

Monthly Performance Report

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

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.

2.0 Report summary

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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	
VS	VSA01	MRSA infections (health economy-cumulative)	13/11/09	46	↓	3	4	6	10	11	14							Doug Wulff	Karen Deeny	
LOCAL	VSA03local	CDiff infections (local stretch target - cumulative)	13/11/09	271	↓	18	37	47	73	99	117							Doug Wulff	Karen Deeny	
VS/NP	VSA03CQC	CDiff infections (CQC target - cumulative)	13/11/09	317	↓	18	37	47	73	99	117							Doug Wulff	Karen Deeny	
VS/NP	VSA04-ad	% of admitted patients seen within 18 weeks adjusted (snapshot)	01/12/09	90.00%	↑	94.23%	94.13%	95.71%	95.16%	94.36%	94.77%							Andrew Donald	Jenny Belza	
VS/NP	VSA04-non	% of non admitted patients seen within 18 weeks (snapshot)	01/12/09	95.00%	↓	96.24%	96.55%	96.87%	96.82%	97.72%	97.60%							Andrew Donald	Jenny Belza	
VS/NP	VSA04-aud	% of audiology patients treated within 18 weeks (snapshot)	01/12/09	95.00%	↓	99.34%	99.21%	99.45%	99.69%	99.43%	99.11%							Andrew Donald	Jenny Belza	
VS/NP	VSA04-07	15 key diagnostic tests waiting over 6 weeks (snapshot)	01/12/09	0	↑	3	6	5	3	11	5							Jonathan Tringham	Jenny Belza	
NP	EC14a	% of urgent referrals for suspected cancer seen in 2 weeks (cumulative)	13/11/09	93.00%	↓	89.64%	91.03%	91.56%	91.74%	91.57%								Andrew Donald	Jenny Belza	3.1
NP	EC15a	% cancer patients seen within 1 month target (snapshot)	13/11/09	96.00%	↑	98.98%	98.53%	97.87%	98.42%	98.79%								Andrew Donald	Jenny Belza	
NP	EC16a	% cancer patients treated within 2 month target (cumulative)	13/11/09	85.00%	↓	94.12%	92.93%	90.63%	90.95%	90.28%								Andrew Donald	Jenny Belza	
NP	EC16b	% cancer patients treated within 2 months referred from screening service (cumulative)	13/11/09	90.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%								Andrew Donald	Jenny Belza	
VS/NP	VSA08-03	% of patients referred for breast symptoms seen in 2 weeks	13/11/09	100.00%	↓	27.71%	49.33%	51.26%	72.04%	55.00%								Andrew Donald	Jenny Belza	3.2
EC	EC12	Ambulance: Cat A 8 min target % (snapshot)	20/11/09	75.00%	↑	73.90%	69.60%	59.80%	48.70%	57.80%	63.90%							Andrew Donald	Caroline Nolan	3.3
EC	EC13a	Ambulance: Cat A 19 min target % (snapshot)	20/11/09	95.00%	↔	99.50%	99.50%	97.90%	92.70%	98.20%	98.20%							Andrew Donald	Caroline Nolan	
EC	EC13b	Ambulance: Cat B 19 min target % (snapshot)	20/11/09	95.00%	↑	95.00%	93.30%	89.10%	79.30%	89.60%	91.20%							Andrew Donald	Caroline Nolan	
EC	EC01	Total time in A&E: 4 hours or less (in cumulative)	13/11/09	98.00%	↓	98.44%	98.12%	98.20%	98.19%	98.24%	98.11%							Jonathan Tringham	Caroline Nolan	
EC	EC06	Patients waiting longer than 3 months for revascularisation (snapshot)	07/12/09	0.00%	↔	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							Andrew Donald	Jenny Belza	
EC	EC04	Percentage of outpatients waiting longer than 13 weeks (cumulative)	07/12/09	0.00%	↓	0.03%	0.03%	0.02%	0.02%	0.01%	0.02%							Andrew Donald	Adrian Reedman	
EC	EC05	Percentage of inpatients waiting longer than 26 weeks (snapshot)	07/12/09	0.00%	↓	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%							Andrew Donald	Adrian Reedman	
EC	PSA11b	GUM % offered an appointment within 48 hours (cumulative)	25/11/09	100.00%	↑	98.13%	99.08%	99.36%	99.53%	99.63%	99.69%							Andrew Donald	David Walker	
VS/NP	VSB05	Smoking 4 week quitters (cumulative)	13/11/09	3,147	↑	126	306	468	689	882								Nicola Bengé	Catherine Tomaney	3.4
VS/NP	VSB14	Number of drug misusers in treatment	15/12/09	5,671	↑	5,726	5,732	5,742										Andrew Donald	David Walker	
LOCAL	CAB01	Convenience and booking: PCT booking rates (snapshot)	15/12/09	90.00%	↑	54.18%	51.50%	50.37%	40.46%	35.76%	41.90%							Andrew Donald	Jenny Belza	3.5
VS	VSA05-01	GP referrals (cumulative)	15/12/09	61,857	↓	5,922	12,056	18,864	26,801	34,492	41,986							Andrew Donald	Adrian Reedman	3.6.1
VS	VSA05-01 (local)	GP referrals local monitoring target (cumulative)	15/12/09	75,155	↓	5,922	12,056	18,864	26,801	34,492	41,986							Andrew Donald	Adrian Reedman	3.6.2
VS	VSA05-02	Other referrals (cumulative)	15/12/09	78,700	↓	7,232	14,079	21,755	28,394	33,869	38,569							Andrew Donald	Adrian Reedman	
VS	VSA05-02 (local)	Other referrals local monitoring target (cumulative)	15/12/09	81,772	↓	7,232	14,079	21,755	28,394	33,869	38,569							Andrew Donald	Adrian Reedman	
VS	VSA05-03	Number of 1st attendances following GP referral (cumulative)	15/12/09	63078	↓	5,888	11,641	18,610	25,138	30,935	38,057							Andrew Donald	Adrian Reedman	3.6.3
VS	VSA05-04	Number of 1st attendances following all referrals (cumulative)	15/12/09	108499	↓	12,105	24,269	38,054	51,116	62,243	75,380							Andrew Donald	Adrian Reedman	3.6.4
VS	VSA05-05	Elective daycases and inpatients (cumulative)	15/12/09	36653	↓	2,777	5,519	8,689	11,774	14,303	17,115							Andrew Donald	Adrian Reedman	
VS	VSA05-06	Planned daycases and inpatients (cumulative)	15/12/09	17379	↓	1,598	3,155	4,847	6,568	7,986	9,538							Andrew Donald	Adrian Reedman	3.6.5
VS	VSA05-09	Non elective FFCes (cumulative)	15/12/09	41632	↓	3,444	6,833	10,258	13,773	16,952	20,342							Andrew Donald	Adrian Reedman	
VS	VSA05-10	15 key tests activity (cumulative)	15/12/09	90610	↓	7,553	14,694	22,962	31,200	38,466	46,430							Andrew Donald	Adrian Reedman	3.6.6
VS	VSC27	% of people with current HbA1c <= 7.0 (snapshot)	13/11/09	62.00%	↑	23.11%	27.20%	30.94%	34.28%	37.73%	47.67%							Nicola Bengé	Saj Kahrod	3.7
VS	VSA07	% of practices offering extended opening hours (snapshot)	01/12/09	50.00%	↔	72.15%	74.68%	75.00%	75.00%	75.00%	75.00%	75.00%						Jonathan Tringham	Donna MacArthur	

KEY	VS	National vital sign target	EC	CQC Existing Commitments
	VS	National vital signs target with local flexibility	NP	CQC National Priority
	VS	Local vital sign target		WCC Metric

Quarterly Performance Indicators 2009/10

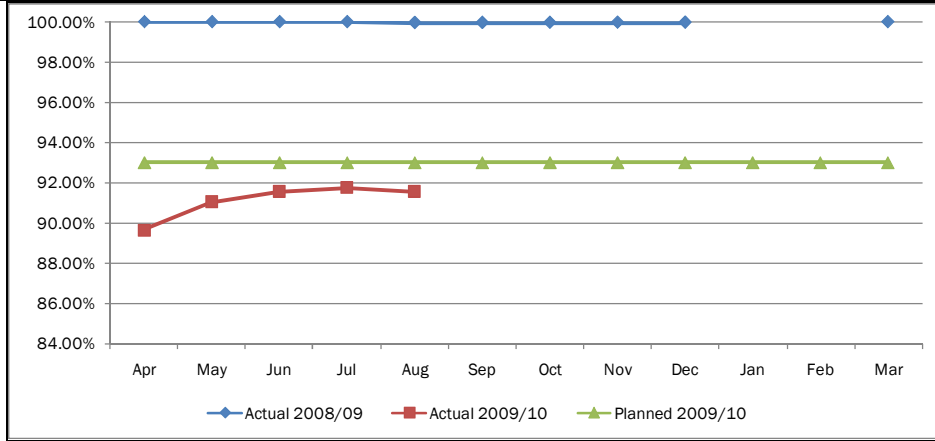
Targets	No.	TARGET	NEXT DATA DUE	09/10 EOY plan	DOT	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Director Lead	Commentary Lead	
VS	VSA04-08	Other diagnostic tests waiting over 6 weeks (snapshot - HoEFT only)	15/08/2009	0.00%	○													Andrew Donald	Jenny Belza	
VS/EC	VSC10	Delayed transfers of care per 100,000 population aged 18+	31/01/2010	8.75	↑			22.74			17.73							Andrew Donald	Shirley Mallon & Pam Whitehead	3.8
NP	EC21	Chlamydia screening (cumulative)	19/11/2009	25.00%	○			3.60%										Andrew Donald	David Walker	
EC	EC17	% offered diabetic retinopathy screening (snapshot)	31/01/2010	100.00%	↓			97.20%			96.04%							Nicola Bengé	Saj Kahrod	
VS	VSC20	Number of emergency bed days (cumulative)	19/12/2009	259,132	○			308,001										Andrew Donald	Richard Mendelsohn	
VS	VSC16-01	Convenience, booking: patients awareness of choice (snapshot)	15/08/2009	50.00%	○													Andrew Donald	Jenny Belza	
VS	VSC16-02	Convenience, booking: patient able to go to chosen provider (snapshot)	15/08/2009	90.00%	○													Andrew Donald	Jenny Belza	
LOCAL	HCC01	CQC Core Standards Achievement (snapshot)	19/11/2009	100.00%	○			100.00%										Louise Pritchard	Rosey Monaghan	
VS/NP	VS10-03	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	28/02/2010	91.00%	○			90.88%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-08	% 2 year olds immunised for PCV (cumulative)	28/02/2010	91.00%	○			86.66%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-09	% 2 year olds immunised for Hib/MenC (cumulative)	28/02/2010	91.00%	○			87.91%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-10	% 2 year olds immunised for MMR (cumulative)	28/02/2010	91.00%	○			88.74%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-14	% 5 year olds immunised for DTaP/IPV (cumulative)	28/02/2010	91.00%	○			86.51%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-15	% 5 year olds immunised for MMR (cumulative)	28/02/2010	94.00%	○			82.56%										Nicola Bengé	Yvonne Green	
VS/NP	VS10-18	% 12-13 yr old girls immunised for HPV (cumulative)	28/02/2010	70.00%	○			30.80%										Nicola Bengé	Yvonne Green	
VS/NP	VS11-06	% breastfeeding status at 6-8 weeks (snapshot)	15/02/2010	85.00%	↑			72.55%			77.98%							Nicola Bengé	Jewant Singh	3.9.1
VS/NP	VS11-05	Prevalence of breastfeeding (snapshot)	15/02/2010	35.84%	↑			30.70%			32.19%							Nicola Bengé	Jewant Singh	3.9.2
VS	VSC21	Rate of admissions for ACS conditions per 100,000 (snapshot)	31/12/2009	1,791.76	○			1,976.92										Andrew Donald	Richard Mendelsohn	
VS/NP	VS12-01	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	15/02/2010	3	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-02	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-03	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VS12-04	Full range of CAMHS early intervention services (snapshot)	15/02/2010	3	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VSA14-03	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	15/02/2010	70.00%	↑			57.72%			65.00%							Andrew Donald	Melanie Young	
VS/NP	VSA14-06	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	15/02/2010	26.00%	↔			100.00%			100.00%							Andrew Donald	Melanie Young	
VS/NP	VS10-06	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	15/02/2010	85.00%	↓			79.59%			79.31%							Andrew Donald	Waheed Saleem	
VS	VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population	31/12/2009	1,596.45	○			1720.53										Andrew Donald	David Walker	

KEY			
VS	National vital sign target	EC	CQC Existing Commitments
VS	National vital signs target with local flexibility	NP	CQC National Priority
VS	Local vital sign target		WCC Metric

3.0 PERFORMANCE TARGETS NOT MET THIS MONTH

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

EC14a	Green		Not set		Amber		Not set		Red		Not set	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	100.00%	100.00%	100.00%	100.00%	99.96%	99.97%	99.97%	99.97%	99.97%			100.00%
Actual 2009/10	89.64%	91.03%	91.56%	91.74%	91.57%							
Planned 2009/10	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%



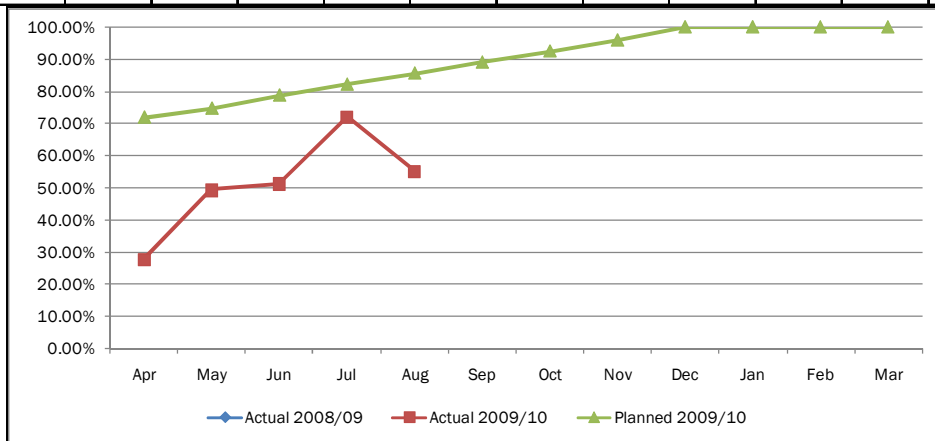
Commentary by: Laura Cooper

Responsible Director: Andrew Donald

The target for patients referred urgently for suspected cancer being seen in two weeks has not been met. Discussions have taken place at the Acute Performance and Planning Group during October 2009 where Heart of England Foundation Trust (HEFT) reports that underachievement of the target is due to patient choice; HEFT will be analysing the data to ascertain the reasons behind this. Meanwhile, the PCT will have discussions with GPs to encourage their patients, in cases of suspected cancer, to ensure they book their appointments within two weeks of the referral being made. This is being monitored through the monthly contract Performance Monitoring Group (PMG).

3.2 Percentage of patients referred for breast symptoms seen in 2 weeks (snapshot)

VSA08-03	Green		Not set		Amber		Not set		Red		Not set	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	New vital sign target, deferred in 2008/09.											
Actual 2009/10	27.71%	49.33%	51.26%	72.04%	55.00%							
Planned 2009/10	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%



Commentary by: Laura Cooper

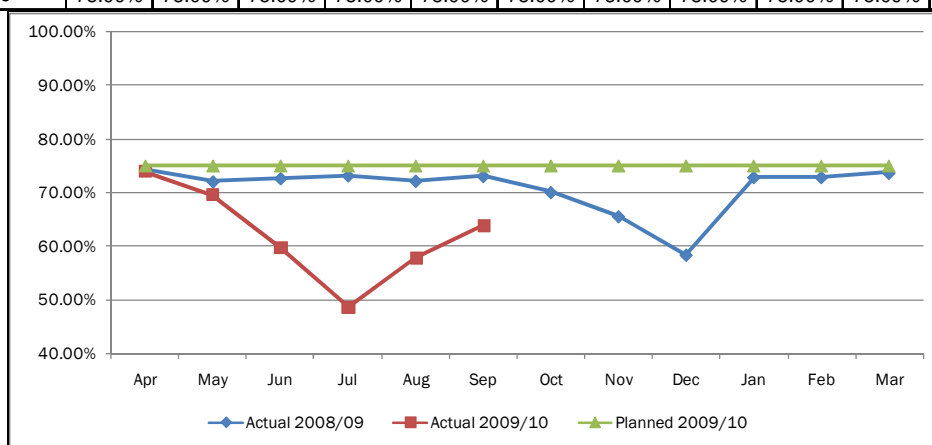
Responsible Director: Andrew Donald

The target for patients being referred for breast symptoms being seen within two weeks is a vital sign target which was deferred for 2008/09. The target is to be achieved by December 2009 with 100% of patients seen within the two weeks.

HEFT are focused on the target and has an action plan in place to achieve this by the December 2009 milestone. New network guidelines for breast cancer follow-up were implemented from September 2009 to reduce follow-up from a period of five to three years, which will create more capacity in the system to meet the target. The PCT is monitoring through the Local Health Economy (LHE) Patient Experience and Choice Board and PMG.

3.3 Ambulance: Category A 8 minute target % (snapshot)

EC12	Green		>=75.00%		Amber		>=70.00%		Red		<70.00%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%	72.90%	72.90%	73.70%
Actual 2009/10	73.90%	69.60%	59.80%	48.70%	57.80%	63.90%						
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 considerable below trajectory at August 2009. For the second month this year, the category A target has not been met across the West Midlands region. There is a reported 22.5% variance on activity equating to 1078 more incidents across NHS BEN than was planned for.

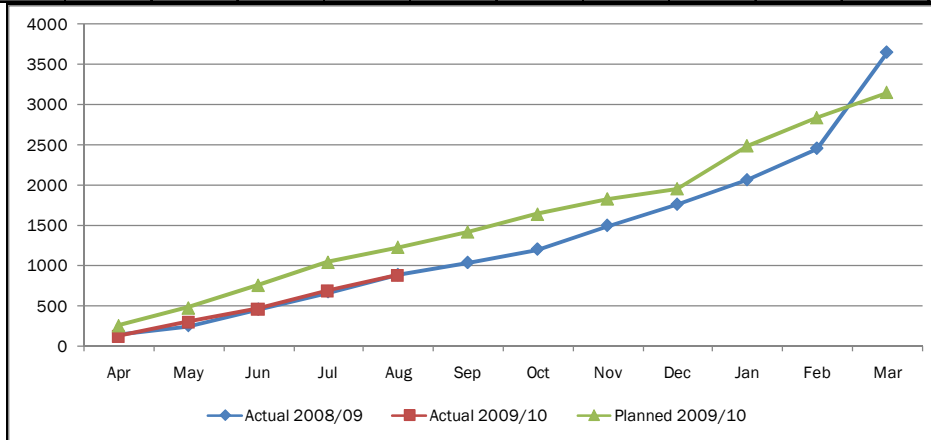
The West Midlands Ambulance Service review report is now available and an action plan to tackle improvements required in performance is being implemented through five task and finish groups. These are reviewing:

- 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.

3.4 Smoking four week quitters (cumulative)

VSB05	Green		≥100.00% of plan		Amber		≥90.00% of plan		Red		<90.00% of plan	
	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	689	882							
Planned 2009/10	252	472	756	1039	1228	1416	1637	1826	1951	2486	2833	3147



Commentary by: Catherine Tomaney

Responsible Director: Nicola Bengo

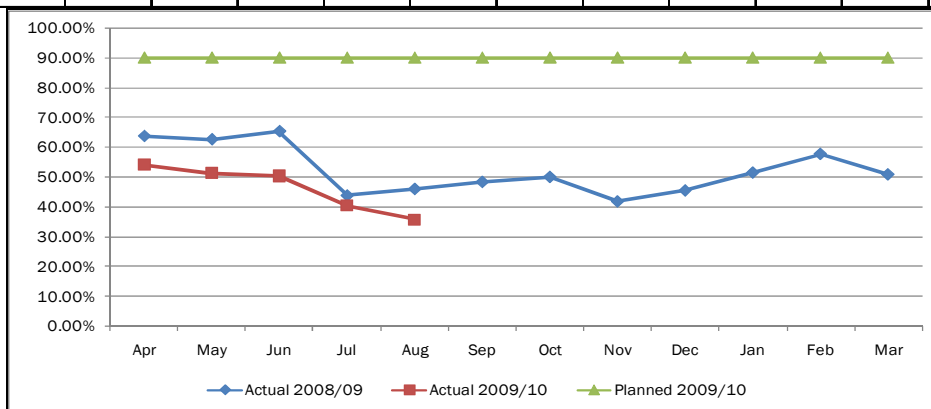
Performance continues to be below trajectory, but shows a comparable picture to last year. The stop smoking service has implemented a number of schemes to improve performance, including hospital based smoking specialist, 'brief opportunistic training' to key staff, new care pathways in respiratory out-patients.

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.

GPs 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. The performance is being monitored at the PCT's monthly internal Performance & Planning Group.

3.5 Convenience and booking : PCT booking rates (snapshot)

CAB01	Green		Not set		Amber		Not set		Red		Not set	
	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%	40.46%	35.76%							
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%



Commentary by: Laura Cooper

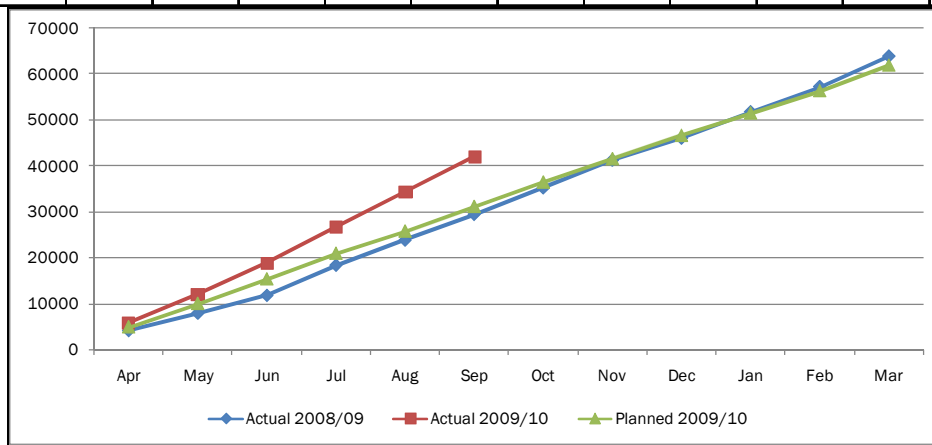
Responsible Director: Andrew Donald

Performance has dropped considerably over the last two months. Lack of a direct booking system (DBS) at HEFT is a significant factor to this with both NHS BEN and Solihull Care Trust being affected. Two previous performance notices had been issued and a subsequent warning notice is now being drafted to be sent out w/c 26th October 2009. This will result in an agreed action plan with key delivery dates. The DBS will improve performance and enable two week waits to be booked. The action plan will be monitored at the monthly 18 week meeting.

3.6 weeks activity (commentary on page 9)

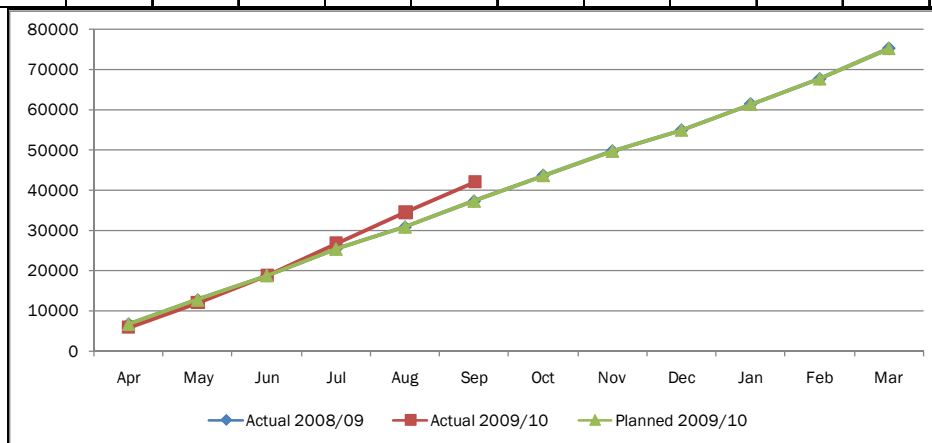
3.6.1 GP referrals

VSA05-01	Green		Not set		Amber		Not set		Red		Not set	
	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	34492	41986						
Planned 2009/10	4852	9946	15283	20862	25714	31051	36388	41482	46576	51428	56280	61857



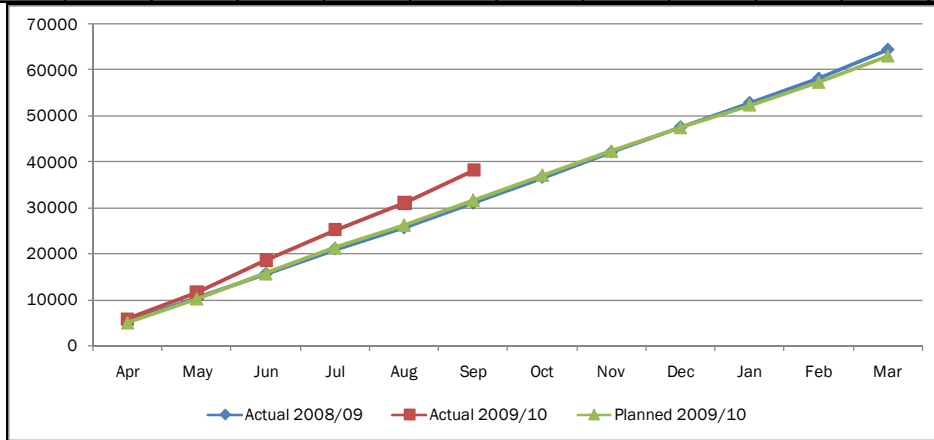
3.6.2 GP referrals (local trajectory)

VSA05-01 (local)	Green		Not set		Amber		Not set		Red		Not set	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	6644	12647	18741	25299	30754	37194	43615	49644	54864	61343	67593	75155
Actual 2009/10	5922	12056	18864	26801	34492	41986						
Planned 2009/10	6644	12647	18741	25299	30754	37194	43615	49644	54864	61343	67593	75155



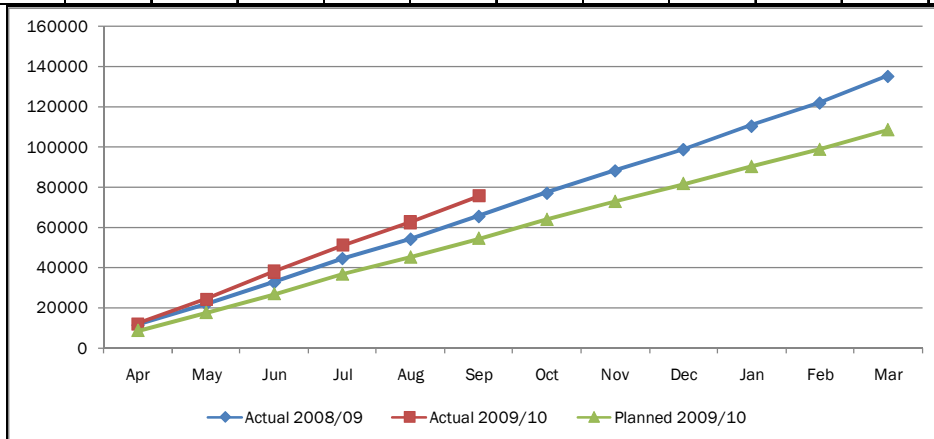
3.6.3 Number of 1st attendances following GP referral

VSA05-03	Green		Not set		Amber		Not set		Red		Not set	
	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	30935	38057						
Planned 2009/10	4947	10142	15584	21273	26220	31662	37104	42299	47494	52441	57388	63078



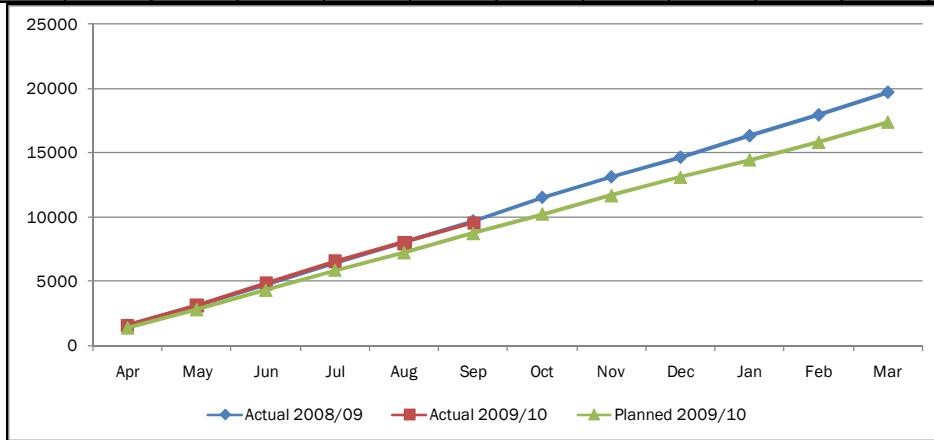
3.6.4 Number of 1st attendances following all referrals

VSA05-04	Green		Not set		Amber		Not set		Red		Not set	
	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	62243	75380						
Planned 2009/10	8510	17445	26806	36592	45102	54463	63824	72759	81694	90204	98714	108499



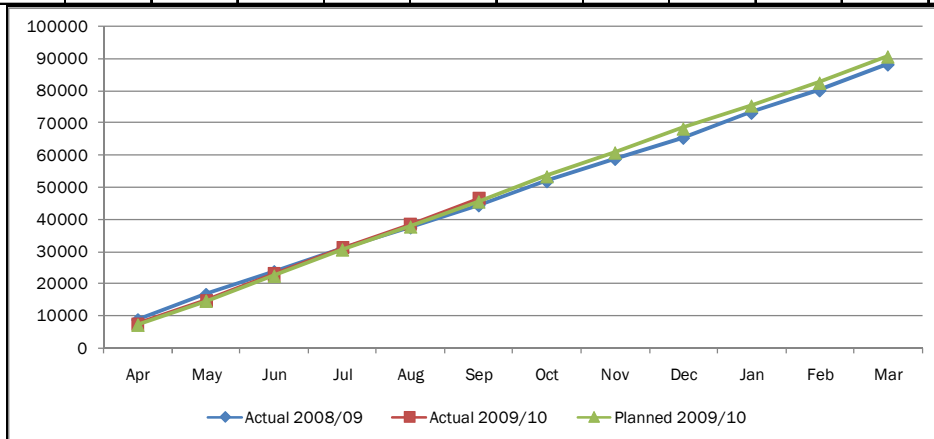
3.6.5 Planned day cases and inpatients

VSA05-06	Green		Not set		Amber		Not set		Red		Not set	
	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	7986	9538						
Planned 2009/10	1363	2794	4293	5861	7224	8723	10222	11653	13084	14447	15810	17379



3.6.6 15 key tests activity

VSA05-010	Green		Not set		Amber		Not set		Red		Not set	
	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	46430						
Planned 2009/10	7107	14569	22386	30559	37666	45483	53300	60762	68224	75331	82438	90610



Commentary by: Laura Cooper

Responsible Director: Andrew Donald

Reported activity continues to be above trajectory. As reported previously, for GP referrals and other referrals, HEFT was providing incorrect data which set a trajectory too low. First outpatient attendances continue to be above plan with areas of highest activity around ENT, Ophthalmology, Dermatology and Orthopaedics.

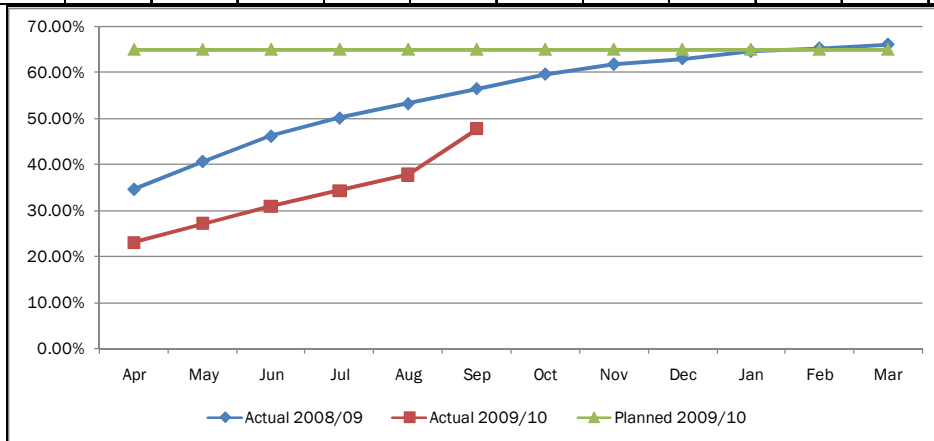
Ophthalmology and ENT pathways are being reviewed with a new model being developed for Dermatology with the aim of establishing a nurse led follow up service in the community linked to the service in secondary care. This would enable a significant proportion of outpatient activity to be shifted to primary care. Alongside this, Primary Care are exploring demand management plans to reduce the number of new referrals into Dermatology. 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.

For planned activity, further analysis is needed to determine the reason for the activity being above plan.

NHS BEN has instigated a supplementary monthly activity and finance meeting to address issues of over performance and have developed measures and a plan to manage the activity.

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

VSC27	Green		>=65.00%		Amber		>=52.60%		Red		<52.60%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	Not comparable to last years target											
Actual 2009/10	23.11%	27.20%	30.94%	34.28%	37.73%	47.67%						
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

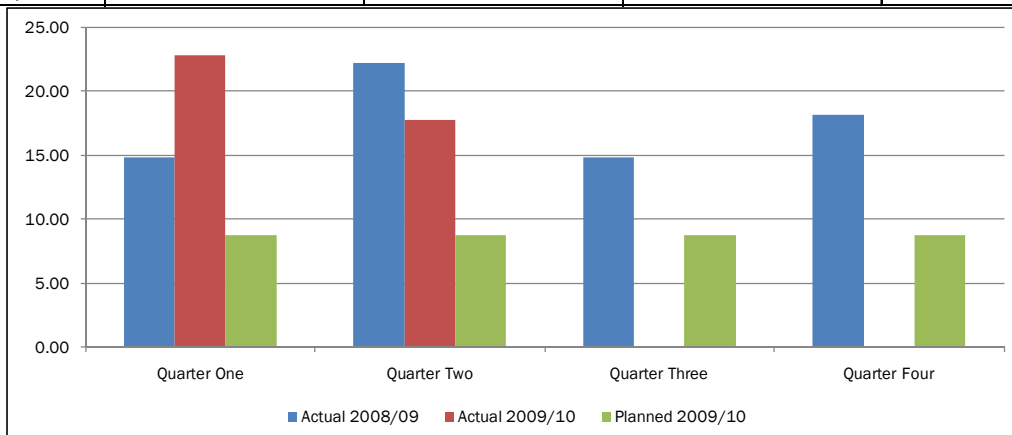
Responsible Director: Nicola Benghe

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

Work is in place with primary care to achieve management of diabetic patients to meet the target. This indicator is being monitored at the Internal Performance & Planning Group.

3.8 Delayed transfers of care per 100,000 population aged 18 and over

VSC10	Green	<=8.75	Amber	<=15.00	Red	>15.00		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	14.81		22.22		14.81		18.18	
Actual 2009/10	22.74		17.73					
Planned 2009/10	8.75		8.75		8.75		8.75	



Commentary by: Shirley Mallon

Responsible Director: Andrew Donald

Joint planning with HEFT and Birmingham City Council was completed for the 12 month pilot of a joint comprehensive step down unit jointly funded by NHS BEN and BCC to begin on 28th September 2009 which is expected to have a major impact on transfers for acute to alternative care services. Intermediate Care services will be provided on the same site as BCC Interim Care to automatically transfer people from non acute to BCC services when Intermediate Care phase is completed without the need to move; this will avoid the need to put people on the SITREP from non acute. Refurbishment agreed for wards at Good Hope and Birmingham Heartlands Hospitals to house the services that will initially provide mainly complex assessment services. Working Together for Health will be monitoring progress on behalf of NHS BEN.

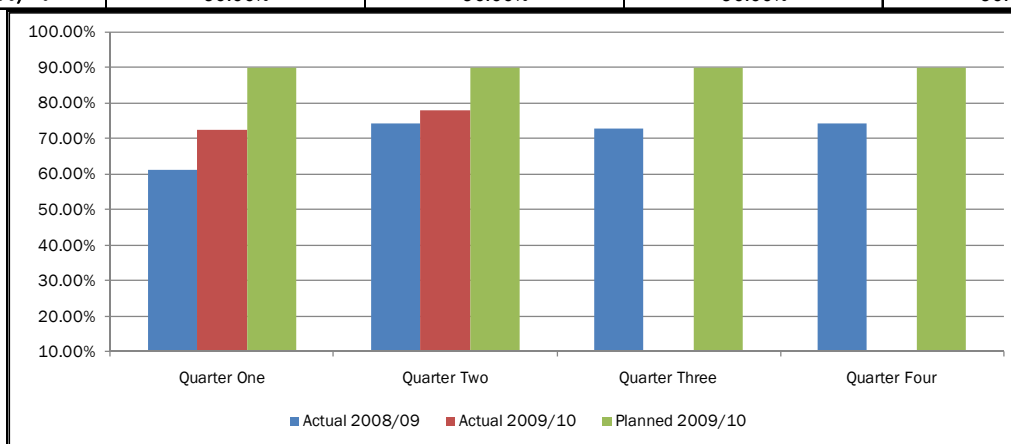
Delayed transfers from non acute bedded rehab and community Intermediate Care teams is a problem especially for younger adults as they have not been prioritised by BCC for services. Shortage of intermediate care, interim and long term dementia care services in the community is made worse by the closure of BCC care homes. A shortage of community care services and extra care sheltered housing means that people cannot move onto their next destination from any setting and this is showing as a major cause of delay.

Planning has begun on step down services for people with dementia. Significant levels of Extra Care Sheltered Housing will open in 12 months time in NHS BEN which should reduce the impact of the social care and housing factors.

3.9 Breastfeeding (commentary on page 12)

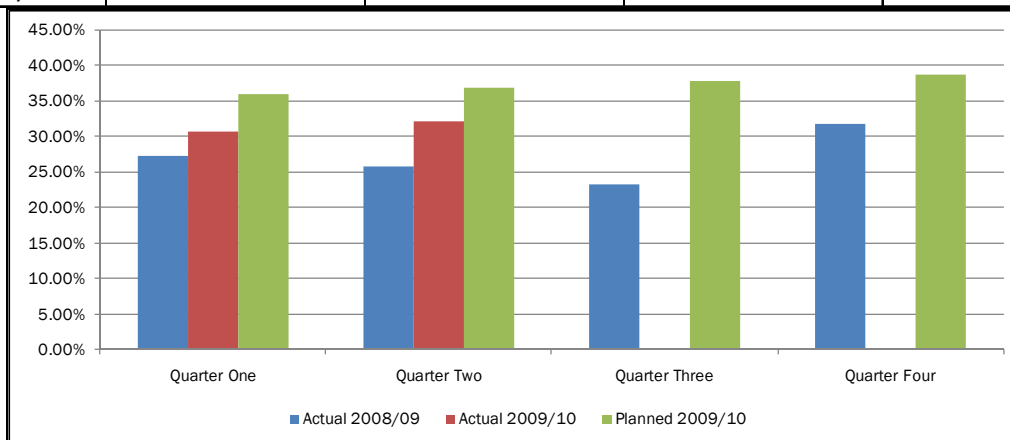
3.9.1 Percentage breastfeeding status at 6-8 weeks

VSB11-06	Green	Not set	Amber	Not set	Red	Not set		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	61.22%		74.13%		72.94%		74.39%	
Actual 2009/10	72.55%		77.98%					
Planned 2009/10	90.00%		90.00%		90.00%		90.00%	



3.9.2 Prevalence of breastfeeding

VSB11-05	Green	Not set	Amber	Not set	Red	Not set		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	27.16%		25.81%		23.31%		31.78%	
Actual 2009/10	30.70%		32.19%					
Planned 2009/10	35.84%		36.78%		37.72%		38.65%	



Commentary by: Jewant Singh

Responsible Director: Nicola Bengé

The Breastfeeding Strategic Committee has endorsed the Community Health Services (CHS) Provider Managers taking the lead responsibility for devising an action plan to tackle the high numbers of unknown feeding status data. Priority will be to co-ordinate the Breastfeeding Peer Counsellor Programme.

Work is in progress to improve data quality with health services managers. 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. A project is underway to develop a bespoke educational package to provide antenatal women with breastfeeding knowledge and skills.

Progress is being monitored through the internal Performance & Planning Group.