Performance report

January 2022

Title	Performance report
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PURPOSE OF THE REPORT

To provide assurance to the Board on overall performance of the organisation, in delivery of the Trust strategy.

KEY MESSAGES

The performance report provides a strategic overview of performance on four key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people). Each theme includes a small number of Trustwide measures, together with a narrative to describe progress, challenges and actions. The appendix contains our system performance dashboard, with measures related to population health, quality of care and value for each of the key populations that the Trust serves. This helps us understand performance for each population that we serve, and to better understand internal variation.

Where are we doing well, and what have we learned?

We are seeing positive signs across some of our main safety indicators. The rate of restraint in inpatient settings continues to reduce, and the rate of physical violence remains stable. This is testament to a variety of initiatives aimed at improving patient safety and multidisciplinary care planning. The quality improvement work across our three community health services to reduce the incident of pressure ulcers is showing good results, with a reduction in monthly numbers from the increase we saw in early 2021. The proportion of safety incidents causing harm is also reducing, which is likely to be due to reduced incidents related to covid in the period to November 2021.

Inpatient bed management in adult mental health remains resilient, despite system pressures and high demand. Inpatient teams have embedded the new practices and processes around covid management and infection control. There are also effective mechanisms to work collaboratively with NELFT to share capacity across the system as needed.

Where are we identifying challenges, and what are we doing about it?

Waiting times and backlogs in our community-based services are clearly a major priority at present. A separate report is provided to the Trust board on this topic, and this report should be read in conjunction with the waiting times report. The spread of Omicron has presented challenges for services across the Trust, particularly with the reported number of positive cases amongst staff and service users. Whilst contingency plans are in place, the challenges are anticipated to impact on waiting times and backlogs, with the likelihood that our projected timelines for resolving backlogs will extend.

Executive Summary

Inpatient capacity for children and young people requiring inpatient admission remains extremely stretched. This is a national picture, but exacerbated by the need to temporarily close ELFT beds due to staffing shortages in order to ensure patient safety. This has resulted in a number of admissions of young people to adult wards. There are established processes in place to avoid this where possible, or where it is absolutely necessary, to ensure close monitoring and transition back to an appropriate environment.

The percentage of service users receiving follow-up contact within 72 hours of discharge remains at an average of 75%, which is beneath the national 80% standard. However, this data now only includes the new ways of recording the follow-up (which is likely to reduce our performance as staff adopt the new recording practices). There are plans in place within directorates to continue to improve the reliability of follow-up, although we may continue to see some challenge in meeting the 80% goal while inpatient teams remain primarily focused on managing covid outbreaks with high staff absence.

We have seen an increase in the number of service users with learning disabilities who have been admitted to inpatient care, or to specialist learning disability units out-of-area. All of these cases have had senior clinical input to ensure that the admissions and placements are absolutely necessary and appropriate. The national care and treatment review programme, which involves experts by experience and clinicians, for people whose behaviour is seen as challenging and/or for people with a mental health condition, ensures that all alternatives to admission are considered and explored, whilst also ensuring that any admission to hospital is as short as possible.

Executive Summary

Strategic priorities this paper supports (please check box including brief statement)

Improved patient experience	☒	The performance reports supports assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, patient experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

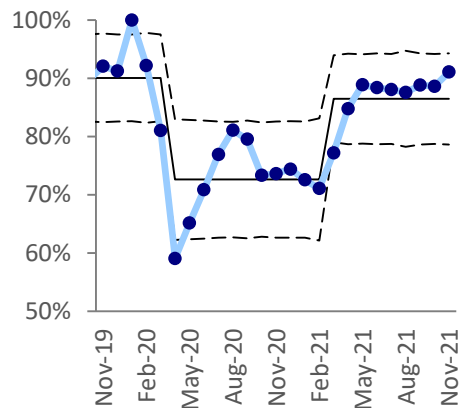**Committees/meetings where this item has been considered**

| Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

Implications

| Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of November 2021 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Introduction: How this report is structured

1

Summary of organisational performance

The narrative section is organised around a small number of key themes (safety; access and responsiveness; experience and outcomes; children and young people). Each section contains 3-5 indicators aggregated at Trust level, together with a summary of current performance (progress, issues and actions).

Key indicators related to the performance theme

Narrative describing current performance – including progress, challenges and actions

2

Appendix 1 – System performance dashboard

This dashboard demonstrates our impact on key measures of population health, quality of care and value for the main populations that the Trust services. Highlighted arrows draw attention to areas where we are seeing change (improvement, deterioration or instability)

Each row contains the measures related to a population that we serve

Highlighted arrows to show areas where we are seeing instability, with assurance of actions provided in the initial narrative

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Appendix 2 - What is our performance against national assurance indicators?

This provides the Board with assurance of our performance against the measures that form the new System Oversight Framework within the NHS

Access and Responsiveness

Bed occupancy (P' Chart)

Average number of days from referral to assessment – attended cases (CAMHS, and adult Mental Health community teams – I Chart)
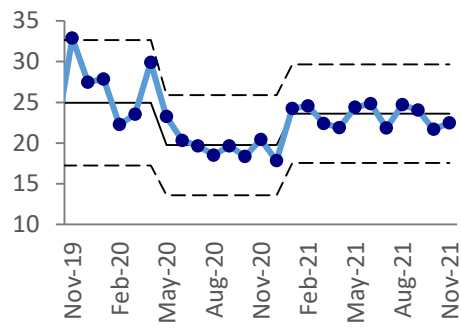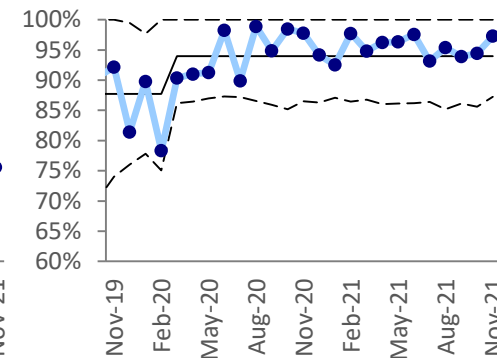

Average number of weeks from referral to first appointment in East London Community Health (I Chart)
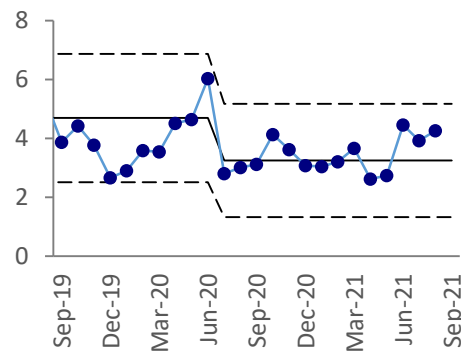
Percentage of referrals receiving treatment within 11 weeks Bedfordshire Community Services (I chart)
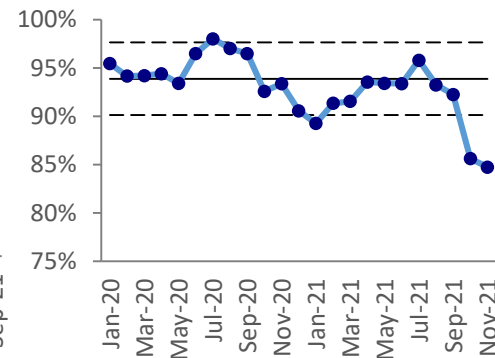
Rapid Response seen within 2 hour guideline (East London) (P Chart)

Inpatient bed occupancy remains high across all services (91% in November), with the number of admissions remaining stable. Initiatives to manage the bed pressures are progressing, notably ideas to improve ward decision-making processes, and reviewing long-stay service users. This has resulted in a number of service users with complex presentation being able to transition into the community. Social workers are being recruited across some directorates to help facilitate discharge and reduce delays. Each directorate has enacted winter contingency plans to manage the predicted increase in demand. Inpatient teams across ELFT and NELFT have been working closely to manage bed pressures across North East London by collaborating and sharing inpatient capacity flexibly to build resilience across the system. Following NHS England's announcement that it would return to its highest level of emergency preparedness, 40 inpatient beds were purchased from the private sector by the London regional team, for use across London. Services are using this additional capacity to manage admissions for people from other catchment areas presenting to ELFT, freeing up capacity for local needs.

Despite high demand for inpatient care and temporary ward closures due to covid outbreaks, and staffing challenges, there has been significant learning from previous pandemic waves, allowing services to adapt quickly. Infection control guidelines are now well established, allowing teams to assess risk quickly and make rapid decisions about clinical care. Crisis pathways are also more mature, as evidenced by an increase in crisis line activity across the Trust, and services are more accessible (24/7) to ensure responsiveness and effective admission avoidance where possible.

There has been an increase in occupied beds and in specialist out-of-area placements for service users with learning disabilities and complex needs, particularly across Tower Hamlets and Bedfordshire. This relates to a small number of service users. An internal deep dive into recent admissions in order to identify lessons that can be learned to avoid future admissions has found that the service users have been very unwell in crisis with little opportunity to prevent deterioration and no real alternatives to admission. Some of the causes of this increase are believed to be related to service user fears about covid, reluctance to engage with services, a reduction in social care packages and access to local day centres and resources.
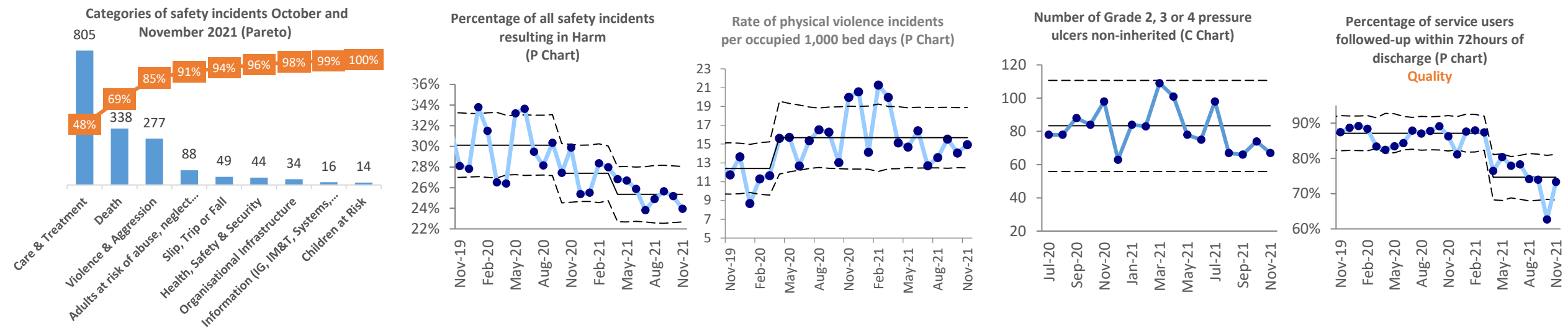
Access and Responsiveness

For the service users with learning disability who have required out-of-area beds, these were specialist learning disability units or locked rehab services based on clinical needs often with complex, challenging behaviour. A multidisciplinary team and senior consultants review all placement decisions to ensure that all alternatives to admission have been carefully considered. All placements are then reviewed every six months with placement providers to ensure service users receive appropriate care and treatment to enable recovery and discharge back to local services.

Rapid response from district nursing services in the community continues to remain highly responsive, with 97% of urgent cases being seen within the 2hr standard. Referral to treatment within 11 weeks in Bedfordshire has deteriorated from an average of 94% down to 85% by end of November 2021. Our performance against the statutory 18-week referral to treatment standard is 92% in Bedfordshire community health. The deterioration in the percentage of treatment commenced within 11 weeks is mainly related to the podiatry service. Through the use of quality improvement, the podiatry service has increased its productivity (starting treatment for 250 people in November 2021, compared to 121 in August and 176 in September). The service is now working through cases on the backlog that were lower priority and were not seen during the acute phases of the pandemic, thereby resulting in a lower percentage of cases having waited for less than 11 weeks for treatment.

A separate report is provided, as requested by the Board, on waiting times and backlogs for community-based services.

Safety

Categories of safety incidents October and November 2021 (Pareto)

Percentage of all safety incidents resulting in Harm (P Chart)

Rate of physical violence incidents per occupied 1,000 bed days (P Chart)

Number of Grade 2, 3 or 4 pressure ulcers non-inherited (C Chart)

Percentage of service users followed-up within 72hours of discharge (P chart)
Quality

The Pareto chart above shows the main categories of patient safety incidents that were reported in October and November 2021. Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare. Staff report patient safety incidents on our Datix incident management system. The most frequent categories of safety incidents in October and November were related to care & treatment (48%), death (21%), and violence & aggression (16%). Within the care and treatment category, the main causes of safety incidents are pressure ulcers, medication incidents and delays in treatment within community health services, and self-harm incidents in children's services. Service users diagnosed with a terminal illness or receiving palliative care accounted for 73% of the deaths, mainly in community health services, with a small number attributable to mental health services.

The charts also show that the proportion of safety incidents that resulted in harm is decreasing, despite overall incident numbers remaining broadly the same. This may be related to a decrease in covid-related incidents over time, and represents positive change. The incident team continues to remind staff of the importance of accurately recording all incidents, focusing on specific teams with unusual activity levels, through internal governance meetings and training.

The rate of violence and aggression incidents remains stable. The rate of restraints in inpatient services continues to reduce, which is testament to the work across our wards to ensure restrictive practice is utilised appropriately and proportionately. Services are continuing a range of initiatives to better predict and prevent inpatient violence, including ward safety huddles, ensuring adequate staffing levels, focusing on de-escalation, reducing the use of restrictive practice and enhancing multidisciplinary decision making processes.

Safety

The application of quality improvement has supported a reduction in pressure ulcers from the peak that we saw in early 2021. The three community health services are testing a range of ideas, including telehealth monitoring of pressure ulcers which is showing promising results. In Newham, the telehealth team is collaborating with the Pressure Ulcer Improvement Facilitator to monitor service users who are at risk of developing ulcers but do not currently receive active nursing input. The team in Tower Hamlets has a well-established Pressure Ulcer Team which works closely with the District Nursing teams. Wound photography has been encouraged, which has aided in the early detection of pressure ulcers. The Pressure Ulcer team has resumed monthly training on pressure ulcer prevention and management, which had been suspended during the acute phases of the pandemic. The next change idea that the service is exploring is a pressure ulcer passport in collaboration with Barts Health, district nurses, peer support workers and service users to help coordinate care and treatment across the system more effectively. In Bedfordshire, the tissue viability team have introduced Tissue Viability Nurse Talk, a new referral and triaging service that gives the district nursing team better access to advice and support virtually. The tissue viability team have seen increased referrals using the new system and have been able to provide support to improve accuracy of pressure ulcer grading and provide recommendations for equipment.

The percentage of people followed up within 72 hours after discharge from an inpatient ward has increased in November, but remains below the national 80% target. Our current average performance Trustwide is 75%. This is an important evidence-based intervention that has been shown to reduce risk of suicide. The data from October 2021 now excludes the old ways of recording follow-up, and only includes the new recording practice that we have introduced to ensure that our local and national reporting is consistent. This will have led to some reduction in our performance, while clinicians adapt to the new way of recording follow-up on our clinical system. City & Hackney and Tower Hamlets performance on this measure continues to remain below other directorates. City and Hackney plan to solve this by organising a "reset" event in January to clarify the process for each stage of the discharge pathway. This will ensure that 72-hour follow-up practices are fully integrated into normal procedures with each team, in order to improve timeliness and quality of contact. In addition, City & Hackney and Newham are developing a discharge checklist that will include arranging the follow-up call. In Tower Hamlets, the service is adopting a similar approach to Newham by utilising daily huddles to monitor follow-up arrangements, and ward managers are organising training and awareness sessions with staff. Resources have been made available to all staff to support them to understand the importance of the 72-hour follow-up, and how to record this on our clinical system. Real-time data is available to wards and directorates so they can see which service users have had a follow-up, and which remain to be conducted. We expect performance on this indicator to remain challenging while inpatient wards prioritise the management of covid outbreaks.

Experience and Outcomes

Number of Complaints (I Chart)

Percentage of Patients Recommending Our Services (P Chart)

Change between first and last paired dialog plus scores during the 18 month period ending November 2021

Legend: ■ Improvement ■ No Change ■ Decrease

	Mental Health	Physical Health	Job Situation	Accommodation	Leisure Activities	Relationship	Friendships	Safety
Decrease	317	382	289	304	318	277	282	286
No Change	1637	1730	1672	1471	1837	1590	1835	1649
Improvement	676	486	515	466	472	446	394	422

The number of complaints remains stable. Communication, staff attitude, assessment, access to services, and clinical management remain the most frequent themes. A Trustwide Learning Lessons event was held in December to promote awareness of the major themes and to share ideas from various teams to improve the quality of care. This included ensuring staff are up-to-date with Equality and Diversity and Human Rights training, and delivering services in a culturally sensitive way. There has been a focus on improving record keeping, changing signage to help direct service users, developing and delivering customer service training, and re-establishing regular collection of feedback surveys across particular teams to help address issues and monitor progress. The bi-annual complaints report was presented to the Quality Assurance Committee in January 2022.

The percentage of service users who would recommend our services to friends and family remains stable at 88% in November. Newham Specialist Children and Young People's Services (SCYPS) continue to receive high satisfaction levels (98.4%) according to our quality and experience metrics. Our outcome data from Dialog shows that 20% of service users have reported a positive change in outcomes in the past year, with 68% of service users reporting no change and 12% reporting a decrease in their scores. As highlighted in previous Board reports, a number of different initiatives are underway across the Trust with support from our Public Health Team and Outcomes Steering Group to address key areas of dissatisfaction such as employment, mental health and physical health accommodation issues. Most recently, a service user led video has been created to train staff to effectively complete Dialog assessments and interventions and embed a recovery approach.

Although our population data suggests that the number of service users in settled housing has declined, this is influenced by national requirements that require services to update this status every 12 months for it to be valid. Our understanding is that the deterioration reflects challenges with updating the status, rather than an actual reduction in the percentage of service users in settled housing. Services are continuing to remind staff of the importance of updating records in a timely manner during consultations and continuing to monitor this indicator. We will need to explore options for recording this data in a way that enables clinical staff to focus on clinical priorities and waiting lists.
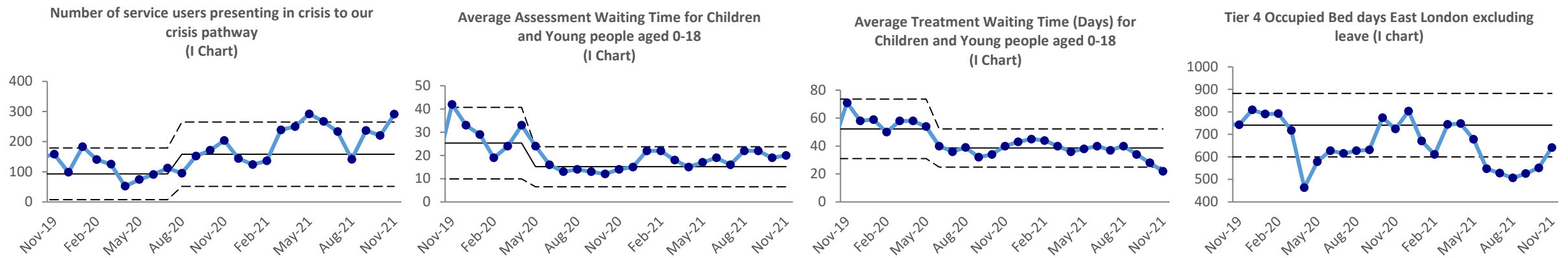
Experience and Outcomes

For service users with common mental health issues, the percentage of positive responses to the Patient Experience Questionnaire in IAPT has reduced slightly to 90%, from a previous average of 94%. The percentage of service users achieving recovery has been somewhat lower in recent months, although still consistently meeting the national 50% target across all four services. The main contributory factors include longer waiting times and high vacancy rates; this is especially apparent in Richmond where recovery was previously highest, but our subcontractor Richmond Borough Mind is experiencing significant recruitment difficulties for the Step 2 workforce. The percentage of service users from minority ethnic groups continues to increase, which is related to work to widen access in Tower Hamlets, where both total numbers of referrals and the proportion of referrals from people with a BME background have increased. Average wait for treatment has increased slightly due to high demand, especially in Tower Hamlets and Newham, and a high number of vacancies across all four services, but particularly in Bedfordshire. The services have been working with subcontractors and modifying approaches to create greater capacity for treatment.

For service users receiving end-of-life care, the percentage of service users in Luton and Bedfordshire with a care plan remains stable, while it has increased in East London. This reflects the work done by teams to review caseloads and ensure care plans are up-to-date.

The percentage of service users with frail and long-term conditions who are living independently six weeks after inpatient discharge has decreased in Bedfordshire. The Intermediate Care Team provides service users with time-limited packages of care and therapy interventions at home in order to help them restore their health and independence. Due to current strains on acute hospitals and Omicron challenges, staff vacancies, the team has had to prioritise the facilitation of rapid departure from hospitals, limiting the service's ability to provide therapy. This situation is likely to continue for the coming months. To mitigate these risks, the service is collaborating with its domiciliary subcontractors to increase capacity to manage higher caseloads, as well as creatively filling vacancies and recruiting staff proactively from abroad. In addition, the service is now using a new app to help monitor and manage capacity and flow within the service, which will help prevent delays in service users receiving care and treatment.

For older people with dementia, we are seeing a reduction in the percentage of service users with dementia who receive post-diagnostic support. This is due to the impact of COVID and ongoing staffing issues in the memory services. The teams are prioritising the most urgent and complex work, which has had an impact on routine follow-up care. However, recovery plans are in place to address this. Additional funds have been made available to recruit medical personnel into the service to increase capacity in the coming months. In addition, a range of different initiatives are underway, including offering more virtual contacts and introducing weekend clinics.

Children and Young People

Number of service users presenting in crisis to our crisis pathway (I Chart)

Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)

Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)

Tier 4 Occupied Bed days East London excluding leave (I chart)

The number of CAMHS crisis presentations and overall referrals continues to increase, along with the complexity and severity of cases. Services predict that demand will continue as long-term effects of the pandemic emerge and will be further impacted by Omicron. Rising referral pressures across all services have resulted in increasing waiting lists and backlogs across a range of services, particularly in City and Hackney and Newham. A number of system-wide initiatives are underway to address this, including strengthening Single Point Of Access to better manage referrals, diverting inappropriate referrals to release capacity, developing a Multi-Agency Collaborative to offer brief interventions that can help reduce CAMHS demand, offering weekend clinics, and onboarding new members of staff who have been recruited to help reduce the waiting list backlog. Some of these changes have proven to be effective, particularly in Bedfordshire where new models of care are more mature and well-established. Further details can be found within the separate report on waiting times.

Satisfaction levels with children's services remain high, with 100% recommending our services in November. However, CAMHS inpatient pressures remain, resulting in the admission of several young people to adult wards in October and November. CAMHS and adult teams collaborate closely to provide the best possible assistance to young people, while attempting to transfer them to a more appropriate setting or support discharge to the community. Inpatient occupied bed days have reduced as there was less bed availability due to staffing shortages and ward closures. The small PICU ward, which was scheduled to reopen in November, remains closed until staffing levels stabilise. In the last week of November, a Covid outbreak forced the closure of the large PICU unit (Galaxy), putting additional strain on the remaining acute ward. Galaxy ward reopened in late December. Construction on an interim CAMHS Tier 4 ward in Luton is set to begin in February and be completed by September 2022. Two senior positions have already been recruited to lead the service.

Across the country, a number of CAMHS Tier 4 inpatient facilities have been forced to close due to staffing shortages, CQC concerns and Covid, affecting bed availability locally and nationally. In managing pressures for Tier 4 inpatient beds, crisis huddles take place three times a week with system partners to help coordinate resources. Admission avoidance initiatives, such as crisis services and home treatment offers, are being strengthened. Social workers are now embedded in crisis teams to support care planning and coordination. Personal health budgets have been used to purchase care packages from a variety of community providers to facilitate timely discharge from inpatient care.

Children and Young People

For children with complex needs, approximately half of children with neuro-disabilities are receiving annual reviews promptly, largely due to recruitment and capacity challenges. A consultant-led team is now in place and a review is to commence in one particular pathway which has the largest caseload and lowest completion of annual reviews. There is also some additional investment in resources for Education Health Care Plans, which will provide extra capacity within the team. The team is considering recruiting fixed-term positions to supplement the team's skill mix and help release paediatrician time. The team will welcome a Health Care Assistant in the new year, and the service anticipates that the situation will begin to improve once all roles are in place over the next few months.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

Special cause variation (⬆️ ⬇️ magenta) and when it's of potential concern (⬆️ ⬇️ yellow)

People with substance misuse problems

Metric	Domain	Average	Variation
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	76%	
Service users in employment on discharge in Bedfordshire	Population Health	39%	
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	27%	
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.3	
Percentage of service users with drug problems across Mental Health services	Quality	21.7%	
Percentage of service users with Alcohol problems across Mental Health services	Quality	4%	⬇️ magenta

Children with complex mental health needs

Metric	Domain	Average	Variation
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	158.1	⬆️ yellow
Service users presenting in Children and Young People Eating Disorder pathway (monthly)	Population Health	42.9	
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	15.1	
Average Treatment Waiting Time (days) for children and young people aged 0-18	Population Health	38.6	⬇️ magenta
Carers and service users recommending our Community services	Quality	94.7%	⬆️ magenta
Children and young people aged 0-18 who have received two or more contacts (caseload)	Quality	4278.4	⬆️ yellow
Admissions to adult facilities for services users under 18 years old (monthly)	Quality	3.1	⬆️ yellow
Tier 4 Occupied Bed days East London excluding leave (in month)	Value	740.5	
Percentage of service users has paired Outcome Measures at discharge	Quality	68%	⬆️ magenta

Dementia

Metric	Domain	Average	Variation
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	15.8	
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%	
Percentage of patients receiving diagnosis of mild cognitive impairment	Quality	10.6%	⬇️ magenta
Average waiting time (in days) from referral to assessment	Population Health	142.5	
Percentage satisfaction with service, service users and carers	Quality	91.3%	

Children with complex health needs

Metric	Domain	Average	Variation
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	57.7%	⬇️ yellow
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%	
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	109.5	
Children receiving ASD diagnosis within 2 or less appointments	Value	34.6%	⬆️ magenta

People receiving end of life care

Metric	Domain	Average	Variation
Service users on End of Life Pathway (end of month)	Population Health	1,392	
Service Users referred to Continuing Healthcare as a fast track in month in East London (monthly)	Population Health	78.9	
Percentage of service users with Care Plan in place (advanced) in East London	Quality	53.7%	⬆️ magenta
Percentage of service users with Care Plan in place (advanced) in Bedfordshire	Quality	90.4%	
Percentage of service users who died in their preferred place of death	Value	73.8%	

People who are frail or who have multiple long term conditions

Metric	Domain	Average	Variation
Percentage of service users who have recorded a positive experience	Quality	98.6%	
Rapid Response seen within 2 hour guideline (East London)	Quality	96.3%	
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	136.9	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	93.8%	⬇️ yellow
Number of inappropriate referrals into Intermediate Care - Bedfordshire	Value	22.7%	⬇️ magenta

People with common mental health problems

Metric	Domain	Average	Variation
Percentage of service users moving into recovery	Population Health	54.6%	
Percentage access by minority groups	Population Health	34.2%	⬆️ magenta
Percentage of positive comments to PEQ	Quality	91.5%	⬇️ yellow
Average wait times to (in weeks) to assessment chart	Quality	0.9	
Average wait times to treatment (in weeks) from assessment	Quality	7.5	⬆️ yellow
Number of service users entering treatment (in month)	Value	2,993	

People with a learning disability

Metric	Domain	Average	Variation
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	5.9	
Percentage of service users that would recommend this service	Quality	91.9%	
Occupied bed days used in month by service with Learning Disability (Monthly)	Quality	92	
Number of specialist out of area inpatient placements (Monthly)	Value	0.1	

People with Severe Mental Illness

Metric	Domain	Average	Variation
Percentage of service users receiving Individual Placement Support – IPS	Population Health	12.4%	
Percentage of service users in employment	Population Health	6.3%	⬆️ magenta
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face)	Population Health	68.7%	
Percentage of service users in settled accommodation	Population Health	46.8%	⬇️ yellow
Percentage of service users followed-up within 72hours of discharge	Quality	77.1%	⬇️ yellow
Percentage of Inpatient service users with paired outcome measures showing improvement.	Quality	28.3%	
Psychological Therapy Service average wait times to (in weeks) to 1st assessment in East London	Quality	6.5	
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	17.5	⬆️ yellow
Number of restraints reported per occupied 1,000 bed days (monthly)	Quality	25.3	⬇️ magenta
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	15.6	
Bed occupancy	Value	86.5%	⬆️ yellow

Woman who are pregnant or new mothers

Metric	Domain	Average	Variation
Number of service users seen in the month from minority communities	Population Health	41.3%	
Number of service users accessing community perinatal services per month	Population Health	192	
Percentage of community perinatal service users seen within 28 days	Quality	86%	
Percentage of patients undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	

Stable Long Term Conditions (East London)

Metric	Average	Variation
Average weeks waited for initial appointment with the foot health team	5.3	
Average weeks waited for face to face appointment with the Diabetes Service	5.6	⬆️ yellow
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	4.4	⬆️ yellow
Average weeks waited for initial appointment with the Continence Service	14.8	
Rapid Response contacts within 2 hour guidelines	96.3%	

Stable Long Term Conditions (Bedfordshire)

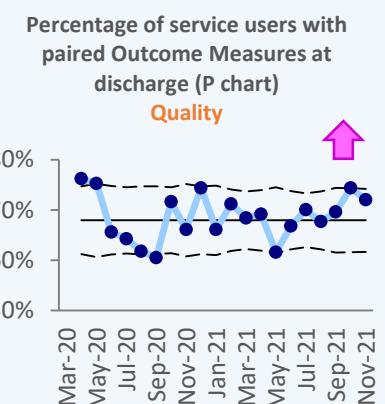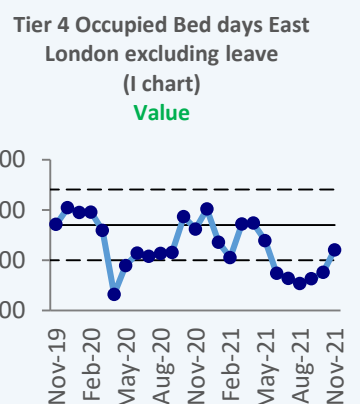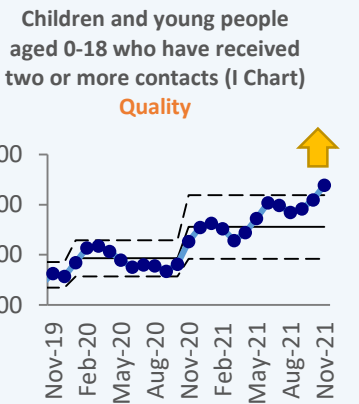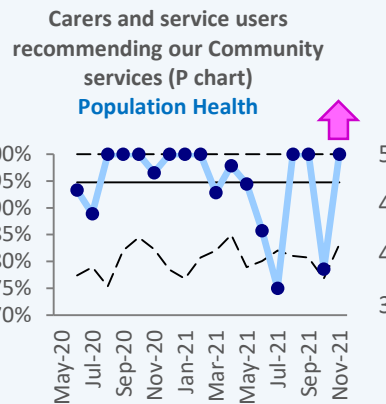| Metric	Average	Variation
Percentage of referral to treatment times within 11 weeks with the Continence Service	56%	
Percentage of referral to treatment times within 11 weeks with the Speech and language therapy	80%	
Percentage of referral to treatment times within 11 weeks with the Wheelchair Service	61%	
Percentage of referral to treatment times within 11 weeks with the podiatry team	84%	⬇️ yellow
Percentage of referral to treatment times within 11 weeks with Physio	99.6%	⬇️ yellow

Special cause variation (⬆ ⬇) and when it's of potential concern (⬆ ⬇)

People with substance misuse problems

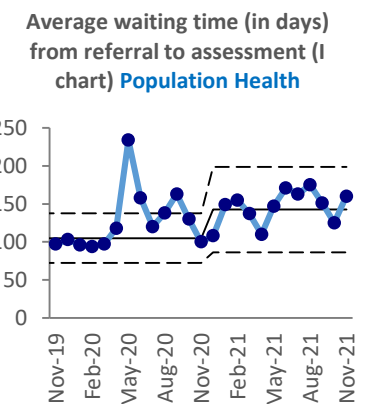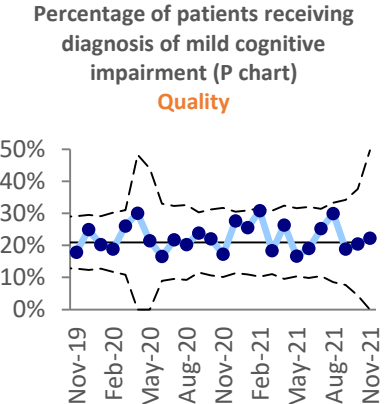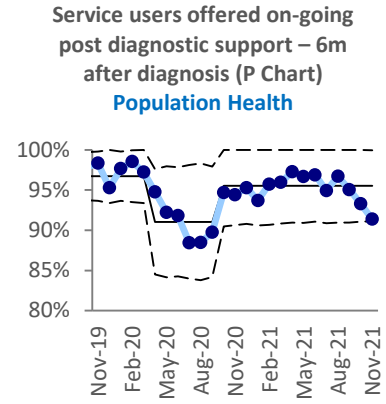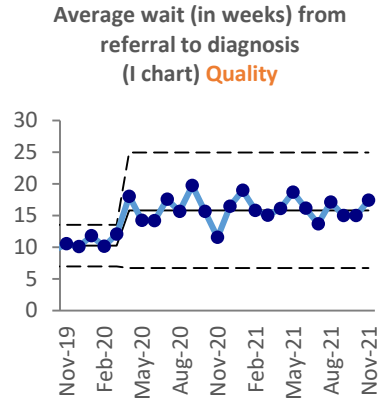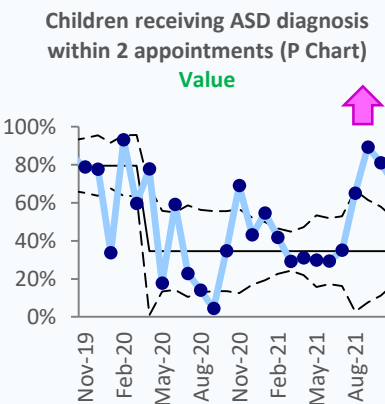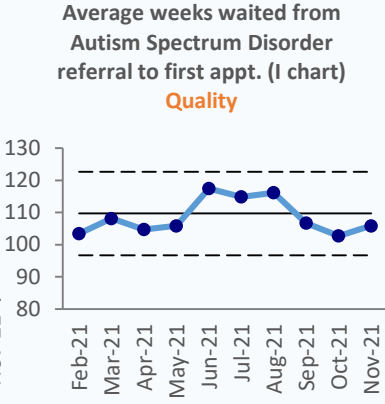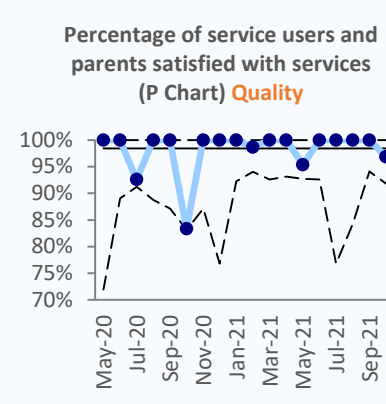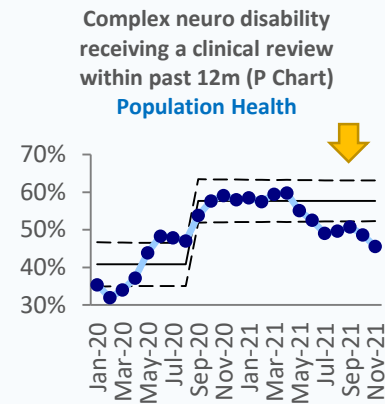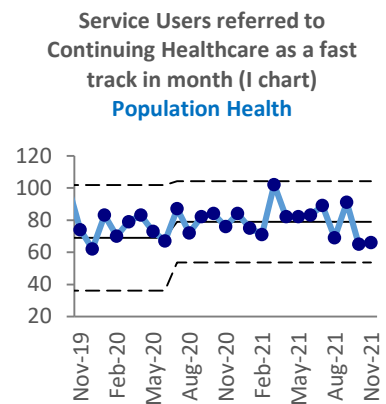**Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)**
Population Health

Service users in employment on discharge in Bedfordshire (I Chart)
Population Health

Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality

Waiting times to treatment - average days wait in Bedfordshire (I Chart)
Quality

Service users with drug problems across Mental Health services (P Chart)
Quality

Service users with Alcohol problems across Mental Health services (P Chart)
Quality

Children with complex mental health needs

Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health

Service users presenting in Children and Young People Eating Disorder pathway (I chart)
Population Health

Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health

Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)
Population Health

Carers and service users recommending our Community services (P chart)
Population Health

Children and young people aged 0-18 who have received two or more contacts (I Chart)
Quality

Admissions to adult facilities for services users under 18 years old (I Chart)
Quality

Tier 4 Occupied Bed days East London excluding leave (I chart)
Value

Percentage of service users with paired Outcome Measures at discharge (P chart)
Quality

People with dementia

Average wait (in weeks) from referral to diagnosis (I chart) **Quality**

Service users offered on-going post diagnostic support – 6m after diagnosis (P Chart) **Population Health**

Percentage of patients receiving diagnosis of mild cognitive impairment (P chart) **Quality**

Average waiting time (in days) from referral to assessment (I chart) **Population Health**

Percentage satisfaction with services and carers (I chart) **Quality**

Children with complex health needs

Complex neuro disability receiving a clinical review within past 12m (P Chart) **Population Health** ⬇️

Percentage of service users and parents satisfied with services (P Chart) **Quality**

Average weeks waited from Autism Spectrum Disorder referral to first appt. (I chart) **Quality**

Children receiving ASD diagnosis within 2 appointments (P Chart) **Value** ⬆️

People receiving end of life care

Service users on End of Life Pathway (I chart) **Population Health**

Service Users referred to Continuing Healthcare as a fast track in month (I chart) **Population Health**

Service users with Care Plan in place (advanced) in East London (P Chart) **Quality** ⬆️

Service users with Care Plan in place (advanced) in Bedfordshire (P Chart) **Quality**

Service users who died in their preferred place of death (P Chart) **Value**

17

Special cause variation (⬆️⬇️) and when it's of potential concern (⬆️⬇️)

People who are frail or have long term conditions

Percentage of service users who have recorded a positive experience (P chart) Quality
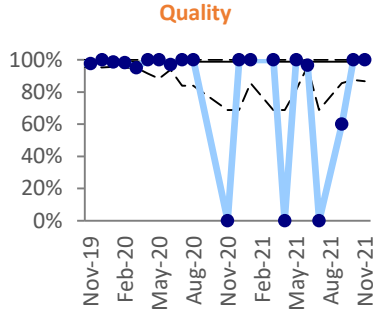
Rapid Response seen within 2 hour guideline (East London) (P Chart) Quality
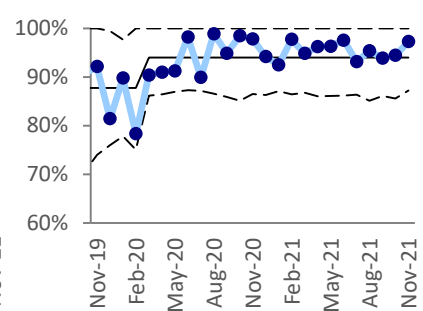
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (C Chart) Quality
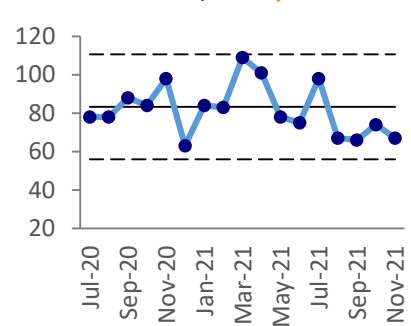
Promoting independent living - discharged within 6 weeks Bedfordshire(P Chart) Quality
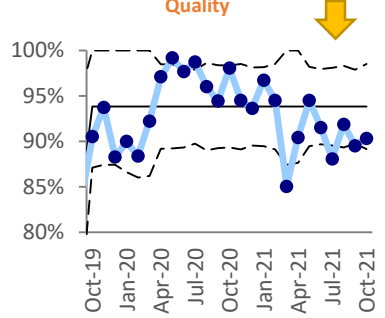
Number of inappropriate referrals into Intermediate Care - Bedfordshire (P Chart) Value
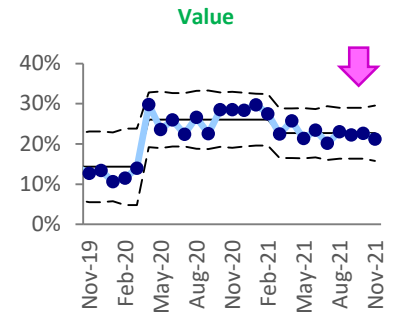
People with common mental health problems

Percentage of service users moving into recovery (P Chart) Population Health
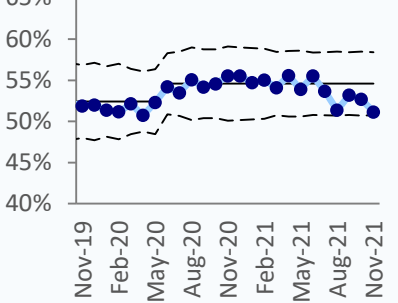
Percentage access by minority groups (P Chart) Quality
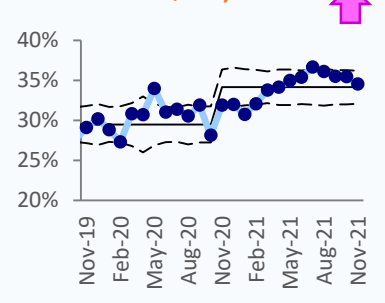
Percentage of positive comments to PEQ (P Chart) Quality
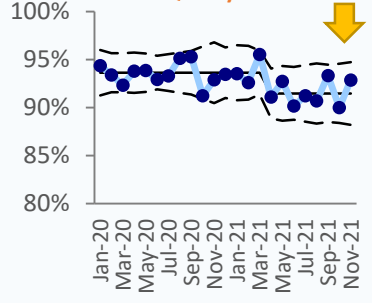
Average wait times (in weeks) to assessment (I Chart) Quality
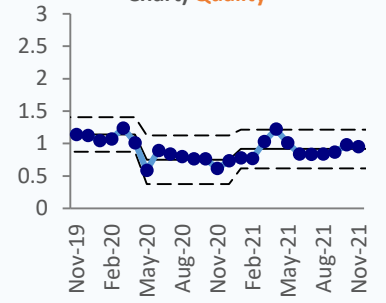
Average wait times to treatment (in weeks) from assessment (I Chart) Quality
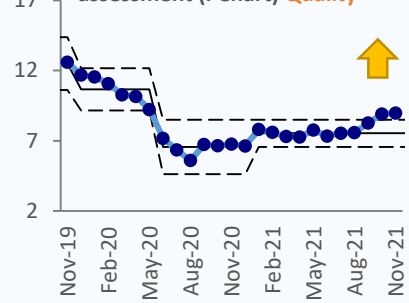
Number of service users entering treatment (I Chart) Quality
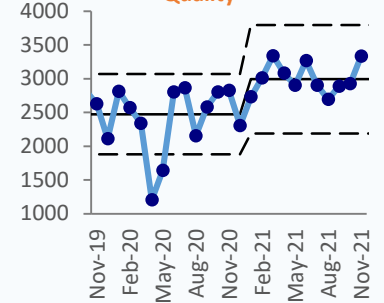
People with a learning disability

Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health
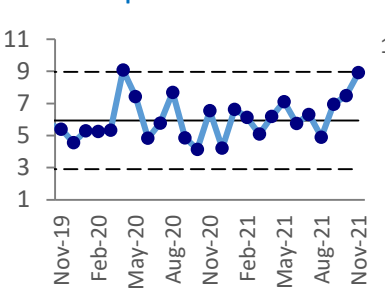
Percentage of service users that would recommend this service (P Chart) Population Health

Occupied bed days used in month by service users with Learning Disability (I Chart) Quality

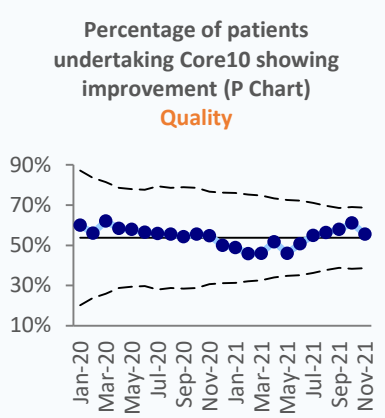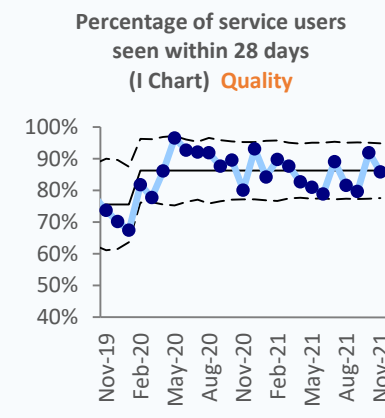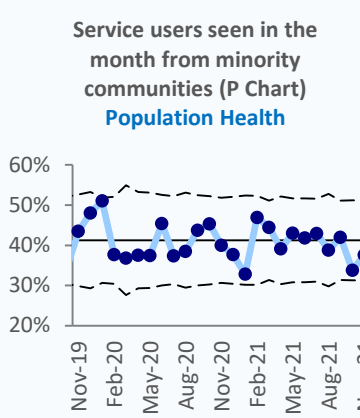**Number of specialist out of area inpatient placements (I Chart)** Value

18

Special cause variation (⬆️ ⬇️) and when it's of potential concern (⬆️ ⬇️)

People with Severe Mental Illness

Percentage of service users receiving Individual Placement Support (P chart) Population Health

Percentage of service users in employment (P chart) Population Health

Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health

Percentage of service users in settled accommodation (P chart) Population Health

Percentage of service users followed-up within 72hours of discharge (p chart) Quality

Inpatients with paired outcome measures showing improvement (P Chart) Quality

PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality

PTS average wait times (weeks) to treatment in East London (I chart) Quality

Rate of physical violence incidents per occupied 1,000 bed days (P Chart) Quality

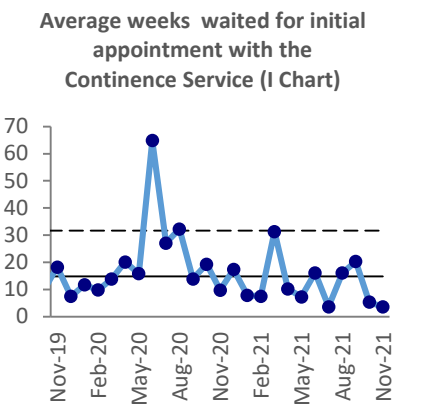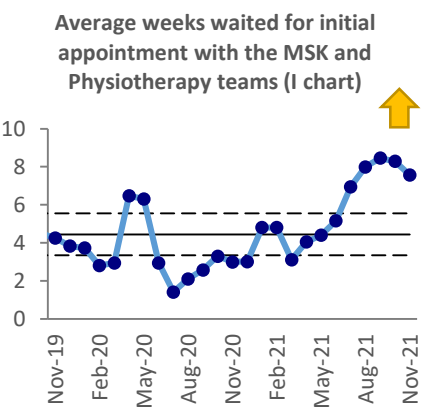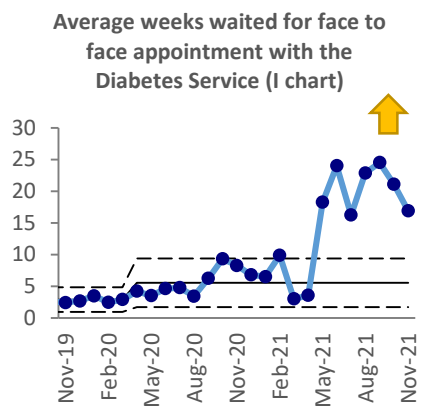**Number of restraints reported per 1,000 occupied bed days (P Chart) Quality**

Bed occupancy (P' Chart) Value

Woman who are pregnant or new mothers

Service users seen in the month from minority communities (P Chart) Population Health

Service users seen in the month from minority communities (P Chart) Population Health

Percentage of service users seen within 28 days (I Chart) Quality

Percentage of patients undertaking Core10 showing improvement (P Chart) Quality

Percentage of Service Users not attending their initial appointment (P Chart) Quality

People with stable long term conditions (East London)

Average weeks waited for initial appointment with the foot health team (I Chart)

Average weeks waited for face to face appointment with the Diabetes Service (I chart)

Average weeks waited for initial appointment with the MSK and Physiotherapy teams (I chart)

Average weeks waited for initial appointment with the Continence Service (I Chart)

Rapid Response seen within 2 hour guideline (East London) (P Chart)

People with stable long term conditions (Bedfordshire)

Referral to treatment within 11 weeks for the Continence Service (I chart)

Referral to treatment within 11 weeks Speech and language therapy (I chart)

Referral to treatment within 11 weeks Wheelchair Service (I chart)

Referral to treatment within 11 weeks for the podiatry team (I chart)

Referral to treatment within 11 weeks for Physio (I chart)

Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

NHS England and NHS Improvement have published a new approach to NHS System Oversight in June 2021 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board's attention.

No.	SOF Oversight Theme	Responsible Services	Measure	Comments
1	Quality, access and outcomes	Mental Health	NHS Long Term Plan metrics for mental health which include access measures for CYP, Perinatal, IAPT, EIS, Employment support, physical health checks, crisis and acute care, liaison services, criminal Justice and Adult inpatients	Key national Mental Health LTP metrics have been included in relevant population measures, with commentary on any variance included in the report. No concern
2	Quality, access and outcomes	Community Services	2-hour urgent response activity	No concern
3	Quality, access and outcomes	Community Services	Discharges by 5pm	Further guidance is being sought to clarify the scope of this measure and how it should be reported.
4	Quality, access and outcomes	Primary Care Services	Access to general practice – number of available appointments and proportion of the population with access to online GP consultations	No concern
6	Quality, access and outcomes	Primary Care Services	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Further guidance is being sought to clarify the scope of these measures and how they should be reported.
7	Preventing ill health and reducing inequalities	Primary Care Services	National public health indicators including monitoring of vaccinations, cervical screening, diabetes, cardiac high risk conditions, and weight management, Learning disability physical health checks	No concern. There are some areas of underperformance, but plans are in place to address this.
8	Quality, access and outcomes	Corporate Services	CQC rating, hospital level mortality indicator, Potential under-reporting of patient safety incidents, National Patient Safety Alerts not completed by deadline, MRSA, Clostridium difficile infection, E. coli bloodstream infections, VTE risk assessments	No concern
9	People	Corporate Services	Quality of leadership, staff survey perceptions of leadership & career progression, people promise, health and wellbeing, bullying and harassment experience, flexible working opportunities, staff retention and sickness, flu vaccination uptake, proportion of female senior leaders and from BAME backgrounds, and ethnicity coding.	Data with regard to people is now contained within the people report. The measures related to people for the SOF are not yet clear, and the intention will be to include these in the people report once this is possible.
10	Finance	Corporate Services	New indicators include underlying financial position, run rate expenditure, and overall trend in reported financial position	Further guidance is being sought to clarify the scope of these measures and how they should be reported. Data and assurance related to financial performance is now included in the separate finance report.