

# Monthly Performance Report

## December 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.

### 2.0 Report summary

#### **PERFORMANCE TARGETS NOT BEING MET THIS MONTH**

- 3.1 Percentage of patients referred for breast symptoms seen in 2 weeks
- 3.2 Ambulance Category A 8 minute response
- 3.3 Smoking 4 week quitters
- 3.4 Percentage of diabetic patients with current HbA1c less than or equal to 7mmol/L
- 3.5 Cervical screening for women aged 25 to 64 years
- 3.6 Percentage offered diabetic retinopathy screening
- 3.7 Chlamydia screening
- 3.8 Child and Adolescent Mental Health Services (CAMHS)
- 3.9 Percentage of women assessed by 12 weeks of pregnancy

### Monthly Performance Indicators 2009/10

Targets	PA Reference	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	
NP	EC14a	% of urgent referrals for suspected cancer seen in 2 weeks (cumulative)	15/12/09	93.00%	↑	89.64%	91.03%	91.56%	91.74%	91.57%	91.81%							Andrew Donald	Jenny Belza	
NP	EC15a	% cancer patients seen within 1 month target (snapshot)	15/12/09	96.00%	↑	98.98%	98.53%	97.87%	98.42%	98.79%	98.99%							Andrew Donald	Jenny Belza	
NP	EC16a	% cancer patients treated within 2 month target (cumulative)	15/12/09	85.00%	↑	94.12%	92.93%	90.63%	90.95%	90.28%	90.45%							Andrew Donald	Jenny Belza	
EC	EC12	Ambulance: Cat A 8 min target % (snapshot)	21/12/09	75.00%	↑	73.90%	69.60%	59.80%	48.70%	57.80%	63.90%	66.20%						Andrew Donald	Caroline Nolan	3.2
EC	EC13a	Ambulance: Cat A 19 min target % (snapshot)	21/12/09	95.00%	↑	99.50%	99.50%	97.90%	92.70%	98.20%	98.20%	98.40%						Andrew Donald	Caroline Nolan	
EC	EC13b	Ambulance: Cat B 19 min target % (snapshot)	21/12/09	95.00%	↑	95.00%	93.30%	89.10%	79.30%	89.60%	91.20%	91.60%						Andrew Donald	Caroline Nolan	
EC	EC01	Total time in A&E: 4 hours or less (in cumulative)	14/12/09	98.00%	↓	98.43%	98.13%	98.20%	98.22%	98.26%	98.13%	98.02%						Jonathan Tringham	Caroline Nolan	
EC	EC06	Patients waiting longer than 3 months for revascularisation (snapshot)	08/01/10	0.00%	↔	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)	08/01/10	0.00%	↔	0.03%	0.03%	0.02%	0.02%	0.01%	0.02%	0.02%						Andrew Donald	Adrian Reedman	
EC	EC05	Percentage of inpatients waiting longer than 26 weeks (snapshot)	08/01/10	0.00%	↓	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.03%						Andrew Donald	Adrian Reedman	
EC	PSA11b	GUM % offered an appointment within 48 hours (cumulative)	29/12/09	100.00%	↑	98.13%	99.08%	99.36%	99.53%	99.63%	99.69%	99.74%						Andrew Donald	David Walker	
VS/NP	VSA03CQC	CDiff infections (CQC target - cumulative)	14/12/09	317	↓	18	37	47	73	99	117	138						Doug Wulff	Karen Deeny	
VS/NP	VSA04-ad	% of admitted patients seen within 18 weeks adjusted (snapshot)	01/01/10	90.00%	↓	94.23%	94.13%	95.71%	95.16%	94.36%	94.77%	94.61%						Andrew Donald	Jenny Belza	
VS/NP	VSA04-non	% of non admitted patients seen within 18 weeks (snapshot)	01/01/10	95.00%	↓	96.24%	96.55%	96.87%	96.82%	97.72%	97.60%	97.46%						Andrew Donald	Jenny Belza	
VS/NP	VSA04-aud	% of audiology patients treated within 18 weeks (snapshot)	01/01/10	95.00%	↑	99.34%	99.21%	99.45%	99.69%	99.43%	99.11%	99.73%						Andrew Donald	Jenny Belza	
VS/NP	VS05	Smoking 4 week quitters (cumulative)	15/12/09	3,147	↑	126	306	468	689	882	1,165							Nicola Benge	Catherine Tomaney	3.3
VS/NP	VS014	Number of drug misusers in treatment	18/01/10	5,671	↓	5,726	5,732	5,742	5,726									Andrew Donald	David Walker	
VS	VSA01	MRSA infections (health economy-cumulative)	14/12/09	46	↓	3	4	6	10	11	14	18						Doug Wulff	Karen Deeny	
VS	VSA04-07	15 key diagnostic tests waiting over 6 weeks (snapshot)	01/01/10	0	↓	3	6	5	3	11	5	7						Andrew Donald	Jenny Belza	
VS	VSA08-03	% of patients referred for breast symptoms seen in 2 weeks	15/12/09	100.00%	↑	27.71%	49.33%	51.26%	72.04%	55.00%	76.12%							Andrew Donald	Jenny Belza	3.1
VS	VSC27	% of people with current HbA1c <= 7.0 (snapshot)	14/12/09	62.00%	↑	23.11%	27.20%	30.94%	34.28%	37.73%	47.67%	48.37%						Nicola Benge	Saj Kahrod	3.4
VS	VSA07	% of practices offering extended opening hours (snapshot)	01/01/10	50.00%	↑	72.15%	74.68%	75.00%	75.00%	75.00%	75.00%	75.00%	75.95%					Jonathan Tringham	Donna MacArthur	
VS	EC16b	% cancer patients treated within 2 months referred from screening service (cumulative)	15/12/09	90.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							Andrew Donald	Jenny Belza	
VS	EC99a	31 day standard for subsequent cancer treatments (surgery)	31/03/10	94.00%	↑	98.48%	98.00%	97.20%	97.69%	98.21%	98.45%							Andrew Donald	Jenny Belza	
VS	EC99b	31 day standard for subsequent cancer treatments (drugs)	31/03/10	98.00%	↔	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							Andrew Donald	Jenny Belza	
VS	EC99c	31 day standard for subsequent cancer treatments (radiotherapy)	31/03/10	94.00%	↑	100.00%	100.00%	86.67%	91.67%	93.94%	94.44%							Andrew Donald	Jenny Belza	
LOCAL	CAB01	Convenience and booking: PCT booking rates (snapshot)	18/01/10	90.00%	↓	54.18%	51.50%	50.37%	40.46%	35.76%	41.90%	38.20%						Andrew Donald	Jenny Belza	
LOCAL	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	
LOCAL	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	
LOCAL	VSA03local	CDiff infections (local stretch target - cumulative)	14/12/09	271	↓	18	37	47	73	99	117	138						Doug Wulff	Karen Deeny	
LOCAL	HCC03	Outpatients waiting longer than 5 weeks (snapshot)	01/01/10	0	↓	534	725	654	876	1226	1441	1407						Jonathan Tringham	Jenny Belza	
LOCAL	HCC02	Inpatients waiting over 11 weeks (snapshot)	01/01/10	0	↑	163	191	218	270	427	553	495						Jonathan Tringham	Jenny Belza	

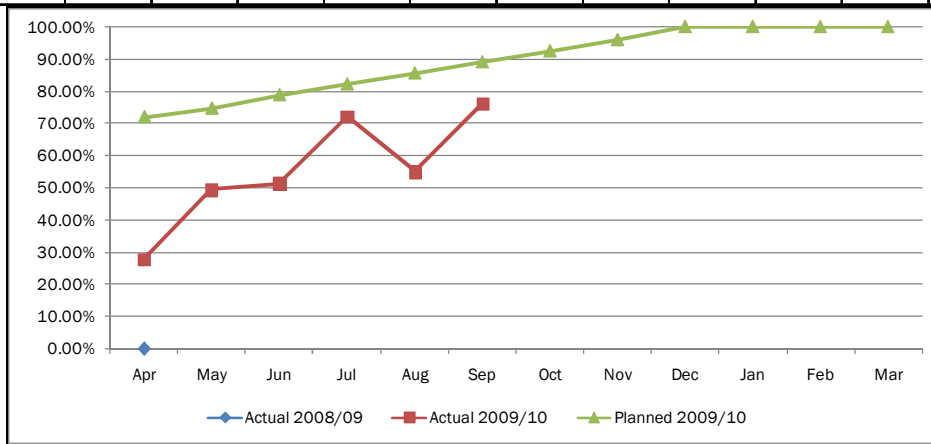
Quarterly Performance Indicators 2009/10

Targets	PA Reference	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	
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	
EC	EC17	% offered diabetic retinopathy screening (snapshot)	31/01/2010	100.00%	↓			97.20%			96.04%							Nicola Benghe	Saj Kahrod	
EC	EC18	New cases of psychosis served by early intervention teams per year	15/08/2009	0.00%	○													Andrew Donald	Jane Collier	
EC	EC08	Thrombolysis - 60 min call to needle time (cumulative)	30/09/2009	68.00%	○													Andrew Donald	Adrian Reedman	
VS/NP	VSB13	Chlamydia screening (cumulative)	15/02/2010	25.00%	↑			3.60%			9.90%							Andrew Donald	David Walker	3.7
VS/NP	VSB10-03	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	28/02/2010	91.00%	○			90.88%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-08	% 2 year olds immunised for PCV (cumulative)	28/02/2010	91.00%	○			86.66%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-09	% 2 year olds immunised for Hib/MenC (cumulative)	28/02/2010	91.00%	○			87.91%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-10	% 2 year olds immunised for MMR (cumulative)	28/02/2010	91.00%	○			88.74%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-14	% 5 year olds immunised for DTaP/IPV (cumulative)	28/02/2010	91.00%	○			86.51%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-15	% 5 year olds immunised for MMR (cumulative)	28/02/2010	94.00%	○			82.56%										Nicola Benghe	Yvonne Green	
VS/NP	VSB10-18	% 12-13 yr old girls immunised for HPV (cumulative)	28/02/2010	70.00%	○			30.80%										Nicola Benghe	Yvonne Green	
VS/NP	VSB11-06	% breastfeeding status at 6-8 weeks (snapshot)	15/02/2010	85.00%	↑			72.55%			77.98%							Nicola Benghe	Jewant Singh	
VS/NP	VSB11-05	Prevalence of breastfeeding (snapshot)	15/02/2010	35.84%	↑			30.70%			32.19%							Nicola Benghe	Jewant Singh	
VS/NP	VSB12-01	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	15/02/2010	3	↔			3			3							Andrew Donald	Waheed Saleem	
VS/NP	VSB12-02	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	3.8
VS/NP	VSB12-03	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	15/02/2010	4	↔			3			3							Andrew Donald	Waheed Saleem	3.8
VS/NP	VSB12-04	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	VSB06	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	15/02/2010	85.00%	↓			79.59%			79.31%							Andrew Donald	Waheed Saleem	3.9
VS	VSA04-08	Other diagnostic tests waiting over 6 weeks (snapshot - HoEFT only)	15/08/2009	0.00%	○													Andrew Donald	Jenny Belza	
VS	VSC20	Number of emergency bed days (cumulative)	19/12/2009	259,132	○			167,699										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	
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	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	
LOCAL	HCC01	CQC Standards Achievement (snapshot)	15/02/2010	100.00%	↔			100.00%			100.00%							Louise Pritchard	Rosey Monaghan	

### 3.0 PERFORMANCE TARGETS NOT MET THIS MONTH

#### 3.1 Percentage of patients referred for breast symptoms seen in 2 weeks

VSA08-03	Green		≥100.00% of plan		Amber		≥ 95.00% of plan		Red		<95.00% of plan	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2008/09	Deferred vital sign target during 2008/09											
Actual 2009/10	27.71%	49.33%	51.26%	72.04%	55.00%	76.12%						
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 target for patients being referred for breast symptoms being seen within two weeks is a vital sign target which was deferred from 2008/09. The target is to be achieved by December 2009 with 100% of patients seen within two weeks.

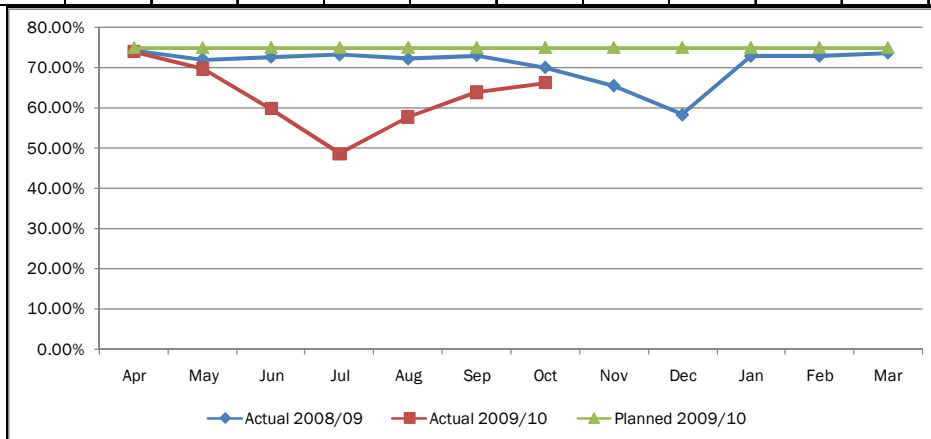
NHS BEN continues to work with Heart of England Foundation Trust (HEFT) to ensure the target is achieved and is to be monitored through the Local Health Economy (LHE) Patient Experience and Choice Board. New Network guidelines for breast cancer follow up are being implemented from September 2009 to reduce follow up from a period of 5 years to 3 years therefore releasing more capacity into the system to help achieve this target. HEFT has an action plan in place to achieve delivery and to ensure capacity the Trust is taking the following specific actions

- Reviewing demand and capacity
- Adding additional clinics to meet the backlog and free capacity for the future
- Providing middle grade doctor cover for all 2 week wait clinics
- Ensuring all breast referrals are booked by dedicated staff

The Trust is confident that the December 2009 target will be met

### 3.2 Ambulance Category A 8 minute response (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%	66.20%					
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

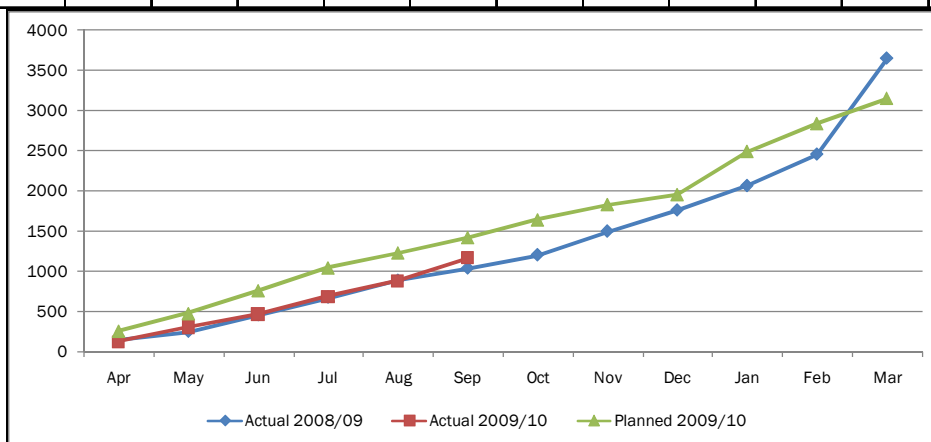
Responsible Director: Andrew Donald

The target for category A 8 minute ambulance response continues to be below trajectory and has not been achieved since April 2008. Performance however is moving in the right direction with a further slight improvement for September of 2.3%. Concern remains about West Midlands Ambulance Services (WMAS) ability to improve performance given the findings of the independent review and additional demands associated with winter and pandemic flu.

Demand from NHS BEN residents during September 2009 for ambulance services continued to be higher than expected with over 600 more incidents than the 4700 planned, a variance of 13%. An action plan to tackle improvements continue and progress has been made in September on the implementation of a systems status plan for the Birmingham area that allows more intelligent situation of vehicles to enable a faster response time and the creation of an intermediate tier service using private ambulances to manage GP urgent calls which require transportation to hospital. WMAS have given the PCT assurances that the additional investment in ambulances would restore CAT A performance in urban areas including NHS BEN however, this has not been realised. Performance continues to be closely monitored at the Emergency Care Network (ECN) and the SHA wide Contract Delivery Group.

### 3.3 Smoking 4 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	1165						
Planned 2009/10	252	472	756	1039	1228	1416	1637	1826	1951	2486	2833	3147



**Commentary by:** Catherine Tomaney

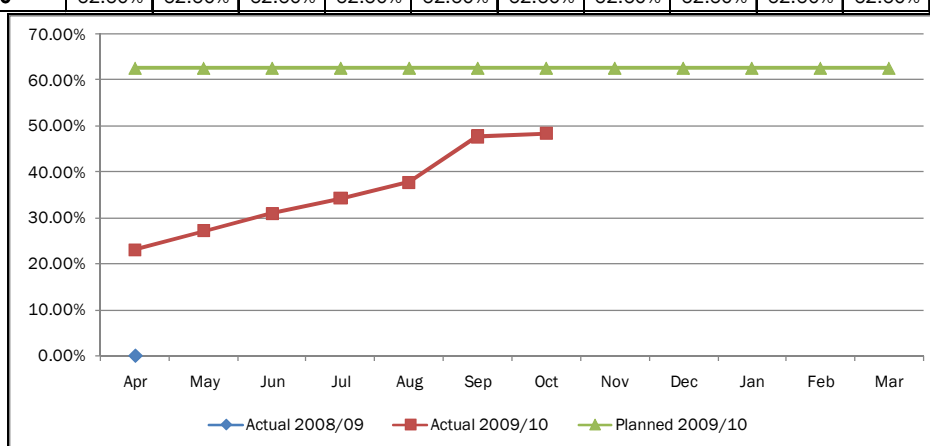
**Responsible Director:** Nicola Benghe

The actual number of four week quits is currently below the planned trajectory. It is expected the performance will improve due to the Quit campaign for which data will not be available until December 2009. The number of quits and referrals from the campaign is closely monitored on the stop smoking database.

The Healthy Incentive pilot for pregnant women commenced on the 1st September 2009, current data shows an increase in the number of referrals and an increase in the number of women quitting for a minimum of four weeks. The stop smoking 'quit' social marketing campaign coordinated by Dr Foster Intelligence commenced this month. This campaign involved an extensive media campaign through a variety of channels and street marketing, predominantly located within the RED health typology populations. The stop smoking service has also initiated a pilot involving a new text messaging service.

**3.4 Percentage of diabetic patients with current HbA1c less than or equal to 7mmol/L**

VSA07	Green		>=62.60%		Amber		>=52.60%		Red		<52.60%	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Actual 2008/09</b>	Not directly comparable to 2008/09 actuals.											
<b>Actual 2009/10</b>	23.11%	27.20%	30.94%	34.28%	37.73%	47.67%	48.37%					
<b>Planned 2009/10</b>	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%	62.60%



**Commentary by:** Saj Kahrod

**Responsible Director:** Nicola Benghe

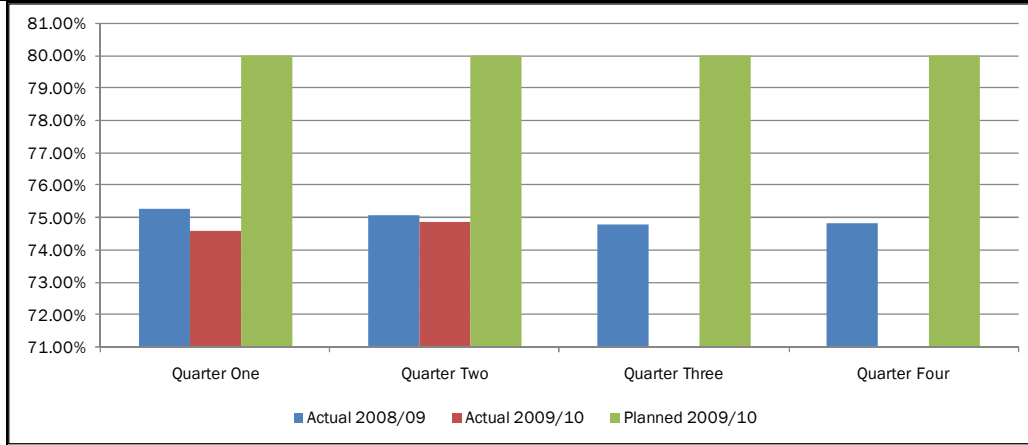
An audit is planned which will start at the end of December 2009 to understand clear outcomes on practice interventions which will include blood pressure, weight and cholesterol control, blood sugars as well as education and outcomes for the patients supported by practices and provide evidence on improvements.

Changes to the thresholds of this target have meant non achievement for this accountability. Targetted work using GP diabetes registers is in progress. An audit is scheduled for December 2009 to understand practice interventions. Progress is being reported to the Performance and Business Planning Group.

### 3.5 Cervical screening for women aged 25 to 64 years

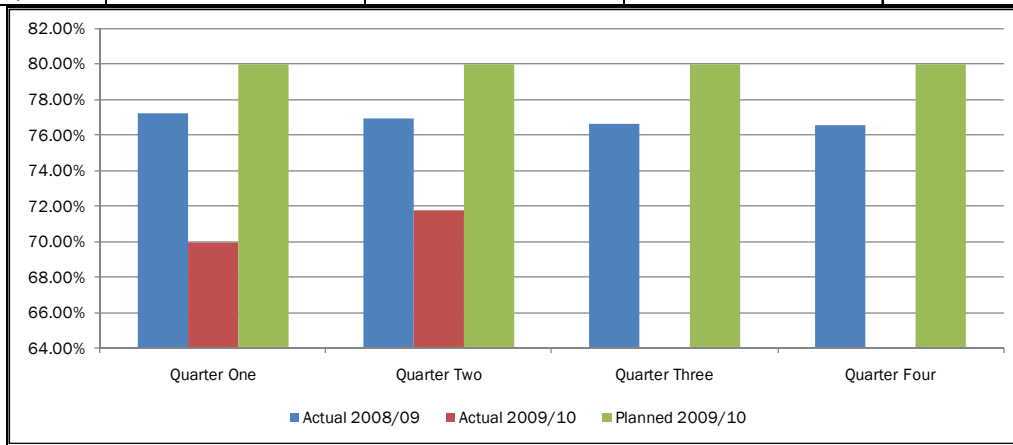
#### 3.5.1 Cervical screening for women aged 25 to 49

KC53-08/09	Green	>=80.00%	Amber	>=70.00%	Red	<70.00%		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	75.29%		75.06%		74.81%		74.85%	
Actual 2009/10	74.57%		74.88%					
Planned 2009/10	80.00%		80.00%		80.00%		80.00%	



#### 3.5.2 Cervical screening for women aged 50 to 64

KC53-08/09	Green	>=80.00%	Amber	>=70.00%	Red	<70.00%		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	77.22%		76.94%		76.66%		76.58%	
Actual 2009/10	69.96%		71.74%					
Planned 2009/10	80.00%		80.00%		80.00%		80.00%	



**Commentary by:** Sue Bull

**Responsible Director:** Nicola Bengé

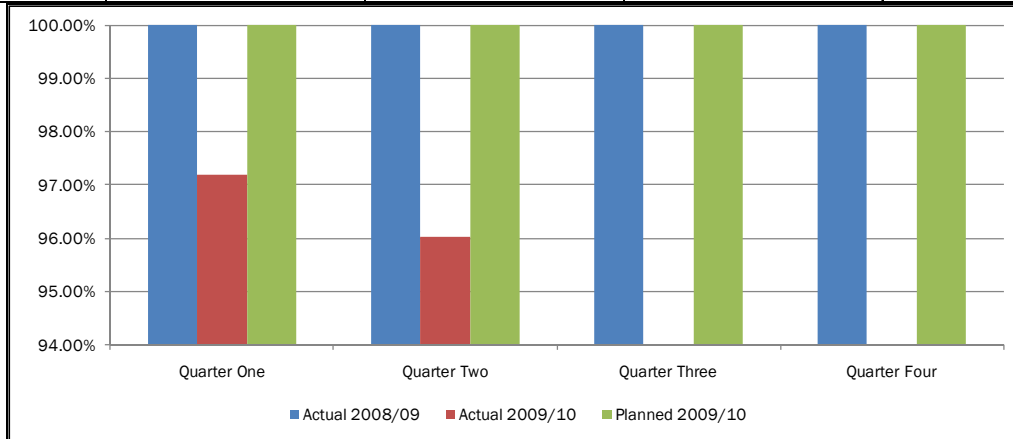
Cervical screening of women aged 25 to 64 is the only new target to be added to the CQC Performance Indicators for 2009/10.

The uptake remains low, especially amongst the 25 to 39 year olds and NHS BEN is seeking to address this and a Pan Birmingham action plan is to be produced which will be submitted to the board planned for December 2009.

NHS BEN is working towards achieving the 14 day cytology Turnaround Target as set out in the cancer reform strategy. This involves reviewing and improving the processes within primary care, laboratory and call/recall services through the use of lean processes assisted by NHS Improvement teams. The deadline for implementation is December 2010.

### 3.6 Percentage offered diabetic retinopathy screening (snapshot)

EC17	Green	100.00%	Amber	>=90.00%	Red	<90.00%
	Quarter One	Quarter Two	Quarter Three	Quarter Four		
Actual 2008/09	100.00%	100.00%	100.00%	100.00%		
Actual 2009/10	97.20%	96.04%				
Planned 2009/10	100.00%	100.00%	100.00%	100.00%		



**Commentary by:** Saj Kahrod

**Responsible Director:** Nicola Benghe

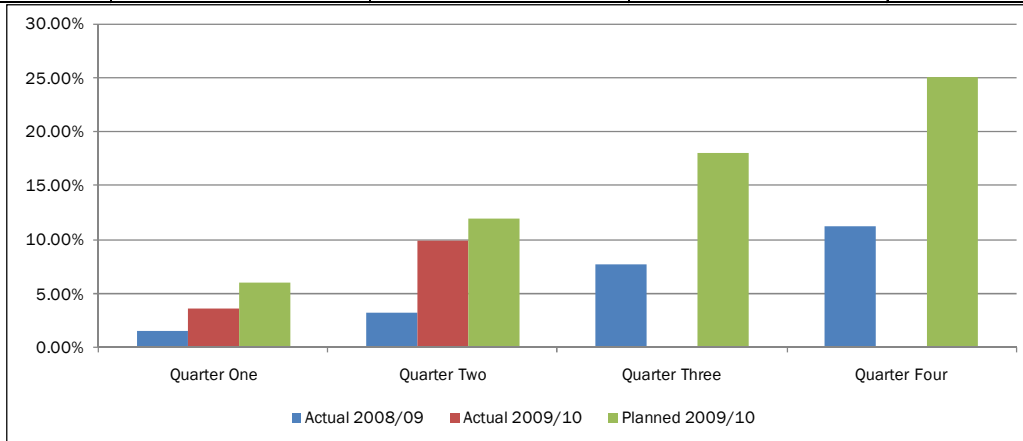
The 100% target for retinal screening has not been met for quarter one or two. The national screening team have indicated that GP diabetic registers are the primary data sources for identifying the patients who should be invited for screening but it is possible that, due to the current manual system, some of the individuals on the diabetic register may not be getting invitations to retinal screening service leading to further visual complications. As a failsafe within the diabetic retinopathy service (DRS), the service is carrying out an audit of all patients with diabetes to ensure they are receiving their annual screening to ensure no patient is omitted from the programme. This requires us to cross-check the data on GP clinical system with our DRS central database and the most efficient way to do this is to extract them electronically.

Actions are to be put in place to improve performance for next quarter. This includes the diabetic team continuing to work closely with GP practices on audits and co-ordinators liaising with practices to ensure results are on input onto the clinical systems.

It is considered that the manual system for calling patients may be inadequate. The Diabetic Retinopathy Service is carrying out an audit of diabetic patients to establish the situation. Plans are in place to introduce an automated system. Progress will be maintained through the Performance and Business Planning Group.

### 3.7 Chlamydia screening

EC21	Green	>=25.00%	Amber	Not set	Red	Not set		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	1.60%		3.30%		7.80%		11.30%	
Actual 2009/10	3.60%		9.90%					
Planned 2009/10	6.00%		12.00%		18.00%		25.00%	



**Commentary by:** David Walker

**Responsible Director:** Andrew Donald

NHS BEN ended the 2<sup>nd</sup> quarter with 9.9% towards the 25% vital signs target for the end of March 2010. The Outreach Provider's SLA has also been structured, to achieve increased screens in BEN to ensure out reach screening is not centred in South Birmingham as in 2008/09; furthermore we will significantly reduce tariff for screens submitted in any PCT once the outreach target has been achieved. BEN do not have a large cohort of the target population in one location (FE establishments). In view of this we have undertaken the following:

- Commissioned Pharmacists to support outreach to young women linked with EHC.
- Undertaken social marketing events to engage and understand the target population with a view to increase acceptance of screening.

National screening in general practice has seen low levels of activity and with winter pressures, contribution to Chlamydia screens will continue to fall.

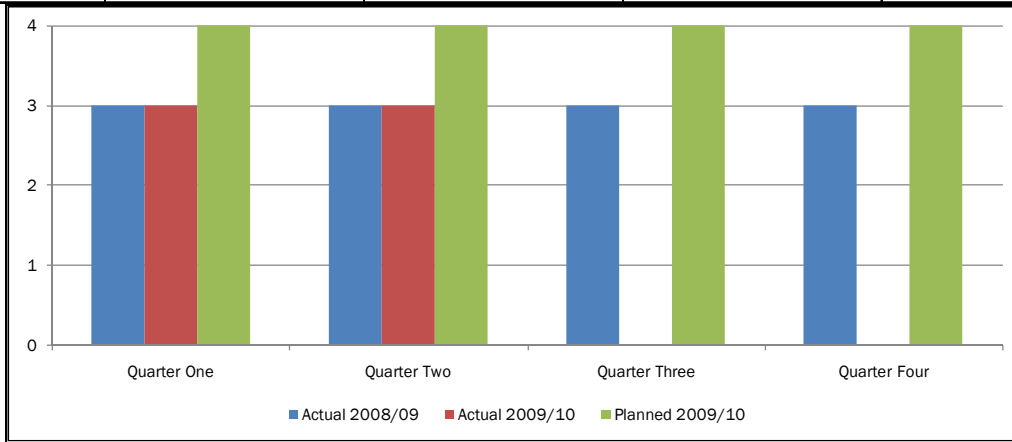
The performance of the provider is being closely monitored monthly through the Sexual Health (SH) Joint Commissioning Group. The pan Birmingham JCG is continuing to review delivery of the target through monthly contract and performance monitoring meetings with Heart of Birmingham provider arm.

Additional outreach programmes based on local knowledge gained from the social marketing exercise to increase numbers accessing and accepting screening. Locally the SH lead is using Dr Foster typologies and a social marketing approach to increase levels of screens in BEN.

### 3.8 Child and Adolescent Mental Health Services (CAMHS)

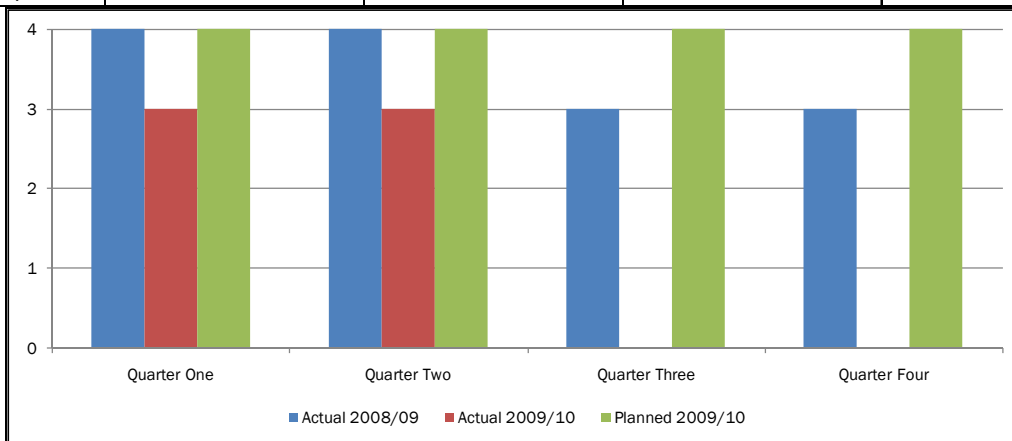
#### 3.8.1 Full range of CAMHS services for learning disabilities

VSB12-02	Green	4	Amber	Not set	Red	Not set	
	Quarter One		Quarter Two		Quarter Three		Quarter Four
Actual 2008/09	3		3		3		3
Actual 2009/10	3		3				
Planned 2009/10	4		4		4		4



#### 3.8.2 Access for CAMHS for 16-17 year olds

VSB12-03	Green	4	Amber	Not set	Red	Not set	
	Quarter One		Quarter Two		Quarter Three		Quarter Four
Actual 2008/09	4		4		3		3
Actual 2009/10	3		3				
Planned 2009/10	4		4		4		4



**Commentary by:** Waheed Saleem

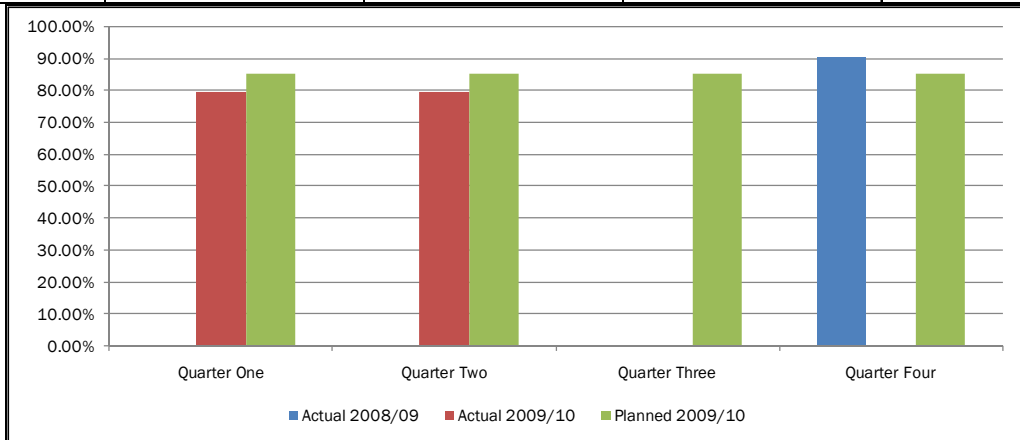
**Responsible Director:** Andrew Donald

NHS BEN is currently underachieving on providing a full range of services for learning disability patients and access for 16 to 17 year olds.

Child and Adolescent Mental Health Services in Birmingham have been externally reviewed by the Government Office of the West Midlands and the Strategic Health Authority and have acknowledged the progress that has been made towards the targets.

3.9 Percentage of women assessed by 12 weeks of pregnancy.

VSB06	Green	85.00%	Amber	Not set	Red	Not set		
	Quarter One		Quarter Two		Quarter Three		Quarter Four	
Actual 2008/09	Not available		Not available		Not available		90.26%	
Actual 2009/10	79.59%		79.31%					
Planned 2009/10	85.00%		85.00%		85.00%		85.00%	



Commentary by: Waheed Saleem

Responsible Director: Andrew Donald

Performance has dropped slightly during quarter two. The provider is addressing data quality issues to provide more accurate and timely data.

Activity data will be monitored through the Maternity Service Group and NHS BEN will work with the providers to ensure timely data is submitted.