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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 June 2023	Agenda Item	4.3
Report Title	Speech and Language Therapy service development of recovery plan trajectories		
Report Author	Jo Bradburn – Head of Speech and Language Therapy		
Report Sponsor	Brian Owens – Group Director: Primary, Community and Therapies Service Group Helen Annandale – Clinical Director for Therapies and Audiology		
Presented by	Jo Bradburn – Head of Speech and Language Therapy		
Freedom of Information	Open		
Purpose of the Report	The report provides an update on the progress of the speech and language therapy service new patient performance against Welsh Government 14 week waiting times targets whilst balancing the clinical risks associated with those waiting for therapy.		
Key Issues	<p>Key issues to highlight in relation to the speech and language therapy (SLT) performance:</p> <ul style="list-style-type: none"> - Speech and language therapy (SLT) service encompasses adult, adults with learning disability and paediatric services - There have been no difficulties meeting Welsh Government waiting time targets in the SLT adults with learning disability service - Adult service has now achieved recovery for its 14 week waiting times - Challenges in meeting Welsh Government 14 week waiting time targets sits within the paediatric service - Paediatric demand has increased by 28% compared to 2019/2020 baseline position - New patient activity within the paediatric service has increased by 31% without additional investment to achieve this - This has been achieved by identifying efficiencies within the department by way of a full systems review - If demand had remained in line with 2019/2020 position the paediatric service would be achieving 14 week waiting time targets - The systems review has identified a significant hidden demand for children and young people who 		

	<p>have received an assessment but are awaiting therapeutic intervention.</p> <ul style="list-style-type: none"> - These waiting lists are not nationally reportable and reflect a significant clinical risk and poor patient experience. There is no nationally agreed waiting time target for these cases. - Risks to the waiting list for those waiting for therapy have been mitigated through service improvements and re-design which ensure the list will not grow and longest waits will reduce in the financial year 2023/2024 - This approach enables resource to be deployed to address the nationally reported 14 week waiting times to ensure recovery is achieved within year 2023/2024 - Full recovery for the not-nationally reported lists where children and young people are waiting for therapy will require additional capacity within year 2024/2025 to ensure the service is sustainable for the future 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	☒	☐	☒	☐
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE: the actions being taken to improve paediatric speech and language therapy performance including:- <ul style="list-style-type: none"> ○ A detailed review of the paediatric service to maximise productivity and efficiency with a specific focus to ensure that meeting 14 week waiting time targets does not increase the clinical risk associated with those waiting times for therapeutic intervention ○ Immediate actions taken and implemented to address waiting times including clinic based appointments, replacement of facilitated groups with online resources, increased provision of virtual school clinics, withdrawal from low risk educational settings for the summer term, review of those who can now have therapy needs met by specialist teachers ○ Detailed recovery trajectories which balance all elements of the service ensuring sustainability and reduction in clinical risk currently in development but expected to have recovered 14 week access target by the end of the 23/24 financial year 			

	<ul style="list-style-type: none">○ Development and implementation of proportionate paediatric assessment tools to inform timely clinical decision making by Q3○ Validation of waiting lists including engagement with parents of children and young people with speech and language therapy needs by the end of Q2○ Co-producing service redesign with parents of children waiting for speech and language therapy○ Appointment to vacancies with start dates expected across Q2 and Q3 will increase/restore capacity within paediatric service○ Performance reviewed and escalated to PCTSG● NOTE: the recovery of the adult service waiting times
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Speech and language therapy service development of recovery plan trajectories

INTRODUCTION

The purpose of this report is to provide an update and assurance on the current performance of the speech and language therapy department in delivering key performance measures outlined in the NHS Wales Delivery Framework.

1. BACKGROUND

The speech and language therapy (SLT) department service offers speech, language, communication and swallowing assessment and interventions to individuals across the age spectrum from birth until the end of life.

The SLT department are subject to Welsh Government tier 1 waiting time targets for therapy assessment. This target outlines the expectation that all new patients referred to the service are assessed within 14 weeks. The SLT department cover three distinct service areas; adults, adult learning disability and paediatric.

Since March 2018, the speech and language therapy department had achieved 100% compliance with Welsh Government 14-week access target. Subsequent to the outbreak of the Covid-19 pandemic in April 2020, waiting lists times for the SLT department have breached this key performance waiting time target. The paediatric speech and language therapy service was particularly impacted during this time as staff were redeployed to other areas and the service closed to all but only the most urgent referrals (i.e. those with swallowing difficulties).

There have been no issues with waiting time performance in the adult learning disability team. Historically, the adult and paediatric nationally reported waiting lists (e.g. those waiting for assessment) have been monitored, managed and reported as one. However, these are different service areas with significant differences impacting on performance. Since March 2023, the services have reported their performance to PCTSG separately. The adult team have now achieved a fully recovered position. However, the paediatric service has continued to face challenge in achieving full recovery.

Meeting Welsh Government 14-week access target for new assessments has been the priority and focus for the paediatric speech and language therapy service. However, there is no target waiting time for delivering therapeutic intervention once an assessment has been completed. Therefore, in order to meet waiting time targets for assessments, children and young people have had their therapy intervention delayed. In order to manage those waiting for therapy, additional waiting lists have been set up.

In October 2022, PCTSG were advised of the significant clinical risks associated with waiting lists for therapy. It was identified that children and young people were waiting in excess of 140 weeks for therapy once they had received an initial assessment. The likely implications of this were identified as:

- Duplication of effort as assessments become outdated and are required to be repeated
- Secondary complications as a result of lack of ongoing therapy including, poor educational attainment, entry into the youth justice system, deterioration of mental health of children and their carers, embedded and habitual patterns of behaviour that are more resistant to therapy and therefore require more therapy hours to make gains that could be achieved more quickly with earlier intervention
- Children and young people 'age out' of the service they require i.e. become too old to benefit from the recommended treatment

91% of formal complaints received by the paediatric speech and language therapy department in 2022/2023 related to waiting times for therapy (i.e. those who had received an assessment).

PCTSG recommended that the speech and language therapy department seek to develop recovery trajectories that are both clinically safe and sustainable, balancing both the assessment and therapy needs of the population.

Reasons for underperformance

In October 2022 the reasons for underperformance were identified as being linked to the following issues:

- Increased demand
- Historic models of service delivery
- Cessation of service delivery during Covid-19 pandemic
- Workforce gaps
- Implementation of Additional Learning Needs and Education Tribunal (Wales) Act 2018 which changes the responsibility organisations have to deliver statutory additional learning provision.

At this time it was articulated that due to the focus on 14 week waiting time targets, a significant number of children and young people were waiting in excess of two years for therapeutic intervention. This clinical risk was a determining factor in staff's decision to leave the department and posed a risk to recruitment and retention.

Healthcare systems engineers were approached to support with analysis and review of the speech and language therapy service. Unfortunately, they did not have sufficient capacity and so the leadership team within speech and language therapy have been working with the PCTSG performance team to conduct a whole systems review.

The systems review has highlighted some discrepancies in data reporting for the paediatric service and to ensure consistency of measurement, the baseline data for 2019/2020 was updated to ensure consistency with data reporting. The systems review has also demonstrated where efficiencies can be made to streamline existing processes, reduce activities that do not add value and offer improved performance and an enriched patient experience.

Data points along existing pathways have been identified and the relevant data was collated throughout February and March 2023. Data collection techniques have been inconsistent and the quality of the data was, in some cases, poor. Some data analysis is shared within this report.

Demand

Paediatric services has seen a 28% increase in overall demand compared to 2019/2020 baseline position.

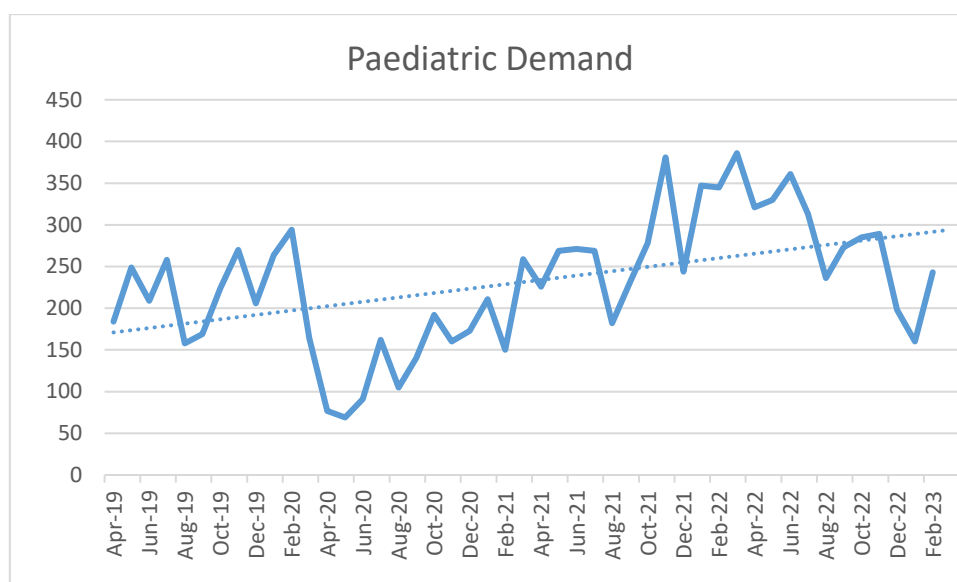


Figure 1: Speech and Language Referral Rates since April 2019

The increased demand appears to be stabilising, however it will not be possible to confirm this until quarter 3.

PAEDIATRIC DEMAND			
Month	2019/20	2022/23	Demand Change 2022/23 against 2019/20
April	184	321	137
May	249	330	81
June	209	361	152
July	258	313	55
August	158	236	78
September	169	273	104
October	224	285	61
November	270	289	19
December	206	198	-8
January	264	267	3
February	294	253	-41
March	164	316	152
Total	2485	3442	28%

Figure 2: Paediatric Speech & Language Therapy Demand Changes 19/20-22/23

Activity

The number of new assessments being completed within the paediatric service exceeds the number of new assessments carried out in the 2019/2020 baseline period.

Month	2019/2020	2022/2023	Activity Change 2022/23 against 2019/20
April	140	233	93
May	185	336	151
June	173	265	92
July	213	289	76
August	195	222	27
September	163	233	70
October	178	271	93
November	171	248	77
December	132	199	67
January	202	209	7
February	202	190	-12
March	112	289	177
TOTAL	2066	2984	31%

Figure 3: Paediatric new assessments completed per month

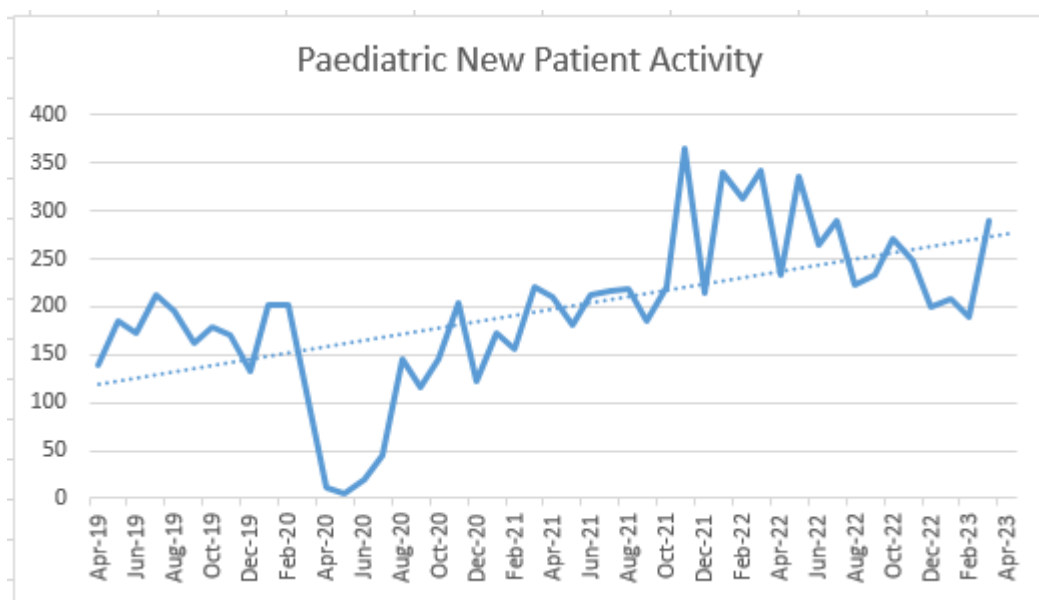


Figure 4: Paediatric new assessments undertaken

This level of activity reflects a 31% increase in new assessments being carried out. It demonstrates the commitment of the department to meet 14 week waiting time targets and the level of efficiencies created within existing resource to achieve this. It

also demonstrates that if demand had remained static as compared to the 2019/2020 baseline position then the paediatric service would be in a strong position to maintain 100% compliance with 14 week waiting time targets for assessment.

It is of note that the increase in new assessments also increases the demand on the waiting times and waiting lists for therapy intervention. This demand will not reduce if the status quo is maintained. The longest wait for therapy is currently 166 weeks. The reduction in demand for quarter 4 (shown in figure 5) reflects the efforts to validate the therapy waiting lists and mitigations that have been put in place to prevent this demand increasing.

2022/2023	Number of children & young people waiting for therapy intervention
Quarter 1	1484
Quarter 2	2681
Quarter 3	3111
Quarter 4	2898

Figure 5: Numbers of Children and Young People Waiting for Therapy and Intervention

Waiting List Validation

The children and young people who have received an assessment but are waiting for therapy, treatment or intervention sit on numerous waiting lists and some children were waiting on more than one list.

In order to establish the amount of true demand waiting for therapy, a project commenced in February 2023 whereby each child on the waiting list was contacted to confirm their requirement for speech and language therapy. This also offered up a unique opportunity to gather parental feedback about their satisfaction with the service and ideas for service improvement. This parental engagement exercise yielded over 600 responses. Full analysis of this feedback is currently being undertaken but it has demonstrated significantly low satisfaction with the waiting times within speech and language therapy. Only 1% of respondents no longer require speech and language therapy intervention suggesting that the demand for therapy intervention is genuine.

Additionally, those children identified as low risk and who would benefit from targeted or universal provision were redirected to more appropriate services that could support them to achieve their speech and language therapy outcomes including specialist teachers within the local authorities. This ensures that specialist speech and language resource is focused on those with the greatest needs.

Service Planning

The paediatric speech and language therapy team have historically offered initial appointments within an educational setting for children of school age. Swansea Bay University Health Board is the only health board in Wales to use this approach. It limits the number of available sessions per week, incurs travel time and costs and has excluded parents from their child's speech and language therapy.

The feedback from the parental questionnaire has demonstrated that parents feel disconnected from their children's therapy and over 200 parents provided an offer to further support co-producing service redesign. Feedback suggests that parent's priority is that their child receives therapy and would attend clinic settings on both weekdays and weekends to ensure timely access.

Saturday clinics have been offered to staff on a voluntary basis since the end of quarter 2, but there has been no uptake. However, implementing weekday clinic based appointments for initial assessments, has been one enabler in improving the position for the number of new assessments carried out per month.

The speech and language therapy service has withdrawn over the summer term (May 2023-July 2023) from providing direct intervention to specialist teaching facilities and language units. This enables capacity to be redirected to support waiting list management. This has been identified as a low risk change in direction and has been well received from education colleagues, who describe differing priorities for pupils in this term and an opportunity to embed speech and language techniques within the classroom and other social events.

Parental take up for virtual group training sessions have been poorly attended. These groups are resource and time heavy and parental feedback indicated they preferred access to speech and language therapy endorsed online resources. As a result, these groups have been stood down and instead access to appropriate online resources are provided to parents. This has further released capacity to address waiting times.

These improvements and efficiencies have enabled the service to redesign to ensure the number of children waiting for therapy does not increase and longest waits are reduced. This minimises the clinical risk associated with the therapy waiting list to a more acceptable level however there will be a need to do a focused piece of work in 2024/2025 to further reduce and mitigate this risk.

Workforce Issues

Staff recruitment and retention has been cited as an issue across the paediatric speech and language therapy team. Across Wales, SBUHB has a reputation as offering an assessment only service. This approach has been cited as a contributory factor in staff exit interviews and also in some challenges with recruitment during 2022.

Staff have been able to share their experiences of the current model of service delivery to shape the redesign. They have also been able to demonstrate the impact the current model has on their wellbeing as well as their clinical decision making. This information has been carried out during meetings, anonymous solutions boxes, email feedback and peer support sessions. Vision setting workshops have been held with the paediatric team to help shape priorities for the service.

The recovery and sustainability of the speech and language therapy service is reliant on an engaged and stable workforce. Innovative and creative recruitment has been employed and all paediatric vacancies have now been appointed to (9.1wte) with

start dates anticipated in quarters 2 and 3. A robust induction programme has been planned for staff so that they are ready to assist in responding to waiting list demands immediately.

Options to temporarily deploy staff from the adult and adult learning disability teams to assist with paediatric recovery have been explored. However, this is not a viable option due to the risks it would pose to maintaining their compliance with waiting time targets. Within the adult service, it would involve moving staff from an inpatient setting where the clinical risk would be deemed high and there would be implications for inpatient length of stays. Additional hours were offered to staff across the adult learning disability service and the adult service to support but there was no uptake.

Given the increased demand for paediatric speech and language therapy, it is likely that full recovery of the therapy waiting lists will not be achievable without additional resource. However, further work is ongoing to ensure that all capacity is utilised and efficiencies made prior to quantifying any new resource requirements.

Additional Learning Needs and Educational Tribunal Act (Wales) 2018 (ALN(ET) Act)

The Additional Learning Needs and Educational Tribunal Act (Wales) 2018 changes the statutory duty that organisations have to deliver additional learning provision. Previously the onus was on Local Authorities to provide support to children requiring additional support to access education. However, the ALN(ET) Act now requires that where additional learning provision is considered to be a primary health need the statutory duty sits with NHS providers to deliver it. The ALN(ET) Act is within an implementation phase and has shown to have significant implications for speech and language therapy due to communication underpinning children's ability to access education curriculums.

Response times to respond to requests under the ALN(ET) Act sit at 6 weeks, which is significantly less than the 14 week therapy waiting time target. There is also a statutory duty to deliver identified therapy intervention within specified timescales which are based on individual needs. Furthermore, the ALN(ET) Act has a broader scope and encompasses children and young people up to the age of 25. The paediatric service has only offered therapy to individuals up to age 16 in mainstream schools and age 19 in specialist teaching facilities. This is likely to further increase demand in the coming months as well as placing additional pressures on both the assessment and therapy waiting times.

Next Steps/Actions

The systems review continues to identify opportunities for further efficiencies with the next steps identified as follows:

- Induction of new staff
- Introduction of streamlined 'proportionate assessment'
- Clinic based appointments for all initial assessments
- Immediate removal of virtual groups with low attendance with redirection to online resources

- Development of ring fenced recovery time with focus on therapy waiting lists
- Quantify capacity and activity through introduction of job plans for all staff
- Identification of gaps in the data and how to capture this in the future
- Removal of processes that do not 'add value' e.g. waiting for triage
- Mapping out the process to receive therapy intervention
- Identify the data points and demand, capacity and activity along the intervention pathway (and identifying gaps)
- Complete analysis of parental feedback
- Reduce and streamline waiting lists and reporting processes
- Run focus groups with parents to test new model of delivery

Revised Recovery Trajectory

Completion of the systems review and service redesign is needed to develop a revised recovery trajectory for the paediatric speech and language therapy team.

It is anticipated that a recovery trajectory will be prepared to take to PCTSG group by June 2023 with an anticipatory recovery date of March 2024 in line with Welsh Government expectations.

A recovery trajectory for therapy waiting times will also be developed but recovery for these lists will extend into 2024/2025. Mitigations to reduce the clinical risk associated with this have been implemented and outlined above but there are additional plans in place to include the development of a ringfenced recovery team from quarter 3 as well as service improvements ensuring the cessation of children being added to the list.

2. GOVERNANCE AND RISK ISSUES

Mitigating actions are listed where performance is not compliant with national standards as well as highlighting both short term and long term risks to delivery.

- Slow timeline to build recovery trajectories as no ringfenced or specialist workforce to support – mitigations – priority workload for speech and language therapy leadership team
- Continued complaints regarding lengthy waiting times – mitigations – parental feedback being actively sought to shape service redesign
- Breaches with ALN(ET) legislation or costly tribunals – mitigations – Streamlining Additional learning needs processes with Designated Education Clinical Liaison Officer, Local Authority Partners as well as collation of data
- Inability to fully recover without additional workforce – no mitigation – further identification of efficiencies
- Potential cessation of service level agreements with local authority partners under ALN(ET) affecting 7.44wte staff – mitigations – engaging with strategic planning team and LA partners

3. FINANCIAL IMPLICATIONS

The speech and language therapy department are working to improve efficiencies in order to deliver recovery within current resource.

There may be financial implications to fully recovering paediatric service but at present it is not possible to quantify what additional resource will be needed.

4. LEGAL IMPLICATIONS

The paediatric service are at risk of breaching the legal statutory obligations under the ALN(ET) Act reform if we are not able to provide the necessary ALN(ET) provision to children and young people. This will result in costly tribunals.

5. RECOMMENDATION

Members are asked to:

- **NOTE:** the actions being taken to improve paediatric speech and language therapy performance including:-
 - A detailed review of the paediatric service to maximise productivity and efficiency with a specific focus to ensure that meeting 14 week waiting time targets does not increase the clinical risk associated with those waiting times for therapeutic intervention
 - Immediate actions taken and implemented to address waiting times including clinic based appointments, replacement of facilitated groups with online resources, increased provision of virtual school clinics, withdrawal from low risk educational settings for the summer term, review of those who can now have therapy needs met by specialist teachers
 - Detailed recovery trajectories which balance all elements of the service ensuring sustainability and reduction in clinical risk currently in development but expected to have recovered 14 week access target by the end of the 23/24 financial year
 - Development and implementation of proportionate paediatric assessment tools to inform timely clinical decision making by Q3
 - Validation of waiting lists including engagement with parents of children and young people with speech and language therapy needs by the end of Q2
 - Co-producing service redesign with parents of children waiting for speech and language therapy
 - Appointment to vacancies with start dates expected across Q2 and Q3 will increase/restore capacity within paediatric service
 - Performance reviewed and escalated to PCTSG
- **NOTE:** the recovery of the adult service waiting times

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	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"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" 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"/>	
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The department receives a significant amount of formal and informal complaints about the inability to see paediatric patients for therapy in a timely way. This results in chronicity of condition, poor patient experience, impact on primary and secondary care demands and impacts on successful outcomes. Mitigation is in place in that all patients are prioritised in line with clinical risk and need. Further patient experience is currently being sought for the paediatric service and will be shared within the PCTSG Patient Experience and Stakeholder Engagement Group.</p>		
Financial Implications		
Nil at present.		
Legal Implications (including equality and diversity assessment)		
<p>We are breaching the Welsh Government waiting times directive, and the paediatric service will continue to do so until the year end (2022/2023). Pre Covid, breaching this waiting times resulted in significant fines to the Health Board.</p>		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> ○ Long Term – Increased chronicity and care requirements with reduced positive outcomes. ○ Prevention – Prevention of foot crisis and the reduction of impact of foot and gait related issues for patients impacting on the on the wider organisation and partners. ○ Integration – Ensuring services are delivered closer to home (cluster based) utilising a co-production approach to care and support. ○ Collaboration – Reduced demands on other services and partners. 		

- **Involvement** – Co produced plans with patients and their carers to gain the knowledge and confidence to self manage through activation improving outcomes and reducing short and long term demands on all services.

Report History	
Appendices	None