

**Trust Performance Scorecard**

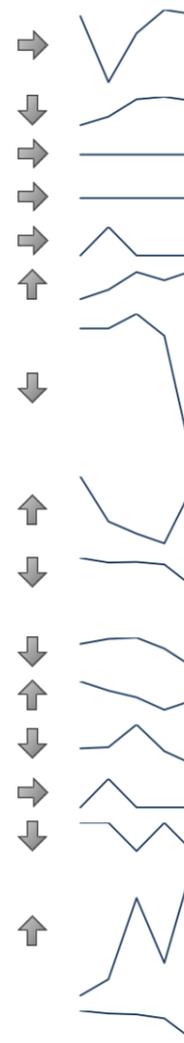
**Safe**

|   |
|---|
| CPA Acute & PICU % of patients followed-up 7 Days after discharge   |
| Care Programme Approach: % of patients reviewed in the last 12 months                                       |
| Inappropriate use of inpatient beds.  |
| Number of Never Events  |
| 136 Suite – inappropriate use   |
| Adult Acute Inpatient Risk Assessments - % Current (From sample)  |
| New CAMHS referrals receiving 2 contacts before turning 18, with <6 week wait time between contacts         |
| CAMHS Waiting Lists - Percentage of GP referrals waiting over 13 weeks (snapshot taken on last working day) |
| CAMHS waiting list snapshot (last day of month)   |

**2017/18**

|   | Qtr 1 |       |       | Qtr 2 |       |
|---|-------|-------|-------|-------|-------|
|   | Apr   | May   | Jun   | Jul   | Aug   |
| CPA Acute & PICU % of patients followed-up 7 Days after discharge   | 99.2% | 97.6% | 98.8% | 99%   | 99%   |
| Care Programme Approach: % of patients reviewed in the last 12 months                                       | 94.3% | 94.8% | 95.8% | 95.9% | 95.7% |
| Inappropriate use of inpatient beds.  | 0     | 0     | 0     | 0     | 0     |
| Number of Never Events  | 0     | 0     | 0     | 0     | 0     |
| 136 Suite – inappropriate use   | 0     | 1     | 0     | 0     | 0     |
| Adult Acute Inpatient Risk Assessments - % Current (From sample)  | 96%   | 97%   | 99%   | 98%   | 99%   |
| New CAMHS referrals receiving 2 contacts before turning 18, with <6 week wait time between contacts         | 83%   | 83%   | 84%   | 83%   | 74%   |
| CAMHS Waiting Lists - Percentage of GP referrals waiting over 13 weeks (snapshot taken on last working day) | 10.2% | 8.1%  | 7.5%  | 7.0%  | 9.7%  |
| CAMHS waiting list snapshot (last day of month)   | 1084  | 1057  | 1060  | 1045  | 913   |

**Trend**



| Target | August Comments   |
|--------|---|
| 95%    | 149 patients were followed up within 7 days of discharge out of 150. There was 1 breach in Haringey.  |
| 95%    | % of CPA reviews undertaken has improved in all three boroughs.   |
| 0      |   |
| 0      |   |
| 0      |   |
| 90%    |   |
| 95%    | This is a new KPI for CAMHS Assessment to Treatment. A total of 190 new referrals were received in the month of which 140 achieved the 95% target. Whilst Enfield and Haringey saw relatively the same number of referrals as the previous month, Barnet experience a 44% fall in referrals in the month. Barnet achieved 55%, Enfield 78% and Haringey 95%. Discussions are taking place with Barnet to better understand the drop in performance and mitigating activity. |
| 0%     | Enfield CAMHS over 13 weeks has increased. The cases over 13 weeks have all been booked in Sept/Oct. Staffing resource has been increased in Haringey's with improvement in the waiting list. Weekly monitoring in place.   |

**Effective**

|   |
|---|
| % PbR Cluster Reviews completed on time   |
| % Patients gate kept by the Crisis Resolution and Home Treatment Team             |
| % Admissions that are emergency readmissions within 28 days of previous discharge |
| Falls resulting in severe injury or death   |
| Grade 3 or 4 pressure ulcers  |
| Formal Complaints received  |
| Complaints: Response in time  |

|   |        |       |       |       |       |
|---|--------|-------|-------|-------|-------|
| % PbR Cluster Reviews completed on time   | 86.8%  | 87.0% | 87.0% | 86.7% | 86.2% |
| % Patients gate kept by the Crisis Resolution and Home Treatment Team             | 100.0% | 99.2% | 98.6% | 97.5% | 98.3% |
| % Admissions that are emergency readmissions within 28 days of previous discharge | 1.6%   | 1.6%  | 2.7%  | 1.4%  | 0.8%  |
| Falls resulting in severe injury or death   | 0      | 1     | 0     | 0     | 0     |
| Grade 3 or 4 pressure ulcers  | 2      | 2     | 1     | 2     | 1     |
| Formal Complaints received  | 13     | 14    | 19    | 15    | 21    |
| Complaints: Response in time  | 85%    | 77%   | 74%   | 62%   | tbc   |

|     |   |
|-----|---|
| 85% |   |
| 95% |   |
| 5%  |   |
| 0   |   |
| 1   |   |
| -   | 25 day compliance figures are one month in arrears as the 25 working day period is not yet complete for the current month. Datix is a live system so figures are expected to change as complaints are reviewed and re-categorised. Minor changes to the figures are to be expected. |
| 90% |   |

**Caring**

|   |
|---|
| Patient Survey - Information provided     |
| Patient Survey - involved in decisions    |
| Patient Survey - treated with dignity     |
| Overall Patient Satisfaction              |
| Overall Carer Satisfaction                |
| Patient FFT - Mental Health Overall Score |
| Patient FFT - ECS Overall Score           |

|   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| Patient Survey - Information provided     | 90% | 93% | 91% | 91% | 92% |
| Patient Survey - involved in decisions    | 88% | 88% | 87% | 87% | 87% |
| Patient Survey - treated with dignity     | 94% | 95% | 94% | 94% | 95% |
| Overall Patient Satisfaction              | 90% | 91% | 89% | 89% | 90% |
| Overall Carer Satisfaction                | 91% | 94% | 92% | 93% | 90% |
| Patient FFT - Mental Health Overall Score | 85% | 86% | 88% | 86% | 86% |
| Patient FFT - ECS Overall Score           | 99% | 97% | 97% | 99% | 97% |

|     |  |
|-----|--|
| 80% |  |
| 80% |  |
| 80% |  |
| 80% |  |
| 80% |  |
| 80% |  |
| 90% |  |

**Responsive**

|  |
|--|
| DToC - % All Occupied Bed Days (OBDs) due to delayed transfers |
| DToC - % Adult OBDs due to delayed transfer of care            |
| DToC - % Older People's OBDs due to delayed transfer of care   |
| DToC - Number of Patients delayed in the month                 |

|  |        |        |        |        |       |
|--|--------|--------|--------|--------|-------|
| DToC - % All Occupied Bed Days (OBDs) due to delayed transfers | 12.15% | 11.24% | 11.29% | 10.62% | 5.90% |
| DToC - % Adult OBDs due to delayed transfer of care            | 15.36% | 11.38% | 8.91%  | 10.03% | 5.73% |
| DToC - % Older People's OBDs due to delayed transfer of care   | 4.5%   | 10.9%  | 17.2%  | 12.1%  | 6.3%  |
| DToC - Number of Patients delayed in the month                 | 36     | 51     | 35     | 36     | 24    |

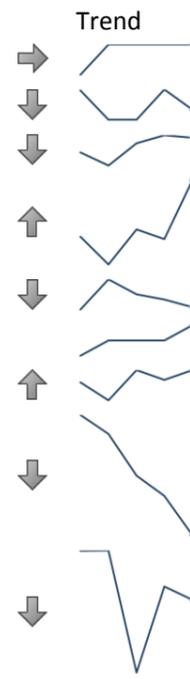
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|------|--|
| 7.5% | Improvement in delays across all three Boroughs overall of just under 5% which is the lowest delay monthly reporting position since April. Enfield has seen the biggest reduction in delays during August with a 63% drop compared to July reporting period, Both Haringey (60%) & Barnet (28%) also saw a drop in delays when compared to July. Weekly partnership calls continue to seek solutions locally, while the Trust engages with London-wide initiatives to reduce delays. |
| 5%   |  |
| 20%  |  |
| 30   |  |

**Trust Performance Scorecard**

|   |
|---|
| Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral |
| Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral  |
| Let's Talk (Enfield IAPT) number entering treatment each month.           |
| Let's Talk (Enfield IAPT) Recovery Rate                                   |
| EIP % of people treated within 2 weeks                                    |
| CAMHS FEP cases treated within 2 weeks                                    |
| CRHT GP Response Times - 4 hours  |
| Liaison Service - N. Mid 1-hour response time for A&E referrals           |
| Liaison Service - Barnet 1-hour response time for A&E referrals           |

**2017/18**

|   | Qtr 1 |        |        | Qtr 2  |        |
|---|-------|--------|--------|--------|--------|
|   | Apr   | May    | Jun    | Jul    | Aug    |
| Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral | 99.4% | 100.0% | 100.0% | 100.0% | 100.0% |
| Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral  | 93.9% | 91.0%  | 91.0%  | 94.0%  | 92.0%  |
| Let's Talk (Enfield IAPT) number entering treatment each month.           | 464   | 391    | 517    | 561    | 548    |
| Let's Talk (Enfield IAPT) Recovery Rate                                   | 50.3% | 46.3%  | 51.4%  | 50.0%  | 58.5%  |
| EIP % of people treated within 2 weeks                                    | 64.3% | 92.3%  | 78.6%  | 73.7%  | 66.7%  |
| CAMHS FEP cases treated within 2 weeks                                    | 0     | 1      | 1      | 1      | 2      |
| CRHT GP Response Times - 4 hours  | 98.0% | 95.2%  | 100.0% | 98.4%  | 100.0% |
| Liaison Service - N. Mid 1-hour response time for A&E referrals           | 85.4% | 82.5%  | 76.1%  | 73.0%  | 67.0%  |
| Liaison Service - Barnet 1-hour response time for A&E referrals           | 94.5% | 94.5%  | 89.2%  | 93.0%  | 92.4%  |

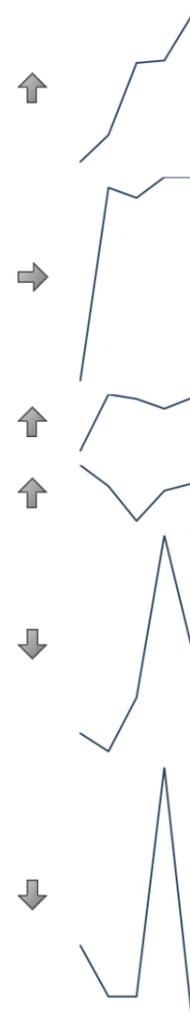


| Target | August Comments   |
|--------|---|
| 95%    |   |
| 75%    |   |
| 441    |   |
| 50%    | Both the Access target and Recovery Rate have both been exceeded. Our recovery rate this month was over 58%, with client satisfaction also very high at 97%.  |
| 50%    |   |
|        | 1 Barnet and 1 Enfield both cases seen within 2 weeks   |
| 95%    |   |
| 95%    | The number of people seen in A&E was exceptionally high compared to the number seen at the beginning of the year, an 18% increase. Reasons provided for breaches identified that there were multiple referrals at a time in A&E/AMU/AAU with reduced staffing levels at times. This meant that staff were unable to see all patients within the 1 hour target. 10 days in the month had more than 10 referrals per day. |
| 95%    | Total 1 hour breaches =8<br>Total A&E referrals = 105<br>%A&E referrals breached 1 hour target = 8% accounting for 92% target met in A&E. Reasons provided for breaches were staff shortages meaning nursing staff were unable to see them within the 1 hour target.  |

**Well Led**

|  |
|--|
| Proportion of staff compliant with individual mandatory training requirements                |
| Sickness/absence rate %  |
| Agency as a % of Employee Spend (Financial - agency spend as a percentage of staffing spend) |
| Bank as a % of Employee Spend (Financial - bank spend as a percentage of staffing spend)     |
| Total vacancy rate (% established posts without staff members in place)                      |
| Nursing Vacancy Rate   |

|  |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|
| Proportion of staff compliant with individual mandatory training requirements                | 84.9% | 85.4% | 86.6% | 86.6% | 87.4% |
| Sickness/absence rate %  | 3.3%  | 3.7%  | 3.5%  | 3.9%  | 3.9%  |
| Agency as a % of Employee Spend (Financial - agency spend as a percentage of staffing spend) | 3.9%  | 7.4%  | 7.1%  | 6.5%  | 7.18% |
| Bank as a % of Employee Spend (Financial - bank spend as a percentage of staffing spend)     | 9.5%  | 9.1%  | 8.4%  | 9.0%  | 9.14% |
| Total vacancy rate (% established posts without staff members in place)                      | 11.3% | 11.2% | 11.5% | 12.4% | 11.8% |
| Nursing Vacancy Rate   | 16.9% | 16.7% | 16.7% | 17.6% | 16.6% |



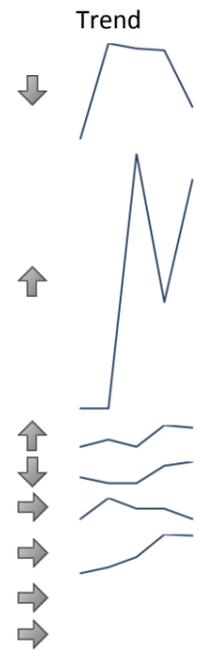
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|------|--|
| 90%  | July & August experienced a higher than average demand for refresher courses (which have been met by the L&D team). Performance impacted by higher levels of annual leave of staff who have recently become non-compliant. There continues to be a small percentage of DNAs on the day of training. Additional courses, workbooks and e-learning are in place to meet demand with reminders issued to staff.   |
| 3.5% | Sickness Absence % rate has remained the same as last month. Sickness absence continues to be robustly managed with boroughs, and with support from OH. The Bradford score is now being used to monitor absence and will allow intermittent absence which is most disruptive to teams to be highlighted and focused upon. This is expected to introduce further rigour into the process. In addition, the policy is under review and will be relaunched (with additional coaching for managers) with changes to support a streamlined approach to absence management.  |
| 8%   | There has been an increase in the Agency % of the pay bill this month, mainly due to invoices that have been presented. As expected there has been a declining trend in the agency and bank bookings over the previous months. All long term bookings in the Trust are being reviewed with a view to convert them to bank or substantive appointments.   |
| 10%  | There has been a decrease to the vacancy % rate of 0.6%. Recruitment to medical and nursing vacancies has contributed to the decline in vacancy levels. It is expected that there will be a further decline in September with the cohort of newly qualified nurses commencing in post. Recruitment to vacancies remains on track alongside continued engagement with the boroughs. Continued work with each Borough / Service continues to identify the dormant vacant posts which will going forward provide an accurate reflection of the Trust vacancy % rate.  |
| 10%  | There has been a decrease in the Nurse Vacancy % due to an increase of staff in post through successful recruitment campaigns. There will be a further decrease in vacancies next month due to the intake of approximately 50 newly qualified nurses. A group has been set up to plan the intake of the Philippine recruits and a weekly reporting process is in place with the agency supporting Philippine recruitment to ensure that the successful candidates from the campaign are tracked. Advertising at various events as well as social media is underway. Registered Nurse Vacancy % Rate for Inpatient Services is currently 18.7%, whereas Community is currently 20.2%. Further work is being done with the community teams to look at dedicated recruitment campaigns. |

**Trust Performance Scorecard**

|   |
|---|
| Medical vacancy rate  |
| Time to hire (mean number of days from advert start to provisional start date)      |
| Staff Turnover (Total)  |
| - Staff turnover (Unplanned)  |
| - Staff turnover (Planned)  |
| Percentage of exit interviews where the trust was described as a good place to work |
| Staff FFT - Overall score: % would recommend as a place to work                     |
| Staff FFT - Overall score: % would recommend as a place for care                    |

**2017/18**

|   | Apr    | Qtr 1<br>May | Jun   | Qtr 2<br>Jul | Aug   |
|---|--------|--------------|-------|--------------|-------|
| Medical vacancy rate  | 7.5%   | 12.9%        | 12.6% | 12.5%        | 9.3%  |
| Time to hire (mean number of days from advert start to provisional start date)      | 83     | 83           | 95    | 88           | 94    |
| Staff Turnover (Total)  | 13.0%  | 13.3%        | 13.0% | 13.9%        | 13.8% |
| - Staff turnover (Unplanned)  | 9.9%   | 9.6%         | 9.6%  | 10.5%        | 10.7% |
| - Staff turnover (Planned)  | 3.1%   | 3.7%         | 3.4%  | 3.4%         | 3.1%  |
| Percentage of exit interviews where the trust was described as a good place to work | 61.2%  | 61.3%        | 61.5% | 61.8%        | 61.8% |
| Staff FFT - Overall score: % would recommend as a place to work                     | 58.24% |              |       |              |       |
| Staff FFT - Overall score: % would recommend as a place for care                    | 63.74% |              |       |              |       |



| Target | August Comments  |
|--------|--|
| 10%    | Recruitment campaigns that have been in place over the last few months have resulted in a sharp increase in appointments. Recruitment to vacancies continues in collaboration with the boroughs.   |
| 77     | Time to Hire has seen an increase to the overall length of time to hire within the reporting month. The summer holiday period has affected starting dates and notice periods. It is expected that this will have a residual effect in the September hire timescales as well. The recruitment team continue to complete employment checks within the target of 4 calendar weeks (currently at 2.7 weeks). Additional support is being provided to managers to ensure that shortlisting and interviewing are completed within the agreed timescales. The recruitment team review all applicants on a weekly basis to ensure that there are no procedural delays. An amended target is being considered that discounts notice periods and is therefore likely to be a truer reflection of the pace of recruitment activity. |
| 15%    |  |
| 11%    |  |
| 5%     |  |
| -      |  |
| 50%    |  |
| 55%    |  |
| 70%    |  |
| 20%    |  |

**Enablement**

|  |
|--|
| Percentage of people in receipt of Community Mental Health services who are in settled accommodation   |
| Percentage of people in receipt of Community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home |

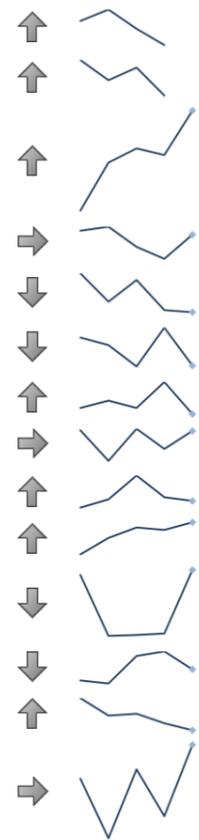
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|--|-----|------|-----|-----|-----|
| Percentage of people in receipt of Community Mental Health services who are in settled accommodation   | 76% | 103% | 75% | 77% | 75% |
| Percentage of people in receipt of Community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home | 22% | 21%  | 24% | 25% | 25% |



**Activity and Efficiency**

|  |
|--|
| Activity Recording - Percentage variance from CCG contracted activity plan (MH Community Activity) |
| Activity Recording - Percentage variance from CCG activity plan (ECS Contracted Activity)          |
| Adults - Mean length of acute inpatient stay on discharge (Untrimmed)                              |
| Adults - Median length of acute inpatient stay on discharge (Untrimmed)                            |
| Adults - percentage people on the acute inpatient caseloads that have had stays of over 100 days   |
| Older People - Mean length of acute inpatient stay (Untrimmed)                                     |
| Older People - Median length of acute inpatient stay (Untrimmed)                                   |
| Mental Health DNA Rates (Excluding CRHTs)  |
| - Mental Health DNA Rates - Adults   |
| - Mental Health DNA Rates - Older Adults   |
| - Mental Health DNA Rates - CAMHS  |
| Memory Clinic Number of Referrals  |
| Memory Clinic: Average No of weeks from Referral to Assessment                                     |
| Memory Clinic: Percentage of patients waiting less than 6 weeks from Referral to Diagnosis         |

|  |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|
| Activity Recording - Percentage variance from CCG contracted activity plan (MH Community Activity) | -0.2% | 4.0%  | -3.0% | -9.0% |       |
| Activity Recording - Percentage variance from CCG activity plan (ECS Contracted Activity)          | 3%    | -1.0% | 1.5%  | -4.0% |       |
| Adults - Mean length of acute inpatient stay on discharge (Untrimmed)                              | 33    | 36    | 37    | 37    | 40    |
| Adults - Median length of acute inpatient stay on discharge (Untrimmed)                            | 23    | 24    | 19    | 16    | 22    |
| Adults - percentage people on the acute inpatient caseloads that have had stays of over 100 days   | 14.3% | 13.1% | 14.0% | 12.7% | 12.7% |
| Older People - Mean length of acute inpatient stay (Untrimmed)                                     | 66.2  | 56.5  | 28.7  | 79.1  | 29.6  |
| Older People - Median length of acute inpatient stay (Untrimmed)                                   | 31    | 39    | 31    | 60    | 24    |
| Mental Health DNA Rates (Excluding CRHTs)  | 7.9%  | 7.6%  | 8.0%  | 7.7%  | 7.9%  |
| - Mental Health DNA Rates - Adults   | 8.7%  | 8.9%  | 9.5%  | 8.9%  | 8.8%  |
| - Mental Health DNA Rates - Older Adults   | 2.2%  | 2.6%  | 2.8%  | 2.7%  | 2.9%  |
| - Mental Health DNA Rates - CAMHS  | 10.7% | 8.8%  | 8.8%  | 8.9%  | 10.9% |
| Memory Clinic Number of Referrals  | 136   | 132   | 169   | 175   | 151   |
| Memory Clinic: Average No of weeks from Referral to Assessment                                     | 6.26  | 5.73  | 5.79  | 5.50  | 5.29  |
| Memory Clinic: Percentage of patients waiting less than 6 weeks from Referral to Diagnosis         | 57%   | 38%   | 60%   | 45%   | 67.9% |



|     |  |
|-----|--|
| ±3% | Activity for August not yet worked through system and will be added next week  |
| 3%  | Activity for August not yet worked through system and will be added next week  |
| 35  | Management continues to address lengths of stay over 100 days. Total number of discharges were 10% lower than the previous month. 9 people with length of stay over 100 days were discharged including three exceptionally long length of stay patients.           |
| 28  |  |
| 25% |  |
| 40  | 9 patients were discharged for the month. This included 3 patients discharged with LoS of over 100 days, the maximum 222 days in Enfield .   |
| 40  |  |
| 10% |  |
| 11% |  |
| 4%  |  |
| 10% | This increase above the target is due to the higher numbers of DNA's during the school holiday period. We are looking at ways to better manage anticipated DNAs during academic holiday periods  |
| 95% | This new indicator and based on patients seen and diagnosed in 6 weeks. Barnet remained just outside the target. Enfield & Haringey services are reporting below 50% - Enfield are proactively trying to fill vacancies and Haringey is due to staffing resources. |

**Trust Performance Scorecard**

**Enfield Community Services**

**District Nursing**

|  | 2017/18 |              |      |              |      | Trend | Target | August Comments |
|--|---------|--------------|------|--------------|------|-------|--------|-----------------|
|  | Apr     | Qtr 1<br>May | Jun  | Qtr 2<br>Jul | Aug  |       |        |                 |
| % of urgent referrals responded to within 4 hours                | -       | 100%         | 100% | 100%         | 100% |       | 90%    |                 |
| % of referrals responded to within 48 hours                      | 100%    | 100%         | -    | -            | -    |       | 90%    |                 |
| % of urgent referrals to OOH nursing responded to within 4 hours | 100%    | 100%         | 100% | 100%         | 100% |       | 90%    |                 |

**Community Physio**

|  |      |      |      |      |      |  |     |  |
|--|------|------|------|------|------|--|-----|--|
| % of urgent referrals seen within 5 working days | 100% | 100% | 100% | 100% | 100% |  | 90% |  |
| % of routine referral seen within 8 weeks        | 99%  | 98%  | 100% | 97%  | 100% |  | 90% |  |

**Physio MSK**

|  |      |      |      |      |      |  |     |  |
|--|------|------|------|------|------|--|-----|--|
| % of urgent referral seen within 5 days                  | 100% | 100% | 100% | 100% | 100% |  | 90% |  |
| % of patients whose first appointment is within 13 weeks | 99%  | 99%  | 99%  | 99%  | 100% |  | 90% |  |

**Podiatry**

|  |      |      |      |      |      |  |     |   |
|--|------|------|------|------|------|--|-----|---|
| % of non-urgent referrals assessed within 13 weeks | 76%  | 79%  | 75%  | 66%  | 64%  |  | 90% | The podiatry service is a productive team, which came 1st nationally in 2016 national benchmarking for number of face to face contacts. The performance challenge stems from increased number of referrals and the associated capacity and demand issues. This is compounded further with team vacancies and staff leave (1 maternity and 1 long term sick). Action: One vacancy recruited to and starts in September. The other two vacancies are proving difficult to recruit to. Advert has gone out again. Similarly it has been hard to get a Locum over the summer but one starts in Oct. |
| % of urgent referrals responded to within 48 hours | 100% | 100% | None | None | None |  | 90% |   |

**Safeguarding Children and Young People**

|   |      |      |      |      |      |  |      |  |
|---|------|------|------|------|------|--|------|--|
| % up to date with required Level 1 & 2 safeguarding Training                                  | 97%  | 97%  | 97%  | 97%  | 97%  |  | 80%  |  |
| % up to date with required Level 3 Safeguarding training                                      | 93%  | 93%  | 93%  | 93%  | 93%  |  | 80%  |  |
| % of Health Visitor child protection supervision sessions completed within 3 months timescale | 100% | 100% | 100% | 94%  | 100% |  | 90%  |  |
| % of School Nurse child protection supervision sessions completed within the previous term    | 100% |      |      | 100% |      |  | 100% |  |

**Children Looked After**

|  |     |     |     |      |     |  |     |   |
|--|-----|-----|-----|------|-----|--|-----|---|
| % health assessments carried out by the specialist nurses within timescale | 88% | 96% | 93% | 100% | 74% |  | 95% | Aug 17 - 1 RHA overdue due to LAC missing from placement. LAC still missing. When he returns will be rebooked. 4 overdue due to LAC being on holiday and unavailable - rebooked for September |
|--|-----|-----|-----|------|-----|--|-----|---|

**New-born Health Visiting**

|   |     |     |     |     |     |  |     |  |
|---|-----|-----|-----|-----|-----|--|-----|--|
| % of new birth assessments carried out between 10-14 days | 97% | 99% | 96% | 99% | 99% |  | 95% |  |
|---|-----|-----|-----|-----|-----|--|-----|--|

**SaLT - Early Years Drop-In**

|   |     |     |     |     |     |  |     |  |
|---|-----|-----|-----|-----|-----|--|-----|--|
| % Referrals (following drop-in assessments) for specialist interventions, that are seen within 13 weeks | 94% | 93% | 97% | 94% | 80% |  | 75% |  |
|---|-----|-----|-----|-----|-----|--|-----|--|

**Children's Physio (MSK)**

|  |      |      |      |      |      |  |     |  |
|--|------|------|------|------|------|--|-----|--|
| % Routine referrals for initial Physio assessment seen by 13 weeks | 100% | 100% | 100% | 100% | 100% |  | 85% |  |
|--|------|------|------|------|------|--|-----|--|

**Children's Occupational Therapy**

|  |      |      |      |      |      |  |     |  |
|--|------|------|------|------|------|--|-----|--|
| % Complex referrals for initial OT assessment seen by 13 weeks | 100% | None | 100% | 100% | 100% |  | 95% |  |
|--|------|------|------|------|------|--|-----|--|