

Monthly Performance Report

January 2010

1.0 Introduction

This report documents the performance of NHS Birmingham East & North against targets aligned with the PCTs Strategic Objectives. These targets are drawn from a set of national and local indicators. Some are mandatory and others are selected for their relevance to the health of the PCTs population.

The Board has requested that 'Amber' thresholds are represented in the scorecard. The Care Quality Commission (CQC) are yet to publish the 2009/10 thresholds, therefore, the majority of performance indicators will appear as red or green. Owners of the targets have been asked to allocate 'amber'. The Board is asked to note that where there is 'amber' this indicates that the target has not been met but is not far away from the target. An explanatory text will be included in the body of the report as will any indicators marked as red, or an amber indicator has been in place for 3 months or more. If the CQC designate thresholds in the future, changes will have to be made in line with the CQC, and the Board will be notified.

At the time of writing much of the November 2009 and quarterly data had not been released.

2.0 Report summary

PERFORMANCE TARGETS NOT BEING MET THIS MONTH

- 3.1 Percentage of urgent referrals for suspected cancer seen in 2 weeks
- 3.2 Ambulance response times
- 3.3 Total time in A&E Four hours or less
- 3.4 Percentage of diabetic patients with current HbA1c less than or equal to 7mmol/L
- 3.5 Number of patients receiving NHS primary dental services within a 24 month period
- 3.6 Rate of hospital admissions for alcohol related harm per 100,000 population

Monthly Performance Indicators 2009/10

Targets	PA Reference	TARGET	NEXT DATA DUE	09/10 EOY plan	DOT	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Director Lead	Commentary Lead	Item
NP	EC14a	% of urgent referrals for suspected cancer seen in 2 weeks (cumulative)	18/01/10	93.00%	↑	89.64%	91.03%	91.56%	91.74%	91.57%	91.81%	92.37%						Andrew Donald	Jenny Belza	3.1
NP	EC15a	% cancer patients treated within 1 month target (snapshot)	18/01/10	96.00%	↑	98.98%	98.53%	97.87%	98.42%	98.79%	98.99%	99.05%						Andrew Donald	Jenny Belza	
NP	EC16a	% cancer patients treated within 2 months of referral (cumulative)	18/01/10	85.00%	↔	94.12%	92.93%	90.63%	90.95%	90.28%	90.45%	90.45%						Andrew Donald	Jenny Belza	
EC	EC12	Ambulance: Cat A 8 min target % (snapshot)	21/01/10	75.00%	↑	73.90%	69.60%	59.80%	48.70%	57.80%	63.90%	66.20%	69.10%					Andrew Donald	Caroline Nolan	3.2.1
EC	EC13a	Ambulance: Cat A 19 min target % (snapshot)	21/01/10	95.00%	↑	99.50%	99.50%	97.90%	92.70%	98.20%	98.20%	98.40%	99.00%					Andrew Donald	Caroline Nolan	
EC	EC13b	Ambulance: Cat B 19 min target % (snapshot)	21/01/10	95.00%	↑	95.00%	93.30%	89.10%	79.30%	89.60%	91.20%	91.60%	93.80%					Andrew Donald	Caroline Nolan	3.2.2
EC	EC01	Total time in A&E: 4 hours or less (in cumulative)	12/02/10	98.00%	↓	98.43%	98.13%	98.20%	98.22%	98.26%	98.13%	98.02%	97.82%	97.26%				Jonathan Tringham	Caroline Nolan	3.3
EC	EC06	Patients waiting longer than 3 months for revascularisation (snapshot)	05/02/10	0.00%	↔	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					Andrew Donald	Jenny Belza	
EC	EC04	Percentage of outpatients waiting longer than 13 weeks (cumulative)	05/02/10	0.00%	↔	0.03%	0.03%	0.02%	0.02%	0.01%	0.02%	0.02%	0.02%					Andrew Donald	Jenny Belza	
EC	EC05	Percentage of inpatients waiting longer than 26 weeks (snapshot)	05/02/10	0.00%	↔	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.03%	0.03%					Andrew Donald	Jenny Belza	
EC	PSA11b	GUM % offered an appointment within 48 hours (cumulative)	25/01/10	100.00%	↑	98.13%	99.08%	99.36%	99.53%	99.63%	99.69%	99.74%	99.75%					Andrew Donald	David Walker	
VS/NP	VSA03CQC	CDiff infections (CQC target - cumulative)	15/01/10	317	↓	18	37	47	73	99	117	138	158					Doug Wulff	Karen Deeny	
VS/NP	VSA04-ad	% of admitted patients seen within 18 weeks adjusted (snapshot)	01/02/10	90.00%	↓	94.23%	94.13%	95.71%	95.16%	94.36%	94.77%	94.61%	93.25%					Andrew Donald	Jenny Belza	
VS/NP	VSA04-non	% of non admitted patients seen within 18 weeks (snapshot)	01/02/10	95.00%	↓	96.24%	96.55%	96.87%	96.82%	97.72%	97.60%	97.46%	97.21%					Andrew Donald	Jenny Belza	
VS/NP	VSA04-aud	% of audiology patients treated within 18 weeks (snapshot)	01/02/10	95.00%	↑	99.34%	99.21%	99.45%	99.69%	99.43%	99.11%	99.73%	100.00%					Andrew Donald	Jenny Belza	
VS/NP	VS05	Smoking 4 week quitters (cumulative)	18/01/10	3,147	↑	126	306	468	689	882	1,165	1,486						Nicola Benghe	Catherine Tomaney	
VS/NP	VS14	Number of drug misusers in treatment	16/02/10	5,671	↓	5,726	5,732	5,742	5,729	5,726								Andrew Donald	David Walker	
VS	VSA01	MRSA infections (health economy-cumulative)	15/01/10	46	↓	3	4	6	10	11	14	18	20					Doug Wulff	Karen Deeny	
VS	VSA04-07	15 key diagnostic tests waiting over 6 weeks (snapshot)	01/02/10	0	↑	3	6	5	3	11	5	7	6					Andrew Donald	Jenny Belza	
VS	VSA08-03	% of patients referred for breast symptoms seen in 2 weeks	18/01/10	100.00%	↓	27.71%	49.33%	51.26%	72.04%	55.00%	76.12%	66.67%						Andrew Donald	Jenny Belza	
VS	VSC27	% of people with current HbA1c <= 7.0 (snapshot)	12/02/10	62.00%	↑	23.11%	27.20%	30.94%	34.28%	37.92%	40.88%	43.88%	46.05%	47.63%				Nicola Benghe	Saj Kahrod	3.4
VS	VSA07	% of practices offering extended opening hours (snapshot)	01/02/10	50.00%	↔	72.15%	74.68%	75.00%	75.00%	75.00%	75.00%	75.00%	75.95%	75.95%				Jonathan Tringham	Donna MacArthur	
VS	EC16b	% cancer patients treated within 2 months referred from screening service (cumulative)	18/01/10	90.00%	↓	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.11%						Andrew Donald	Jenny Belza	
VS	EC99a	31 day standard for subsequent cancer treatments (surgery)	18/01/10	94.00%	↑	100.00%	97.87%	97.30%	98.21%	98.64%	98.82%	99.00%						Andrew Donald	Jenny Belza	
VS	EC99b	31 day standard for subsequent cancer treatments (drugs)	18/01/10	98.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						Andrew Donald	Jenny Belza	
VS	EC99c	31 day standard for subsequent cancer treatments (radiotherapy)	18/01/10	94.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						Andrew Donald	Jenny Belza	
VS	VS18	Number of patient receiving NHS primary dental services within a 24 month period	16/02/10	241,415	↑				232,400	232,619	233,370	233,807	234,822					Donna Macarthur	Viola Clarke	3.5
LOCAL	CAB01	Convenience and booking: PCT booking rates (snapshot)	16/02/10	90.00%	↓	54.18%	51.50%	50.37%	40.46%	35.76%	41.90%	38.20%	36.56%					Andrew Donald	Jenny Belza	
LOCAL	VSA05-01 (local)	GP referrals local monitoring target (cumulative)	16/02/10	75,155	↓	5,922	12,056	18,864	26,801	34,492	41,986	50,329	57,698					Andrew Donald	Adrian Reedman	
LOCAL	VSA05-02 (local)	Other referrals local monitoring target (cumulative)	16/02/10	81,772	↓	7,232	14,079	21,755	28,394	33,869	38,569	42,700	46,634					Andrew Donald	Adrian Reedman	
LOCAL	VSA03local	CDiff infections (local stretch target - cumulative)	15/01/10	271	↓	18	37	47	73	99	117	138	158					Doug Wulff	Karen Deeny	
LOCAL	HCC03	Outpatients waiting longer than 5 weeks (snapshot)	01/02/10	0	↑	534	725	654	876	1226	1441	1407	1514					Jonathan Tringham	Jenny Belza	
LOCAL	HCC02	Inpatients waiting over 11 weeks (snapshot)	01/02/10	0	↑	163	191	218	270	427	553	495	316					Jonathan Tringham	Jenny Belza	

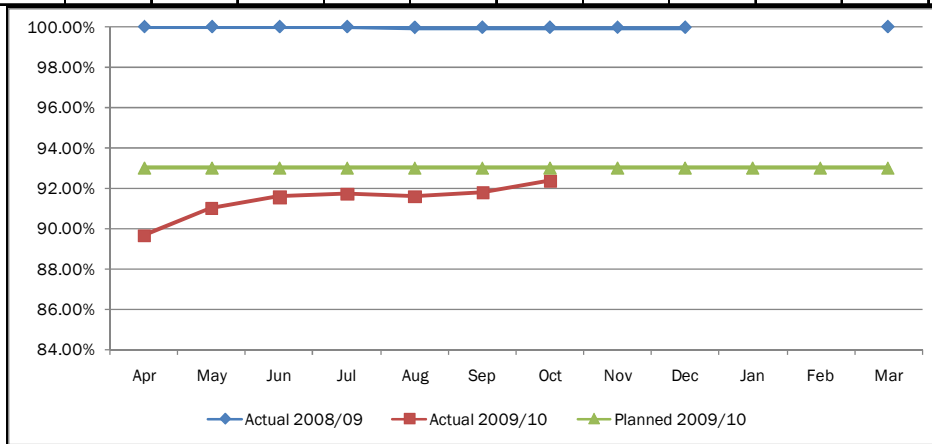
Quarterly Performance Indicators 2009/10

Targets	PA Reference	TARGET	NEXT DATA DUE	09/10 EOY plan	DOT	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Director Lead	Commentary Lead	Item
EC	VSC10	Delayed transfers of care per 100,000 population aged 18+	31/01/2010	8.75	↑			22.74			22.07							Andrew Donald	Shirley Mallon & Pam Whitehead	
EC	EC17	% offered diabetic retinopathy screening (snapshot)	31/01/2010	100.00%	↓			97.20%			96.04%							Nicola Benge	Saj Kahrod	
EC	KC53a	% of women aged 25-49 receiving cervical screening	15/02/2010	80.00%	↑			74.57%			74.88%							Louise Pritchard	Rosey Monaghan	
EC	KC53b	% of women aged 50-64 receiving cervical screening	15/02/2010	80.00%	↑			69.96%			71.74%							Louise Pritchard	Rosey Monaghan	
VS/NP	VS13	Chlamydia screening (cumulative)	15/02/2010	25.00%	↑			3.60%			9.90%							Andrew Donald	David Walker	
VS/NP	VS10-03	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	28/02/2010	91.00%	○			90.88%										Nicola Benge	Yvonne Green	
VS/NP	VS10-08	% 2 year olds immunised for PCV (cumulative)	28/02/2010	91.00%	○			86.66%										Nicola Benge	Yvonne Green	
VS/NP	VS10-09	% 2 year olds immunised for Hib/MenC (cumulative)	28/02/2010	91.00%	○			87.91%										Nicola Benge	Yvonne Green	
VS/NP	VS10-10	% 2 year olds immunised for MMR (cumulative)	28/02/2010	91.00%	○			88.74%										Nicola Benge	Yvonne Green	
VS/NP	VS10-14	% 5 year olds immunised for DTaP/IPV (cumulative)	28/02/2010	91.00%	○			86.51%										Nicola Benge	Yvonne Green	
VS/NP	VS10-15	% 5 year olds immunised for MMR (cumulative)	28/02/2010	94.00%	○			82.56%										Nicola Benge	Yvonne Green	
VS/NP	VS10-18	% 12-13 yr old girls immunised for HPV (cumulative)	28/02/2010	70.00%	○			30.80%										Nicola Benge	Yvonne Green	
VS/NP	VS11-06	% breastfeeding status at 6-8 weeks (snapshot)	15/02/2010	85.00%	↑			72.55%			77.98%							Nicola Benge	Jewant Singh	
VS/NP	VS11-05	Prevalence of breastfeeding (snapshot)	15/02/2010	35.84%	↑			30.70%			32.19%							Nicola Benge	Jewant Singh	
VS/NP	VS12-01	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	15/02/2010	3	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-02	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-03	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-04	Full range of CAMHS early intervention services (snapshot)	15/02/2010	3	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VSA14-03	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	15/02/2010	70.00%	↑			57.72%			65.00%							Andrew Donald	Melanie Young	
VS/NP	VSA14-06	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	15/02/2010	26.00%	↔			100.00%			100.00%							Andrew Donald	Melanie Young	
VS/NP	VS10-06	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	15/02/2010	85.00%	↓			79.59%			79.31%							Andrew Donald	Waheed Saleem	
VS	VSC20	Number of emergency bed days (cumulative)	15/03/2010	259,132	↓			229,246			230,077							Andrew Donald	Richard Mendelsohn	
VS	VSC16-01	Convenience, booking: patients awareness of choice (snapshot)	31/12/2009	50.00%	○													Andrew Donald	Jenny Belza	
VS	VSC16-02	Convenience, booking: patient able to go to chosen provider (snapshot)	31/12/2009	90.00%	○													Andrew Donald	Jenny Belza	
VS	VSC21	Rate of admissions for ACS conditions per 100,000 (snapshot)	31/12/2009	1,791.76	○			1,976.92										Andrew Donald	Richard Mendelsohn	
VS	VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population	31/03/2010	1,596.45	↑			1734.18			1828.99							Andrew Donald	David Walker	3.6
LOCAL	HCC01	CQC Standards Achievement (snapshot)	15/02/2010	100.00%	↔			100.00%			100.00%							Louise Pritchard	Rosey Monaghan	

3.0 PERFORMANCE TARGETS NOT MET THIS MONTH

3.1 Percentage of urgent referrals for suspected cancer seen in 2 weeks

EC14a	Green		>=93.00%		Amber		>= 88.00%		Red		<88.00%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	100.00%	100.00%	100.00%	100.00%	99.96%	99.97%	99.97%	99.97%	99.97%			100.00%
Actual 2009/10	89.64%	91.03%	91.56%	91.74%	91.57%	91.81%	92.37%					
Planned 2009/10	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%



Commentary by: Laura Cooper

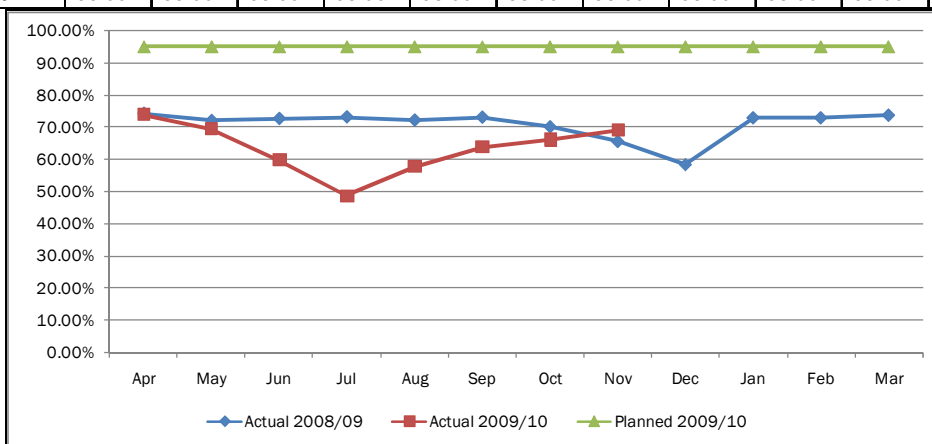
Responsible Director: Andrew Donald

There is continued improvement on last month's performance. Heart of England Foundation Trust has carried out an audited of the underachievement of the target and report that the poor performance is due to patient choice. HEFT continues to publicise the importance of appointments being made within 2 weeks both with GPs and patients.

3.2 Ambulance response times

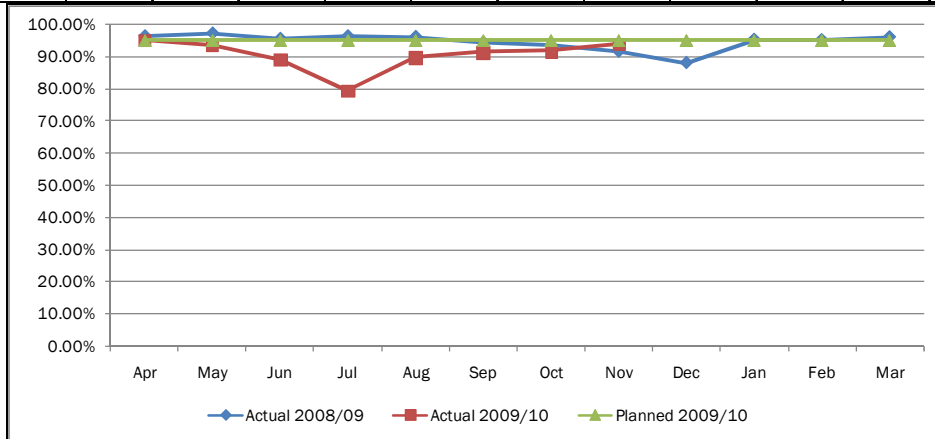
3.2.1 Ambulance Category A 8 minute response (snapshot)

EC12	Green		>=95.00%		Amber		>=90.00%		Red		<90.00%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%	72.90%	72.90%	73.70%
Actual 2009/10	73.90%	69.60%	59.80%	48.70%	57.80%	63.90%	66.20%	69.10%				
Planned 2009/10	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%



3.2.2 Ambulance Category B 19 minute response

EC13b	Green		≥95.00%		Amber		≥90.00%		Red		<90.00%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	96.40%	97.30%	95.60%	96.40%	96.20%	94.40%	93.50%	91.60%	88.00%	95.30%	95.20%	96.10%
Actual 2009/10	95.00%	93.30%	89.10%	79.30%	89.60%	91.20%	91.60%	93.80%				
Planned 2009/10	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%



Commentary by: Caroline Nolan

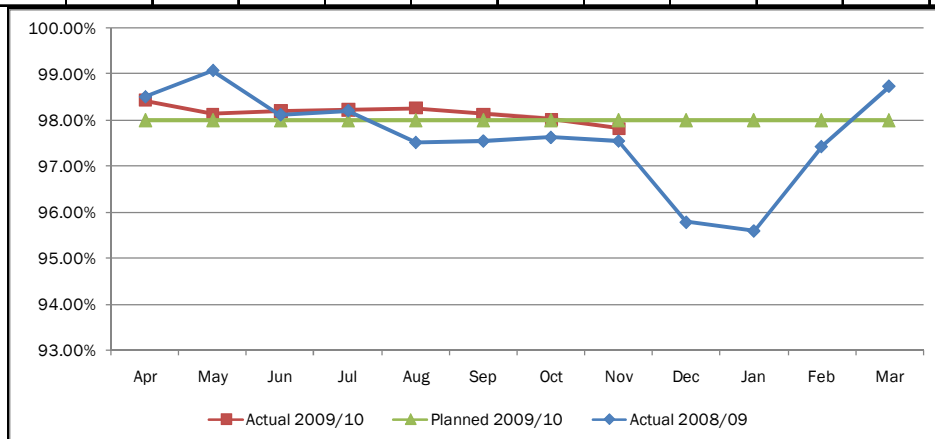
Responsible Director: Andrew Donald

Concerns remain about West Midlands Ambulance Services (WMAS) ability to improve performance given the finding of the independent review and the additional demands associated with winter and pandemic flu.

Demand from NHS BEN residents during November 2009 for ambulance services continued to be higher than expected with 539 more incidents than the 4,725 planned with a variance of 11%. The action plan to tackle improvements continues and progress has been made on the implementation of a systems status plan in the Birmingham area. This allows a more intelligent situation of vehicles to enable faster response times and the creation of an intermediate tier service using private ambulances to deal with GP urgent calls that require transportation to hospital. Assurances from WMAS that the additional investment in ambulance would restore category A performance in urban areas including NHS BEN has not been realised. Performance is being closely monitored at the Emergency Care Network (ECN) and the SHA wide Contract Delivery Group.

3.3 Total time in A&E Four hours or less

EC01	Green		≥98.00%		Amber		≥97.00%		Red		<97.00%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	98.50%	99.07%	98.11%	98.20%	97.51%	97.54%	97.62%	97.54%	95.78%	95.59%	97.42%	98.73%
Actual 2009/10	98.43%	98.13%	98.20%	98.22%	98.26%	98.13%	98.02%	97.82%	97.26%			
Planned 2009/10	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%



Commentary by: Caroline Nolan

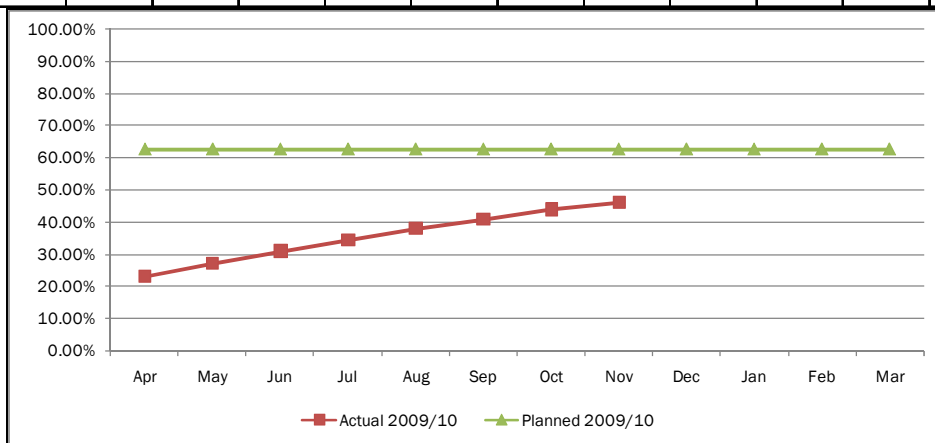
Responsible Director: Andrew Donald

Activity at the 3 HEFT A&E sites are at planned levels, however capacity and flow problems further into the hospitals are causing breaches.

HEFT are focused on improvement and have revised their four hour action plan to focus more on the flow and capacity problems that are causing the four hour breaches, introducing 7 day discharge processes and with the building works complete at Heartlands an additional 7 cubicles will be available within A&E. The PCT is supporting through the PCDU, opening a primary care stream at the Good Hope site, opening of the Urgent Care Centre at Washwood Heath in December. The PCT is also engaged in regular meetings with HEFT to monitor performance and support improvement including the Emergency Access Programme Board and the Emergency Care Network. The Intensive Support Team from the Department of Health have visited HEFT to support improvement. The Health Economy as a whole will be involved in the diagnostics and improvement elements of this work during January 2010.

3.4 Percentage of diabetic patients with current HbA1c less than or equal to 7mmol/L

VSA07	Green		>=62.60%		Amber		>=52.60%		Red		<52.60%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	Not directly comparable to 2008/09 actuals											
Actual 2009/10	23.11%	27.20%	30.94%	34.28%	37.92%	40.80%	43.88%	46.05%				
Planned 2009/10	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%



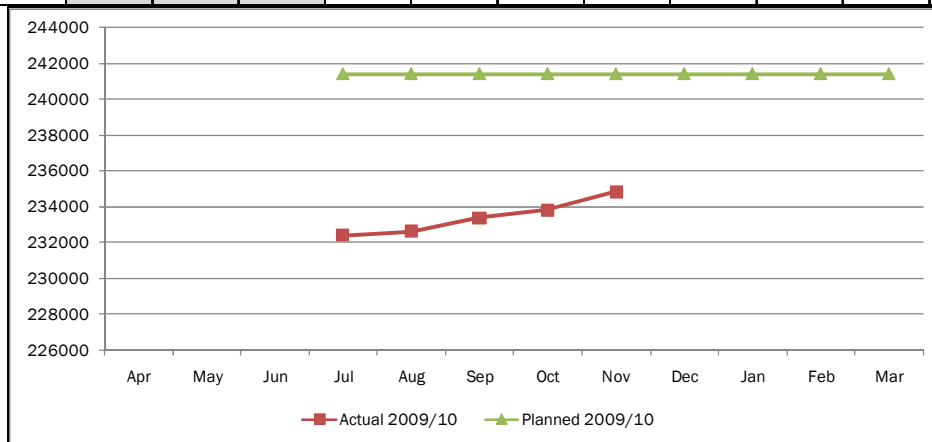
Commentary by: Saj Kahrod

Responsible Director: Nicola Benghe

Activity continues to improve at a steady rate. The PCT continues to provide one to one clinical support to practices that are performing poorly.

3.5 Number of patients receiving NHS primary dental services within a 24 month period

VSB18	Green		241415		Amber		Not set		Red		Not set	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	New target for July 2009											
Actual 2009/10				232400	232619	233370	233807	234822				
Planned 2009/10				241415	241415	241415	241415	241415	241415	241415	241415	241415



Commentary by: Viola Clarke

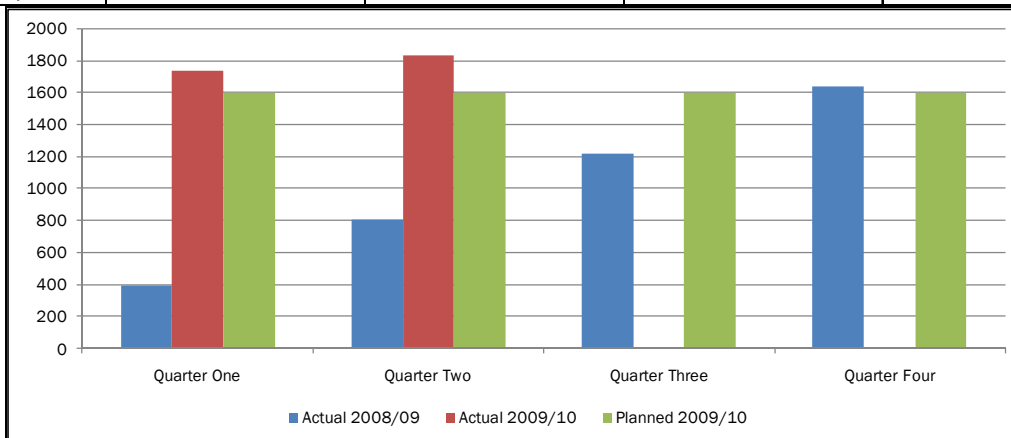
Responsible Director: Donna Macarthur

Performance continues to increase slowly towards target. The trajectory follows the resident population, however patients can access services regardless of where they live which then contributes to high numbers of cross border patient in and out flows that cannot be anticipated or planned for effectively. The baseline for the trajectory is based on 31st March 2006 figures which included dental practices which belonged to South Birmingham and Heart of Birmingham PCTs, even though the PCT did not inherit these practices until October 2006 due to boundary changes. This had an effect of inflating the baseline.

NHS BEN is currently tendering for additional NHS dental services, with an expected commencement date of April to November 2010. This includes the commissioning of two new dental practices, one in Hodge Hill and another to be sited dependant on public consultation views and the bids received from dental contractors. This will enable the PCT to meet the 2011 trajectory. Performance will be monitored at the Performance and Planning Group.

3.6 Rate of hospital admissions for alcohol related harm per 100,000 population

VSC26	Green	>=1596.45	Amber	Not set	Red	Not set		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	397.80		806.85		1220.39		1637.43	
Actual 2009/10	1734.18		1828.99					
Planned 2009/10	1596.45		1596.45		1596.45		1596.45	



Commentary by: David Walker

Responsible Director: Andrew Donald

The rate of hospital admissions due to alcohol related harm continues to increase with the main reasons for admission due to hypertensive disease, cardiac arrhythmias, intentional self harm and mental and behavioural disorders.

There are some data quality issues and the data collected is not up to the standard required. A new service, Aquarius, has been commissioned by DAAT which will work in the A&E department at HEFT to reduce alcohol admissions. The DAAT and the PCT P&PG will be tracking the trajectory.