

# Monthly Performance Report

## October 2009

### 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 asked that 'Amber' thresholds are represented in the scorecard. The Care Quality Commission (CQC) are yet to publish its 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' thresholds which will be finalised for the November performance report. 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.

Data used to compile this report is as up-to-date as possible at the time of writing. Where there are boxes with no data entry the data will not have been received by the information team. There can be a lag between end of a period and validation of the data which is out of the control of the PCT.

The PCT is no longer reporting on the 11 week inpatient and 5 week outpatient local target in this paper. They will still be monitored at the 18 week internal group. Reporting is on the 18 week Referral to Treatment target which is a national priority.

### 2.0 Report Summary

#### PERFORMANCE TARGETS NOT MET THIS MONTH

15 key diagnostic tests waiting over 6 weeks	3.01
Percentage of urgent referrals for suspected cancer seen in 2 weeks	3.2
Percentage of patients referred for breast symptoms seen in 2 weeks	3.3
Ambulance: category A 8 minute target	3.4
Ambulance: category B 19 minute target	3.5
Smoking four week quitters	3.6
GP Referrals	3.7.1
GP Referrals (local trajectory)	3.7.2
Other Referrals	3.8.1
Other Referrals (local trajectory)	3.8.2
Number of 1 <sup>st</sup> attendances following GP referral	3.9
Number of 1 <sup>st</sup> attendances following all referrals	3.10
Planned day cases and inpatients	3.11
15 key tests activity	3.12
Percentage of people with a current HbA1c result of 7mmol/L or less	3.13
Number of emergency bed days	3.14
Percentage of 1 year olds immunised for DTaP/IPV/Hib	3.15.1
Percentage of 2 year olds immunised for PCV	3.15.2
Percentage of 2 year olds immunised for Hib/Men C	3.15.3
Percentage of 2 year olds immunised for MMR1	3.15.4
Percentage of 5 year olds immunised for DTaP/IPV	3.15.5
Percentage of 5 year olds immunised for MMR2	3.15.6
Percentage of 12-13 year old girls immunised for HPV	3.15.7
Rates of admissions for ambulatory care sensitive (ACS) conditions per 100,000	3.16
Rate of hospital admissions for alcohol related harm per 100,000 population	3.17

## Monthly Performance Indicators 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)	14/10/09	46	↓	3	4	6	10	11								Doug Wulff	Karen Deeny	
	VSA03local	CDiff infections (local stretch target - cumulative)	14/10/09	271	↓	18	37	47	73	99								Doug Wulff	Karen Deeny	
	VSA03CQC	CDiff infections (CQC target - cumulative)	14/10/09	317	↓	18	37	47	73	99								Doug Wulff	Karen Deeny	
	VSA04-ad	% of admitted patients seen within 18 weeks adjusted (snapshot)	01/11/09	90.00%	↓	94.23%	94.13%	95.71%	95.16%	94.36%								Andrew Donald	Jenny Belza	
	VSA04-nor	% of non admitted patients seen within 18 weeks (snapshot)	01/11/09	95.00%	↑	96.24%	96.55%	96.87%	96.82%	97.72%								Andrew Donald	Jenny Belza	
	VSA04-aud	% of audiology patients treated within 18 weeks (snapshot)	01/11/09	95.00%	↓	99.34%	99.21%	99.45%	99.69%	99.43%								Andrew Donald	Jenny Belza	
	VSA04-07	15 key diagnostic tests waiting over 6 weeks (snapshot)	01/11/09	0	↓	3	6	5	3	11								Jonathan Tringham	Jenny Belza	3.01
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	3.2
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 treated within 2 month target (cumulative)	14/10/09	85.00%	↑	94.12%	92.93%	90.63%	90.95%									Andrew Donald	Jenny Belza	
CQC	EC16b	% cancer patients treated within 2 months referred from screening service (cumulative)	14/10/09	90.00%	↔	100.00%	100.00%	100.00%	100.00%									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	3.3
CQC	EC99a	31 day standard for subsequent cancer treatments (surgery)	14/10/09	94.00%	○			97.30%										Andrew Donald	Jenny Belza	
CQC	EC99b	31 day standard for subsequent cancer treatments (drugs)	14/10/09	98.00%	○			100.00%										Andrew Donald	Jenny Belza	
CQC	EC99c	31 day standard for subsequent cancer treatments (radiotherapy)	14/10/09	94.00%	○			100.00%										Andrew Donald	Jenny Belza	
CQC	EC12	Ambulance: Cat A 8 min target % (snapshot)	21/10/09	75.00%	↑	73.90%	69.60%	59.80%	48.70%	57.80%								Andrew Donald	Caroline Nolan	3.4
CQC	EC13a	Ambulance: Cat A 19 min target % (snapshot)	21/10/09	95.00%	↑	99.50%	99.50%	97.90%	92.70%	98.20%								Andrew Donald	Caroline Nolan	
CQC	EC13b	Ambulance: Cat B 19 min target % (snapshot)	21/10/09	95.00%	↑	95.00%	93.30%	89.10%	79.30%	89.60%								Andrew Donald	Caroline Nolan	3.5
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%	98.24%								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	
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	
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)	26/10/09	100.00%	↑	98.13%	99.08%	99.36%	99.53%	99.63%								Andrew Donald	David Walker	
CQC	VSB05	Smoking 4 week quitters (cumulative)	14/10/09	3,147	↑	126	306	468	689									Nicola Bengé	Catherine Tomaney	3.6
	VSB14	Number of drug misusers in treatment	16/09/09	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	
	VSA05-01	GP referrals (cumulative)	14/10/09	61,857	↓	5,922	12,056	18,864	26,801									Andrew Donald	Jenny Belza	3.7.1
	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	3.7.2
	VSA05-02	Other referrals (cumulative)	14/10/09	78,700	↓	7,232	14,079	21,755	28,394									Andrew Donald	Jenny Belza	3.8.1
	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	3.8.2
	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	3.9
	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	3.10
	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	3.11
	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)	13/11/09	90610	↓	7,553	14,694	22,962	31,200	38,466								Andrew Donald	Jenny Belza	3.12
	VSC27	% of people with current HbA1c <= 7.0 (snapshot)	14/10/09	62.00%	↑	23.11%	27.20%	30.94%	34.28%	37.73%								Nicola Bengé	Saj Kahrod	3.13
	VSA07	% of practices offering extended opening hours (snapshot)	01/11/09	50.00%	↔	72.15%	74.68%	75.00%	75.00%	75.00%	75.00%							Jonathan Tringham	Donna MacArthur	

KEY		CQC	
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	=national Vital Signs target	<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	CQC target
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	=national Vital Signs target with local flexibility	<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= WCC Metric
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### Quarterly Performance Indicators 2009/10

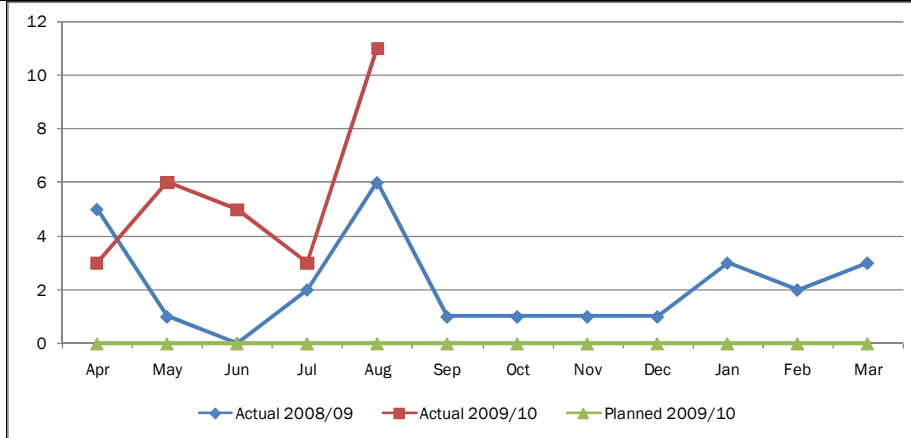
Targets	No.	TARGET	NEXT DATA DUE	09/10 EOY plan	DOT	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Director Lead	Commentary Lead	
	EC08	Thrombolysis - 60 min call to needle time (cumulative)	30/09/2009	68.00%	○													Andrew Donald	Adrian Reedman	
CQC	VSC10	Delayed transfers of care per 100,000 population aged 18+	30/09/2009	8.75	○			22.74										Andrew Donald	Shirley Mallon & Pam Whitehead	
CQC	EC21	Chlamydia screening (cumulative)	19/11/2009	25.00%	○			3.60%										Andrew Donald	David Walker	
CQC	EC17	% offered diabetic retinopathy screening (snapshot)	30/09/2009	100.00%	○			97.20%										Nicola Bengé	Saj Kahrod	
	VSC20	Number of emergency bed days (cumulative)	19/12/2009	259,132	○			308,001										Andrew Donald	Richard Mendelsohn	3.14
	VSC16-01	Convenience, booking: patients awareness of choice (snapshot)	19/11/2009	50.00%	○													Andrew Donald	Jenny Belza	
	VSC16-02	Convenience, booking: patient able to go to chosen provider (snapshot)	19/11/2009	90.00%	○													Andrew Donald	Jenny Belza	
	VS10-03	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	19/11/2009	91.00%	○			90.88%										Nicola Bengé	Narinder Kular	3.15.1
	VS10-08	% 2 year olds immunised for PCV (cumulative)	19/11/2009	91.00%	○			86.66%										Nicola Bengé	Narinder Kular	3.15.2
	VS10-09	% 2 year olds immunised for Hib/MenC (cumulative)	19/11/2009	91.00%	○			87.91%										Nicola Bengé	Narinder Kular	3.15.3
	VS10-10	% 2 year olds immunised for MMR (cumulative)	19/11/2009	91.00%	○			88.74%										Nicola Bengé	Narinder Kular	3.15.4
	VS10-14	% 5 year olds immunised for DTaP/IPV (cumulative)	19/11/2009	91.00%	○			86.51%										Nicola Bengé	Narinder Kular	3.15.5
	VS10-15	% 5 year olds immunised for MMR (cumulative)	19/11/2009	94.00%	○			82.56%										Nicola Bengé	Narinder Kular	3.15.6
	VS10-18	% 12-13 yr old girls immunised for HPV (cumulative)	19/11/2009	70.00%	○			30.80%										Nicola Bengé	Narinder Kular	3.15.7
	VS11-06	% breastfeeding status at 6-8 weeks (snapshot)	19/11/2009	85.00%	○			72.55%										Nicola Bengé	Jewant Singh	
	VS11-05	Prevalence of breastfeeding (snapshot)	19/11/2009	35.84%	○			30.70%										Nicola Bengé	Jewant Singh	
	VSC21	Rate of admissions for ACS conditions per 100,000 (snapshot)	31/12/2009	1,791.76	○			1,976.92										Andrew Donald	Richard Mendelsohn	3.16
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	
HCC	VS12-03	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	19/11/2009	4	○			3										Andrew Donald	Waheed Saleem	
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	
	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	
	VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population	31/12/2009	1,596.45	○			1,720.53										Andrew Donald	David Walker	3.17
CQC	EC18	New cases of psychosis served by early intervention teams per year	19/11/2009	100.00%	○													Andrew Donald	Jane Collier	

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### 3.0 PERFORMANCE TARGETS NOT MET THIS MONTH

#### 3.01 15 Key diagnostic tests waiting over 6 weeks (snapshot)

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	11							
Planned 2009/10	0	0	0	0	0	0	0	0	0	0	0	0



Commentary by: Laura Cooper

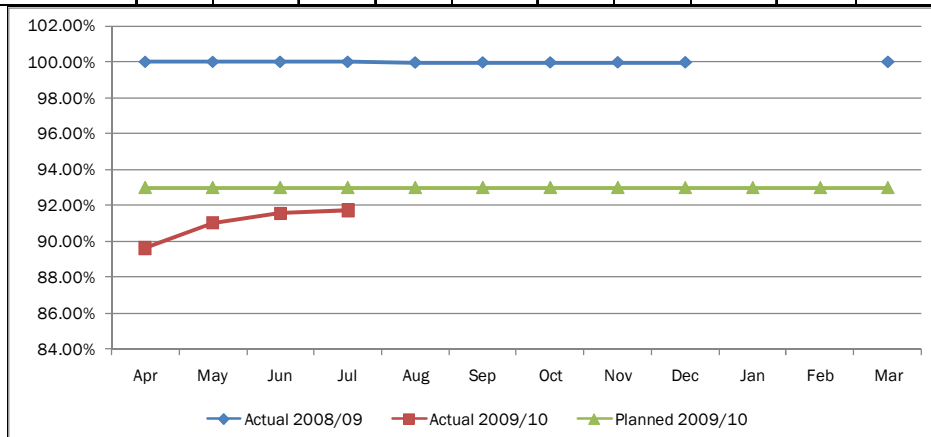
Responsible Director: Andrew Donald

Performance has seen a slight deterioration, largely due to the volumes increasing and the summer has seen a slight rise in the number of patients breaching 6 weeks.

Diagnostic reporting continues to be a concern in some areas (particularly MRI at Heart of England Foundation Trust (HEFT)). A group has been established to explore the pathway issues for these patients (referred from OTS). Audiology continues to be a challenged area for diagnostics but processes are in place to minimise the effects. Gastroscopy at Birmingham Children's Hospital is also currently an issue and is to be raised with Heart of Birmingham PCT as the co-ordinating commissioner. This is being monitored at HEFT contract Performance Monitoring Group (PMG) and through the PCT 18 weeks group.

#### 3.2 Percentage of urgent referrals for suspected cancer seen in 2 weeks

VSC27	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%								
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%



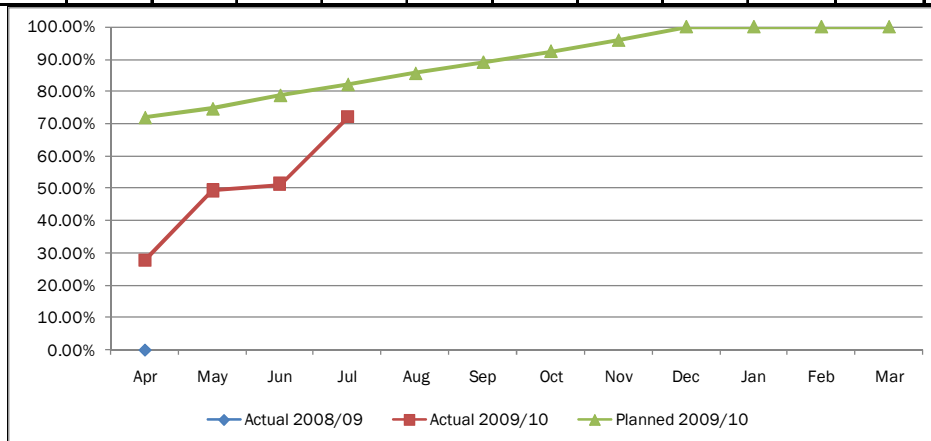
Commentary by: Rosey Monaghan

Responsible Director: Andrew Donald

Changes to the counting due to new DH guidance has resulted in a drop in the performance against the 2 weeks wait for suspected cancer urgent referrals. HEFT has an action plan in place against all the cancer targets. This plan is being monitored monthly at HEFT contract PMG. Achievement of the target is anticipated within 2 months.

**3.3 Percentage of patients referred for breast symptoms seen in 2 weeks**

VSA08-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	Deferred vital sign in 2008/09											
Actual 2009/10	27.71%	49.33%	51.26%	72.04%								
Planned 2009/10	71.92%	74.66%	78.77%	82.19%	85.62%	89.04%	92.47%	95.89%	100.00%	100.00%	100.00%	100.00%



Commentary by: Jenny Belza

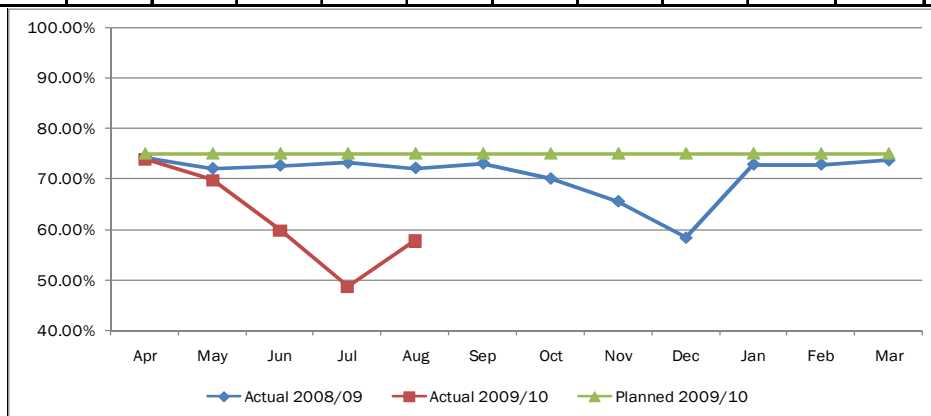
Responsible Director: Andrew Donald

The vital sign for percentage of patients referred for breast symptoms seen in 2 weeks was deferred during 2008/09 and is now to be achieved by December 2009. Performance continues to increase however is still below the trajectory. HEFT is focused on achieving this milestone date and the Commissioning team are working with them to ensure the target is met.

New network guidelines for breast cancer follow up are being implemented from September 2009 to reduce follow up period from five to three years, therefore this should create capacity in the system to help achieve the target. This plan is being monitored monthly at HEFT contract PMG.

**3.4 Ambulance: Category A 8 minute target % (snapshot)**

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%	69.80%	59.80%	48.70%	57.80%							
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%



**Commentary by:** Caroline Nolan

**Responsible Director:** Andrew Donald

Performance continues to be below trajectory at August 2009 and for the second month this year, the category A target has not been met across the region. There is a reported 22.5% variance on activity equating to 1078 more incidents across NHS BEN than was planned for.

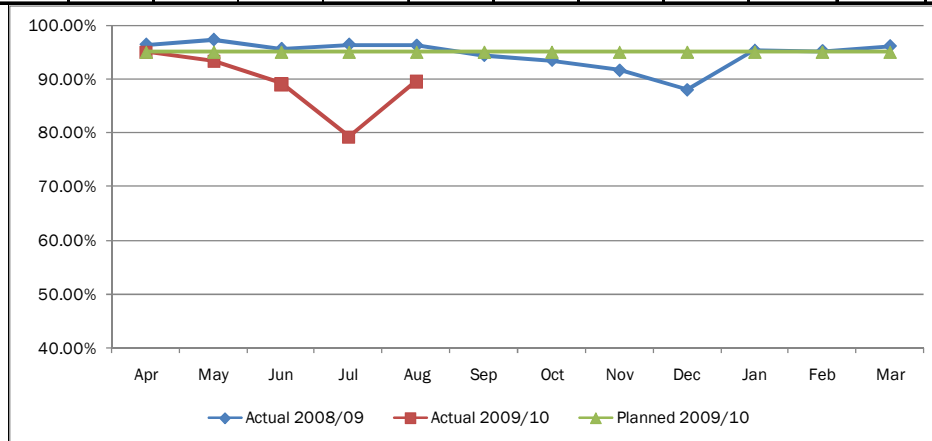
The West Midlands Ambulance Service review report is now available and an action plan to tackle improvements required in performance is being implemented through five task and finish groups. These are reviewing:

- Clinical Safety
- Workforce
- Finance and activity
- Commissioning specifications
- Communications

The NHS BEN Urgent Care Lead Commissioner is actively engaged in this work. WMAS have given assurances that the additional investment in 32 ambulances will restore the category A performance in urban areas including NHS BEN during September 2009. This plan is being monitored at the Emergency Care Network .

**3.5 Ambulance: Category B 19 minute target % (snapshot)**

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%	89.60%							
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

Performance continues to be below trajectory at August 2009. There is a reported 22.5% variance on activity equating to 1078 more incidents across NHS BEN than was planned for.

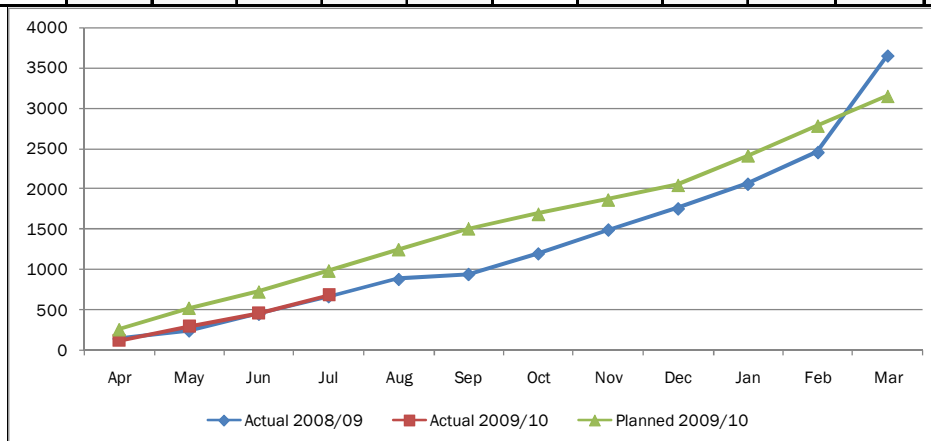
The WMAS review report is now available and an action plan to tackle improvements required in performance is being implemented through five task and finish groups. These are reviewing:

- Clinical Safety
- Workforce
- Finance and activity
- Commissioning specifications
- Communications

The NHS BEN Urgent Care Lead Commissioner is actively engaged in this work. WMAS have given assurances that the additional investment in 32 ambulances will restore the category B performance in urban areas including NHS BEN during September 2009. This plan is being monitored at the Emergency Care Network.

### 3.6 Smoking four week quitters (cumulative)

VSB05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	150	249	455	673	884	947	1201	1496	1758	2063	2454	3649
Actual 2009/10	126	306	468	689								
Planned 2009/10	262	525	727	988	1250	1511	1689	1867	2046	2413	2780	3147



Commentary by: Catherine Tomaney

Responsible Director: Nicola Benghe

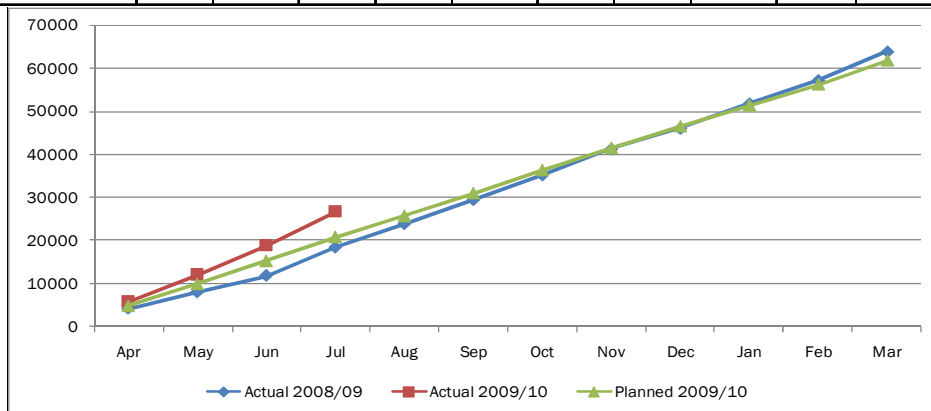
Performance continues to be below trajectory, but shows a comparable picture to last year. The stop smoking service has implemented a number of schemes to improve performance, including hospital based smoking specialist, 'brief opportunistic training' to key staff, new care pathways in respiratory out-patients.

A new smoking in pregnancy referral pathway has been implemented which has had a demonstrable impact on referral rates in to the stop smoking service. During quarter one the service received 164 referrals for pregnant women compared to 87 in the same period last year. Community Midwives have been supplied with CO monitors aiming to make testing a routine part of the early antenatal care and to embed stop smoking interventions into clinical practice.

GP's providing an in-house service have been given revised inspirational targets to reflect smoking prevalence in their ward. The number of four week quits achieved from GP providers in quarter one have also increased compared to last years figures.

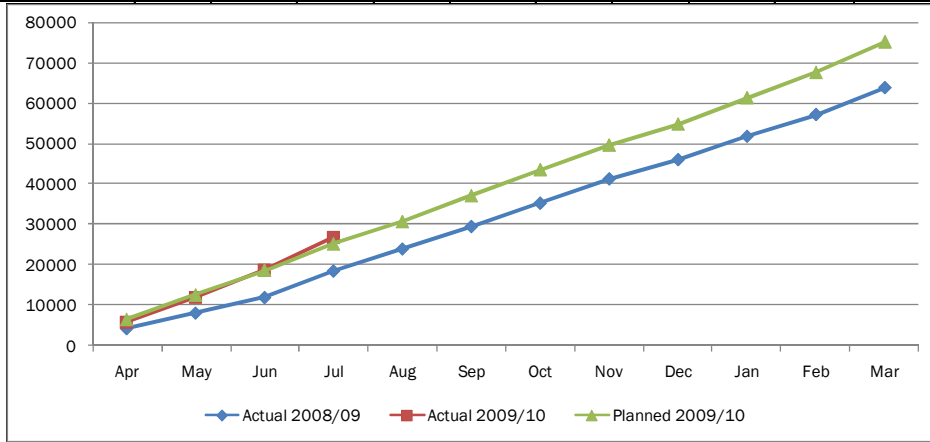
### 3.7.1 GP referrals

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



### 3.7.2 GP referrals (local trajectory)

VSA05-01 (local)	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	6644	12647	18741	25299	30754	37194	43615	49644	54864	61343	67593	75155



Commentary by: Jenny Belza

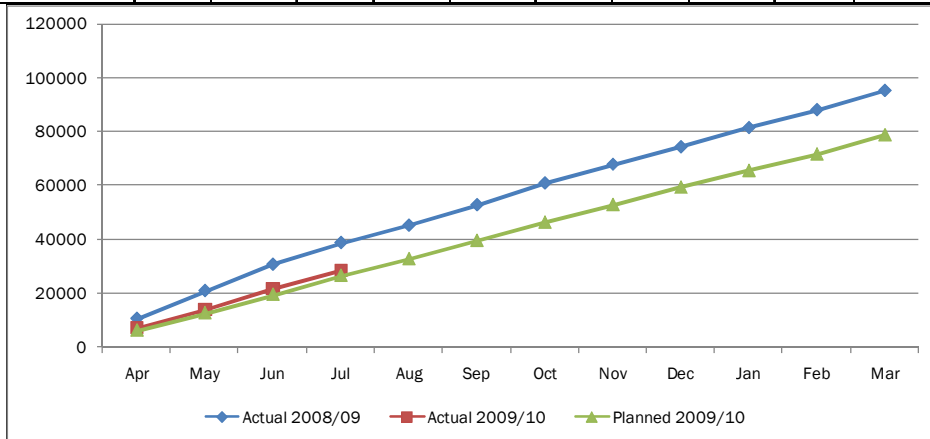
Responsible Director: Andrew Donald

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

The number of GP referrals submitted over the last 15 months was 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 closely at the HEFT Contract PMG and reported back to the Integrated Governance Committee.

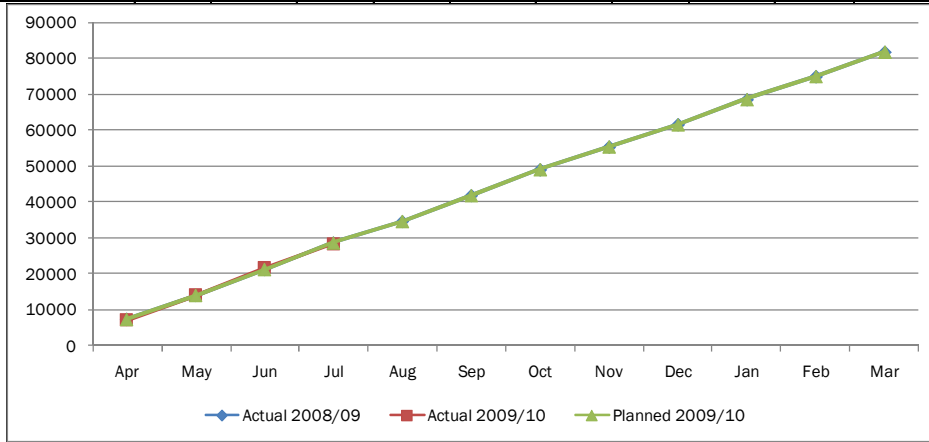
### 3.8.1 Other referrals

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



### 3.8.2 Other referrals (local trajectory)

VSA05-02 (local)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	7331	13986	21208	28587	34590	41816	49013	55363	61562	68531	74964	81772
Actual 2009/10	7232	14079	21755	28394								
Planned 2009/10	7331	13986	21208	28587	34590	41816	49013	55363	61562	68531	74964	81772



**Commentary by:** Jenny Belza

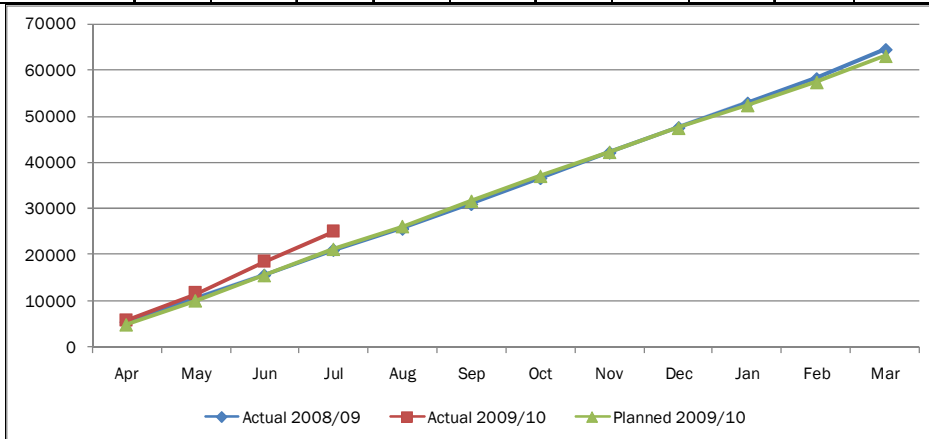
**Responsible Director:** Andrew Donald

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

The number of referrals submitted over the last 15 months was 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 closely at the HEFT Performance Management Group and reported back to the Integrated Governance Committee.

### 3.9 Number of 1<sup>st</sup> attendances following GP referral

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



**Commentary by:** Jenny Belza

**Responsible Director:** Andrew Donald

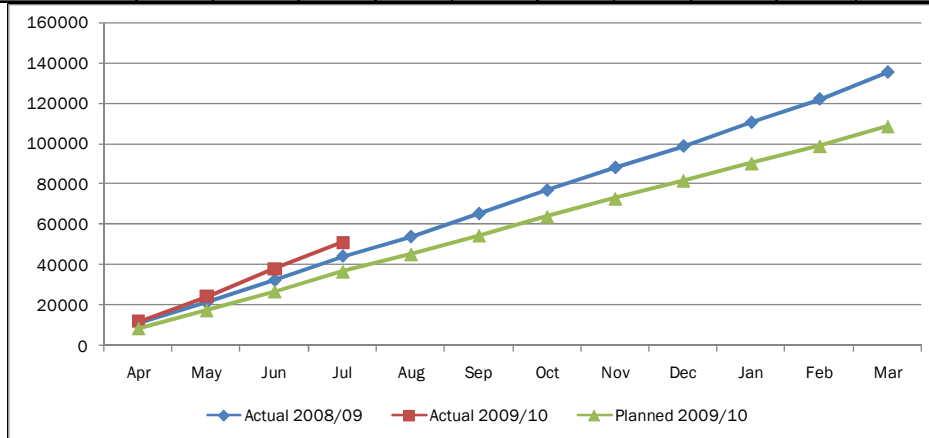
The number of first out patient attendances continues to be above target at the end of July 2009.

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 first phase of this project.

### 3.10 Number of 1<sup>st</sup> attendances following all referrals

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



**Commentary by:** Jenny Belza

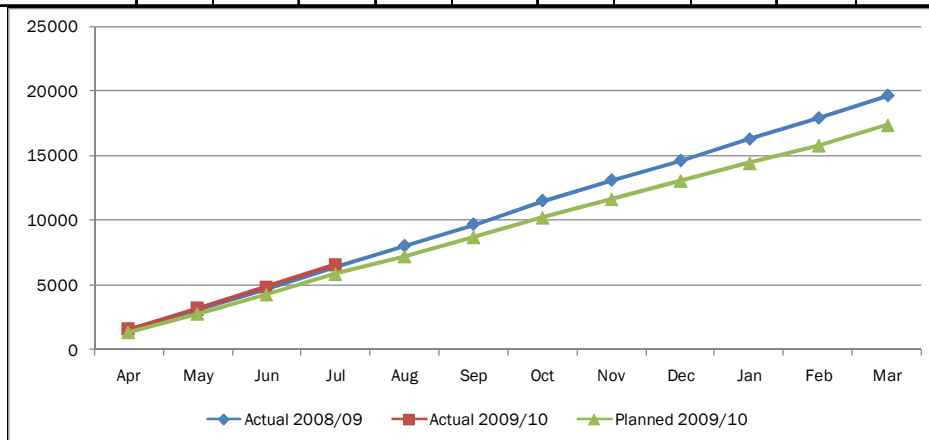
**Responsible Director:** Andrew Donald

The number of first out patient attendances continues 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 first phase of this project.

### 3.11 Planned day cases and inpatients

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



Commentary by: Jenny Belza

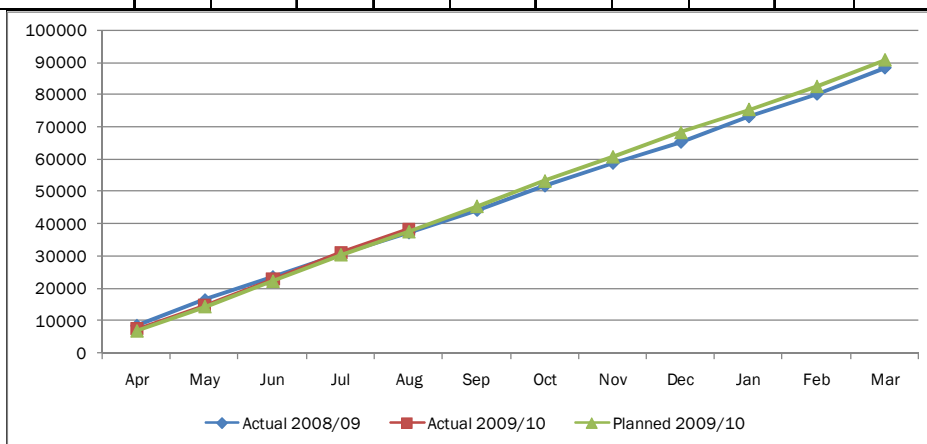
Responsible Director: Andrew Donald

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 first phase of this project.

### 3.12 15 key tests activity

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	38466							
Planned 2009/10	7107	14569	22386	30559	37666	45483	53300	60762	68224	75331	82438	90610



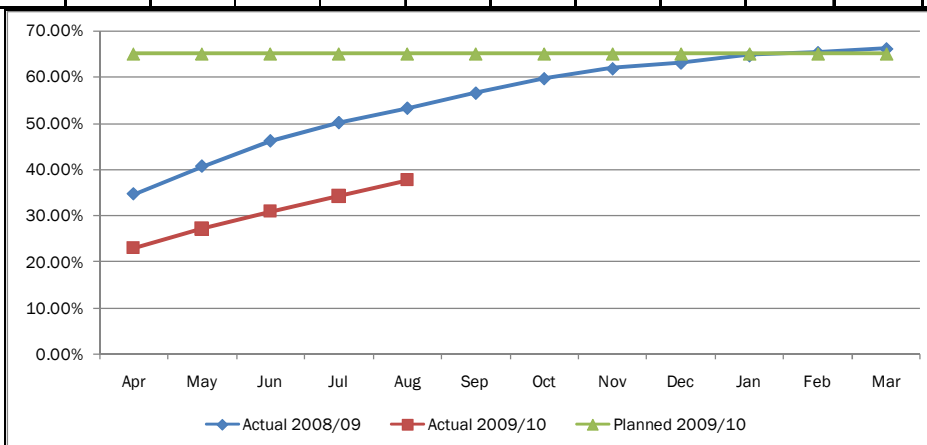
Commentary by: Jenny Belza

Responsible Director: Andrew Donald

The number of 15 key test activity continues 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.

### 3.13 Percentage of people with a current HbA1c result of 7mmol/L or less (snapshot)

VSC27	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	34.66%	40.69%	46.18%	50.12%	53.25%	56.51%	59.69%	61.81%	63.10%	64.68%	65.32%	66.13%
Actual 2009/10	23.11%	27.20%	30.94%	34.26%	37.73%							
Planned 2009/10	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%



**Commentary by:** Saj Kahrod

**Responsible Director:** Nicola Benghe

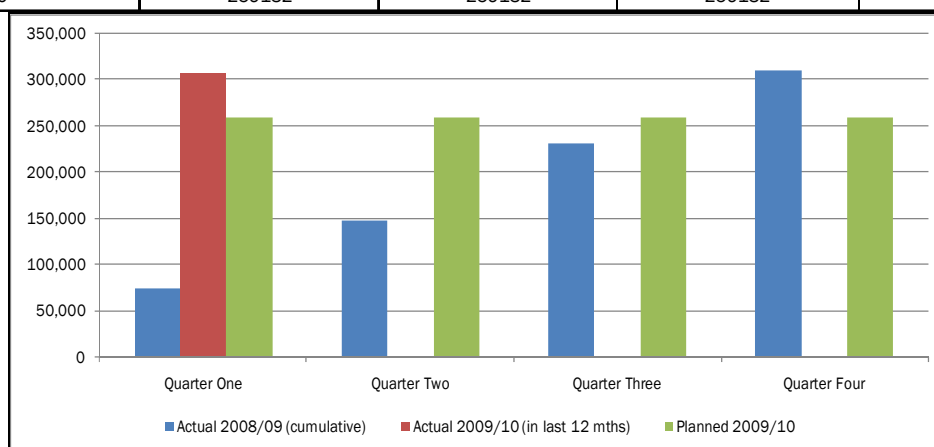
The target clinical range for HbA1c under the Quality Outcomes Framework (QOF) has been reduced from 7.5mmol/L to 7. Therefore comparing this years performance with last years is less meaningful. As this QOF indicator is also a local Vital Sign target, trajectory for 2009/10 has been revised.

The August 2009/10 GP data is not complete. This will be included in next months reporting which will give a more accurate representation of actual performance..

Actions are being taken forward through focussed working with specialist practice nurses in poorly performing practices.

### 3.14 Number of emergency bed days (previous 12 months)

VSC20	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09 (cumulative)	74981	147978	231880	310513
Actual 2009/10 (in last 12 mths)	308001			
Planned 2009/10	259132	259132	259132	259132



**Commentary by:** Richard Mendelsohn

**Responsible Director:** Andrew Donald

Emergency bed days would be defined as in-year bed-days of Finished Consultant Episodes (FCEs) where the admission method is reported as emergency. This is a measure of improved pro-active care of patients, particularly those with chronic conditions. Reducing the number of emergency bed days requires input from range of stakeholders to avoid admissions and to ensure appropriate time in hospital. There is a clear measure of success and requires improvements in performance from a range of organisations in health and social care to achieve it. The narrative below describes actions which are in place to contribute to the reduction of emergency bed days.

#### Strategic Initiatives

*Working Together for Health* - The PCT Board received an update report on the Integrated Care for Older People Project in September 2009. WtFH has overseen four projects, namely the development of an overarching supply, demand and capacity model and data pack/benchmarking support project, the NHS BEN Convalescent Ward Project (occupancy - 7.10.10 - 93%), the NHS BEN Primary Care Discharge Unit at Good Hope Hospital and the HEFT Delayed Transfers of Care Project. Two further initiatives are under consideration - the HEFT Elderly Care Assessment Unit and Elderly Care Physician Input alongside the development of Intermediate Care for the Elderly with Mental Health Difficulties.

*Urgent Care Programme* - The Urgent Care Strategy was approved at the September 09 PCT Board. The 6 agreed work streams, in collaboration with the Emergency Care Network will continue as set out in the Action Plan.

*Assertive Case Management Programme* - The Assertive Case Management Service continues to use insight on a daily basis alongside general practices. The assistive technology (AT) rollout continues (84 units - 07.10.10 with additional five to be fitted w/c 12.10.09). An Internal Review has been shared with the Directorate of Strategy and Redesign and meeting held with Andrew Donald and Richard Mendelsohn to discuss the current operational issues. The report has identified areas of improvement that will support the delivery of the strategic objective of preventing 700 admissions per year.

*Care Management Programme* - Enrolment continues to improve against the planned trajectory (3511 - 30.10.09). We held a recent Away Day with all members of the Partnership to discuss the strategic direction of the Care Management Programme. A project has now been initiated to understand the impact of 2 year membership in Birmingham OwnHealth and healthcare utilisation with the CBSA.

*Health Care at Home* - The initial scoping of the Acute Community-Based Service has been completed and approved at the Tier 2 Gateway as part of the Long Term Conditions element of the MESH Programme. The AC-BC will initially support patients with five key respiratory conditions with an exacerbation to remain at home.

#### Condition Specific Clinical Networks

*COPD* - The COPD network has reviewed the pathway for Long Term Oxygen Therapy, initiated winter planning in relation to supporting patients with COPD and undertaken an audit of COPD admissions from November 2008. The audit revealed to what extent COPD admissions were admitted directly as a result of an exacerbation of COPD.

*Heart Failure* - An options paper on the model for delivery of Heart Failure Services has been drafted by the Health Improvement Directorate and reviewed by the Directorate of Strategy and Redesign.

#### Contract Management

*PEC* - The PEC (7.10.09) has been made aware of the latest finance and activity report and a set of messages to go out to localities.

*A Data Driven Approach* - A process has been derived that supports the acute contract management on a four week cycle. The Strategy and Redesign Staff meeting has already devoted one SMT to a "deep dive" analysis of the monitoring data from HEFT.

*Current Concerns* - First quarter rolling (12 month) activity is above target despite reprofiling the planned trajectory to into account population changes and the delay of any impact of our strategic initiatives. Length of stays may also be increasing for particular specialties such as respiratory medicine at HEFT.

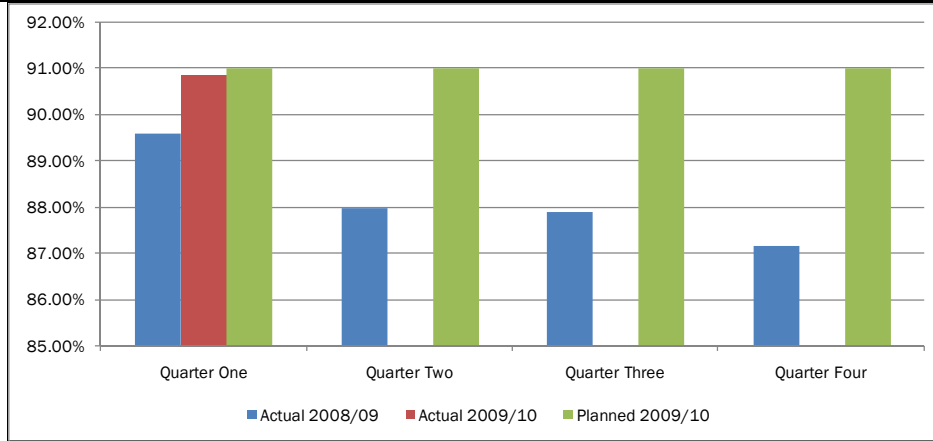
In relation to the strategic initiatives outlined above we need to ensure that our BOH provider is able to absorb the rapidly escalating care management population.

We are investigating the role of the Acute Medical Units at HEFT in relation to Emergency Admissions through our "Data Driven" methodology which will lead to further remedial action. Further discussion and actions within our COPD and Heart Failure Networks as well delivery of the WtFH initiatives will support downward pressure on emergency admissions.

### 3.15 Childhood Immunisations (commentary on page 16)

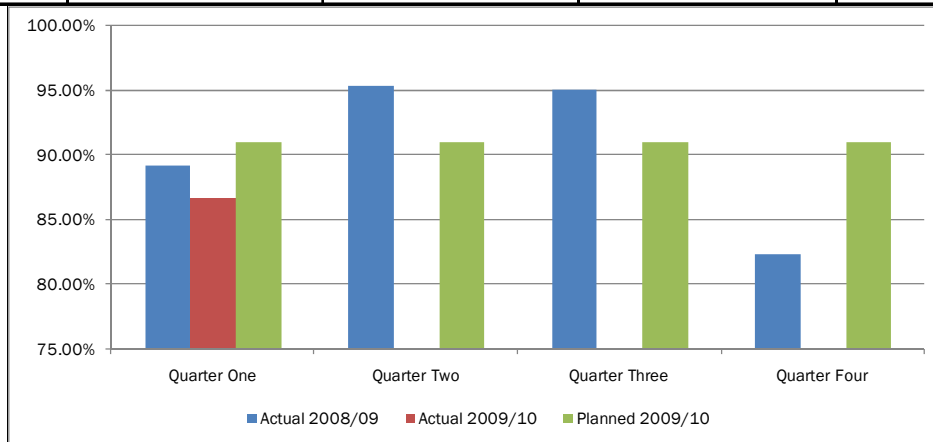
#### 3.15.1 Percentage of 1 year olds immunised for DTaP/IPV/Hib

VSB10-03	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	89.60%	88.00%	87.90%	87.17%
Actual 2009/10	90.88%			
Planned 2009/10	91.00%	91.00%	91.00%	91.00%



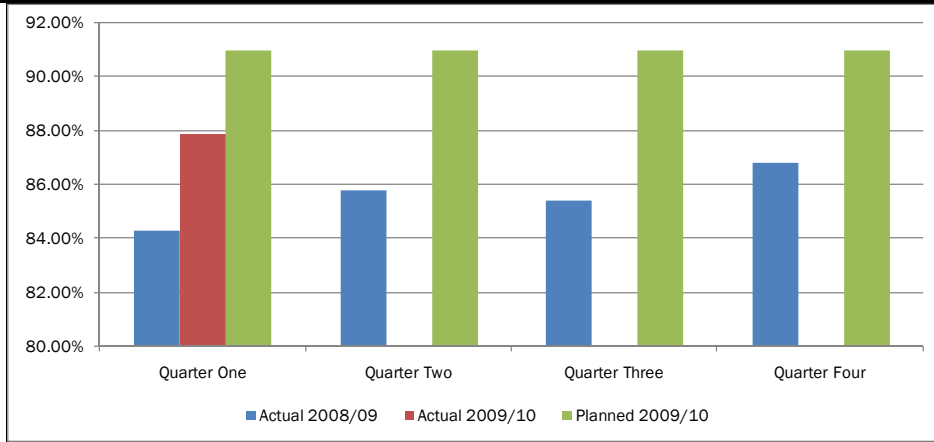
#### 3.15.2 Percentage of 2 year olds immunised for PCV

VSB10-08	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	89.20%	95.40%	95.10%	82.33%
Actual 2009/10	86.66%			
Planned 2009/10	91.00%	91.00%	91.00%	91.00%



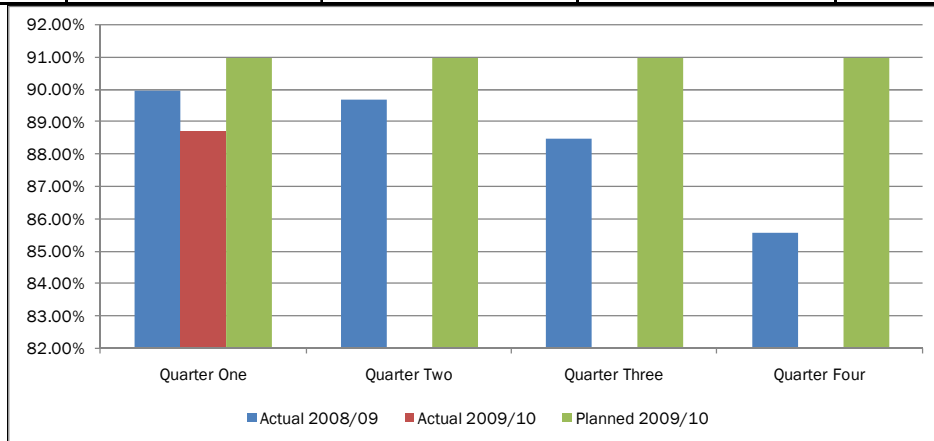
### 3.15.3 Percentage of 2 year olds immunised for Hib/Men C

VSB10-09	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	84.30%	85.80%	85.40%	86.82%
Actual 2009/10	87.91%			
Planned 2009/10	91.00%	91.00%	91.00%	91.00%



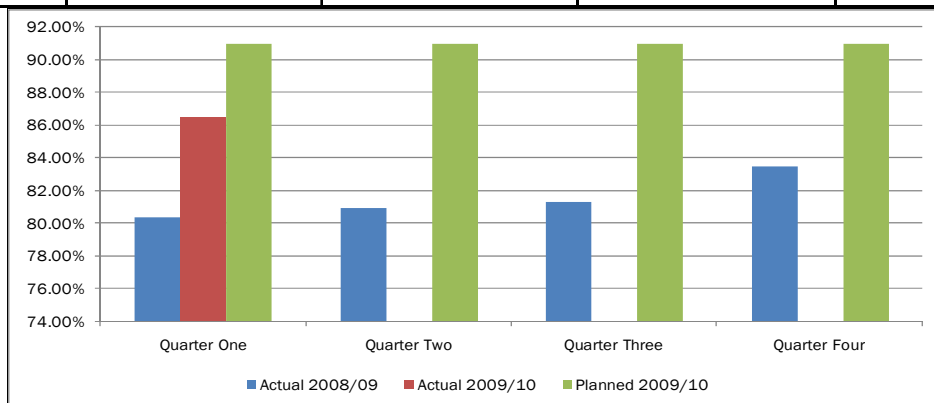
### 3.15.4 Percentage of 2 year olds immunised for MMR1

VSB10-10	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	90.00%	89.70%	88.50%	85.57%
Actual 2009/10	88.74%			
Planned 2009/10	91.00%	91.00%	91.00%	91.00%



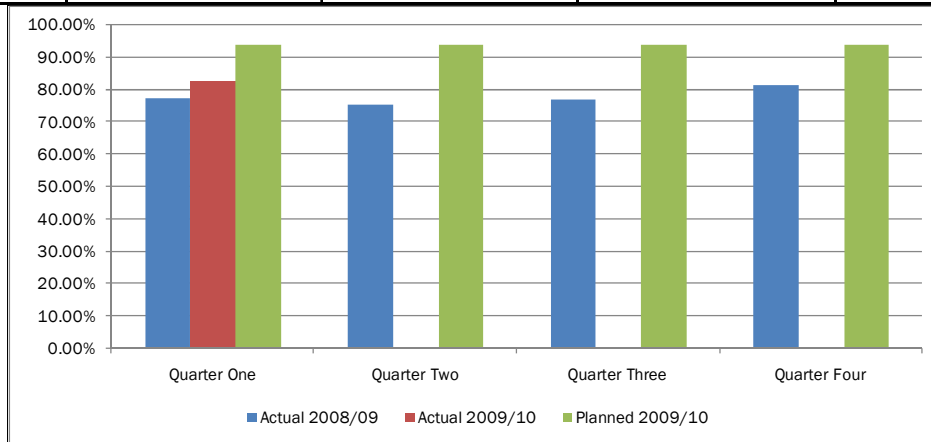
### 3.15.5 Percentage of 5 year olds immunised for DTaP/IPV

VSB10-14	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	80.40%	81.00%	81.30%	83.50%
Actual 2009/10	86.51%			
Planned 2009/10	91.00%	91.00%	91.00%	91.00%



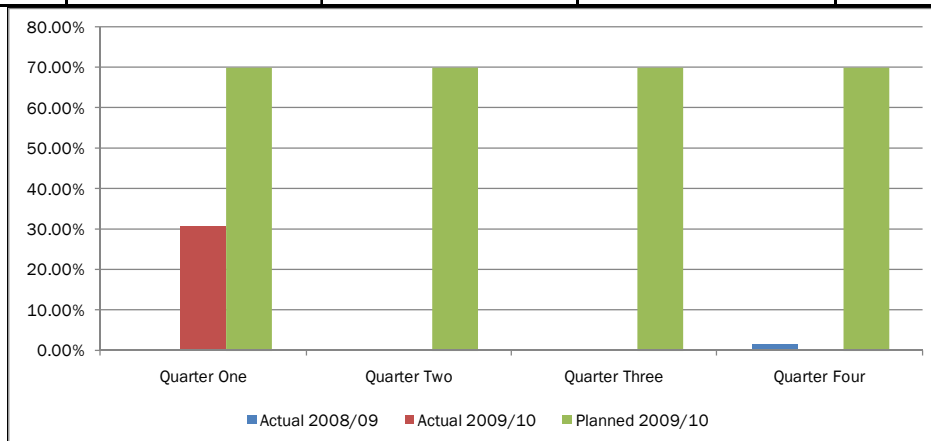
### 3.15.6 Percentage of 5 year olds immunised for MMR2

VSB10-15	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	77.50%	75.30%	77.10%	81.43%
Actual 2009/10	82.56%			
Planned 2009/10	94.00%	94.00%	94.00%	94.00%



### 3.15.7 Percentage of 12-13 year old girls immunised for HPV

VSB10-18	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	N/A	N/A	0.00%	1.77%
Actual 2009/10	30.80%			
Planned 2009/10	70.00%	70.00%	70.00%	70.00%



**Commentary by:** Narinder Kular

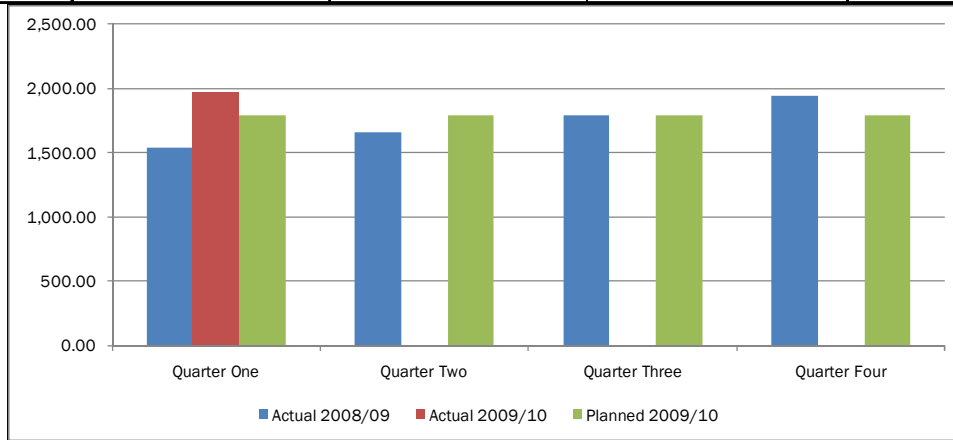
**Responsible Director:** Nicola Bengo

There has been a small increase in the number of across immunisations, however, all continue to be below the trajectory for quarter one. Competing priorities such as the planned Swine Flu Vaccination programme in the autumn and winter pressures may have a detrimental effect in the next two quarter on the childhood immunisation programme although an action plan has been put in place.

The PCT has commissioned increases in the workforce to redress the targets. The Health Improvement team will be prioritising those immunisations groups that are performing least well and will continue to monitor closely. A board performance report is being prepared to reassure the board on mitigating actions that will be taken to improve performance in 2009/10.

### 3.16 Rates of admissions for ambulatory care sensitive (ACS) conditions per 100,000

VSC21	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09	1544.73	1665.92	1789.36	1946.78
Actual 2009/10	1976.92			
Planned 2009/10	1791.76	1791.76	1791.76	1791.76



**Commentary by:** Richard Mendelsohn

**Responsible Director:** Andrew Donald

#### Strategic Initiatives

*Working Together for Health* - The PCT Board received an update report on the Integrated Care for Older People Project in September 2009. WtFH has overseen four projects, namely the development of an overarching supply, demand and capacity model and data pack/benchmarking support project, the NHS BEN Convalescent Ward Project (occupancy -7.10.10 – 93%), the NHS BEN Primary Care Discharge Unit at Good Hope Hospital and the HEFT Delayed Transfers of Care Project. Two further initiatives are under consideration – the HEFT Elderly Care Assessment Unit and Elderly Care Physician Input alongside the development of Intermediate Care for the Elderly with Mental Health Difficulties.

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*COPD* - The COPD network has reviewed the pathway for Long Term Oxygen Therapy, initiated winter planning in relation to supporting patients with COPD and undertaken an audit of COPD admissions from November 2008. The audit revealed to what extent COPD admissions were admitted directly as a result of an exacerbation of COPD.

*Heart Failure* - An options paper on the model for delivery of Heart Failure Services has been drafted by the Health Improvement Directorate and reviewed by the Directorate of Strategy and Redesign.

*Epilepsy* - A Stakeholder Workshop was held on 22.09.09 to agree prioritised concerns and solutions in relation to adult epilepsy services. For example, stakeholders identified the need for increased promotion and support for self-care for adult epilepsy.

Contract Management

*PEC* - The PEC (7.10.09) has been made aware of the latest finance and activity report and a set of messages to go out to localities.

*A Data Driven Approach* - A process has been derived that supports the acute contract management on a four week cycle. The Strategy and Redesign Staff meeting has already devoted one SMT to a “deep dive” analysis of the monitoring data from HEFT.

*Current Concerns* - First quarter rolling (12 month) activity is above target despite reprofiling the planned trajectory to into account population changes and the delay of any impact of our strategic initiatives. Length of stays may also be increasing for particular specialties such as respiratory medicine at HEFT.

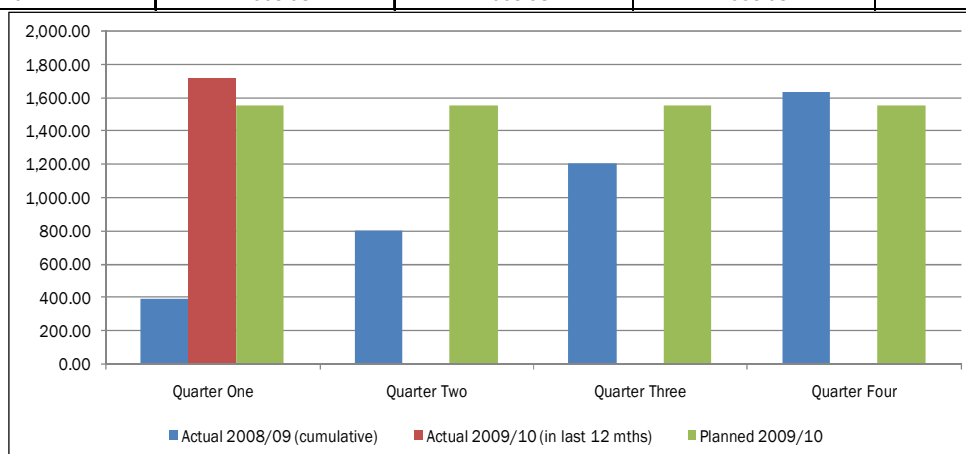
In relation to the strategic initiatives outlined above we need to ensure that our BOH provider is able to absorb the rapidly escalating care management population.

Paediatric admissions will account for a proportion of the raised ACSCs rates which merits further evaluation and the development of a strategic approach.

We are investigating the role of the Acute Medical Units at HEFT in relation to Emergency Admissions through our “Data Driven” methodology which will lead to further remedial action. Further discussion and actions within our COPD and Heart Failure Networks as well delivery of the WtFH initiatives will support downward pressure on emergency admissions.

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

VSC26	Quarter One	Quarter Two	Quarter Three	Quarter Four
Actual 2008/09 (cumulative)	396.15	803.41	1213.00	1637.43
Actual 2009/10 (in last 12 mths)	1720.53			
Planned 2009/10	1553.98	1553.98	1553.98	1553.98



**Commentary by:** David Walker

**Responsible Director:** Andrew Donald

Performance continues to be above the plan. Alcohol related hospital admissions include hypertensive diseases, cardiac arrhythmias, intentional self harm and mental and behavioural disorders.

Due to the complexity of the definition of this indicator, the data is acknowledged as not being collected as accurately as desired and graphs presented at the September Drug Alcohol Action Team (DAAT) Joint Commissioning Group have confirmed this, illustrated with quarterly fluctuations.

A new service, Aquarius, has been commissioned by DAAT to work in A&E at HEFT to reduce alcohol admissions. With increase Assertive Case Management intervention and introduction of more robust monitoring, the rate will increase before decreasing. The DAAT and the Commissioning team will continue to monitor the progress.