Performance report

March 2022

NHS
East London
NHS Foundation Trust

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. Narrative to explain unusual variation is contained in the overview of performance within the relevant theme.

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

The rate of physical violence on inpatient wards, the Trust's most frequently reported safety incident, continues to reduce. This is related to the reinstatement of our standard structures and spaces for teams to come together and understand the factors that lead to violence, and test ideas to better predict and prevent incidents on our wards. We are also seeing improvement in the percentage of service users being followed up within 72 hours of discharge from an inpatient ward. This is an important suicide prevention intervention, and has been the focus of performance improvement work over recent months. Not only are the follow-ups being done more reliably, but we have also supported change in recording behaviour in our clinical systems, so that we can report the data more accurately locally and nationally.

Average waiting times have increased across many of our community-based services as teams begin to address waiting lists, prioritising those who have been waiting the longest. The total waiting list across the Trust is reducing, which is promising. All services with lengthy waiting lists have recovery plans in place. Sixteen of the 45 teams with recovery plans are seeing their waiting lists reduce, despite challenges in January due to the Omicron variant. Early Intervention Services continue to exceed the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 67% in January.

The percentage of service users who would recommend our services has improved over the last few months, with the greatest increase seen within primary care. The report also includes a new way for us to assess the impact we are having on outcomes for our service users, using the Dialog scale. Average dialog scores on all eight quality of life elements are improving in both the inpatient and community setting. The report details the range of initiatives underway to support service users with the areas of greatest dissatisfaction – employment, accommodation and leisure activities for inpatients, and employment, mental health and leisure activities for those in the community.

KEY MESSAGES (continued)

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

Waiting lists remain stable in nineteen services that have developed recovery plans, and ten are seeing a continuing grown in their waiting list. The main factors beneath this are continuing high demand and referrals, and capacity challenges caused by staffing gaps and recruitment difficulties. Services are continuing to consider creative ways to address the demand, including partnering with other agencies, developing new roles and shifting expertise further up the pathway to be able to provide support in primary care. Progress with managing waiting times and waiting lists is reviewed every three months at Quality Assurance Committee.

There was an increase in pressure ulcers in January 2022, thought to be related to the Omicron variant, reduction in staffing availability and increased numbers of discharges from acute hospitals, with some very ill service users being supported in the community. Early indications are that the numbers have returned back to normal levels in February.

The percentage of people being seen within IAPT who achieve recovery has fallen below the national 50% goal for the first time. This is believed to be related to longer waiting times, and also a change in the way that this indicator is calculated nationally. Responses to the standard Patient Experience Questionnaire in IAPT are also lower than a year ago, again thought to be related to slightly longer waits to access treatment.

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 January 2022 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)

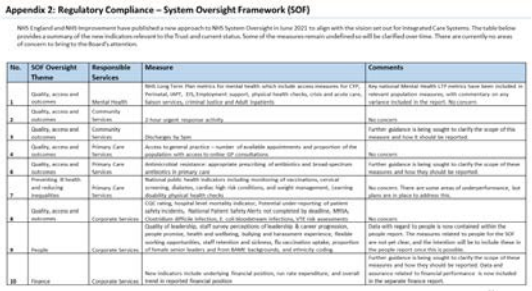
Each row contains the measures related to a population that we serve

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

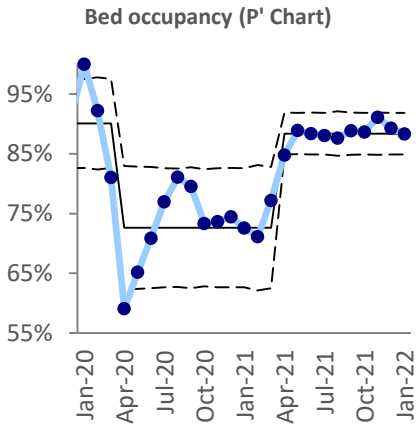
3

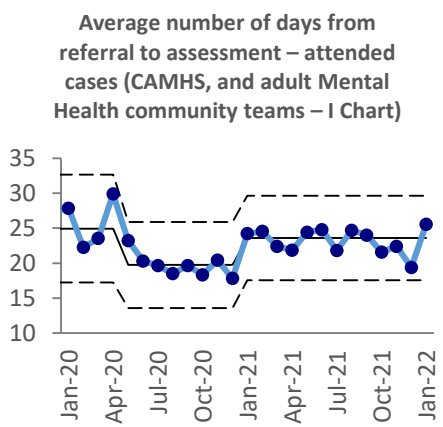
Appendix 2 - What is our performance against national assurance indicators?

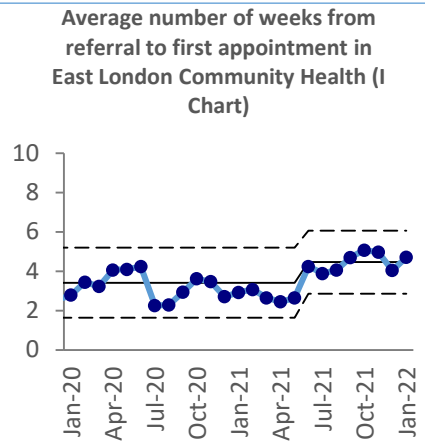
This provides the Board with assurance of our performance against the measures that form the new System Oversight Framework within the NHS

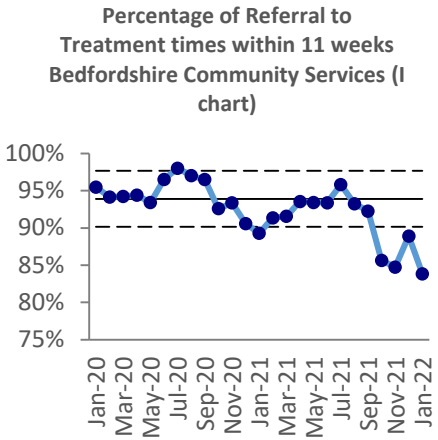


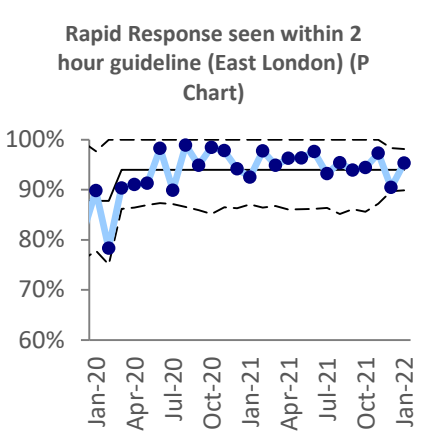
Access and Responsiveness

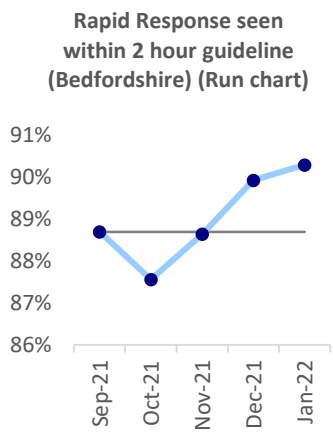












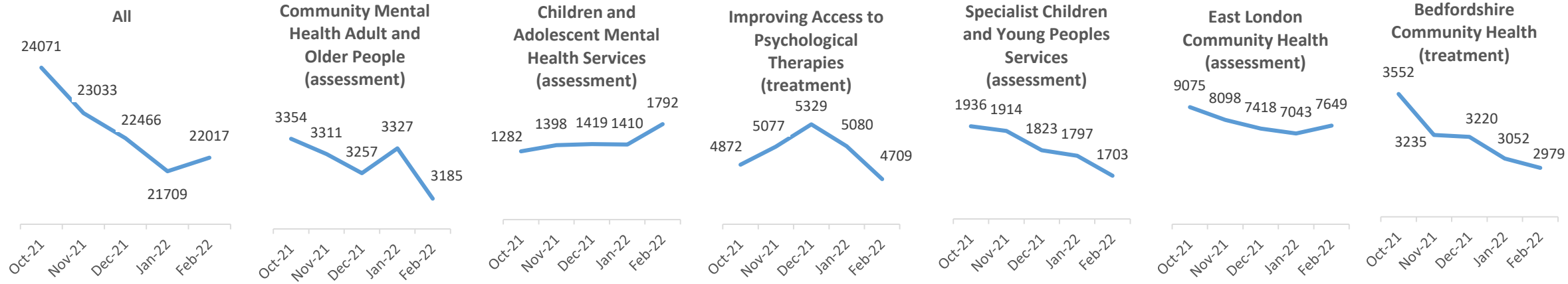
Inpatient bed occupancy across most services continues to remain stable, with a January average of 88.3%. The high bed occupancy reflects stable admissions, but higher levels of acuity and complexity, particularly those with learning disabilities and forensic sections, as well as challenges related to the availability of appropriate community social care provision. Although the number of service users with learning disabilities in inpatient settings has decreased over the past two months, it remains higher than normal. Out of borough placements for service users with specialist rehabilitation, assessment and treatment needs have also decreased.

Although some progress has been made to reduce delays, there are ongoing pressures within social care with packages of care, home adaptations, and securing housing placements within and outside each borough for complex cases. The Trust is collaborating with partners and local authorities to reduce delays, as described in the previous report. The Trust is paying for packages of care (for an initial period, where feasible) and using direct payments to secure community care provision in advance of the discharge date. ELFT is also collaborating with acute providers to alleviate inpatient pressures across the wider healthcare system, particularly related to mental health presentations in emergency departments and delays to discharge due to mental health factors. Several initiatives are underway to improve escalation procedures during working hours and out of hours, as well as publicising alternative community mental health crisis services in each borough.

Community Health rapid response remains stable and above target. In East London, the service has faced a few data quality issues where the clinical contact was recorded prior to the referral being uploaded onto our clinical system. Informatics have now developed a data quality report which will identity and help to resolve such issues. Across Bedfordshire, the urgent community response service was rolled out to the East of England Ambulance Service on 1 February, with further expansion to 111 and primary care planned in the coming weeks and months. The service has established a dedicated professional line via the Single Point of Access to encourage teams to contact the community nursing service to discuss their service users and the service's appropriateness. The Ambulance Service has already provided positive feedback, which is being used to strengthen the pathway.

Access and Responsiveness

Waiting to be seen



The charts above provide a summary of the total number of service users waiting to be seen across the Trust. This demonstrates that the overall waiting list for assessment and treatment is decreasing. There has been particular progress in reducing waiting lists and backlogs for assessment and treatment in Specialist Children and Young People's Services, and Bedfordshire Community Health Services. In CAMHS, the total number of young people waiting for assessment continues to rise.

All services experiencing increased demand or long waiting lists have produced recovery plans which help establish demand, describe the creative ideas being tested to increase capacity, and outline how the service is triaging referrals and ensuring the safety of people who are on the waiting list. Dedicated support is being provided to services that have a particularly high waiting list. Services are applying quality improvement to this challenge, and a new Trustwide QI programme on flow is commencing this Spring to provide additional support. This is complemented by work to ensure that teams have access to high quality and real-time data to help understand demand, waiting lists, caseload and flow through the service.

45 services across the Trust have developed recovery plans for their waiting lists. Sixteen of these are seeing a reduction in their waiting lists, ten remain stable and nineteen are continuing to see an increase. Of those seeing a reduction, Tower Hamlets and City and Hackney Specialist Psychotherapy Services (SPS) and Tower Hamlets learning disabilities have seen the greatest reduction. The City & Hackney SPS is successfully signposting service users to the 24-hour crisis line, the crisis café, and the Service User Network (SUN) project to manage capacity more effectively. In pioneering the Silvercloud online self-help platform, which offers immediate access to Cognitive Behavioural Therapy (CBT) programmes, the team is now able to offer interventions virtually to those waiting for treatment. In Tower Hamlets, the service has developed the Community Psychology Service (CPS) which works closely with the SPS service and offers a community-based approach that is more acceptable to service users from minority groups. While treatment waiting lists have decreased, the average waiting times for assessments across East London SPS services have increased as the services prioritise those waiting longest. In order to enhance capacity and address vacancies in the team, the City & Hackney SPS is recruiting qualified honorary psychotherapists on the bank. Tower Hamlets SPS have successfully recruited to vacant posts, and new permanent members of staff will start in March. To help manage the shortage of administration staff in the team, a new QI project is focusing on improving processes in the service and waiting times.

Access and Responsiveness

Luton and Bedfordshire CMHTs, including Wardown, Dallowdowns, Bedford Older People, Luton Older People and South Bedfordshire Older People CMHTs have also managed to reduce their waiting lists. The introduction of social connectors and Voluntary, Community and Social Enterprise (VCSE) workers who manage care coordination has facilitated communication between CMHTs and Crisis Resolution & Home Treatment Teams to streamline the pathway. In addition, a review of appointment times in the CMHTs has released additional medical capacity to see more service users. The Recovery Team and Triage, Assessment and Brief Intervention Team have reviewed waiting lists and these are now at manageable levels.

In East London community health services, Tower Hamlets continuing healthcare service and Newham's MSK physiotherapy service have reduced their waiting lists. By working with partners, including Patient First, iHealth, Active Newham and Homerton, the overall demand on the MSK team has reduced. The service is planning to move to a new clinical space to increase capacity for follow-up appointments. Bedfordshire wheelchair services, physiotherapy and occupational therapy have all reduced waiting lists. The physiotherapy and occupational therapy service have developed an urgent response service and established new models of care including the Leighton Buzzard Working Together Multi-Disciplinary Team and the "Falls Pathway" project to streamline the current pathway. There has been a 6% increase in the number of service users waiting more than 11 weeks for a physiotherapy assessment, reflecting the increased complexity of referrals. The wheelchair service capacity has risen to 95% of pre-COVID levels. However, national supply chain delays and material shortages, have led to a rise in equipment lead times from 1-8 weeks to 4-12 weeks.

Several services have a waiting list which has remained stable, including Leighton Buzzard, Brantwood and Stockwood CMHTs, Mid Bedfordshire older people CMHT, Luton and South Bedfordshire memory services. Stockwood, like Wardown, has recently adopted VCSE workers to increase capacity. In East London, City & Hackney dementia service, early intervention psychology and IAPT Services in Bedfordshire and Tower Hamlets have a stable waiting list. Services are continuing to test ideas and anticipate reductions in the next 6-12 months.

Bedfordshire's IAPT Wellbeing Service has experienced an increase in referrals and have commissioned capacity from subcontractor, Xyla, to help manage their waiting list. The service is encouraging the use of digital group courses. While average waiting times for assessment across IAPT remain generally stable at around 1 week (against the national target of 6 weeks), there has been a small increase in Bedfordshire.

Waiting lists for a number of services continue to grow. This includes City & Hackney ADHD, Newham memory services, Newham specialist psychotherapy service, Tower Hamlets autism and Tower Hamlets memory services, as well as CAMHS and Eating Disorders. Community mental health teams in Luton and Bedfordshire have seen an increase in their waiting list, particularly in Biggleswade, Dunstable, and Bedford, as well as Mid Bedfordshire memory assessment services. All services have a range of initiatives underway, however, some of the change ideas are complex, requiring system-wide redesign of pathways which will take time to fully mobilise and release benefits. For example, the memory services are exploring ways to redesign diagnostic pathways to reduce waiting times, and the Biggleswade CMHT has been chosen as a pilot site to test new service delivery models. This involves developing a "blended team," including Ivel Valley North and South primary care networks, working collaboratively to triage referrals to identify the best person to make the initial contact.

Access and Responsiveness

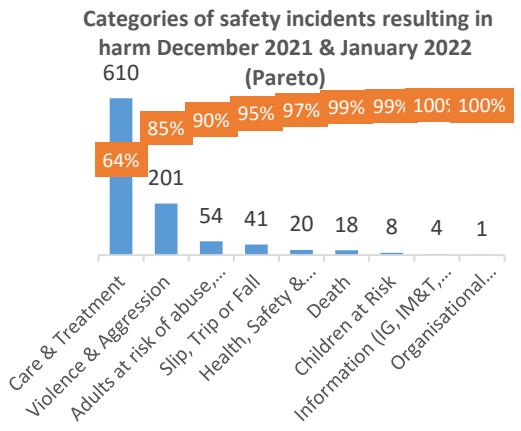
Across East London community health services, the Newham foot health, diabetes and extended primary care teams have seen an increase in waiting times. Bedfordshire speech and language therapies (SLT) and podiatry have also seen an increase. Digital solutions like the Desmond App are helping support self-management within the diabetes service but staffing gaps due to sickness and vacancies have impacted the capacity available. Bedfordshire SLT has seen an improvement in the percentage of service users waiting less than 11 weeks due to a new clinical locum offering weekend cover for 3 months. The podiatry team is planning to utilise virtual and telephone assessments to maximise capacity and meet the needs of high-risk service users, whilst signposting to alternative support services if necessary. Across Bedfordshire, a review is underway to develop a long-term workforce plan, including developing new roles including apprenticeships. The Bedfordshire continence service has seen an increase in their waiting list but continue to meet their 18-week target.

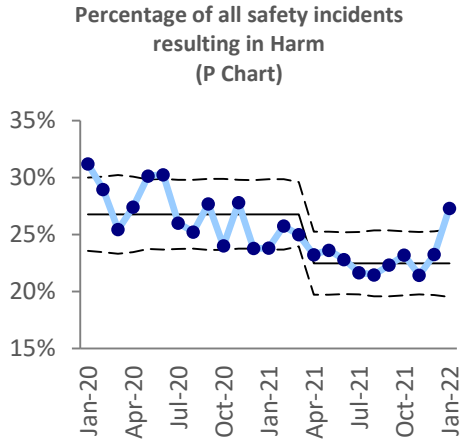
Although service recovery plans are reviewed on a regular basis, additional assurance is being requested for teams with growing waiting lists. The main theme that has impacted recovery is sustained increase in referrals and staffing challenges. Services have been encouraged to think more creatively about alternative ways to manage demand and increase capacity without relying on recruitment, drawing on lessons learned from other teams. In partnership with the research team, a workshop was held in January to share four high impact evidence-based ideas to manage demand. The new flow QI programme will provide additional support for the next year to these teams.

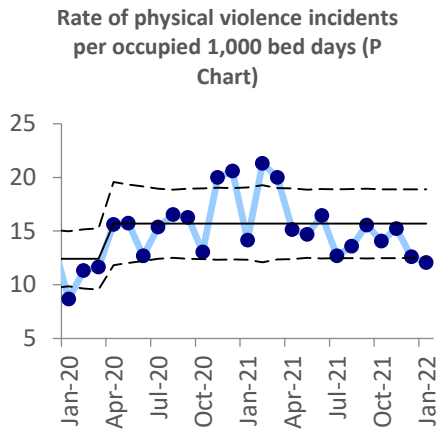
Perinatal service waiting times have continued to remain stable, with 81% of service users being seen within 28 days. This falls short of the 95% target, owing in part to staff sickness that has now resolved, but also to the City and Hackney Birth Reframing Clinic, which is linked to the Ocean Service (Maternity Mental Health Service) and provides support when it is not clinically appropriate to see service users within 28 days. Such referrals are inappropriately being included in the figures and the team are currently working with Clinical Systems and Performance to solve this. A QI project is underway to encourage access from all communities, particularly black, asian and minority ethnic populations. All services saw a rise in non-attendance for appointments during January, which is believed to be related to fears about the Omicron variant. The Long-Term Plan (LTP) indicator around increasing the number of women receiving one or more contacts remains stable.

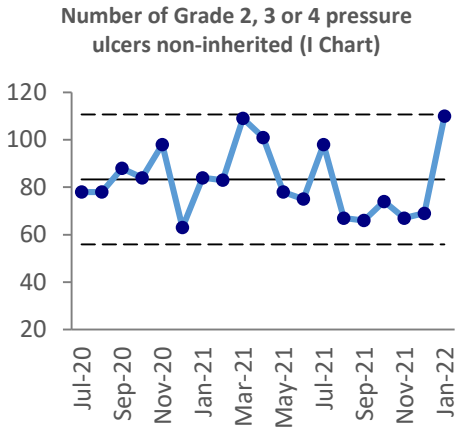
Over the past three months, early intervention services have exceeded the national target of 60% of service users commencing treatment within two weeks of referral, achieving 71% in December. The 2021 data from the National Clinical Audit for Psychosis has recently been shared, which recognises three of our four teams as performing very well, with opportunities for improvement that will be presented to the Quality Committee in the coming months.

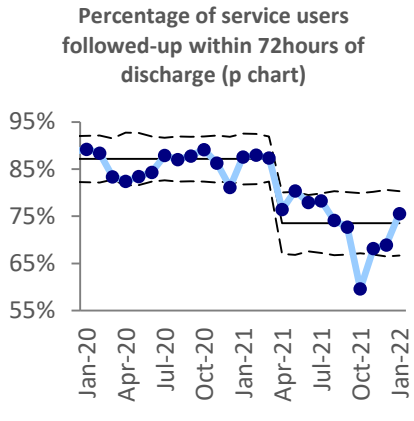
Safety











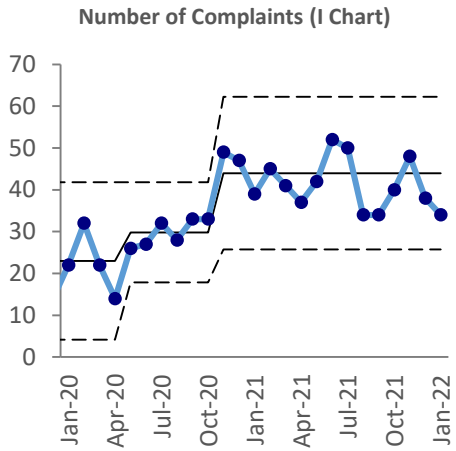
The Pareto chart above shows the distribution of reported incidents by category during December and January. This highlights that 64% of all reported incidents related to care and treatment, 21% related to violence and aggression and 5% related to adults at risk of abuse or neglect. The main care and treatment themes related to pressure ulcers, absence without leave, medication, self-harm incidents and complications or unexpected deterioration (predominantly a confirmed or suspected Covid infection). January has seen an increase in the percentage of safety incidents resulting in harm, related to a rise in pressure ulcers, alongside an 11% decrease in the overall number of incidents in January 2022 compared to December.

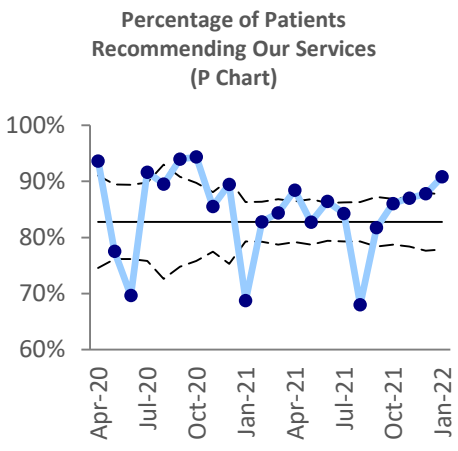
January saw an increase in pressure ulcers, which has been attributed to reduced staffing levels due to the Omicron variant and an increase in acute hospital discharges and service users with complex needs. Tissue viability nurses have reported an increase in very ill service users being nursed in the community who would usually have been in hospital. This increases the risk of pressure ulcers because these patients would normally receive 24-hour nursing care if hospitalised. Early signs indicate that pressure ulcers are declining in the latter part of February 2022, as the impact of Omicron receded.

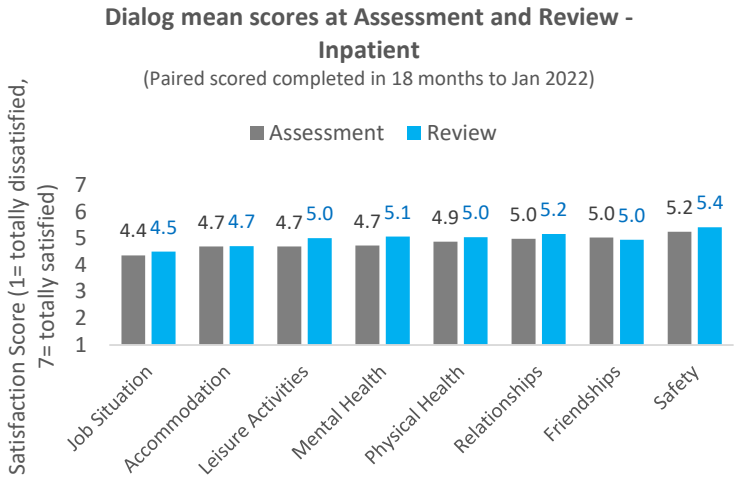
The rate of physical violence continues to fall as result of a range of initiatives previously reported. All service have relaunched the ‘Time to Think’ and violence reduction collaboratives which provide a space for staff and service users to understand factors leading to physical violence, and test ideas to better predict and prevent violence.

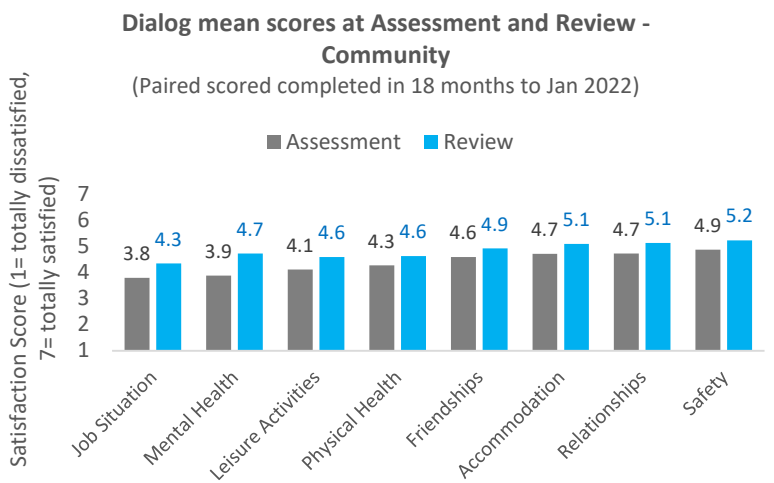
The percentage of service users followed up within 72 hours of discharge has improved, reaching 76% in January. This has been an area receiving additional support from corporate performance for the past few months. A number of change ideas have been tested, including 72-hour follow-up champions on the wards in City & Hackney.

Experience and Outcomes









The number of complaints remains stable and has decreased below the average of 44 for the last two months, falling to 34 in January. The top complaint themes continue to relate to communication, attitude of staff, assessment, access to services and clinical management. Lessons are routinely shared across different forums to support improvement.

The percentage of service users who would recommend our services has increased across most teams, reaching 91% in January. The volume of responses has increased from 534 in December to 931 in January. Service user satisfaction increased most within primary care services, rising from 45% to 75% during this period. This reflects the impact of initiatives that have been introduced to improve areas of dissatisfaction as highlighted in previous report, such as improving telephony services and administration capacity to manage call volumes, introduction of service user leaflets, and training to improve customer focus.

The Dialog charts show the results of paired outcome measures for service users who received care from both community and inpatient mental health services. For inpatient services, the top three dissatisfaction domains are employment, accommodation, and leisure activities, whereas for community services, it is primarily related to employment, mental health, and leisure activities. The data demonstrates promising signs that there has been an improvement in the average scores between initial assessment and subsequent review for both cohorts of service users across all dissatisfaction domains, particularly in community teams.

Across inpatient and community services, several initiatives are underway to support service users in these areas. On employment, service users are being offered support from Individual Placement Support (IPS), which is a team embedded within community mental health providing evidence-based support to help service users return to employment or retain their jobs by giving advice and liaising with employers. The number of service users supported by IPS services remains stable. The trust-wide employment steering group is well established and continues to support services by developing a gold standard framework for our employment services and resources to support service users to enter back into employment.

Experience and Outcomes

In terms of leisure activities, occupational therapy teams and a sports therapist have been recruited across Luton and Bedfordshire wards. This has led to an increase in physical activity sessions both within working hours and out of hours, particularly across older adult wards. Gym equipment is available and weekly online adaptive yoga groups for older adults (inpatients and community) and people with a learning disability are provided. This was commenced during covid in order to enhance mobility and social connection. Service users on the ward and in the community are supported to access Recovery College resources. Service user experience surveys are regularly collected to support teams to cater to the needs of service users whilst on the ward, and adapt the activities offered to ensure good levels of engagement. Across East London, occupational therapy staff organise similar activities on the wards and link with voluntary sector organisations such as Core Arts who deliver a range of leisure, wellbeing and skills programmes to support recovery. Within community mental health, community connectors, support workers and social prescribers across primary care networks work with service users and promote health and mental wellbeing. Recovery Colleges provide a space for individuals to seek advice, therapy, information, but also signpost service users to alternative services, build life skills and create social networks. In the Bedfordshire & Luton mental health academy, the Recovery College works as a formal partnership between ELFT and the university of Bedfordshire. Nearly 9,000 people have enrolled in courses since May 2021. Workshops such as ‘I have a Dream’ have been developed with community partners, opening discussions on what it means to be Black, Asian or part of a minority ethnic community today in the UK.

Our People Participation team collaborates with local partners and services to provide a variety of activities such as virtual well-being classes, befriending services, and peer-led sessions including cycling, boxing, football, tennis, hockey, and parkour. Additional services, such as football stadium visits and gym memberships, are being developed in collaboration with local football clubs and health organisations. Regular events, such as the Trust Wellbeing Games, football tournaments, and children's events, are also held regularly. The team promotes routes to employment, further training, volunteering, physical health monitoring and influencing healthy lifestyle choices.

In terms of accommodation, weekly housing clinics are held across East London, with multi-disciplinary teams including local housing staff, commissioners, homeless units, as well as dedicated discharge teams assisting with cases where there is a delay to discharge based on accommodation difficulties. A community rehabilitation team has been established in Luton and Bedfordshire to provide housing support and recommendations to assist in the decision-making process and to reduce challenges or delays in finding appropriate housing. The community rehab team is working with both inpatient and community service users to review their accommodation and care packages. They provide practical support to service users in residential placements and supported living schemes, in partnership with care co-ordinators, to help service users move on and resettle where appropriate.

Although the data on people with a serious mental illness suggests that the percentage of service users in settled accommodation has decreased, this is due to new referral records not being updated correctly with accommodation status, rather than an actual decrease in the number of service users in settled accommodation, which continues to remain stable. Record keeping issues are most prominent across Luton and Bedfordshire and Tower Hamlets. This is being addressed through local plans to improve the reliability of recording accommodation status for new referrals.

Experience and Outcomes

Over the last year, all services have reported difficulties in finding suitable accommodation, which reflects wider housing pressures, particularly in City & Hackney and Luton and Bedfordshire. In collaboration with Homerton University Hospital, City and Hackney is launching a homeless pathway. This will provide service users who are homeless and ready to be discharged with access to GPs, nurses, and Occupational Therapists, as well as step-down beds to support short-term housing needs, while also facilitating long-term plans. In Tower Hamlets, the Crisis House (voluntary sector) offers a brief residential alternative to mental health admission in collaboration with the ELFT home treatment team. In Newham, services work closely with the LHCC Group to support individuals with mental health, learning disability, challenging behaviours and autism. LHCC has a dedicated team, including service managers and senior support workers to work with the inpatient team, the home treatment and crisis team to help people step down from inpatient wards and also prevent hospital admission. The Trust is looking to develop a Trust-wide rehabilitation pathway to meet the needs of all service users with complex needs locally, and potentially avoid expensive out of borough placements in the long-term.

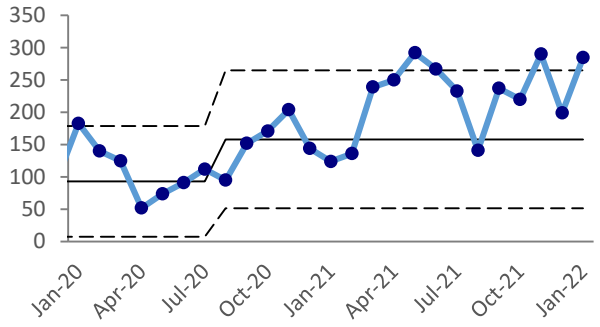
The percentage of service users who achieve recovery within our IAPT services has continued to decrease over the past 6 months, falling below the national 50% target for the first time in January (49.5%) – see indicators on page 20 for people with common mental health disorders. There are two main factors that have influenced this. Firstly, there has been an increase in waiting times across a number of treatment pathways. Waiting longer for treatment is thought to reduce the likelihood of someone achieving recovery by the end of treatment. In January, we amended our reporting of this indicator to align with the new process set by NHS Digital, which includes some cases that would not previously have been counted in the denominator. This has led to a reduction by several percentage points. It is worth noting that recovery rates have declined nationally, with the percentage of service users achieving recovery across all IAPT services in England also falling below the 50% target between August and November 2021. The percentage of service users from minority ethnic groups accessing services increased during December. 81% of people accessing the Newham IAPT service are from ethnic minority groups. Across IAPT services, the percentage of positive responses to the Patient Experience Questionnaire continues to be lower than a year ago, which is also believed to be related to longer waits to access treatment.

Our frail and long-term conditions indicators highlight there has been a decrease in service users living independently six weeks after discharge from inpatient care in Bedfordshire. This reflects the pressures the Intermediate Care Teams are facing as a result of increased referrals from acute hospitals and overall staffing capacity. Work continues to progress in collaborating with partners and subcontractors to increase treatment capacity, and developing more meaningful outcome measures to better evidence the impact of the team. This will identify not only patients who are independent but also individuals whose care needs have reduced, evidencing the increasing complexity of individuals accessing the service. The data also shows that there has been a decrease in inappropriate referrals to the Intermediate Care Team from 22% to 7% in January as result of initiatives launched by the service to work more closely with referrers, as described in the previous report.

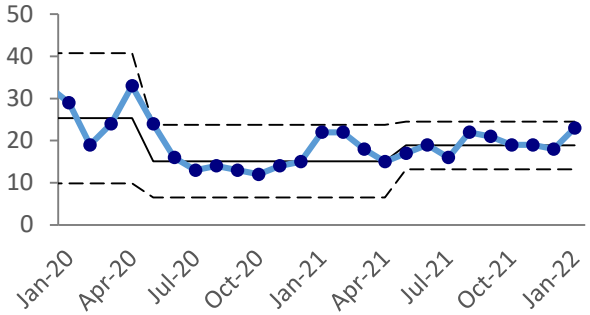
CAMHS services continue to progress well with capturing paired outcomes for service users, achieving 82% in January. Perinatal services are continuing to successfully capture outcome measures and are exceeding the national (CQUIN) target of 40%, with teams currently achieving 53%. Further exploration is underway to improve access for minority groups through understanding which communities are not accessing the service at present. This is part of the ongoing work in the perinatal equalities steering group.

Children and Young People

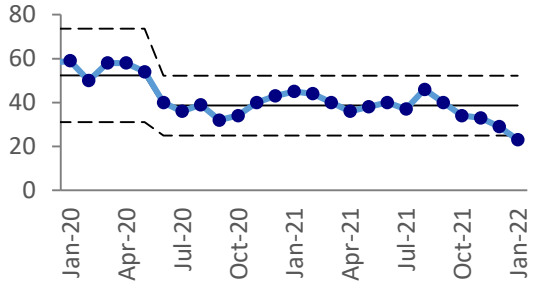
Number of service users presenting in crisis to our crisis pathway (I Chart)



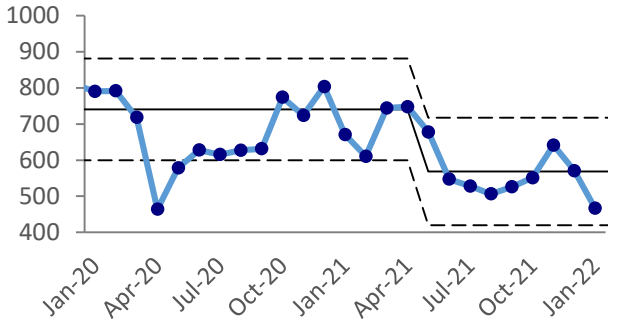
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)



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



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



CAMHS services continue to see an extremely high number of crisis and community referrals, with increases observed in City & Hackney, Newham and across the East London and Bedfordshire Eating Disorders services. This year, there is planned investment to support the team, which will add capacity, but the longer-term investment of CAMHS Home Treatment Teams will not be fully realised until next year. In the short term, initiatives such as the Single Point of Access for referral management and diverting inappropriate referrals to release capacity are continuing. CAMHS in Bedfordshire has introduced dedicated days for assessment clinic catch-ups to review the waiting list and re-prioritise cases according to risk. Whilst recruitment is ongoing, the service is using temporary support from agency and locum staff. CAMHS have adopted the iThrive framework to ensure access is timely and relevant to the young person's needs at all stages of care delivery.

Services are continuing to strengthen integrated working, for example, by collaborating with Homerton Hospital to create a Single Point of Access for CAMHS services run by each Trust, and the voluntary sector, allowing them to better allocate resources and use an integrated, person-centred approach (iThrive model) to direct young people to the most appropriate service. These are already in place in Bedfordshire and developing in Luton. Bedfordshire have redesigned pathways and strengthened the single point of access to ensure referrals are allocated for assessment to the right clinician, allowing treatment to commence sooner. Assessment waiting times are highest in Newham and Bedfordshire. There has been ongoing work within services to bring the assessment waiting time down through the single point of access development and outreach to voluntary sector organisations to support early intervention work. Treatment waiting times have continued to reduce below normal levels as a result of these changes. CAMHS continues to meet the national access targets, despite the growing waiting list for assessment. Average waiting times for urgent referrals to Eating Disorder services have decreased but remain high, while waiting times for routine referrals have remained stable.

Children and Young People

Specialist Children and Young People Services (SCYPS) have seen a reduction in their waiting list for the Autism Spectrum Disorder service, as a result of the recovery plan which includes additional clinical capacity and the establishment of new clinics and sites. The waiting list has reduced from 1400 in January 2021 to 744 in January 2022. To ensure the safety of the children, the team regularly reviews caseloads through multidisciplinary meetings and daily screening meetings to prioritise new and existing referrals based on clinical urgency. From the Specialist Education Needs & Disabilities (SEND) inspection in December 2021, the positive changes were noted by all involved. Quality and experience indicators highlight that on average 98.4% of parents and service users are satisfied by the Newham Specialist Children and Young People's services.

Speech and Language Therapy services have seen an overall improvement in their waiting list through sign-posting families to alternative community resources and a variety of available support. These include monthly online parent workshops led by occupational therapy, a helpline and resources made accessible through the SCYPS YouTube channel. The service is currently undertaking a quality improvement project to improve access to the service by testing text reminders before appointments to reduce non-attendance. Recruitment is underway to appoint two speech and language therapy assistants who will be able to offer interventions so that others in the team can concentrate on more specialist intervention with complex users.

As shown in the population health indicators, approximately 50% of children with neuro-disabilities are receiving annual reviews promptly. This service has recently recruited a new consultant who will focus on reviewing the current caseload, the service offer and processes. Higher demand in statutory pathways reduce the capacity available for this part of the service. The wider team is being creative in utilising vacant posts to trial different skill mixes to support paediatricians and maximise productivity.

The Bedfordshire, Luton & Milton Keynes commissioners have agreed to fund a Tier 4 CAMHS inpatient unit which will increase bed capacity across the system. The first phase of this work will involve creating interim capacity in Luton. It will then be re-located to the purpose-built Bedfordshire Mental Health Village inpatient facility. The Tier 4 occupied bed days continues to fluctuate depending on staffing levels, acuity and demand within the NCEL collaborative geography. The provider collaborative has reduced the number of young people being admitted out of area. Ongoing work is underway within community services to help support children and young people locally in order to prevent an admission. This includes services like the intensive eating disorders pathway in community eating disorder services and the expansion of the CAMHS crisis team.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 1: System Performance dashboard - overview

Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

		Average	
People with substance misuse problems			
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	15.3%	↑
Percentage of service users with Alcohol problems across Mental Health services	Quality	2.2%	
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	158.1	↑
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	18.9	↑
Average Treatment Waiting Time (days) for children and young people aged 0-18	Population Health	38.6	↓
Carers and service users recommending our Community services	Quality	94.7%	↑
Children and young people aged 0-18 who have received two or more contacts (caseload)	Quality	5328	↑
Admissions to adult facilities for services users under 18 years old (monthly)	Quality	3.1	
Tier 4 Occupied Bed days East London excluding leave (in month)	Value	570	↓
Percentage of service users has paired Outcome Measures at discharge	Quality	68%	↑
Average waiting time (days) for urgent referrals to CYP Eating Disorders services	Population Health	3.3	↑
Average waiting time (days) for routine referrals to CYP Eating Disorders services	Population Health	19.5	
Dementia			
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	17.4	↓
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			↓
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	48.9%	
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	108.5	↑
Children receiving ASD diagnosis within 2 or less appointments	Value	34.6%	
People receiving end of life care			
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	Population Health	78.9	↓
Percentage of service users with Care Plan in place (advanced) in East London	Quality	53.7%	↑
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			
Percentage of service users who have recorded a positive experience	Quality	98.6%	
Rapid Response seen within 2 hour guideline (East London)	Quality	94%	
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	94%	↓
Number of inappropriate referrals into Intermediate Care - Bedfordshire	Value	22.7%	↓

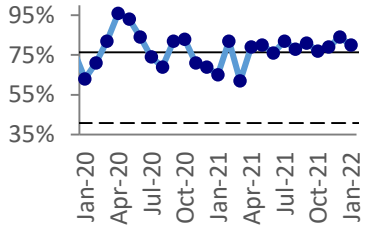
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	54.6%	↓
Percentage access by minority groups	Population Health	35.7%	↑
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to treatment (in weeks) from assessment	Quality/Experience	7.5	↑
Average wait times to (in weeks) to assessment	Quality/Experience	0.9	
Number of people accessing IAPT services (in month)	Value	2,993	
People with a learning disability			
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			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	12.4%	
Percentage of service users in employment	Population Health	6.3%	
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	45.6%	↓
Percentage of service users followed-up within 72hours of discharge	Quality	73.5%	
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	↑
Number of restraints reported per occupied 1,000 bed days (monthly)	Quality	19.7	↓
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	15.6	↓
Bed occupancy	Value	88.4%	

Woman who are pregnant or new mothers			
Number of woman receiving one + contact with specialist mental health services	Population Health	633	
Number of service users seen in the month from minority communities	Population Health	41.3%	
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)			
Average weeks waited for initial appointment with the foot health team		4.4	
Average weeks waited for face to face appointment with the Diabetes Service		19.2	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		7.7	↑
Average weeks waited for initial appointment with the Continence Service		6	
Stable Long Term Conditions (Bedfordshire)			
Percentage of referral to treatment times within 11 weeks with the Continence Service		49%	↓
Percentage of referral to treatment times within 11 weeks with the Speech and language therapy		75%	↑
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		66%	
Percentage of referral to treatment times within 11 weeks with Physio		99.6%	↓

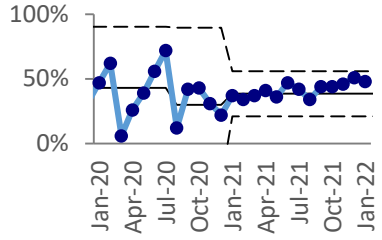
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with substance misuse problems

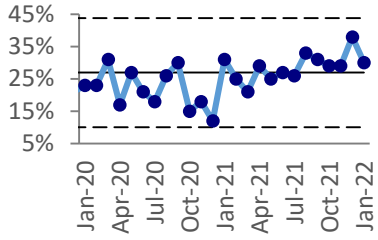
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)
Population Health



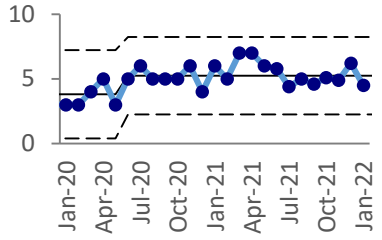
Service users in employment on discharge in Bedfordshire (I Chart)
Population Health



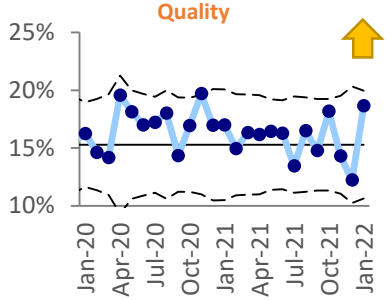
Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality



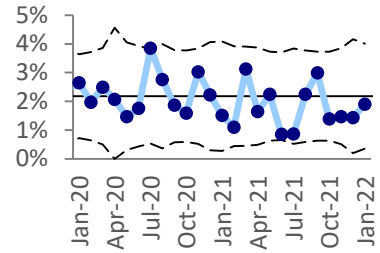
Waiting times to treatment - average days wait in Bedfordshire (I Chart)
Quality



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

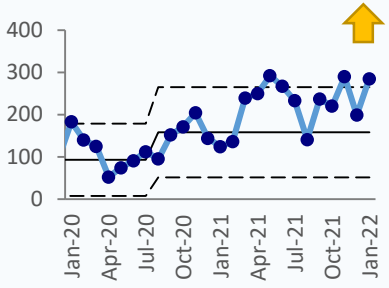


Service users with Alcohol problems across Mental Health services (P Chart) Quality

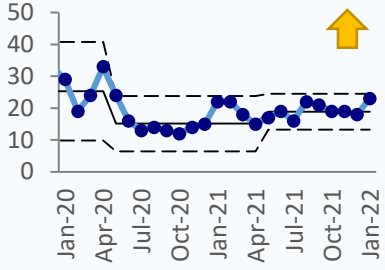


Children with complex mental health needs

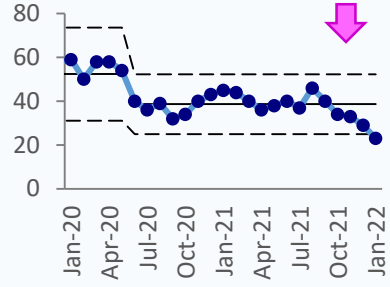
Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health



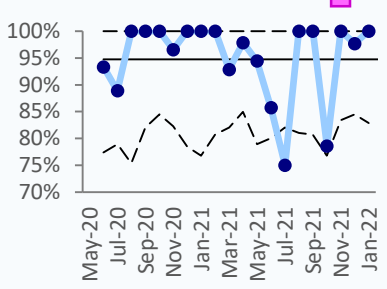
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



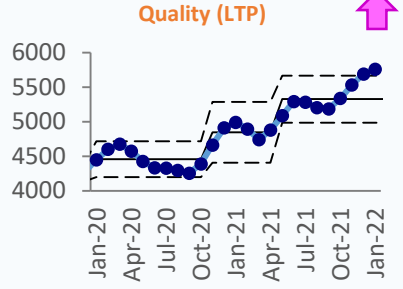
Average Treatment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



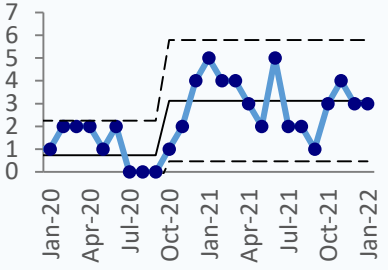
Carers and service users recommending our Community services (P chart)
Population Health



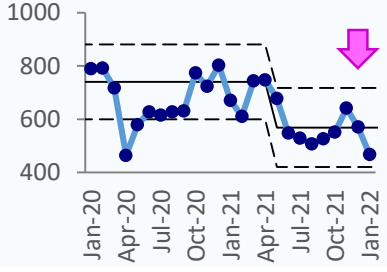
Children and young people aged 0-18 who have received one or more contacts with mental health services (I Chart)
Quality (LTP)



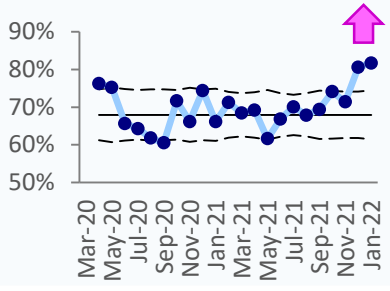
Admissions to adult facilities for services users under 18 years old
Quality



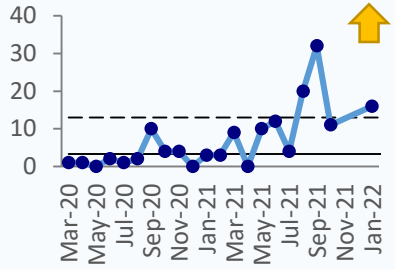
Tier 4 Occupied Bed days East London excluding leave (I chart)
Value



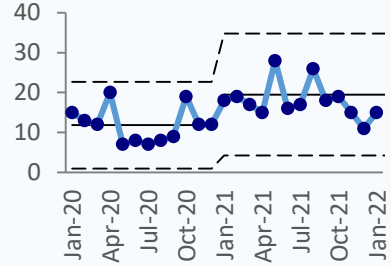
Percentage of service users has paired Outcome Measures at discharge (P chart)
Quality



Average waiting time (days) for urgent referrals to CYP Eating Disorders services (I Chart)
Population Health



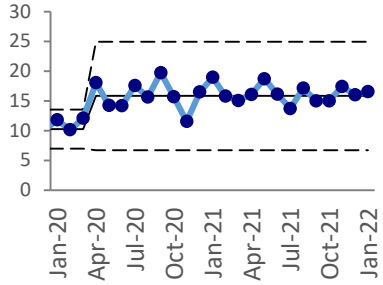
Average waiting time (days) for routine referrals to CYP Eating Disorders services (I Chart)
Population Health



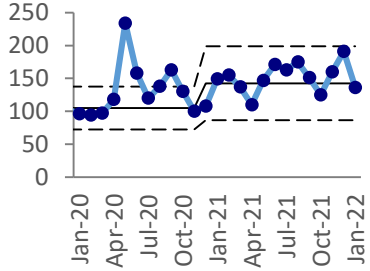
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with dementia

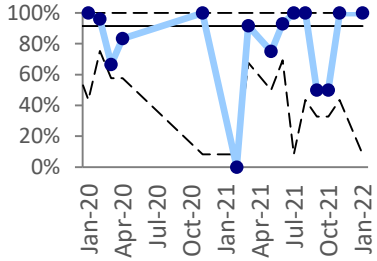
Average wait (in weeks) from referral to diagnosis (I chart) Quality



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

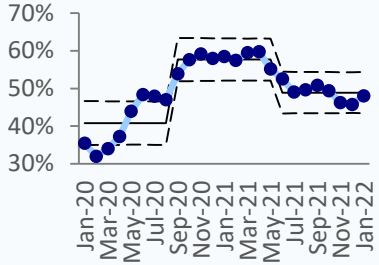


Percentage satisfaction with service, service users and carers (I chart) Quality

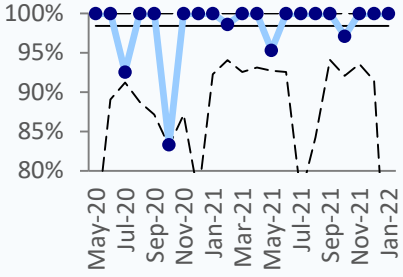


Children with complex health needs

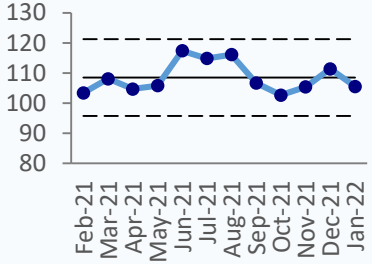
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



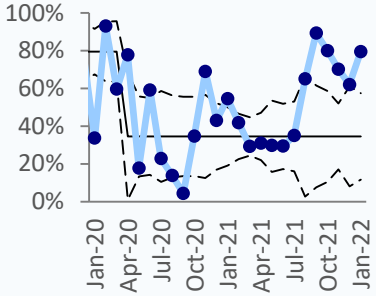
Percentage of service users and parents satisfied with services (P Chart) Quality



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

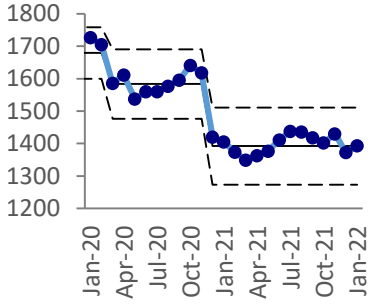


Children receiving ASD diagnosis within 2 appointments (P Chart) Value

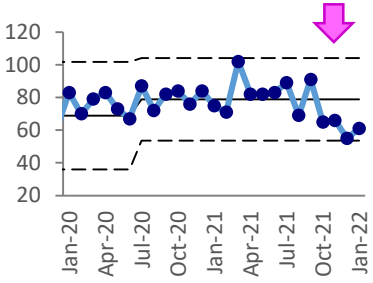


People receiving end of life care

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

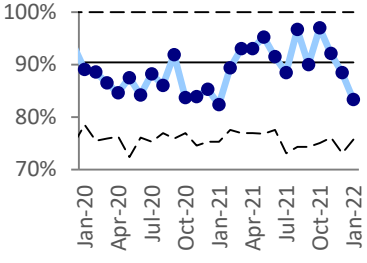


Service Users referred to Continuing Healthcare as a fast track in month (I chart) Population Health

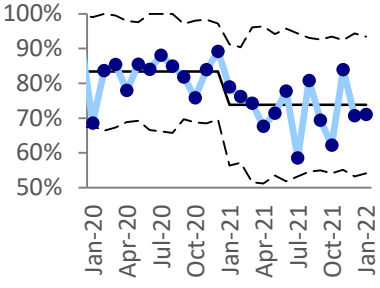


Service users with Care Plan in place (advanced) in East London (P Chart) Quality

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



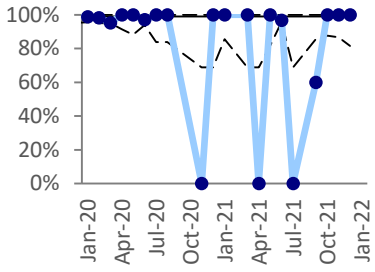
Service users who died in their preferred place of death (P Chart) Value



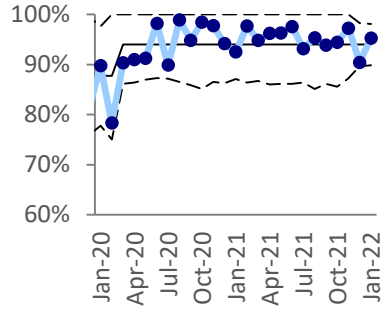
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People who are frail or have long term conditions

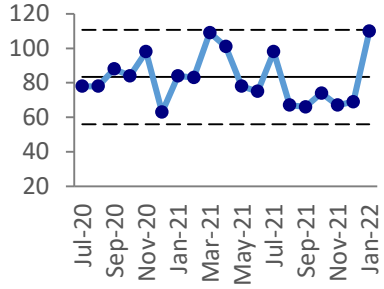
Percentage of service users who have recorded a positive experience (P chart) Quality



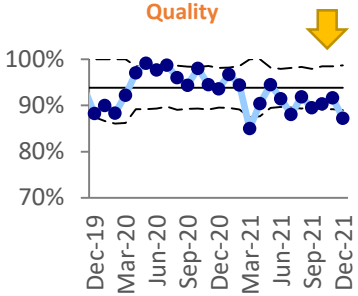
Rapid Response seen within 2 hour guideline (East London) (P Chart) Quality



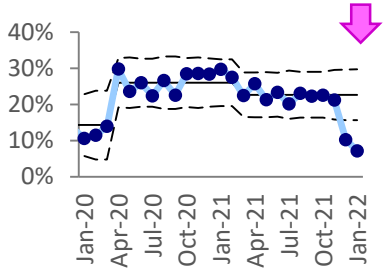
Number of Grade 2, 3 or 4 pressure ulcers non-inherited (I Chart) Quality



Promoting independent living - discharged within 6 weeks Bedfordshire (P Chart) Quality

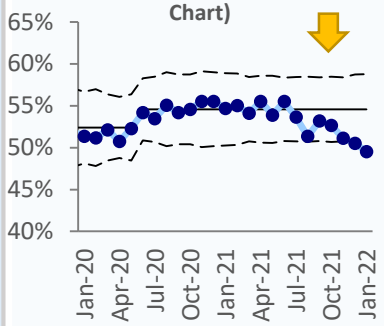


Number of inappropriate referrals into Intermediate Care - Bedfordshire (P Chart) Value

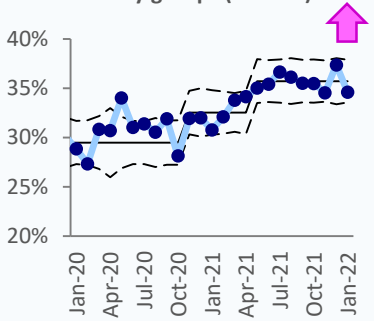


People with common mental health problems

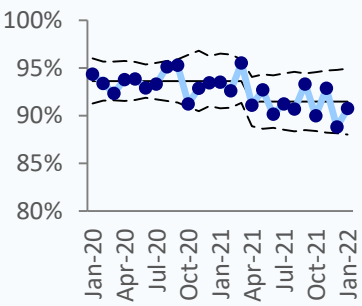
Percentage of service users moving into recovery (P Chart)



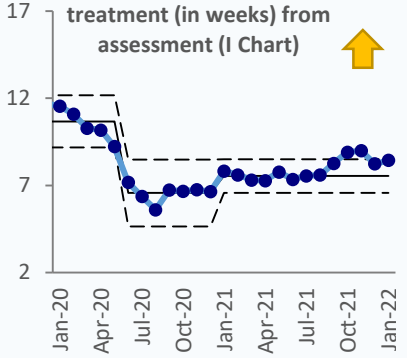
Percentage access by minority groups (P Chart)



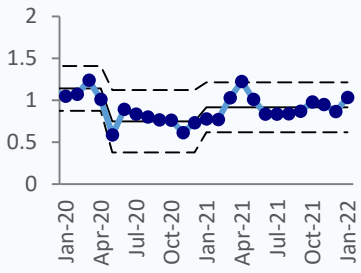
Percentage of positive comments to PEQ (P Chart)



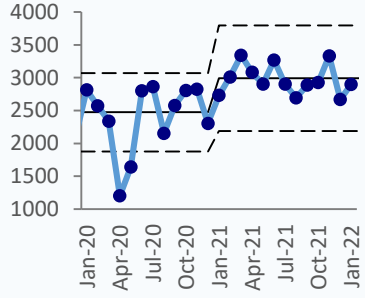
Average wait times to treatment (in weeks) from assessment (I Chart)



Average wait times (in weeks) to assessment (I Chart)

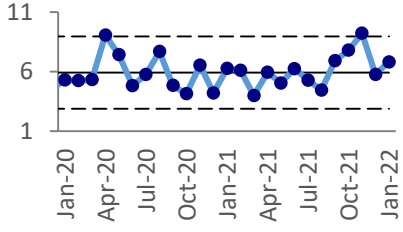


Number of people accessing IAPT services (I Chart)

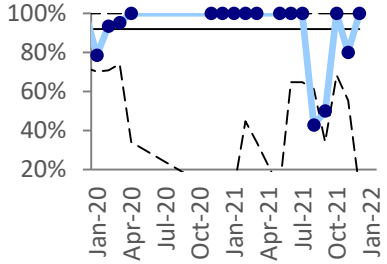


People with a learning disability

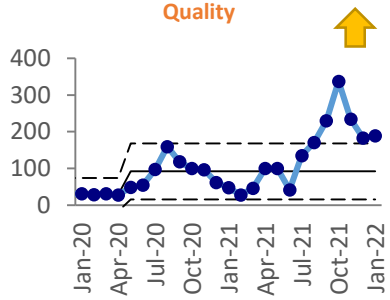
Average waiting times for new referrals seen (in weeks) for assessment (I chart) Population Health



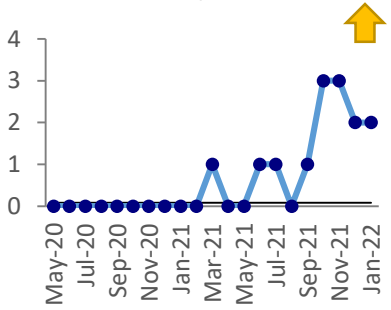
Percentage of service users that would recommend this service (P Chart) Population Health



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



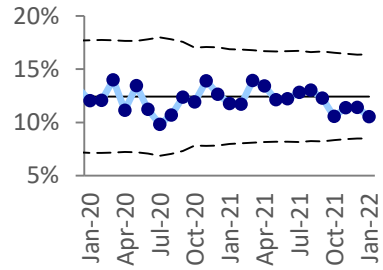
Number of specialist out of area inpatient placements (I Chart) Value



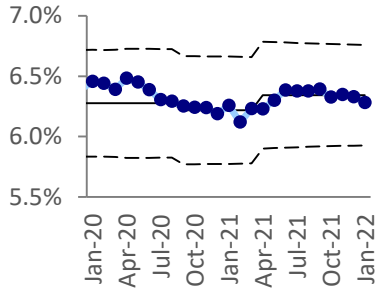
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with Severe Mental Illness

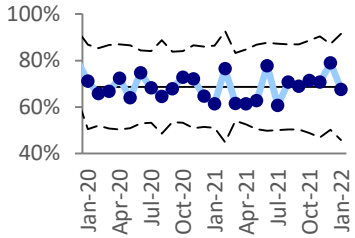
Percentage of service users receiving Individual Placement Support (P chart) Population Health



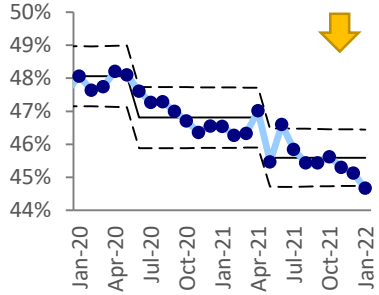
Percentage of service users in employment (P chart) Population Health



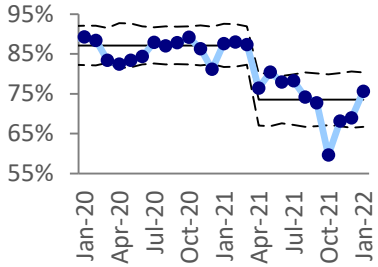
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



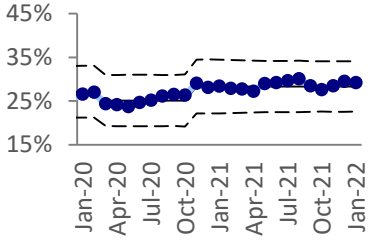
Percentage of service users in settled accommodation (P chart) Population Health



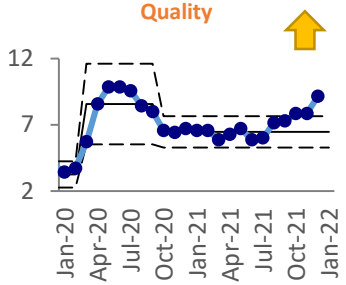
Percentage of service users followed-up within 72hours of discharge (p chart) Quality



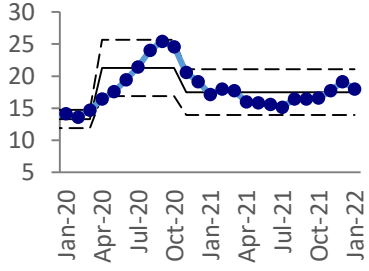
Inpatient paired outcome measures showing improvement (P Chart) Quality



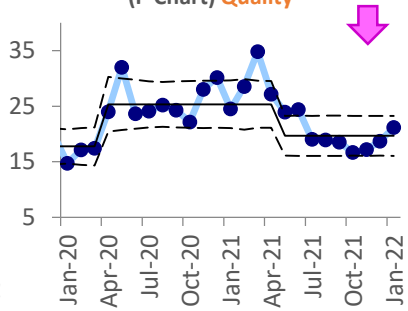
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



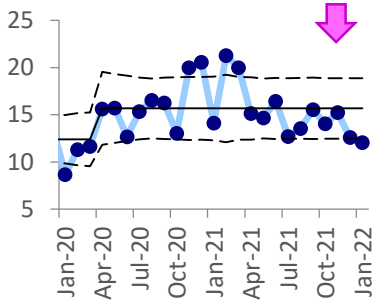
PTS average wait times (weeks) to treatment in East London (I chart) Quality



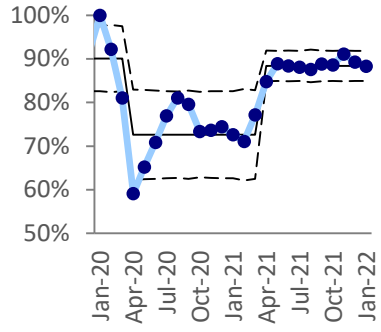
Number of restraints reported per 1,000 occupied bed days (P Chart) Quality



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

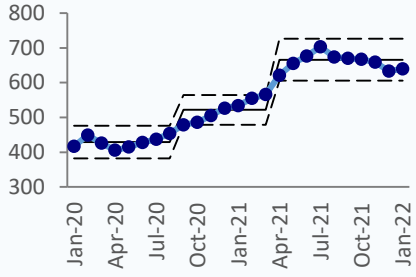


Bed occupancy (P' Chart) Value

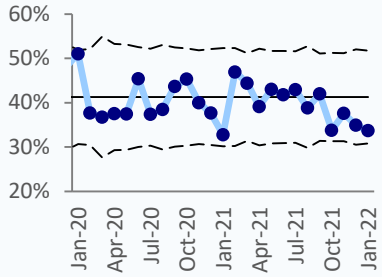


Woman who are pregnant or new mothers

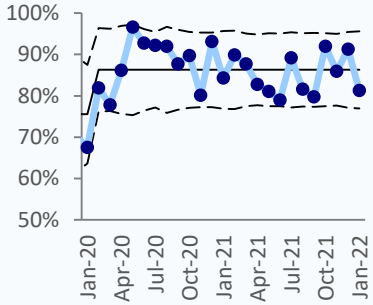
Number of woman receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



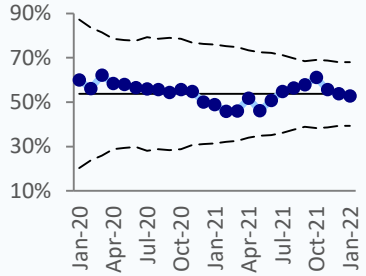
Service users seen in the month from minority communities (P Chart) Population Health



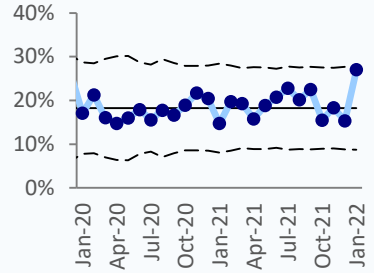
Percentage of service users seen within 28 days (I Chart) Quality



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



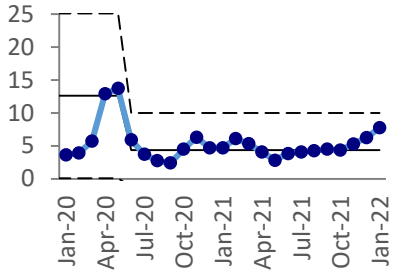
Percentage of Service Users not attending their initial appointment (P Chart) Quality



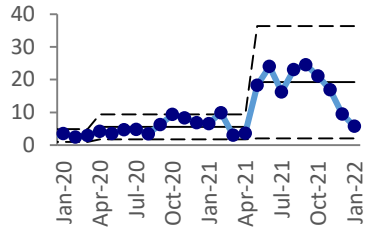
Appendix 1: System Performance dashboard Long Term Plan ( ) Special cause variation ( ) and when it's of potential concern ( )

People with stable long term conditions (East London)

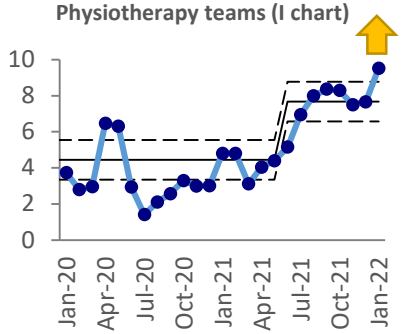
Average weeks waited for initial appointment with the foot health team (I Chart)



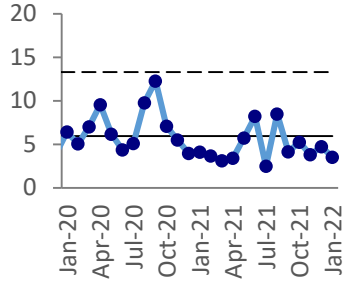
Average weeks waited for face to face appointment with the Diabetes Service (I Chart)



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

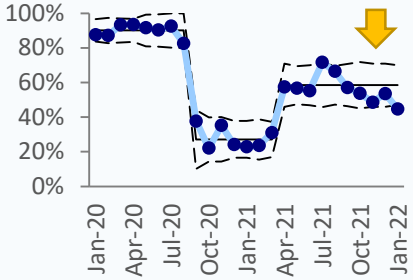


Average weeks waited for initial appointment with the Continence Service (I Chart)

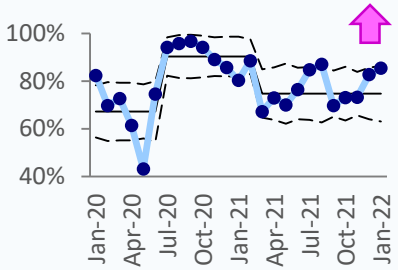


People with stable long term conditions (Bedfordshire)

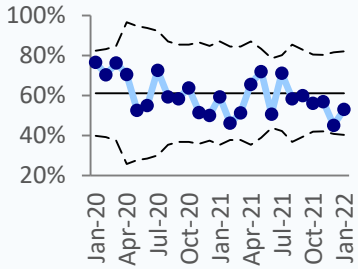
Referral to treatment times within 11 weeks with the Continence Service (P Chart)



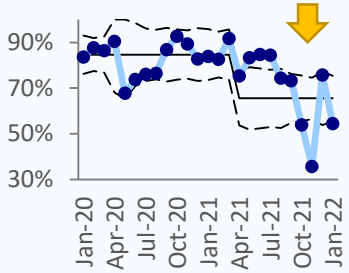
Referral to treatment times within 11 weeks Speech and language therapy (P chart)



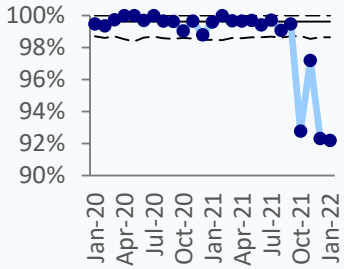
Referral to treatment times within 11 weeks Wheelchair Service (P chart)



Referral to treatment times within 11 weeks with the podiatry team (P chart)



Percentage of referral to treatment times within 11 weeks with Physio (P 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.