

NHS Birmingham East and North

Monthly Performance Report to April 2009 Board

April 2009 Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	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	36	40		Doug Wulff	Karen Deeny	
HCC	2	CDiff infections (PCT target - cumulative)	514	40	83	116	153	175	201	222	238	267	284	295		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%	91.34%	92.32%	92.90%		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%	95.23%	95.51%	96.50%		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%	100.00%	99.77%	99.74%		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%	72.90%	72.90%		Andrew Donald	Caroline Nolan	
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%	99.20%	99.10%		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%	95.30%	95.20%		Andrew Donald	Caroline Nolan	
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%	95.59%	97.42%	98.73%	Jonathan Tringham	Caroline Nolan	
	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%	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%	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%	99.82%				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%	99.41%				Andrew Donald	Jenny Belza	
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	211	293	315	335	363	401	369	341	449	296	259		Jonathan Tringham	Jenny Belza	2.1
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%	0.13%	0.06%	0.05%		Jonathan Tringham	Jenny Belza	
	15	Diagnostics waiting over 6 weeks (snapshot)	0	5	1	0	2	6	1	1	1	1	3	2		Jonathan Tringham	Jenny Belza	
	16	Inpatients waiting over 11 weeks (snapshot)	0	94	101	90	80	152	130	129	111	113	145	148		Jonathan Tringham	Jenny Belza	2.2
HCC	16a	Percentage of inpatients waiting longer than 26 weeks (snapshot)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		Jonathan Tringham	Jenny Belza	
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%	100.00%	100.00%		Andrew Donald	David Walker	
HCC	19	Smoking 4 week quitters (cumulative)	3,641	150	249	455	673	884	1,036	1,201	1,496	1,758	2,063	2,454		Nicola Benge	Catherine Tomaney	2.3
HCC	21	Number of drug misusers in treatment	5,600	6,109	6,105	6,150	6,210	6,216	6,241	6,302	6,461					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%	45.53%	51.48%	57.72%		Andrew Donald	Jenny Belza	2.4
	23a	GP referrals (cumulative)	64,434	4,223	8,033	11,881	18,438	23,893	29,477	35,237	41,259	46,051	51,791	57,229		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	74,344	81,529	88,135		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	47,525	52,858	58,135		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	98,845	110,530	122,089		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	27,668	30,474	32,924		Jonathan Tringham	Rob Pickup	2.5
	27	Planned daycases and inpatients (cumulative)	18378	1,613	3,109	4,751	6,460	8,025	9,699	11,520	13,107	14,624	16,289	17,906		Jonathan Tringham	Rob Pickup	2.6
	28	Non elective FFCes (cumulative)	40467	3,488	6,969	10,307	13,783	17,008	20,508	24,067	27,661	31,539	35,007	38,172		Jonathan Tringham	Rob Pickup	2.7
	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	73,065	80,080		Jonathan Tringham	Rob Pickup	2.8
	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%	64.68%	65.32%	66.13%	Nicola Benge	Saj Kahrod	
	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%	68.29%	68.29%	Jonathan Tringham	Donna MacArthur	

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

April 2009 Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	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	
HCC	32a	% GP appointments within 48 hours 3rd appointment (snapshot)	0.00%				96.93%			96.98%			96.22%			Jonathan Tringham	Donna MacArthur	
HCC	32b	% PCP appointments within 24 hours 3rd appointment (snapshot)	0.00%				100.00%			100.00%			100.00%			Jonathan Tringham	Donna MacArthur	
HCC	33	% patients able to book more than 2 days in advance	0.00%				96.84%			96.47%			94.19%			Jonathan Tringham	Donna MacArthur	
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%			100.00%			94.40%			82.76%				Andrew Donald	Adrian Reedman	
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	
HCC	36	Chlamydia screening (cumulative)	17.00%			1.60%			1.70%			7.80%				Andrew Donald	David Walker	
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%			100.00%			100.00%			100.00%				Nicola Bengé	Saj Kahrod	
	38	Number of emergency bed days (cumulative)	170,013			45,771			89,129			136,185				Andrew Donald	Richard Mendelsohn	2.9
	39	Convenience, booking: patients awareness of choice (snapshot)	50.00%		50.00%		49.00%		47.00%							Andrew Donald	Jenny Belza	
	40	Convenience, booking: patient able to go to chosen provider (snapshot)	90.00%		66.00%		69.00%		71.00%							Andrew Donald	Jenny Belza	
HCC	41	HCC Standards Achievement (snapshot)	100.00%			92.86%			92.86%			100.00%				Louise Pritchard	Rosey Monaghan	
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%			89.60%			88.00%							Nicola Bengé	Yvonne Green	
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%			89.20%			95.40%							Nicola Bengé	Yvonne Green	
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%			84.30%			85.80%							Nicola Bengé	Yvonne Green	
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%			90.00%			89.70%							Nicola Bengé	Yvonne Green	
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%			80.40%			81.00%							Nicola Bengé	Yvonne Green	
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%			77.50%			75.30%							Nicola Bengé	Yvonne Green	
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%													Nicola Bengé	Yvonne Green	
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%													Nicola Bengé	Yvonne Green	
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%			61.22%			74.00%			72.94%				Nicola Bengé	Jewant Singh	
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%			27.16%			25.81%			23.31%				Nicola Bengé	Jewant Singh	
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00			1,515.49			1,558.22			1,621.69				Andrew Donald		2.10
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3			3			3			3			3	Andrew Donald	Dawn Jenner	
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3			3			3			3			3	Andrew Donald	Dawn Jenner	
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4			4			4			3			3	Andrew Donald	Dawn Jenner	
HCC	56	Full range of CAMHS early intervention services (snapshot)	3			3			3			3			3	Andrew Donald	Dawn Jenner	
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	Melanie Young	
	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	Melanie Young	
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%			Not available			Not available			Not available				Andrew Donald		
	60	Rate of hospital admissions for alcohol related harm per 100,000 population	1,596.45			396.15			803.41			1,212.92				Andrew Donald	David Walker	2.11

 =national Vital Signs target	 =national Vital Signs target with local flexibility	 =local Vital Signs target	 =Healthcare Commission target	 = WCC Metric
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1.0 Introduction

This report documents the performance of NHS Birmingham East & North 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. At the last Integrated Governance & Performance Committee the most up to date data was screened using the PCT performance reporting tool, Performance Accelerator. Whilst it was considered to be very reassuring that this tool was being used, it was felt that having an 'on the day scorecard' which was tabled to flag up any information that has arrived with the PCT more recently than the report was written, which was a week before the IG&P committee.

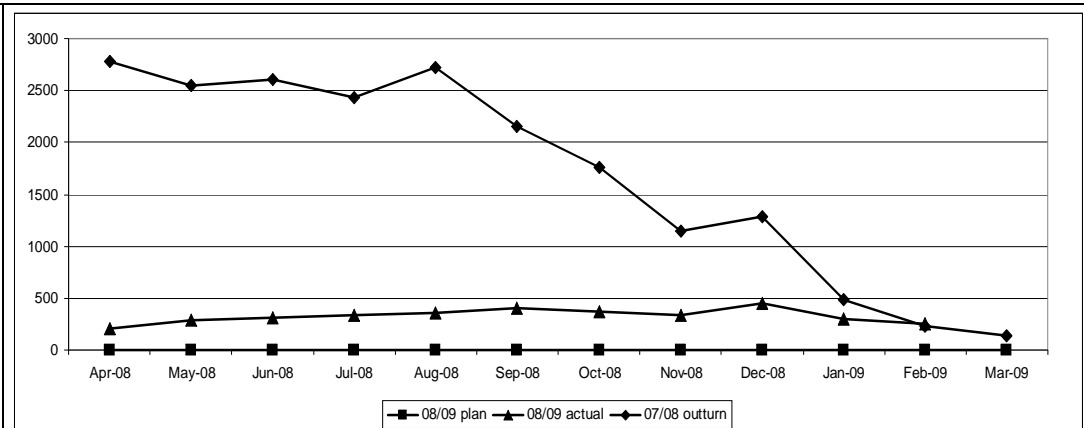
2.0 New areas of concern & serious ongoing concern

2.1	Outpatients waiting longer than 5 weeks (snapshot)						Green	0	Amber	1 – 50	Red	>50
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	211	293	315	335	363	401	369	341	449	296	259	
Plan	0	0	0	0	0	0	0	0	0	0	0	

The numbers of patients waiting over 5 weeks has reduced compared with last month, but continues to be above the plan.

As reported previously, certain specialities have challenged this target, with Trauma and Orthopaedics and Ophthalmology being the most challenging.

The redesign of the Musculoskeletal services is underway and January has seen the launch of the Knee Service. Ophthalmology services have had additional capacity from the independent sector. The pilot Dermatology and Urology clinics have been established in the community.

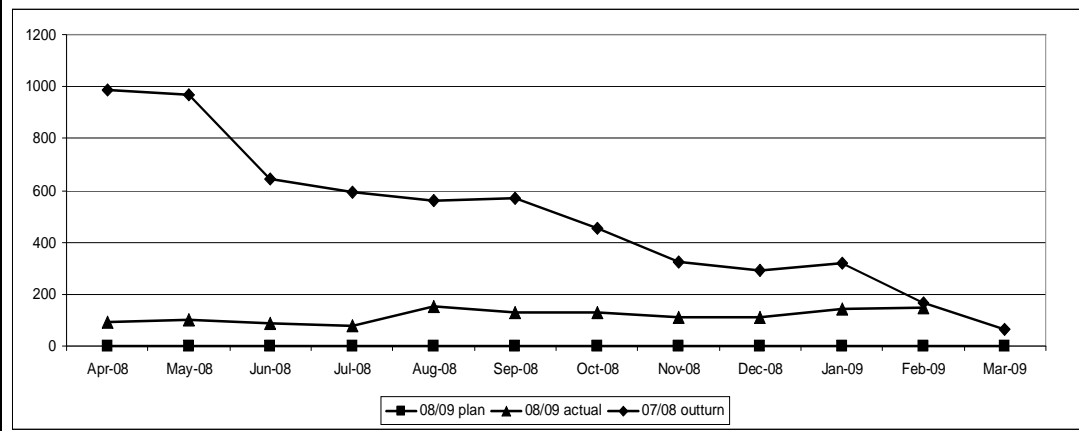


2.2	Inpatients waiting over 11 weeks (snapshot)						Green	0	Amber	1 – 20	Red	>20
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	94	101	90	80	152	130	129	111	113	145	148	
Plan	0	0	0	0	0	0	0	0	0	0	0	0

The numbers of patients waiting over 11 weeks has increased and continues to be above the plan.

As reported previously, certain specialities have challenged this target, with Trauma and Orthopaedics and Ophthalmology being the most challenging.

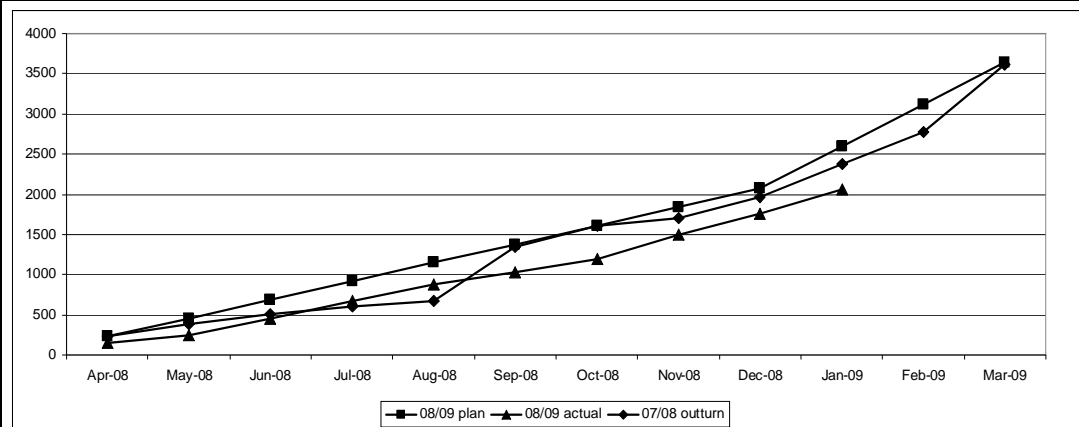
Heart of England Foundation Trust (HoEFT) is commissioning additional capacity from the private sector and has introduced a new mobile theatre on the Solihull site. From the beginning of January, the theatre has been operating weekends for day cases.



2.3	Smoking 4 week quitters (cumulative)						Green	>=100% plan	Amber	>=90% plan	Red	<90% plan
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	150	249	455	673	884	1036	1201	1496	1758	2063		
Plan	230	460	690	920	1150	1380	1610	1840	2070	2593	3116	3641

The Smoking Cessation team have engaged with large employers in the area to encourage referrals into the service. Radio adverts and press releases have been prepared for the national 'No smoking day 2009', including a case study of a successful quitter. 'Lost to follow up' clients are being contacted by the 'Call to Quit' help desk to establish their 4 week quit status. Those that are still smoking will be given the option of accessing services again.

Lower numbers than expected have accessed the drop-in clinics. The team are continuing to promote these clinics. No Smoking Day materials and extra support will be provided to pharmacists and General Practices in order to increase access into these services.

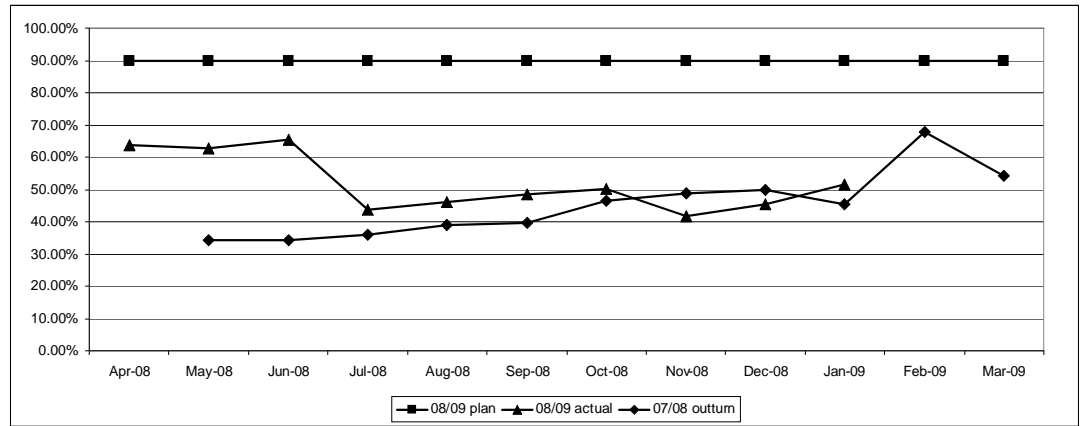


2.4	Convenience and booking : PCT booking rates (snapshot)						Green	>=90%	Amber	>=80%	Red	<80%
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	63.66%	62.57%	65.29%	43.85%	46.01%	48.36%	50.05%	41.86%	45.53%	51.48%		
Plan	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Performance has improved following a drop in performance early in the new year.

Delays in the introduction of the Direct Booking System (DBS) at HoEFT are still being experienced; the system will improve performance and will enable two-week waits to be booked live.

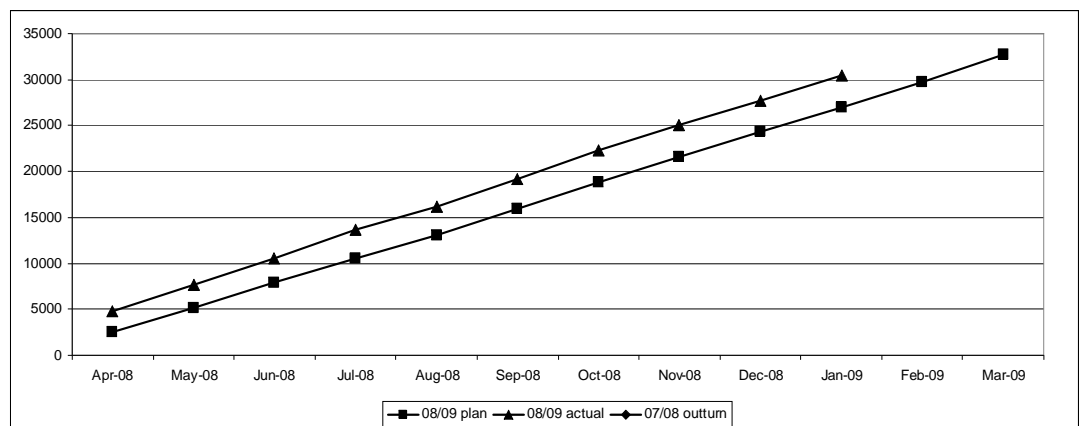
Lack of a direct booking system at HoEFT is a significant factor and a performance notice issued to HoEFT. The trust has produced a new timetable for the implementation of DBS which will go live in late Spring.



2.5	Elective day cases and inpatients (cumulative)						Green	Not set	Amber	Not set	Red	Not set
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	4810	7645	10595	13690	16236	19226	22249	25100	27668	30474		
Plan	2527	5183	7925	10559	13045	15911	18859	21597	24281	26982	29732	32779

Elective day cases and inpatients continue to perform above target. Rates have been higher than trajectory all year as a joint result of increased GP referrals and pressure to hit 18 weeks.

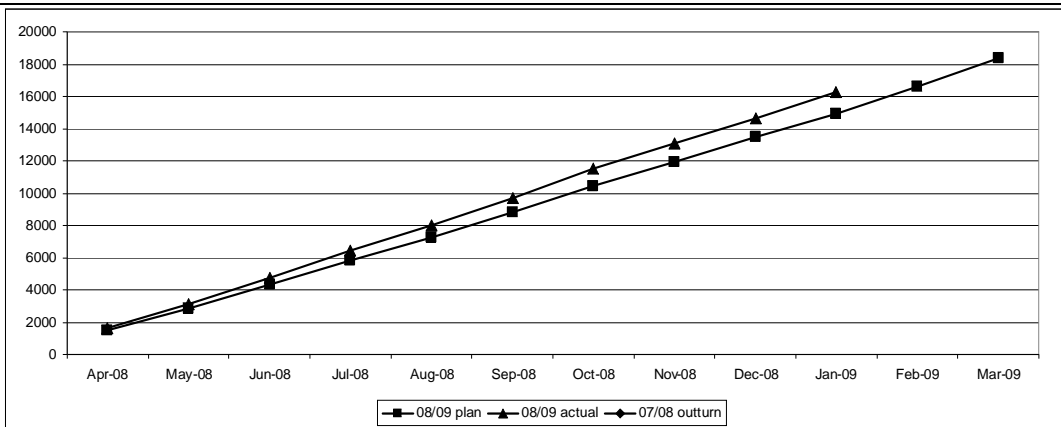
The level of total elective work has fallen below target for the first time this year. This 4% reduction follows a small over perform on a monthly basis since August.



2.6	Planned day cases and inpatients (snapshot)						Green	Not set	Amber	Not set	Red	Not set
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	1613	3109	4751	6460	8025	9699	11520	13107	14624	16289		
Plan	1509	2876	4321	5843	7246	8796	10426	11947	13468	14938	16577	18378

Planned day cases and inpatient rates have been higher than trajectory all year as a joint result of increased GP referrals and pressure to hit the 18 week target.

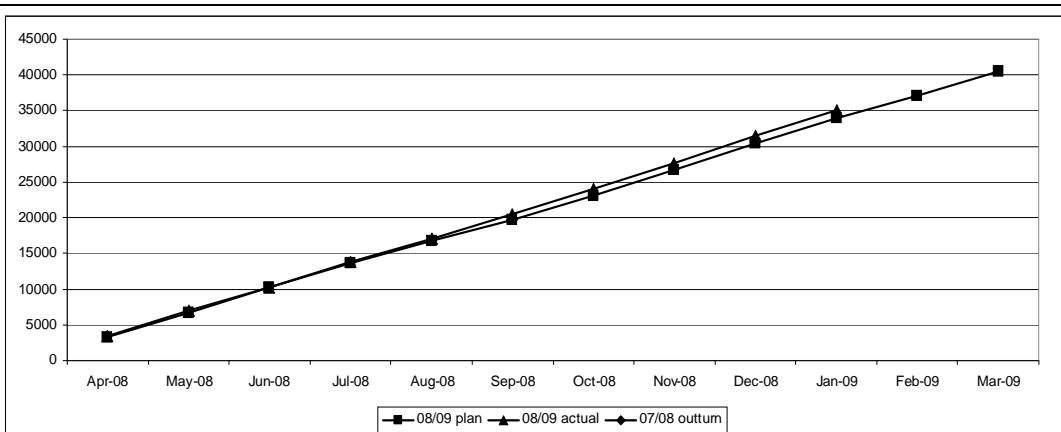
The level of planned elective work has dropped during January 2009. The level of planned elective day cases is 4 less than target for the month which represents a close proximity to the target.



2.7	Non elective FFCE's (cumulative)						Green	Not set	Amber	Not set	Red	Not set
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	3488	6969	10307	13783	17008	20508	24067	27661	31539	35007		
Plan	3298	6704	10267	13668	16757	19744	23139	26691	30360	34027	37083	40467

Non-elective admissions have remained relatively constant over the year and nationally this has been seen an increase compared to the previous year.

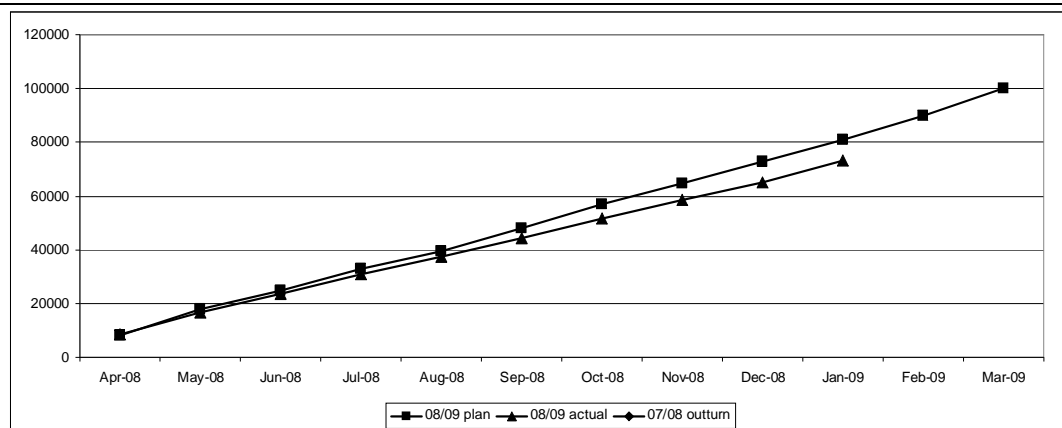
Through the discussions on the over performance at HEFT, plans are being put in place to help reduce the non-elective admissions through a revised End of Life delivery plan, using ACM to prevent admissions and A&E diversions through the new insight module.



2.8	15 key tests activity (cumulative)						Green	Not set	Amber	Not set	Red	Not set
	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Actual	8656	16526	23672	30813	37327	44263	51756	58714	65252	73065		
Plan	81060	17902	25000	32804	39634	46024	56805	64521	72648	80817	90059	100221

There has been an under performance of the 15 key diagnostic tests throughout the year. This target was to ensure that diagnostic tests were not a blockage for the achievement of 18 weeks.

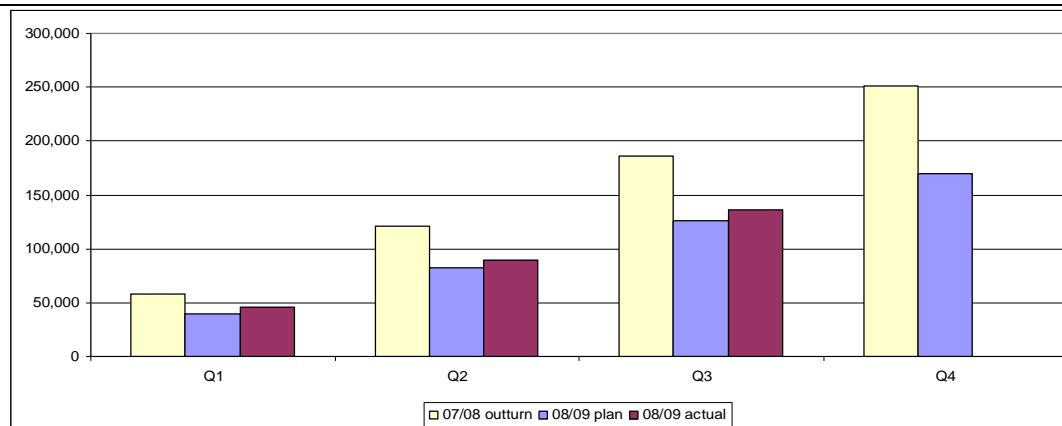
To date the number of diagnostic tests has not provided a barrier to 18 weeks and the capacity remains to do this work.



2.9	Number of emergency bed days (cumulative)			Green	>=100% plan	Amber	>=95% plan	Red	<95% plan
	Quarter One		Quarter Two		Quarter Three		Quarter Four		
Actual	45771		89129		136185		170013		
Plan	39583		82086		126049				

A number of actions have been taken to address the over performance.

- The COPD team are working with providers to re-design exacerbation care pathway between HoEFT and the Community Team
- The Trust Board received the Project Implementation plan for WtFH Elderly Care which is working towards a start date of April 2009
- The Urgent Care Strategy was submitted to PEC in March 2009, Care Homes Project SCT is working up a proposal for Care Home Ward Rounds.
- A Primary Care Discharge Unit is to open in May 2009 at Good Hope hospital which will alleviate pressure in the Emergency Department.
- ACM Programme is using Insight on daily basis tracking patients from their caseload in real time and sourcing for new patients.

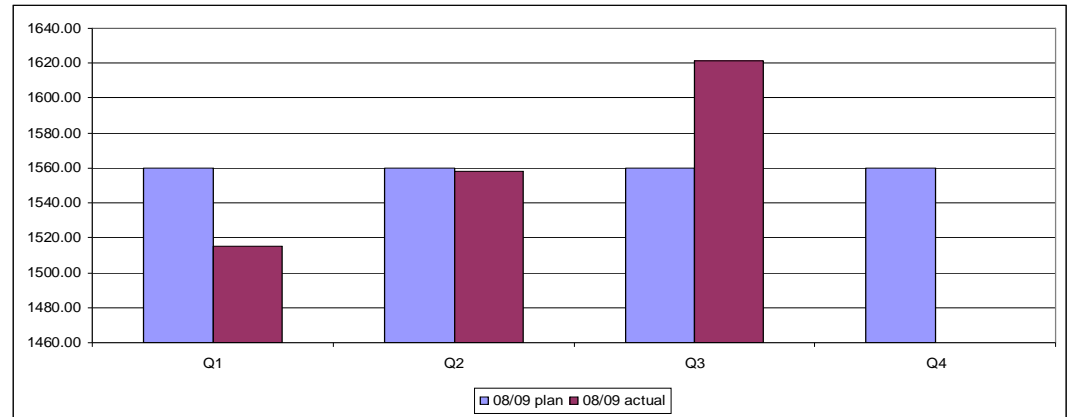


2.10	Rate of admissions for ACS conditions			Green	Not set	Amber	Not set	Red	Not set
	Quarter One	Quarter Two	Quarter Three	Quarter Four					
Actual	1515.49	1558.22	1621.69						
Plan	1560.00	1560.00	1560.00	1560.00					

Rates of admissions for Ambulatory Care Sensitive conditions have over performed in Quarter Three for the first time this year and a recent indicator change from registrant to resident population has adversely affected this Performance Indicator.

A number of activities have been put in place to address this:

- A redesign/re-commissioning project has been established for COPD, Heart Failure, Convulsions/Epilepsy and Asthma.
- Ensuring clinical leads are aware of PIs and action plans support the trajectories.



2.11	Rate of hospital admissions for alcohol related harm per 100,000 population			Green	Not set	Amber	Not set	Red	Not set
	Quarter One	Quarter Two	Quarter Three	Quarter Four					
Actual	396.15	803.41	1212.92						
Plan	399.00	798.00	1197.00	1596.45					

This is the first time the PCT has been able to report on the rate of hospital admissions for alcohol related harm due to the complex algorithm required to calculate the rate and the actual is provisional at time of report.

The main reasons for alcohol related hospital admissions include Hypertensive disease, Cardiac Arrhythmias, intentional self harm and mental and behavioural disorders.

It is hoped that the upward trajectory will dip in subsequent years.

