust has consistently achieved this target since April 05.

A & E attendance by Site

Site_Name	Apr-05	May-05	Jun-05	July 05	Aug 05	Total
BISHOP AUCKLAND GENERAL HOSPITAL	1144	1114	1114	1104	1037	5513
CITY HOSPITALS SUNDERLAND	6	4	7	9	4	30
DARLINGTON MEMORIAL HOSPITAL	666	705	733	673	692	3469
SUNDERLAND EYE INFIRMARY	24	25	13	16	12	90
UNIVERSITY HOSPITAL OF HARTLEPOOL	55	64	60	68	69	316
UNIVERSITY HOSPITAL OF NORTH TEES	135	119	95	140	130	619

The majority of patients attend A & E department at Bishop Auckland General Hospital.

Disposal Description	April 05	May 05	June 05	Jul 05	Aug 05	Grand Total
	28	49	29	17	23	146
Admitted to hospital bed	275	245	277	310	276	1383
Died in Department	3	2	1	4	3	13
Discharged - did not require any follow up treatment	418	339	279	264	328	1628
Discharged - follow up treatment to be provided by General Practitioner	848	959	975	979	895	4656
Left Department before being treated	27	25	27	27	21	127
Left Department having refused treatment	10	5	6	9	6	36
Other	44	42	60	25	35	206
Referred to A&E Clinic	157	162	161	158	145	783
Referred to Fracture Clinic	161	151	155	165	140	772
Referred to other Health Care Professional	22	25	23	17	29	116
Referred to other Out-Patient Clinic	20	17	15	20	24	96
Transferred to other Health Care Provider	17	10	14	15	19	75
Grand Total	2030	2031	2022	2010	1944	10037

On average 276 patients were admitted to hospital via A & E department each month. 325 patients approximately each month were discharged and did not require any follow up treatment. On average 931 patients were discharged each month and follow up treatment to be provided by their GP.

Choice

The NHS Plan sets out to ensure that patients who need treatment will be supported through a series of choices to give them greater influence over their own care. Increasingly, patients will be offered more choice over how, when and where they are treated. By April 2004, PCTs needed to have implemented choice at 6 months for elective inpatient care for all specialties except Orthopaedics and Plastic Surgery. Plastic Surgery has been included in choice as of 30 June 2004. Orthopaedics has been included in choice as of 31 August 2004

The position for September 2005 is as follows:

Patient Choice (at 6 months)

	September	Cumulative
Number of patients eligible for choice	19	198
Number of patients accepting choice	4	38
3 - Number of patients in Phase 1 ineligible for choice because:	2	15
a) Patient excluded as they have a firm TCI date between 6 and < 7 months	2	11
b) Patient excluded for clinical reason	0	4
No of patients in Phase 2 accepted an alternative provider out with the originating Trust	2	8
No of patients in Phase 2 were excluded from choice due to the receiving hospitals decision	0	0

Choose & Book

Choose and Book is a national service that will, for the first time, combine electronic booking and choice of time, date and place for first outpatient appointment.

Targets

June 2005 – 30% of GPs issued with Smart Cards and choice of 4 providers commissioned for all services. We are waiting to hear the outcome of whether we have achieved the target. The incentive for this target was £6000 per GP practice to be utilized as capital money.

Oct 2005 – 50% of referrals via Choose and Book during October. The incentive for this target was £100K capital money. There was considerable risk to achieving this target nationally due to IT infrastructure being unstable and not all services being available on Choose and Book.

However over the last two to three weeks Sedgefield PCT has seen a strong and steady increase in the number of referrals booked through Choose and Book. This has placed Sedgefield PCT at the forefront of Choose and Book nationally and as at 18th October, Sedgefield PCT ranked 5th in the country for achievement of referrals through choose and book.

	Total No of Practices	No live with integrated GP system and making C & B Rererrals	No live with Web Based Referral and making C & B referrals	% of practices referring	Total No of bookings to 18 th October	% of referrals (W/E Sunday 16 th October	Rank Nationally based on % of referrals w/e Sunday 16 th October
Darlington	11	0	3	27%	51	7.9%	17
Derwentside	15	1	1	13%	46	6.5%	24
Durham and Chester le street	18	3	1	22%	56	4.1%	43
Durham Dales	14	0	12	86%	284	45.7%	1
Easington	17	1	0	6%	6	1.1%	102
Hartlepool	16	0	0	0%	0	0.0%	-
Langbaugh	16	3	4	44%	35	3.0%	58
Middlesbrough	30	0	2	7%	20	2.1%	66
North Tees	27	0	1	4%	1	0.2%	161
Sedgefield	11	0	7	64%	98	14%	5
CDTV SHA	175	8	31	22%	597	7%	1

The next target is for Dec 2005. There is no incentive for this target, but it is part of the Performance rating for the trust. Dec 2005 Target – 90% of referrals through Choose and Book for GP and GDP. In addition GPs must offer the patients a choice of 4 providers.

Dec 2006. 100% of referrals made on Choose and Book by full electronic booking which requires the hospital systems to link with Choose and Book.

The number of referrals converted into bookings. The number of patients who have contacted the hospital and made their appointments from a choose and book referral as @ 25/10/2005. There may be practices that may have done some referrals on Choose and Book, but the patients have yet to make their appointments.

Sedgefield	
Dr Fox and Partners	33
Dr Pounder and Partners	30
Dr Walton and Partners	15
Dr Ferguson and Partners	48
Dr Baliga	2
Dr Drew	4
Dr Oakenfull and Partners	10
Dr Sanderson and Partners	22
Dr Wood and Partners	7
Total	171

Ambulance Targets

Key National Milestone for Ambulance

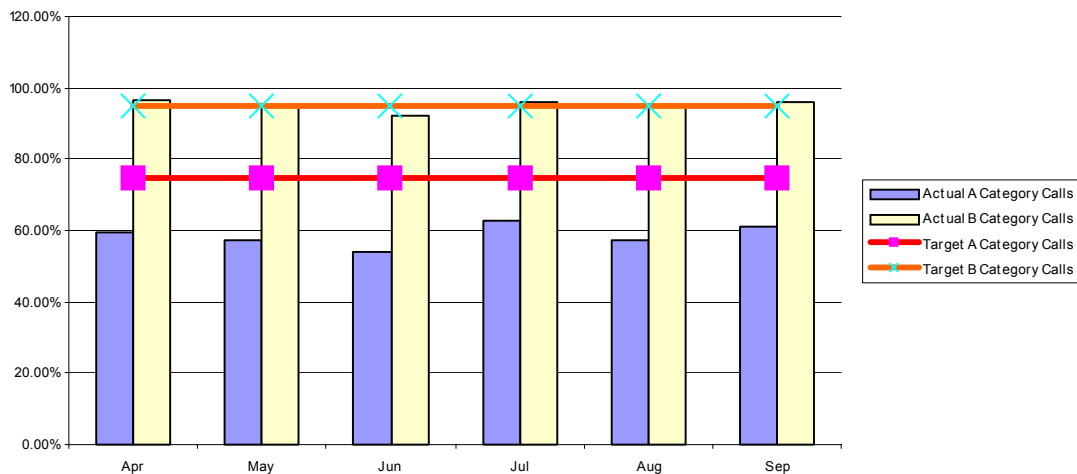
Domain	Standard or Target
Governance	National Standard
Category A Calls Ambulance services must achieve an 8-minute response to 75% of calls to life threatening emergencies. Category B Calls Ambulance services must achieve a 19 minute response to 95% of Category B calls	

Ambulance: No of Incidents Attended Category A calls	April	May	June	July	August	Sep
Incidents Attended	76	146	122	116	145	137
No responded <= 8 minutes	45	84	66	73	83	84
% Responded	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%
Ambulance: No of Incidents Attended Category B calls	April	May	June	July	August	Sep
Incidents Attended	512	443	485	491	448	414
No responded <= 19 minutes	495	421	447	471	426	397
% Responded	96.7%	95.0%	92.2%	95.9%	95.1%	95.9%

Category A calls responded within 8 minutes is below target, although September has shown a slight improvement. Category B calls responded within 19 minutes is above target most of the months.

Ambulance Targets	Apr	May	Jun	Jul	August	Sep
Actual A Category Calls	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%
Target A Category Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75%
Actual B Category Calls	96.7%	95%	92.2%	95.9%	95.1%	95.9%
Target B Category Calls	95%	95%	95%	95%	95%	95%

Ambulance Targets for Category A and B Calls



High Dependency cases undertaken by Month

High dependency cases are “Patients who require the skills and intervention of an advanced ambulance person(s) therefore cannot be carried by non-emergency services but who are neither emergency or GP urgent patients.”

PCT	Apr 05	May 05	June 05	July 05	Aug 05	Sep 05						
Sedgefield	1	2	1	2	1	2						

It has been extremely difficult to achieve ambulance response time of 8 minutes for category A calls. There has been a slight improvement in September of nearly 4% over the previous month. Sedgefield PCT has developed an Ambulance Service Performance

Improvement Plan in conjunction with NEAS to achieve the 8-minute target. There are numerous work streams exploring various options such as diverting activity from NEAS. Actions plans to reduce the demand upon paramedics and allow them to focus on core priorities and strengthening of services to enable more rapid response to high priority, emergency calls such as first responders.

Delayed Discharges					
Description of Target	Acute, Community & Mental Health				
Delayed Transfers: Improve the quality of life and independence of older people so that they can live at home wherever possible, by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home.					
			Mental Health		
	Acute Trusts	Community Hospitals	Learning Disabilities	Mental Illness	Old Age Psychiatry
Week Ending 20/10/2005	0	0	1	2	3
Average Delays in Days	0	0	50	163	75
Reasons			Awaiting public funding – 1 (SS)	Awaiting Public Funding = 2 (SS)	Patient /family choice – 2 (NHS) Awaiting further non-acute care –1 (NHS),

DRUG ACTION TEAM

Services provided by Orbit 20 to the residents of Sedgefield. DISC (Developing Initiatives and Supporting Communities) provide psycho social support. On average about 11 referrals are made monthly. There appears to be more men than women referred. The ages of the people referred seems to be varied, with the majority in the age range 18 – 24 years and from Newton Aycliffe area. The primary substance is Heroin, followed by Methadone and Cannabis. Approximately 123 sessions are provided each month and the DNA rate is 13%. A variety of sessions are provided such as One to One, Acupuncture, EST(Electro Stimulation Therapy), Complementary Therapies, Badminton, Women’s group etc. The majority of sessions are provided on a one to one basis. It also provides improvement scores after clients have engaged with Orbit 20. There is also a Rickter assessment, which is an improvement score from the Clients point of view. Most clients felt that they made considerable improvement with respect to employment and health. A full breakdown of referrals to Orbit 20 is provided in Appendix 1.

Quality Indicators by Domain 2005 – 2006

Domain	Indicator	April	May	June	Jul	Aug	Sep
Safety	Number of risk Management (Clinical Claims)	0	0	0	0	0	0
	Number of personal injury claims	0	0	0	0	0	0
	Nice Interventional procedures						
Clinical and Cost Effectiveness	Number of Emergency Admissions	720	695	682	710	553	
	Daycases as a percentage of percentage of elective 1 st FCEs (Excluding well babies and including regular day cases – Daycase rate	66%	67%	66%	64%	68%	66%
	Average length of stay excluding day cases in days	4	5	5	5	4	
	Percentage of elective inpatients with zero length of stay	10%	14%	16%	13%	15%	
	DNA rate	7%	6%	7%	7%	7%	
	Sickness and absence rate:			3.16%			
	Mortality Rate	1.5%	2.5%	1.7%	1.9%	1.9%	
Governance	See Key commitments						
	Management of Records						
Patient Focus	Number of complaints received by the Trust within each month	5	8	3			
	Percentage of complaints resolved within 20 working days						
Accessible and Responsive Care	Inpatient Booking Targets	93%	99%	100%	99%	100%	100%
	Outpatient Booking Targets	94%	93%	95%	92%	93%	92%
Public Health	Smoking Quitters						
	Smoking Quitters	86	44	56			
	Non Quitters	19	21	8			

	Lost to follow up	44	30	29			
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4 Recommendations

Report is received for information.

5 Financial Implications

Sedgefield PCT have significantly over performed financially, these overspends are predominantly associated with non – elective activities. The overall numbers of non-elective activity for Q1 04/05 and Q1 05/06 for CDDAT and North Tees and Hartlepool NHS Trust show no significant change, the over performance financially appears to be due to changes in Case Mix and the National Tariff.

6 Specific added value

PCT performance in respect to Accessible and Responsive Care is a key domain for Health Care Commissions assessment.

7 Evidence of Patient/Public Involvement

These Access reports are shared with local people through the regular Area Forums.

8 Does the Report/Consider Issues of Equality & Diversity

No data pertaining to this available this month.

9 Staff Participation Process

Staff are kept informed of the PCT's Performance through monthly briefings.

10 References

Author Usha Jacob
Performance Manager

Responsible Director
Melanie Fordham
Director of Commissioning &
Performance