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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>21 December 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	Update on Speech and Language Therapy Performance including a recovery plan with clear demand and capacity assumptions and an improvement trajectory		
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<b>Report Sponsor</b>	Brian Owens, PCT Service Group Director		
<b>Presented by</b>	Brian Owens, PCT Service Group Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper outlines the current performance of the Speech and Language Therapy service against RTT targets laid out by Welsh Government. The paper endeavours to explain why these targets are currently not being met, and includes a detailed recovery plan. It also includes information on demand and capacity and highlights additional resources needed.		
<b>Key Issues</b>	In line with the Annual Plan for 2021/2022, the service is identifying the need to address waiting times for paediatric services following Covid, including the increasing needs of children and young people affected by the pandemic. The service is also identifying the demands of implementing the ALN reform, and the impact this will have on current service delivery. The service is also committed to developing a sustainable response to the Gender Identity Reform as part of a wider development to adults with voice disorders. These key performance areas are addressed within this report.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>NOTE</b> the contents of the report.</li> </ul>		

## Speech and Language Performance

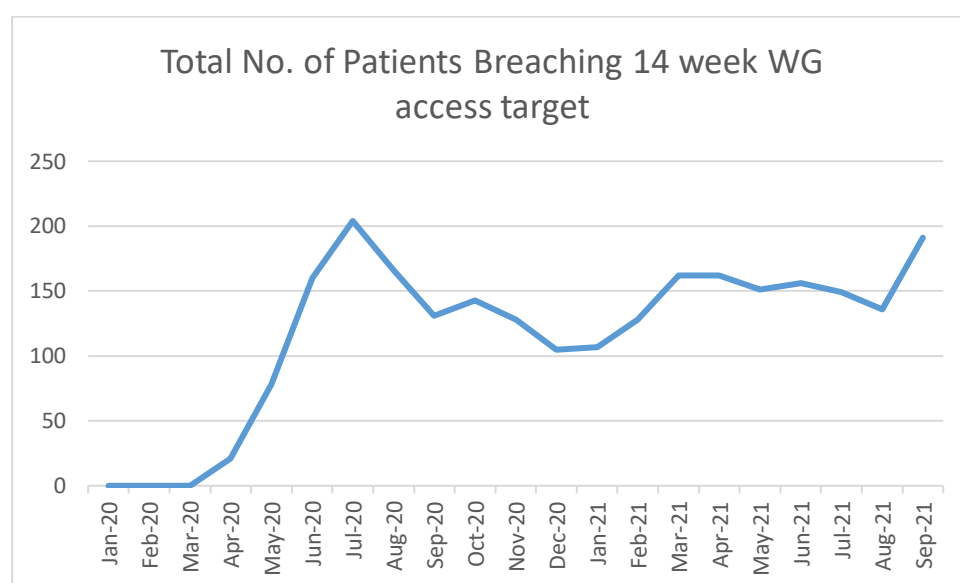
### 1. INTRODUCTION

The Welsh Government 14-week access target for Speech and Language Therapy has breached since April 2020.

This report describes the history to this, factors affecting recovery and the recovery trajectory.

### 2. BACKGROUND

Subsequent to the outbreak of the Covid-19 Pandemic, waiting list times for the Speech and Language Therapy (SLT) department have breached key performance waiting time targets.

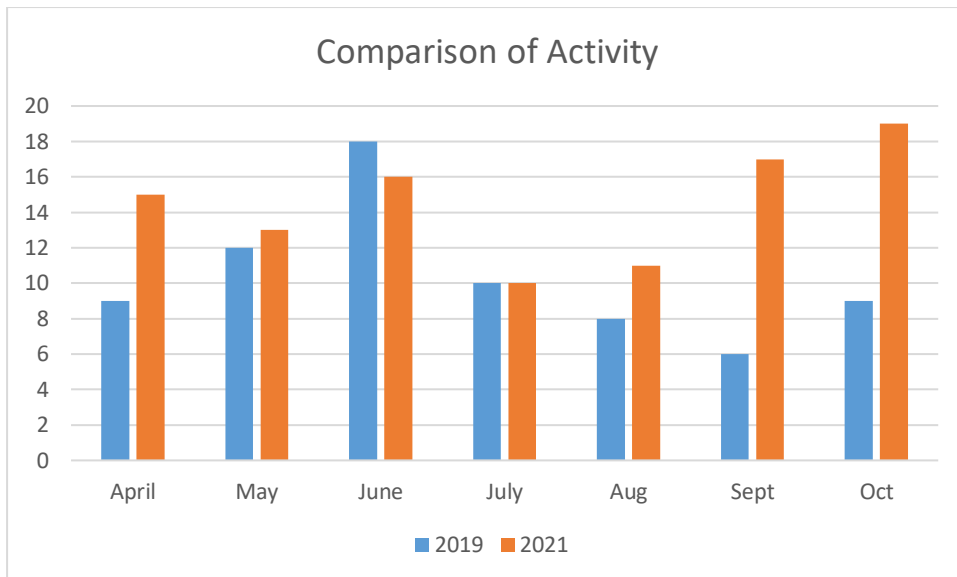


The SLT dept. broadly covers three distinct service areas, adults, adult learning disability and paediatrics. Adult learning disability service users are managed within multi-disciplinary teams and do not breach performance targets.

Since the outset of the pandemic the SLT dept. has embraced virtual technology and the service delivery model changed whereby only those patients requiring diagnostic intervention are seen face to face. Reports from informatics indicates that the SLT dept. are one of the highest Attend Anyway users.

#### Adult Service

There has been a 40% increase in demand upon the baseline capacity of 2019.



This is largely a consequence of the increasing demands placed upon the service since the development of the Welsh Gender Team in 2019, whose success has led to a 433% increase in referrals on the local SLT service. Fluctuations in referral numbers were also seen subsequent to ENT waiting list initiatives.

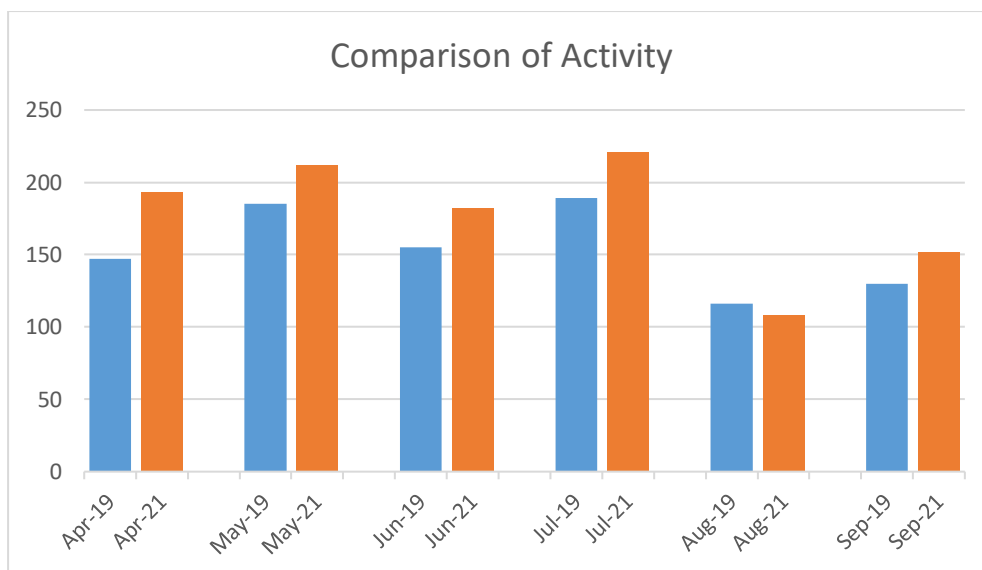
The department has secured Covid recovery funding and has employed a 1.0wte B5 on a fixed term contract due to start in January 2022 and secured additional hours from B6 and B7 staff via bank.

With this increase in capacity, we anticipate the waiting times for adults being back in profile by 31<sup>st</sup> March 2022.

However, without substantive investment into SLT services for local gender services after 31/3/22 this waiting list will rise again. A business case for the local gender service is being developed within the group.

### **Paediatric Service**

The paediatric SLT service has continued to receive referrals from schools and Health Visitors throughout the pandemic, equating to a 15% increase in referrals from 19/20 – 21/22 to date. This means an additional 150 referrals over a 6-month period.



There has also been an increase of 10% in requests from the Local Authority from 2019/2020 to 2021/2022 in relation to children with Special Education Needs. We have a statutory duty to respond to these requests within 6 weeks. These requests are therefore often prioritised above children who have been waiting longer for assessment.

The service is implementing the new ALN reform and anticipate a further increase of 20% to our referral rates based on early data from new ALN requests being received by SLT, Physiotherapy, and Occupational Therapy.

Covid-19 Recovery Funding has been received, and the department is trying to recruit Locum SLTs. This is short term funding (offered until March 2022) and no applications to work with paediatrics have been received.

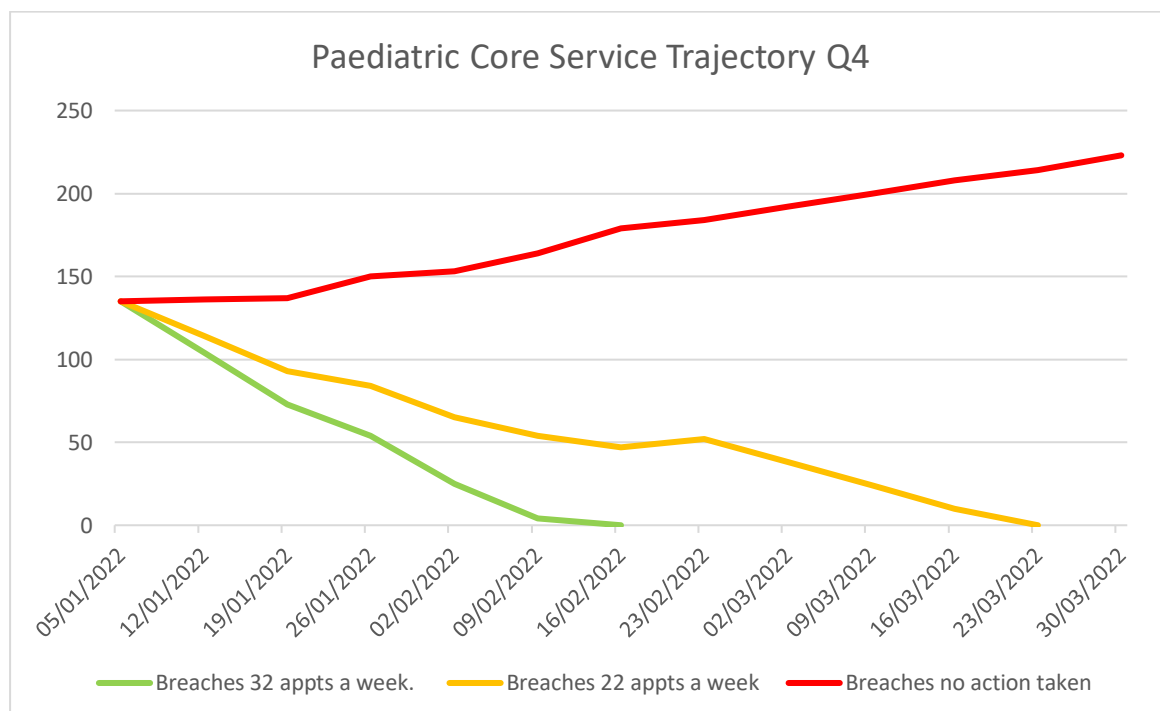
### Current capacity

The current capacity in the core team managing the initial waiting list stands at 184 clinical hours per week. Each initial assessment takes, on average, 4 hours to complete. This is composed of the following elements.

Task	Medium	Time Taken
Case History with parents	Virtual/telephone call	30 minutes
Review referral form with teacher	Virtual/telephone call	30 minutes
Assessment with child	Virtual if appropriate. Often face to face is needed for some elements	1 hr 30 mins
Results analysis	Office based	30 minutes
Feedback to teacher and parent	Telephone call	30 minutes
Report writing	Office based	30 minutes
<b>Total</b>		<b>4 hours</b>

This allows the department to offer 46 appointments a week for the waiting list.

However, when accessing school sites to complete face to face activity, we are working within the restrictions of ‘bubbling’, the use of PPE, and IPC procedures. Children are often isolating or sick themselves. This means we are only working at 50% capacity. We are currently offering 22 appointments a week. This situation is beginning to improve, as Welsh Government devolve Covid safety measure decisions to a more local level. The presence of the new variant, Omicron, makes planning ahead challenging, in terms of whether we can increase our capacity in schools. The introduction of 3 new Band 5 staff will increase our capacity in January 2022 by 81 hours. These are newly qualified, and require an induction period reducing the available assessment time resulting in a net benefit of an additional 10 initial assessments per week between January and March. Offering 32 appointments a week creates a positive trajectory.



### 3. GOVERNANCE AND RISK ISSUES

The 14-week paediatric waiting list is recorded as a risk on the PCTSG risk register with a score of 15. Three additional Band 5 SLTS have been recruited via the Streamlining process who will be able to support activity around this waiting list.

The implementation of the ALN reform is also recorded on the risk register with a score of 15. There is significant concern that our inability to fulfil statutory obligations as a Health Board will result in costly and time consuming tribunals. There is no funding available from Welsh Government to support the implementation of this legislation. The executive nurse director is incorporating the ALN implementation into the children’s and young people implementation group.

The impact of the Gender Identity Pathway carries a risk score of 16.

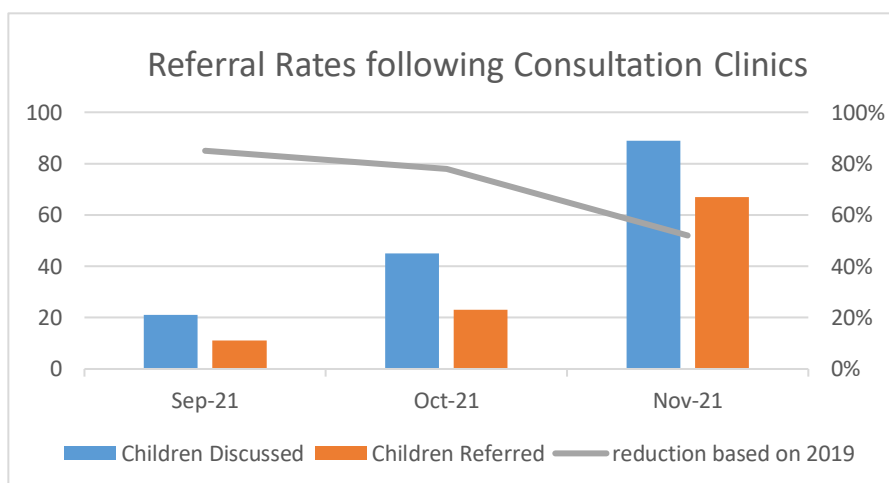
### 4. FINANCIAL IMPLICATIONS

Area of Concern	Financial Implications	Availability of Resource	Additional Allocation Required?
Gender Identity Pathway	1 wte x Band 7		

## 5. RECOMMENDATION

The SLT department proposes the following actions to improve performance.

- ✓ Continue the use of Attend Anyway as a first response to assessment requirements, where this is appropriate to do so.
- ✓ From January 2022, deploy 3 new Band 5 therapists for initial assessment waiting list appointments.
- ✓ Introduced virtual consultations clinics in schools across the Swansea Bay footprint to reduce the volume of referrals. We are already seeing a significant impact on referral rates based on 2019 figures.



- ✓ We have removed monthly group supervision sessions, to increase clinical capacity across the team.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>We currently receive on average 15 phone calls a day from parents and other health professionals raising concerns about how long a child is waiting for assessment. We have also received 5 formal complaints in November from Assembly Members, other Health Professionals and Third Sector organisations regarding how long children are waiting for assessment. Increasing our workforce will eradicate the need for concern from others, and will increase positive patient experience.</p> <p>We will be able offer a safer service if we are able to see patients more quickly; working more prudently and efficiently with our time. Patient care is more effective when delivered in a timely fashion.</p>		
<b>Financial Implications</b>		
<p>Investment of £452,659 is needed, but remains unsecured. Consideration may be given to offering Term Time Only contracts to SLTs involved specifically in ALN delivery, resulting in a small reduction in the above cost. We currently have 4.9 substantive Band 5 SLTs, who would be able to apply for Band 6 roles in the new financial year, creating vacancies for NQPs via the streamline process.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>We are at risk of breaching our legal statutory obligations under the ALN reform if we are not able to provide a substantive workforce for these children and young people. This will result in costly tribunals.</p> <p>We are already breaching the Welsh Government waiting times directive, and will continue to do so without investment. Pre Covid, breaching this waiting times resulted in significant fines to the Health Board.</p>		

We are at risk of breaching the Equality Act if we are not able to provide a substantive workforce to manage patients on the Gender Identity Pathway.

**Staffing Implications**

As detailed above;

10wte x Band 6 SLTs

2wte x Band 7 SLTs

0.5wte x Band 8a SLT

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

- **Long Term** – Children and Young people with speech, language and communication difficulties have reduced social and employment opportunities as they grow older. 70% of young offenders have SLC needs. Ensuring we provide timely assessment and intervention will increase life chances.
- **Prevention** – Children who experience speech and/or language difficulties over the age of 5 years will have difficulties developing basic literacy skills, impacting on their opportunities to access society.
- **Integration** – Ensuring our services are delivered closer to home (within schools, community settings and the patient’s home), and are more integrated with co-production targets ensures that we can support the patient’s communication skills in a holistic way whilst also supporting their wellbeing.
- **Collaboration** - Collaborating with the Local Authority and other Health Professionals ensures that our targets are supported with the patient’s wider community circle, resulting in improved outcomes and wellbeing.
- **Involvement** – Working closely with other family member to ensure they are able to support our patients on their own individual journeys.

**Report History**

**Appendices**