

RISK RATING: 6

Board Meeting 9 February 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 & 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 January
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 December
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	December 13 wk Target = 0, Actual = 0 6 month Target = 0, Actual 0 T&O Target = 0, 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	November 31 days Target = 98 %, Achieved = 100% 62 days Target = 95% Achieved = 85.7 %
No. receiving assertive outreach	Deliver assertive outreach to the adult patients with severe mental illness who regularly	Achievement of LDP target* in each quarter	Achieved up to third quarter

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 November 2005
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 December 05.

	Activity April – December 2005			
	Year to Date (actual)	Profile	+/-	% Variance
Elective FFCEs	7490	7470	20	.26%
Non – Elective FFCEs	7374	8014	-640	-7.99%
Total FFCEs	13188	13746	-620	-4.5%
GP Referrals Seen	11133	10937	196	1.79%
GP Referral Request	13536	13786	-250	-1.81%

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 December 05 is higher than profile very marginally by only 20. Non-elective FFCE's is lower than profile by 640. Thus total FFCE for General and Acute is less than profile by -4.5%. GP referrals seen are higher than profile by 196. The numbers of GP referrals, April to December 05 has decreased considerably by 250. It is now less than profile by 1.81%.

Inpatient Waiting List Activity

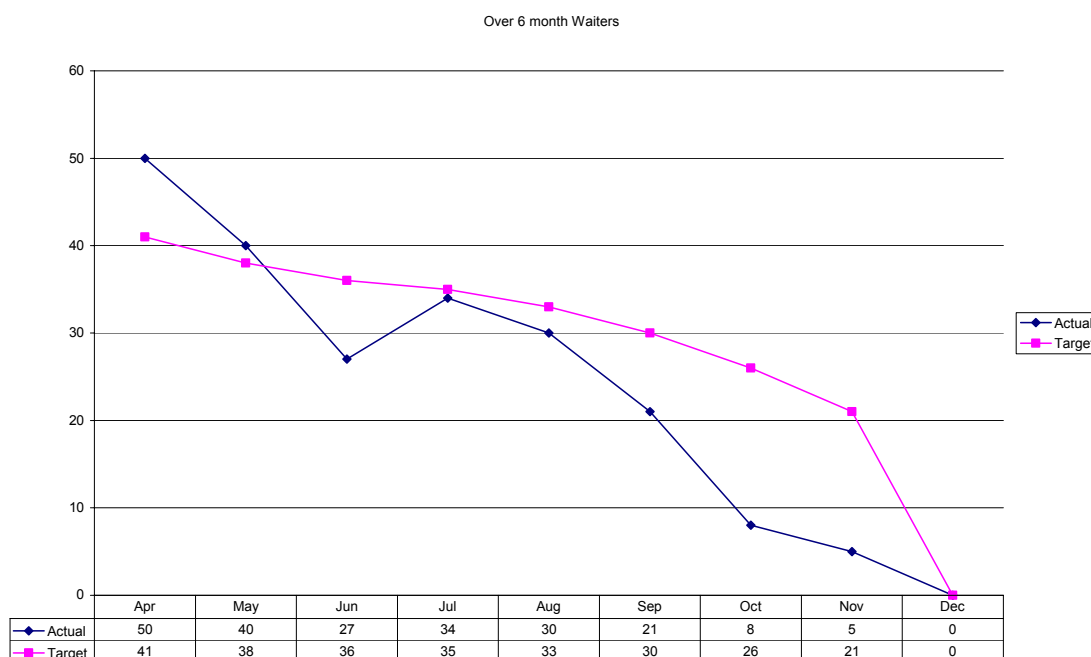
Key National Milestone for Inpatient Waiting List being:

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	Nov	Dec
Actual	50	40	27	34	30	21	8	5	0
Target	41	38	36	35	33	30	26	21	0
Total waitlist	1082	1100	1059	1054	1041	1068	1111	1063	1090
% 6 months over total waitlist	5%	4%	3%	3%	3%	2%	2%	2%	0%

For the past 6 months over 6 month waiters were below target. In Dec 05 there were no over 6 month waiters. It is essential to ensure that no patients are waiting over 6 months and to maintain that position. There seems to be pressure around a few specialties such as Orthopaedics and Urology and the PCT is working with Acute Trust to ensure that due to cancellations of operations towards the end of the month this target is not breached.



Orthopaedic Waiting List Activity

Key National Milestone for Orthopaedic Waiting List being:

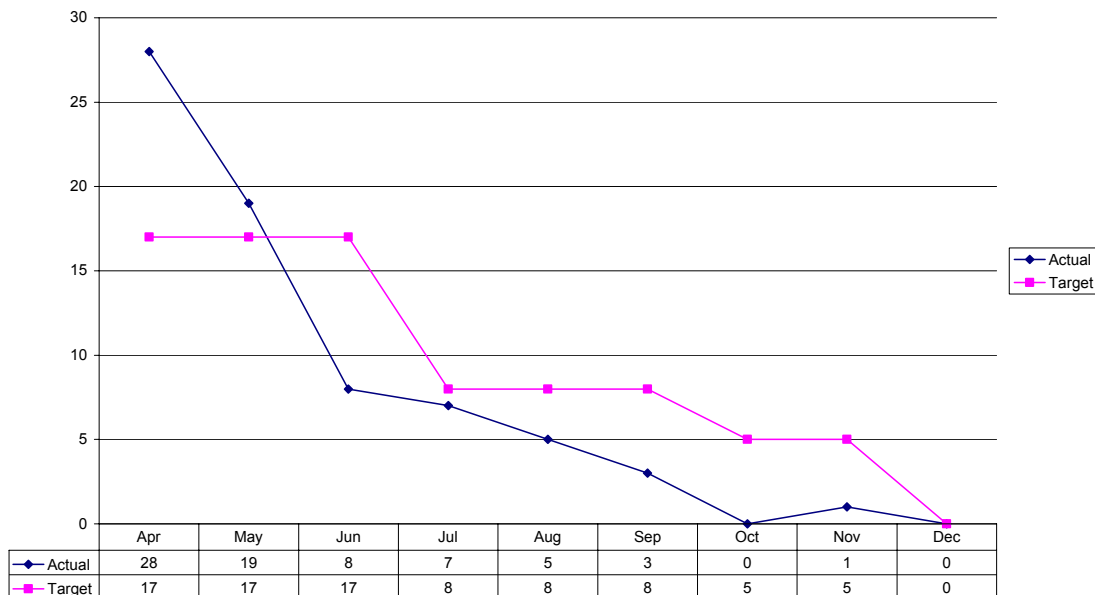
Domain	Standard or Target
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Governance	Achieve a maximum wait of 6 months for Orthopaedics by December 2005
Achieve a maximum wait of 6 months for all Orthopaedics inpatients, as progress towards achieving a maximum 6 month wait for inpatients by December 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	Nov	Dec
Actual	28	19	8	7	5	3	0	1	0
Target	17	17	17	8	8	8	5	5	0
Total waitlist	1082	1100	1059	1054	1041	1068	1111	1063	1090

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. It is crucial to sustain that position of no patients waiting over 6 months for Orthopaedics.

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

There have been no over 17-week waiters for the past 7months. The target of no patients waiting over 13 week waiters was achieved in Dec 05. There is pressure in Dermatology in South Tees . 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 and maintained without any breaches.

Over 13 - 17 Wk waiters Actual V Target

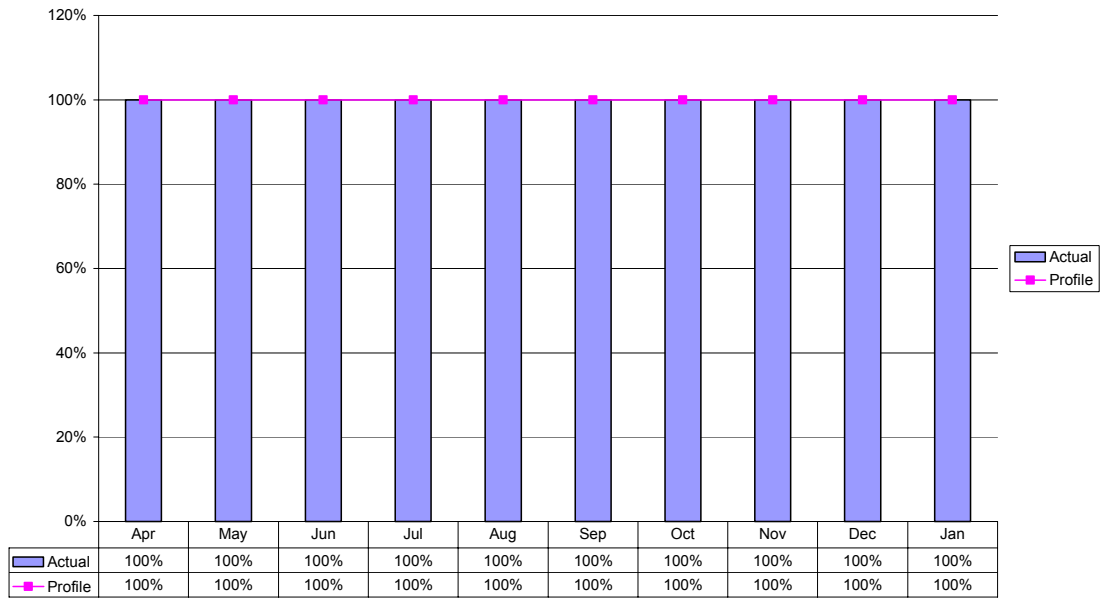


Primary Care Access

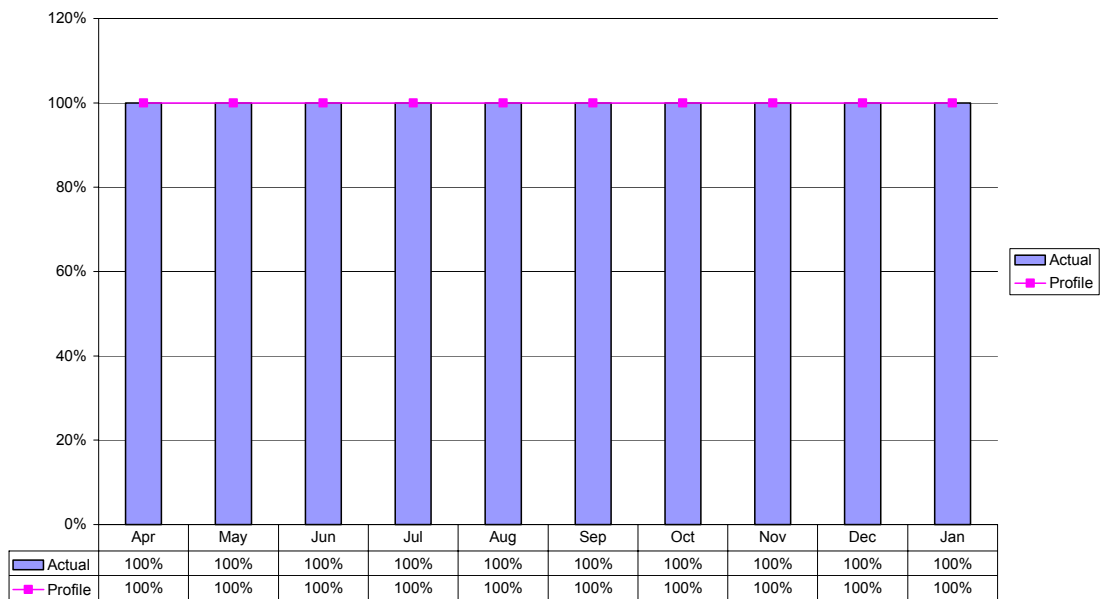
Key National Milestone for Primary Care Access

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



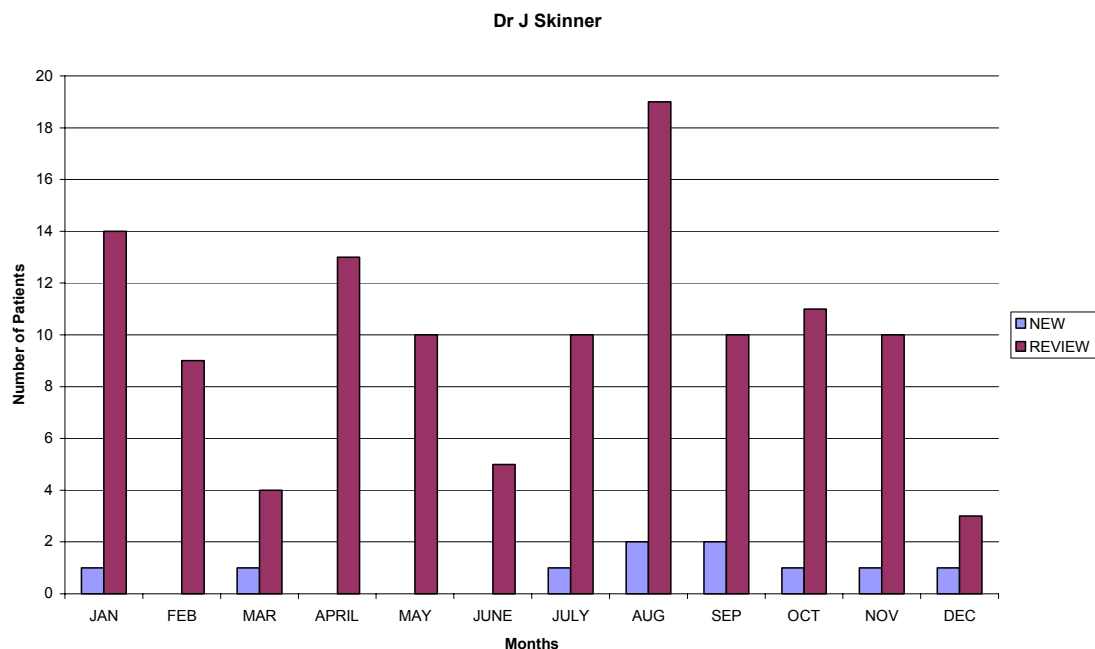
GP - 48 hour Access % Achieving



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	1	3
TOTAL	10	118



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	0	1	0				
No of patients first seen in the period	83	87	112	85	109	108	123	121				
No of breaches of 2 weeks standard	0	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 Nov 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 %	100 %				
14 days Target	100 %	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	32				
No of Breaches	3	3	1	1	1	0	3	0				

Cancer Breaches for Sedgefield PCT patients - Nov 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 %	98 %	98				
31 days Actual	84.2 %	89.7 %	97.1 %	97.1 %	95.0 %	100 %	88.5 %	100 %				
Variance	-7.3 %	1.8 %	5.6 %	5.6 %	3.5 %	4.9 %	-9.5 %	2%				

There were no breaches in October 05. Performance has dramatically improved in November 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	14				
No of Breaches	1	5	0	3	1	1	3	2				

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%	95%				
62 days Actual	75.0 %	54.5 %	100 %	75%	75%	88.9 %	75%	85.7 %				
Variance	-12.5 %	-33.0 %	12.5 %	-13%	-13%	1%	-20%	-9.3%				

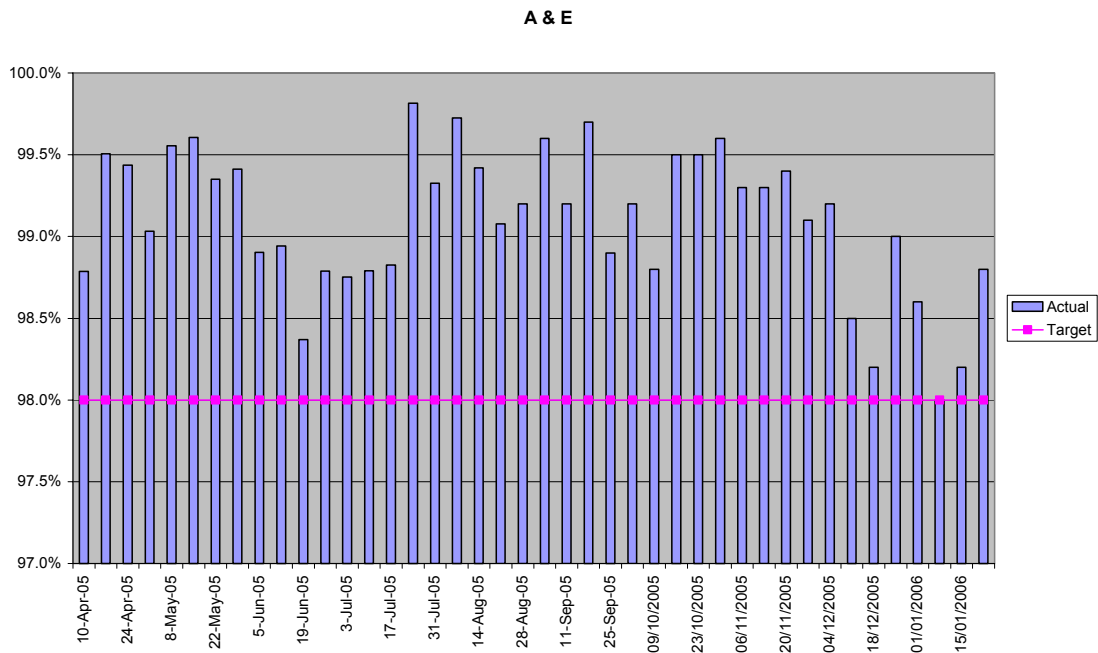
Actual performance is 9.3% below target for November 05. There is a risk that the 62 days target may be breached. The acute trusts are undertaking various initiatives to ensure that the above targets are achieved such as actions plans for lack of awareness of cancer targets across the patient pathway, 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 3 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 not been updated from Trusts for Nov 05.

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
Grand Total		2231	2252	2213	2201	2194	2157	2079	15327

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
Grand Total	2231	2252	2213	2201	2194	2157	2079	15327

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)

	December	Cumulative
Number of patients eligible for choice	0	195
Number of patients accepting choice	0	44
3 - Number of patients in Phase 1 ineligible for choice because:	2	18

a) Patient excluded as they have a firm TCI date between 6 and < 7 months	2	14
b) Patient excluded for clinical reason	0	4
No of patients in Phase 2 accepted an alternative provider out with the originating Trust	0	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.

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. Sedgefield PCT ranked 4th in County Durham and Tees Valley for achievement of referrals through choose and book and below are Sedgefield PCT's performance when compared with other PCTs in CDTV as @ 29th January 06.

	Total No of Practices	No of practices referring	No of practices not referring	% of practices referring	No of bookings
Darlington	11	7	4	64	600
Derwentside	15	6	9	40	358
Durham and Chester le street	19	8	11	42	646
Durham Dales	13	11	2	84	2724
Easington	17	7	10	41	376
Hartlepool	16	4	12	25	29
Langbaugh	16	10	6	63	723
Middlesbrough	30	23	7	77	2069
North Tees	27	3	24	11	69
Sedgefield	11	9	2	81	1608

The next target was 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 December 2005

GPwSI	Consultation	Procedure	Waiting Times
ENT	169	293	1-3 weeks
Gynae	72	113	5 weeks
Minor Surgery	25	209	3-4 weeks
Minor Surgery	86	205	6 weeks
Sigmoidoscopy	0	62	1 week
Sigmoidoscopy	0	25	2 weeks
Urology	19	10	3-4 weeks
Vasectomy	37	37	1 week
Vasectomy	65	65	2 weeks
Vasectomy	14	13	2 weeks
	487	1032	

GPwSI have performed 1032 procedures April to December 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 75% of calls to life threatening emergencies. Category B Calls Ambulance services must achieve a 19 minute response to 95% of Category B calls	

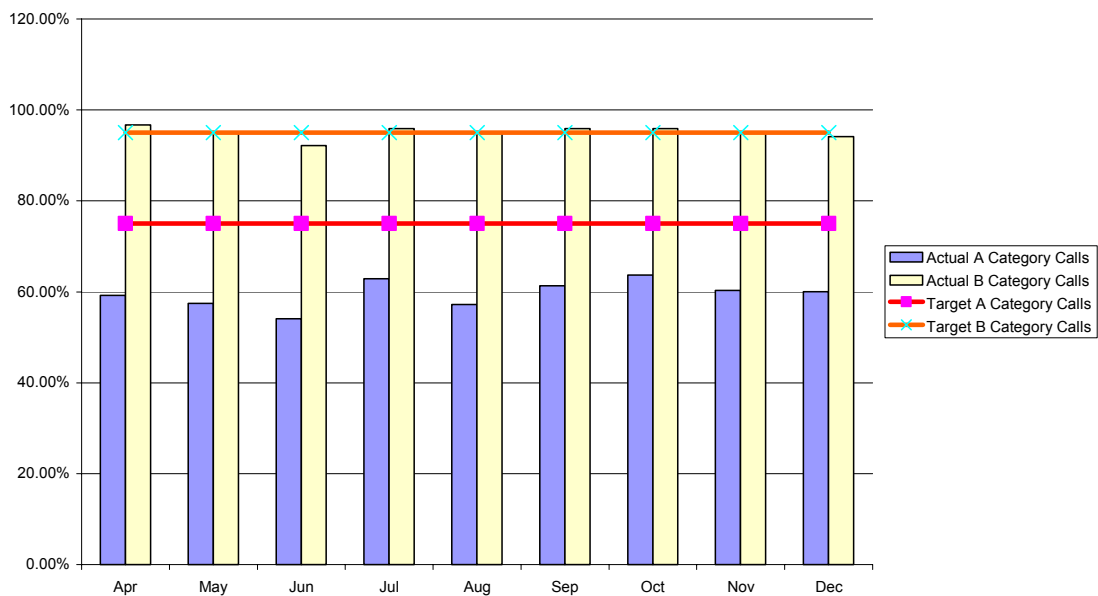
Ambulance: No of Incidents Attended Category A calls	April	May	June	July	August	Sep	Oct	Nov	Dec
Incidents Attended	76	146	122	116	145	137	124	136	185
No responded <= 8 minutes	45	84	66	73	83	84	79	82	111
% Responded	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%	60.3%	60%
Ambulance: No of Incidents Attended Category B calls	April	May	June	July	August	Sep	Oct	Nov	Dec
Incidents Attended	512	443	485	491	448	414	435	451	511
No responded <= 19 minutes	495	421	447	471	426	397	417	428	481

% Responded	96.7%	95.0%	92.2%	95.9%	95.1%	95.9%	95.9%	94.9%	94.1%
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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	Dec
Actual A Category Calls	59.2%	57.5%	54.1%	62.9%	57.2%	61.3%	63.7%	60.3%	60%
Target A Category Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75%	75%	75%	75%
Actual B Category Calls	96.7%	95%	92.2%	95.9%	95.1%	95.9%	95.9%	94.9%	94.1%
Target B Category Calls	95%	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	Dec 05			

Sedgefield	1	2	1	2	1	2	0	0	0			
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It is has been extremely difficult to achieve ambulance response time of 8 minutes for category A calls. 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	0	0	1	0	2
26/01/2006					
Average Delays in Days	0	0	7	0	24
Reasons			Awaiting Public funding (SS) 1		Patient Choice (NHS) 2

Quality Indicators by Domain 2005 – 2006

Domain	Indicator	April	May	June	Jul	Aug	Sep	OCT	Dec
Safety	Number of risk Management (Clinical Claims)	0	0	0	0	0	0	0	0
	Number of personal injury claims	0	0	0	0	0	0	0	0

Clinical and Cost Effectiveness	Number of Emergency Admissions	720	695	682	710	553	632	567	539
	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%	64%	68%
	Average length of stay excluding day cases in days	4	5	5	5	4	5	5	5
	Percentage of elective inpatients with zero length of stay	10%	14%	16%	13%	15%	10%	13%	14%
	DNA rate	7%	6%	7%	7%	7%	6%	5%	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%	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%	100%	100%
	Outpatient Booking Targets	94%	93%	95%	92%	93%	92%	94%	100%
Public Health	Smoking Quitters								
	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 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**

