

<p>Agenda item</p> <p><b>5.0</b></p>
--

**Action log for the Council of Governors public meeting**

Log number	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
03/02/22-2	<u>Integrated Performance Report</u> The Council requested a detailed update on the strategy to mitigate the waiting time challenges within the Speech and Language Therapy service and CAMHS to be provided to the meeting in May 2022.	<b>David Sims / Tafadzwa Mugwagwa</b>	July 2022	Further information on waiting times is appended to this action log, under agenda item 5 of the July 2022 meeting.  <b><u>Completed.</u></b>
05/05/22-1	<u>Performance Report</u> Director of Nursing, Professions and Care Standards and Infection Prevention and Control to consider whether information provided to the Partnership Safeguarding Board could be made available to Governors.	<b>Phil Hubbard</b>	July 2022	A verbal update will be provided to the July 2022 meeting.  <b>Ongoing.</b>
05/05/22-2	<u>Assurance Reporting</u> Chief Operating Officer to provide a written briefing on the 'no force first' approach to a future meeting.	<b>Tafadzwa Mugwagwa</b>	TBC	This briefing will be provided to a future meeting, the date is to be confirmed.  <b>Ongoing.</b>

Log number	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
05/05/22-3	<u>Assurance Reporting</u> To provide a workforce update to each ordinary Council of Governors meeting going forwards.	<b>Bob Champion</b>	July 2022	This update is included as agenda item 12 on the agenda for the July 2022 meeting and the item has been included on the work plan.  <p style="text-align: center;"><b><u>Completed.</u></b></p>
05/05/22-4	<u>Engagement between Board of Directors and Council of Governors – letter from Sid Brown, Public Governor: Shipley</u> The Interim Trust Chair to meet with the Public Governor: Shipley to further discuss engagement between the Board of Directors and Council of Governors.	<b>Carole Panteli / Paul Hogg / Sid Brown</b>	July 2022	A discussion meeting will be arranged with relevant colleagues.  <p style="text-align: center;"><b>Ongoing.</b></p>

# Speech and Language Therapy - Waiting Times

## Commissioned Service

Block contract for the Bradford area to respond to the needs of children, adults and adults with learning disabilities who experience speech, language, communication or swallowing difficulties (dysphasia). Speech and language therapy works in partnership with these individuals and their families and with other professionals and agencies to reduce the impact of these often isolating difficulties on people's wellbeing and their ability to participate in daily life.

9,044 face to face contacts per annum (2021/22)

Staff in post  
49.12 WTE qualified therapists  
11.33 WTE support workers

Service provided in **locations across Bradford** including health centres, children centres, schools, hospitals, nursing homes and home visits

## Innovation - examples

Created and designed **stammering e-learning package** for professionals and clients to increase awareness and knowledge around dysfluency

Applied to Digital Transformation Fund to explore **digital assessment tool** for patients waiting

## Performance

Measure	Indicator	Target	Feb 22	Mar 22	Apr 22	May 22
Speech and Language Therapy Waiting Times – Non Emergency Pathways	Percentage of patients waiting 18 weeks or less from referral	92%	91.4%	87.4%	84.0%	85.2%
	Number of patients waiting over 52 weeks from referral	0	0	0	0	1

Service Area	Measure	Apr 22	May 22
Adults	Number of referrals waiting	281	314
Children		976	1043

## Trajectory

**Children**  
→ reduce numbers waiting to 800 from October 2022

**Adults**  
→ maintain waiting numbers at 300 or less during 2022/23

## Challenges

### Workforce shortages

- Reduced staffing levels due to vacancies - national and local staff shortages of speech and language therapists
- Staff sickness and maternity leave – 96.74% of the Trust's speech and language therapists are female, 2.4 WTE qualified staff are currently on maternity leave

### Increased referrals and increased complexity

- Paediatric referrals are significantly higher than pre-COVID levels, with increased demand correlated to the closure of schools and nurseries.
- Significant increase in complexity of adults referred: people deteriorated whilst waiting, complex diagnosis (palliative care, neuro-degenerative conditions) → average around 5 hours per episode of care.

Recruitment (2020/21)

24.55 WTE posts advertised

16.25 WTE posts recruited to

66.19% success rate

Adults

106 referrals in 2019/20

117 referrals in 2021/22

10% increase

## Actions

### Oversight and Support (Quality Assurance)

- Joint waiting list across adults and paediatrics. Pre-triage screen of referrals to determine priority. Triage and initial assessment, with dysphasia clients offered advice and support to reduce anxiety and risk of aspiration. Referrals re-triaged
- Agreed short term support via Airedale NHS Foundation Trust speech and language therapy service for high priority stammering

### Service Transformation

- As part of 0 to 1001 days transformation, introduced language assessment at 27 months (currently undertaken for 94% of children) with support programme where any concerns identified
- New referral process/criteria developed for paediatrics – awaiting commissioner approval

### Recruitment

- Introducing a Band 5 to Band 6 development pathway within the paediatric service
- Recruitment continues to substantive posts
- Employed SALT support workers
- Exploring recruitment options including West Yorkshire wide and international recruitment

Recruiting to locum posts to work specifically on the backlog

### West Yorkshire and Bradford and Craven - Allied Health Professionals Career Structure

- Careers ambassadors work with schools and colleges – focusing on recruitment from our local communities, especially to increase diversity
- Degree apprenticeships
- Growing capacity for student placements – to increase supply
- Improved preceptorship support for newly qualified staff

# Child and Adolescent Mental Health Service (CAMHS) - Waiting Times

## Commissioned Service

Block contract for specialist CAMHS including community eating disorder service. Treatment options include family therapy, group work, play therapy, art therapy, psychotherapy, cognitive behavioural therapy, anxiety management, parental counselling, medication.

56,460 contacts with children and young people (CYP) per year

CYP aged 11-15 years most commonly referred, but increases in all age groups

### Staff

186.7 WTE budget  
159.4 WTE in post

Referrals of ethnic minority CYP are between 17% and 26% of all referrals

## Challenges

### Increased prevalence, acuity and complexity

- Significant increase in demand across all CYP mental health services during COVID-19 pandemic
- Proportionately more referrals into specialist CAMHS than in earlier and more preventative services - families are accessing support later and/or in more need and complexity

5,822 referrals in 2021/22  
3,368 referrals in 2020/21  
**73% increase**

CYP requiring treatment for eating disorder doubled in 2020/21  
Current caseload 100 cases  
Commissioned for 50 cases per year

### Workforce shortages

- Staff leaving/retiring – 27.2% staff turnover in last 12 months
- National and local staff shortages including mental health practitioners, psychologists, allied health professionals such as occupational therapists

## Performance

Measure	Indicator	Jan 22	Feb 22	Mar 22	Apr 22	May 22	England benchmark
Core CAMHS Waiting Times	Average Wait from Referral to 1st Appointment (Assessment)	22.5 days	24.2 days	20.5 days	18.6 days	20.6 days	NHS Benchmarking Network 2020/21
	Average Wait from Referral to 2nd Appointment (Treatment)	54.0 days	48.1 days	46.5 days	64.7 days	60.1 days	Mean waiting time from referral to 2 <sup>nd</sup> appointment = 14 weeks (98 days)

Note: Currently no national target. NHS England is testing new proposed standard that children and young people and their families/carers should start to receive help within 4 weeks from request for service (referral).

Measure	Indicator	National Target	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1 to 14/06/22
CYP with Eating Disorders Waiting Times	Urgent cases that wait 1 week or less from referral to start of NICE-approved treatment	95%	57.1% (4/7)	42.8% (3/7)	60.0% (3/5)	75.0% (3/4)	100% (3/3)
	Routine cases that wait 4 weeks or less from referral to start of NICE-approved treatment		52.3% (11/21)	10.0% (1/10)	21.4% (4/14)	14.2% (3/21)	6.2% (1/16)

## Actions

### Oversight and Support (Quality Assurance)

- Daily oversight of waiting list, all patients on waiting list are risk assessed, with Red Amber Green rating of cases and regular contact to re-assess risks
- Worked in partnership with voluntary and community services to develop an offer to those waiting allocation. This includes support calls and goal based interventions

### Healthy Minds CYP Wellbeing Act as One Programme

- Key deliverable in the next 6 months is One Trusted Pathway – improve access to effective support by establishing a new multi-agency front door and referral pathway

### Feedback - Experience of Families

- Bradford and Craven system considering how to measure the experience of families awaiting assessment and treatment and awaiting any specialist interventions

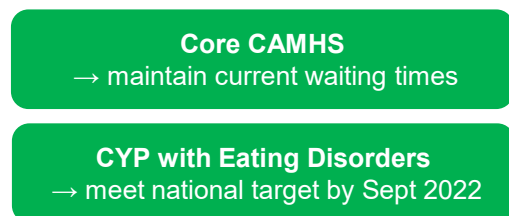
### Additional Investment and Recruitment – increasing capacity

Service Area	£000
CYP Community and Crisis	£1,293
CYP Eating Disorders	£139
Mental Health Support Teams	£1,297
<b>Total Investment 2021/22</b>	<b>£2,729</b>

30.4 wte staff being recruited (mental health practitioners, psychological therapists, psychologists, health care support workers, family therapists)

Delivering evening and weekend appointments to increase capacity for new cases

## Trajectory



Note: trajectories are based on current levels of demand. Locally and nationally, continuing to see growing and more complex demands for children and young people's mental health services.