

NHS Birmingham East and North

Monthly Performance Report

September 2009

Monthly Performance Targets 2009/10

Targets	No.	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	
	VSA01	MRSA infections (health economy-cumulative)	14/09/09	46	↓	3	4	6	10									Doug Wulff	Karen Deeny	
	VSA03local	CDiff infections (local stretch target - cumulative)	14/09/09	271	↓	18	37	47	62									Doug Wulff	Karen Deeny	
	VSA03CQC	CDiff infections (CQC target - cumulative)	14/09/09	317	↓	18	37	47	62									Doug Wulff	Karen Deeny	
	VSA04-ad	% of admitted patients seen within 18 weeks adjusted (snapshot)	01/10/09	90.00%	↓	94.23%	94.13%	95.71%	95.16%									Andrew Donald	Jenny Belza	
	VSA04-non	% of non admitted patients seen within 18 weeks (snapshot)	01/10/09	95.00%	↓	96.24%	96.55%	96.87%	96.82%									Andrew Donald	Jenny Belza	
	VSA04-aud	% of audiology patients treated within 18 weeks (snapshot)	01/10/09	95.00%	↑	99.34%	99.21%	99.45%	99.69%									Andrew Donald	Jenny Belza	
	VSA04-07	15 key diagnostic tests waiting over 6 weeks (snapshot)	01/10/09	0	↑	3	6	5	3									Jonathan Tringham	Jenny Belza	2.01
CQC	EC14a	% of urgent referrals for suspected cancer seen in 2 weeks (cumulative)	14/10/09	93.00%	↑	89.64%	91.03%	91.56%	91.74%									Andrew Donald	Jenny Belza	2.02
CQC	EC15a	% cancer patients seen within 1 month target (snapshot)	14/10/09	96.00%	↑	98.98%	98.53%	97.87%	98.42%									Andrew Donald	Jenny Belza	
CQC	EC16a	% cancer patients seen within 2 month target (cumulative)	14/10/09	85.00%	↑	94.12%	92.93%	90.63%	90.95%									Andrew Donald	Jenny Belza	
CQC	VSA08-03	% of patients referred for breast symptoms seen in 2 weeks	14/10/09	100.00%	↑	27.71%	49.33%	51.26%	72.04%									Andrew Donald	Jenny Belza	
CQC	VSA12-03	31 day standard for subsequent cancer treatments (radiotherapy)	14/10/09	89.29%	↑	100.00%	97.30%	98.44%	100.00%									Andrew Donald	Jenny Belza	
CQC	EC12	Ambulance: Cat A 8 min target % (snapshot)	21/09/09	75.00%	↓	73.90%	69.60%	59.80%	48.70%									Andrew Donald	Caroline Nolan	2.03
CQC	EC13a	Ambulance: Cat A 19 min target % (snapshot)	21/09/09	95.00%	↓	99.50%	99.50%	97.90%	92.70%									Andrew Donald	Caroline Nolan	2.04
CQC	EC13b	Ambulance: Cat B 19 min target % (snapshot)	21/09/09	95.00%	↓	95.00%	93.30%	89.10%	79.30%									Andrew Donald	Caroline Nolan	2.05
CQC	EC01	Total time in A&E: 4 hours or less (in cumulative)	14/10/09	98.00%	↑	98.44%	98.12%	98.20%	98.19%	98.23%								Jonathan Tringham	Caroline Nolan	
CQC	EC06	Patients waiting longer than 3 months for revascularisation (snapshot)	07/10/09	0.00%	↔	0.00%	0.00%	0.00%	0.00%									Andrew Donald	Jenny Belza	
	HCC03	Outpatients waiting longer than 5 weeks (snapshot)	01/10/09	0	↑	534	725	654	876									Jonathan Tringham	Jenny Belza	2.06
CQC	EC04	Percentage of outpatients waiting longer than 13 weeks (cumulative)	07/10/09	0.00%	↔	0.03%	0.03%	0.02%	0.02%									Andrew Donald	Adrian Reedman	
	HCC02	Inpatients waiting over 11 weeks (snapshot)	01/10/09	0	↓	163	191	218	270									Jonathan Tringham	Jenny Belza	2.07
CQC	EC05	Percentage of inpatients waiting longer than 26 weeks (snapshot)	07/10/09	0.00%	↔	0.00%	0.00%	0.00%	0.00%									Andrew Donald	Adrian Reedman	
CQC	PSA11b	GUM % offered an appointment within 48 hours (cumulative)	25/09/09	100.00%	↑	98.13%	99.08%	99.36%	99.53%									Andrew Donald	David Walker	
CQC	VSB05	Smoking 4 week quitters (cumulative)	16/09/09	3,147	↑	126	306	468										Nicola Bengé	Catherine Tomaney	2.08
	VSB14	Number of drug misusers in treatment	13/08/09	5,600	○													Andrew Donald	David Walker	
	CAB01	Convenience and booking: PCT booking rates (snapshot)	14/10/09	90.00%	↓	54.18%	51.50%	50.37%	40.46%									Andrew Donald	Jenny Belza	2.09
	VSA05-01	GP referrals (cumulative)	14/10/09	61,857	↓	5,922	12,056	18,864	26,801									Andrew Donald	Jenny Belza	2.10
	VSA05-01 (local)	GP referrals local monitoring target (cumulative)	14/10/09	75,155	↓	5,922	12,056	18,864	26,801									Andrew Donald	Jenny Belza	
	VSA05-02	Other referrals (cumulative)	14/10/09	78,700	↓	7,232	14,079	21,755	28,394									Andrew Donald	Jenny Belza	2.11
	VSA05-02 (local)	Other referrals local monitoring target (cumulative)	14/10/09	81,772	↓	7,232	14,079	21,755	28,394									Andrew Donald	Jenny Belza	
	VSA05-03	Number of 1st attendances following GP referral (cumulative)	14/10/09	63078	↓	5,888	11,641	18,610	25,138									Andrew Donald	Jenny Belza	2.12
	VSA05-04	Number of 1st attendances following all referrals (cumulative)	14/10/09	108499	↓	12,105	24,269	38,054	51,116									Andrew Donald	Jenny Belza	2.13
	VSA05-05	Elective daycases and inpatients (cumulative)	14/10/09	36653	↓	2,777	5,519	8,689	11,774									Andrew Donald	Jenny Belza	
	VSA05-06	Planned daycases and inpatients (cumulative)	14/10/09	17379	↓	1,598	3,155	4,847	6,568									Andrew Donald	Jenny Belza	2.14
	VSA05-09	Non elective FFCEs (cumulative)	14/10/09	41632	↓	3,444	6,833	10,258	13,773									Andrew Donald	Jenny Belza	
	VSA05-10	15 key tests activity (cumulative)	14/10/09	90610	↓	7,553	14,694	22,962	31,200									Andrew Donald	Jenny Belza	2.15
	VSC27	% of people with current HbA1c <= 7.0 (snapshot)	14/09/09	62.00%	○													Nicola Bengé	Saj Kahrod	
	VSA07	% of practices offering extended opening hours (snapshot)	01/10/09	50.00%	↔	72.15%	74.68%	75.00%	75.00%	75.00%								Jonathan Tringham	Donna MacArthur	

KEY	 =national Vital Signs target	 =national Vital Signs target with local flexibility	 =local Vital Signs target	 CQC	CQC target = WCC Metric
------------	--	---	---	---	-------------------------

Quarterly Performance Targets 2009/10

Targets	No.	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	
	VSA04-08	Other diagnostic tests waiting over 6 weeks (snapshot - HoEFT only)	15/08/2009	0.00%	○													Andrew Donald	Jenny Belza	
	EC08	Thrombolysis - 60 min call to needle time (cumulative)	15/08/2009	68.00%	○													Andrew Donald	Adrian Reedman	
CQC	VSC10	Delayed transfers of care per 100,000 population aged 18+	30/09/2009	8.75	○			22.74										Andrew Donald	Shirley Mallon & Pam Whitehead	2.16
CQC	EC21	Chlamydia screening (cumulative)	19/11/2009	25.00%	○			3.60%										Andrew Donald	David Walker	2.17
CQC	EC17	% offered diabetic retinopathy screening (snapshot)	30/09/2009	100.00%	○			97.20%										Nicola Bengé	Saj Kahrod	2.18
	VSC20	Number of emergency bed days (cumulative)	19/11/2009	259,132	○			308,001										Andrew Donald	Richard Mendelsohn	
	VSC16-01	Convenience, booking: patients awareness of choice (snapshot)	15/08/2009	50.00%	○													Andrew Donald	Jenny Belza	
	VSC16-02	Convenience, booking: patient able to go to chosen provider (snapshot)	15/08/2009	90.00%	○													Andrew Donald	Jenny Belza	
CQC	HCC01	CQC Standards Achievement (snapshot)	19/11/2009	100.00%	○			100.00%										Louise Pritchard	Rosey Monaghan	
	VS10-03	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	19/11/2009	91.00%	○			90.88%										Nicola Bengé	Yvonne Green	
	VS10-08	% 2 year olds immunised for PCV (cumulative)	19/11/2009	91.00%	○			86.66%										Nicola Bengé	Yvonne Green	
	VS10-09	% 2 year olds immunised for Hib/MenC (cumulative)	19/11/2009	91.00%	○			87.91%										Nicola Bengé	Yvonne Green	
	VS10-10	% 2 year olds immunised for MMR (cumulative)	19/11/2009	91.00%	○			88.74%										Nicola Bengé	Yvonne Green	
	VS10-14	% 5 year olds immunised for DTaP/IPV (cumulative)	19/11/2009	91.00%	○			86.51%										Nicola Bengé	Yvonne Green	
	VS10-15	% 5 year olds immunised for MMR (cumulative)	19/11/2009	94.00%	○			82.56%										Nicola Bengé	Yvonne Green	
	VS10-18	% 12-13 yr old girls immunised for HPV (cumulative)	19/11/2009	70.00%	○			30.80%										Nicola Bengé	Yvonne Green	
	VS11-06	% breastfeeding status at 6-8 weeks (snapshot)	19/11/2009	85.00%	○			72.55%										Nicola Bengé	Jewant Singh	2.19
	VS11-05	Prevalence of breastfeeding (snapshot)	19/11/2009	35.84%	○			30.70%										Nicola Bengé	Jewant Singh	2.20
	VSC21	Rate of admissions for ACS conditions (snapshot)	15/08/2009	1,791.76	○													Andrew Donald	Richard Mendelsohn	
CQC	VS12-01	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	19/11/2009	3	○			3										Andrew Donald	Waheed Saleem	
HCC	VS12-02	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	19/11/2009	4	○			3										Andrew Donald	Waheed Saleem	2.21
HCC	VS12-03	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	19/11/2009	4	○			3										Andrew Donald	Waheed Saleem	2.22
HCC	VS12-04	Full range of CAMHS early intervention services (snapshot)	19/11/2009	3	○			3										Andrew Donald	Waheed Saleem	
	VSA14-03	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	19/11/2009	70.00%	○			57.72%										Andrew Donald	Melanie Young	2.23
	VSA14-06	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	19/11/2009	26.00%	○			100.00%										Andrew Donald	Melanie Young	
	VS10-06	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	19/11/2009	72.00%	○			25.40%										Andrew Donald	Waheed Saleem	2.25
	VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population	15/08/2009	1,596.45	○													Andrew Donald	David Walker	
CQC	EC18	New cases of psychosis served by early intervention teams per year	15/08/2009	100.00%	○													Andrew Donald	Jane Collier	

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

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.

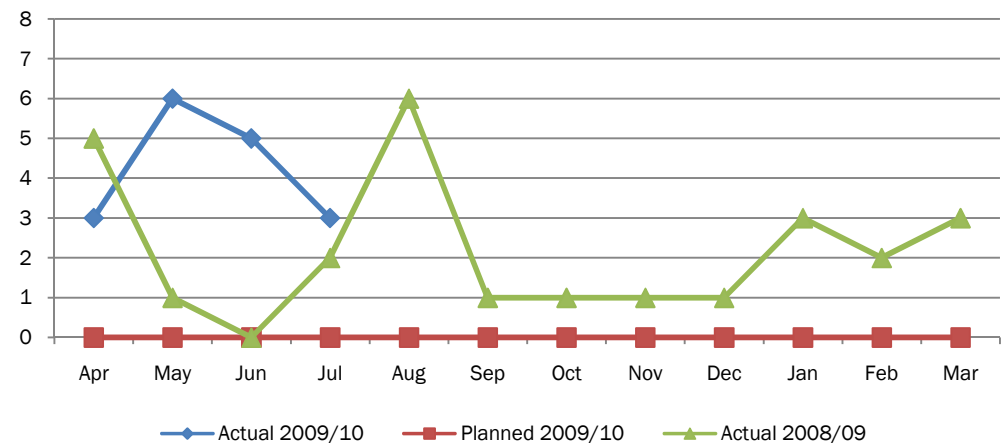
As in previous years, the CQC reviews the thresholds it sets for each target, therefore, the amber thresholds have been removed until such time as these are revised and released. The CQC are expecting this to be no later than the end of the 2009 calendar year.

2.0 New areas of concern and serious ongoing concern

2.01	15 Key diagnostic tests waiting over 6 weeks (snapshot)						Green	0	Amber	Not set	Red	>0
VSA04-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	5	1	0	2	6	1	1	1	1	3	2	3
Actual 2009/10	3	6	5	3								
Planned 2009/10	0	0	0	0	0	0	0	0	0	0	0	0

Referral to treatment times are being met for both admitted and non admitted pathways. Heart of England Foundation Trust are reporting significant progress around management of their backlog, which currently stands at 1199 patients, well within the agreed 1700 maximum. However, HEFT are not achieving across all specialities with Trauma and Orthopaedics continuing to under-achieve, largely while the existing backlog is cleared.

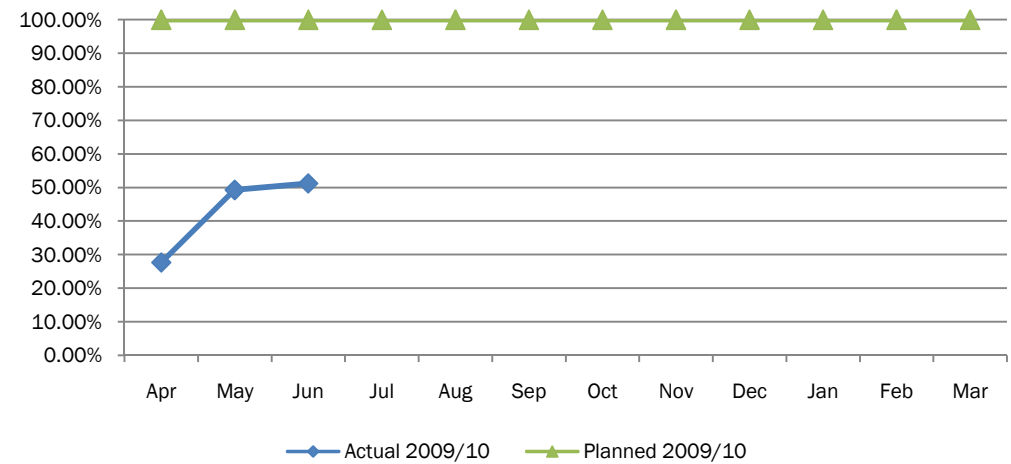
HEFT continues to take action to ensure RTT is being sustained across all specialties with challenged specialties presenting to the 18 week HEFT forum and submitting high level action plans. Prospective validation is increasing 18 week awareness, with patients being proactively managed through their pathway. Increased capacity continues and will be reviewed as part of the preparation for directly bookable services (DBS).



2.02	% of patients referred for breast symptoms seen in 2 weeks						Green	100.00%	Amber	Not set	Red	<100.00%
VSA08-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	Deferred Vital Sign Target											
Actual 2009/10	27.71%	49.33%	51.26%									
Planned 2009/10	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

The target for the percentage of patients referred for breast symptoms seen in 2 weeks is being shadow monitored as from quarter four 2008/09 with the target of 100% to be achieved by December 2009/10 and HEFT are focused on achieving the target by the milestone date.

HEFT have an action plan in place to achieve delivery. New Network guidelines for breast cancer follow up are being implemented from September 2009 to reduce follow up from 5 to 3 years creating capacity in the system to help achieve the target. NHS BEN is also working with HEFT to ensure that they meet the target.

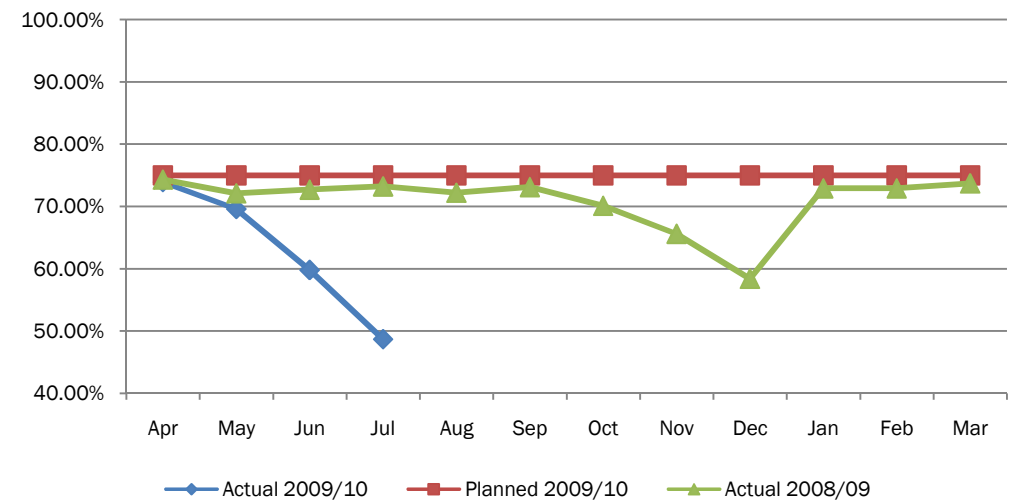


2.03	Ambulance : Category A 8 minute target %						Green	>=75.00%	Amber	Not set	Red	<75.00%
EC12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%	72.90%	72.90%	73.70%
Actual 2009/10	73.90%	69.60%	59.80%	48.70%								
Planned 2009/10	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%

The target has not been achieved since April 2008 and performance has deteriorated significantly again this month. The PCT has been working closely with all partner organisations and other PCTs to try to improve WMAS performance. The SHA has been kept informed of the PCTs efforts.

Chief Executives were called to an emergency meeting on the findings of the West Midlands Ambulance Service review in July 2009 that indicated concerns around clinical safety of WMAS particularly in the Birmingham and Black Country. Task and finish groups have been established to address the immediate concerns around clinical safety, workforce, finance and activity with NHS BEN actively engaged in this work.

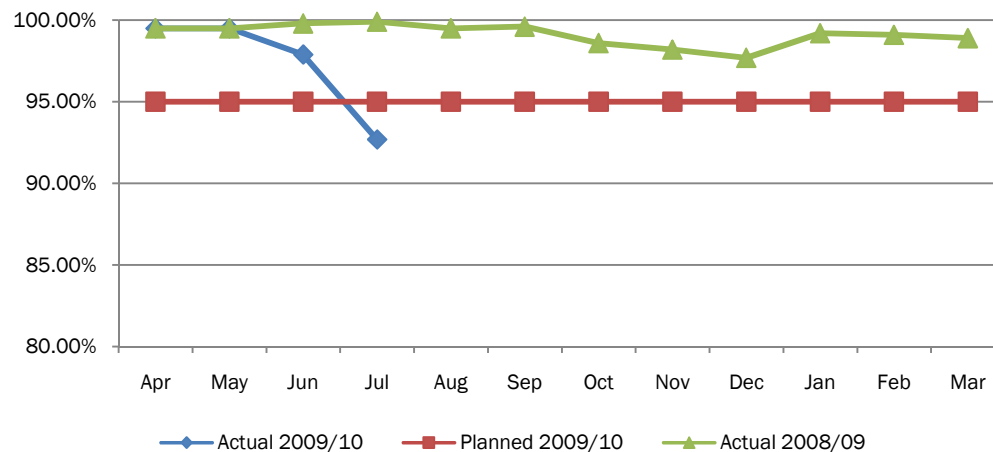
There is a reported 22.5% variance on activity equating to 1078 more incidents across NHS BEN than were planned for and for the second time this year, the Category A target has not been met across the region.



2.04	Ambulance : Category A 19 minute target %						Green	>=95.00%	Amber	Not set	Red	<95.00%
EC13a	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	99.50%	99.50%	99.80%	99.90%	99.50%	99.60%	98.60%	98.20%	97.70%	99.20%	99.10%	98.90%
Actual 2009/10	99.50%	99.50%	97.90%	92.70%								
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%

This is the first time that the Category A 19 minute target has fallen below the 95.00% threshold.

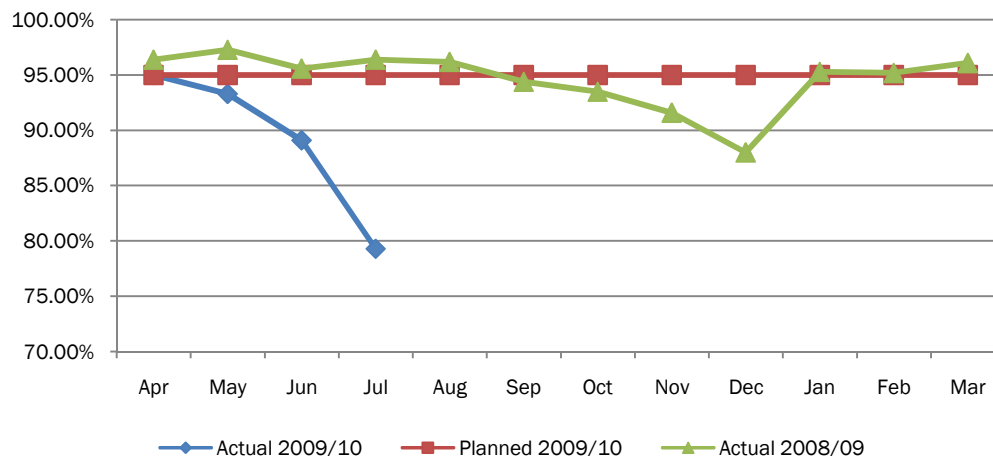
Work to improve performance as described in 2.03



2.05	Ambulance : Category B 19 minute target %						Green	>=95.00%	Amber	Not set	Red	<95.00%
EC13b	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%								
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%

The target has not been achieved since May 2009 and performance has deteriorated significantly again this month.

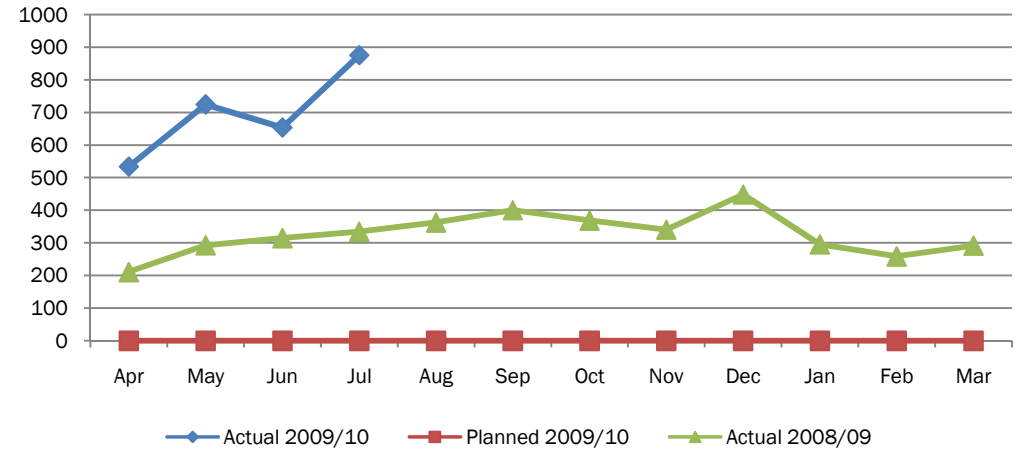
Work to improve performance as described in 2.03



2.06	Outpatients waiting longer than 5 weeks (snapshot)						Green	Not set	Amber	Not set	Red	Not set
HCC03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	211	293	315	335	363	401	369	341	449	296	259	292
Actual 2009/10	534	725	654	876								
Planned 2009/10	0	0	0	0	0	0	0	0	0	0	0	0

The number of patients waiting over 5 weeks has increased compared with last month.

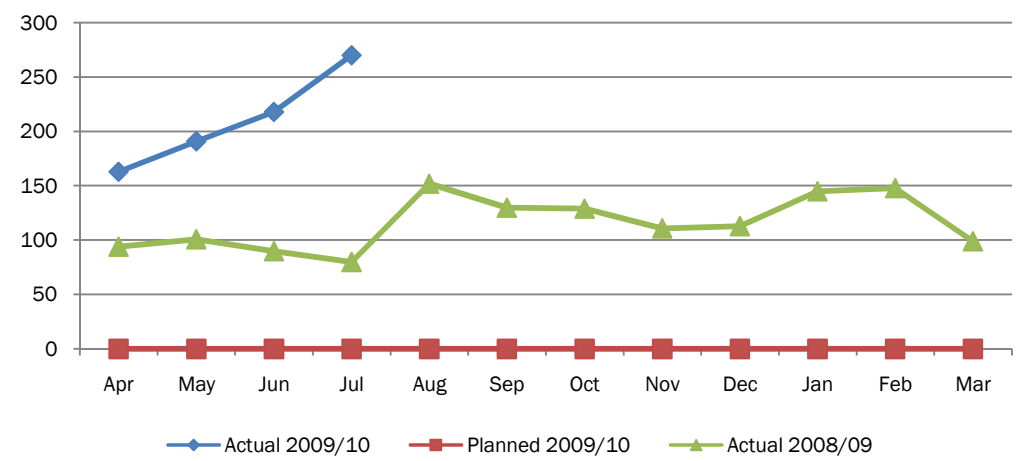
Concerns still exist with the capacity available to deliver at HEFT with evidence of increasing referrals, with certain specialties having challenges, e.g. Trauma and Orthopaedics and Ophthalmology. These specialties are also performing slightly below the 95% referral to treatment time target for non-admitted patients. HEFT are producing action plans which set out how the 95% target will be achieved for non-admitted patients by Q3 in these specialties.



2.07	Inpatients waiting over 11 weeks (snapshot)						Green	Not set	Amber	Not set	Red	Not set
HCC02	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	94	101	90	80	152	130	129	111	113	145	148	99
Actual 2009/10	163	191	218	270								
Planned 2009/10	0	0	0	0	0	0	0	0	0	0	0	0

The number of patients waiting over 11 weeks continues to increase.

Concern exists with the capacity at HEFT to deliver the target. Orthopaedics is the most challenged specialty with regard to delivering the 18 week referral to treatment time targets for admitted patients although this has improved and is now just below the 90%. HEFT is preparing action plans outlining how 18 week referral to treatment times will be met and sustained for Orthopaedics by Q2. The use of the mobile theatre on the Solihull site continues as well as weekend theatres for day cases.



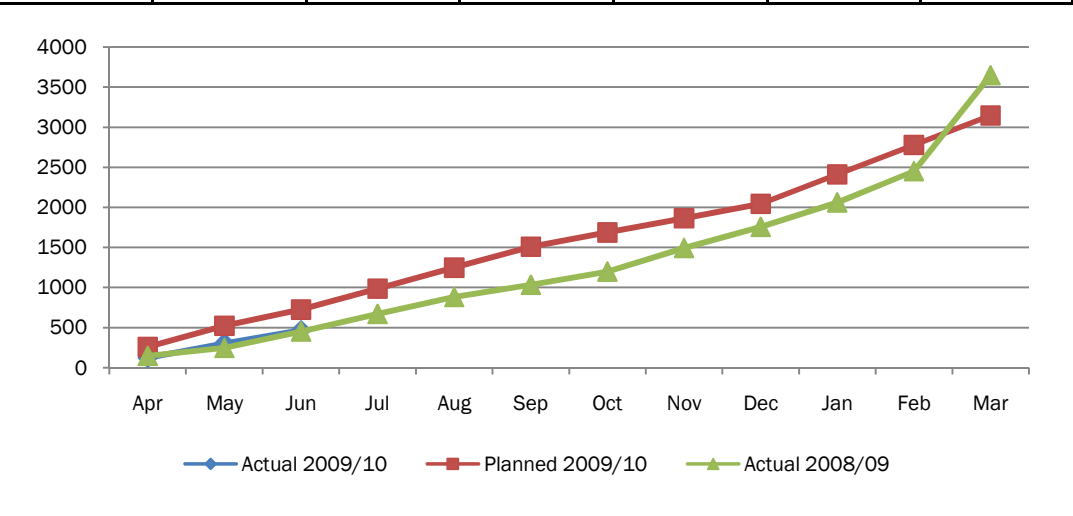
2.08	Smoking Four Week Quitters						Green	Not set	Amber	Not set	Red	Not set
VSB05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	150	249	455	673	884	1036	1201	1496	1758	2063	2454	3649
Actual 2009/10	126	306	468									
Planned 2009/10	262	525	727	988	1250	1511	1689	1867	2046	2413	2780	3147

The actual number of four week quits is below the planned trajectory.

A nurse practitioner based at Good Hope Hospital commenced with the service. The post will be responsible for increasing referrals from secondary care into community clinics and training hospital staff in smoking cessation.

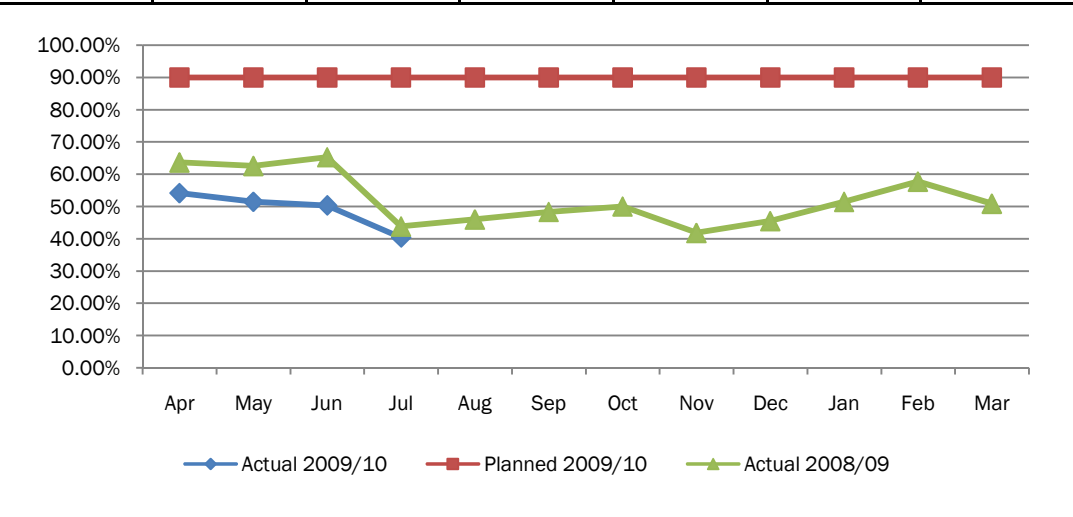
A stop smoking awareness campaign has been planned and will target all GPs, Pharmacies and Mosque's within Muslim communities in the east of Birmingham in preparation for Ramadan.

A new marketing strategy is planned for autumn by Dr Foster Intelligence. This will be targeted at male routine and manual working smokers aged between 35-54 years with the aim of encouraging individuals to consider giving up smoking and register for pharmacy support.



2.09	Convenience and booking : PCT booking rates (snapshot)						Green	Not set	Amber	Not set	Red	Not set
CAB01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	63.66%	62.57%	65.29%	43.85%	46.01%	48.36%	50.05%	41.86%	45.53%	51.48%	57.72%	50.89%
Actual 2009/10	54.18%	51.50%	50.37%	40.45%								
Planned 2009/10	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

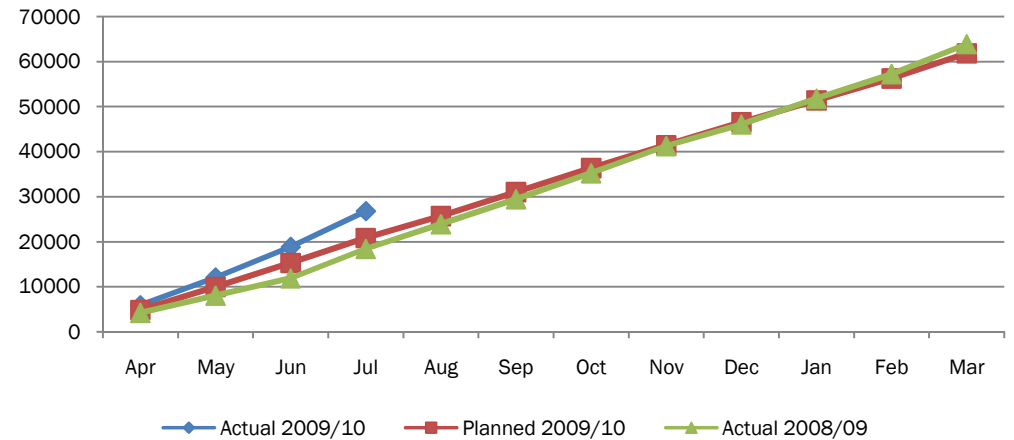
Performance continues to be well below the trajectory as has been the case since April 2008. Delays in the introduction of the Direct Booking System (DBS) at HEFT is a significant factor for the poor performance, however, once the system is operational, performance should improve and will also enable two week waits to be booked live.



2.10	GP Referrals (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	4223	8033	11881	18438	23893	29477	35237	41259	46051	51791	57229	63886
Actual 2009/10	5922	12056	18864	26801								
Planned 2009/10	4852	9946	15283	20862	25714	31051	36388	41482	46576	51428	56280	61857

The number of GP referrals continue to be above target at the end of July 2009.

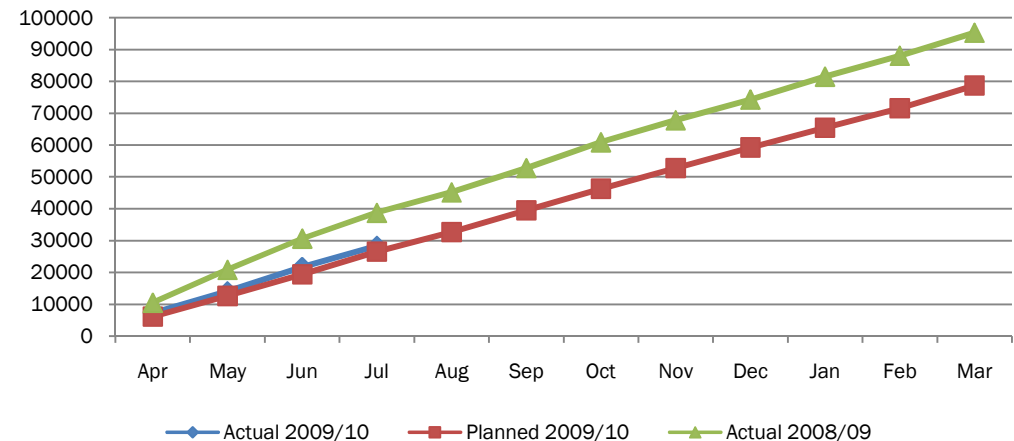
The number of GP referrals submitted over the last 15 months were understated by HEFT. This was rectified during July 2009 after the trust had discussions with the SHA, however, the PCT were not informed of this fact until August. The PCT continue to monitor the target for GP referrals both as a vital sign target aligned with the original plan and as a local target with a trajectory following last years actuals. This will be monitored closeley at the Acute Performance Management Group and reported back to the Integrated Governance Committee.



2.11	Other referrals (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-02	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	10532	20868	30679	38758	45210	52817	60933	67845	74344	81529	88135	95337
Actual 2009/10	7232	14079	21755	28394								
Planned 2009/10	6173	12654	19444	26542	32715	39505	46295	52776	59257	65430	71603	78700

The number of referrals continue to be above target at the end of July 2009.

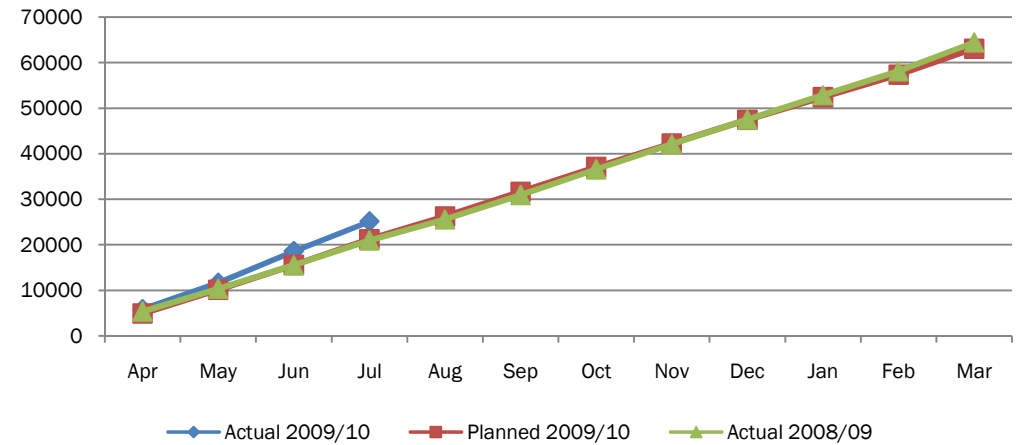
The number of referrals submitted over the last 15 months were understated by HEFT. This was rectified during July 2009 after the trust had discussions with the SHA, however, the PCT were not informed of this fact until August. The PCT continue to monitor the target for GP referrals both as a vital sign target aligned with the original plan and as a local target with a trajectory following last years actuals. This will be monitored closeley at the Acute Performance Management Group and reported back to the Integrated Governance Committee.



2.12	Number of 1st attendances following GP referral (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	5390	10369	15558	21001	25608	30975	36598	42096	47525	52858	58135	64456
Actual 2009/10	5888	11641	18610	25138								
Planned 2009/10	4947	10142	15584	21273	26220	31662	37104	42299	47494	52441	57388	63078

The number of first out patient attendances continue to be above target at the end of July 2009.

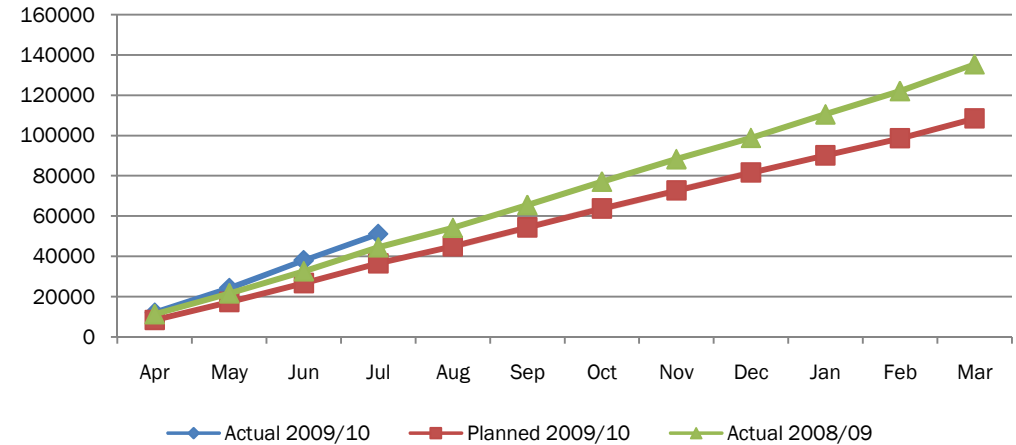
The areas of highest activity include ENT, Ophthalmology, Dermatology and Orthopaedics. Ophthalmology and ENT pathways are being reviewed. For Dermatology a new model is being developed with the aim of establishing a nurse led service in the community linked to secondary care. This would enable a significant proportion of outpatient activity to be shifted into primary care. The orthopaedic service is being redesigned with the aim of implementing an integrated service with a single point of entry to reduce the number of consultant referrals. The Consultant Led Integrated Knee Service is the the first phase of this project.



2.13	Number of 1st attendances following all referrals (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-04	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	11359	21721	32687	44568	54199	65527	77127	88292	98845	110530	122089	135367
Actual 2009/10	12105	24269	38054	51116								
Planned 2009/10	8510	17445	26806	36592	45102	54463	63824	72759	81694	90204	98714	108499

The number of first out patient attendances continue to be above target at the end of July 2009.

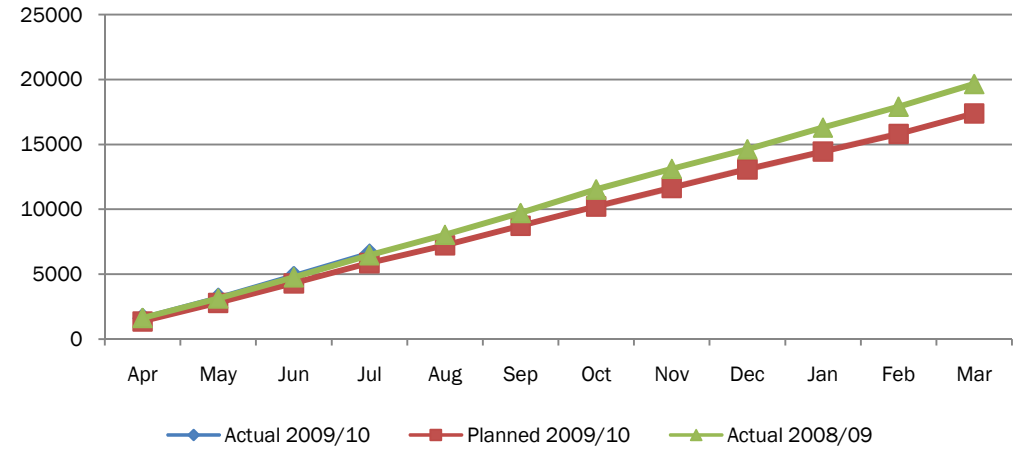
The areas of highest activity include ENT, Ophthalmology, Dermatology and Orthopaedics. Ophthalmology and ENT pathways are being reviewed. For Dermatology a new model is being developed with the aim of establishing a nurse led service in the community linked to secondary care. This would enable a significant proportion of outpatient activity to be shifted into primary care. The orthopaedic service is being redesigned with the aim of implementing an integrated service with a single point of entry to reduce the number of consultant referrals. The Consultant Led Integrated Knee Service is the the first phase of this project.



2.14	Planned daycases and inpatients (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	1613	3109	4751	6460	8025	9699	11520	13107	14624	16289	17906	19650
Actual 2009/10	1598	3155	4847	6568								
Planned 2009/10	1363	2794	4293	5861	7224	8723	10222	11653	13084	14447	15810	17379

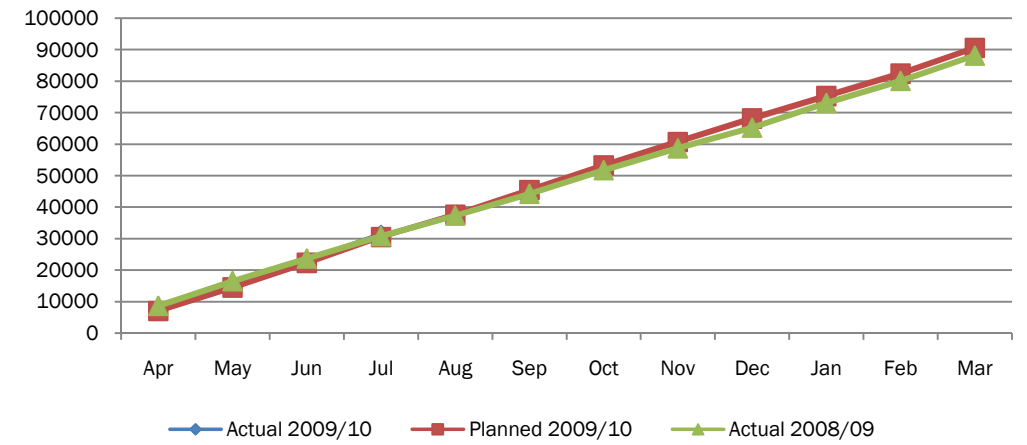
The number of planned daycases and inpatients continue to be above target at the end of July 2009.

The areas of highest activity include ENT, Ophthalmology, Dermatology and Orthopaedics. Ophthalmology and ENT. For Dermatology a new model is being developed with the aim of establishing a nurse led service in the community linked to secondary care. This would enable a significant proportion of outpatient activity to be shifted into primary care. The orthopaedic service is being redesigned with the aim of implementing an integrated service with a single point of entry to reduce the number of consultant referrals. The Consultant Led Integrated Knee Service is the the first phase of this project.



2.15	15 key test activity (cumulative)						Green	Not set	Amber	Not set	Red	Not set
VSA05-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	8656	16526	23672	30813	37327	44263	51756	58714	65252	73065	80080	88126
Actual 2009/10	7553	14694	22962	31200								
Planned 2009/10	7107	14569	22386	30559	37666	45483	53300	60762	68224	75331	82438	90610

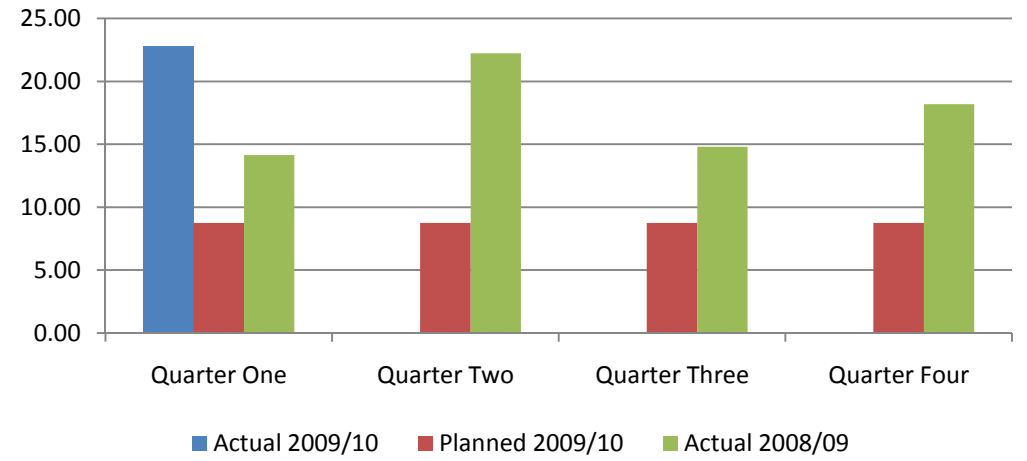
The number of 15 key test activity continue to be above target at the end of July 2009. This target was to ensure that diagnostic tests were not a blockage for the achievement of 18 weeks.



2.16	Delayed transfers of care per 100,000 population aged 18 and over		Green	Not set	Amber	Not set	Red	Not set
VSC10	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	14.14	22.22	14.81		18.18			
Actual 2009/10	22.74							
Planned 2009/10	8.75	8.75	8.75		8.75			

The numbers of delayed transfers from HEFT are increasing and there is also little transfer from the Interim Care beds. A small but persistent group of younger adults with disabilities who have very long lengths of stay in hospital and in non acute step down units as services are not available to meet their needs. There is also a shortage of dementia care services in the community with the closure of Birmingham City Council care homes. The renewal of the City Council contract for residential and nursing homes for older people, effective from 1st April 2009, was not completed until the end of May. Encouragement by NHS BEN and BCC resulted in all nursing homes in the patch eventually signing up to it. A shortage of available vacancies means that people cannot move into homes of their choice from any setting and this is showing in the SITREP as a major cause of delay. There is however a parallel shortage of vacancies in extra care sheltered housing and domiciliary care services that also impact on people's ability to move on from hospital.

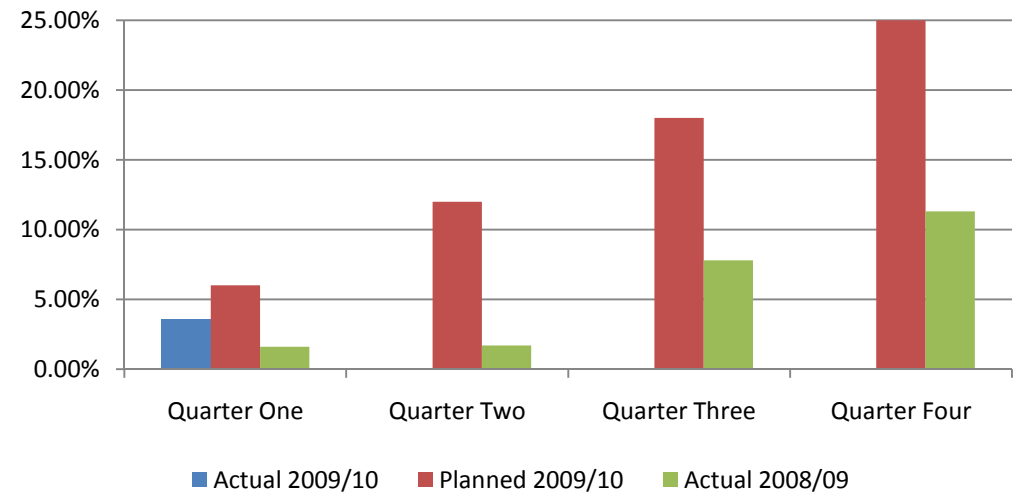
Intensive joint multi-disciplinary planning with HEFT and BCC to set up a 12 month pilot of a comprehensive step down unit that brings together the full range of Intermediate Care services with BCC Interim Care on the same site. Wards at Good Hope and Heartlands Hospitals have been made available for the trial period with an application made to BCC for joint funding.



2.17	Chlamydia screening (cumulative)		Green	Not set	Amber	Not set	Red	Not set
EC21	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	1.60%	1.70%	7.80%		11.30%			
Actual 2009/10	3.60%							
Planned 2009/10	6.00%	12.00%	18.00%		25.00%			

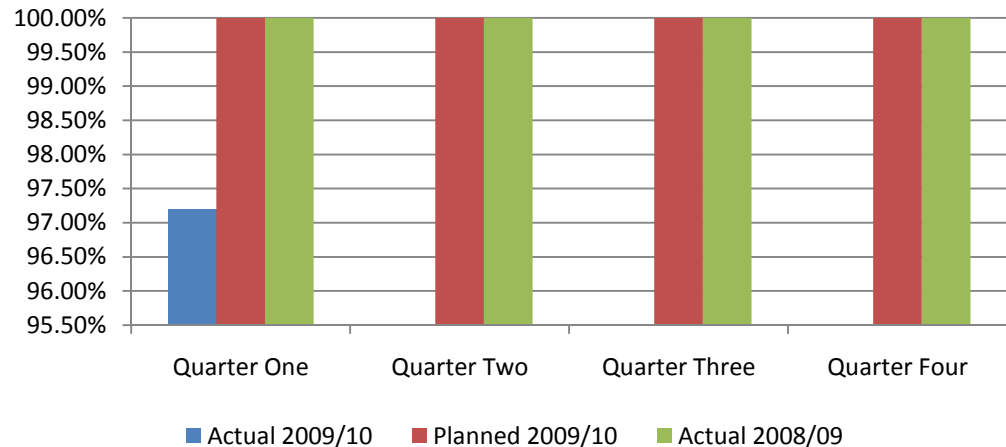
The PCT has learnt from 2008/09 programme and has recruited additional primary care workers to actively manage screening in General Practice. The Outreach Provider's service level agreement has also been structured, to achieve increased screens in NHS BEN and to ensure outreach screening is not centred in the South Birmingham area as was the case in 2008/09. This will be monitored closely through the Sexual Health (SH) JCG. Furthermore the PCT will significantly reduce tariff for screens submitted in any PCT once the outreach target has been achieved. In NHS BEN there is not a large cohort of the target population in one location (FE establishments). In view of this the PCT has also commissioned Pharmacists to support outreach to young women linked with Emergency Hormonal Contraception.

BEN ended the 1st quarter of 2009/10 with 3.6% achievement of the 25% screening target and nationally are ranked at 98th nationally. The programme has been adversely affected by the swine flu pandemic, forcing the PCT to reduce screening levels as the HPA laboratory was initially swamped with samples from the public worried with regards to swine flu. Going into quarter two this should no longer be the case, however, across the country, low levels of activity have been seen from General Practice which are focussed on swine flu and there is a worry that an Autumn outbreak would see the contribution to Chlamydia screens continue to fall.



2.18	Percentage offered diabetic retinopathy screening (snapshot)		Green	Not set	Amber	Not set	Red	Not set
EC17	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	100.00%	100.00%	100.00%		100.00%			
Actual 2009/10	97.20%							
Planned 2009/10	100.00%	100.00%	100.00%		100.00%			

The target for the number of people with diabetes offered screening for the early detection of diabetic retinopathy is set at 100%. During quarter one this dropped to 97.2% which is largely due to the national system being revised and effecting all PCTs in the programme. Feedback around the IT issues will be addressed at the IT Sub Group meeting that Adrian Reedman chairs which will then report its findings to the provider board. Practices are being informed of their progress to target and co-ordinators are offering support as required. Actions have been put into place to ensure improvement for next quarter.

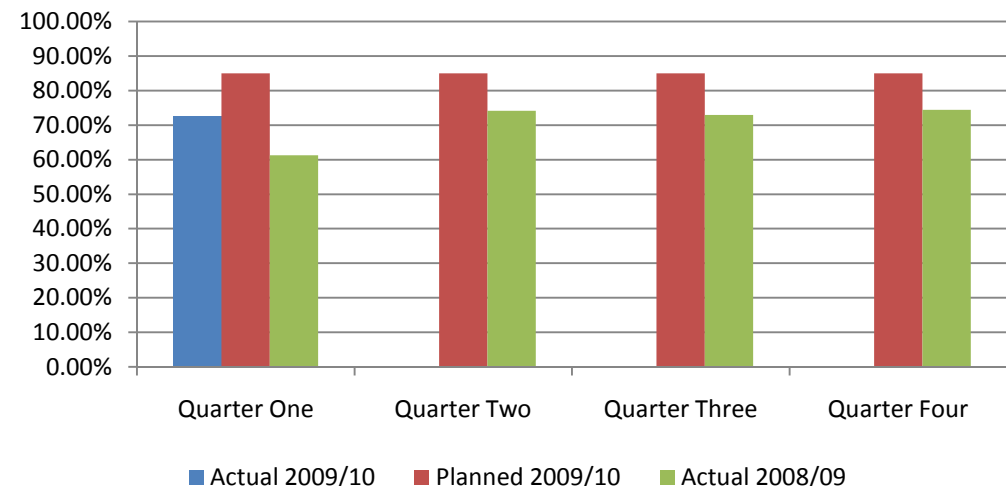


2.19	% breastfeeding status at 6-8 weeks (snapshot)		Green	Not set	Amber	Not set	Red	Not set
VSB11-06	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	61.22%	74.13%	72.94%		74.39%			
Actual 2009/10	72.55%							
Planned 2009/10	85.00%	85.00%	85.00%		85.00%			

The Breastfeeding Strategic Committee has endorsed Community Health Services Provider Managers taking the lead responsibility for devising an action plan to tackle the high numbers of unknown feeding status data. Marion Crundwell has advised the Committee that Cheryl Newton is receiving monthly lists of missing data directly from Child Health. The lists are circulated to relevant teams for retrospective data collection.

A number of Health Visitor Clerks have reported that they are unable to implement the fail safe system for data collection which requires them to 'flag up' missing feeding status on 6-8 week DER's with team members. They feel that this should be led by Health Visitor Managers and not Administration staff.

CHS report workforce capacity issues within Health Visitor teams have impacted on data collection, hence low coverage. An Action Plan has been requested from CHS by the Breastfeeding Strategic Committee, as to how they propose to sustain an increase in data collection at 6-8 weeks.

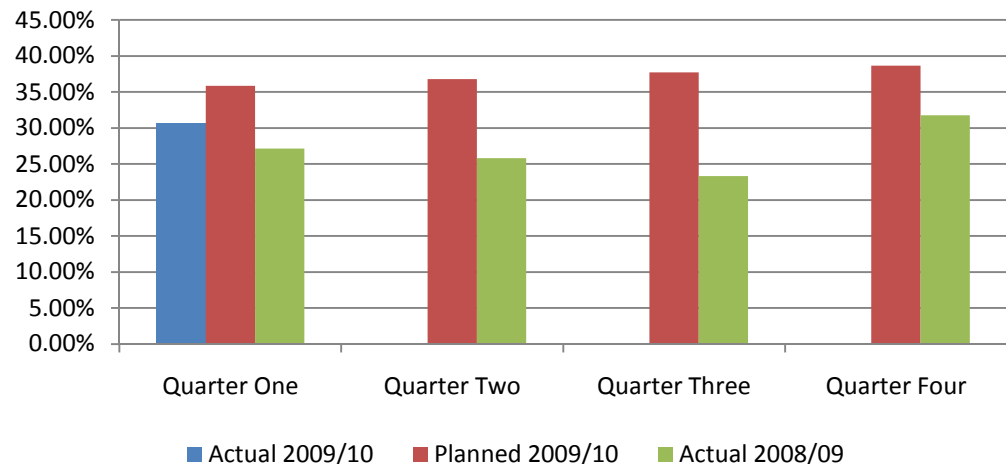


2.20	Prevalence of breastfeeding (snapshot)		Green	Not set	Amber	Not set	Red	Not set
VSB11-05	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	27.16%	25.81%	23.31%		31.78%			
Actual 2009/10	30.70%							
Planned 2009/10	35.84%	36.78%	37.72%		38.65%			

The Breastfeeding Strategic Committee has endorsed Community Health Services Provider Managers taking the lead responsibility for devising an action plan to tackle the high numbers of unknown feeding status data. Marion Crundwell has advised the Committee that Cheryl Newton is receiving monthly lists of missing data directly from Child Health. The lists are circulated to relevant teams for retrospective data collection.

Health Improvement Directorate has recruited the Band 6 Community Development Worker for Breastfeeding who will commence employment on 22nd September 2009. Priority will be to coordinate the Breastfeeding Peer Counsellor Programme.

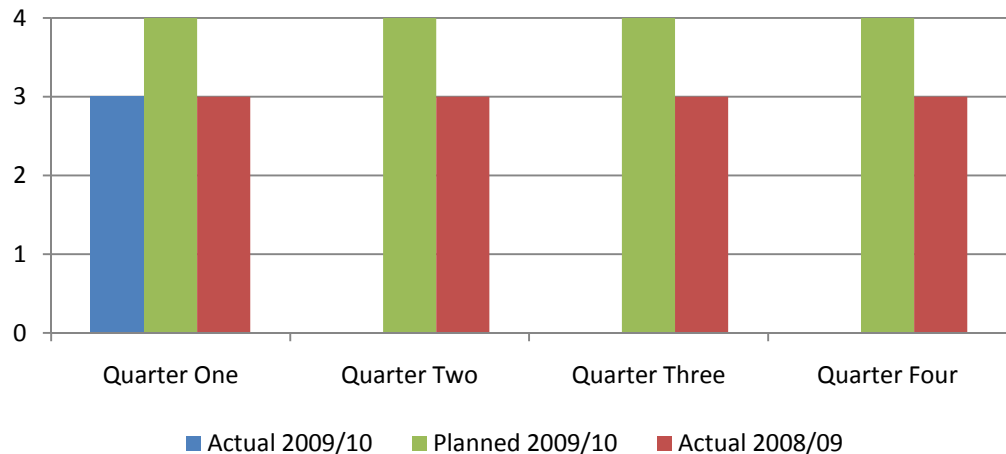
A Queens Nursing Institute Award for Innovation has been secured by the Health Improvement Team to develop a bespoke educational package to provide antenatal women with breastfeeding knowledge and skills. This is a year long project, commencing September 2009 concluding July 2010.



2.21	Full range of CAMHS services for learning disabilities : level 1 to 4 (snapshot)		Green	Not set	Amber	Not set	Red	Not set
VSA05-06	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	3	3	3		3			
Actual 2009/10	3							
Planned 2009/10	4	4	4		4			

The target in 2008/09 for commissioning a Full range of CAMHS services for learning disabilities was set at level 3 and was achieved across all quarters for that year. The target for 2009/10 is for the PCT to achieve level 4, however, at quarter one, the PCT are reporting level 3.

Currently the strategy for CAMHS is being developed to ensure compliance against level 4.

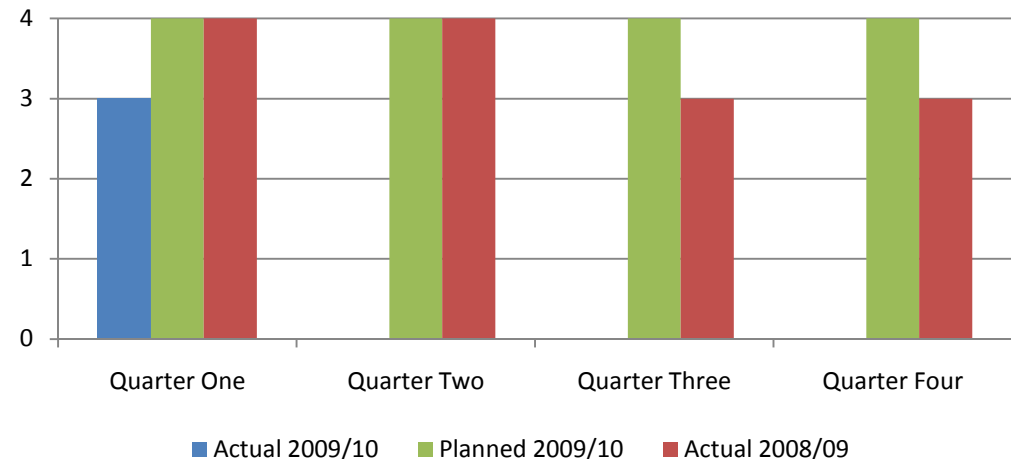


2.22	Access for CAMHS for 16-17 year olds : level 1 to 4 (snapshot)		Green	Not set	Amber	Not set	Red	Not set
VSA05-06	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	4	4	3		3			
Actual 2009/10	3							
Planned 2009/10	4	4	4		4			

The PCT continue to report level 3 for commissioning a Full range of CAMHS services for learning disabilities. The target for 2009/10 is for the PCT to achieve level 4 and had previously reported compliance at level four; unfortunately, this was reported incorrectly.

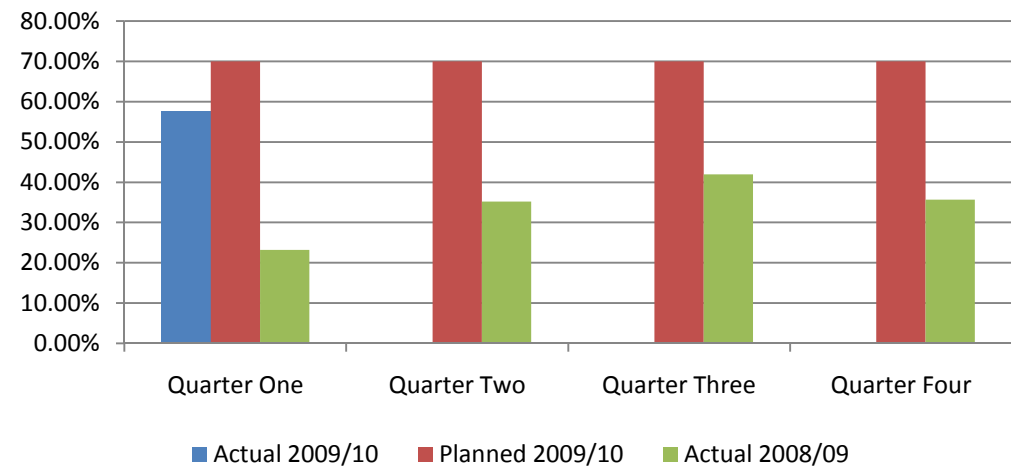
The reason for the drop in level was due to measuring only the services for children in paediatric wards. The PCT had not been made aware that children were admitted into adult wards.

Currently the strategy for CAMHS is being developed and this includes an intention to ensure sufficient capacity of paediatric beds.



2.23	Proportion of people who spend at least 90% of their time on a stroke unit		Green	Not set	Amber	Not set	Red	Not set
VSA05-06	Quarter One	Quarter Two	Quarter Three		Quarter Four			
Actual 2008/09	23.23%	35.21%	41.91%		35.66%			
Actual 2009/10	57.72%							
Planned 2009/10	70.00%	70.00%	70.00%		70.00%			

The performance on achievement of 70% of stroke patients spending 90% of their time on a stroke unit has improved from 35.66% during quarter four to 57.72% in quarter one. The agreement of the commissioning stroke strategy means that the PCT have moved forward with an action plan supporting compliance through a number of actions. These include redesigning support via the stroke network pathway implementation officers, who are funded via the SHA.



2.24	Percentage of women assessed by 12 weeks of pregnancy (snapshot)			Green	Not set	Amber	Not set	Red	Not set
VSA05-06	Quarter One	Quarter Two	Quarter Three	Quarter Four					
Actual 2008/09	Not available	Not available	Not available	90.26%					
Actual 2009/10	25.40%								
Planned 2009/10	72.00%	72.00%	72.00%	72.00%					

The target for the Percentage of women who have seen a midwife or a maternity healthcare professional by 12 completed weeks of pregnancy is set at 72%. It had been difficult to gather data during the first three quarters and the provider has not produced accurate data to validate this target, therefore the figures can not be relied upon.

A formal performance notice has been issued to HEFT, who are required to produce an action plan that will be monitored through the Maternity Performance Group.

