

Balanced Scorecard

Exception Report

	Comments
Performance Indicator	Domain 1 - Does provider currently have any unclosed Serious Incidents (SIs)?
RAG rating and performance against target	Q1 – Yes – Action plan in place Q2 – Yes – Action plan in place
Domain	Domain 1
Cause of Issue	<p>HUHFT have 11 overdue SUIs as at the end of Q2. This is a decrease since the start of Q1, when they had 19 (all grade 1), however the rate of decrease has diminished through Q2.</p> <p>The CSU and HUH have been focussing on closing the legacy SI cases and during September there were 17 SIs closed with another 29 closed in October.</p> <p>The CSU has contacted the trust to find out the reason why the Never Event RCA report due in October it is late and the Trust has responded that they are getting an external reviewer to investigate and the CSU is likely to get this report by Jan. This will be discussed at the CQRM in October.</p>
Remedial Action being taken by CCG	<p>The CCG has implemented a system of reviewing and agreeing SUI reports and action plans through the relevant CCG Programme Boards, in partnership with the HUHFT divisions.</p> <p>New SIs are now reported on a weekly basis to the CCG Programme Boards Chairs and attached is a list of the types of SIs that go to each Programme Board. PB Chairs also get feedback on reviewed SIs every 4-six weeks (depending on numbers) and can request to see the full RCA if they feel feedback raises any additional issues or ask that the SI is not closed until additional information is provided. PBs also get the full RCA of any grade 2 SIs and Never events and it is intended that these will also be discussed at the relevant programme Board.</p> <p>The CSU Homerton patient safety lead meets with the HUH patient safety lead every 4-6 weeks to go through SI feedback and overdue reports and the reasons behind the delay are discussed.</p>
Expected Improvements	<p>Increase in closure rate of outstanding SUIs and reduction in total overdue number.</p> <p>The CCG has discussed the Trust's Pressure Ulcer Action Plan and external review of Tissue Viability Team at the CQRM and is monitoring delivery of the PU action plan.</p> <p>SIs and those that are overdue are included in CSU reports to the CQRM and meeting was held with the Director of Nursing in November to discuss how the SI reporting process and review of RCAs could be improved.</p>

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Timeframes	End Q3 2013/14.
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N.B. Please complete this report for every trigger within each domain.

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Performance Indicator	Domain 1 - Has the provider experienced any 'Never Events' during the last quarter?
RAG rating and performance against target	Q1 – No Q2 – Yes – Action plan in place
Domain	Domain 1
Cause of Issue	Maternal Death Never Event occurred in July 2013.
Remedial Action being taken by CCG	<p>Discussed at September 2013 CQRM (see page 4, A3 - Homerton CQRM minutes September 2013), waiting on Root Cause Analysis (RCA) (now overdue) that is due for discussion at the CCG Maternity Programme Board. Has been escalated onto agenda for December 2013 CQRM.</p> <p>The CCG has commenced a deep dive exercise into maternity quality at HUHFT, with the first meeting having taken place in November 2013, involving NHS England colleagues (Vanessa Lodge & Henrietta Hughes). A follow up meeting will take place in January 2014, and the results of these sessions discussed a special meeting of the Clinical Quality Review Meeting (CQRM) in February 2014.</p>
Expected Improvements	Unknown, need to review RCA.
Timeframes	Action plan due by end Q3, 2013/14.

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Performance Indicator	Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)
RAG rating and performance against target	Q1 – green Q2 - amber
Domain	Domain 2
Cause of Issue	Q2 cat A 8 minute (red 2) performance is at 72.82%, year to date at 74.66%.
Remedial Action being taken by CCG	<p>LAS is experiencing growth in demand. Activity levels are up 1.6% YTD when compared to the same period in 2012/13.</p> <p>Coupled with demand growth, the number of calls being closed by the LAS with telephone advice ('hear & treat') continues down on 2012/13 levels. This may provide a proxy measure to suggest that the acuity of 999 calls and the number of calls requiring ambulance dispatch is increasing. While some of this activity may be dealt with via 'see & treat' initiatives, this may in part help to explain increased A&E activity.</p> <p>See page 17 of A6 - M7 City and Hackney AF Report Oct 2013 (V6) for further details.</p>
Expected Improvements	CSU working with lead commissioner to feed in and pass on key messages.
Timeframes	Review monthly and at Q3 2013/14.

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Performance Indicator	Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)
RAG rating and performance against target	Q1 – green Q2 - amber
Domain	Domain 2
Cause of Issue	<p>There were 8 breaches out of 71 patients, resulting in a Q2 performance of 91.8% across all providers. The majority (87.5%) were due to patient choice; 1 breach was due to capacity and administration. Year to date performance remains at 95.2%.</p> <p>Homerton reported 89.2% in August 2013 due to one of the breast consultants being on sick leave, while year to date performance at HUHFT remains at 95.4%.</p>
Remedial Action being taken by CCG	<p>There had previously been achievement in all months since March 2013.</p> <p>Barts Health (BH) has put in place a number of actions: at 2WW clinics at the St Bartholomew's site - specifically in Breast, Skin, Upper GI and Head and Neck - additional clinics have been arranged, locum cover arrangements for annual leave have been identified and revised administration procedures to escalate pressures have been adopted. The Homerton (HUH) monitors performance closely. The CSU's Cancer Commissioning Manager meets regularly with both trusts to review performance.</p>
Expected Improvements	Year to date performance remains on track.
Timeframes	To be reviewed monthly and at Q3 end, 2013/14.

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