

Appendix 1 - Selection of performance indicators

The summary below has been provided to aid members in selecting a suite of performance indicators / areas for scrutiny in 2021/22.

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
<p>BHRUT Constitutional Standards:</p> <ul style="list-style-type: none"> • Four-hour emergency access performance; • Cancer; • Diagnostics; • Referral to treatment (RTT) 	<p>NHS access standards were introduced in 1999 to measure patient waiting times in a defined number of areas of NHS service delivery. The current access standards have become central to the operation of much frontline service delivery. The standards fulfil a wide range of different purposes – clinically, operationally and in terms of planning, performance measurement, regulation and oversight, governance and accountability.</p>	<p>Performance against the Constitutional Standards is reported to BHRUT’s Board [and published] on a quarterly basis. Key points from the last quarterly report were:</p> <ul style="list-style-type: none"> - Four hour performance for all types was 71.8% in March (national target 95%). The four hour type 1 performance for King George Hospital had been 64.21% and at Queen’s Hospital 47.47%. - For cancer 2 week wait performance, the Trust maintained compliance over winter despite referral levels in excess of pre-Covid numbers. There was a 10% increase in 2 week wait referrals. In relation to 62 day cancer performance the position for February was 74% against an 85% standard - on par with the London average. - In relation to diagnostics, there was a brief slow-down in endoscopy in January but despite this, a steady improvement in compliance with the standard, with 99% of patients seen within six weeks. - RTT performance was largely maintained through January to March. In recent weeks the number of patients waiting over 18 weeks had started to reduce and beyond May it was expected that there would be improvement in line with what had been seen before Christmas.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
BHRUT financial update	A BHRUT financial summary will provide an overall picture of the Trust's current position.	<p>BHRUT's finance updates are produced quarterly, as part of its Board Reports, and look at the current position and key areas of improvement. Key points highlighted in the last quarterly report were:</p> <ul style="list-style-type: none"> - The Trust exited the financial year 2020/21 with an underlying monthly deficit of £6m. This was £1m worse per month than at the start of the financial year. On top of this the Trust was spending £6m/month in the last quarter in relation to Covid. - The reported year end position was a small surplus of £100k due to the temporary financial regime. - Capital in year was a positive picture with the Trust having spent £46m on infrastructure. Capital works would assist the emergency care pathways at both sites where £12m had been invested. £5m had been spent on diagnostic imaging equipment and £3m on cutting edge surgical robotics. - The financial year 2021/22 required improvement from £6m deficit per month down to £5m deficit per month to achieve the £60m deficit or base case deficit of £66m.
Admission episodes for alcohol-related conditions (rate per 100,000)	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.	<p>In 2019/20, Havering's rate of admissions for alcohol-related conditions was 437 per 100,000; better than England and London.</p> <p>Frequency: Annual. Quarterly updates would therefore focus on action being taken locally to prevent admissions.</p>

Appendix 1 - Selection of performance indicators

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
Reception and Year 6 prevalence of overweight (including obesity)	<p>There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.</p> <p><i>*The 2019/20 National Child Measurement Programme (NCMP) data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years.</i></p>	<p>In 2019/20, 21.6% of Reception aged children in Havering and 38.1% of Year 6 children in Havering were overweight or obese; both of which were similar to London.</p> <p>Frequency: Annual measurements during academic year. Data published in the final quarter of the calendar year. Quarterly updates would therefore focus on action being taken towards tackling childhood obesity.</p>
Percentage of adults aged 18+ classified as overweight or obese	<p>The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.</p> <p><i>*Questions on self-reported height and weight are included in Active Lives (survey, Sports England) to provide data for monitoring excess weight in adults at</i></p>	<p>In 2019/20, 67.3% of adults in Havering were classified as overweight or obese, which is worse than London (55.7%).</p> <p>Frequency: Annual. Quarterly updates would therefore focus on action being taken towards tackling obesity.</p>

Appendix 1 - Selection of performance indicators

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
	<p><i>LA level. Adults tend to underestimate their weight and overestimate their height when providing self-reported measurements and the extent to which this occurs can differ between population groups. Therefore prevalence of excess weight calculated from self-reported data is likely to produce lower estimates than prevalence calculated from measured data.</i></p>	
Smoking status at time of delivery	<p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.</p> <p><i>*Note from SATOD dashboard - data should be interpreted with care over the COVID-19 period.</i></p>	<p>In 2020/21, 6.7% of mothers in Havering were known to be smokers at the time of delivery, as a percentage of all maternities. This is worse than London (4.8%) and better than England (9.5%).</p> <p>Frequency: Quarterly.</p>
Emergency hospital admissions due to falls in people aged 65 and over (rate per 100,000)	<p>Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving into long-term nursing or residential care. The highest risk of falls is in those aged 65+ and falls that result in injury can be very serious - around 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and</p>	<p>In 2019/20, Havering's directly standardised rate of falls in older people was 1,623 per 100,000. This was better than England (2,222) and London (2,215).</p> <p>Frequency: Annual. Quarterly updates would therefore focus on action being taken towards preventing falls in this age group.</p>

Appendix 1 - Selection of performance indicators

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
	fractures in those aged 65+ account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.	
Percentage of births that receive a face to face new birth visit by a Health Visitor within 14 days	All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth – known as the New Birth Visit (NBV). This visit forms part of the Healthy Child Programme and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. The NBV is important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health.	<p>In 2019/20 (latest published data), 95.1% of Havering infants received a new birth visit by a health visitor within 14 days. This is better than England (86.8%) and London (92.6%).</p> <p>During the first quarter of 2021/22, 95.04% of new-borns received a face to face visit by a health visitor within 14 days.</p> <p>Frequency: reported monthly as part of contract monitoring.</p>
Percentage of children who received a 2-2.5 year review	All children and families should receive a review when the child reaches around 2 to 2½ years. This allows for an integrated review of their health and development. It also presents an opportunity to discuss preconception health with parents before any future pregnancy, and an opportunity to support the parents with issues such as access to a nursery place (including free provision), and a reminder of the importance of the pre-school immunisation booster.	<p>In 2019/20 (latest published data), 85.4% of children in Havering received a 2-2.5 year review; similar to England and London.</p> <p>During the first quarter of 2021/22, 87.46% of children turning 2.5 years had received a 2-2.5 year review.</p> <p>Frequency: reported monthly as part of contract monitoring.</p>
Percentage of high risk mothers who received a	During pregnancy and after the birth of a child, women are at a higher risk of experiencing mental health problems. This period is also a time when a range of	During the first quarter of 2021/22, 83.21% of high risk mothers received a Maternal Mood review in line with the local pathway, by the time the infant was aged 8 weeks.

Appendix 1 - Selection of performance indicators

Indicator	Rationale (<i>*and any caveats</i>)	Current / latest performance and frequency of updates
Maternal Mood review in line with local pathway	mental health conditions that a woman may have previously experienced can return or worsen. Low mood, anxiety and depression are common mental health problems that occur during pregnancy and in the year after childbirth. The pain these conditions cause women and their families and the negative impact they have on their health and wellbeing are significant.	Frequency: reported monthly as part of contract monitoring.
Referrals to the Primary Mental Health Team for either brief intervention or school counselling	Intervening early when there are concerns surrounding a child or young person's mental health can reduce the likelihood of further decline and the need for more formal CAMHS support. Improving children and young people's mental health is associated with reduced levels of truancy, school exclusions, crime and smoking, and increased probability of employment and a higher wage in adulthood.	Frequency: reported monthly.