

# AREA 2 FORUM

Tuesday,

10 January 2006

6.30 p.m.

Community Centre,  
West Cornforth

# AGENDA and REPORTS

## AGENDA

**1. APOLOGIES**

**2. DECLARATIONS OF INTEREST**

To notify the Chairman of any items that appear later 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 1<sup>st</sup> November 2005. (Pages 1 - 6)

**4. POLICE REPORT**

A representative of Ferryhill Police will attend the meeting to give a report of crime statistics and initiatives in the area.

**5. 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 - 28)

**6. DRAFT RESIDENTIAL EXTENSIONS SUPPLEMENTARY PLANNING DOCUMENT**

A representative from the Neighbourhood Services Department will attend the meeting to give presentation on the above.

**7. LOCAL IMPROVEMENT PROGRAMME - PROCESS AND PROCEDURE**

Arrangements have been made for an officer from the Council's regeneration Section to attend to give a presentation on the above.

**8. QUESTIONS**

The Chairman will take questions from the floor.

**9. DATE OF NEXT MEETING**

21<sup>st</sup> February 2006 at 6.30 p.m. at Dean Bank and Ferryhill Literary Institute.

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

Members are respectfully requested to give the Chief Executive Officer notice of items they would wish to raise under the heading not later than 12 noon on the day 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  
30<sup>th</sup> December 2005

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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 Miss S. Billingham Tel 01388 816166 Ext 4240, [sbillingham@sedgefield.gov.uk](mailto:sbillingham@sedgefield.gov.uk)

## **Distribution List**

### **Sedgefield Borough Council**

Councillor Mrs. C. Potts (Chairman)

Councillor Mrs. K. Conroy (Vice-Chairman) and

Councillors B.F. Avery J.P., T.F. Forrest, J.E. Higgin,  
A. Hodgson, B. Meek, G. Morgan, D.A. Newell, R. A. Patchett and  
Ms. M. Predki

### **Durham County Council**

Councillor G. Porter

Councillor C. Magee

### **Bishop Middleham Parish Council**

Councillor Mr. L. Muncaster

Councillor Mr. V. Cook

### **Chilton Parish Council**

Councillor J. Lee

Councillor V. Collinson

### **Ferryhill Town Council**

Councillor J. Chaplin

Councillor A. Denton

Mrs. P. Crathorne

### **Cornforth Parish Council**

Councillor A. Denholm

Councillor L. Ord

### **Castles Residents Association**

Mrs. C. Hall

### **Lakes Residents Association**

Mrs. V. Birchall

### **Chilton- West Residents Association**

Mr. P. Crawforth

### **Ferryhill Station and Chilton Lane Residents Association**

Mrs. G. Hall

### **Dean Bank Residents Association**

B. Rutherford

### **Cornforth Partnership**

Mr. R.A. Sunman

### **Police**

Inspector G. Docherty

Sergeant Vincent

**Sedgefield Primary Care Trust**

Alyson Learmouth and Sylvia Slaughter

**Ferryhill Business and Enterprise College**

Mr. S. Gater

**CAVOS**

Chief Executive

**Community Network**

Anne Frizell

# Item 3

## SEDGEFIELD BOROUGH COUNCIL AREA 2 FORUM

Chilton and Windlestone  
Community College

Tuesday, 1 November  
2005

Time: 6.30 p.m.

**Present:** Councillor Mrs. C. Potts (Chairman) – Sedgefield Borough Council and

Councillor B.F. Avery J.P	–	Sedgefield Borough Council
Councillor R.S. Fleming	–	Sedgefield Borough Council
Councillor A. Hodgson	–	Sedgefield Borough Council
Councillor G. Morgan	–	Sedgefield Borough Council
Mrs S. Dodsworth	–	Sedgefield Borough Council
G. Muncaster	–	Bishop Middleham
C. Mason	–	Sedgefield Borough Council – Neighbourhood Warden
Councillor G. Attwood	–	Chilton Town Council
Councillor M. Errington	–	Chilton Town Council
Councillor P. Gray	–	Chilton Town Council
Councillor J. Lee	–	Chilton Town Council
Councillor L. Potts	–	Chilton Town Council
C. Hall	–	Castles Residents Association
M. Taylor	–	Chilton West Residents Association
J. Weston	–	Dean Bank Residents Association
Councillor G. Porter	–	Durham County Council
Sergeant K. Vincent	–	Durham Constabulary
Councillor J. Chaplin	–	Ferryhill Town Council
Councillor A. Denton	–	Ferryhill Town Council
G. Hall	–	Ferryhill Station Residents Association
D. Cullerton	–	Local Resident
J. Cullerton	–	Local Resident
G. Errington	–	Local Resident
C. Harrison	–	Local Resident
L. Race	–	Local Resident
W. Race	–	Local Resident
B. Sheppard	–	Local Resident

**Apologies:** Councillor Mrs. K. Conroy - Sedgefield Borough Council.  
Councillor T.F. Forrest – Sedgefield Borough Council  
Councillor J.E. Higgin – Sedgefield Borough Council  
Councillor B. Meek – Sedgefield Borough Council  
Councillor D.A. Newell – Sedgefield Borough Council  
Councillor R.A. Patchett – Sedgefield Borough Council  
Councillor Ms. M. Predki – Sedgefield Borough Council

**AF(2)13/05 DECLARATIONS OF INTEREST**

Members had no interests to declare.

**AF(2)14/05 MINUTES**

The Minutes of the meeting held on 6<sup>th</sup> September, 2005 were confirmed as a correct record and signed by the Chairman.

**AF(2)15/05 POLICE REPORT**

Sergeant K. Vincent was present at the meeting to give details of the crime figures and local initiatives for the area.

It was reported that the crime statistics for the area over the following months were:

	<u>September:</u>	<u>October:</u>
Total No. of Crimes (Regarding below incidents)	117	121
Dwelling Burglary	13	11
Att. Burglary - Dwelling	0	0
Burglary Other	9	2
Violence Against Persons (Assaults)	11	7
Theft of Motor Vehicles	2	3
Theft from Motor Vehicles	8	10
Attempted Thefts from Motor Vehicles	1	0
Theft - General	27	23
Drug/Substance Misuse	8	6
Criminal Damage	39	56
Rowdy Nuisance Behaviour	130	140
Motorcycle complaints	19	5
(Total for 2003 – 43)		
(Total for 2004 – 73)		
Total No. of Incidents	648	666
Total Number of Arrest	56	80

Sgnt Vincent informed members that Operation Ballade, Pelmet and Shore were ongoing in the areas of Chilton and West Cornforth and were producing results in targeting racial problems and anti social behaviour. Operation Darc had also resumed to promote household security. Security equipment would be available from the Crime Prevention section based at Spennymoor Police Office.

It was reported that the problems regarding uninsured vehicles in the area were being addressed. Sgnt Vincent explained that an operation was being carried out by Durham Constabulary Road Policing Department. The operation enabled Police Officers to seize vehicles that were stopped and found to have no insurance.

Specific reference was made to a number of multi-agency initiatives that were taking place. Members of the Forum were informed that they included the removal of graffiti and 30 tonnes of rubbish. A protocol had also been developed by Sedgfield Borough Council and County Durham Fire and Rescue Brigade to target and remove unauthorised bonfires.

With regard to confidential reporting boxes, it was pointed out that they had now been installed in Hutton House, Henderson House and Chilton and Windlestone Community College. It was noted that they had already been installed in areas of Ferryhill and West Cornforth.

Concerns were raised regarding the continuing problem of anti-social behaviour, specifically the problem of properties being targeted. Sgnt Vincent explained that the Police were aware of the problem and it was receiving their attention.

Detailed consideration was given to ways of tackling the problem, with suggestions being made for the introduction of youth shelters. The positive and negative points of youth shelters, together with where they had been introduced successfully/unsuccessfully were discussed. It was reported that Chilton Town Council was considering the implementation of a Multi-Use Game Centre, which could be floodlit, with security installed. Members welcomed the proposal and asked to be kept up to date.

**AF(2)16/05**

**SEDGEFIELD PRIMARY CARE TRUST**

N. Porter, Chief Executive, Sedgfield Primary Care Trust, attended the meeting to present an update on local health matters and performance figures. Copies of the Board papers for achieving patient access targets and baseline performance requirements together with "Your Health Matters" magazine were distributed at the Forum.

N. Porter informed members of the Forum that Primary Care Trusts across the country would be reconfigured by October 2006 following the publication of 'Commissioning a Patient Led NHS.' Proposals had been made to the Department of Health that the number of Primary Care Trusts within Durham and Darlington be reduced from 6 to 1.

It was reported that the Leaders and Chief Executive Officers of the District Councils within County Durham had met with the Chief Executive Officer of the new Strategic Health Authority to express concerns regarding the proposal to have one PCT to cover such a large area. It was felt that the health services were best provided on a locality basis and there should be at least two Primary Care Trusts established, at the very minimum.

Members of the Forum felt the existing structure was working well and the fact that Sedgfield PCT had recently obtained a 3 Star rating, supported that view. It was pointed out that Members of the Area 5 Forum had supported the above recommendation of the District Councils of establishing two Primary Care Trusts. It was agreed the Area 2 Forum would do the same.

Reference was made to the number of Listening events that had taken place, which had been successful in allowing the public to air their views, together with the success of the Integrated Teams.

Members of the Forum raised concerns regarding the lack of progress that had been made on the development of the new Health Centre. They expressed their disappointment at the management of the project and the

fact that promises had been made on a number of occasions and had not been kept.

Specific reference was made to the lack of contact with the Chairman of Chilton Workingmen's Club, the owner of the land on which the centre could be sited. It was also believed that the feasibility study had not taken place, nor had the land been valued by the LIFT Company.

The Chief Executive of Sedgefield Primary Care Trust apologised for the fact that the community's expectations had not been met. He reassured the Forum that contact would be made with the Chairman of the Club and the matter would be discussed with the relevant officer.

Members of the Forum were also reassured that the Feasibility Study was underway and should be completed by June 2006. The results of which would then be sent to the LIFT Company. Once the results had been compiled and the land identified as suitable/unsuitable the project would be able to progress. It was explained that if the land at the Club was found to be unsuitable it would not result in the collapse of the project. Chilton had been identified as a priority location and would receive a Health Centre.

**AF(2)17/05**

#### **LOCAL IMPROVEMENT PROGRAMME**

The Leader of the Council was present to inform Members of the Local Improvement 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:

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

Allocations were based on the local areas percentage share of households within the Borough. It was emphasised that there was no pressure to spend allocated budgets within any one financial year. Unspent money



would be rolled forward into the next financial year and protected for that Forum Area.

All project proposals for the 2005/06 financial year needed to be forwarded to the Regeneration Team by January 2006. The Team would appraise the proposals for the relevant Area Forums and make recommendations to Cabinet in the new year.

It was pointed out that from April 2006, each Area Forum would be engaged in preparing a Local Area Framework based upon the Borough's Community Strategy to help identify those projects that would best meet the needs of the area. It was noted that officers in the Regeneration Section were currently engaged in preparing facts and figures for the five areas on which the Local Area Frameworks could be based.

Detailed discussion was given to problems associated with Private Landlords and the type of properties that would be built.

#### **AF(2)18/05**

#### **ABANDONED VEHICLES**

C. Mason, Neighbourhood Warden, was present at the meeting to update the Forum of the recent changes regarding abandoned vehicles.

It was reported that Neighbourhood Wardens had become responsible for Abandoned Vehicles on 8<sup>th</sup> October 2005.

It was explained that any vehicle that had been abandoned, was untaxed or advertised for sale on a public road was at risk of being seized.

Neighbourhood Wardens were now able to access personnel details from the vehicles number plate, which would enable them to contact the owner. They could issue letters and 24-hour Notice directly to the owners to inform them to remove the vehicle. If after that period the vehicle had not been moved, it would be seized and the owner issued a fixed penalty notice.

Members of the Forum were reassured that Neighbourhood Wardens were on patrol across the area monitoring the problem.

It was agreed that a further report would be brought to a future meeting in the new year.

#### **AF(2)19/05**

#### **NAMING OF DEVELOPMENT**

##### **Land rear of New South View, Chilton**

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

Members of the Forum proposed the name of, "John Herriott."

**AF(2)20/05**

**DATE OF NEXT MEETING**

10<sup>th</sup> January 2006 at 6.30 p.m. at West Cornforth Community Centre.

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**ACCESS TO INFORMATION**

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## Board Meeting 8 December 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 &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 November
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 October
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>October</b> 13 wk Target = 50, Actual = 32 6 month Target = 26, Actual 8 T& O Target = 5, Actual 0
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>September 31 days</b> Target = 95.1 %, Achieved = 100% <b>62 days</b> Target = 87.8% Achieved = 88.9 %
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.

<b>Target</b>	<b>Target</b>	<b>Position at 31 October 2005</b>
Breakeven on I&E	Breakeven	£2,212k
Not to exceed its cash limit	£118.09m	N/A
Not to exceed its capital resource limit	£131k	N/A
Comply with the Prompt Payment Code Value	95%	94%
Comply with the Prompt Payment Code Volume	95%	77%

- 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 October 05.

	Activity April – October 2005			
	Year to Date (actual)	Profile	+/-	% Variance
Elective FFCEs	5824	5809	15	.26%
Non – Elective FFCEs	5688	6129	-441	-7.19%
Total FFCEs	11512	11938	-426	-3.7%
GP Referrals Seen	8555	8343	212	2.47%
GP Referral Request	10831	10697	134	1.25%

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 October 05 is higher than profile very marginally by only 15. Non-elective FFCE's is lower than profile by 441. Thus total FFCE for General and Acute is less than profile by -3.7%. GP referrals seen are higher than profile by 212. The numbers of GP referrals above profile, April to October 05 have decreased from 257 to 134. It is now only marginally more than profile by 134.

## Inpatient Waiting List Activity

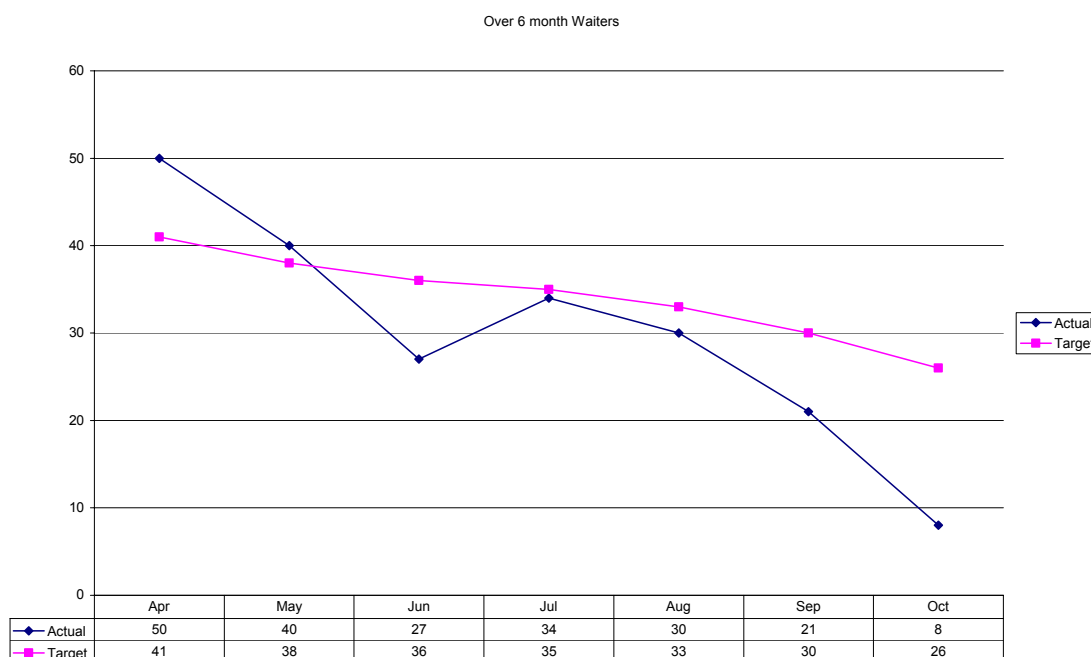
Key National Milestone for Inpatient Waiting List being:

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

In June, July, August, September and October 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 2 months. It is essential to meet this target by November 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	Oct
Actual	28	19	8	7	5	3	0
Target	17	17	17	8	8	8	5
Total waitlist	1082	1100	1059	1054	1041	1068	1111

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 June, July, August, September and October 05. Sedgefield PCT has achieved the December target of no patients waiting over 6 months for Orthopaedics. The challenge is now to maintain this 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	

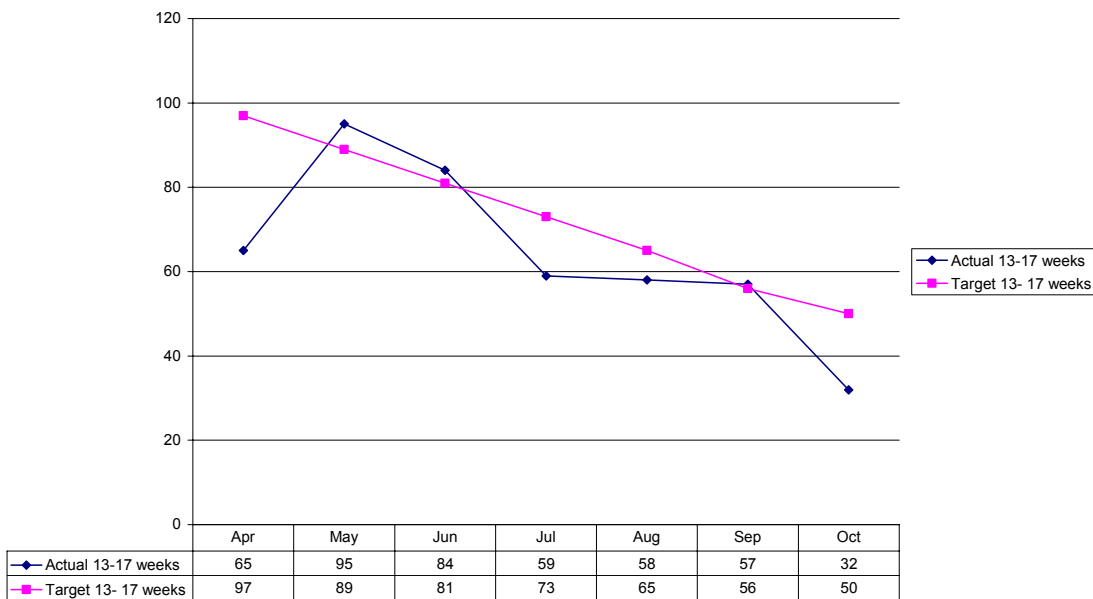


December 2005.

Outpatient Waiting List Activity	Apr	May	Jun	Jul	Aug	Sep	Oct
Actual 13-17 weeks	65	95	84	59	58	57	32
Target 13- 17 weeks	97	89	81	73	65	56	50
Over 17 Weeks Actual	0	1	0	0	0	0	0

There have been no over 17 week waiters for the past 5 months. Over 13 week waiters are below profile in Oct 05 by 18. 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.

Over 13 - 17 Wk waiters Actual V Target

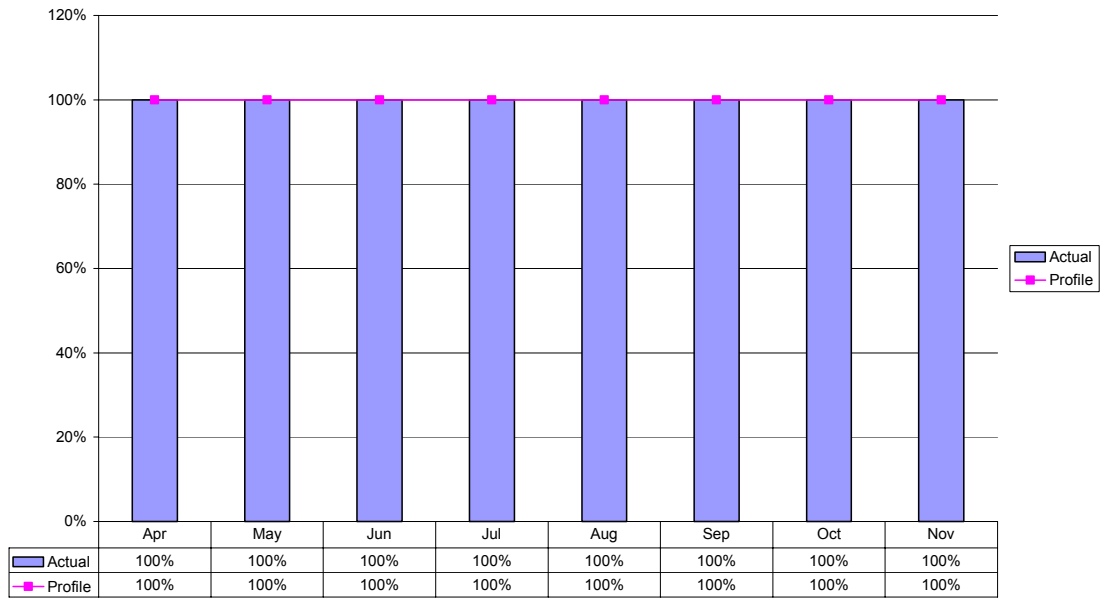


## Primary Care Access

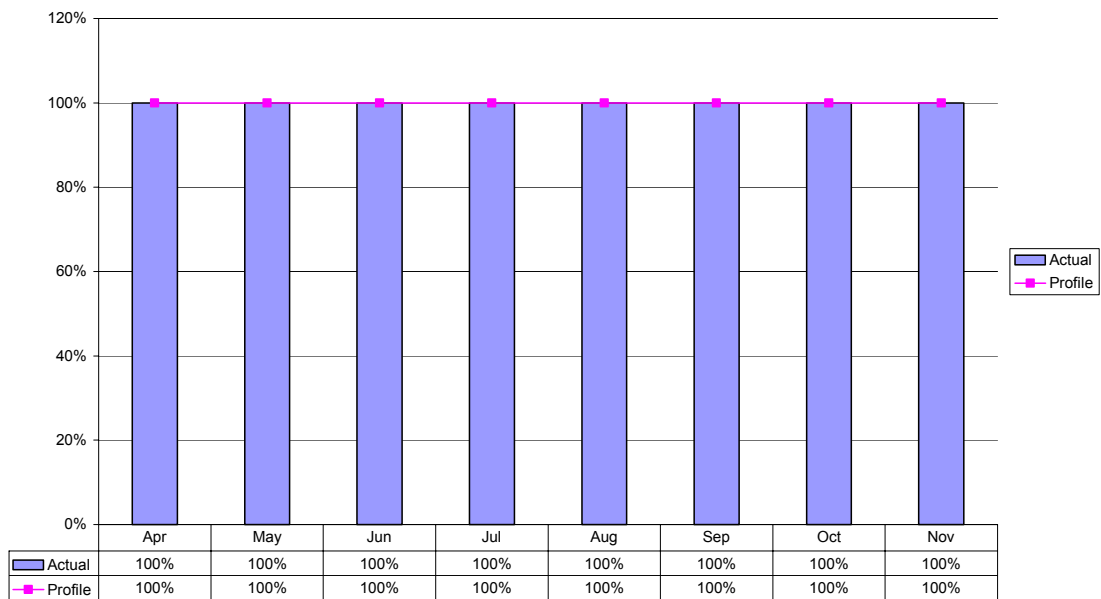
Key National Milestone for Primary Care Access

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**



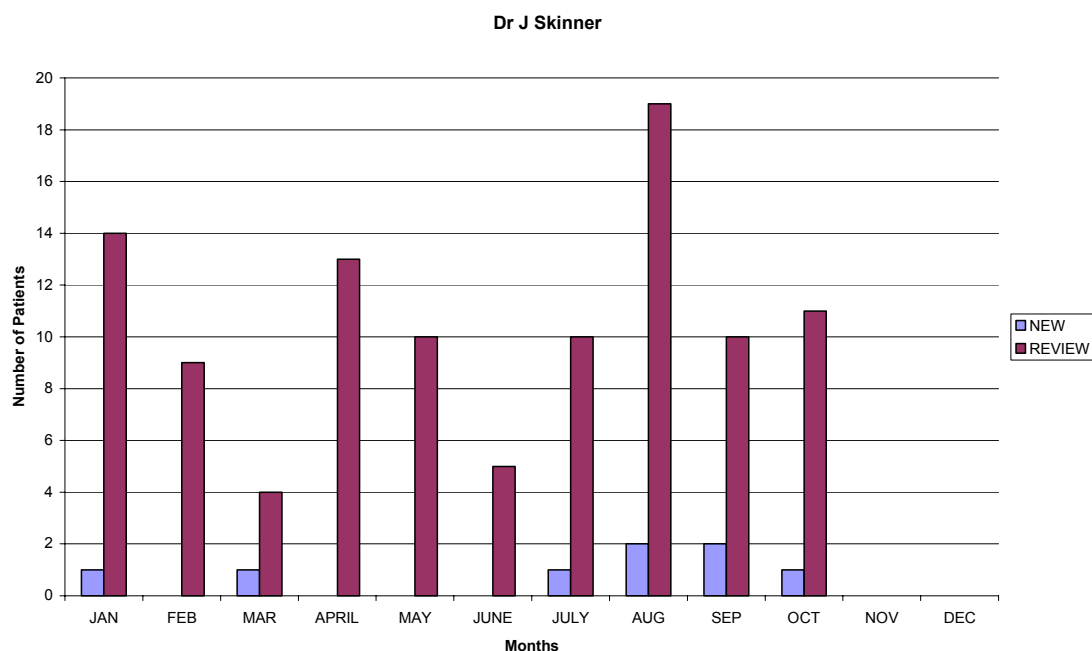
**GP - 48 hour Access % Achieving**



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		
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						
No of patients first seen in the period	83	87	112	85	109	108						
No of breaches of 2 weeks standard	0	0	0	0	0	0						

There was no Urgent GP referrals received after 24 hours, and there were no breaches of the 2 weeks standard in Sep 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 %						
14 days Target	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						
No of Breaches	3	3	1	1	1	0						

Cancer Breaches for Sedgefield PCT patients - Sep 2005	
Newly diagnosed cancer patients not treated within 31 days of decision to treatment	
Number Of Breaches: 0	

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

There was no breach in September 05. It was above target by 4.9%.

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						
No of Breaches	1	5	0	3	1	1						

Cancer Breaches for Sedgefield PCT patients - september 2005			
Newly diagnosed cancer patients not treated within 62 days from referral to treatment			
Number Of Breaches: 1			
Trust	Cancer Type	Dates	Comments
County Durham and Darlington Acute Hospitals NHS Trust	Lower Gastrointestinal	GP referral date 16/06/2005 Treatment Date 07/09/2005 No of days 83	1 <sup>st</sup> Seen to DtT period 62 days. Barium Enema 18/07/05 unsuccessful. Cancer identified from CT 03/08/05

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 %						
62 days Actual	75.0 %	54.5 %	100 %	75 %	75 %	88.9 %						
Variance	-12.5 %	-33 %	12.5 %	-13 %	-13 %	1 %						

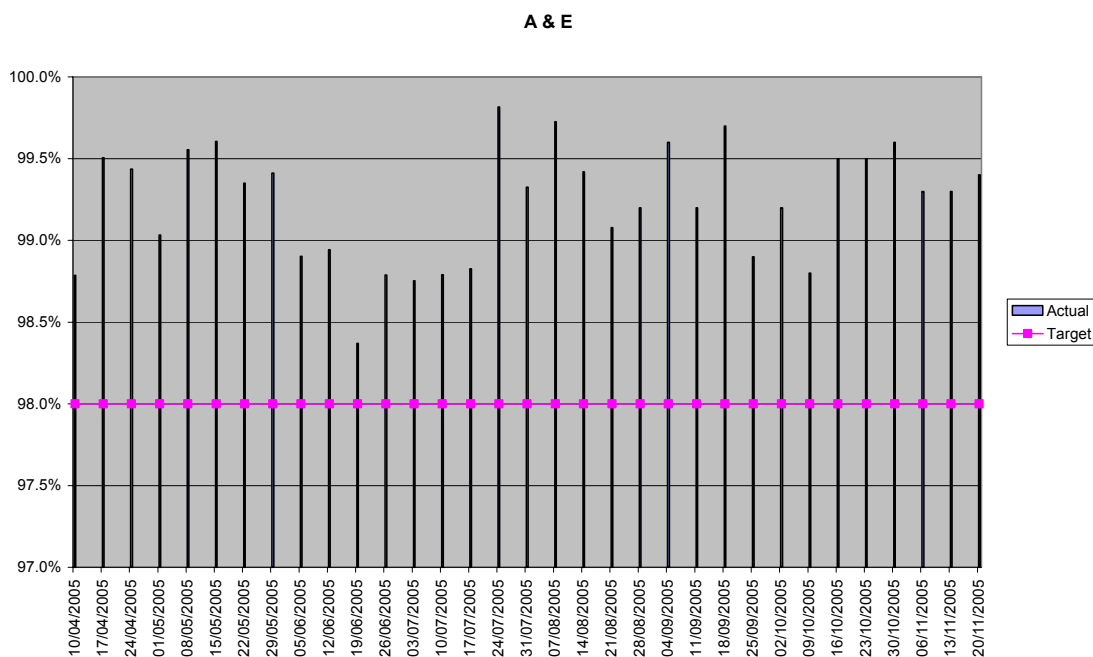
Actual performance is above target for September 05 by 1%. There is a risk that this target may be breached. With the appointment of trackers and various initiatives put into place it is anticipated that there will be a marked improvement.

### 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 Data could not be updated as the A & E data from the trust was received late and the data is being processed by the shared services.**

### 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.

### Discharge Destination

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 October 2005 is as follows:

Patient Choice (at 6 months)

	October	Cumulative
Number of patients eligible for choice	<b>5</b>	<b>182</b>
Number of patients accepting choice	<b>3</b>	<b>41</b>
3 - Number of patients <b>in Phase 1</b> ineligible for choice because:	<b>1</b>	<b>12</b>
a) Patient excluded as they have a firm TCI date between 6 and < 7 months	<b>1</b>	<b>8</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>

The data for cumulative figures have been corrected following clarification of how the data was reported to shared services.

## 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 21<sup>st</sup> November, Sedgefield PCT ranked 3<sup>rd</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 @ 21 November 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		9	9	2	82	345
Derwentside	15	3		3	12	20	158
Durham and Chester le street	18	6	1	7	11	39	210
Durham Dales	13		13	13	0	100	1227
Easington	17	6	3	9	8	53	63
Hartlepool	16		4	4	12	25	15
Langbaugh	16	2	8	10	6	63	159
Middlesbrough	30		21	22	8	73	467



North Tees	27	1	2	3	24	11	15
Sedgefield	11		11	11	0	100	789
CDTV SHA	174	18	72	90	84	52	3448

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.

### **Primary Care Procedures: April to September 2005**

GPwSI	Consultation	Procedure	Waiting Times
ENT	113	197	1-3 weeks
Gynae	46	71	2 weeks
Minor Surgery	16	143	23-24 weeks
Minor Surgery	61	122	2 weeks
Sigmoidoscopy	0	32	1 week
Sigmoidoscopy	0	20	2 weeks
Urology	9	5	3-4 weeks
Vasectomy	19	19	1 week
Vasectomy	44	44	2-3 weeks
Vasectomy	9	9	12 weeks
	<b>317</b>	<b>662</b>	

GPwSI has performed 662 procedures April to September 05, which has had a great impact on the waiting times in the acute sector. Although the majority of waiting times are between 1 – 4 weeks, waiting times for minor surgery and vasectomy appears to be high.

### **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	

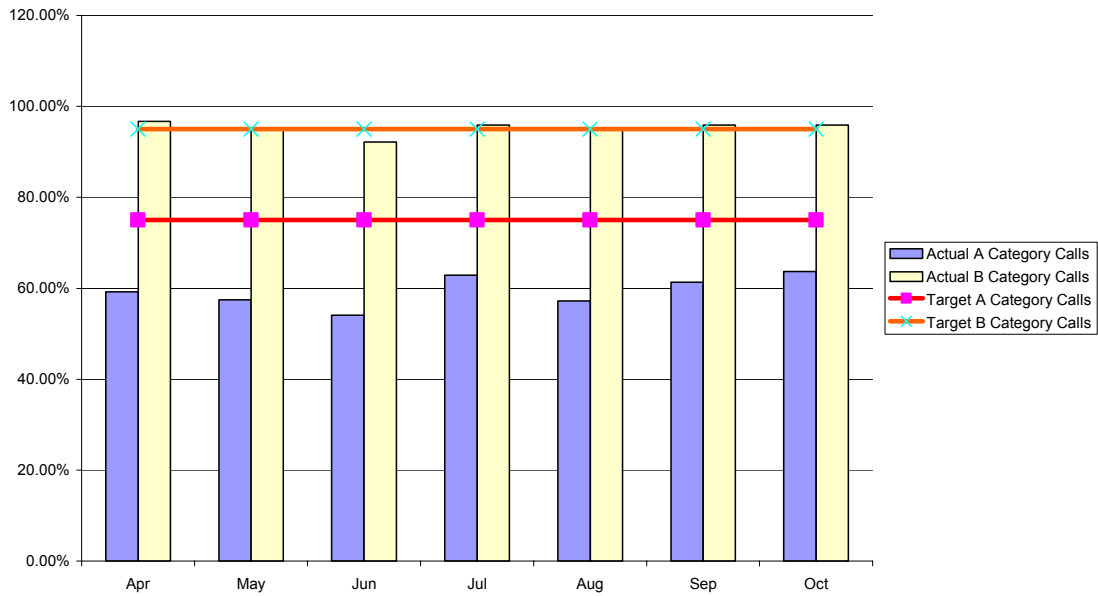
Ambulance: No of Incidents Attended Category A calls	April	May	June	July	August	Sep	Oct
Incidents Attended	76	146	122	116	145	137	124

No responded <= 8 minutes	45	84	66	73	83	84	79
% Responded	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%
Ambulance: No of Incidents Attended Category B calls	April	May	June	July	August	Sep	Oct
Incidents Attended	512	443	485	491	448	414	435
No responded <= 19 minutes	495	421	447	471	426	397	417
% Responded	96.7%	95.0%	92.2%	95.9%	95.1%	95.9%	95.9%

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
Actual A Category Calls	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%
Target A Category Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75%	75%
Actual B Category Calls	96.7%	95%	92.2%	95.9%	95.1%	95.9%	95.9%
Target B Category Calls	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					
Sedgefield	1	2	1	2	1	2	0					

It has been extremely difficult to achieve ambulance response time of 8 minutes for category A calls. There has been a slight improvement in October of nearly 2.4% 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.

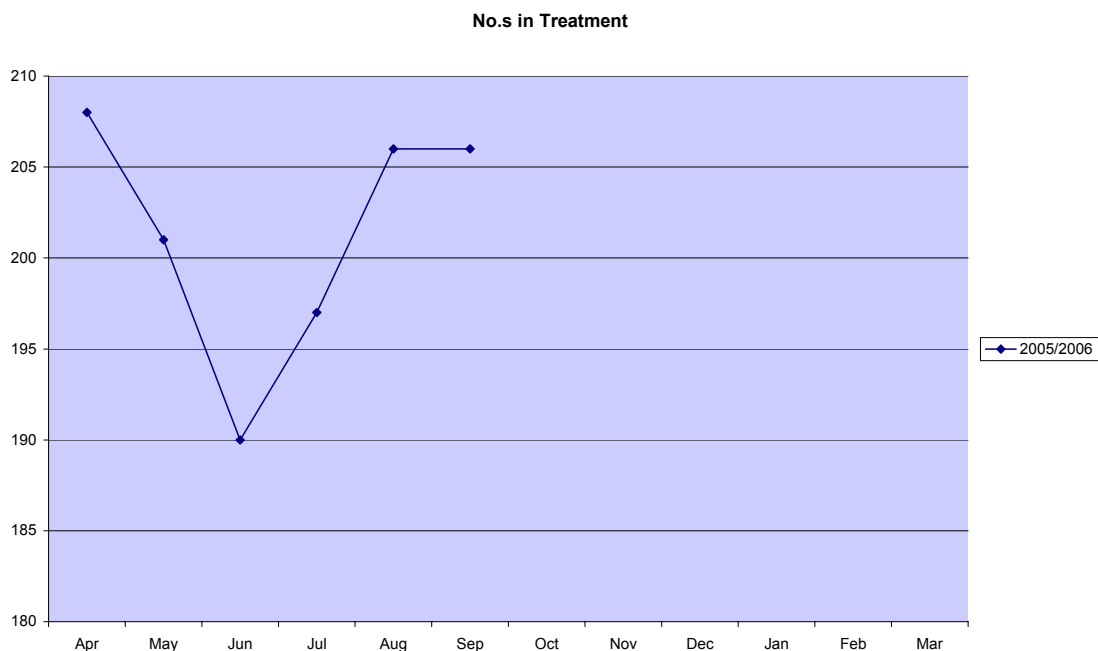
Delayed Discharges	
Description of Target	Acute, Community & Mental Health
Delayed Transfers:	

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 24/11/2005	0	0	1	0	1
Average Delays in Days	0	0	28	0	176
Reasons			Awaiting Nursing home placement – 1 (NHS)		Patient /family choice – 1 (NHS)

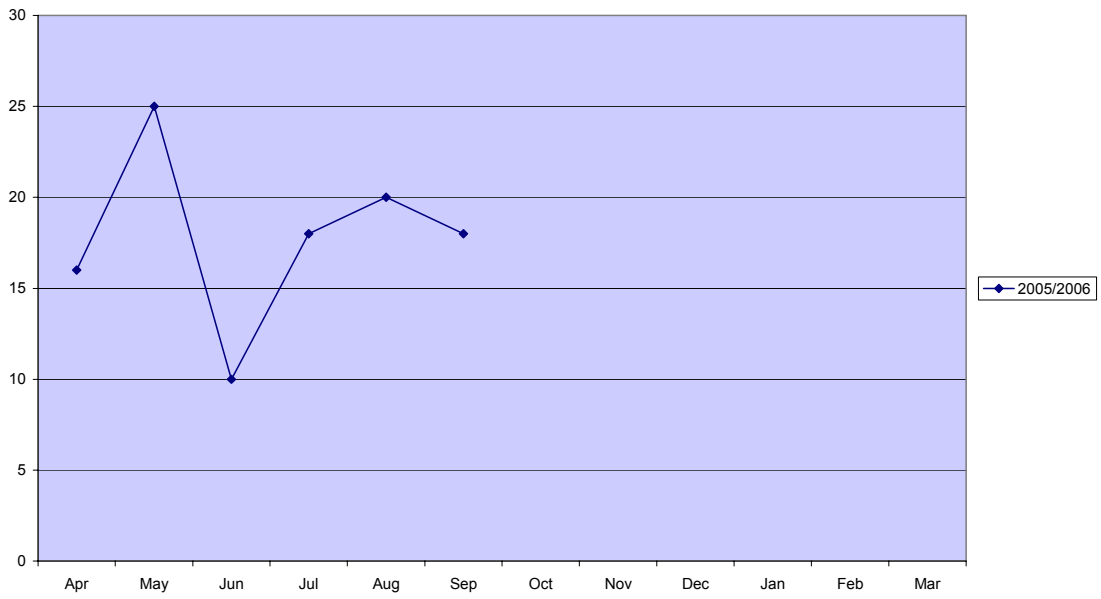
### Drug Action Team – Sedgefield

The graphs below contain activity information from substance misuse treatment services covering the reporting period September 2005. All figures relate to drug treatment activity for residents of a DAT.



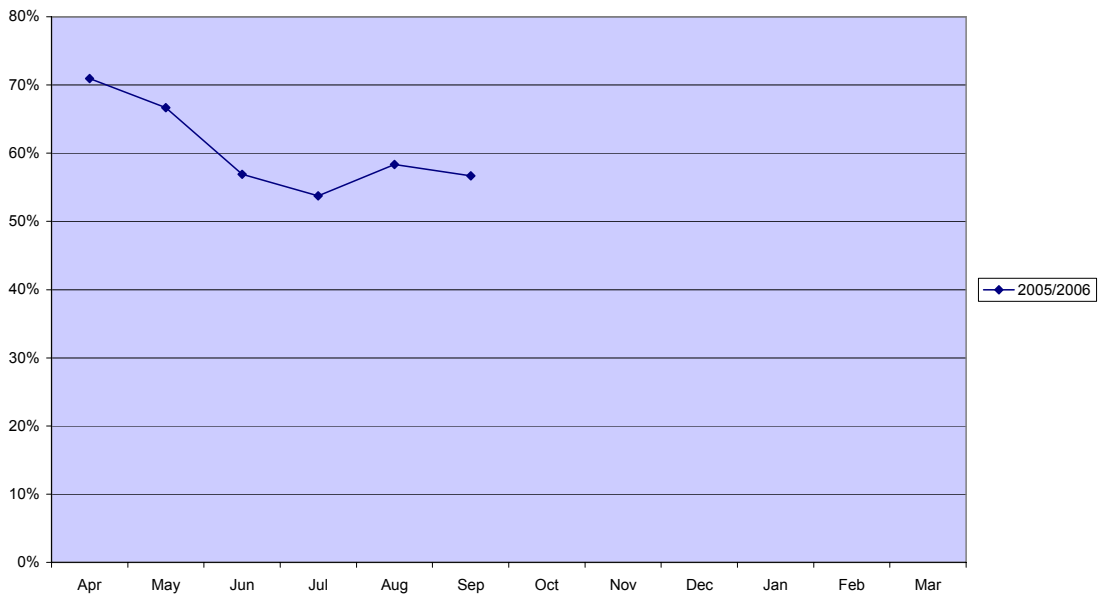
The numbers in treatment each month seems to vary between 190 to 208.

New Presentations



New presentations seem to vary between 10 and 25 clients.

% Retained over 12 weeks YTD



The percentage of clients residing in the DAT who were discharged in the year to date whose length of contact with services from the point of triage to discharge was greater than 12 weeks

### 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	
	Number of personal injury claims	0	0	0	0	0	0	
Clinical and Cost Effectiveness	Number of Emergency Admissions	720	695	682	710	553	632	
	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%	
	Average length of stay excluding day cases in days	4	5	5	5	4	5	
	Percentage of elective inpatients with zero length of stay	10%	14%	16%	13%	15%	10%	
	DNA rate	7%	6%	7%	7%	7%		
	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%	
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%	
	Outpatient Booking Targets	94%	93%	95%	92%	93%	92%	
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**

