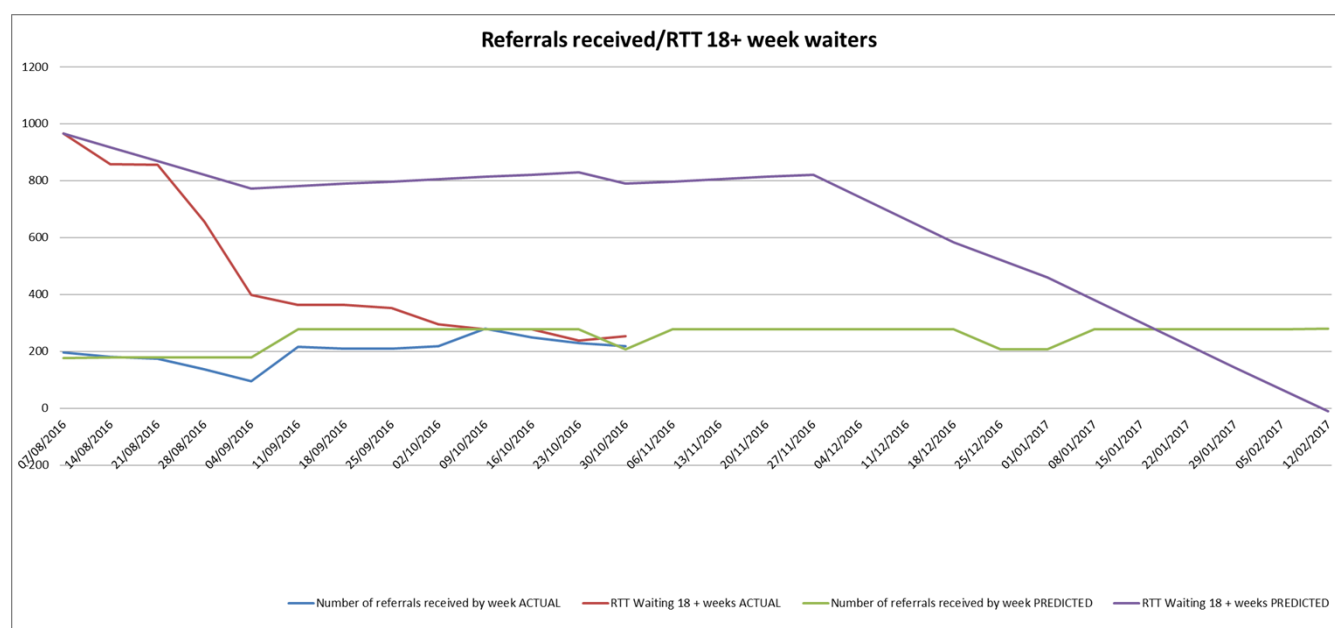


Performance Tables

There is significant improvement against the performance recovery trajectory and as at the end of October 2016 the **ACTUAL** number of children waiting 18 weeks plus for Referral to treatment (RTT) is 254. This is a significant improvement against the **PREDICTED** number of children waiting 18 weeks for Referral to treatment (RTT) which was 789 as at the end of October 2016.

Chart 1



The provider, in response to commissioners concerns, have dedicated a performance team to work with colleagues in their SystemOne Team (this system records all patient records and information in one location) to ensure robust processes are in place to record the completion of 7 day initial assessments. Improvement is expected to be seen in January.

Case loads

Case Load – core EWMHS	As @ 1/11/2015	As @ 31/3/2016	As @ 31/5/2016	As @ 30/6/2016	As @ 31/7/2016	As @ 31/8/2016	As @ 30/9/2016
Thurrock		552	537	551	515	497	531
Essex	3823	6432	6289	63119	5916	5420	5379
		Variance since 1/11/15	64.50		54.75	41.77	40.70
		Variance since 1/11/15		-1.76	-8.02	-15.73	-16.37
		Monthly Variance		0.48	-6.38	-8.38	0.76

This represents an **increase to** the overall caseload of **41%** compared to that which transferred in November 2015.

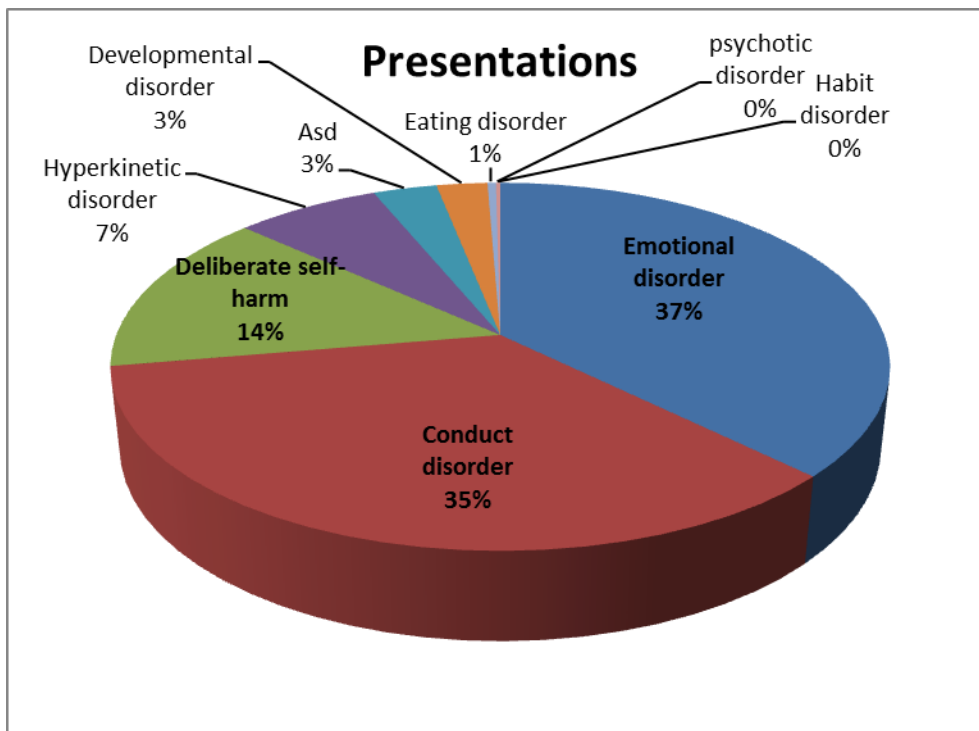
Referrals received:

Activity April 2016 – September 2016

	Referrals received	Referrals accepted	% acceptance rate
Thurrock	512	463	90%
All Essex	5213	4466	86%

The service model commissioned reflects a 'catch and carry' approach and the expectation is that 25% of referrals would be signposted to alternative provision. Commissioners would therefore expect an acceptance rate of 75% across Essex.

Presenting problems (Thurrock Only):



Waiting Times

KPI No	Key performance indicators	Standard	Unit	Thurrock
KPI 3B	RTT waiting times (completed pathways) within 6 weeks 6 to 12 weeks 12 - 18 weeks 18+ weeks	baseline	Number <= 6 weeks	211
			Number 6 to <=12 weeks	46
			Number 12 to <=18 weeks	56
		95%	Vol (>18 weeks)	132
			Vol (Total)	445
			Percentage	70.34%
KPI 4B	RTA Referral to assessment) waiting Times new cases (completed pathways) 0 <= 4 weeks 4 to <= 8 weeks 8 to <= 12 weeks 12 + weeks	87%	Number 0 <= 4 weeks	142
			Percentage 0 <= 4 week	35.59%
		10%	Number 4 <= 8 weeks	55
			Percentage 4 <= 8 week	13.78
		2%	Number 8 <= 12 weeks	23
			Percentage 8 <= 12 week	5.76
		1%	Number > 12 weeks	179
			Percentage >12 weeks	44.86%

The above table shows the referral to treatment (RTT) waiting as at end of September 2016, and achievement against the 18 week RTT KPI. It also shows performance against the KPI's (Key Performance indicators) in each of the waiting time cohorts for those children and young people receiving their assessment.

The impact of the volume of referrals during the latter part of 2015/16 has had a negative effect on both waiting times for treatment and waiting times for assessment

As discussed earlier in this report, there is a robust action plan in place and the workload is being prioritised based on clinical risk. This is monitored on a weekly basis and cases prioritised based on triaged clinical risk. All new referrals are reviewed for prioritisation by an appropriate clinician. All Looked after children are prioritised for assessment.

NELFT are achieving well against the target of 10% CYP receiving their assessment within 4-8 weeks.

Vulnerable Groups

April – September 2016	Thurrock
Total referrals	462
Those identified as LAC	33
Those identified as LDD	2
Those identified as CP	24
% total of all referrals	12.77%

We continue to work with the NELFT to ensure the status of children is accurately recorded on System One, and are actively encouraging referrers to identify the status of the child at the point of referral.

April – September 2016	Thurrock
Number of LDD assessments	0
Number of LAC assessments	6
Number of CPP assessments	5

NELFT have identified a problem within the clinical system for 'flagging' LAC/vulnerable groups which is now being addressed internally by the SystemOne IT team and as part of all training going forward it has been re-stated for all teams that all LAC referrals will be prioritised for assessment and seen within seven days, with treatment interventions offered based on presenting clinical need.