

# AREA 1 FORUM

Monday, 13 February 2006

6.30 p.m.

Memorial Room,  
Town Hall, Spennymoor

## AGENDA and REPORTS

## AGENDA

- 1. APOLOGIES**
- 2. DECLARATIONS OF INTEREST**

To notify the Chairman of any items that appear in the agenda in which you may have an interest.
- 3. MINUTES**

To confirm as a correct record the Minutes of the meeting held on 12<sup>th</sup> December 2006. (Pages 1 - 6)
- 4. POLICE REPORT(LOCAL ISSUES AND ROAD SAFETY)**

A representative of Spennymoor Police will attend the meeting to give a report on crime statistics and initiatives in the area and road safety.
- 5. CHICANES - CARR LANE, SPENNYMOOR**

Representatives of Durham County Council will respond to the concerns raised at the last meeting of the Forum.
- 6. SEDGEFIELD PRIMARY CARE TRUST**

A representative of Sedgefield Primary Care Trust will attend the meeting to give an update on local health matters and performance figures. (Pages 7 - 26)
- 7. PATIENT AND PUBLIC INVOLVEMENT FORUM SEDGEFIELD**

Arrangements have been made for a Forum member to give a presentation regarding public involvement in health services in Sedgefield Borough.
- 8. NAMING OF DEVELOPMENT, RESIDENTIAL DEVELOPMENT ON LAND ADJACENT HALLGARTH, KIRK MERRINGTON**

Report of Building Control Manager. (Pages 27 - 28)
- 9. NAMING OF DEVELOPMENT, RESIDENTIAL DEVELOPMENT ON LAND AT WHITWORTH PARK, SPENNYMOOR**

Report of Building Control Manager. (Pages 29 - 30)
- 10. QUESTIONS**

The Chairman will take questions from the floor.
- 11. DATE OF NEXT MEETING**

Monday 3<sup>rd</sup> April 2006 at 6.30 p.m. at Tudhoe Community Centre

**12. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT**

To consider any other business which, with the consent of the Chairman, may be submitted. Representatives are respectfully requested to give the Chief Executive Officer notice of items to be raised under this heading no later than 12 noon on the Friday preceding the meeting in order that consultation may take place with the Chairman who will determine whether the item will be accepted.

N. Vaulks  
Chief Executive Officer

Council Offices  
SPENNYMOOR  
3<sup>rd</sup> February 2006

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ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection in relation to this Agenda and associated papers should contact **Mrs. Gillian Garrigan, Spennymoor 816166 Ext 4240 [ggarrigan@sedgefield.gov.uk](mailto:ggarrigan@sedgefield.gov.uk)**

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## **Distribution List**

### **Sedgefield Borough Council**

Councillor J. M. Khan (Chairman)  
Councillor A. Gray (Vice-Chairman) and

Councillors Mrs. A. M. Armstrong, Mrs. B. Graham,  
M. T. B Jones, B.M. Ord, G.W. Scott, A. Smith Mrs. C. Sproat, K. Thompson and W. Waters

### **Spennymoor Town Council**

Councillors Mrs. M. Smith and Mrs. J. Wood

### **Durham County Council**

Councillors E. Foster and N.C. Foster

### **Tudhoe Grange Comprehensive School Council**

Mrs. Knight, Ian Geldard and Nicholas Wood

### **Spennymoor Comprehensive School Council**

S. Mc Ewan

### **Spennymoor Police**

Inspector A. Green

### **Sedgefield Primary Care Trust**

Mrs. M. Fordham and Mrs. G. Wills

### **Tudhoe Community Centre**

J. Smith

### **New Life Community Church**

R. Gibson

### **CAVOS**

G. Fortune

### **Community Network**

Anne Frizell

### **Spennymoor Pub Watch**

C. Fletcher

### **Spennymoor Chamber of Trade**

J. Welsh

### **Neighbourhood Watch Co-Ordinators**

R. Campion & Mrs. E. Croft

### **The Oaks Residents Association**

S. Bright

### **St. Pauls Residents Association**

D. Pattison

### **Eden Residents Association**

Mrs. C. Bell

**MARG**

Ms. T. Pollard

**Greenways Residents Association**

A. Lamb

B. Lamb

P. Lawton

**OTHERS**

Mrs. M. Bower

Mrs. Brown

Mr. S. Case

Mr. D. Gordon

Mrs. M. Khan-Willis

Mrs. E. Maddison

Mr. P. Moore

Mrs. A. Mumford

Mr. K. Pritchard

Mr. J. Redman

Mrs. A. Robinson

Mr. F. Ryder

Mrs. A. Stapleton

Mr. R. Stewart

Mr. A. Williams

# Item 3

## SEDGEFIELD BOROUGH COUNCIL AREA 1 FORUM

Community Centre,  
Middlestone Moor.

Monday,  
12 December 2005

Time: 6.30 p.m.

**Present:** Councillor J.M. Khan (Chairman) – Sedgefield Borough Council and

Councillor Mrs. B. Graham	– Sedgefield Borough Council
Councillor A. Gray	– Sedgefield Borough Council
Councillor B.M. Ord	– Sedgefield Borough Council
Councillor G.W. Scott	– Sedgefield Borough Council
Councillor A. Smith	– Sedgefield Borough Council
Councillor Mrs. C. Sproat	– Sedgefield Borough Council
Councillor K. Thompson	– Sedgefield Borough Council
Inspector A. Green	– Durham Constabulary
Mrs. M. Fordham	– Sedgefield PCT
D. Rutherford	– Sedgefield PCT
A. Lamb	– Greenways Residents Association
Councillor E. Maddison	– Democratically Elected Councillor representing Spennymoor Ward, Spennymoor Town Council
S. Brown	– Middlestone Moor Community Centre
Councillor M. Smith	– Spennymoor Town Council
D. Gordon	– Spennymoor Town Centre Forum
F. Ryder	– Local Resident
G. Turnbull	– Local Resident

**In**

**Attendance:** A. Farnie, Mrs. G. Garrigan and A. Palmer

**Apologies:**

Mrs. A.M. Armstrong	- Sedgefield Borough Council
Councillor M.T.B. Jones	– Sedgefield Borough Council
Councillor W. Waters	– Sedgefield Borough Council
D. Pattison	– St. Pauls Residents Association
Mrs. M. Khan-Willis	- Local Resident

### **AF(1)18/05 MINUTES**

The Minutes of the meeting held on 24<sup>th</sup> October 2005 were confirmed as a correct record and signed by the Chairman.

### **AF(1)19/05 POLICE REPORT (LOCAL ISSUES AND ROAD SAFETY)**

Inspector A. Green was present at the meeting to give details of the crime figures for the area.

The reported crime statistics for November 2005 were as follows:

Burglary dwelling	2
Burglary (other)	14
Vehicle crime	17
Criminal damage	44
Violent crime	28
Theft	33
<b>Total crime :</b>	127
<b>Overall percentage detection rate</b>	27%

Total crime had decreased by 7% compared to the same period in the previous year.

With regard to drug related incidents, it was noted that there had been 46 for the whole of the Borough and 14 for the Spennymoor area.

In relation to vehicle crime, it was reported that the number of incidents mainly related to the theft of objects left in vehicles, such a satellite navigation systems.

With regard to road traffic accidents, it was noted that the figures were as follows:

Damage only accidents	12
Injury accidents	12
Hit and run	21
Dog (hit)	1
Fatal accidents	0

Concern was expressed regarding the design and positioning of the chicanes on Carr Lane, Spennymoor. Large vehicles often mounted the pavement in order to negotiate the chicanes and some motorists raced each other to get through them. There had been three accidents within a short period of time and the chicanes/barriers had been damaged.

The Forum was reminded that the chicanes had been installed following requests from local residents for traffic calming measures.

It was agreed that Councillor E. Foster, Durham County Council should be informed of the concerns, with a view to a report being given at the next meeting of the Forum.



**AF(1)20/05 DRAFT RESIDENTIAL EXTENSIONS SUPPLEMENTARY PLANNING DOCUMENT**

A. Farnie, Principal Development Control Manager, was present at the meeting to give a presentation on the above document.

It was explained that the Supplementary Planning Document: Residential Extensions had been prepared as part of Sedgefield Borough Local Development Framework, which would replace the Local Plan.

The Supplementary Planning Document on Residential Extensions had been prepared in advance of the Sedgefield Borough Local Development Framework as there was an urgent need for improved guidance on residential extensions as the existing guidance produced in 2000 was now out of date.

It was reported that final year students from the University of Newcastle had been commissioned to review the existing guidance and identify National Best Practice. Council officers had subsequently refined the work to suit local circumstances.

A Draft Supplementary Planning Document (SPD) was produced and presented to the Borough Council's Cabinet in September 2005 where it was approved for public consultation. The consultation period had now ended and it was anticipated that the document would be adopted by the Council in February 2006.

The Draft Supplementary Planning Document was more comprehensive than the existing Supplementary Planning Guidance and provided detailed advice and guidance on the following:

- General design principles
- Porches
- Forward, side, rear and rural extensions
- Conservatories
- Dormer windows and roof extensions
- Garages and outbuildings
- Walls and fences
- Other material planning considerations

It was noted that the document was available for downloading on the Council's website.

**AF(1)21/05 SEDGEFIELD PRIMARY CARE TRUST - PROGRESS UPDATE**

Mrs. M. Fordham and D. Rutherford attended the meeting to give an update on local health matters.

Consideration was given to a copy of the Performance Management Report that had been submitted to the Board meeting on 10<sup>th</sup> November 2005. (For copy see file of Minutes)

With regard to the future PCT configuration in County Durham, it was reported that the preferred options were as follows:

- A single county-wide PCT with Darlington included
- A single county-wide PCT with Darlington excluded

The options would be subject to consultation and a final decision would be made in April.

With regard to the re-provision of Spennymoor Health Centre, it was explained that the LIFT Company had been commissioned to undertake a feasibility study of possible sites within Spennymoor.

Specific reference was made to the availability of the Choose and Book Service, which offered patients the choice of time, date and 4 providers for their first outpatient appointment. It was noted that Sedgefield PCT had been ranked second in the country in October for the number of referrals made through Choose and Book.

The Forum's attention was drawn to the work of the Drugs Action Team within the borough. It was requested that a representative of Orbit be invited to a future meeting of the Forum to give details of the services provided.

Concern was expressed regarding the shortage of NHS dentists within the borough. It was noted that Sedgefield PCT was aware of the problem, particularly in Newton Aycliffe and had purchased a number of NHS dentistry sessions.

**AF(1)22/05**

**LOCAL IMPROVEMENT PROGRAMME - PROCESS AND PROCEDURE**

A. Palmer, Head of Strategy and Regeneration, was present at the meeting to give details of the above Programme.

It was explained that the Borough Council had received a substantial receipt from the sale of land and had agreed to use the money to support activities that fell within the Office of the Deputy Prime Minister's eligible expenditure definition of 'Regeneration' and 'Affordable Housing'.

It was pointed out that schemes to be advanced through the Local Improvement Programme would need to demonstrate the following:

- Conformity to the specified ODPM Regeneration and Affordable Housing Criteria.

Affordable Housing – 'the provision of dwellings to meet the housing needs, as identified by the local authority, of persons on low incomes, whether provided by the local authority or a registered local landlord.....'

Regeneration – 'any project for the carrying out of works or activities on any land where the land, or a building on the land, is vacant, unused, under-used, ineffectively used, contaminated or derelict; and The works or activities are carried out in order to secure that the land or the building will be brought into effective use.'

- Clear linkages to the delivery of the Council's Community Strategy and its key aims and planned outcomes.
- Appropriate levels of community consultation and reference to any Local Community Appraisal.
- Provision of sufficient level of detail in the project submissions to show a specific quantification of the benefits to be achieved by the investment and to explain the process by which the scheme would be delivered and over what time period.
- How any recurrent or revenue funding implications would be managed.
- Value for money should be clearly demonstrated to include any match funding from other grant sources.

Allocations were based on the local area's percentage share of households within the Borough. Area 1 locality would receive £253,000 in 2006/07, £253,000 in 2007/2008 and £253,000 in 2008/09.

It was emphasised that there was no pressure to spend allocated budgets within any one financial year as unspent money would be rolled forward into the next financial year and protected for that Area Forum.

It was reported that Area Forums along with Town and Parish Councils community and voluntary sector stakeholders would be invited to consider schemes that would be eligible for support under the Programme. The final decision on which schemes would proceed, would be made by Sedgefield Borough Cabinet.

A team of staff at Sedgefield Borough Council would be available to support the development of the scheme and would score applications received against the criteria.

**AF(1)23/05 NAMING OF DEVELOPMENT - LAND REAR OF INSTITUTE STREET, BYERS GREEN**

Consideration was given to a report of the Building Control Manager regarding a request to name and number the above development comprising of nine detached dwellings. (For copy see file of Minutes)

Councillor Thompson indicated that he wished to withdraw his suggestion of Thomas Wright and supported the proposal of Warwick Gardens.

The Forum agreed to support the name of Warwick Gardens for the development.

**AF(1)24/05 DATE OF NEXT MEETING**

Monday 13<sup>th</sup> February 2006 at 6.30 p.m. at the Memorial Room, Spennymoor Town Hall.

**ACCESS TO INFORMATION**

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Mrs. Gillian Garrigan Spennymoor 816166 Ext 4240 ggarrigan@sedgefield.gov.uk

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**RISK RATING: 6**

## **Professional Executive Committee Meeting Wednesday 25<sup>th</sup> January 2006**

### **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 &amp; Cost Effectiveness</i>
<input checked="" type="checkbox"/>	<i>Governance</i>	<input checked="" type="checkbox"/>	<i>Patient Focus</i>
<input checked="" type="checkbox"/>	<i>Accessible &amp; Responsive Care</i>	<input type="checkbox"/>	<i>Care Environment &amp; 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 December

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 November
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	<b>November</b> 13 wk Target = 41, Actual = 7 6 month Target = 21, Actual 5 T& O Target = 5, Actual 1
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	<b>October 31 days</b> Target = 98 %, Achieved = 88.5% <b>62 days</b> Target = 95% Achieved = 75 %
No. receiving assertive	Deliver assertive outreach to the adult patients with severe	Achievement of LDP target* in	Achieved up to second quarter

outreach services	mental illness who regularly disengage from services	each quarter	
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.

<b>Target</b>	<b>Target</b>	<b>Position at 30 November 2005</b>
Breakeven on I&E	Breakeven	£3,783K
Not to exceed its cash limit	£119.34m	N/A
Not to exceed its capital resource limit	£131k	N/A
Comply with the Prompt Payment Code Value	95%	96%
Comply with the Prompt Payment Code Volume	95%	78%

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 November 05.

	Activity April – November 2005			
	Year to Date (actual)	Profile	+/-	% Variance
Elective FFCEs	6721	6680	41	.61%
Non – Elective FFCEs	6467	7066	-599	-8.47%
Total FFCEs	13188	13746	-558	-4.1%
GP Referrals Seen	9989	9705	284	2.92%
GP Referral Request	12378	12419	-41	-.33%

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 November 05 is higher than profile very marginally by only 41. Non-elective FFCE's is lower than profile by 599. Thus total FFCE for General and Acute is less than profile by -4.1%. GP referrals seen are higher than profile by 284. The numbers of GP referrals, April to November 05 has decreased from 134 to -41. It is now marginally less than profile by .33%.

## Inpatient Waiting List Activity

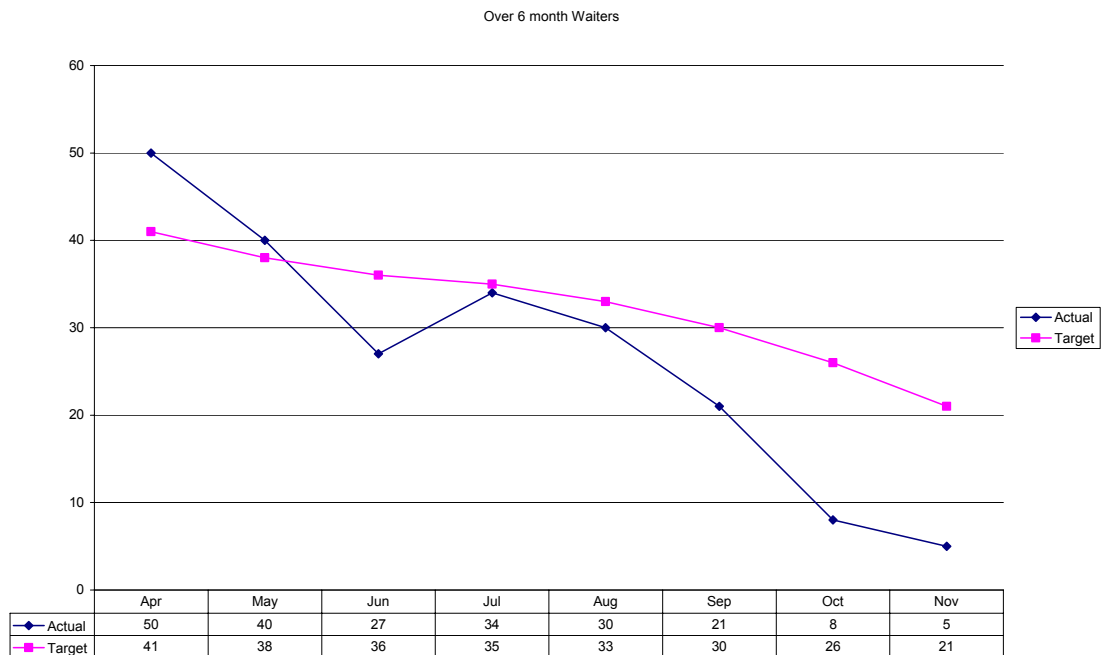
Key National Milestone for Inpatient Waiting List being:



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	Oct	Nov
Actual	50	40	27	34	30	21	8	5
Target	41	38	36	35	33	30	26	21
Total waitlist	1082	1100	1059	1054	1041	1068	1111	1063
% 6 months over total waitlist	5%	4%	3%	3%	3%	2%	2%	2%

For the past 6 months over 6 month waiters were below target. The percentage of 6-month waiters when compared with total waitlist has fallen by 1% and remained steady at 2% for the past 3 months. It is essential to ensure that no patients are waiting over 6 months at the end of December 05 and to maintain that position. 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 ensure that due to cancellations of operations during the last week of December this target is not breached.



### Orthopaedic Waiting List Activity

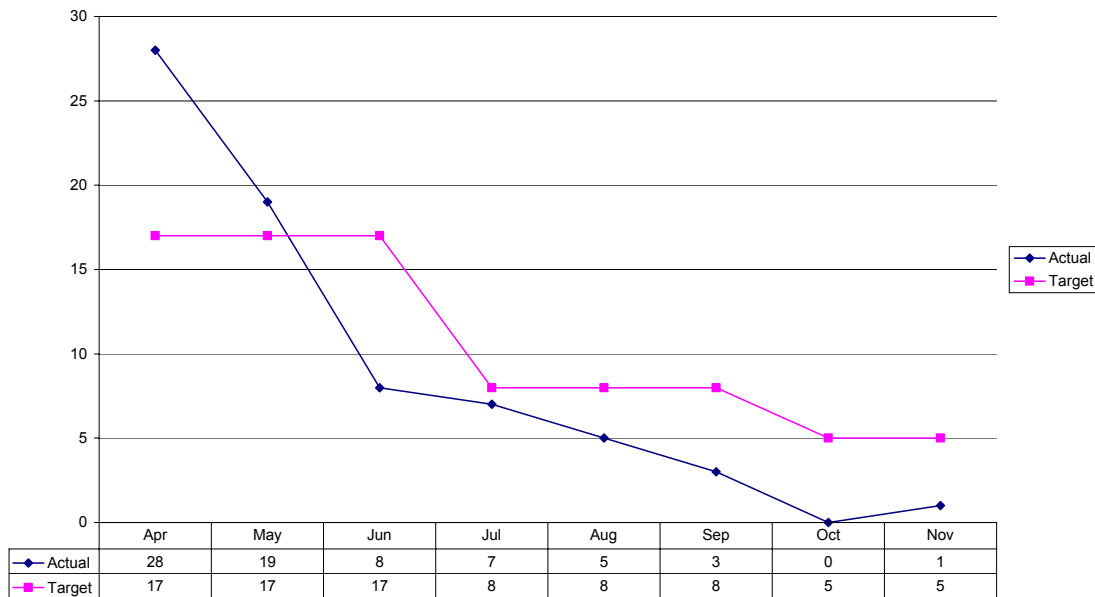
Key National Milestone for Orthopaedic Waiting List being:

Domain	Standard or Target
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	Oct	Nov
Actual	28	19	8	7	5	3	0	1
Target	17	17	17	8	8	8	5	5
Total waitlist	1082	1100	1059	1054	1041	1068	1111	1063

There is constant pressure to achieve Orthopaedic Waitlist. With close monitoring and validating acute Orthopaedic activity, Sedgefield PCT was able to achieve below profile for the last 6 months. Sedgefield PCT had achieved the December target of no patients waiting over 6 months for Orthopaedics in Oct 05. However in Nov 05 there was one patient waiting over 6 months, although it was below target. It is crucial to achieve the December target of no patients waiting over 6 months for Orthopaedics and maintain that position.

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	Oct	Nov
Actual 13-17 weeks	65	95	84	59	58	57	32	7
Target 13- 17 weeks	97	89	81	73	65	56	50	41
Over 17 Weeks Actual	0	1	0	0	0	0	0	0

There have been no over 17 week waiters for the past 6 months. Over 13 week waiters are below profile in Nov 05 by 34. 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 for Orthodontics and Oral Surgery. This is yet another target that needs to be achieved by end of December and maintained without any breaches.

Over 13 - 17 Wk waiters Actual V Target

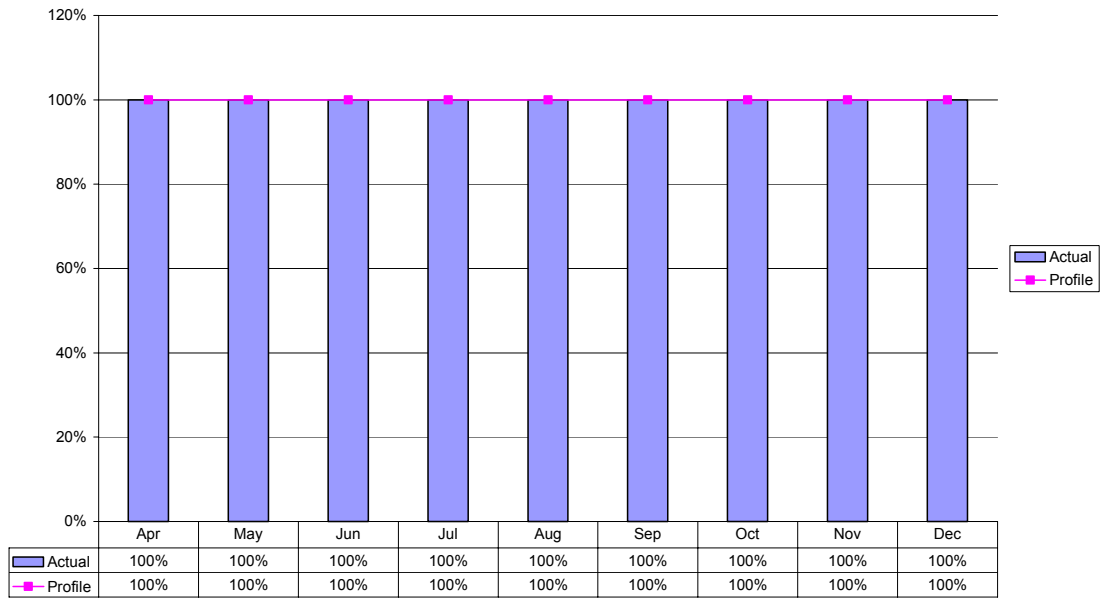


### Primary Care Access

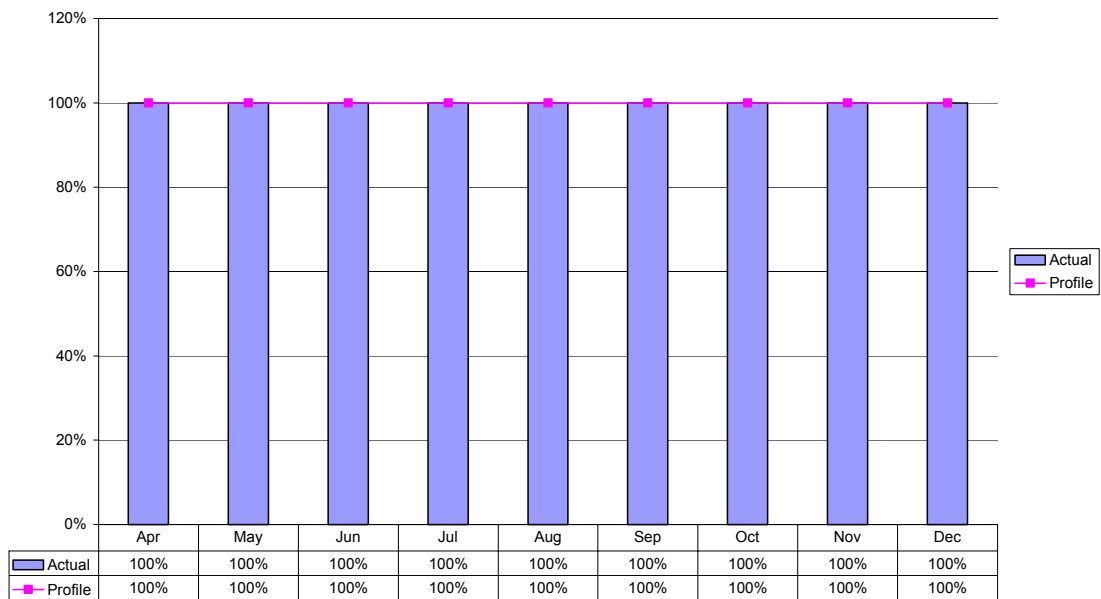
Key National Milestone for Primary Care Access

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**



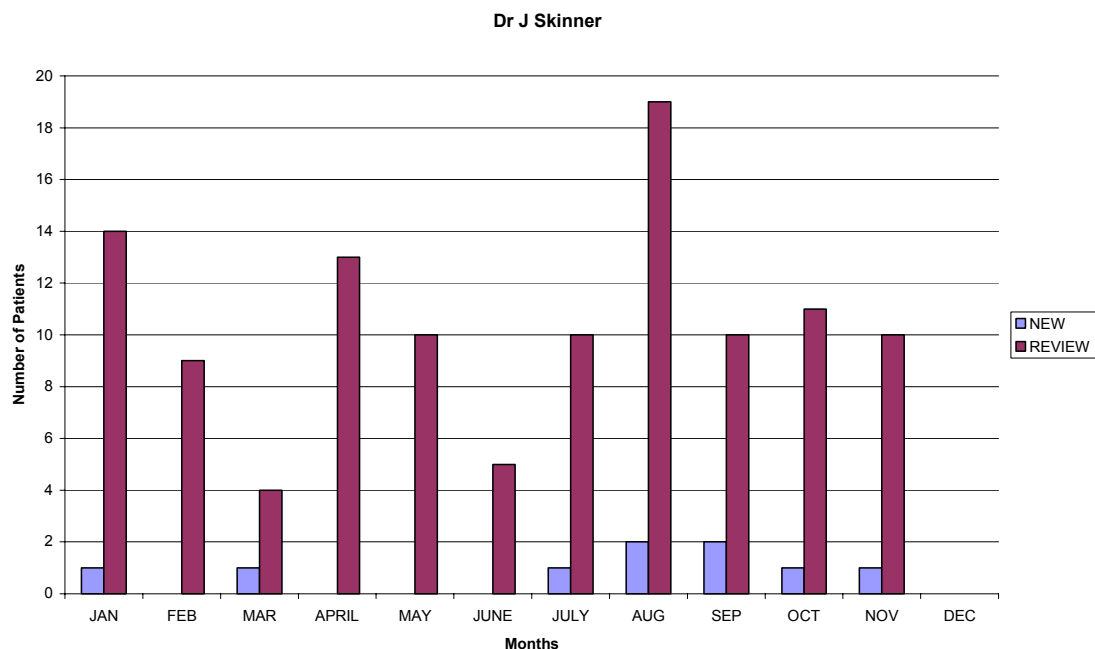
**GP - 48 hour Access % Achieving**



Sedgefield PCT has consistently met the Primary Care Access targets.

## Community Hospital 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	1	11
NOV	1	10
DEC		
TOTAL	8	105



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 <sup>st</sup> 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	0	1					
No of patients first seen in the period	83	87	112	85	109	108	123					
No of breaches of 2 weeks standard	0	0	0	0	0	0	0					

There was one Urgent GP referrals received after 24 hours in Oct 05, however there were no breaches of the 2 weeks standard up to Oct 05. Dr Craig Heath, Clinical Lead, Cancer, follows up all 24 hours breaches and advises practices on procedures to avoid recurrence.

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

Sedgefield PCT has consistently met this target. However with marked increase in the number of urgent referrals, 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	16	26					
No of Breaches	3	3	1	1	1	0	3					

Cancer Breaches for Sedgefield PCT patients - Oct 2005	
Newly diagnosed cancer patients not treated within 31 days of decision to treatment	
Number Of Breaches: 3	

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 %	95.1 %	98 %					
31 days Actual	84.2 %	89.7 %	97.1 %	97.1 %	95.0 %	100 %	88.5 %					
Variance	-7.3 %	1.8 %	5.6 %	5.6 %	3.5 %	4.9 %	-9.5 %					

There were 3 breaches in October 05. Performance has dramatically deteriorated in October 05.

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	9	12					
No of Breaches	1	5	0	3	1	1	3					

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 %	87.8 %	95%					
62 days Actual	75.0 %	54.5 %	100 %	75%	75%	88.9 %	75%					
Variance	-12.5 %	-33.3 %	12.5 %	-13%	-13%	1%	-20%					

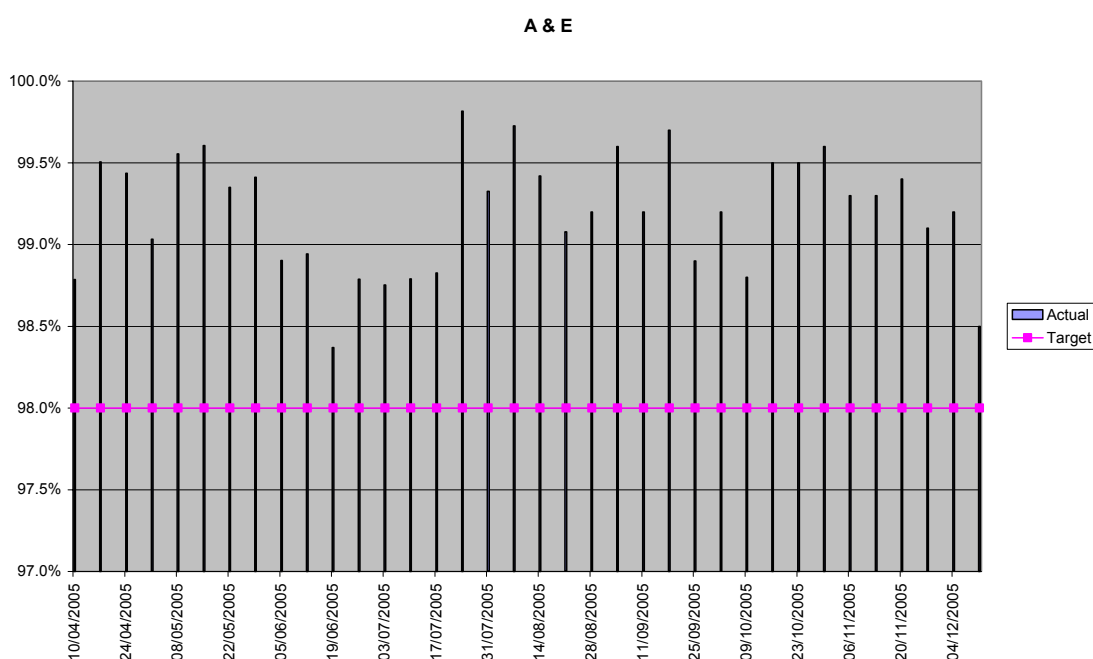
Actual performance is 20% below target for October 05. There is a risk that this target may be breached. The above cancer targets need to be achieved by December 2005 and maintained. The acute trust are undertaking various initiatives to ensure that the above targets are achieved such as actions plans for lack of awareness of cancer targets across the patient pathway, performance monitoring of complex patient pathways, looking at inaccuracy and completeness of data recording causing breaches to be recorded but they were not in fact breaches, Collaboration with primary care and tertiary providers. With the appointment of trackers and training of trackers during the last 2 months it is anticipated that there will be a marked improvement.

## 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



The trust has consistently achieved this target since April 05.

## A & E

**A& E Data has been updated from Trusts and therefore the figures may differ from figures reported earlier.**

## A & E attendance by Site

Provider	Site_Name	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Grand Total
RLN00	SUNDERLAND EYE INFIRMARY	24	25	13	16	12	21	18	129
	SUNDERLAND ROYAL HOSPITAL	6	4	7	9	4	5	9	44
RVW00	UNIVERSITY HOSPITAL OF HARTLEPOOL	55	64	60	68	69	59	57	432
	Blank (North Tees?)	205	178	156	186	178	153	149	1205
RXP00	BISHOP AUCKLAND GENERAL HOSPITAL	1136	1103	1104	1104	1089	1125	1018	7679
	DARLINGTON MEMORIAL HOSPITAL	655	700	726	673	702	660	665	4781
	Blank (UHND?)	150	178	147	145	140	134	163	1057
<b>Grand Total</b>		<b>2231</b>	<b>2252</b>	<b>2213</b>	<b>2201</b>	<b>2194</b>	<b>2157</b>	<b>2079</b>	<b>15327</b>



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

## Discharge Destination

Disposal Description	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Grand Total
Admitted to hospital bed/became a LODGED PATIENT of the same Health Care Provider	315	301	332	356	338	267	337	2246
Discharged - follow up treatment to be provided by General Practitioner	874	978	1008	1003	955	986	847	6651
Discharged - did not require any follow up treatment	497	414	347	328	412	377	329	2704
Referred to A&E Clinic	160	167	162	159	155	175	163	1141
Referred to Fracture Clinic	178	171	169	179	161	136	171	1165
Referred to other Out-Patient Clinic	23	26	18	25	28	45	41	206
Transferred to other Health Care Provider	17	10	14	19	21	18	21	120
Died in Department	4	3	1	4	3	3	3	21
Referred to other Health Care Professional	29	32	25	23	38	24	30	201
Left Department before being treated	31	31	27	30	22	31	20	192
Left Department having refused treatment	16	15	14	13	13	15	10	96
Other	55	48	61	35	38	49	59	345
Blank	32	56	35	27	10	31	48	239
<b>Grand Total</b>	<b>2231</b>	<b>2252</b>	<b>2213</b>	<b>2201</b>	<b>2194</b>	<b>2157</b>	<b>2079</b>	<b>15327</b>

On average 320 patients were admitted to hospital via A & E department each month. 386 patients approximately each month were discharged and did not require any follow up treatment. On average 950 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 November 2005 is as follows:

Patient Choice (at 6 months)	November	Cumulative
Number of patients eligible for choice	<b>13</b>	<b>195</b>

Number of patients accepting choice	<b>3</b>	<b>44</b>
3 - Number of patients <b>in Phase 1</b> ineligible for choice because:	<b>4</b>	<b>16</b>
a) Patient excluded as they have a firm TCI date between 6 and < 7 months	<b>4</b>	<b>12</b>
b) Patient excluded for clinical reason	<b>0</b>	<b>4</b>
No of patients in <b>Phase 2</b> accepted an alternative provider out with the originating Trust	<b>0</b>	<b>8</b>
No of patients in <b>Phase 2</b> were excluded from choice due to the receiving hospitals decision	<b>0</b>	<b>0</b>

## 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.

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.

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 12<sup>th</sup> December, Sedgefield PCT ranked 5<sup>th</sup> in the country for achievement of referrals through choose and book and below are Sedgefield PCT's performance when compared with other PCTs in CDTV as @ 12 December 05.

	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	No of practices referring	No of practices not referring	% of practices referring	No of bookings
Darlington	11		10	10	1	91	456
Derwentside	15	7	2	9	6	60	259
Durham and Chester le street	18	8	3	11	7	61	302
Durham Dales	13		13	13	0	100	1799
Easington	17	4	10	14	3	82	148
Hartlepool	16		4	4	12	25	22
Langbaugh	16	2	8	10	6	63	252
Middlesbrough	30		23	23	7	77	768
North Tees	27	1	2	3	24	11	33
Sedgefield	11		11	11	0	100	1112
CDTV SHA	174	22	86	108	66	62	5151

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.

### Independent Sector

The following table show expenditure to date for this financial year on Choice at 6 months in the Independent Sector. This has major cost implications for Sedgefield PCT. About 76% of patients who opted for choice at 6 months were in Orthopaedics.

Independent Sector	Choice Patients 2005-06 April – 30 <sup>th</sup> November	
Specialty	Nos of Patients	Total Cost
Cataracts	8	
Plastic Surgery	7	
Orthopaedic – Joints	21	
Orthopaedic - Other procedures	19	
Joint Injections	7	
Total No of Patients	62	£190, 738

### Primary Care Procedures: April to November 2005

GPwSI	Consultation	Procedure	Waiting Times
ENT	157	268	1-3 weeks
Gynae	63	94	2 weeks
Minor Surgery	22	186	3-4 weeks
Minor Surgery	76	172	6 weeks
Sigmoidoscopy	0	58	1 week
Sigmoidoscopy	0	22	2 weeks
Urology	17	9	2-4 weeks
Vasectomy	30	30	1 week
Vasectomy	61	61	2 weeks
Vasectomy	15	13	2 weeks
	<b>441</b>	<b>913</b>	

GPwSI has performed 913 procedures April to November 05. The majority of waiting times are between 1 – 4 weeks for primary care procedures.

### Ambulance Targets

#### Key National Milestone for Ambulance

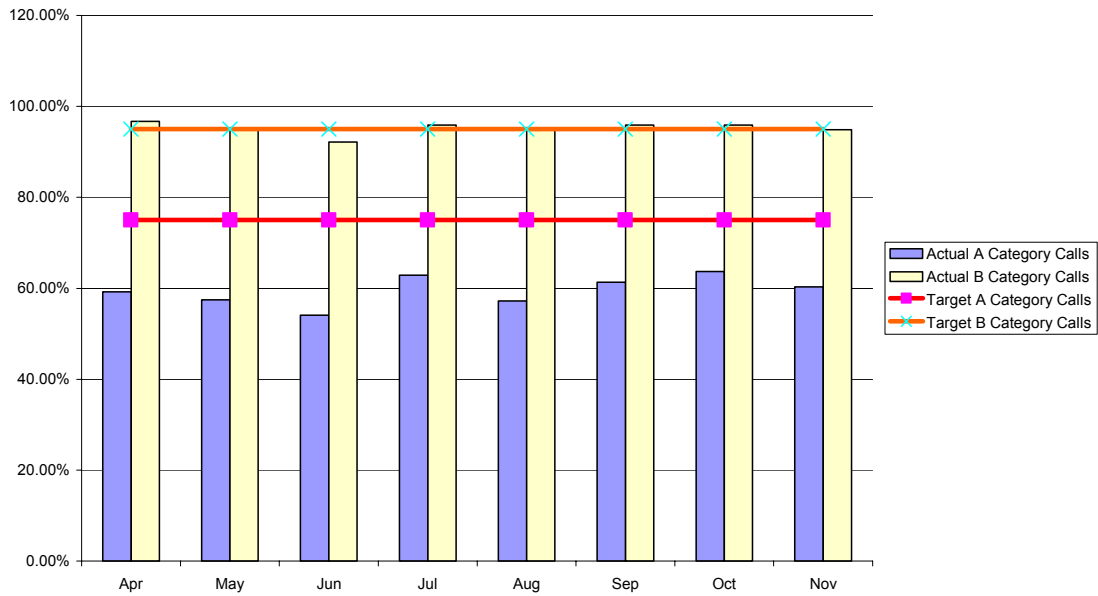
Domain	Standard or Target
Governance	National Standard
Category A Calls Ambulance services must achieve an 8-minute response to <b>75%</b> of calls to life threatening emergencies.	
Category B Calls Ambulance services must achieve a 19 minute response to 95% of Category B calls	

Ambulance: No of Incidents Attended Category A calls	April	May	June	July	August	Sep	Oct	Nov
Incidents Attended	76	146	122	116	145	137	124	136
No responded <= 8 minutes	45	84	66	73	83	84	79	82
% Responded	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%	60.3%
Ambulance: No of Incidents Attended Category B calls	April	May	June	July	August	Sep	Oct	Nov
Incidents Attended	512	443	485	491	448	414	435	451
No responded <= 19 minutes	495	421	447	471	426	397	417	428
% Responded	96.7%	95.0%	92.2%	95.9%	95.1%	95.9%	95.9%	94.9%

Category A calls responded within 8 minutes is below target, although September and October 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	Oct	Nov
Actual A Category Calls	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%	60.3%
Target A Category Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75%	75%	75%
Actual B Category Calls	96.7%	95%	92.2%	95.9%	95.1%	95.9%	95.9%	94.9%
Target B Category Calls	95%	95%	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	Oct 05	Nov 05				
Sedgefield	1	2	1	2	1	2	0	0				

It is has been extremely difficult to achieve ambulance response time of 8 minutes for category A calls. There has been a slight deterioration in performance in November of nearly 3.4% 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. NEAS has provided a further breakdown of Category A, B and C calls for October and November 05 and it is provided in Appendix 1.

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 15/12/2005	0	0	0	0	0
Average Delays in Days	0	0	0	0	0
Reasons					

#### Quality Indicators by Domain 2005 – 2006

Domain	Indicator	April	May	June	Jul	Aug	Sep	OCT
Safety	Number of risk Management (Clinical Claims)	0	0	0	0	0	0	0
	Number of personal injury claims	0	0	0	0	0	0	0
Clinical and Cost Effectiveness	Number of Emergency Admissions	720	695	682	710	553	632	567
	Daycases as a percentage of percentage of elective 1 <sup>st</sup> FCEs (Excluding well babies and including regular day cases – Daycase rate	66%	67%	66%	64%	68%	66%	64%
	Average length of stay excluding day cases in days	4	5	5	5	4	5	5
	Percentage of elective inpatients with zero length of stay	10%	14%	16%	13%	15%	10%	13%
	DNA rate	7%	6%	7%	7%	7%	6%	5%
	Sickness and absence rate:	2.89	3.73	2.88	1.10	.60		
	Mortality Rate	1.5%	2.5%	1.7%	1.9%	1.9%	1.5%	2%

Patient Focus	Number of complaints received by the Trust within each month	5	8	3	9	4	3	
Accessible and Responsive Care	Inpatient Booking Targets	93%	99%	100%	99%	100%	100%	100%
	Outpatient Booking Targets	94%	93%	95%	92%	93%	92%	94%
Public Health	<b>Smoking Quitters</b>							
	Smoking Quitters	86	44	56	56	57	74	

#### **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**



**13<sup>th</sup> FEBRUARY 2006**

**REPORT OF THE BUILDING  
CONTROL MANAGER**

**NAMING OF DEVELOPMENT  
RESIDENTIAL DEVELOPMENT ON LAND ADJACENT HALLGARTH, KIRK MERRINGTON**

A request has been received from Barratt Homes to officially name and number the above development comprising 67 dwellings. The site is currently being marketed as 'Saxonfields' by the developer and having regard to the layout of the site, only one street name is required.

Spennymoor Town Council and relevant ward councillors were consulted and one response was received from Councillor Christine Sproat. Local residents have approached her to suggest using the name BECKWITH for the site. This is a historical family name associated with the agricultural industry, farming and Kirk Merrington. The new development is also sited adjacent to Beckwith Lane. This is an unadopted road with no residential properties addressed on it, and residents feel it appropriate to continue the use of Beckwith in the naming of this site.

Unless the members of the Forum would wish to suggest an alternative name, it is felt appropriate that the above name be recommended for the development.

**Background Papers**

**TOWN IMPROVEMENT CLAUSES ACT 1847  
DEPARTMENT OF TRANSPORT Circular 3/93**

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# Item 9

## REPORT TO AREA 1 FORUM

13<sup>th</sup> FEBRUARY 2006

### REPORT OF THE BUILDING CONTROL MANAGER

#### **NAMING OF DEVELOPMENT**

#### **RESIDENTIAL DEVELOPMENT ON LAND AT WHITWORTH PARK, SPENNYMOOR**

A request has been received from Yuill Homes to officially name and number the above development comprising 233 dwellings. The site is currently being marketed as Whitworth Park by the developer and having regard to the layout, nine street names are required.

After consultation with Spennymoor Town Council and relevant ward councillors a recommendation was received for the name 'Whitworth', unfortunately this cannot be considered due to the already multiple use of the name in Spennymoor.

The street names suggested by the developer are as follows and a site layout illustrating the suggestions is attached to the report for your information:

Alnham	Middleton
Alwinton	Rothley
Elsdon	Rochester
Horsley	Thropton
Ingram	

Officers have forwarded two themes for the naming of the site. The first theme is of 'parks of special historic interest in England', taken from English Heritage's current register.

Heaton Park	Towneley Park
Hylands Park	Warley Park
Highbury Park	Wanstead Park
Lamorbrey Park	Wimbledon Park
Prospect Park	Wythenshaw Park

The second theme is that of historic houses in the north east of England.

Alnwick	Newby
Beningborough	Sledmore
Burton Constable	Wallington
Castle Howard	Studley
Harewood	

Unless the members of the Forum would wish to suggest alternative names, it is felt appropriate that a selection of the above names be recommended for the development.

#### **Background Papers**

TOWN IMPROVEMENT CLAUSES ACT 1847  
DEPARTMENT OF TRANSPORT Circular 3/93



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