

Birmingham East and North Primary Care Trust

Monthly Performance Report to February 2009 Board

February 2009
Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Director Lead	Commentary Lead	
	1	MRSA infections (health economy-cumulative)	54	↓	5	8	15	17	19	22	25	25	32				Doug Wulff	Karen Deeny	
HCC	2	CDiff infections (PCT target - cumulative)	514	↓	40	83	116	153	175	201	222	238	267				Doug Wulff	Karen Deeny	
HCC	3	% of admitted patients seen within 18 weeks adjusted (snapshot)	90.00%	↑	85.76%	87.01%	86.19%	87.93%	89.12%	90.42%	90.96%	89.99%	91.32%				Andrew Donald	Jenny Belza	
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	↓	91.60%	93.57%	93.60%	93.06%	93.64%	94.62%	94.93%	95.39%	95.06%				Andrew Donald	Jenny Belza	
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	↑	98.27%	98.82%	99.13%	99.33%	98.87%	99.03%	100.00%	98.64%	99.52%				Andrew Donald	Jenny Belza	
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	↓	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%				Andrew Donald	Caroline Nolan	2.1
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	↓	99.50%	99.50%	99.80%	99.90%	99.50%	99.60%	98.60%	98.20%	97.70%				Andrew Donald	Caroline Nolan	
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	↓	96.40%	97.30%	95.60%	96.40%	96.20%	94.40%	93.50%	91.60%	88.00%				Andrew Donald	Caroline Nolan	2.2
HCC	9	Total time in A&E: 4 hours or less (in month)	98.00%	↓	98.50%	99.07%	98.11%	98.20%	97.51%	97.54%	97.62%	97.54%	95.78%				Jonathan Tringham	Caroline Nolan	2.3
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0.00%	↔	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%					Andrew Donald	Jenny Belza	
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	↑	100.00%	100.00%	100.00%	100.00%	99.96%	99.97%	99.97%	99.97%					Andrew Donald	Jenny Belza	
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					Andrew Donald	Jenny Belza	
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	↑	98.21%	99.22%	99.47%	99.59%	99.66%	99.71%	99.50%	99.56%					Andrew Donald	Jenny Belza	
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	↓	211	293	315	335	363	401	369	341	449				Jonathan Tringham	Jenny Belza	2.4
HCC	14a	Percentage of outpatients waiting longer than 13 weeks (snapshot)	0.00%	↑	0.00%	0.02%	0.08%	0.15%	0.11%	0.02%	0.05%	0.01%					Jonathan Tringham	Jenny Belza	
	15	Diagnostics waiting over 6 weeks (snapshot)	0	↔	5	1	0	2	6	1	1	1					Jonathan Tringham	Jenny Belza	
	16	Inpatients waiting over 11 weeks (snapshot)	0	↓	94	101	90	80	152	130	129	111	113				Jonathan Tringham	Jenny Belza	2.5
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	↑	98.11%	99.49%	99.23%	98.05%	99.69%	100.00%	100.00%	99.85%	100.00%				Jonathan Tringham	Jenny Belza	
HCC	19	Smoking 4 week quitters (cumulative)	3,641	↑	150	249	455	673	884	1,036	1,201	1,496					Nicola Benga	Catherine Tomaney	2.6
HCC	21	Number of drug misusers in treatment	5,600	↑	6,109	6,105	6,150	6,210	6,216								Andrew Donald	David Walker	
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	↓	63.66%	62.57%	65.29%	43.85%	46.01%	48.36%	50.05%	41.86%					Andrew Donald	Jenny Belza	
	23a	GP referrals (cumulative)	64,434	↓	4,223	8,033	11,881	18,438	23,893	29,477	35,237	41,259					Andrew Donald	Jenny Belza	
	23b	Other referrals (cumulative)	111,461	↑	10,532	20,868	30,679	38,758	45,210	52,817	60,933	67,845					Andrew Donald	Jenny Belza	
	24	Number of 1st attendances following GP referral (cumulative)	64438	↑	5,390	10,369	15,558	21,001	25,608	30,975	36,598	42,096					Jonathan Tringham	Rob Pickup	
	25	Number of 1st attendances following all referrals (cumulative)	138959	↑	11,359	21,721	32,687	44,568	54,199	65,527	77,127	88,292					Jonathan Tringham	Rob Pickup	
	26	Elective daycases and inpatients (cumulative)	32779	↑	4,810	7,645	10,595	13,690	16,236	19,226	22,249	25,100					Jonathan Tringham	Rob Pickup	
	27	Planned daycases and inpatients (cumulative)	18378	↓	1,813	3,109	4,751	6,460	8,025	9,699	11,520	13,107					Jonathan Tringham	Rob Pickup	
	28	Non elective FFCEs (cumulative)	40467	↓	3,488	6,969	10,307	13,783	17,008	20,508	24,067	27,661					Jonathan Tringham	Rob Pickup	
	29	15 key tests activity (cumulative)	100221	↓	8,656	16,526	23,672	30,813	37,327	44,263	51,756	58,714	65,252				Jonathan Tringham	Rob Pickup	
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%	↑	34.66%	40.69%	46.18%	50.12%	53.25%	56.51%	59.69%	61.81%	63.10%				Nicola Benga	Saj Kahrod	2.7
	31	% of practices offering extended opening hours (snapshot)	50.00%	↑	4.88%	20.73%	26.83%	31.71%	39.02%	47.56%	57.32%	62.20%	63.41%	67.07%			Jonathan Tringham	Donna MacArthur	

KEY		
	=national Vital Signs target	HCC
	=national Vital Signs target with local flexibility	=Healthcare Commission target
	=local Vital Signs target	= WCC Metric

February 2009
Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Sponsor	Owner	
HCC	32	% GP appointments within 48 hours 3rd appointment (snapshot)	100.00%	↔			97.00%			97.00%							Jonathan Tringham	Donna MacArthur	
HCC	33	% PCP appointments within 24 hours 3rd appointment (snapshot)	100.00%	↓			76.00%			63.00%							Jonathan Tringham	Donna MacArthur	
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%	↓			100.00%			94.40%									
HCC	35	Delayed transfers of care per 100,000 population aged 18+	9.09	↑			14.81			22.22			14.81				Andrew Donald	Shirley Mallon & Pam Whitehead	2.8
HCC	36	Chlamydia screening (cumulative)	17.00%	↑			1.60%			3.30%							Andrew Donald	David Walker	
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%	↔			100.00%			100.00%			100.00%				Nicola Benge	Saj Kahrod	
	38	Number of emergency bed days (cumulative)	170,013	↓			62,854			124,819							Andrew Donald	Caroline Nolan	
	39	Convenience, booking: patients awareness of choice (snapshot)	50.00%	↓		50.00%		49.00%									Andrew Donald	Jenny Belza	
	40	Convenience, booking: patient able to go to chosen provider (snapshot)	90.00%	↑		66.00%		69.00%									Andrew Donald	Jenny Belza	
HCC	41	HCC Standards Achievement (snapshot)	100.00%	↑			92.86%			92.86%			100.00%				Louise Pritchard	Rosey Monaghan	2.9
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%	↓			89.60%			88.00%							Nicola Benge	Yvonne Green	
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%	↑			89.20%			95.40%							Nicola Benge	Yvonne Green	
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%	↑			84.30%			85.80%							Nicola Benge	Yvonne Green	
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%	↓			90.00%			89.70%							Nicola Benge	Yvonne Green	
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%	↑			80.40%			81.00%							Nicola Benge	Yvonne Green	
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%	↓			77.50%			75.30%							Nicola Benge	Yvonne Green	
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%														Nicola Benge	Yvonne Green	
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%														Nicola Benge	Yvonne Green	
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%	↓			61.22%			74.00%			72.94%				Nicola Benge	Jewant Singh	2.10
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%	↓			27.16%			25.81%			23.31%				Nicola Benge	Jewant Singh	2.11
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00				1,879.06										Andrew Donald	Corrine Ralph	
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3	↔			3			3			3				Andrew Donald	Waheed Saleem	
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3	↔			3			3			3				Andrew Donald	Waheed Saleem	
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4	↓			4			4			3				Andrew Donald	Waheed Saleem	2.12
HCC	56	Full range of CAMHS early intervention services (snapshot)	3	↔			3			3			3				Andrew Donald	Waheed Saleem	
HCC	57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	70.00%	↑			23.23%			35.21%			41.91%				Andrew Donald	Glenn Warren	2.13
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%				Not available			Not available			Not available				Andrew Donald	Glenn Warren	
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%				Not available			Not available			Not available				Andrew Donald	Waheed Saleem	
	60	Rate of hospital admissions for alcohol related harm per 100,000 population	1,458.00				Not available			Not available			Not available				Andrew Donald	David Walker	3.1

KEY		
	=national Vital Signs target	HCC
	=national Vital Signs target with local flexibility	=Healthcare Commission target
	=local Vital Signs target	= WCC Metric

1.0 Introduction

This report documents the performance of Birmingham East and North PCT against targets aligned with the PCT's 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 PCT's population.

The Board is asked to note that 'amber' indicates that the target has not been met but it 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.

Data used to compile this report is as up-to-date as possible at the time of writing and it should be noted that some data is captured on a quarterly basis and lag time between end of a period and validation of the data can be considerable and out of the control of the PCT.

2.0 New areas of concern & serious ongoing concern

2.1 Ambulance : Cat A 8 minute target	Green	>=75.00%	Amber	70-74%	Red	<70.00%
<p>As reported in previous months, the target for the Category A 8 minutes has not been achieved since April 2008 and performance continues to deteriorate. In December 2008, the number of incidents the ambulance service responded to was 4.94% higher than planned, with 5158 incidents. Category C calls which are suitable for Primary Care assessment are diverted to NHS Direct and to the out of hours providers which should support a more rapid response time for CAT A calls.</p> <p>West Midlands Ambulance Service has developed an action plan to tackle the under-performance. This includes the redeployment and increase of staff and ambulance cars available in the area and the appointment of a second Hospital Ambulance Liaison Officer (HALO) covering Good Hope Hospital. WMAS are confident that this will improve performance by March 2009.</p> <p>Commissioners continue to work with WMAS and HoEFT to support improvement and have implemented the action plan following the SHA Turnaround review.</p>		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	73.10%	70.10%	65.60%	58.40%	AD
	Plan	75.00%	75.00%	75.00%	75.00%	

Month	'08/09 plan'	'08/09 actual'	'07-08 outturn'
Apr-08	75.00%	75.00%	82.00%
May-08	75.00%	72.00%	81.00%
Jun-08	75.00%	72.00%	78.00%
Jul-08	75.00%	73.00%	77.00%
Aug-08	75.00%	72.00%	83.00%
Sep-08	75.00%	73.00%	80.00%
Oct-08	75.00%	70.00%	75.00%
Nov-08	75.00%	65.00%	72.00%
Dec-08	75.00%	58.40%	72.00%
Jan-09	75.00%	75.00%	75.00%
Feb-09	75.00%	75.00%	75.00%
Mar-09	75.00%	75.00%	81.00%

2.2 Ambulance : Cat B 19 minute target	Green	>=95.00%	Amber	90-94%	Red	<90.00%
<p>This is the fourth consecutive month that this target has not been achieved and shows continued deterioration. The WMAS action plan covers both the 8minute and 19 minute target.</p> <p>In addition, an agreement has been made that the use of Warren Farm Urgent Care Centre will take non-life threatening conditions and ambulance activity has started to increase at the centre with 8 in the first week of operation of this agreement.</p>		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	94.40%	93.50%	91.60%	88.00%	AD
	Plan	95.00%	95.00%	95.00%	95.00%	

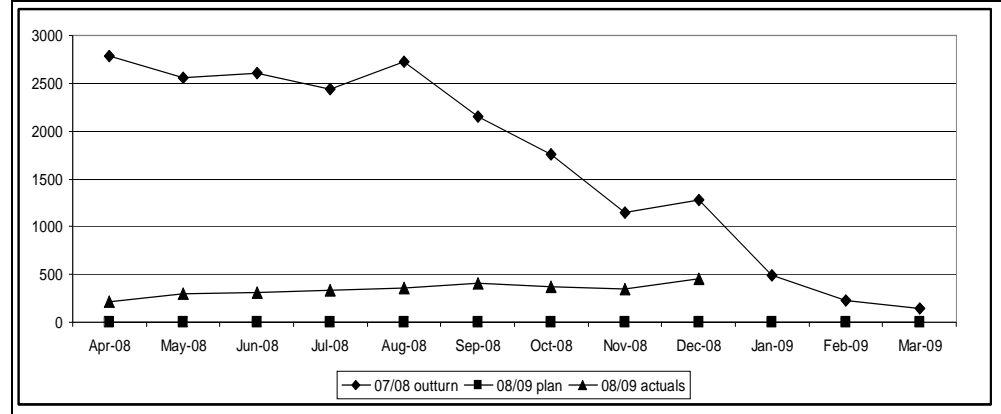
2.3 Total time in A&E : 4 hours or less (in month)	Green	>=98.00% of plan	Amber	97% of plan	Red	<96% of plan
<p>Performance for the total time spent in A&E being 4 hours or less has dropped again in December 2008 to 95.78% with difficulties being experienced at the Heartlands and Good Hope sites. HoEFT have a detailed action plan is in place to improve performance and is actively engaging with the PCT to tackle discharge delays that contribute to A&E delays.</p> <p>One element of the action plan is the opening of a Medical Assessment Unit (MAU) at Good Hope Hospital, which will open in mid January 2009 and should help improve the flow through A&E. The PCT Provider Services presence at A&E has also been increased to ensure all patients that can be managed in Primary Care are discharged from A&E.</p> <p>A&E activity at HEFT in December YTD has increased by 1% but admissions have increased by 7%.</p>		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	97.54%	97.62%	97.54%	95.78%	JT
	Plan	98.00%	98.00%	98.00%	98.00%	

2.4 Outpatients waiting longer than 5 weeks

The number of outpatients waiting longer than five weeks has increased compared to last month.

Certain specialities experience challenges to meet this target including Trauma and Orthopaedics and Ophthalmology. A redesign of Musculoskeletal services is underway with the launch of an integrated knee service, which began in January 2009. For Ophthalmology services, additional capacity has been commissioned in the independent sector. Pilot Dermatology and Urology clinics have also been established in the community.

Green	0	Amber	1-50	Red	>50
	Sep 08	Oct 08	Nov 08	Dec 08	Lead
Actual	401	369	341	449	JT
Plan	0	0	0	0	



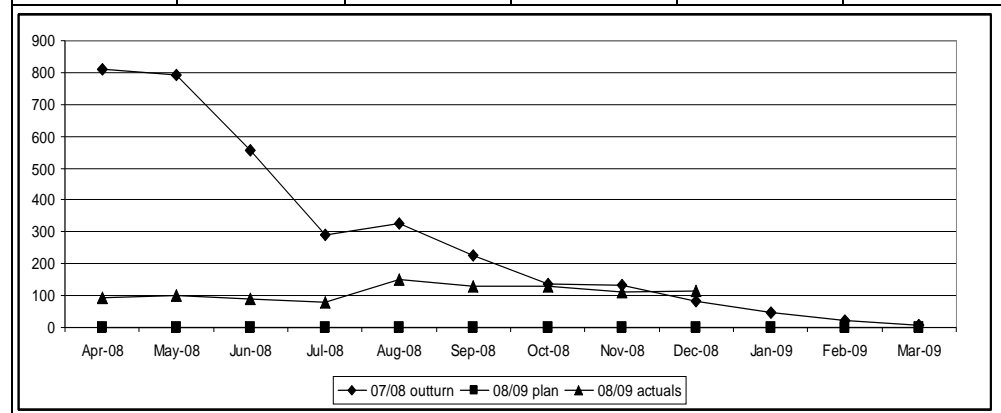
2.5 Inpatients waiting longer than 11 weeks

The number of inpatients waiting longer than 11 weeks has seen a slight increase on last month.

As reported in previous reports, certain specialities have greater problems such as Trauma and Orthopaedics. Heart of England Foundation Trust is commissioning additional capacity from the private sector and has a new mobile theatre on the Solihull Hospital site. From the beginning of January 2009, weekend theatre operating for day cases was initiated.

However, the 18 week referral to treatment target is being met.

Green	0	Amber	1-20	Red	>20
	Sep 08	Oct 08	Nov 08	Dec 08	Lead
Actual	130	129	111	113	JT
Plan	0	0	0	0	

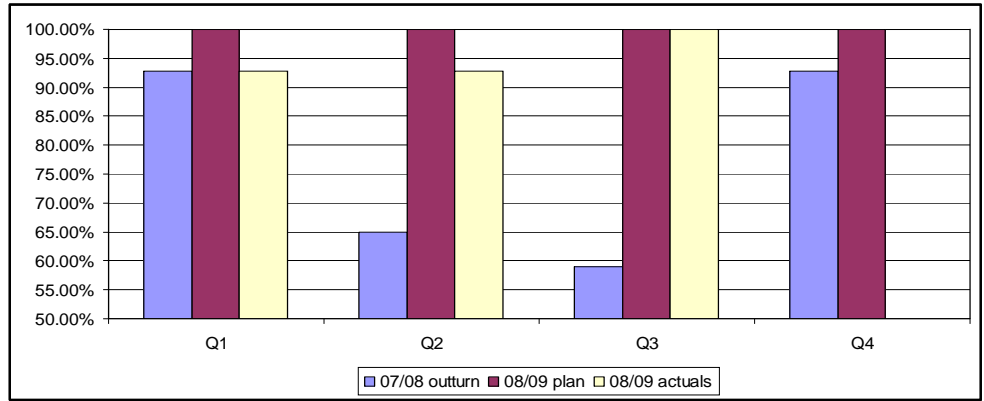


2.6 Smoking 4 week quitters	Green	100.00% of plan	Amber	90-99% of plan	Red	<90.00% of plan
<p>The gap between the actual and planned trajectory has narrowed slightly in November. Social marketing initiatives have been set up in order to increase the numbers accessing services in quarter four such as Face-to-Face activity and increased distribution of flyers in key areas. The service now has increased capacity to contact previous clients and to obtain a quit status from 'lost to follow up' clients due to a new administrator in post and working in conjunction with Dr Foster Consultancy.</p> <p>Extra drop in clinics have been set up to run for a minimum of 12 weeks starting from January 2009. Nicotine Replacement Therapy provision has been extended to include combination therapy with the aim to increase 4 week quit rates. This it is hoped will improve performance around this target.</p>		Aug 08	Sep 08	Oct 08	Nov 08	Lead
	Actual	884	1036	1201	1496	NB
	Plan	1150	1380	1610	1840	

2.7 % of people with current HbA1c <=7.5	Green	>=65.00%	Amber	55-65%	Red	<55.00%
<p>This is the first time it has been possible to report on the percentage of people with a current HbA1c of 7.5mmol/L or greater. Annual maintenance of the QMAS system, which calculates performance against QOF and converts it into points and monies for GP Practices and the PCT, has meant that it has only been available and operational from December 2008. Steady progress has been shown since April 2008 and it is expected that this will exceed the target trajectory by March 2009.</p> <p>2009/10 will see a revision to this indicator with control of HbA1c to be set at 7mmol/L, which will require the diabetic team to provide increased education to clinical staff in practices to enable them to hit the new target.</p>		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	55.96%	59.93%	61.56%	62.90%	NB
	Plan	65.00%	65.00%	65.00%	65.00%	

2.8 Delayed transfers of care per 100,000 population aged 18+	Green	Not yet set	Amber	Not yet set	Red	Not yet set															
<p>During January 2009 it was reported that at quarter two the PCT were poorly performing at 14.94 per 100,000, however, this has since been revised due to the Department of Health changing the formula for calculating the indicator in the following respects: -</p> <ol style="list-style-type: none"> To bring the delayed transfers of care in line with the Local Area Agreement (LAA) it has been necessary to change the denominator to resident population of wards covered by BEN PCT instead of registered population. Unfortunately, this replaces the previous denominator with a much smaller one that has the immediate effect of making the impact of local actions look less effective. From 2008/09 the DoH increased the target group to include all hospitals for adults and this increases the potential numerator. Previous joint initiatives with the local authority to reduce delayed transfers of care were focussed solely on acute hospitals, but now must address mental health and learning disability units. <p>Progress towards the target is evident, but there is a long way to go. It was also not possible to initiate new ways of tackling discharges in 2008/09 due to the late announcement (December 2008) by the local authority of the availability of reimbursement grant for the year with the agreement only given for the maintenance of established schemes.</p>		Q1	Q2	Q3	Q4	Lead															
	Actual	14.81	22.22	14.81		AD															
	Plan	9.09	9.09	9.09	9.09																
	<table border="1"> <caption>08/09 Actuals vs Plan</caption> <thead> <tr> <th>Quarter</th> <th>08/09 plan</th> <th>08/09 actuals</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>9.09</td> <td>14.81</td> </tr> <tr> <td>Q2</td> <td>9.09</td> <td>22.22</td> </tr> <tr> <td>Q3</td> <td>9.09</td> <td>14.81</td> </tr> <tr> <td>Q4</td> <td>9.09</td> <td></td> </tr> </tbody> </table>							Quarter	08/09 plan	08/09 actuals	Q1	9.09	14.81	Q2	9.09	22.22	Q3	9.09	14.81	Q4	9.09
Quarter	08/09 plan	08/09 actuals																			
Q1	9.09	14.81																			
Q2	9.09	22.22																			
Q3	9.09	14.81																			
Q4	9.09																				

2.9 HCC Standards achievement	Green	100.00%	Amber	90-99%	Red	<90.00%
<p>In 2007/08, the Healthcare Commission re-issued its guidance; this included specific lines for assurance of compliance in terms of the Independent Contractors the PCT contract.</p> <p>Some contractors declared compliance but fell short of having sufficient evidence to assure compliance. As a result, during the second quarter of 2007/08, the PCT could no longer assure itself of compliance for 13 Core Standards. At close of quarter 4 2007/08, the PCT declared itself non-compliant against two standards and insufficient evidence to confirm compliance against one standard leaving the PCT compliant with 93% of the core standards. During quarter 3 2008/09 the PCT declared compliance against all 42 core standards.</p> <p>C20a Safe and secure environments including protection of physical effects C20b Environments support patient privacy and confidentiality The PCT has made significant progress with further work systematically strengthening the processes for collating evidence of assurance including work undertaken with commissioned services and independent contractors by clinical leads and Healthcare Governance.</p> <p>The Healthcare Commission has reworded its guidance stating that the PCT's should be taking "reasonable steps" to be assured that independent contractors and commissioned services meet the required standards. This process is constantly ongoing. The PCT is confident that declaration of compliance is now appropriate.</p> <p>C24 Response to incidents and emergency situations including inter-agency working for annual testing A revision to the standard during the 2007/08 changed independent contractors from being specifically excluded to being specifically included. The PCT could confirm compliance against its own services but felt it had insufficient evidence to give full assurance regarding independent contractors.</p> <p>At the last Emergency Planning Group held on the 19th December 2008, it was felt that with the work carried out over this past year ensured that the standard met the compliance needed. The "reasonable steps" definition was clarified in the Healthcare Commission guidance and has been evaluated and action that the PCT had taken, mapped against each definition clearly showed that the PCT had met the definition.</p>						
		Q1	Q2	Q3	Q4	Lead
	Actual	92.86%	92.86%	100.00%		LP
	Plan	100.00%	100.00%	100.00%	100.00%	



2.10 Percentage of Breastfeeding at 6-8 weeks	Green	>=85.00%	Amber	75-84%	Red	<75.00%
2.11 Prevalence of breastfeeding		34.90%		28-34.89%		<27.00%
<p>In response to the poor performance experienced in the first two quarters, a meeting was held with the Health Visitor Clerk Manager to discuss data entry and capacity issues. A failsafe system in the form of a flow chart has been developed and circulated to all Health Visiting teams and clerks that will help improve the data collection process.</p> <p>A subsequent meeting was also held with Service Director for Children and Families to discuss the data collection issues and a further meeting is planned to discuss quarter three data and action required to meet the quarter four target. Unfortunately, quarter three has not yet shown the any improvement.</p>		Q1	Q2	Q3	Q4	Lead
	Actual 2.10	61.00%	74.00%	72.94%		NB
	Actual 2.11	27.00%	25.80%	23.31%		
	Plan 2.10	85.00%	85.00%	85.00%	85.00%	
	Plan 2.11	34.90%	34.90%	34.90%	34.90%	

Quarter	08/09 plan	08/09 actuals
Q1	85.00%	61.00%
Q2	85.00%	74.00%
Q3	85.00%	72.94%
Q4	85.00%	-

Quarter	07/08 outturn	08/09 plan	08/09 actuals
Q1	23.31%	35.00%	27.00%
Q2	25.80%	35.00%	25.80%
Q3	23.31%	35.00%	23.31%
Q4	-	35.00%	-

2.12 Access for CAMHS for 16-17 year olds : levels 1 – 4	Green	Not yet published	Amber	Not yet published	Red	Not yet published
<p>In previous months, it was reported that the PCT and Birmingham as a whole were at level 4 for Access for 16-17 year olds to CAMHS. Measurements for this service had only been taking account of children in Paediatric wards and the PCT were unaware that there were children sited in adult wards. It could be argued that as these children are not in Children's Services, this would not apply, however, they should have been placed in children's service in the first instance and have access to the same quality services.</p> <p>On this basis, the score has been reduced to level 3 until arrangements have been made to ensure all children are in Paediatric wards and not within adult wards as an overflow measure.</p>						
		Q1	Q2	Q3	Q4	Lead
	Actual	4	4	3		AD
	Plan	4	4	4	4	

Quarter	08/09 plan	08/09 actuals
Q1	4	4
Q2	4	4
Q3	4	3
Q4	4	4

2.13 Proportion of stroke patients who spend at least 90% of their time on a stroke unit	Green	Not yet set	Amber	Not yet set	Red	Not yet set
<p>There has been some improvement in the proportion of stroke patients spending 90% of their time on a stroke unit, moving from 35.21% in the last quarter to 41.91%. Commissioners are continuing to work closely with HoEFT acute stroke team on the development of the acute stroke pathway, and effective triage processes.</p> <p>A vital signs group has been established as a subgroup of the Sandwell, Solihull and Birmingham Stroke Network, chaired by a BEN PCT commissioner. This group is made up of commissioners, information leads from the Acute Trusts, and PCT Performance leads. The group have developed a work plan, which includes the creation of a system of identification and urgent care, which is auditable and then follows an easy pathway into emergency care for TIA and Stroke. A method of tracking TIA & Stroke patients through A+E and to develop a pathway with prompts that will ensure patients get to the appropriate destination as quickly as possible; this will also include end of life care.</p>						
		Q1	Q2	Q3	Q4	Lead
	Actual	23.00%	35.00%	41.91%		AD
	Plan	62.00%	65.00%	67.00%	70.00%	

Quarter	08/09 plan	08/09 actuals
Q1	62.00%	23.00%
Q2	65.00%	35.00%
Q3	67.00%	41.91%
Q4	70.00%	

This will enable the PCT to measure success or variances accurately, as well as stimulate effort at the point of decision-making. Further to this, the BEN PCT Stroke strategy, pathway and implementation plan is being drafted in preparation for consultation within the next three weeks. Commissioners have literature searched best practice models, nationally and internationally, and examined their feasibility against our fiscal position vis-à-vis PBR. Further, Commissioning are working within our LHE, with Intermediate care and other community providers to scope current provision and agree models of care.

Current concerns however is the clinical resistance to the establishment of 24/7 Thrombolysis at Heartlands and Good Hope sites, with available clinical resources centred at Solihull Hospital. There is a need to confirm our position, that 24/7 Thrombolysis fiscal costs are fully met within the current tariff and add-ons, and should be delivered in a way that meets the needs of all of our registered population.

3.0 Inability or delay in receiving indicator data

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

Due to the complexity of the reporting tool to be used for the submissions of rates of hospital admissions for alcohol related harm, the PCT is currently unable to assess its performance against this target. The target is Birmingham wide and at the moment Heart of Birmingham PCT is working on the feasibility of being able to produce data for alcohol related admissions. It is envisaged that this will now be reported as a year-end target.