Performance report

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NHS
East London
NHS Foundation Trust

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Dr Amar Shah, Chief Quality Officer

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. 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?

Average waiting times across many of our community-based services have increased as teams start to tackle backlogs, prioritising those who have been waiting longest. This is a positive signal. All services with extensive waiting lists and backlogs now have robust recovery plans which are in the process of being implemented. Some services are starting to see an impact of this. An example is the children's Autistic Spectrum Disorder pathway in Newham, which has one of our largest backlogs. 90% of children are now completing the diagnostic pathway in 2 appointments, and 50% in 1 appointment. The backlog has reduced from a peak of 1400 awaiting assessment in February 2021 to 938 in October.

The levels of inpatient violence and use of restraints, and percentage of incidents resulting in harm have reduced over recent months, due to a range of interventions related to enhancing patient safety and multidisciplinary care planning. The numbers of pressure ulcers remains stable. The Trustwide quality improvement project to reduce acquired pressure ulcers is testing a number of change ideas and have seen signs of reduction since the team commenced this work in February 2021.

The number of complaints has reduced over the last two months, and the complaints team have managed to reduce the backlog of open complaints to 15 in the last two months.

Early Intervention Services (EIS) are now exceeding the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 69% in August and September. The recent results from 2020/21 National Clinical Audit of Psychosis (NCAP) published in August highlight that all EIS teams are maintaining service delivery at a high standard, with improvement seen in the recording of outcome measures and improvements in 6 out of 7 of the physical health intervention standards.

KEY MESSAGES (continued)

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

Backlogs remain stable in the majority of services, with ten services seeing a small increase over the last two months. This reflects increasing referral pressures 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 backlogs is reviewed every three months at Quality Assurance Committee, and will be the subject of a deeper dive at the January Trust board.

The percentage of service users receiving follow-up contact within 72 hours of discharge has deteriorated over recent months, and we are now below the national 80% standard. A Trustwide 72-hour safety and wellbeing steering group oversees our work on this area. Services are training staff to learn how to record the follow-up contact reliably. All services are developing plans to enable them to reach the 80% goal. A staff and service user survey has been undertaken to understand current experiences, which will inform the ideas being tested across our services. Weekly data is starting to show signs of improvement at the time of writing.

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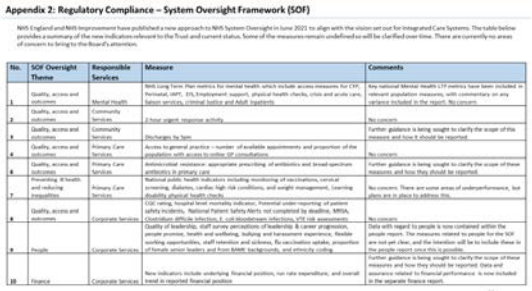
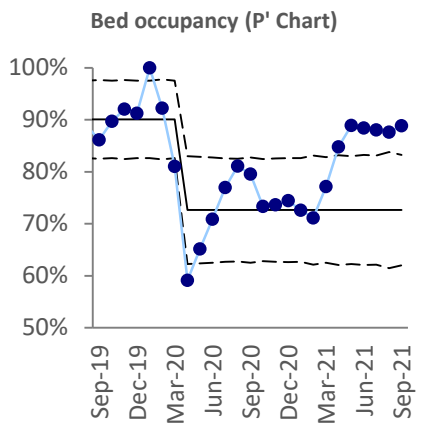
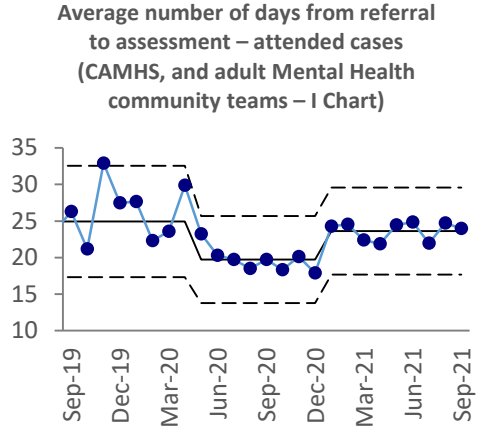
Appendix 2 - What is our performance against national assurance indicators?

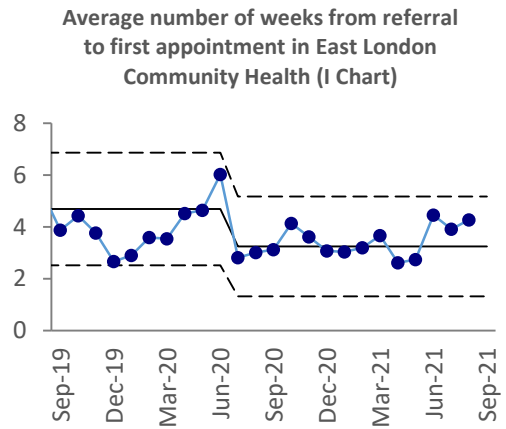
This provides the Board with assurance of our performance against the measures that form the new System Oversight Framework within the NHS

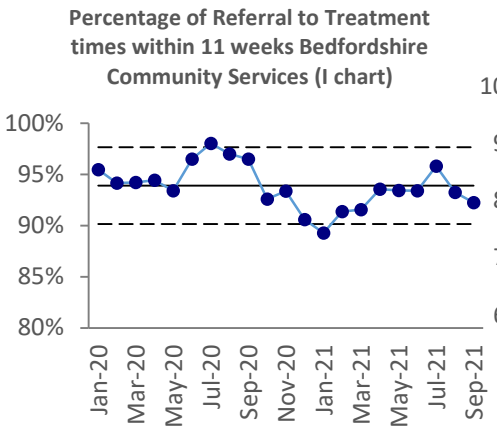


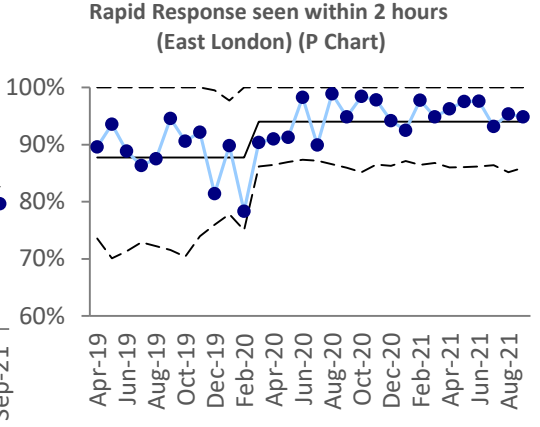
Access and Responsiveness











Over the past two months, inpatient bed occupancy has remained high across most units (88% in September) despite stable CAMHS admission activity and an overall reduction in admissions across Mental Health services. A thematic review of inpatient activity was conducted in October to explore emerging themes and review directorate plans to manage bed pressures. The main contributory factors were increased levels of acuity and complexity, including more service users with learning disabilities; new presentations not previously known to teams; increased number of service users on forensic sections of the Mental Health Act; admissions from catchment areas outside ELFT; as well as delayed transfers of care related to accommodation and social care. The increased complexity in presentations and learning disabilities, is thought to be associated with the longer-term effects of social isolation, the impact of lockdown, and the challenges of returning to active day opportunities, which can create high levels of stress and anxiety within the population.

As part of existing bed management plans, teams have undertaken a comprehensive review of long-stay admissions resulting in a reduction in the overall number of cases. They have also been improving on-call and consultant cover arrangements. Additionally, services are in the process of improving discharge planning by drawing on lessons from initiatives in different parts of the Trust, such as embedding social workers and discharge intervention teams into inpatient wards to help coordinate timely discharge. Services will also be working with partners to explore using the ‘Discharge to Assess’ model adopted by acute Trusts to improve the flow and coordination of care across primary and secondary care.

The four CAMHS PICU beds closed during July have reduced bed availability across the system, resulting in continued bed pressures. Teams have been exploring a range of hospital admission avoidance interventions, including intensive home treatment and working with the CAMHS provider collaborative to utilise resources regionally to provide appropriate care. Services have strengthened inpatient discharge processes by implementing twice-weekly bed management huddles and daily escalation meetings with partners to support flow across inpatient and community services. These initiatives have positively impacted the number of children and young people admitted to adult wards over the past two months. The closed PICU beds have been rescheduled to open at the end of November which will help bolster bed capacity.

Access and Responsiveness

As anticipated, average waiting times for service users seen in our community-based mental health services (adult and children) have increased to 23 days from 20 days previously. This is because most services have seen referral numbers exceed pre-COVID levels with some recruitment and capacity challenges. Services have started to mobilise their recovery plans to manage waiting lists and backlogs of service users waiting to be seen. As a result, waiting times have increased as those waiting longest have been prioritised. As we continue to work through the backlog, teams expect average waiting times to continue to rise in the coming months.

Of the 24 services across the Trust that have developed backlog recovery plans, 14 have seen their backlog position remain unchanged or decrease slightly, while 10 have experienced an increase. Community Health Services, including Bedfordshire's Immunisation Team and Newham Foot Health service, have demonstrated the greatest reduction. City & Hackney and Tower Hamlets Dementia Services and City & Hackney Specialist Psychotherapy Services (SPS), Tower Hamlets Autism Services, Specialist Children and Young People Service Autism Service, Bedfordshire Podiatry, and Adult Speech and Language Therapy services have also started to see a reduction.

Bedfordshire's Immunisation Team have introduced a Saturday clinic which will run until December 2021 to increase capacity. Bedfordshire's podiatry service has developed a new access criteria and service model by triaging referrals to prioritise service users most at risk. This is expected to deliver a 30% reduction in active caseload and referral numbers. This will meet the needs of the most at-risk groups, prioritising more complex care, while signposting low and moderate-risk care to alternative community support services.

Memory Services across the Trust have started offering domiciliary visits to increase engagement and face to face contact with service users to manage their backlog. Tower Hamlets Memory Clinic is aiming to sign a contract with Barts Health to increase scanning capacity, which is one of the main bottlenecks in the diagnostic pathway.

Despite Specialist Psychotherapy services waiting times for assessment having increased above the mean of 7 weeks over the past two months, treatment waiting times continue to decrease as services proactively manage treatment waiting lists and improve offers through digital solutions and treatment. Specialist Psychotherapy Services services continue to evolve across City and Hackney to align service pathways with the new Primary Care Network and local neighbourhoods. These changes have resulted in staff consultations that have frozen recruitment of 3.7 posts, temporarily reducing capacity. Similarly, Tower Hamlets and Newham are also adapting their services and their models of care, which has had a temporary impact on the capacity of the services. However, Newham Specialist Psychotherapy Service has recently successfully recruited to vacancies and has new members of staff joining the service, which will increase assessment and treatment capacity.

Several services have seen an increase in their backlog, including Children and Young People Services across City and Hackney and Newham, Tower Hamlets Learning Disability, Tower Hamlets and Newham Specialist Psychotherapy Services, and Bedfordshire adult community mental health teams, Bedfordshire Wheelchairs, and IAPT services. The main reasons relate to increased complexity of cases, staff shortages, increased referrals and temporary closure of clinics during lockdown that are slowly reopening. CAMHS in particular have seen an increase in the number of crisis and community referrals. In City and Hackney, CAMHS is working closely with Homerton Hospital to develop a Single Point of Access to reduce unnecessary waits and enable early identification and appropriate transfer of Tier 2 referrals. The service is also undertaking an initiative to visit families of Saturdays to enhance assessment capacity. In Newham, CAMHS have raised awareness of alternative support which includes group therapy and mentoring.

Access and Responsiveness

Bedfordshire's Wheelchair Service has seen an increase in waiting times as a result of supply chain issues, material shortages and contract delays. The service has managed to improve their operating capacity to 95% from 50% during the acute phases of the pandemic. Bedfordshire adult community mental health teams have experienced staff capacity issues which have contributed to a backlog increase. In response, the team in Leighton Buzzard has introduced a new duty system whereby one care coordinator is allocated to triage new referrals full time while maintaining a small caseload. This is supported with a "back up" duty rota to cover sickness or leave. A QI project with Bedfordshire's CMHTs is testing extended duty hours on Mondays, Wednesdays and Fridays to help manage demand.

Across IAPT services, the average waiting time for assessment has returned to a stable level below one week. The average waiting time for treatment has increased slightly. To tackle the difficulties recruiting into vacancies, IAPT services in Bedfordshire are piloting a new Psychological Wellbeing Practitioner (PWP) apprenticeship programme to improve the pipeline of new staff into the service, allowing them to progress to High Intensity therapists. The services have also been collaborating with Xyla, a subcontractor, to deliver online interventions, modify treatment pathways to reduce referral pressures, and have started collaborating with other providers to organise outreach groups that deliver psychoeducation sessions to local governments, colleges, and police departments. The recommencing of face-to-face outreach has helped waiting times returning to stable levels.

In Community Health Newham, digital solutions such as the MyDESMOND App, a self-help health tracker that allows service users to manage their activity levels, record blood pressure, and weight, have been implemented, reducing the need for appointments and allowing staff to monitor high-risk service users. Community Health district nursing responsiveness remains stable across Bedfordshire and East London. 95% of urgent referrals are being seen within the 2-hour national standard by our rapid response teams.

The Tower Hamlets Learning Disability Service is planning to work closer with local specialist schools to help support complex clients and streamline the referral process to Community Learning Disability Services.

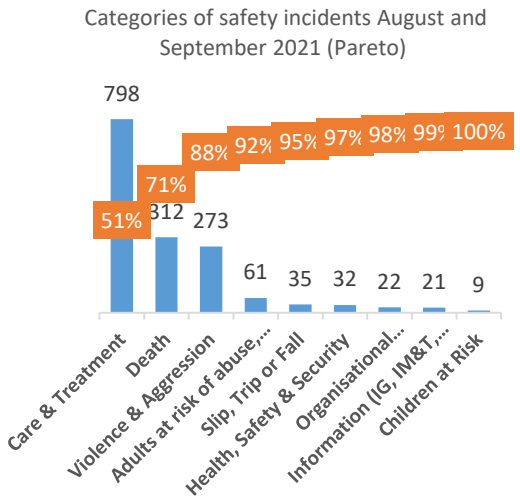
Perinatal services have seen a deterioration in waiting times for assessment over the past two months, falling from 89% to 80% of service users being seen within the 28-day access target. This is mainly related to Tower Hamlets and Luton and Bedfordshire services and due to staffing capacity. Temporary cover arrangements have filled some of the staffing gaps in the Tower Hamlets service. Across Luton and Bedfordshire, a demand & capacity exercise has enabled the development of a workforce investment plan to meet access rates this year and subsequent years, in line with the new Royal College of Psychiatry perinatal workforce standards and the local demographic needs. A QI project focusing on improving access is underway to encourage access from all communities, particularly BAME populations. The team have started to establish outreach clinics within GP practices, hospitals, and community centres to understand the needs of this population. They have also launched a marketing campaign to promote the service through a new website, making leaflets and resources available in different languages and working with partners to display posters across a range of community settings. The team are exploring developing an animated video about the service to raise awareness and support mothers and families to know when and how to seek support. They are scoping opportunities at baby clinics that have started to reopen as well as other services to help maximise local pathways to increase referrals, especially in communities where there have been historically low numbers.

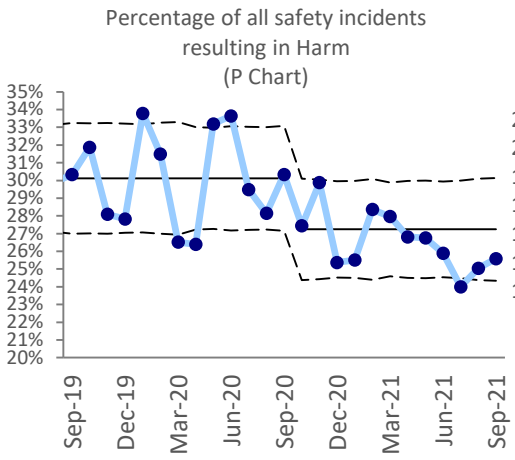
Access and Responsiveness

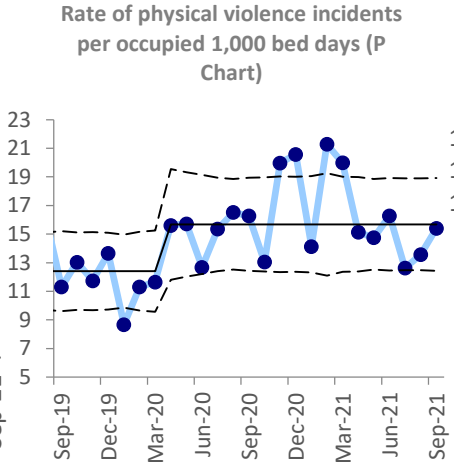
Over the past two months, Early Intervention Services (EIS) have exceeded the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 69% in August and September. As highlighted previously, video and telephone contacts are excluded in the national definition, and therefore, the percentage of contacts would be even higher if these were included. The recent results from 2020/21 National Clinical Audit of Psychosis (NCAP) published in August highlight that all EIS teams are maintaining service delivery at a high standard despite COVID-19 restrictions and the demand to move to digital interventions. For the second year running, an improvement was seen in the recording of outcome measures (from 41% in 2019/2020 to 55% in 2020/2021). There were also modest improvements on 6 out of 7 of the physical health intervention standards and the take-up of family interventions and supported education and employment programmes also remained the same as the previous year overall. Tower Hamlets EIS services performed exceptionally well across all care standards. Services continue to experience significant referral pressures and high caseload numbers, which is consistent with national trends and reports of increased prevalence of psychosis due to the pandemic. Teams are using the results of the NCAP audit to establish plans to strengthen any identified gaps, which will be reviewed at the Trustwide quality committee. The plans will include reviewing service demand and capacity and working with commissioners to ensure sufficient investment is received to deliver the expected care standards, particularly having enough staff to deliver therapies, physical health and family interventions.

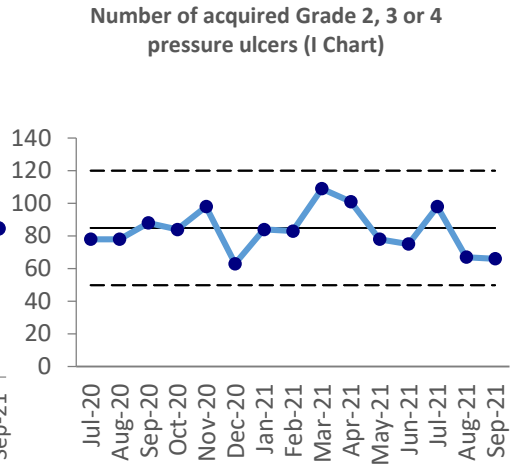
Internal assurance processes are in place to monitor progress against plans to tackle increased demand and backlogs for assessment and treatment. This is reported to the Quality Assurance Committee every 3 months, with the next update scheduled for January 2022.

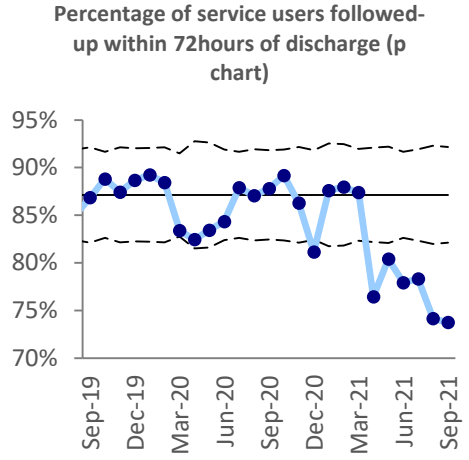
Safety





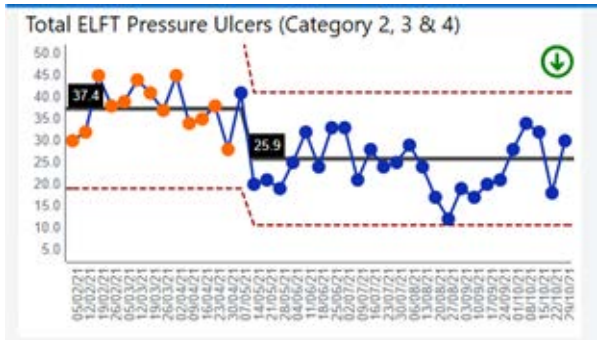






The Pareto chart above shows the distribution of reported incidents by category during August and September. This highlights that 51% of all reported incidents related to care and treatment and 20% related to death, and 17% related to violence and aggression. The main care and treatment themes related to pressure ulcers, delays in treatment, medication and self-harm incidents across a range of services across the Trust. Service users diagnosed with a terminal illness or receiving palliative care accounted for 76% of deaths, mainly in Community Health Services, with a minor proportion related to Mental Health Services and other community services. The chart for safety incidents resulting in harm shows that the proportion of incidents that resulted in harm has been decreasing over the past 6 months. To ensure that this is not related to under-reporting, the corporate Risk and Governance team will be providing training and support to teams, and proactively engaging with services where safety incident reporting levels have decreased.

Whilst the monthly number of pressure ulcers remains stable, a Trustwide QI project is starting to test changes and monitor data on a weekly basis at borough-level. This is showing signs of reduction, which has been attributed to training sessions and increased vigilance by staff. The team have been testing telehealth monitoring to identify people at risk of pressure ulcers and are developing a hospital pressure ulcer passport with service users, which is currently being tested by a number of service users in Newham. There was a cluster of pressure ulcers reported in August relating to one particular locality in Bedfordshire with complex service users, and some palliative care service users who had multiple pressure ulcers. A review of the cases highlighted that all preventative measures such as equipment, repositioning schedules, and regular skin checks were in place. However, despite these measures, the skin condition deteriorated, which may be due to end-of-life skin changes. In addition, there were occasions where due to pain, the service users were reluctant to reposition. In these instances, the team worked closely with GP's and palliative care to address the pain issues to manage pressure ulcer condition as effectively as possible.



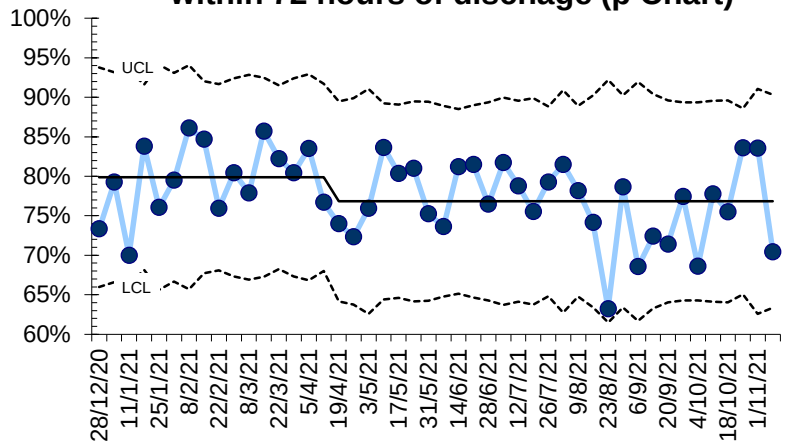
Safety

The overall rate of violence and aggression incidents is showing signs of reduction and returning back to previous levels, after a period of increased violence between October 2020 to March 2021. Incidents of violence and aggression in August and September related in part to a service user on the Older People's dementia ward in Tower Hamlets, and a small number of service users refusing Covid swabs. The service user on the dementia ward presented with sundowning symptoms which caused extremely active, agitated, and disruptive behaviour such as overturning chairs and tables and spilling water. Any intervention to prevent others or the service user from getting hurt resulted in violent incidents and, sometimes, the use of restraint.

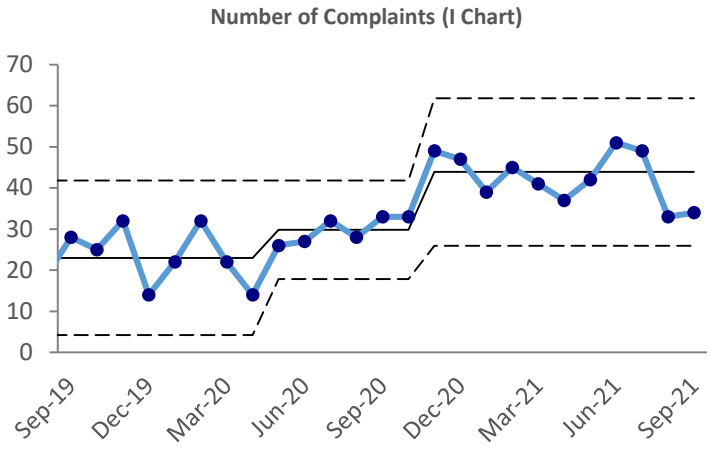
The rate of restraints is also showing reduction, to pre-pandemic levels. This is due to several initiatives that services have implemented to address ward safety issues, including stabilising the workforce, ensuring restrictive practices are proportionate and appropriate, increasing multidisciplinary involvement in decision-making and safety processes, and the use of 'COVID Safety Huddles'. In addition, services have been making more use of leave and family visits, focusing on engagement and de-escalation and alternatives to restriction, and undertaking focused work in some specific services such as Forensic Learning Disability and CAMHS inpatient services to support improvement across areas identified with higher rates.

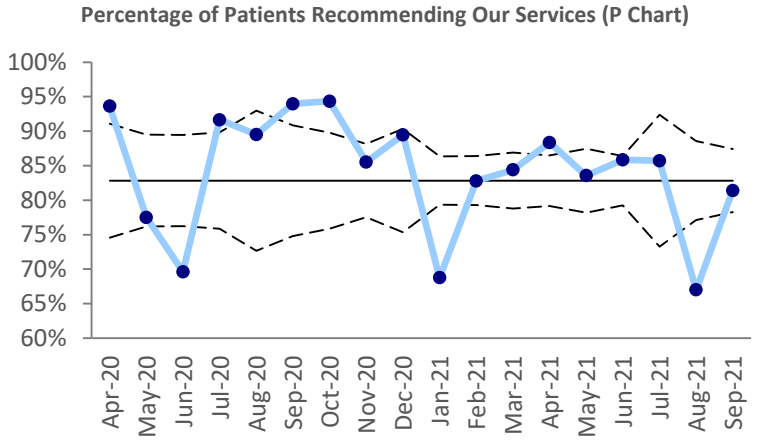
The percentage of people followed up within 72 hours of discharge from a ward continues to fall below the national 80% target. Services are undergoing training to increase familiarity with the new recording process in RiO. There is a Trust-wide 72-hour Safety and Wellbeing steering group overseeing work in this area. A service user and staff survey has been completed to learn from current experiences. The survey results have largely been positive and consisted of 33 staff and 22 service user responses. Staff expressed that they were clear about the purpose and process to complete follow-up contact, and are positive about their overall experience undertaking follow-up contact. Staff expressed a few challenges including incorrect contact details, service user engagement and an unclear discharge plans as the top 3 factors which could improve the timeliness of the 72-hour follow up contact. 32% of service users highlighted that they did not receive a follow-up discharge appointment. While most service users felt that the 72-hour follow-up helped their safety, wellbeing and understanding of future care, a few service users suggested that wider financial, relationship, and housing support could also be provided to assist with social challenges post-discharge. Plans to address this area of performance in Newham include utilising safety huddles to identify who is responsible for making follow-up calls on each day and developing a discharge checklist which will include the arrangement of the follow-up call. In City & Hackney services are holding a "Reset" event to clarify process for each stage of the discharge pathway and embed the new recording procedures. In Tower Hamlets, ward managers are organising training and awareness sessions with staff and utilising daily huddles to monitor follow-up arrangements. All services have started drawing on the lessons from the surveys to develop robust recovery plans to meet 80% target in the next 3 months. The weekly data being tracked within the steering group is starting to show signs of improvement.

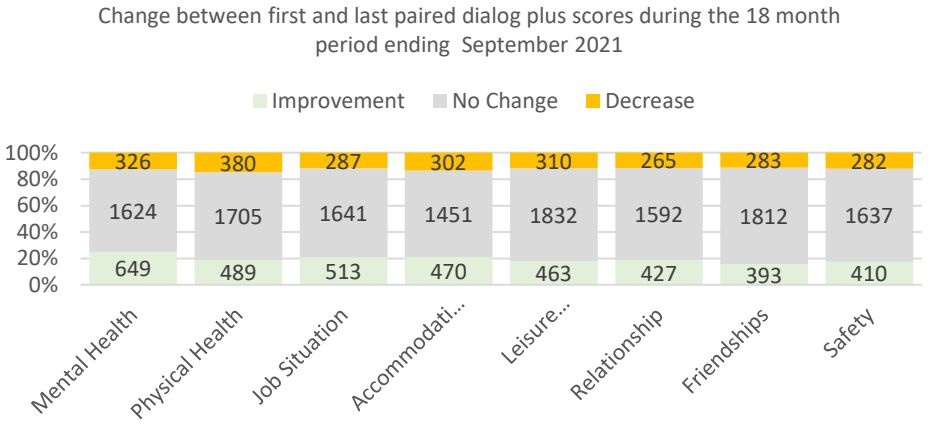
Percentage of service users followed-up within 72 hours of dischage (p Chart)



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 September. The top complaint themes relate to communication, attitude of staff, assessment, access to services and clinical management. Learning from complaints is routinely shared through directorate newsletters, governance meetings, quarterly learning sessions and annual patient safety learning events. The complaints department have been testing a number of ideas to reduce the backlog of open complaints, such as a live tracker and attending directorate meetings. 148 complaints have been closed in the last two months, reducing the backlog to 15 in November.

The percentage of service users who would recommend our services to friends and family fell to 67.0% in August and returned to normal levels in September (81.4%). This was related to an increase in responses across Primary Care services with low satisfaction scores, increasing from 45% in August to 60% in September. During August, services launched a campaign to increase feedback by utilising various communication channels, such as texting the Friends and Family Test (FFT) survey to service users, promoting surveys on social media, and posting posters around the Surgery with mobile phone QR codes to facilitate feedback. Services are learning from the survey responses and national GP Survey results published in July to address the emerging themes through "You Said, We Did" boards and QI projects. The GP survey highlighted that all practices continue to demonstrate improvement across most care standards. The main themes for improvement from both surveys were broadly consistent and related to waiting times and access, delays in telephones being answered in a timely manner, appointment process, choice, attitudes of staff and care and treatment. In collaboration with People Participation leads, services have begun improving telephony services and administration capacity to manage call volumes, introduced service user leaflets for specific populations to support their care needs, improved service websites and online support material, and are applying quality improvement to reduce waiting times.

Across IAPT services, following a period of lower Patient Experience Questionnaire results, the percentage of positive responses has improved in September. It is believed that this dip was related to increased waiting times.

Experience and Outcomes

The Dialog chart 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, there has been a shift towards more significant concerns about employment, followed by mental health and physical health issues during the pandemic. Although our data suggests that the number of service users in settled housing has declined further, this is influenced by national requirements that require services to update this status every 12 months for it to be valid. It is believed that delays in updating records in a timely manner may have adversely impacted these figures. Services have reminded teams of the importance of updating records during consultations and have restarted monitoring this indicator through frequent data quality checks to ensure records are updated accurately and promptly.

The impact of the pandemic on mental and physical well-being has been widely reported and acknowledged. Services continue to work in an integrated way with local partners and services to address the holistic needs of services users. The Trust has formally agreed to a partnership with the UCL Institute of Health Equity to pilot being the first NHS Trust to adopt the 'Marmot Principles' to tackle health and social inequalities and empower the communities we serve. We will be working in partnership with the London Borough of Newham and Luton Borough Council to start testing this approach. The Trust's Anchor steering group approved a set of ELFT Social Value priorities, which serve as the foundation for future anchor activities, particularly in terms of embedding social values in procurement processes so that employers provide fair wages and job opportunities for our service users and communities. The trust-wide Employment steering group has developed a user-led gold standard framework for our employment services and resources to support service users to get back to work. As part of our quality work, we have undertaken a review of inpatient deaths over the last 5 years. This showed that poor physical health was the cause of over 60% of inpatient deaths. This has galvanised action with staff and service users to identify what more we can do to address this issue. Services are implementing the revised 'Ottawa smoking model' across mental health inpatient services and have received increased investment for smoking services to increase reach and improve outcomes. Research has shown that if the model is implemented correctly, it can improve smoking cessation by 11%.

A scoping investigation is underway to see how perinatal services and the maternity mental health pilots can promote health and well-being for all pregnant women and their families by addressing health inequities and increasing access to services from hard-to-reach communities. In Luton and Bedfordshire, the team is collaborating with East of England Equality in Health & Cultural Awareness in Maternity, Neonatal, and Perinatal Mental Health regional teams on a project to improve access for the Roma population in Luton, which includes the creation of a bespoke video on perinatal mental health. All of the teams have strong ties to local maternity services and are well-positioned to collaborate further on projects with maternity, experts by experience, and third-sector organisations.

The trust-wide Quality of Life and Outcomes steering group is exploring not only the opportunities but also the challenges for staff and services users around implementing Dialog and Trialog as our mechanisms for understanding what matters to our service users and staff, and using this to inform individual plans. A dedicated subgroup has been formed with operational leads to design an outcomes dashboard, so that services can understand what the current data is telling us around Dialog scores, as well being able to highlight areas for improvement.

Experience and Outcomes

The percentage of people who achieve recovery within our IAPT services has improved in September, following a drop in August, although our performance has consistently been above the national 50% target. The slight deterioration over the Summer was due to longer waiting times and several Psychological Wellbeing Practitioners leaving the service. The percentage of service users from minority ethnic groups continues to increase, which is related to largely to work to widen access in Tower Hamlets, where both total number of referrals and the proportion of BAME referrals have increased.

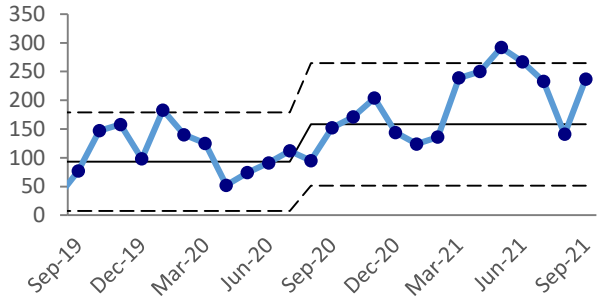
The number of service users dying in their preferred place of death has decreased. This was due to service users needing an acute hospital admission for a possible non-terminal disease, as well as changes in desired location of death from home to hospice after their health deteriorated further.

There has also been a reduction across Bedfordshire in terms of service users living independently six weeks after inpatient discharge. Work is in progress to look at outcome measures better to evidence the impact of the Intermediate Care Team. This will identify independent service users and individuals whose care needs may have been reduced, evidencing the increasing complexity of individuals accessing the service. Services have also launched initiatives to reduce inappropriate referrals to the Bedfordshire Intermediate Care Team by setting up the Transfer of Care service. The team in-reach into Bedford and Luton and Dunstable Hospitals to facilitate rapid discharges from ward level once service user is medical optimised. Joint liaison with acute staff to identify service deemed appropriate for TOC service will directly help to reduce the number of inappropriate referrals coming into the service.

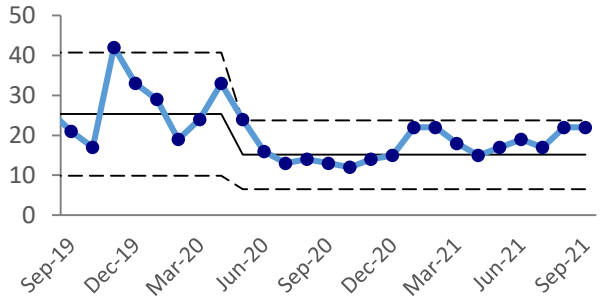
The Newham Specialist Children and Young Peoples Services, which provide a range of community physical health services in the borough, are rated as satisfactory by 98.4 percent of parents and service users, according to our quality and experience metrics. The service have recently restarted patient engagement efforts, recruiting patients and caregivers to help with projects like transition and documentation review in the Autism Spectrum Disorder pathway. The service has plans to participate in community events and host community partners in their venues.

Children and Young People

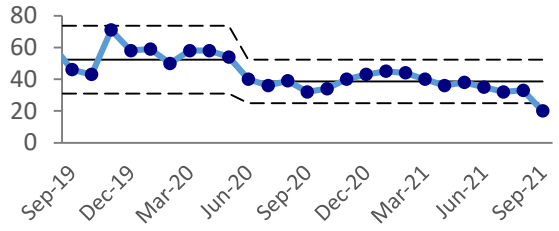
Number of service users presenting in crisis to our crisis pathway (I Chart)



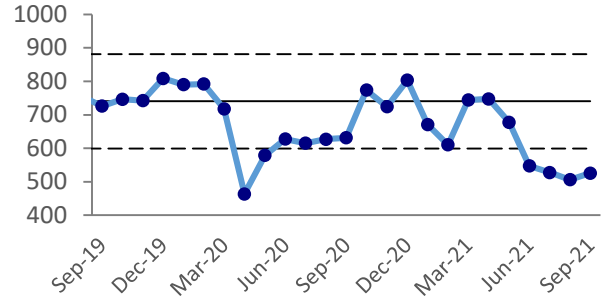
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)



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 crisis presentations dropped during the summer vacation, but has risen following the reopening of schools in September. Services continue to report increased referral pressures across crisis pathways, Eating Disorders and CAMHS services, and an increase in the levels of complexity and higher levels of risk of harm. This experience is consistent with national trends, and services anticipate that demand for services will continue as long-term effects of the pandemic emerge, however, crisis presentations should stabilise. 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. Initiatives to address this include 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 hired to help reduce the waiting list backlog.

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 using an integrated, person-centred approach (Thrive 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. Treatment waiting times have continued to reduce below normal levels mainly due to these improvements.

Pressures on A&E and acute paediatric services are requiring services to work collaboratively with children's Social Care to improve crisis pathways, admission avoidance, and joint working with partners to support young people in crisis to be in the right environment, whether at home, in social care, or in a paediatric or CAMHS inpatient bed. In addition, East London CAMHS services have recently appointed a new integrated care manager, working across partners and organisational boundaries to strengthen place-based systems, partnerships, and resources to provide a seamless integrated service offer for Children and Young People.

Children and Young People

The average waiting times for children and young people with Autism Spectrum Disorder (ASD) remains high. The Specialist Children & Young People's Service holds weekly multidisciplinary meetings to review and prioritise the longest waiting and most complex cases. A recovery plan has been put in place to reduce the backlog during the next year. The service has added two new members of staff and has one more post in the process of being recruited to. The service has expanded in November, including using an additional site and setting up new clinics in Newham to increase capacity of the service. As a result, 90% of children completed the diagnostic pathway in 2 appointments, and 50% in 1 appointment. The backlog has reduced from a peak of 1400 in February 2021 to 938 in October. This is an early indication that the changes made are producing the required improvements.

As highlighted by our population health indicators for children with complex needs, around half of children with neuro-disabilities receive annual check-ups on time. A consultant-led team has been formed, and a review will begin in one of the pathways with the most cases and the lowest annual review rate. This team also provides statutory services such as Looked After Children (LAC), Education Health Care Plans (EHCP), and effectively delivered safeguarding (child protection) consultations. There is additional investment in EHCP resources, which will bring additional capacity to the team.

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 then be re-located on the purpose-built Bedfordshire Mental Health Village inpatient facility when it is built.

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	21.7%	
Percentage of service users with Alcohol problems across Mental Health services	Quality	4%	
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	158.1	↑
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	↓
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	4278.4	
Admissions to adult facilities for services users under 16 years old (monthly)	Quality	0.7	↑
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%	
Dementia			
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%	↓
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	57.7%	↓
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%	↑
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 in East London (monthly)	Population Health	78.9	
Percentage of service users with Care Plan in place (advanced) in East London	Quality	55.6%	
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	92.5%	↓
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	136.9	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	93.8%	↓
Number of inappropriate referrals into Intermediate Care - Bedfordshire	Value	26%	

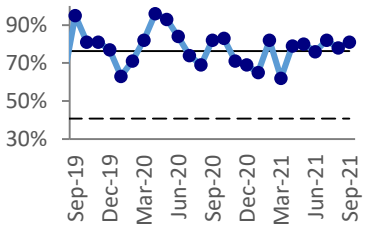
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	54.6%	
Percentage access by minority groups	Population Health	33.2%	↑
Percentage of positive comments to PEQ	Quality	93.6%	↓
Average wait times to (in weeks) to assessment chart	Quality	0.9	↑
Average wait times to treatment (in weeks) from assessment	Quality	7.5	↑
Number of service users entering treatment (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	6.2%	
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%	↓
Percentage of service users followed-up within 72hours of discharge	Quality	87.1%	↓
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	25.3	↓
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	15.6	
Bed occupancy	Value	72.6%	↑
Woman who are pregnant or new mothers			
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)			
Average weeks waited for initial appointment with the foot health team		7.0	
Average weeks waited for face to face appointment with the Diabetes Service		5.6	↑
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		4.4	↑
Average weeks waited for initial appointment with the Continence Service		14.7	
Rapid Response contacts within 2 hour guidelines		92.5%	↓
Stable Long Term Conditions (Bedfordshire)			
Percentage of referral to treatment times within 11 weeks with the Continence Service		32%	↑
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%	↓
Percentage of referral to treatment times within 11 weeks with Physio		99.6%	

Appendix 1: System Performance dashboard

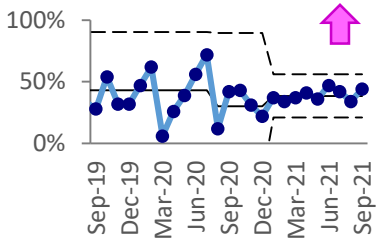
Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with substance misuse problems

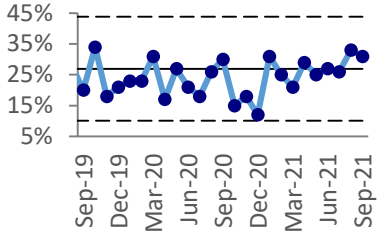
Reporting improvements in quality of life on discharge in Bedfordshire (I Chart)
Population Health



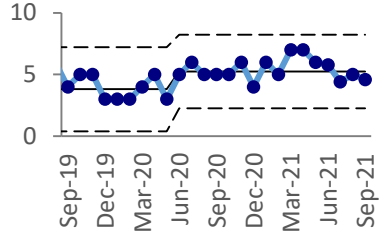
Service users in employment on discharge in Bedfordshire (I Chart)
Population Health



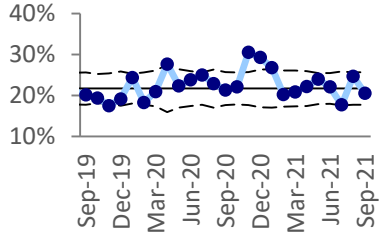
Successful completions not re-presenting to service in Bedfordshire (I Chart)
Quality



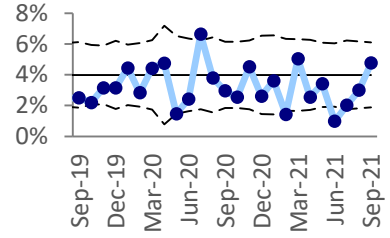
Waiting times to treatment - average days wait in Bedfordshire (I Chart)
Quality



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

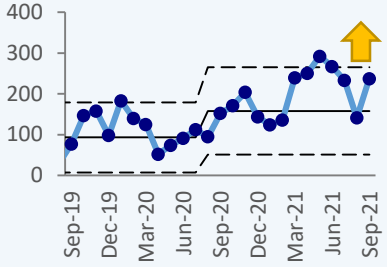


Service users with Alcohol problems across Mental Health services (P Chart)
Quality

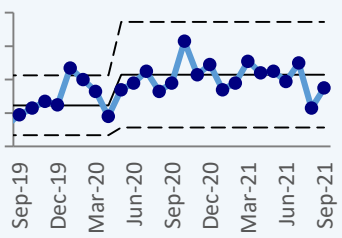


Children with complex mental health needs

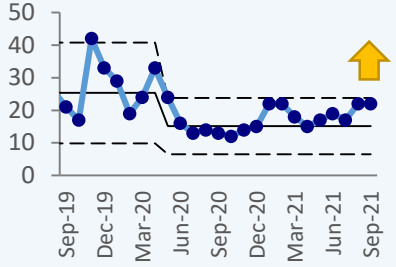
Number of service users presenting in crisis to our crisis pathway (I Chart)
Population Health



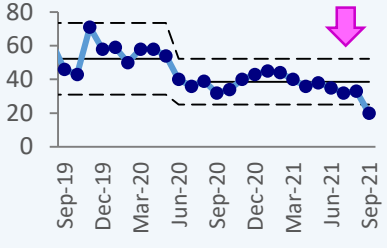
Service users presenting in Children and Young People Eating Disorder pathway (I chart)
Population Health



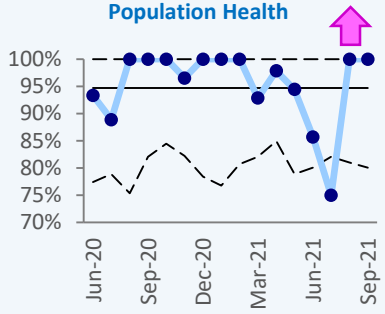
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)
Population Health



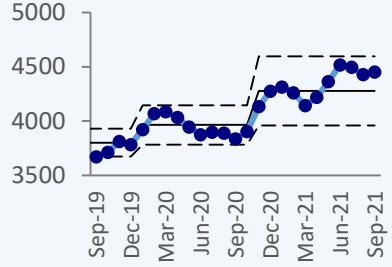
Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)
Population Health



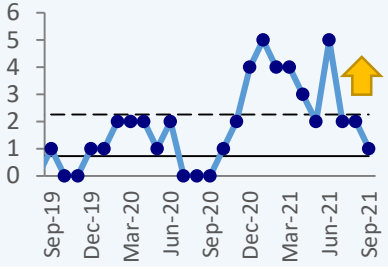
Carers and service users recommending our Community services (P chart)
Population Health



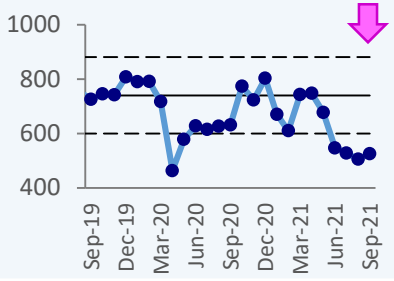
Children and young people aged 0-18 who have received two or more contacts (I Chart)
Quality



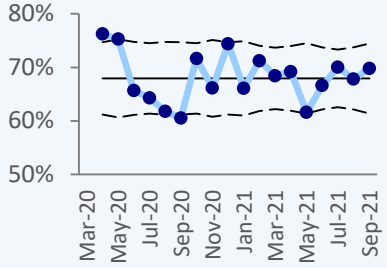
Admissions to adult facilities for services users under 18 years old
Quality



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

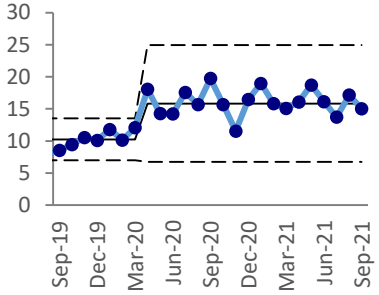


Appendix 1: System Performance dashboard

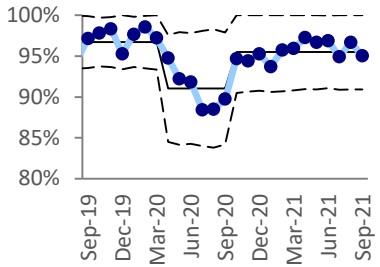
Special cause variation (⇧ ⇩) and when it's of potential concern (⇧ ⇩)

People with dementia

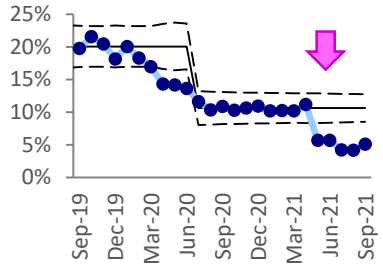
Average wait (in weeks) from referral to diagnosis (I chart) Quality



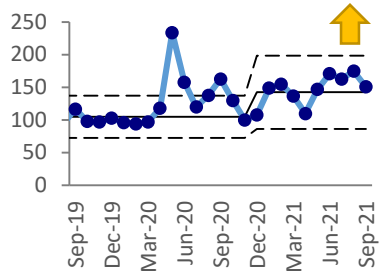
Service users offered on-going post diagnostic support – 6m after diagnosis (P Chart) Population Health



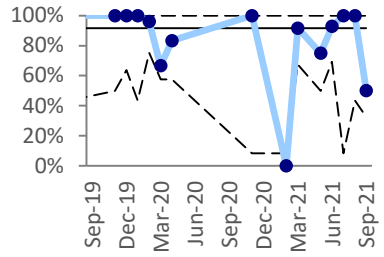
Percentage of patients receiving diagnosis of mild cognitive impairment (P chart) Quality



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

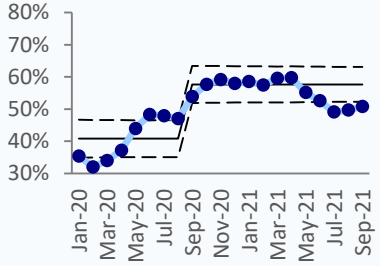


Percentage satisfaction with service, service users and carers (I chart) Quality

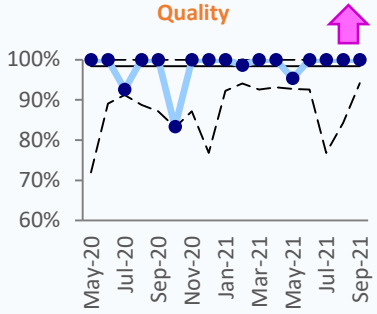


Children with complex health needs

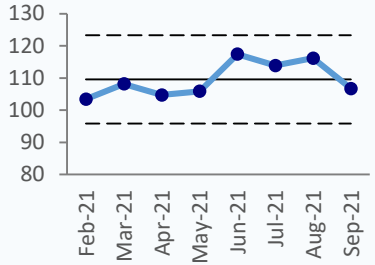
Complex neuro disability receiving a clinical review within past 12 m (P Chart) Population Health



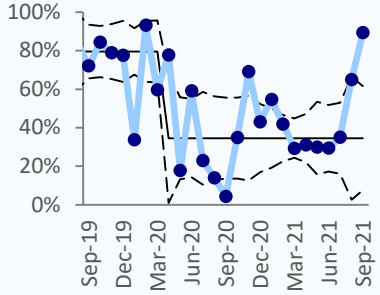
Percentage of service users and parents satisfied with services (P Chart) Quality



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

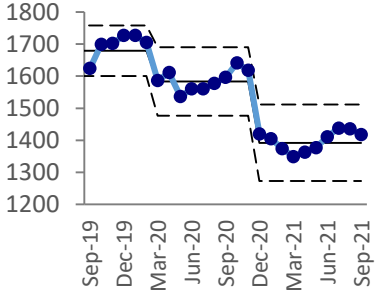


Children receiving ASD diagnosis within 2 appointments (P Chart) Value

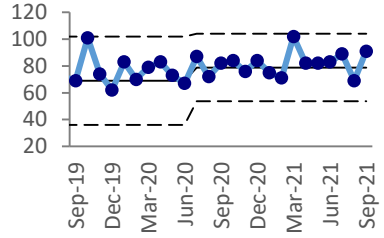


People receiving end of life care

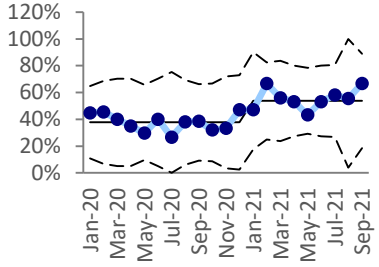
Service users on End of Life Pathway (I chart) Population Health



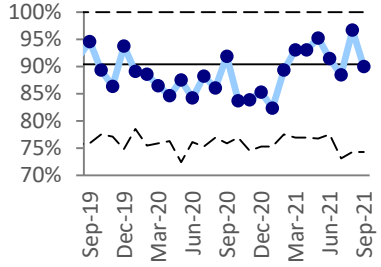
Service Users referred to Continuing Healthcare as a fast track in month in East London (I chart) Population Health



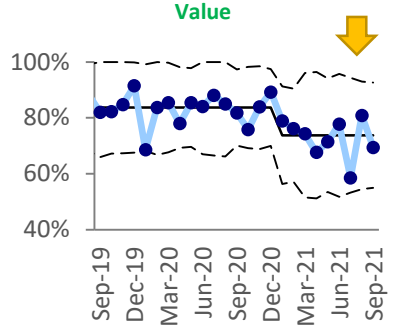
Service users with Care Plan in place (advanced) in East London (P Chart) Quality



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

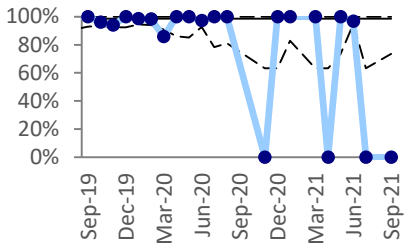


Appendix 1: System Performance dashboard

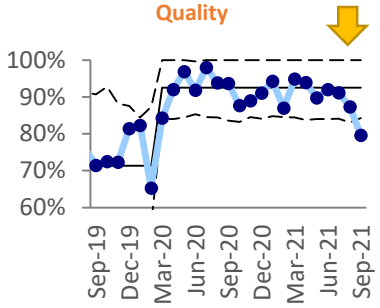
Special cause variation (⬆⬇) and when it's of potential concern (⬆⬇)

People who are frail or have long term conditions

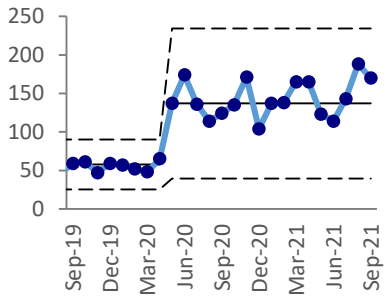
Percentage of service users who have recorded a positive experience (P chart)
Quality



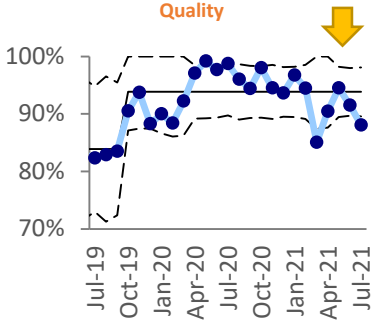
Rapid Response seen within 2 hour guideline (East London) (P Chart)
Quality



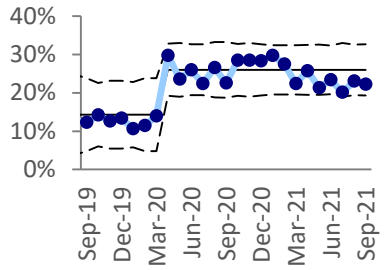
Number of Grade 2, 3 or 4 pressure ulcers (I Chart)
Quality



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

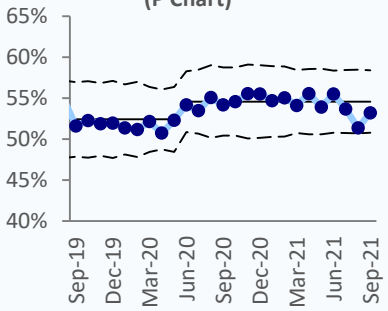


Number of inappropriate referrals into Intermediate Care - Bedfordshire (P Chart)
Value

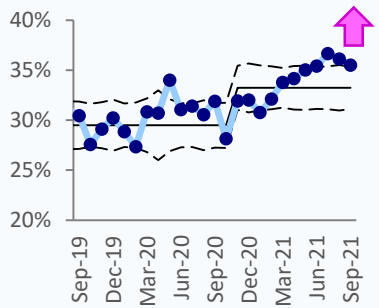


People with common mental health problems

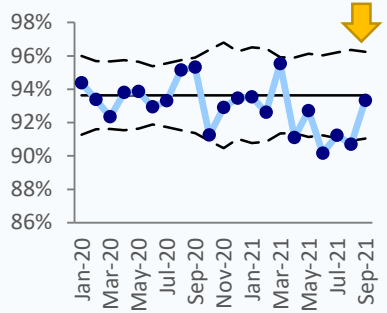
Percentage of service users moving into recovery (P Chart)



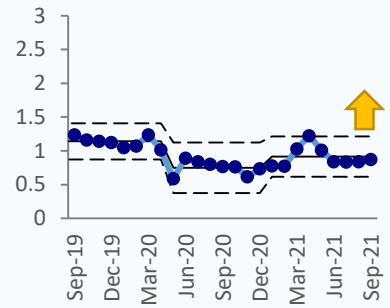
Percentage access by minority groups (P Chart)



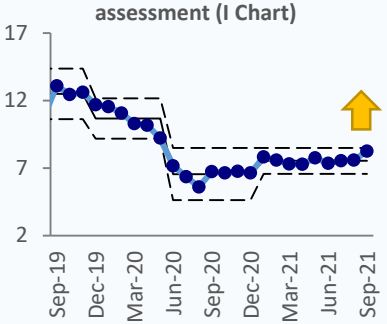
Percentage of positive comments to PEQ (P Chart)



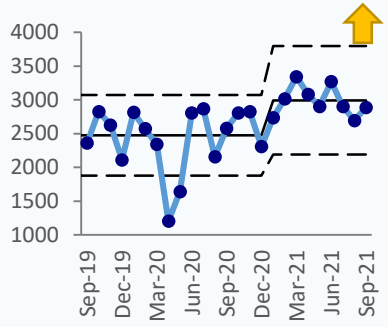
Average wait times (in weeks) to assessment (I Chart)



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

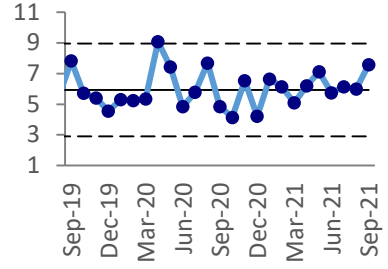


Number of service users entering treatment (I Chart)

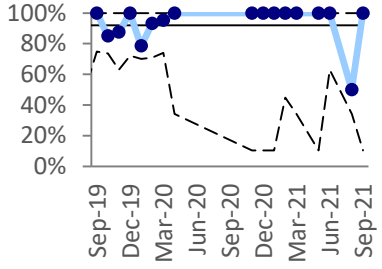


People with a learning disability

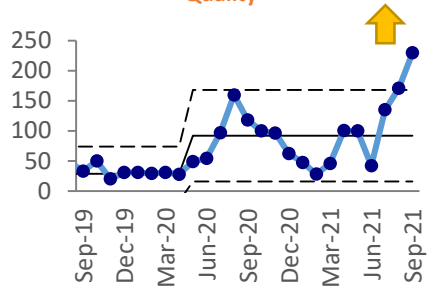
Average waiting times for new referrals seen (in weeks) for assessment (I chart)
Population Health



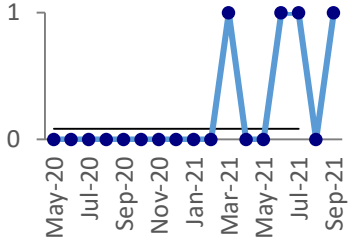
Percentage of service users that would recommend this service (P Chart)
Population Health



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

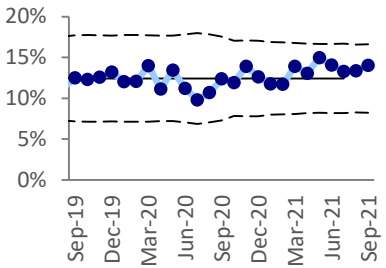


Appendix 1: System Performance dashboard

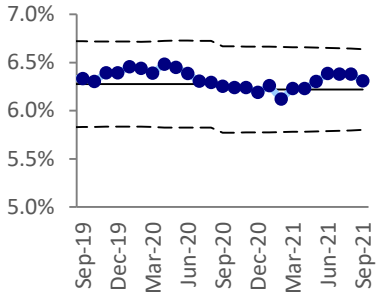
Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness

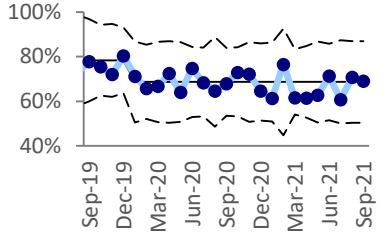
Percentage of service users receiving Individual Placement Support (P chart)
Population Health



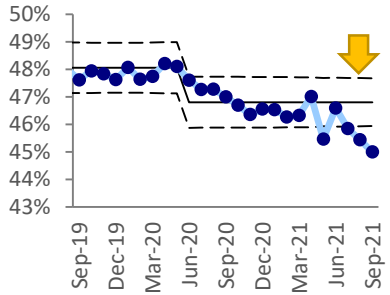
Percentage of service users in employment (P chart)
Population Health



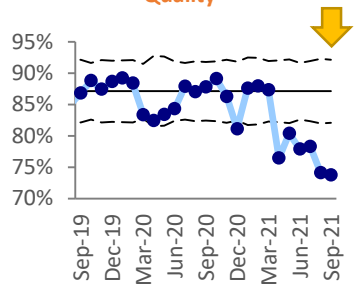
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart)
Population Health



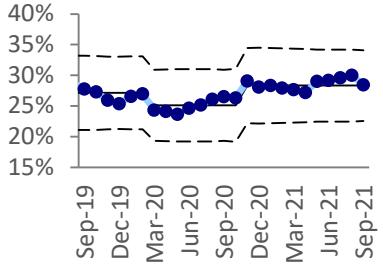
Percentage of service users in settled accommodation (P chart) Population Health



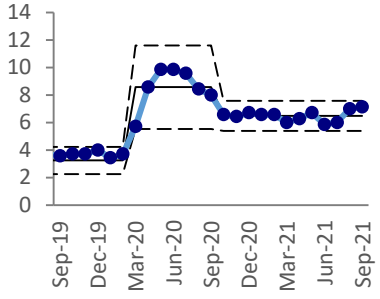
Percentage of service users followed-up within 72hours of discharge (p chart)
Quality



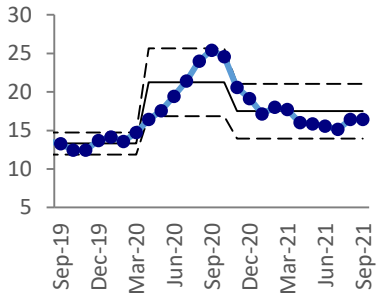
Inpatients with paired outcome measures showing improvement (P Chart)
Quality



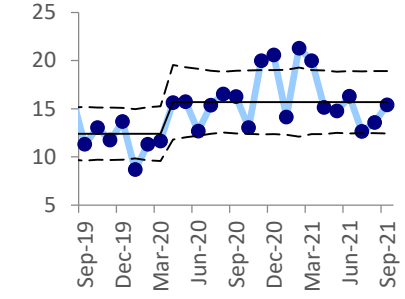
PTS average wait times (weeks) to 1st assessment in East London (I chart) Quality



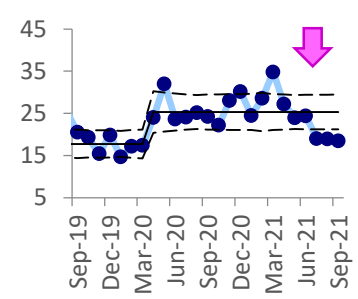
PTS average wait times (weeks) to treatment in East London (I chart) Quality



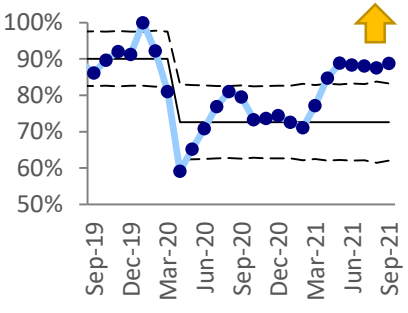
Rate of physical violence incidents per occupied 1,000 bed days (P Chart) Quality



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

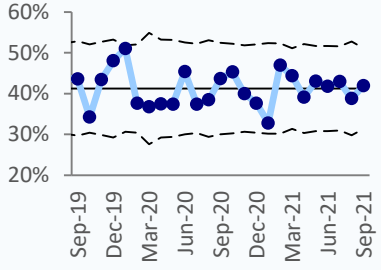


Bed occupancy (P' Chart)
Value

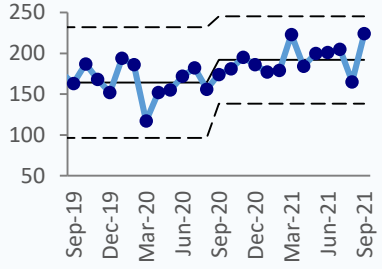


Woman who are pregnant or new mothers

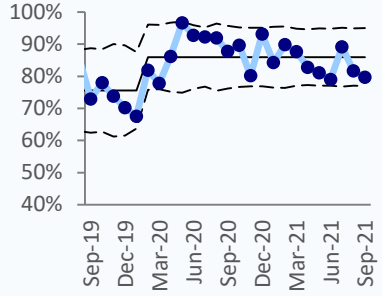
Service users seen in the month from minority communities (P Chart)
Population Health



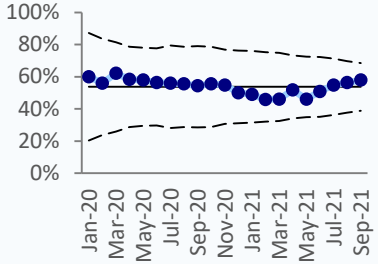
Number of service users accessing community perinatal services (I Chart)
Population Health



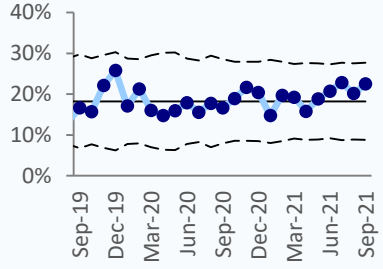
Percentage of service users seen within 28 days (I Chart) Quality



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



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

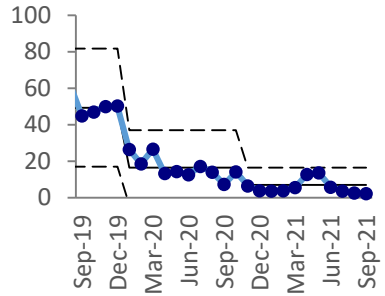


Appendix 1: System Performance dashboard

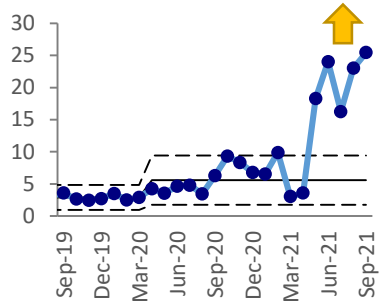
Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with stable long term conditions (East London)

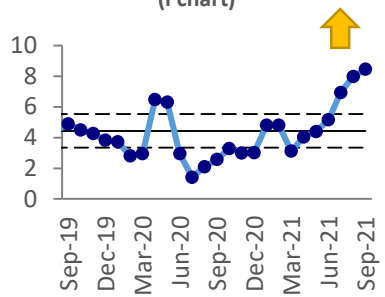
Average weeks waited for initial appointment with the foot health team (I Chart)



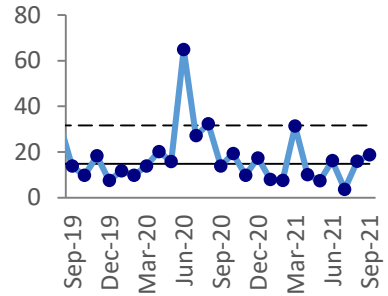
Average weeks waited for face to face appointment with the Diabetes Service (i chart)



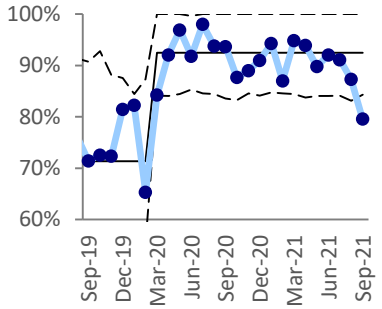
Average weeks waited for initial appointment with the MSK and Physiotherapy teams (i chart)



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

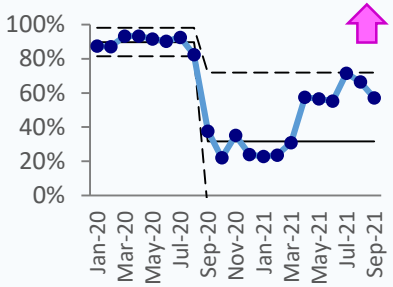


Rapid Response seen within 2 hour guideline (East London) (P Chart)

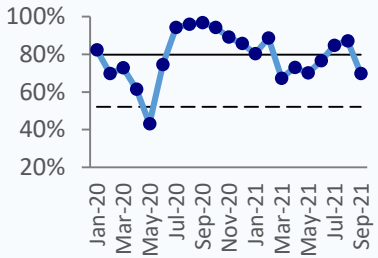


People with stable long term conditions (Bedfordshire)

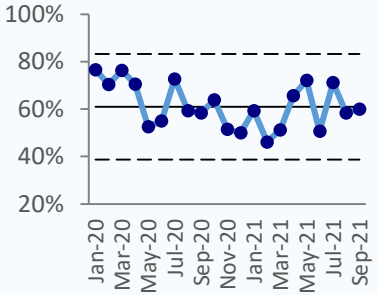
Referral to treatment times within 11 weeks with the Continence Service (I chart)



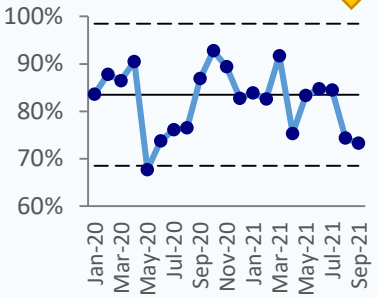
Referral to treatment times within 11 weeks Speech and language therapy (I chart)



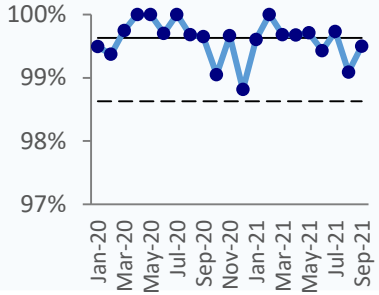
Referral to treatment times within 11 weeks Wheelchair Service (I chart)



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



Percentage of referral to treatment times within 11 weeks with 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.