

Report on waiting times

January 2022

Title	Report on waiting times
Author Name and Role	Amrus Ali, Associate Director of Performance Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Dr Amar Shah, Chief Quality Officer

PURPOSE OF THE REPORT

To provide assurance to the Board on overall performance of the organisation in managing waiting times, increased demand and backlogs that have emerged during the pandemic.

KEY MESSAGES

The pandemic has led to an increase in waiting times, as teams prioritised their resources in acute phases of the pandemic, and as a result of the increased demand for healthcare that has resulted. This report provides a deep dive into waiting times – the subsequent pages detail the waits and backlog by service type, together with a narrative that describes how we are addressing this. This report was presented to Quality Assurance committee in January 2022, as part of the regular 3-monthly monitoring of waiting times. There are four key summary points, related to waits and backlogs across the Trust, that will provide assurance to the Board.

1. We have a much better understanding now of our waits and backlogs across the Trust. During the pandemic, routine practices and record keeping were difficult to maintain, so our data quality deteriorated. This is now in a better position, after much work from our clinical and performance teams, giving us a more accurate picture. Some pathways remain challenging to fully understand, such as learning disabilities, where services use two clinical systems and whilst there is little wait for assessment, there are multiple pathways within the service for different types of support and therapy. All teams with higher demand than normal or longer waits than normal, have access to data that helps them understand their caseload and their waits. The data in this report shows the entire backlog and waiting list, without incorporating some of the rules that we often utilise in reporting on waits to local or national commissioners (for example, when we stop the waiting list clock if someone doesn't attend an appointment). By including the entire waiting list, we ensure a safety-first approach by including all those referred, even if they have already been contacted and offered an appointment but haven't yet attended.
2. We have consistent principles in place that all teams apply to the way they manage waits and backlogs. This includes having a triage process for new referrals, prioritisation based on risk and need, clear communication to service users about the likely length of wait and where they can access information and support in the meantime, and regular review processes to manage the waiting list. Teams apply these principles in slightly different ways, depending on the service design and service user group, but all have systems in place to ensure these principles are embedded. These processes enable teams to assess and prioritise new referrals based on risk of harm, and to continue to review risk of harm on a weekly basis in prioritising how they manage the waiting list.

KEY MESSAGES (contd)

3. We are applying best practice techniques to managing waits, backlogs, increased demand and flow through our services. All teams are utilising standard templates to create backlog recovery plans, which involve a systematic understanding of demand and capacity. This is the first time that many of these teams have applied a rigorous method to understand this in detail, and they have been provided with close support and training sessions. All teams are utilising data to inform their management of waits. We are applying quality improvement to this challenge, with teams testing creative ideas. The report has numerous examples of creative solutions that involve tackling the wider systemic issues that are driving demand, and working with partners across the system.

4. There is regular internal scrutiny of the backlog recovery plans and their impact, within local directorate management teams and through our internal performance management system. A number of teams have started to see improvement, including some Community Mental Health Teams (CMHTs) and Older Adult CMHTs, Specialist Psychotherapy Services, Learning Disabilities, speech and language therapies and autism services in Specialist Children's Services, and Newham diabetes and MSK physiotherapy in our community health services.

Where we are not yet seeing improvement, there is a review to ascertain whether the service are testing ideas that they believe will work but require more time, if there are any challenges to trying new ideas that leadership can support with, or if new ideas are needed. Some services, such as memory services and the City & Hackney ADHD service, with significant waiting lists, are unlikely to be able to eliminate the backlog within their current capacity. We have invested some of the mental health investment slippage in order to bring new capacity into these teams to support them to tackle their waiting lists. Many services have agreed additional funding with commissioners for 21-22 to support their work on waiting lists. For some services, where the recovery plan is unlikely to tackle the waiting list, we are reviewing the plans to identify more creative or systemic solutions. An example of this is Bedfordshire and Luton community mental health, where the numbers of referrals are amongst the highest in the country. The existing resource will not enable the team to meet this demand, even after testing ideas to enhance the capacity for assessment. The directorate are reviewing the plans to create a broader system-wide plan that will include working with key partners, such as the police, who contribute to a significant portion of the referrals we receive.

Finally, recruitment to vacant posts poses a strategic challenge to our ability to effectively meet demand across a number of clinical pathways. This is being tackled Trustwide, and through the creation of new and innovative posts and training pathways, such as apprenticeships and peer support. New waves of the pandemic also impact on plans to tackle the backlog, with prioritisation of service provision changing and the impact of staff absences. This is difficult to mitigate against, and will likely prolong the trajectories for clearing our waiting lists for assessment and treatment.

COMMITTEES WHERE THIS ITEM HAS BEEN CONSIDERED

This item is reported on monthly at the Service Delivery Board, and the risk of harm is monitored in the Patient Safety Forum.

Executive Summary

Strategic priorities this paper supports (please check box including brief statement)

Improved patient experience	<input checked="" type="checkbox"/>	Waiting times for assessment and treatment are a key contributor to people’s experience of our services and access to care. Delays in accessing assessment and treatment can result in poorer health outcomes. This issue also has a bearing on staff experience. Clinical teams with large numbers of referrals and long waits are likely to be feeling pressure, and working additional hours. This papers helps describe how we are trying to encourage teams to try creative and systemic solutions, instead of simply working harder to see people on the waiting list.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

Implications

Impact	Update/detail
Equality Analysis	No formal equality analysis has been conducted. The triage process for those waiting and being referred to our services helps us identify those especially vulnerable, who should be prioritised on the waiting list.
Risk and Assurance	This report and supporting appendices cover performance on waiting times for the period to the end of November 2021.
Service User/Carer/Staff	The increase in demand and increase in waiting times will impact on service user and carer experience, and potentially outcomes. It may also have an impact on staff wellbeing and staff experience
Financial	Waiting times may impact on finance, with additional investment supporting the provision of enhanced capacity in some clinical services.
Quality	Waiting times impact on access to services and patient experience, both of which are aspects of quality of care.

Introduction

Most services across the Trust changed rapidly during the pandemic, and often had to prioritise activities in order to deal with the urgent crisis. This meant that many of our community-based services developed a longer waiting list or backlog of people waiting to be seen or treated. This is a pattern that has occurred across the country, and a challenge that the Trust is actively managing. Every service with a long waiting list for assessment or treatment is being supported to develop plans that help us systematically understand the demand in our local communities, and think about how we can change the way we work to be able to meet this demand and work through the backlog as rapidly as we can. Often, this involves testing new ideas, working together with our service users and carers to develop new ideas that we can introduce into the way we provide services. This is resulting in some excellent innovative ideas, such as working more closely with primary care networks and third sector providers, shifting to new models of care delivery, utilising more digital means of communicating and supporting our service users, and thinking differently about the skill mix required in the team to be able to work more effectively to support our service users. And in some cases, we have been able to work with our commissioners to provide new funding, so that we can recruit more staff and offer greater capacity.

All community-based services have access to new analytics that have been developed over the last year, to help them see and manage their waiting lists and flow through their service. These were initially built in our old reporting systems, but are being built within PowerBI service by service. This new platform will enable more real-time access to data from any device, without needing to be connected to the Trust network. These new analytics have been released for perinatal teams and community mental health, with CAMHS, SCYPS and crisis pathway apps due to be released in January 2022.

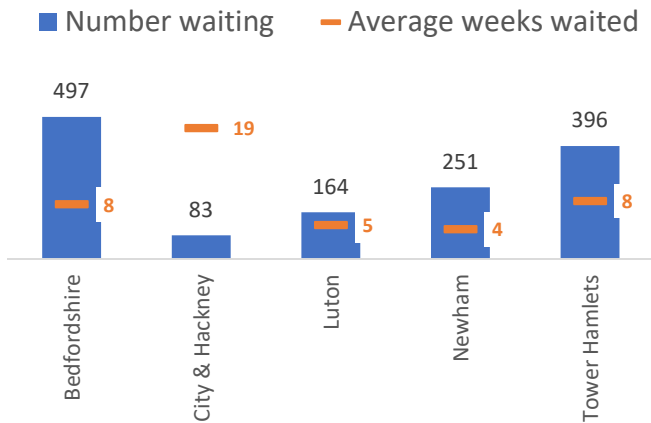
Services continue to apply our quality improvement methods to help us solve this complex challenge. This is complimented by ensuring that all teams have systems in place to triage referrals based on need and risk, and to monitor and manage their waiting lists. All services have access to data that enables them to monitor caseload, waiting times and referrals. Services with longer waits and backlogs have completed robust recovery plans using standardised Trust templates. We have now developed some standard principles to ensure that all community-based teams have systems and processes in place to prioritise and triage referrals in a consistent way, and to ensure that we are monitoring and preventing risk of harm for those that are awaiting assessment and/or treatment. This includes ensuring that people are provided with information about the likely length of wait, other support options that are available to them, and how to access crisis support if needed. All teams review waiting lists and data quality on a routine basis (at least monthly, and often weekly). All services have contingency plans in place to manage staff absences, for example through reciprocal arrangements with other services.

There is regular oversight of waits, demand, access and backlogs within directorate management meetings and through our internal performance management systems. There is also monthly oversight at the Service Delivery Board and at the executive team.

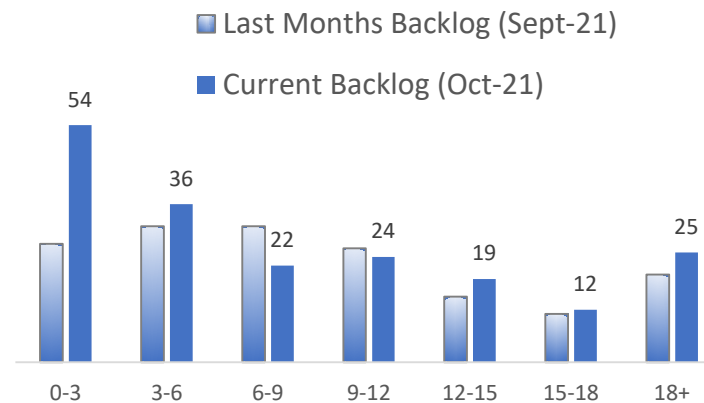
How to interpret the data in this report

These two charts relate to people yet to be seen

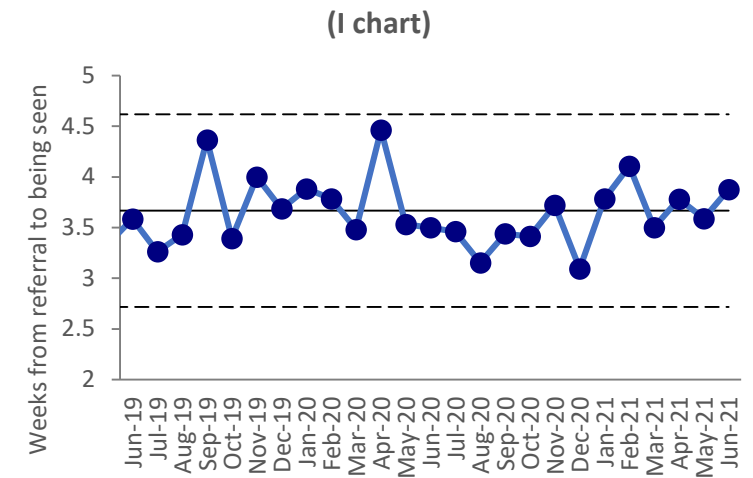
The bar chart below shows the variation across directorates for the total number of people waiting to be seen, and the average number of weeks they have been waiting



The histogram below shows the distribution of those waiting by weeks – this gives us a view on how long people have been waiting in the backlog. The month-on-month change shows whether we are starting to reduce the backlog



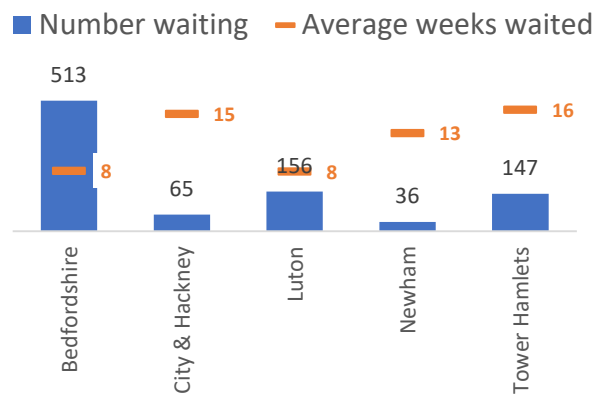
The control chart relates to people who have been seen, and plots the average time they waited for assessment or treatment



Together, these three charts show us the size of the backlog, the longest waits and the average time taken to be seen

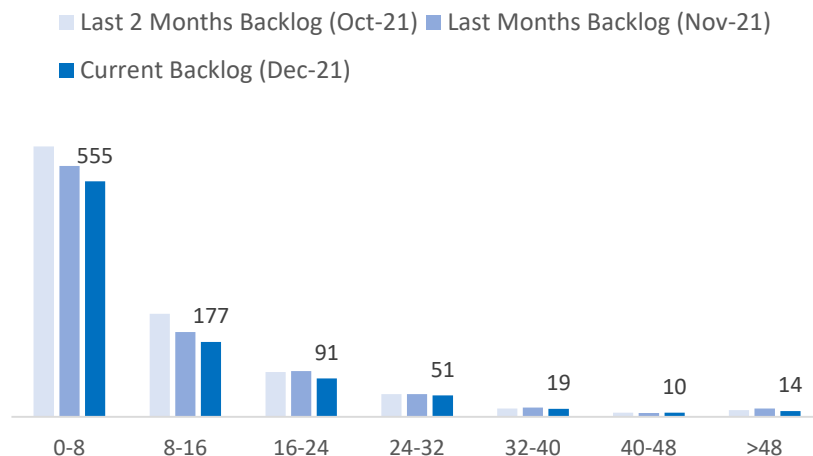
Adult Community Mental Health Teams - CMHTs

How many people are on the waiting list and what is their average wait in weeks?

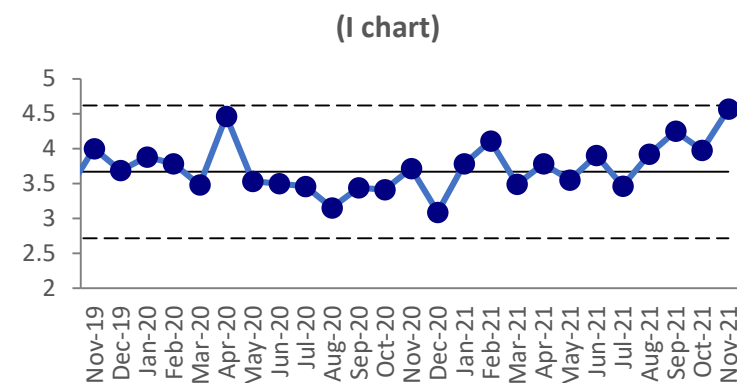


Referral to assessment

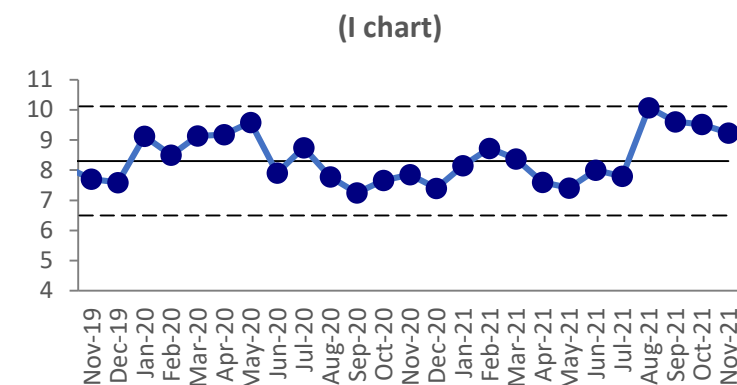
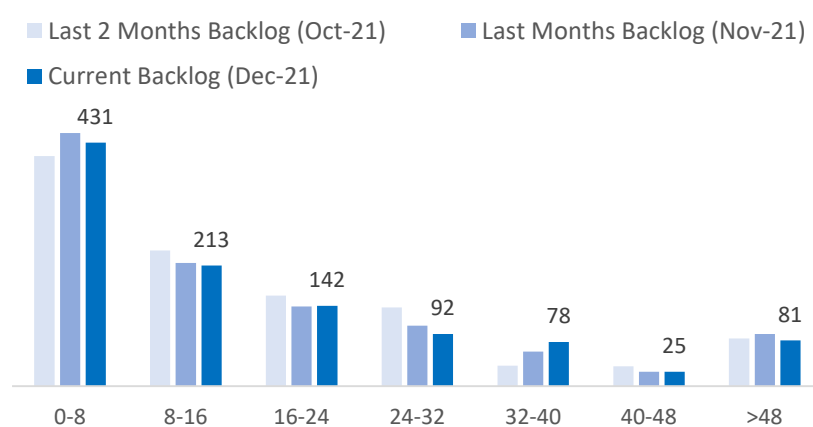
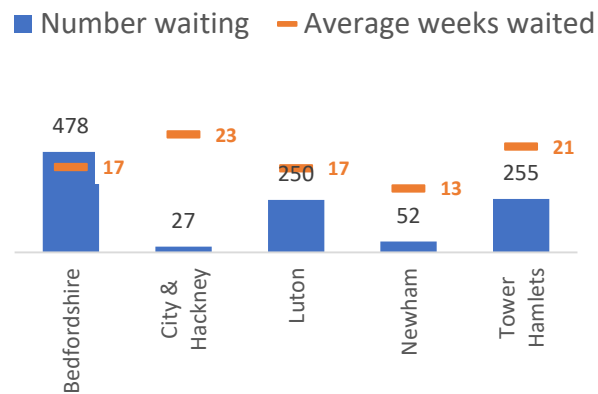
For those on our waiting list, how long have they been waiting to be seen in weeks?



For those that have been seen, what is the average wait from referral to being seen in weeks?



Assessment to treatment



Adult Community Mental Health Teams - CMHTs

Adult Community Mental Health Teams (CMHTs) have seen a Trustwide improvement in their backlog over the past 3 months. In August, the total number of service users waiting for assessment was 1144 compared to 917 in November. There are currently 147 service users waiting to be assessed in Tower Hamlets, 513 in Bedfordshire, 36 in Newham, 65 in City & Hackney and 156 in Luton. 14 service users are waiting more than 48 weeks (11 months) for assessment. For those service users that have been seen, the average wait from referral to being seen is 4.6 weeks.

The total number of service users waiting for treatment was 1130 in August 2021 compared to 1062 at the end of November 2021. 81 service users have been waiting more than 48 weeks (11 months) for treatment. For those service users that have been seen for treatment, the average wait is 9 weeks. A review of the longest waiters revealed that in some cases this was due to poor data quality, while in other instances it was related to services users not engaging with multiple appointments.

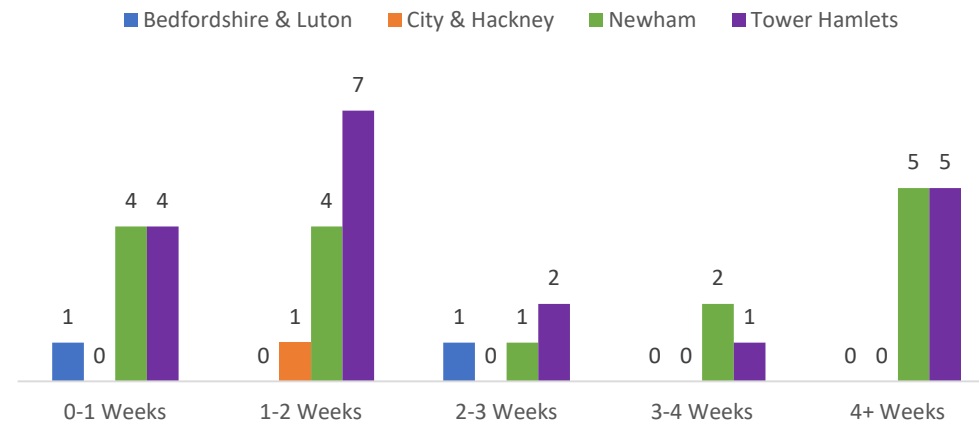
Several initiatives have been implemented to ensure the safety of service users on the waiting list, including team caseload risk registers that are monitored through weekly multidisciplinary meetings, daily referral screening meetings to prioritise new and existing referrals based on clinical need and urgency, and teams communicating with service users about delays and signposting them to alternative service provisions locally where appropriate while they wait.

Most CMHTs have seen an increase in referral activity, particularly in Luton and Bedfordshire where the overall waiting list continues to grow. In Luton and Bedfordshire, this is compounded by recruitment challenges which has impacted capacity and waiting times across several teams. Services are developing a longer-term recruitment plan to fill vacancies and using agency staff temporarily to manage current caseloads. To increase capacity, staff have been given the option to work overtime and additional support is being provided by junior clinical and administrative staff while recruitment takes place. In order to maintain healthy staffing levels, the services have developed a new duty system supported by a “back up” rota to ensure safe staffing levels across all teams. Where gaps are identified, the back-up rota provides the necessary cover and support. There are number of different ideas that services have started to initiate to manage flow - for example, one of the Luton CMHTs has developed new clinics so that when there is backlog in consultant assessments, referral triage can be covered by the clinics to avoid delays in assessments. One of the Bedfordshire CMHTs has initiated a QI project with extended duty hours on Mondays, Wednesdays and Fridays until 7:30pm and Saturdays 9am-5pm. This increases the current duty provision and as such, the overall capacity of the service. CMHTs across Bedfordshire have the biggest waiting lists for assessment and treatment and although plans are in place, a further review of these plans is currently underway by the Associate Clinical Directors, Clinical Director and Service Director to consolidate individual team plans with an overarching systemwide response to overcome common challenges that multiple teams are facing. These additional plans will be reviewed by the Chief Quality Officer and Chief Operating Officer in January.

In East London, services are reviewing waiting lists as part of the CMHT transformation programme, where service users are being seen, assessed and treated within primary care networks (PCNs). Due to the nature of the large-scale change involved, teams have identified some data quality issues, particularly in Tower Hamlets. Some service users are open to multiple teams and have been seen and assessed within PCNs. Admin staff are updating clinical records to recognise this activity, and reviewing cases where service users have not attended appointments on multiple occasions or need additional follow-up arrangements to be put in place. As part of this process, services are working with the PCNs to move caseloads from secondary care to primary care, which will provide more seamless support for service users and offer care closer to home at point of need.

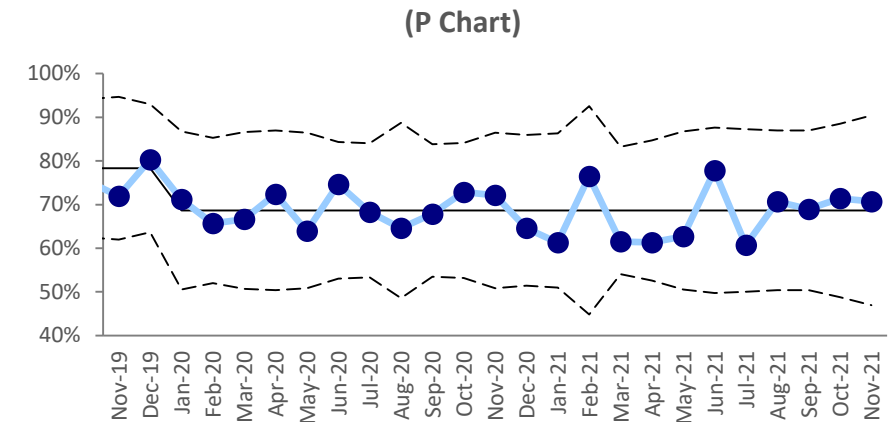
Early Intervention Service

For those on our waiting list, how long have they been waiting to be seen in weeks?



Time to treatment

For those that have been seen, what proportion have been seen within 2 weeks?



All Early Intervention Services (EIS) are expected to meet NICE guidelines of commencing treatment within 2 weeks of referral, for service users with a first episode of psychosis. Since the emergence of Covid, early intervention services nationally have seen an increase in referrals. The increased number of referrals and restrictions on contact have both contributed to an increase in waiting times. Across EIS services there were 38 service users waiting for treatment at the end of November compared to 52 in August 2021.

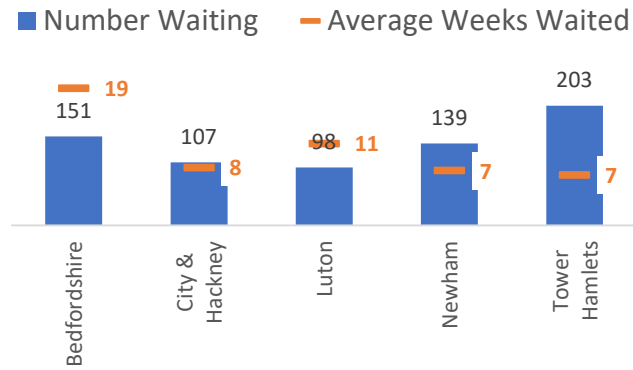
Currently 71% of service users are being seen within 2 weeks which is above the national 65% target. There are currently 10 service users waiting more than 4 weeks, 5 in Newham and 5 in Tower Hamlets. Across all services, contact will be attempted within the first 7 days, and usually within 48 hours but for those that require a more assertive approach to engagement, with multiple contact attempts, such cases can fall outside of the 2-week standard. Despite these challenges, most services have maintained access times through offering telephone or virtual contact.

The recently published National Clinical Audit for Psychosis (NCAP 2020) has highlighted that most of our services are performing well, and also identified areas for improvement. Plans to address the gaps were presented to the Quality Committee in November 2021. Services are reviewing current service provision to meet national access and treatment standards, and are working with Commissioners to ensure sufficient investment is in place as part of this year's Contract negotiations.

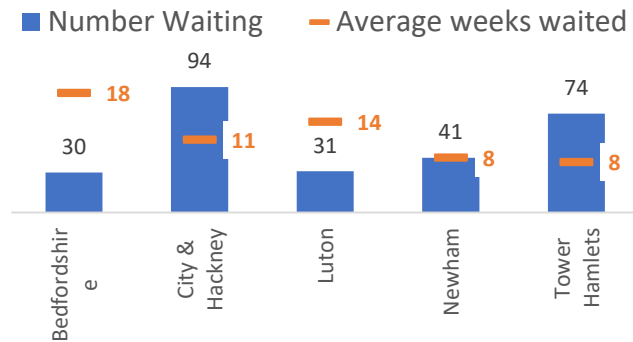
Specialist Psychotherapy Services

How many people are on the waiting list and what is their average wait in weeks?

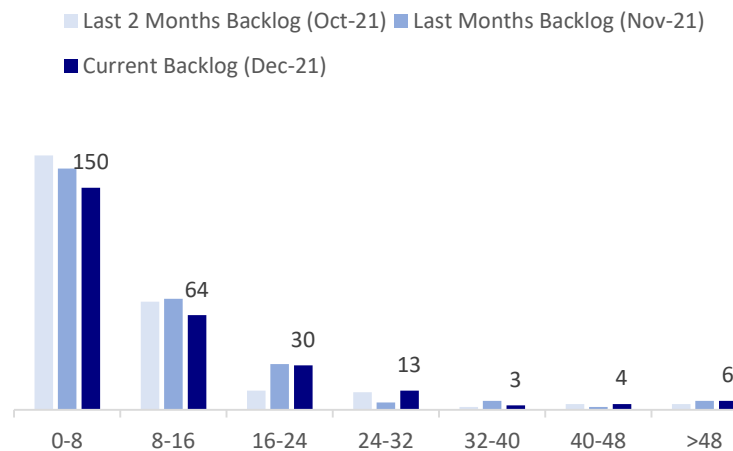
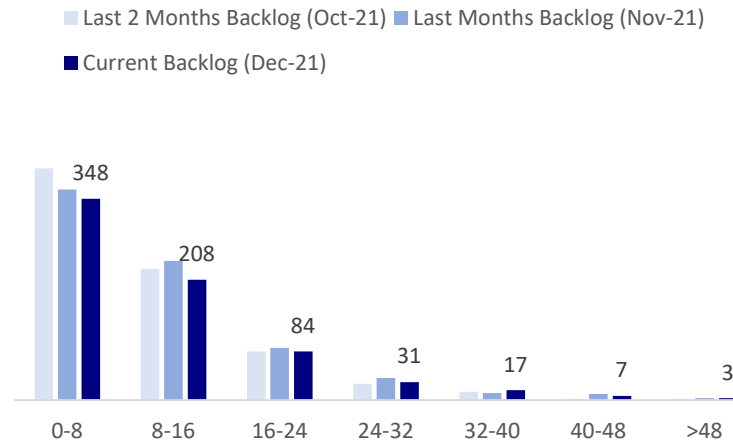
Referral to assessment



Assessment to treatment

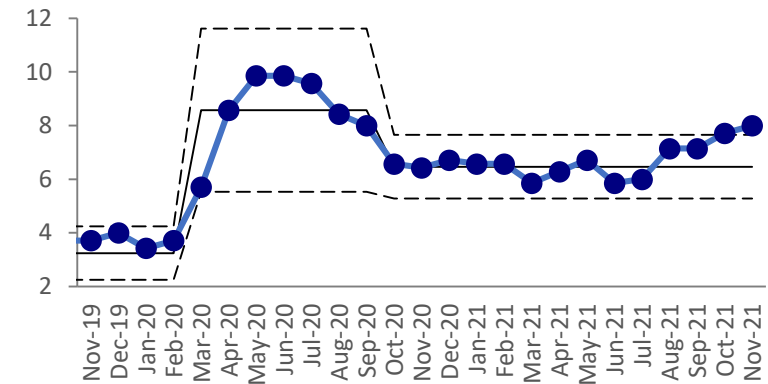


For those on our waiting list, how long have they been waiting to be seen in weeks?

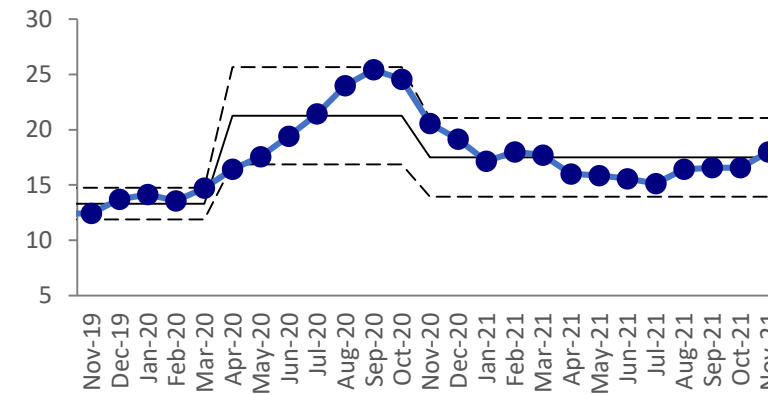


For those that have been seen, what is the average wait from referral to being seen in weeks?

(I Chart)



(I Chart)



Specialist Psychotherapy Services

The Specialist Psychotherapy Service (SPS) offers support to service users with severe, complex and chronic mental health difficulties which cause impairment in multiple domains of functioning, distress and risk. Across the Trust, SPS have demonstrated an improvement in their backlog position. In August there were 758 service users waiting for assessment. By the end of November, this had reduced to 698. This is comprised of 203 service users waiting for assessment in Tower Hamlets, 151 in Bedfordshire, 139 in Newham, 107 in City & Hackney and 98 in Luton. 3 service users are waiting more than 48 weeks (11 months) for assessment. For those that have been seen for assessment, the average wait from referral to being seen is just under 14 weeks.

There are 270 service users waiting for treatment. For those that have been seen, the average wait from referral to commencing treatment is 18 weeks. Newham and Tower Hamlets have seen a slight increase in their backlog while City & Hackney has seen an improvement. The City & Hackney, Newham and Tower Hamlets recovery plans show that clearing the backlog will exceed 12 months, as referral numbers remain higher than the capacity of the service. All services have received additional investment to recruit fixed-term posts to increase capacity over the next year. This will be reviewed with the view to permanently increase capacity, in order to manage predicted demand.

A number of different initiatives have been implemented to ensure the safety of service users on the waiting list, including developing psychological therapy offers within Primary Care Networks (PCNs) to improve access, offering a 'check-in' appointment to service users waiting the longest and offering group interventions or sign-posting to alternative services. All SPS services have a traffic light system to prioritise and manage caseloads and all clinicians have a routine "check-in" process to update their risk assessments. For those in the amber category, more frequent check-ins occur on an as-needed basis (usually 3-monthly). Where service users are identified as red, consideration is given as to whether it is appropriate for them to continue to wait for therapy, or a more urgent intervention (e.g. home treatment team, crisis line) may be required. Currently, across SPS services, plans are in place for service reconfiguration to avoid inappropriate referrals and also a recruitment plan to fill vacant posts.

In City & Hackney, the service is promoting the adoption of a population health approach within primary care networks to better meet the needs of individuals and the communities. As an example, one of the community connectors in the Shoreditch and City neighbourhood has identified a cluster of Farsi speaking male asylum seekers currently being temporarily housed in the Holiday Inn who all present with experiences and symptoms of trauma. Co-production and co-delivery of interventions with the community connectors for these residents is currently being developed.

In Newham, staff have designed a system to ensure 18 week targets are met and plans are overseen by therapy modality leads. Once the 18 week target has been met, the responsibility to oversee service users on specific psychotherapy modality waiting lists is overseen by modality leads and more frequent check-ins occur on an as-needed basis. Recruitment of bank staff has also taken place to help with increased capacity and the service is currently looking into using any underspend to increase staff capacity through fixed term roles. This month, the service has successfully managed to recruit a handful of new starters to increase assessment and treatment capacity. Additional capacity is anticipated with further staff starting over the next 2 months.

Specialist Psychotherapy Services

In Tower Hamlets, weekly “Flow & Capacity” meetings look at the 20 longest waiters, across different therapeutic modalities, and review and prioritise actions as deemed clinically appropriate. This meeting also looks prospectively at the number of service users still within target for assessment and treatment, with a view to booking them in before they breach waiting time targets and ensuring enough assessment and treatment slots are available for this. The Community Psychology Service (CPS) was initiated in November 2020 and has since seen 21 people from the SPS waiting list. The team offers an alternative approach which is more community-based and targets especially those from minority ethnic backgrounds. While this will alleviate some of the pressure on SPS, the CPS serves a population which may not have accessed standard SPS services. However, by bringing the management of capacity and risk within the locality structure, this ensures that capacity and risk is held by the whole system rather than via the waiting list of one team. This would allow those waiting for therapy to be offered other potential sources of local support and bring risk management structures closer to the point of delivery. There is also increased signposting to other services to maximise alternative resources available. This will ensure that it is only those who are likely to benefit most from psychotherapy rather than another source of support, who are put forward for this intervention.

The SPS team in Bedfordshire operates differently to East London services in that they do not provide a standalone service. Most service users are receiving on-going support through the community mental health team. The service is currently in the process of reviewing waiting lists and developing solutions to improve their current position through completing a recovery plan. The team are hoping to complete this work in January. The plan will help the service have sight of their longest waiters and develop robust actions to tackle their backlogs.

Improving Access to Psychological Therapies

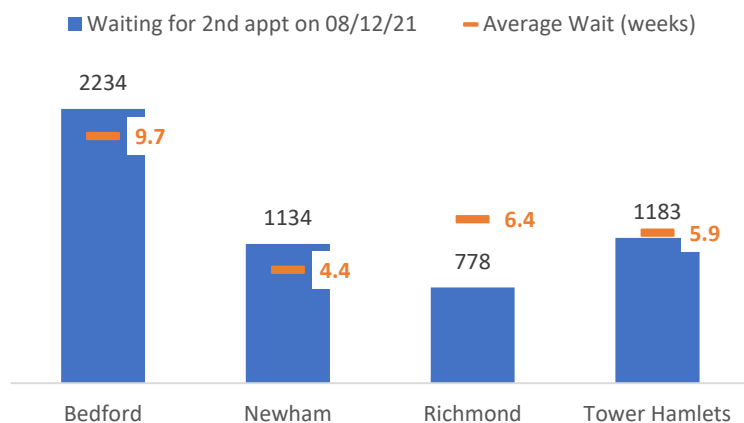
How many people are on the waiting list and what is their average wait in weeks?

For those that have been seen, what is the average wait from referral to being seen in weeks?

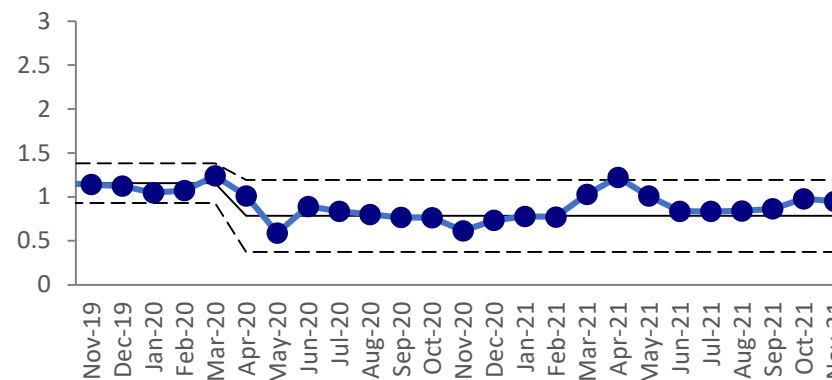
Referral to assessment

There is essentially no waiting list from referral to assessment for IAPT

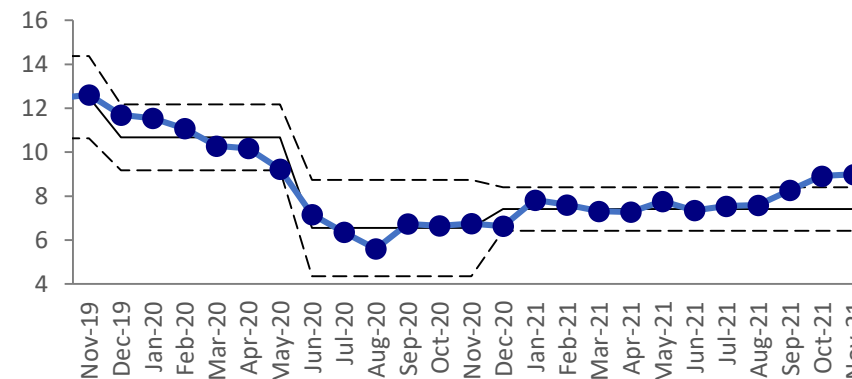
Assessment to treatment



(I chart)



(I chart)



Improving Access to Psychological Therapies

Improving Access to Psychological Therapies (IAPT) provides screening assessments and psychological interventions to individuals suffering with common mental health problems.

IAPT services have experienced an increase in their backlog over the past 3 months. In August the total number of service users waiting for treatment was 4740 compared to 5329 in November. This comprises 2234 service users waiting for treatment in Bedfordshire, 1183 in Tower Hamlets, 1134 in Newham and 778 in Richmond. Across the IAPT service, those that have been seen for treatment waited just under 9 weeks. Bedfordshire Wellbeing Service has seen an increase in its backlog since August while Tower Hamlets Talking Therapies (THTT) has seen a slight reduction and other services remain stable.

A number of different initiatives have been implemented to ensure the safety of service users on the waiting list, including increasing capacity through subcontracting to alternative providers to increase access, and signposting service users waiting the longest to alternative services like group courses offered by First Step Change. This gives service users an introduction to the approaches used in Cognitive Behavioural Therapy (CBT) and provides a more efficient way to monitor risks by collecting outcome measures and risk questionnaires at each session.

Bedfordshire Wellbeing Service is experiencing the greatest demand across all IAPT services and is aiming to recruit to expansion posts from additional investment. They have also commissioned extra capacity from their subcontractor, Xyla, to help manage the waiting list. The service is planning to trial the new Psychological Wellbeing Practitioner (PWP) apprenticeships programme to help maintain a more reliable flow of staff into the IAPT workforce. They are also engaging agency workers where possible to address staffing shortages. The service is exploring potential changes to the pathway so that the service users waiting for high intensity individual therapies would be able to access support through large, primarily digital, group courses. This would give service users an introduction to the tools and approaches used in Cognitive Behavioural Therapy (CBT) so that they are more prepared when they start individual treatment.

Tower Hamlets Talking Therapies is continuing to experience higher referrals than the expected numbers required to meet access targets. As such, like the Bedfordshire Wellbeing Service, THTT are continuing with the use of subcontractor Xyla to help manage the increased demand. The service is currently completing audits of people waiting over 70 days to ensure they are internally performing as efficiently as possible and not missing opportunities to progress into treatment. To prevent excessive numbers of service users being added to the individual CBT waiting list, allocation after triage needs to be approved by a manager to confirm that it is the most clinically appropriate intervention.

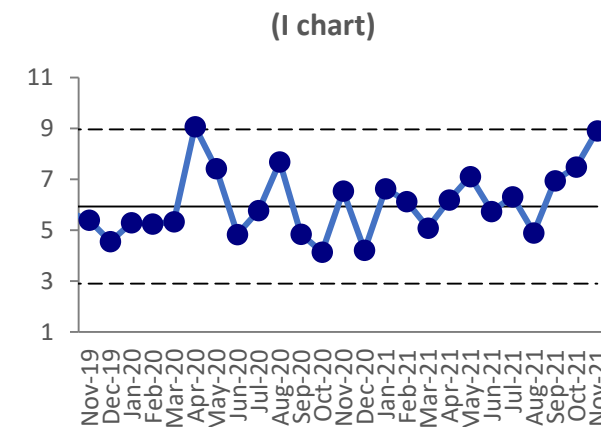
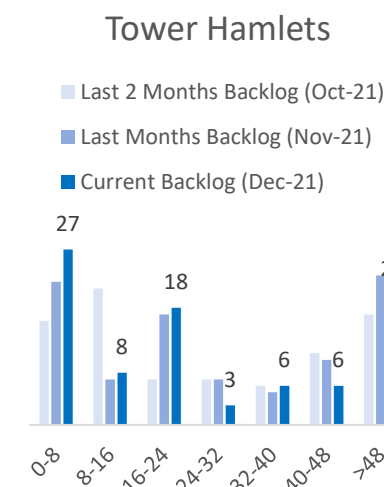
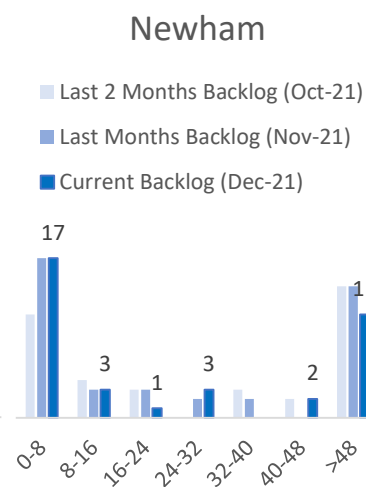
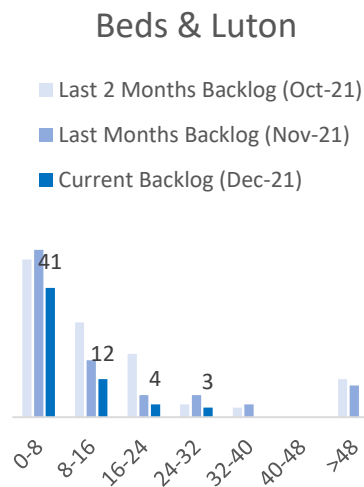
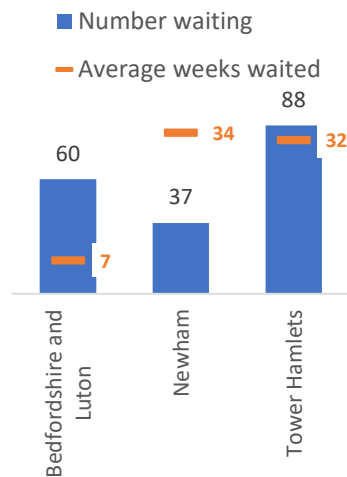
Learning Disabilities

How many people are on the waiting list and what is their average wait in weeks?

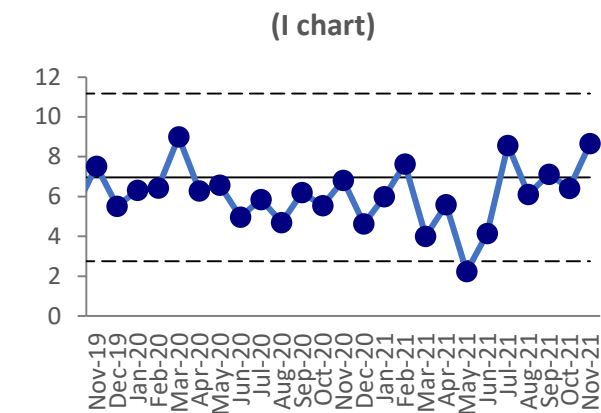
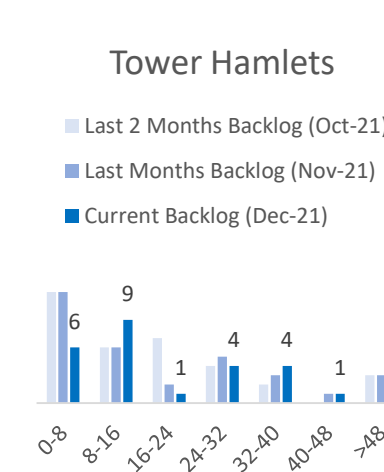
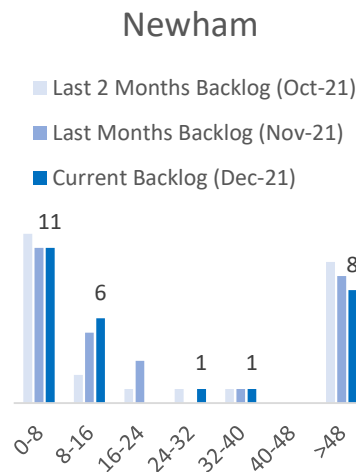
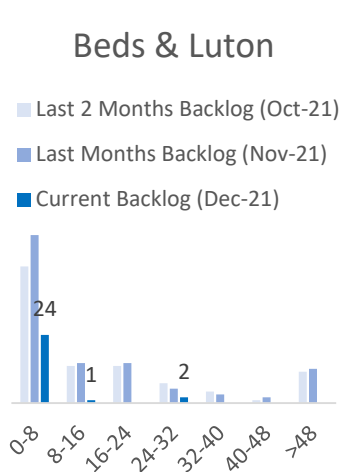
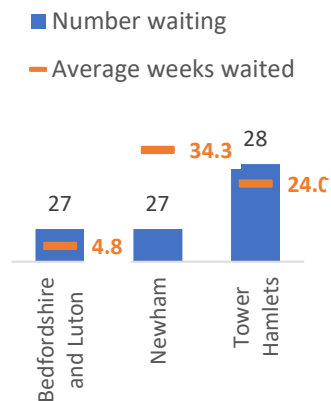
For those on our waiting list, how long have they been waiting to be seen in weeks?

For those that have been seen, what is the average wait from referral to being seen in weeks?

Referral to first appointment (Bedfordshire & Luton and Tower Hamlets consider treatment at first appointment)



First appointment to second appointment (Newham considers treatment at second appointment)



Learning Disabilities

The Learning Disability (LD) service is a team of health staff and social workers who assess and support service users with learning disabilities, their families and carers. As a result of restrictions during the pandemic, there have been some delays in service users being seen, particularly for people who are awaiting a cognitive assessment as part of a Learning Disability diagnostic assessment.

Learning Disabilities have experienced a Trustwide improvement in their backlog over the past 3 months. In August, the total number of service users waiting for assessment was 339 compared to 185 in November. The total number of service users waiting for treatment was 82 at the end of November, compared to 191 in August 2021.

To manage the safety of service users on the waiting list, all teams have a mechanism to review caseloads monthly, either as part of a Complex Case discussion, waiting times monitoring, or in individual disciplines. Representatives across the Learning Disability Teams are taking part in the Trust-wide QI Demand, Capacity and Flow sessions, with Learning Disability specific learning groups supported as part of the Learning Disability Learning Network.

In Tower Hamlets, the service has plans in place to recruit an interim resource to increase capacity and also in the process of reviewing existing service provision to ensure there is sufficient capacity to meet demand in the longer-term. The service is also working with clinical teams to clarify the service users who are most suitable for referral and assessment by the Community Learning Disability Service (CLDS). This will help make sure that the people with the right needs are being seen, and reduce inappropriate referrals that impact the capacity of the team. The service is working with specialist schools in the borough and link workers to address the needs of complex service users. In addition, a Quality Improvement project is currently being undertaken to implement a Single Assessment process, to avoid the need for multiple assessments by different teams and help maximise capacity available and minimise the backlog. Overall, the service has seen a 45% reduction in backlog since August which indicates that the current recovery plans in place are having a positive impact. This continues to be monitored closely and plans will be adapted as necessary to ensure the backlog is managed effectively.

In Newham, the service has reviewed the waiting list and believe the longest waiters are due to data quality issues, mainly relating to appointments that have not been 'outcomed' on the clinical record system. The service is in the process of working with admin staff to rectify this and aim to resolve the longest waits by January 2022.

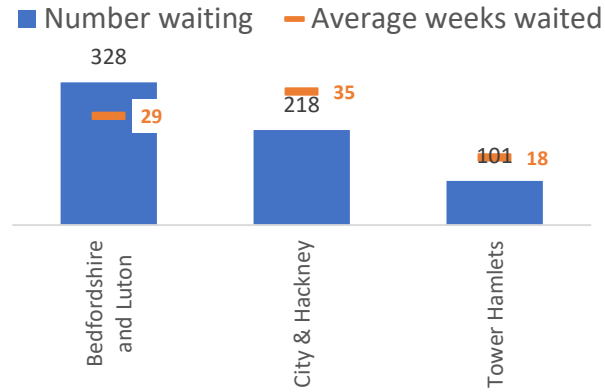
In Luton and Bedfordshire, the service has undertaken a review of the longest assessment and treatment waiters and identified that approximately 50% of these are related to data quality issues. Work is currently taking place to adjust how information is recorded on our clinical system in order to reflect an accurate picture. The service is also reviewing how the Single Point of Entry operates to increase efficiency and capacity of the service to meet demand. Within the service, one particular team has longer waiting times for treatment. A plan has been developed to provide a target of the number of people that need to be seen at the clinics every month in order to get the time waiting reduced. It is anticipated that with the current resource it will take approximately 18 months.

The City and Hackney service is provided by the London Borough of Hackney and not ELFT. Last year, the local government's clinical systems were subject to a cyber attach, severely limiting the service's ability to monitor and report on wait times. In the meantime, a solution for documenting activity on the ELFT RIO clinical system is being investigated.

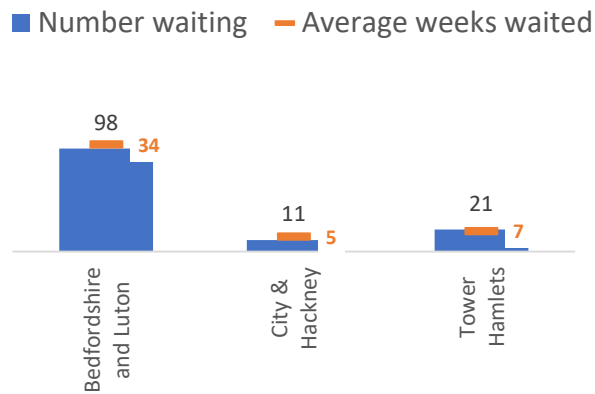
Adult Autistic Spectrum Disorder Service

How many people are on the waiting list and what is their average wait in weeks?

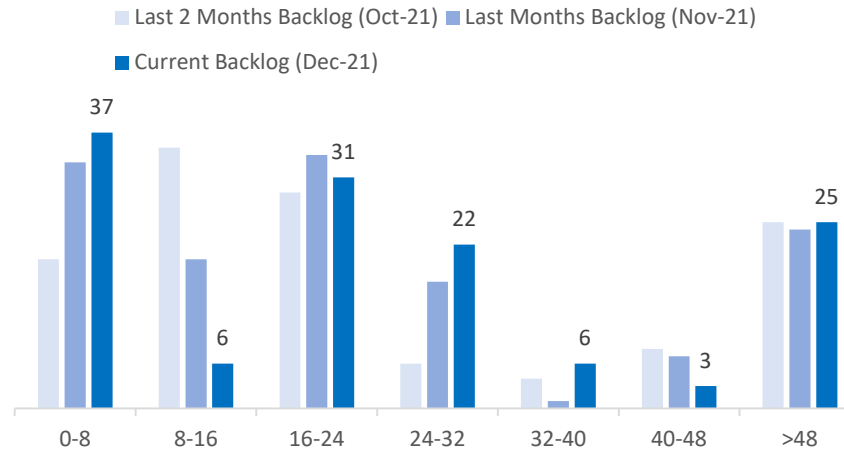
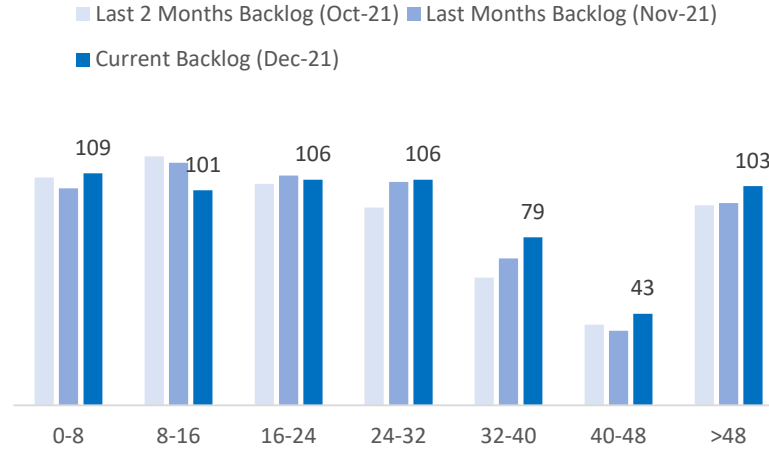
Referral to assessment



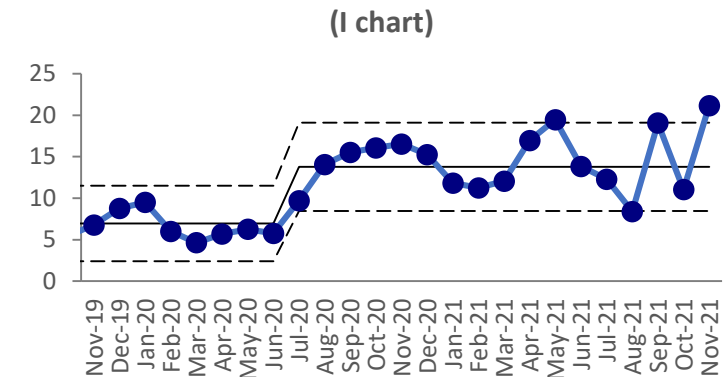
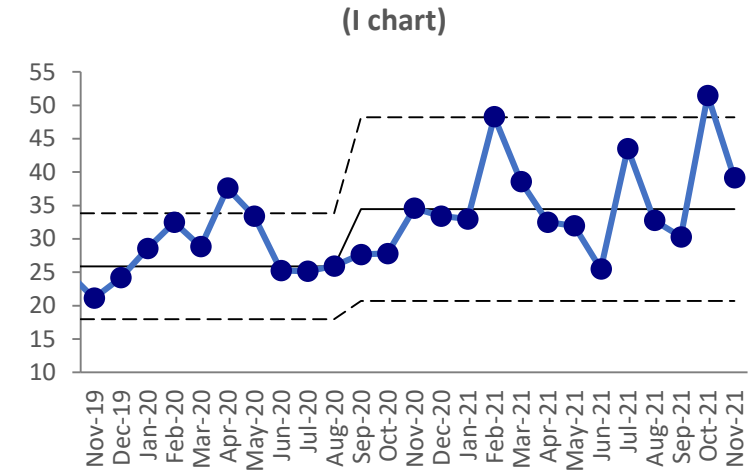
Assessment to treatment



For those on our waiting list, how long have they been waiting to be seen in weeks?



For those that have been seen, what is the average wait from referral to being seen in weeks?



Adult Autistic Spectrum Disorder Service

The Autism Service offers diagnosis, brief intervention and advice to adults who have not had a previous diagnosis of Autism Disorder. The National Institute for Health and Care Excellence (NICE) recommends that service users who are referred to a professional or team who specialises in diagnosing autism, should have an assessment started within 13 weeks of their referral. Nationally, the complexity of referrals has also increased which requires more exploration during the assessment in relation to trauma and attachment.

Our Autism Services have seen an increase in the backlog over the past 3 months. In August, the total number of service users waiting for assessment was 606 compared to 647 in November. This comprises 101 service users awaiting assessment in Tower Hamlets, 328 in Bedfordshire and Luton, and 218 in City & Hackney. There are 103 service users waiting more than 48 weeks (11 months) for assessment. For those that have been seen, the average wait from referral to being seen is 34.5 weeks. In August the total number of service users waiting for treatment was 139 compared to 130 in November.

In Tower Hamlets, there have been efforts to increase the capacity of the service by sub-contracting to other providers and recruiting additional staff. However, the service has so far been unable to find suitable partners or recruit staff due national shortage of qualified clinicians. The service has worked on streamlining the MDT case discussions to coincide with the throughput of assessments. They have also looked at addressing the wait and complexity for interventions and have developed more group interventions to engage and deliver care to service users sooner . A Quality Improvement project is currently being undertaken to identify where there is potential for bottlenecks and working on reducing waste in the service. The data quality is being monitored and regular checks with directorate performance lead are being conducted to ensure that the activity levels are recorded as accurately as possible.

The Autism Diagnostic Service in Bedfordshire has historically carried a waiting list due to the significant demand for the service compared to the very modest resource available in the team. Discussions have taken place with the senior leadership team and the CCG, and they have now agreed to fund an extra support worker for 1 year, which will increase the service's capacity and provide dedicated follow-up support to people who have been diagnosed.

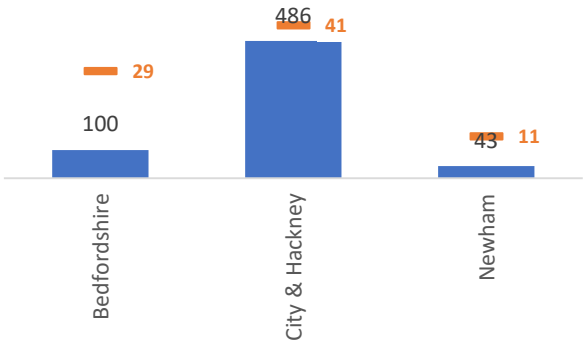
In Newham, no dedicated Autism service has been commissioned, and referral activity is integrated into CMHT's care and treatment offer. As part of this year's contract negotiations, discussions are currently underway to review the current provision and arrangements to help improve the service.

The City and Hackney service has a very limited capacity and has gone through leadership changes. A new manager for the service has been appointed and is working on a recovery plan, which is expected to be completed by the end of January.

Adult Attention deficit hyperactivity disorder

How many people are on the waiting list and what is their average wait in weeks?

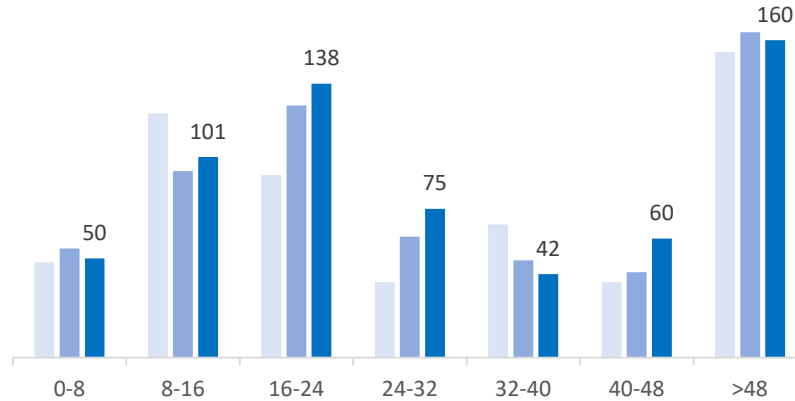
■ Number waiting — Average weeks waited



Referral to assessment

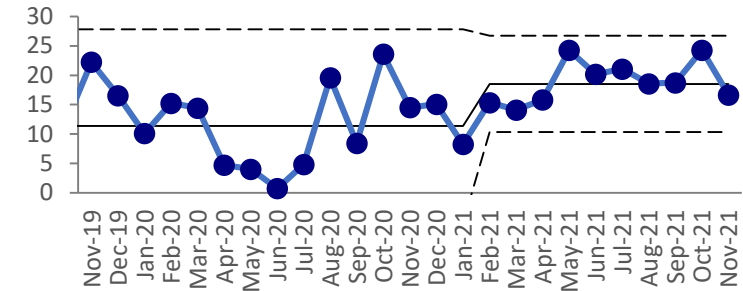
For those on our waiting list, how long have they been waiting to be seen in weeks?

■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



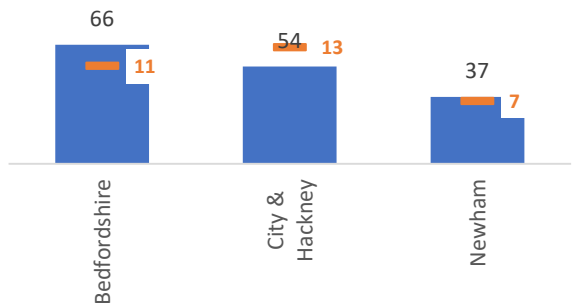
For those that have been seen, what is the average wait from referral to being seen in weeks?

(I chart)

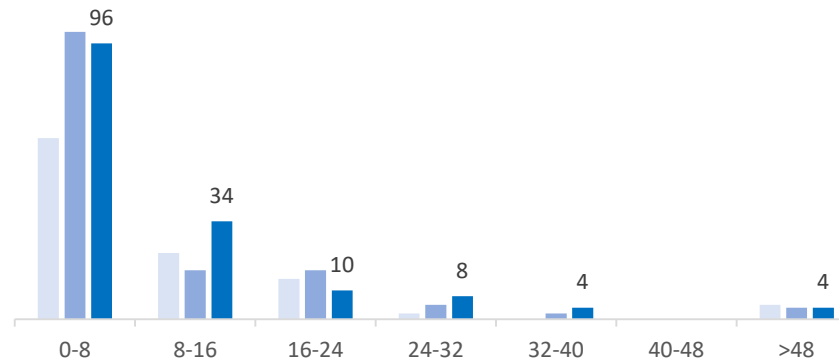


Assessment to treatment

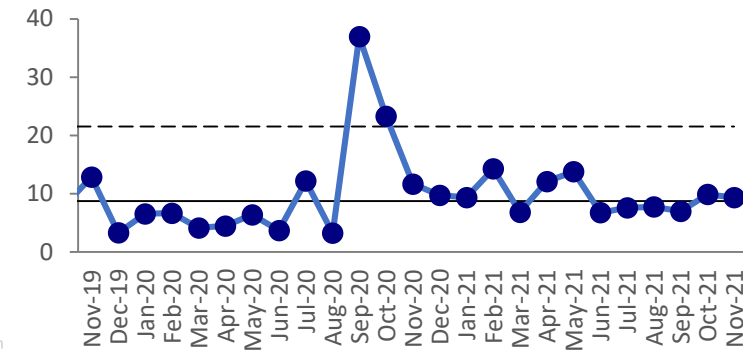
■ Number waiting — Average weeks waited



■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



(I chart)



Adult Attention deficit hyperactivity disorder

The Adult Attention Deficit Hyperactivity Disorder (ADHD) service offers service user assessment, diagnosis, medication testing and titration with 12-month annual reviews to adults (18+). The National Institute for Health and Care Excellence (NICE) recommends that service users who are referred to a professional or team who specialises in diagnosing autism should have an assessment started within 13 weeks of their referral.

Our ADHD services have seen an increase in their backlog over the past 3 months, particularly in City and Hackney. In August, the total number of service users waiting for assessment was 568 compared to 629 in November. This comprises 100 service users awaiting assessment in Bedfordshire, 486 in City & Hackney and 43 in Newham. There are 160 service users waiting more than 48 weeks (11 months) for assessment. For those service users that have been seen for assessment, the average wait is 16.6 weeks. In August, the total number of service users waiting for treatment was 96 compared to 157 in November.

To manage the safety of service users on the waiting list, services have maintained communication with service users from the outset on how long they will likely be waiting for their assessment. All caseloads are regularly reviewed and prioritised for contact based on clinical need and urgency. Services have reported an increase in referral activity and levels of complexity which is believed to be linked to greater awareness of services as evidenced by increasing self-referrals. Another impact is that for some cases that are waiting to be assessed, the local authority has refused to do a Care Act assessment without a diagnosis being made. The team has had to address this directly through consultation work and training staff in the team.

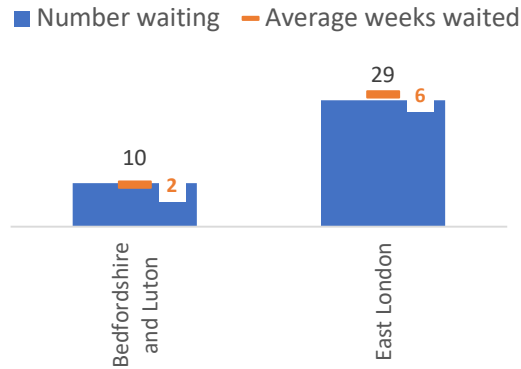
In City & Hackney, plans are in place to recruit additional medical and nursing staff and this is expected to be in place by February 2022. This will increase the capacity within the service. To reduce the burden in the short-term, the service is using Tower Hamlets facilities to manage demand and waiting lists collectively following the commissioning of a Joint ADHD service with Tower Hamlets CCG in September. New referral triaging is done by the doctors within the neighbourhood teams, so any referrals waiting in the ADHD service have already been triaged appropriately to the service. Teams have also reduced non-attendance by sending an appointment reminder letter 2-3 weeks prior, texting the service user 2 days before and ringing the service user the day before the appointment. The service has developed a recovery plan that has included demand and capacity analysis of the service. This has highlighted the need for additional investment in order to reduce the current backlog within the next 18 months, and discussions have begun with commissioners.

In Luton and Bedfordshire, a review is underway of the backlog recovery plans for all services with the support of Associate Clinical Directors, Clinical Director and Service Director to ensure that they are robust enough to meet the predicted demand. This includes exploring Trustwide initiatives to pool resources where possible to address the backlog in the short-term.

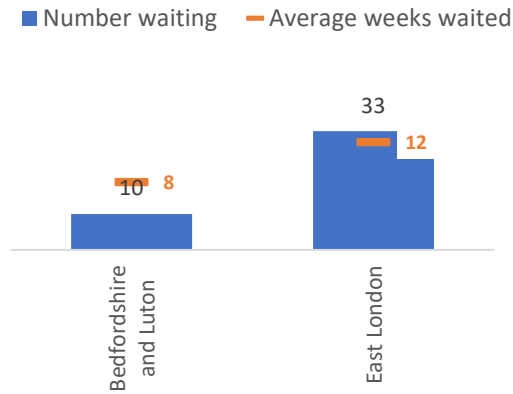
Children and Adolescent Mental Health - Eating Disorders

How many people are on the waiting list and what is their average wait in weeks?

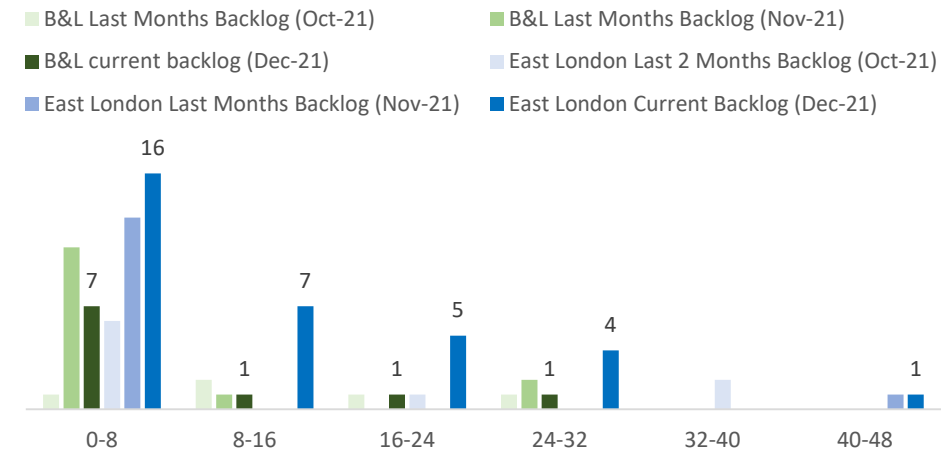
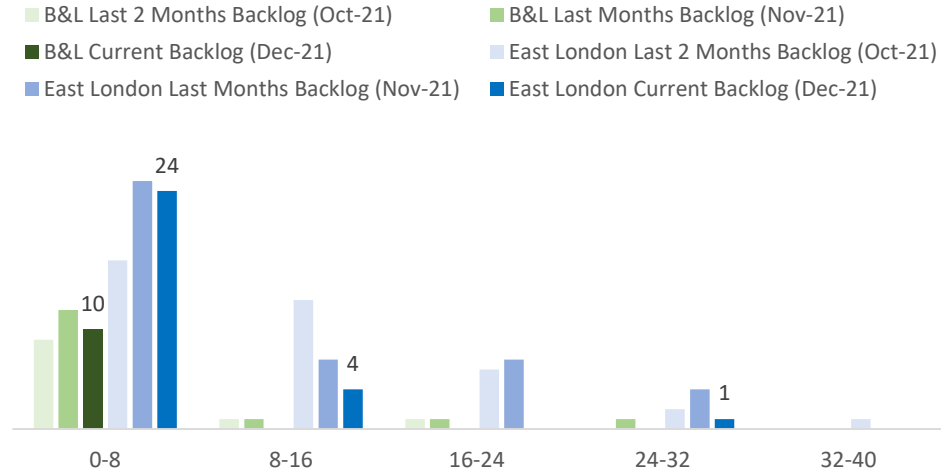
Referral to assessment



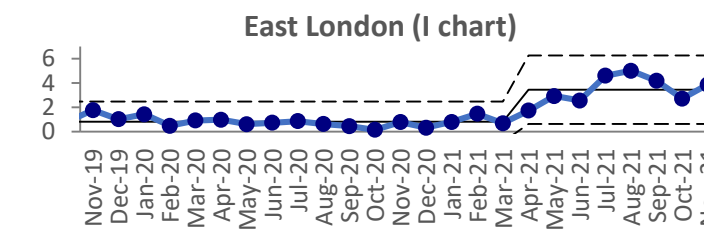
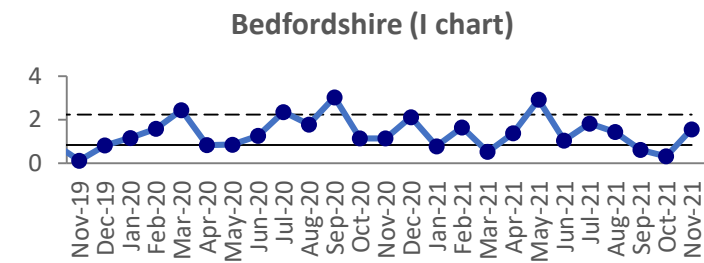
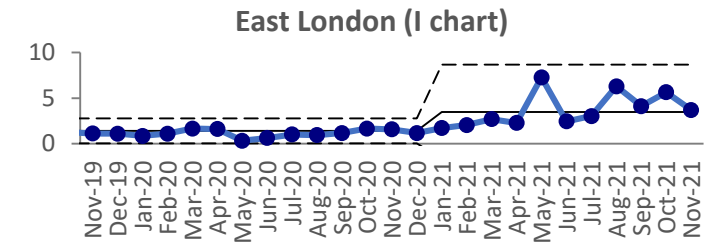
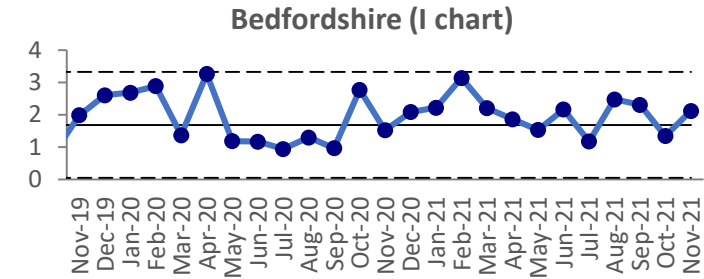
Assessment to treatment



For those on our waiting list, how long have they been waiting to be seen in weeks?



For those that have been seen, what is the average wait from referral to being seen in weeks?



Children and Adolescent Mental Health - Eating Disorders

The Access and Waiting Time Standard for Children and Young People with Eating Disorders state that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from the first contact with a designated healthcare professional for routine cases, and within 1 week for urgent cases.

CAMHS Eating Disorder Services have seen an improvement in their backlog for service users waiting for assessment, while at the same time there has been an increase in the backlog for those waiting for treatment over the past 3 months. In August, the total number of service users waiting for assessment was 43 compared to 39 in November. This comprises 10 young people in Bedfordshire and Luton awaiting assessment and 29 in East London. In August, the total number of service users waiting for treatment was 11 compared to 43 in November.

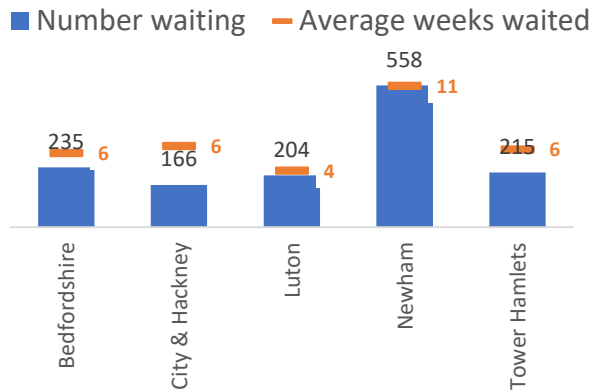
In Luton & Bedfordshire, recruitment is underway to fill vacancies in the service including a clinical psychologist and operational lead roles. To ensure the safety of service users on the waiting list, the team continues to monitor waiting times on a monthly basis and prioritise referrals based on clinical urgency and risks. Service users are also sign-posted to alternative services for support, where appropriate.

In East London to help manage the safety of service users, the service has reorganised clinics so that appointments can be offered within a shorter timeframe to avoid exceeding waiting times standards. Whilst recruitment is ongoing, the service continues use of agency and bank staff to maintain capacity.

Across CAMHS services a further review is underway to make sure the capacity levels will meet the demand by liaising with Clinical Directors and Service Leads. Recovery plans are currently being amended to provide more assurance and ensure sufficient mitigation plans are in place to manage rising demand for both urgent and routine referrals.

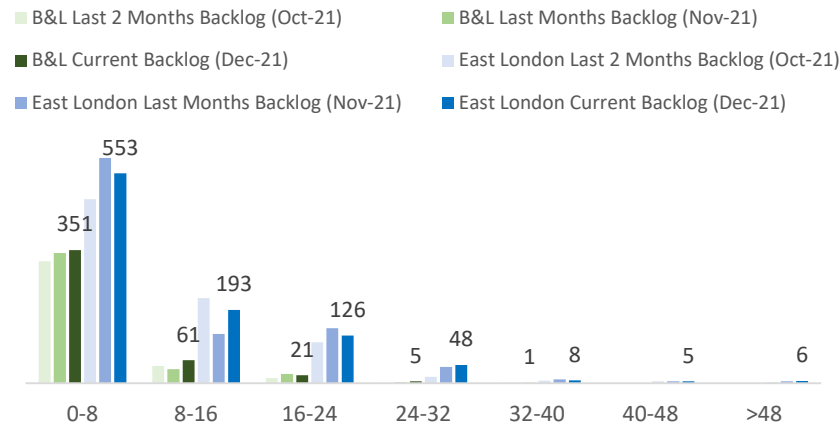
Children and Adolescent Mental Health – all other teams

How many people are on the waiting list and what is their average wait in weeks?



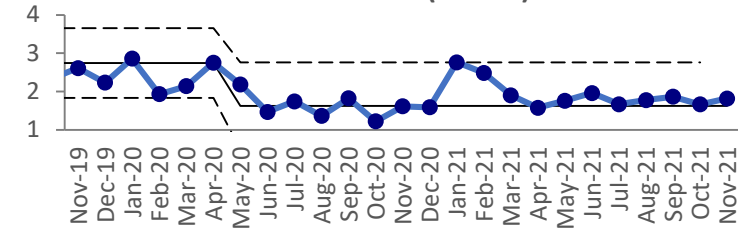
Referral to assessment

For those on our waiting list, how long have they been waiting to be seen in weeks?

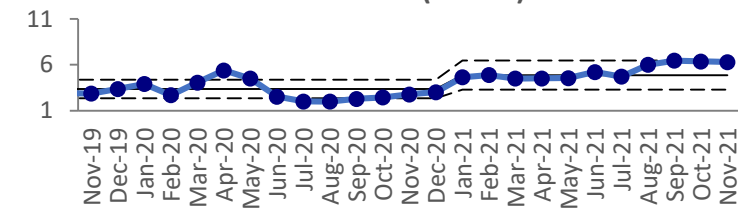


For those that have been seen, what is the average wait from referral to being seen in weeks?

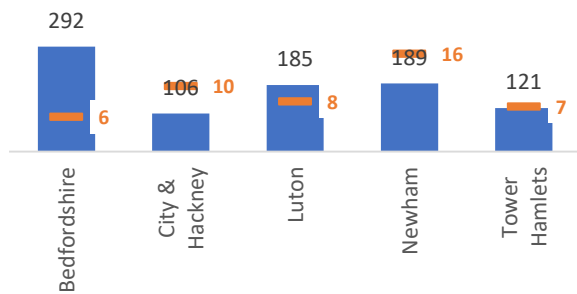
Bedfordshire (I chart)



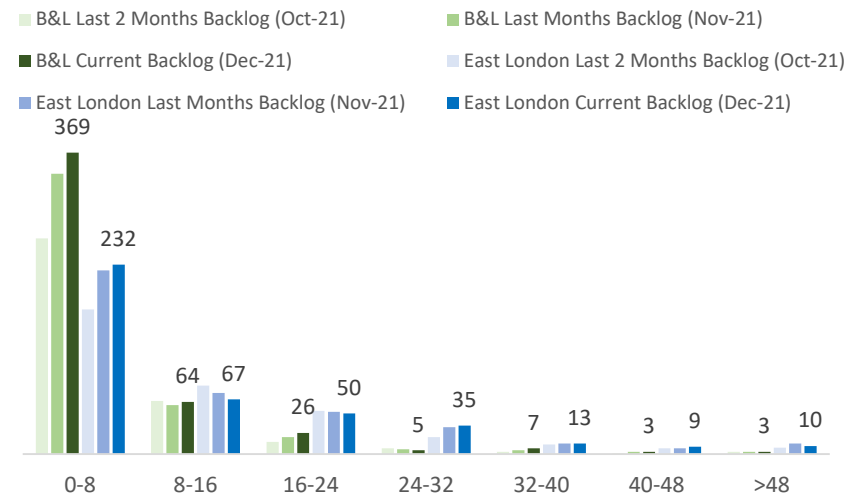
East London (I chart)



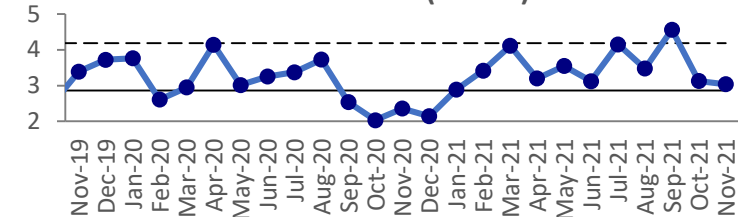
Number waiting Average weeks waited



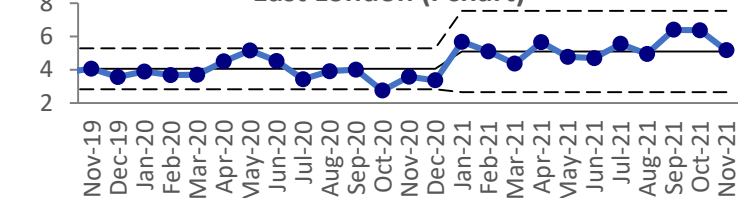
Assessment to treatment



Bedfordshire (I chart)



East London (I chart)



Children and Adolescent Mental Health – all other teams

CAMHS services have experienced a Trustwide increase in their backlog over the past 3 months. In August, the total number of service users waiting for assessment was 1029 compared to 1378 in November. This comprises 235 children and young people in Bedfordshire, 166 in City & Hackney, 204 in Luton, 558 in Newham and 215 in Tower Hamlets. There are 6 service users in East London that have waited more than 48 weeks (11 months) for assessment. In August, the total number of service users waiting for treatment was 614 compared to 893 in November with a current average waiting time of 9.4 weeks. Of these waiters, there are 292 in Bedfordshire, 106 in City & Hackney, 185 in Luton, 189 in Newham and 121 in Tower Hamlets. There are 3 service users in Bedfordshire that have waited more than 48 weeks (11 months) for treatment and 10 in East London. A review of the longest waiters revealed that this was due to poor data quality in some cases, multiple non-attendance for appointments in other cases, and capacity issues in a few cases.

To ensure the safety of service users on the waiting list, services continue to review caseloads regularly through multi-disciplinary meetings, with daily referral screening meetings to prioritise new and existing referrals based on clinical need and urgency. Teams also sign-posting service users to alternative community resources, where appropriate to do so.

The numbers of children and young people presenting in the urgent pathway has increased and this has impacted those waiting for assessment, particularly those who have been categorised as low or no risk but meet the threshold for CAMHS. In addition, the majority of partners have experienced increased referrals, which has led to some tightening of acceptance criteria, resulting in more Specialist CAMHS referrals. This wider system issues continue to be discussed with the CCG and system partners. CAMHS are working closely with stakeholders, staff, and young people to ensure their needs are appropriately managed using all forms of support available within the wider system. CAMHS services have adopted the iThrive framework to ensure access is timely and relevant to the young person's need at all stages of care delivery.

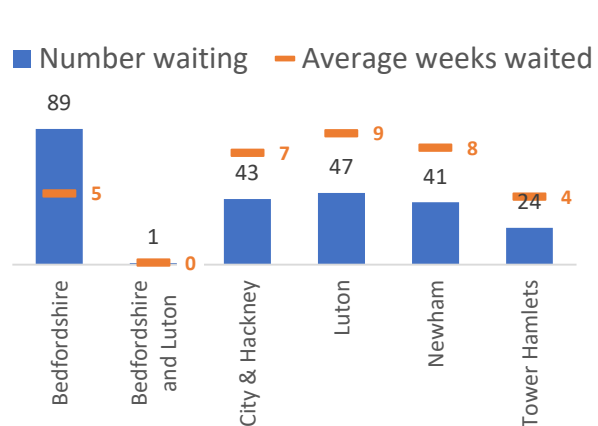
In City & Hackney, the service is piloting the Single Point of Assessment (SPA) which will enable CAMHS to divert inappropriate Tier 2 referrals back to alternative community partners. To increase capacity, the service is also exploring running a Waiting List initiative which will allow the service to visit families on weekends and improve access. The service is also developing alternative interventions and support packages including mentoring and group workshops to reduce demand on the service and improve flow.

In Newham, recruitment is underway to fill five vacant posts and continue to use a traffic light system to prioritise cases. The implementation of the Multi-Agency Collaborative (MAC) supported by external partners to manage demand across the system is predicted to reduce the burden on the service in the coming months.

Older People Community Mental Health

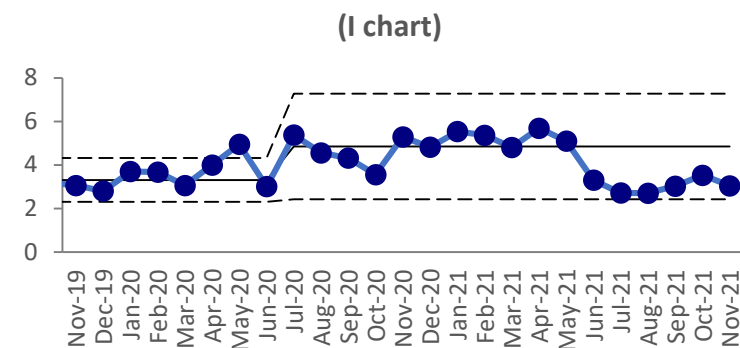
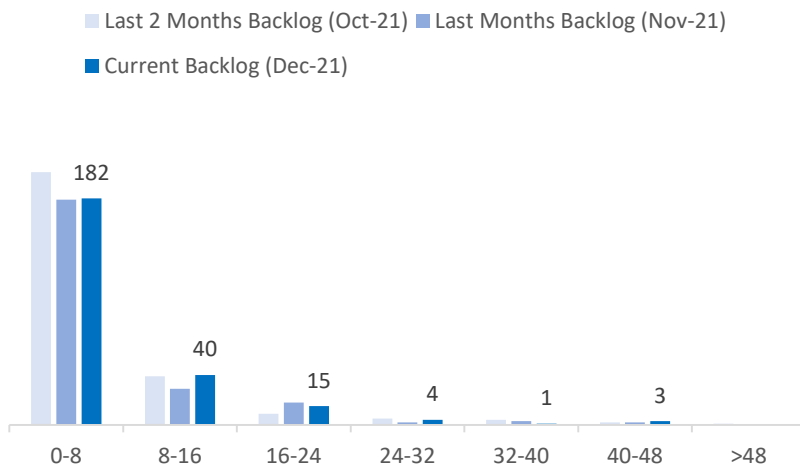
How many people are on the waiting list and what is their average wait in weeks?

Referral to assessment

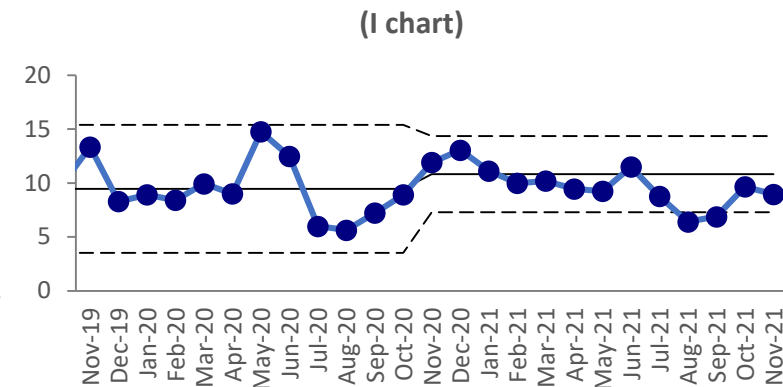
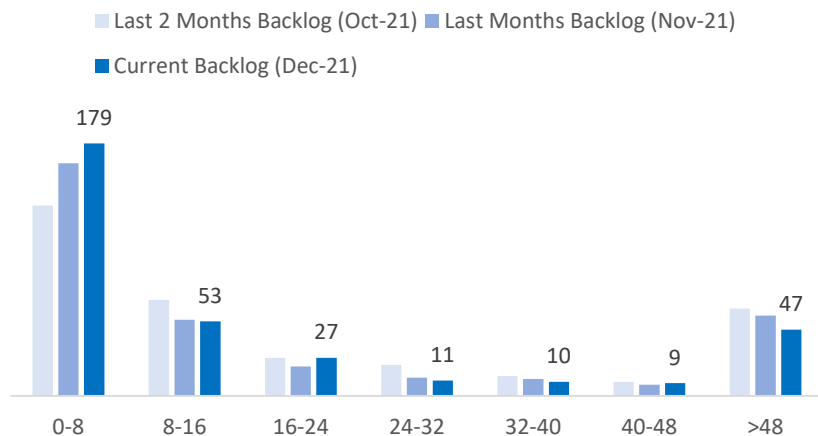
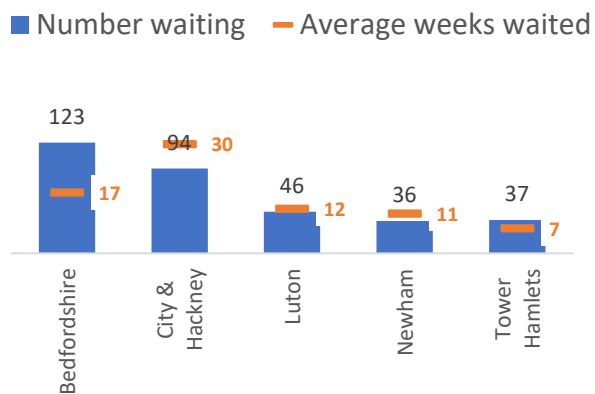


For those on our waiting list, how long have they been waiting to be seen in weeks?

For those that have been seen, what is the average wait from referral to being seen in weeks?



Assessment to treatment



Older People Community Mental Health

The Older People Mental Health Teams (Older People CMHTs) are multi-disciplinary, multi-agency assessment teams for adults over the age of 65 who require specialist mental health services.

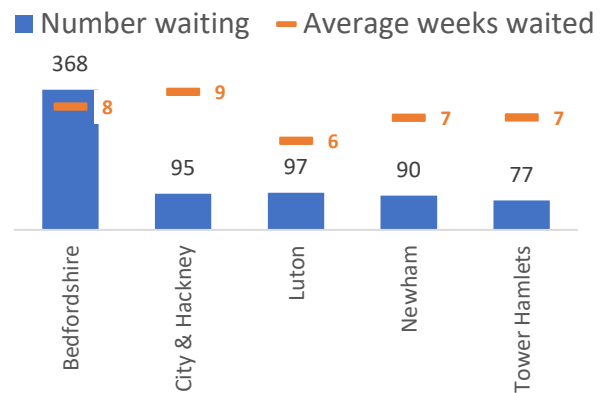
Older People CMHTs have experienced a Trustwide improvement in their backlog over the past 3 months. In August, the total number of service users waiting for assessment was 263 compared to 245 in November. This comprises 89 people waiting for assessment in Bedfordshire, 43 in City & Hackney, 1 in Luton, 41 in Newham and 24 in Tower Hamlets. For those that have been seen, the average wait from referral to being seen is 3 weeks. The total number of service users waiting for treatment was 336 at the end of November 2021. For those that have been seen, the average wait from referral to being seen is 9 weeks.

Recovery plans for Older People CMHTs are in progress with a specific focus on how the service is ensuring the safety of their longest waiters. In the meantime, the service is prioritising recruitment for vacant positions to increase capacity levels and currently using agency staff to supplement the temporary shortage.

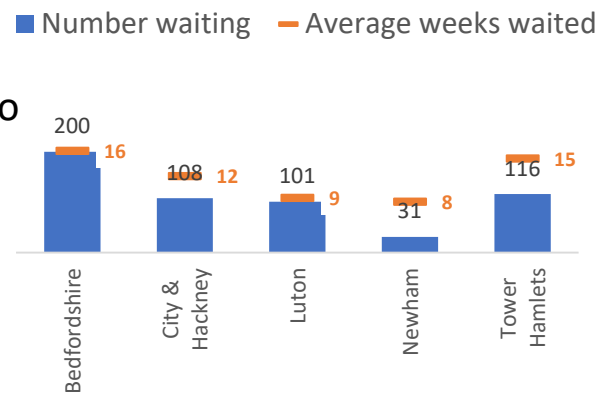
Memory Clinic

How many people are on the waiting list and what is their average wait in weeks?

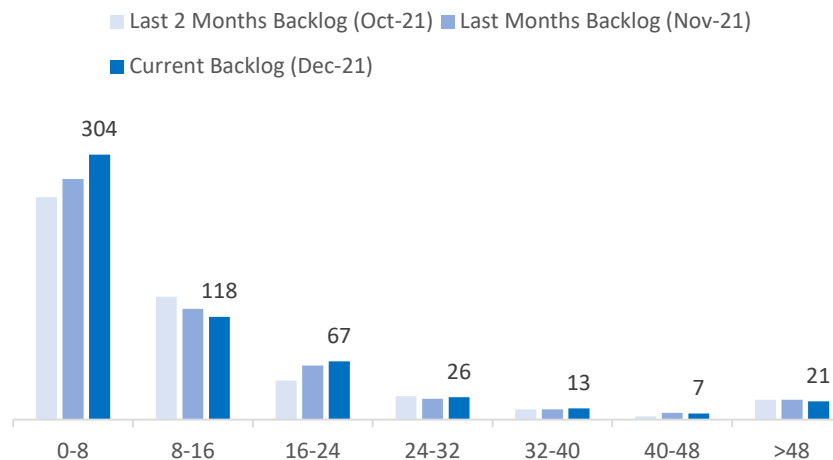
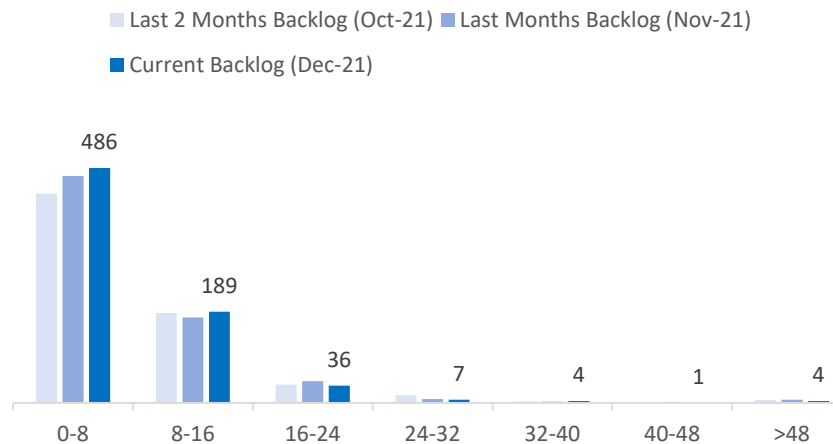
Referral to assessment



Assessment to treatment

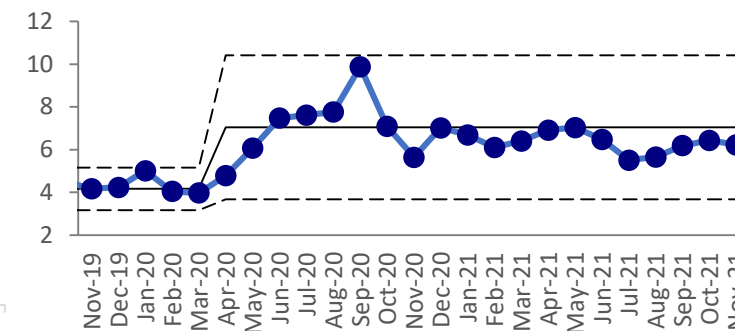


For those on our waiting list, how long have they been waiting to be seen in weeks?

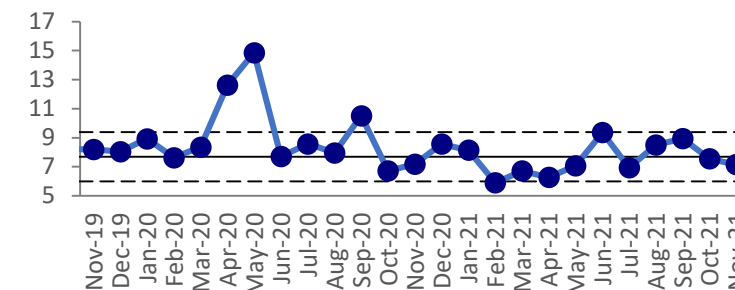


For those that have been seen, what is the average wait from referral to being seen in weeks?

(I chart)



(I chart)



Memory Clinic

Nationally there is a goal for all memory services to complete diagnostic assessment within 6 weeks of referral. The backlog of people awaiting assessment has remained fairly stable over the last 3 months, with 727 waiting across the Trust at the end of November. This comprises 368 service users in Bedfordshire, 95 in City & Hackney, 97 in Luton, 90 in Newham and 77 in Tower Hamlets. For those that have been seen, the average wait from referral to being seen is 6.2 weeks. Newham and Tower Hamlets have seen a slight improvement in their backlog over the past 3 months while in Luton and Bedfordshire their backlog has remained consistent with an increase in the South Bedfordshire Memory Service.

In Luton & Bedfordshire, there are plans in place to recruit into vacant posts and the service continues to work closely with partner agencies, GPs, and CCGs to provide safe and effective care. In the interim, the service is utilised in-year underspend to recruit 2.5 agency consultants for 3-4 months (from January to April) and also offering weekend clinics to increase capacity. The service also plan to continue conducting assessments virtually to improve access for service users who have difficulties in attending face to face appointments.

In Tower Hamlets, to mitigate the delays in imaging appointments, the service explored establishing a Neuroimaging Service Level Agreement with Barts Hospital. However, this has not been successful, and the service is now exploring alternative ways to support the diagnosis process without the need to solely rely on imaging results.

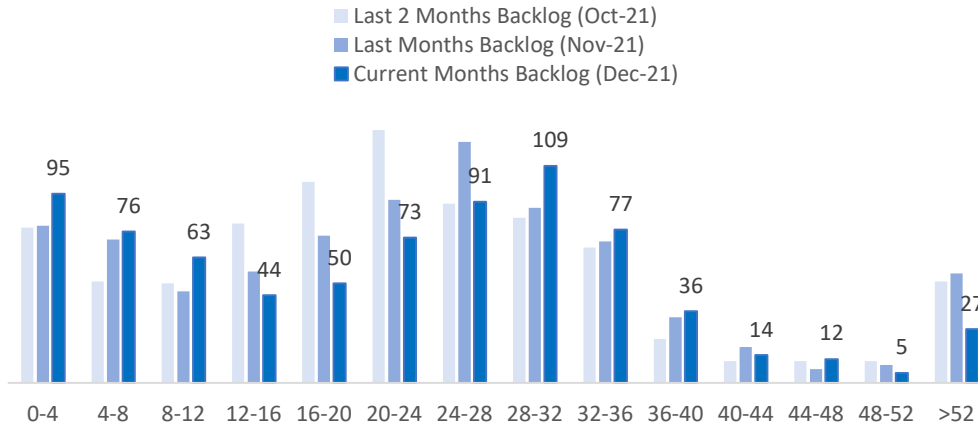
In Newham, the team is recruiting additional staff to increase assessment capacity. There is ongoing work with administrative staff to ensure that activity is captured correctly on our clinical systems to help accurately monitor the waiting list. The service is working closely with GPs to improve the quality of referrals to limit time spent screening inappropriate referrals. The service is developing weekend clinics to conduct home assessments across Newham and City & Hackney. This service is already provided in Luton and Bedfordshire.

Given the current challenges that all services are facing, the development of a Trustwide plan is underway with the Clinical Lead for older people's services, and additional investment has been made available to recruit medical staff on fixed-term contracts to increase capacity to manage waiting lists.

Specialist Children and Young Peoples Services (SCYPS)

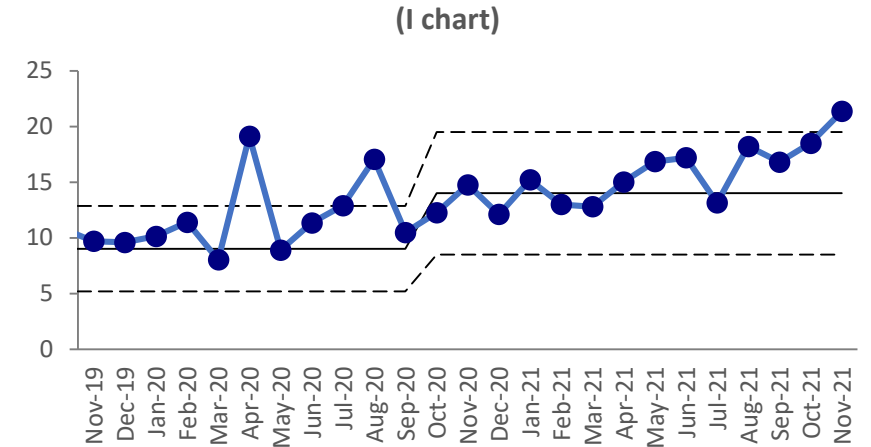
Waiting for first appointment

For those on our waiting list, how long have they been waiting to be seen in weeks?

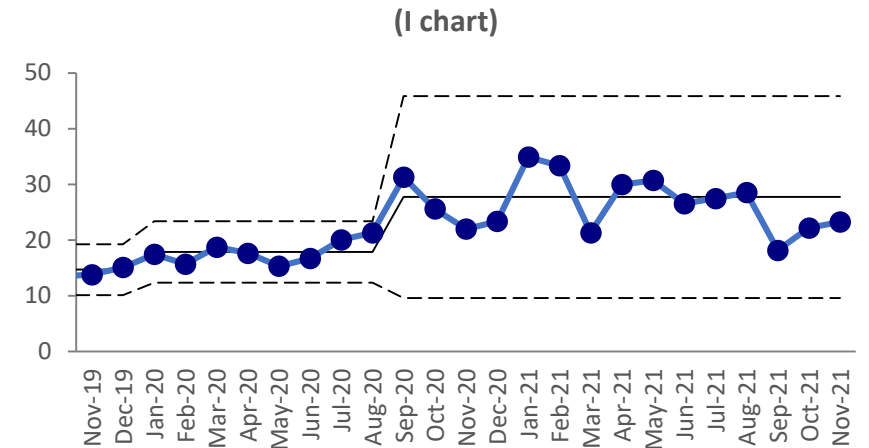
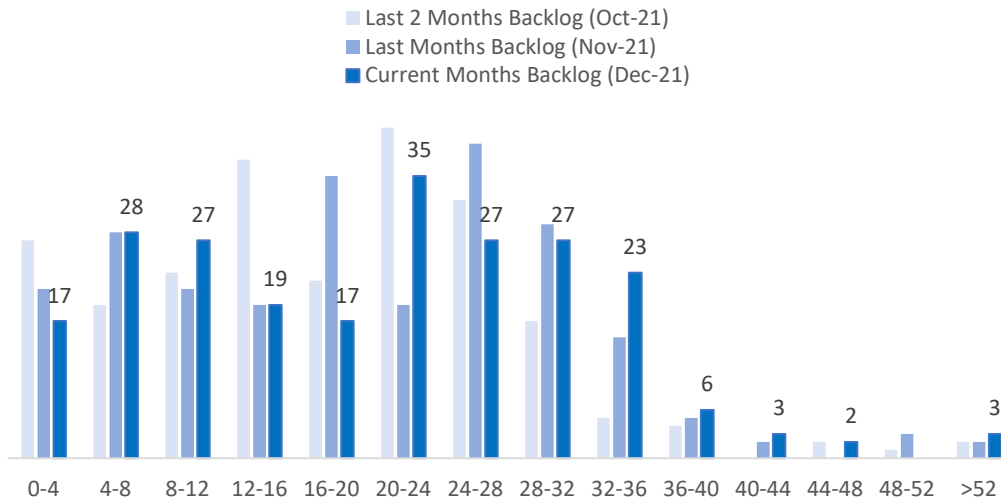


Speech and Language Therapy

For those that have been seen, what is the average wait from referral to being seen in weeks?



Occupational Therapy



Specialist Children and Young Peoples Services – SALT & OT

Speech and Language Therapy (SALT)

The Speech and Language Therapy (SALT) service offers assessment and support for children who may present issues with language development delay and social communication difficulties. Speech and Language Therapy Services have experienced an overall improvement in the backlog position over the past 3 months. In August, the total number of service users waiting for their first appointment was 839 compared to 772 in November. 27 service users have waited over 52 weeks (1 year) to be seen.

To ensure the safety of service users on the waiting list, services continue to review caseloads regularly through multi-disciplinary meetings, and daily referral screening meetings to prioritise new and existing referrals based on clinical need and urgency. Teams also sign-posting service users to alternative community resources, where appropriate to do so.

Families that are waiting for assessment are made aware of a variety of available supports, including monthly online parent workshops led by occupational therapy, a helpline, and resources through the SCYPS YouTube channel. As part of the one-year backlog recovery plan for the service, there is an ongoing review of the skill mix. For example, speech and language therapists have recently started providing diagnoses. Additional capacity has been introduced, including a psychologist, two speech and language therapists, nurse, assistant psychologist, educational psychologists, and administrators.

The service is currently undertaking a Quality Improvement project to improve access to the service by testing sending out text reminders before appointments to reduce non-attendance and improve utilisation of resources. The service has also introduced a Tuesday hotline service which offers advice and support to service users in different languages. The service has introduced groups such as the “Talking Tots” workshop to offer further advice and support to service users. Signposting referrals to alternative services has been the main strategy to reduce the burden for SCYPS and this helps to ensure the safety of its waiters. So far, 100 children have been signposted to Health Visiting teams. The team has been training Children Centre staff to run language groups called “Little Talkers” and developing pathways whereby children will attend “Little Talkers” after the “Talking Tots” workshop. Recruitment is underway to appoint two Speech and Language Therapy (SLT) assistants who will be able to offer interventions so that Speech and Language Therapists can concentrate on more specialist intervention work with complex users.

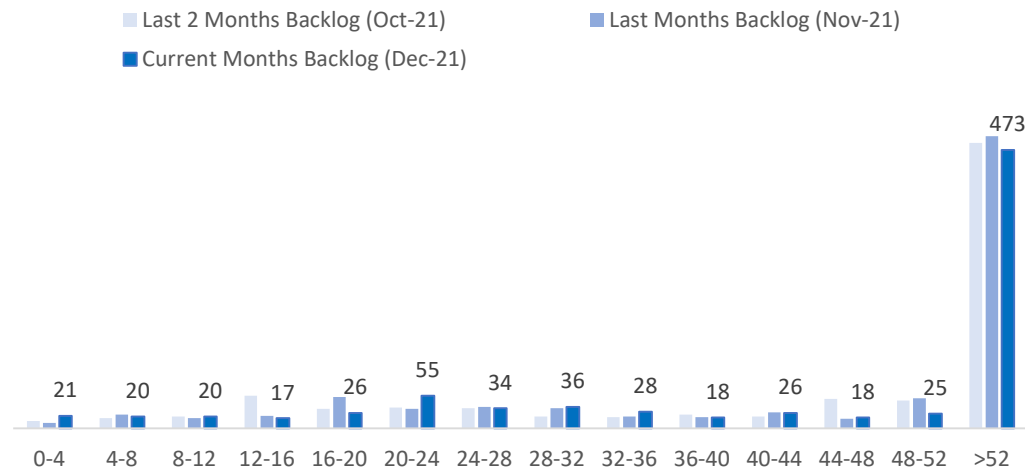
Occupational therapy (OT)

Occupational therapists see a range of children, including those with developmental delay, physical disabilities and children who have difficulties completing everyday tasks. Occupational Therapy services have experienced an increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first assessment was 198 compared to 234 in November. Current demand and capacity challenges in the service are mainly due to staff shortages. Processes are currently underway to recruit into vacant posts. The service is developing a recovery plan to provide more assurance and ensure sufficient mitigation plans are in place to manage waiting lists in a timely manner.

Specialist Children and Young Peoples Services- ASD

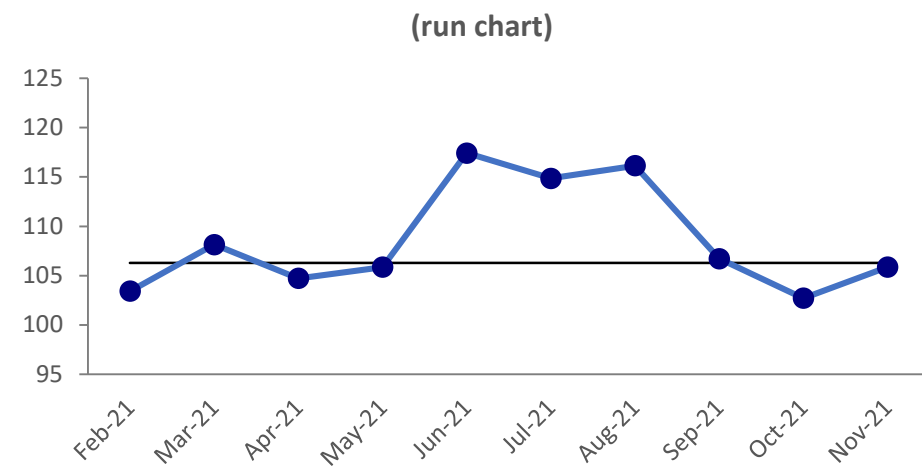
Waiting for first appointment

For those on our waiting list, how long have they been waiting to be seen in weeks?



Autism Spectrum Disorder

For those that have been seen, what is the average wait from referral to being seen, in weeks?



The Autism Spectrum Disorder Service (ASD) offers diagnosis, brief interventions and advice to young children. The ASD service has improved its backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 884 compared to 817 in November. Of these, 473 service users have waited over 52 weeks to be seen.

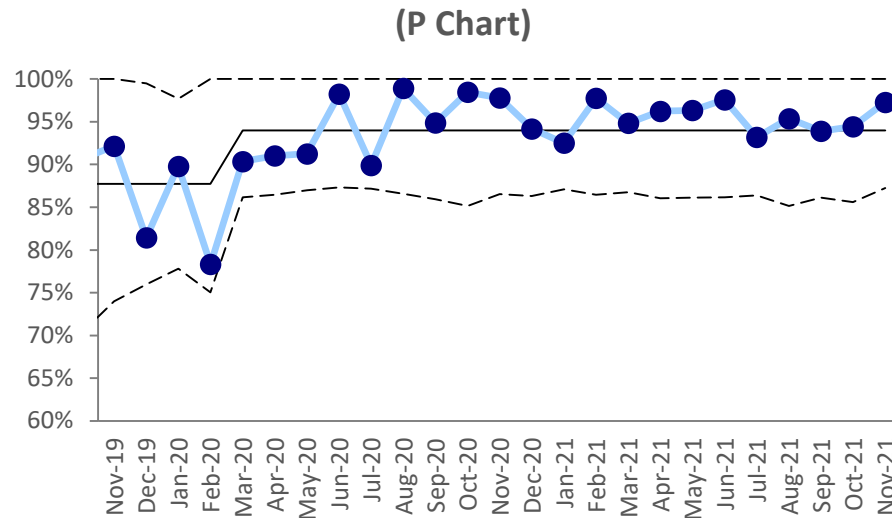
To ensure the safety of service users on the waiting list, the service reviews the caseload regularly through multi-disciplinary meetings and daily screening meetings to prioritise new and existing referrals based on clinical need and urgency. All longest waiters are closely monitored and where appropriate service users are being sign-posted to alternative services to receive care and support.

The service has received additional investment for a 1 year recovery plan to reduce the waiting list. The service has started recruiting additional clinical and administrative staff to increase capacity of the service and has also improved pathways to improve flow to avoid backlog growing further. The service has also tightened referral criteria which is expected to reduce demand on the service. The service has established new clinics and sites with a neuro-disability nurse joining the team, further increasing the skill mix of the team. The service is aiming to see 100 children each month to bring down the backlog, which was achieved in November for the first time. Caseload numbers have reduced for the 4th month and referral activity continues to reduce. The service are optimistic that the new ideas introduced are demonstrating positive impact.

East London Community Health Services - Urgent & Rapid response

For those that have been seen, what proportion are seen within the guidelines?

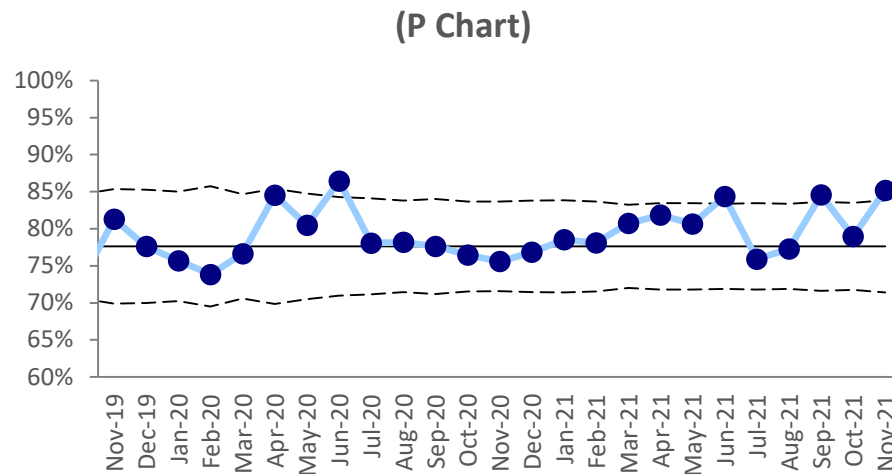
Rapid Response 2 hour



Rapid response is a service that is focused on preventing avoidable admissions to hospital and will reach eligible service users within 2 hours. The team will generally see service users for between 3-5 days, but will work with service users for a maximum of 14 days.

Of the service users referred to the Rapid Response service, 97% are being seen within the 2-hour time period.

District Nursing 72 hours
(Tower Hamlets target is 5 days)



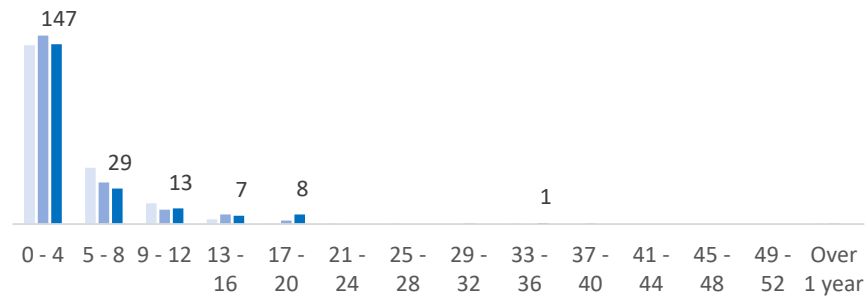
Of the total service users referred to the District Nursing service, 85% are being seen within the prescribed timeline for their first appointment

East London Community Health Services

Waiting for first appointment

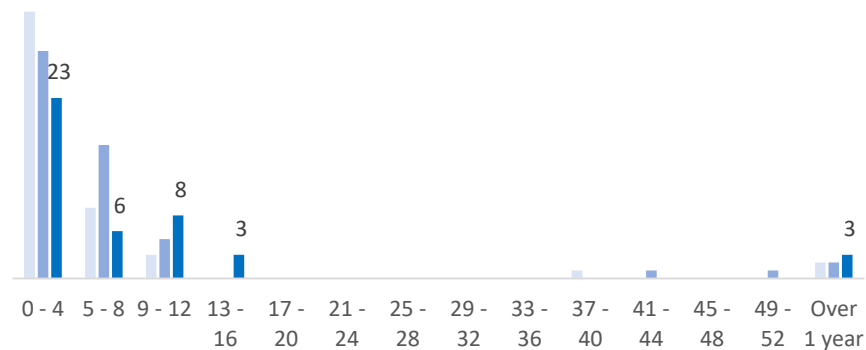
For those on our waiting list, how long have they been waiting to be seen in weeks?

■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



Continence Service

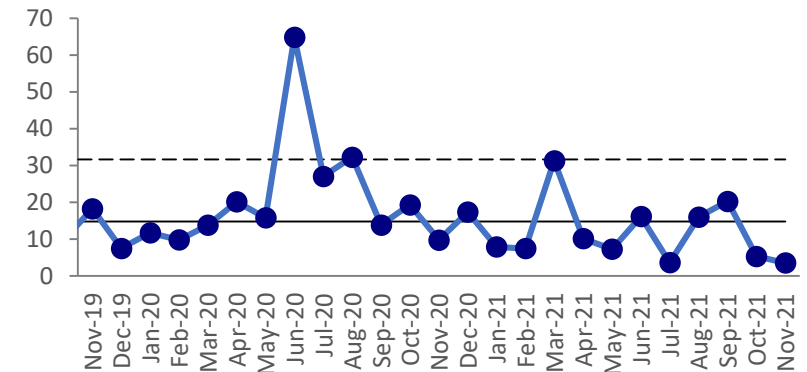
■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



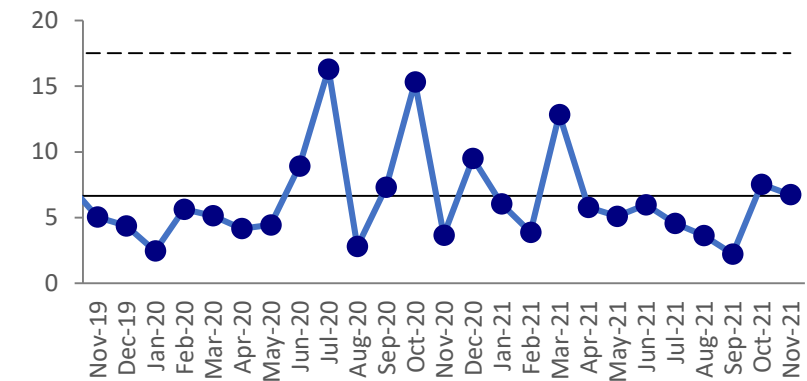
Continuing Healthcare Service

For those that have been seen, what is the average wait from referral to being seen?

(I Chart)



(I chart)



East London Community Health Services – Continence & Continuing Healthcare

Continence Service

In East London, Community Health Services are monitored against locally defined waiting time targets which vary from 2 weeks to 6 weeks for assessment.

The continence service provides specialist continence assessment, investigations, treatment and support which is based in the community. The East London Continence Service has experienced an overall increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 173 compared to 205 at the end of November 2021. The service currently has plans in place to eliminate the backlog by April 2022.

Continuing Healthcare Service

The Continuing Healthcare Team provides case management, support and training around NHS Continuing Healthcare (CHC). CHC works as part of a community team carrying out NHS Continuing care assessments and reviews care package, within a defined caseload of older adults within their homes and in the community. The Continuing Healthcare Service has experienced a slight improvement in their backlog over the past 3 months. In August, the total number of service users was 47 compared to 43 in November.

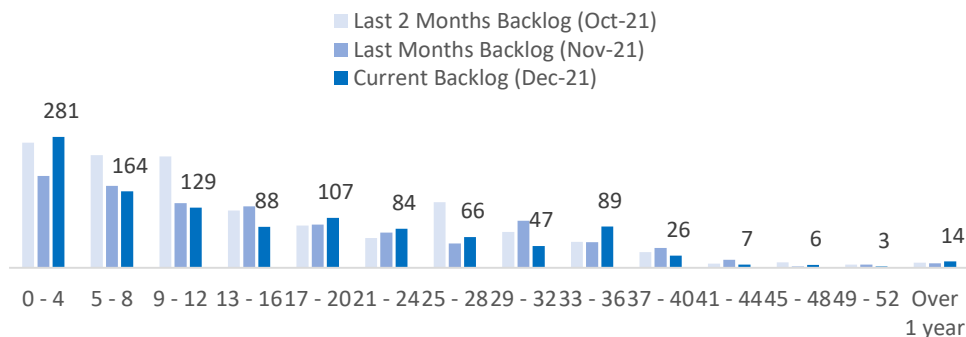
The team is improving the monitoring and escalation processes to improve data quality challenges that the team have identified. Currently, internal monitoring relies on manual excel spreadsheets and there have been instances where information is not updated in a timely manner. Further training and support is underway to ensure staff follow the correct procedure to update records promptly. Delays in providing appointments are also occurring due to a lack of social workers and any issues that arise as a result are not escalated correctly. There are plans in place for senior administrators to monitor this on a weekly basis.

Current recovery plans for the Continuing Healthcare Service are being reviewed by Clinical Directors and Service leads to ensure the plans are robust and provide sufficient mitigation for dealing with the current backlog. This will ensure that the service has visibility on all its waiters, ensuring their safety and managing the services' capacity against demand.

East London Community Services – Diabetes & EPCTs

Waiting for first appointment

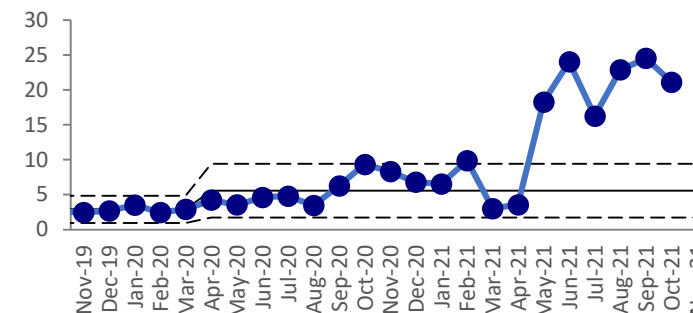
For those on our waiting list, how long have they been waiting to be seen in weeks?



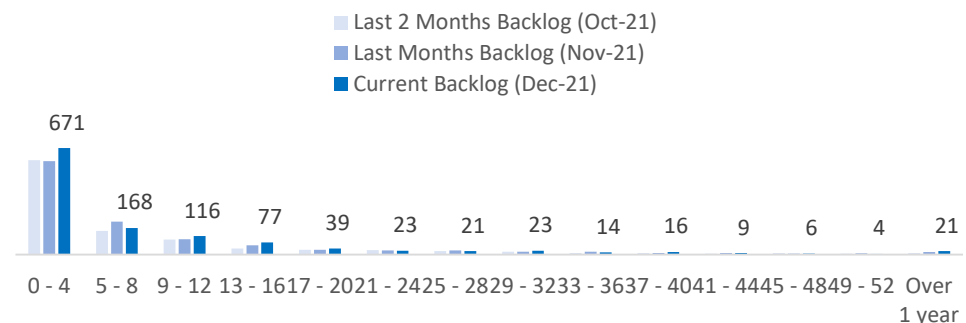
Diabetes (Newham)

For those that have been seen, what is the average wait from referral to being seen?

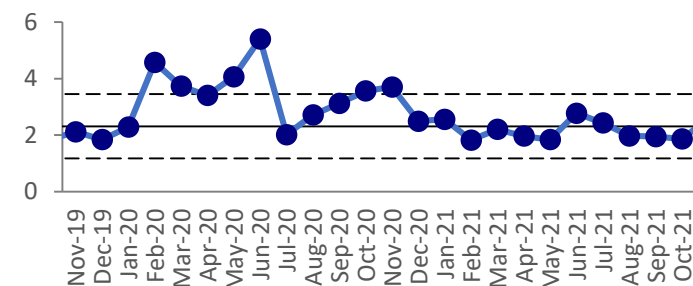
(I chart)



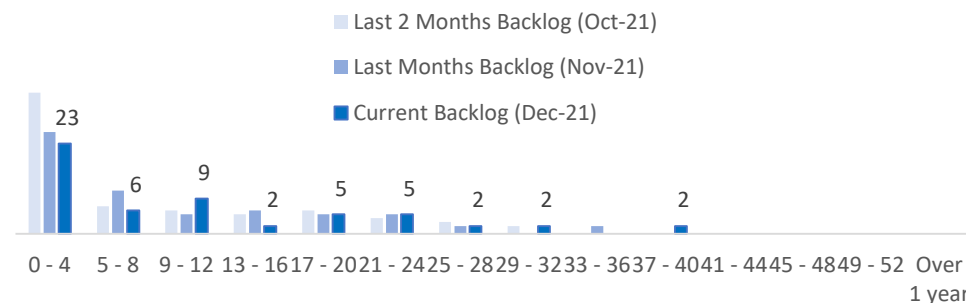
Extended Primary Care Teams (EPCT)



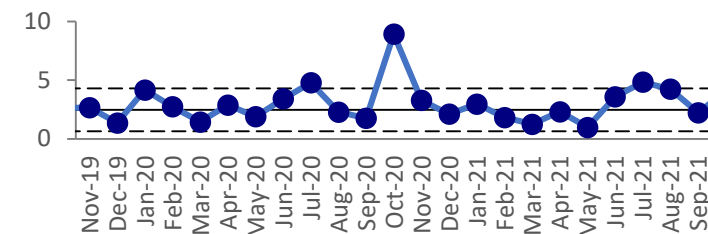
(I chart)



Community Neuro (Newham)



(I chart)



East London Community Health Services- Diabetes & EPCTs

Diabetes

The Diabetes specialist nursing service offers a comprehensive range of diabetes services for residents of Newham and across inpatient units. The Diabetes service has experienced an overall improvement in their backlog over the past 3 months. In August, the total number of service users was 1698 compared to 1111 at the end of November 2021. Within this group, 14 service users have waited over 1 year to be seen.

The service is currently on track with its 12 months recovery plan. The service has implemented the MyDESMOND app, which is a self-management app allowing service users to monitor and manage their own health and thereby reduce the demand on the diabetes service. The app reduces the need for face-to-face diabetes education classes, and virtual sessions are offered to users to orientate them around the app. The service has a dedicated diabetes educator who facilitates these classes. The service is also exploring ways to improve attendance rates to appointments. So far, the service has been successfully managing the safety of its service users by writing to service users and directly informing them that they can complete education sessions using the MyDesmond App. The service is particularly targeting those waiting the longest for priority intervention.

Enhanced Primary Care Teams (EPCT)

There are 2 locality based Extended Primary Care Teams (EPCTs) working in alignment with 8 GP clusters across Newham. The multidisciplinary teams include community nursing, specialist therapies, GP and social services. The service provides comprehensive assessment and care to service users who are housebound and/or at risk of hospital admission. EPCTs have experienced an overall increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 1080 compared to 1208 at the end of November 2021.

The service has recently undertaken a Quality Improvement project to streamline the referral process and improve staff retention. Plans are also in place to recruit interim staffing capacity to bridge gaps in the team. Safety is being managed by regularly monitoring caseloads and ensuring that service users are prioritised based on levels of risk.

Community Neuro Service

The Community Neuro Service (CNS) is a multidisciplinary team specialising in rehabilitation and management for people who have a neurological condition, including stroke. Therapy is provided in the service users' own home or appropriate community location. The service has seen an improvement in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 74 compared to 56 at the end of November 2021.

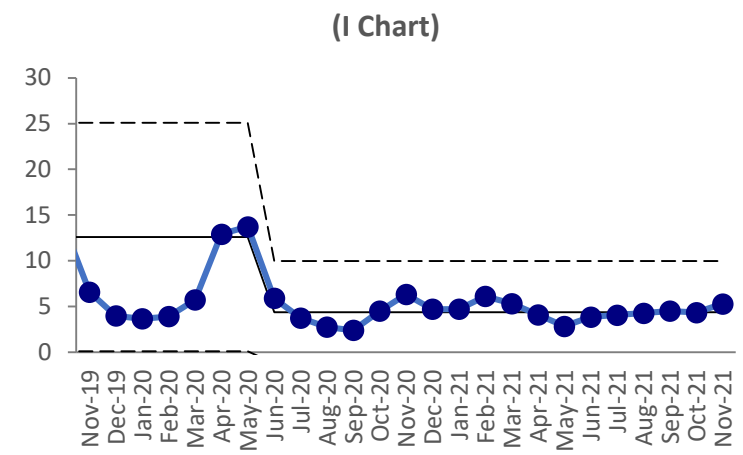
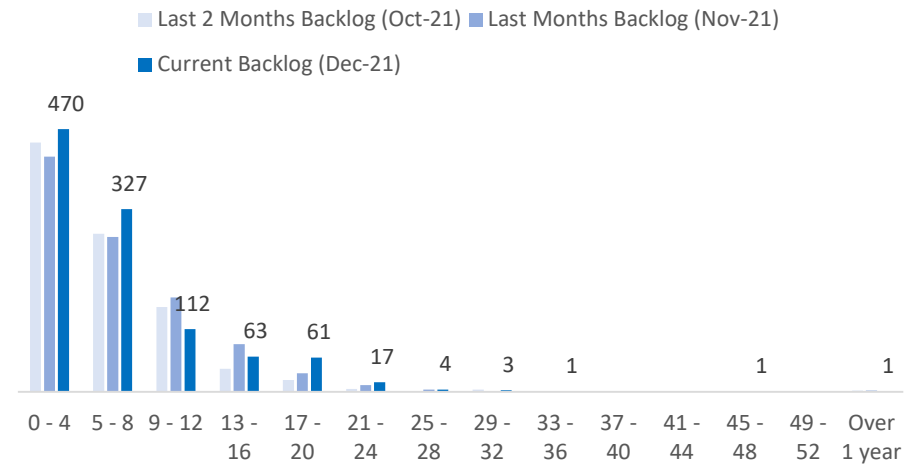
East London Community Services – Foot Health & MSK

Waiting for first appointment

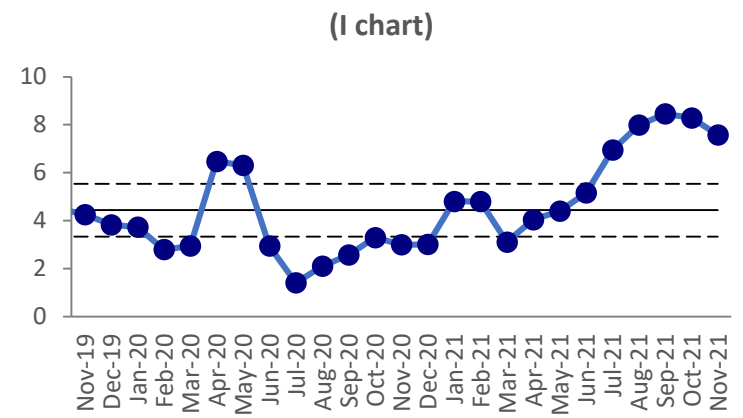
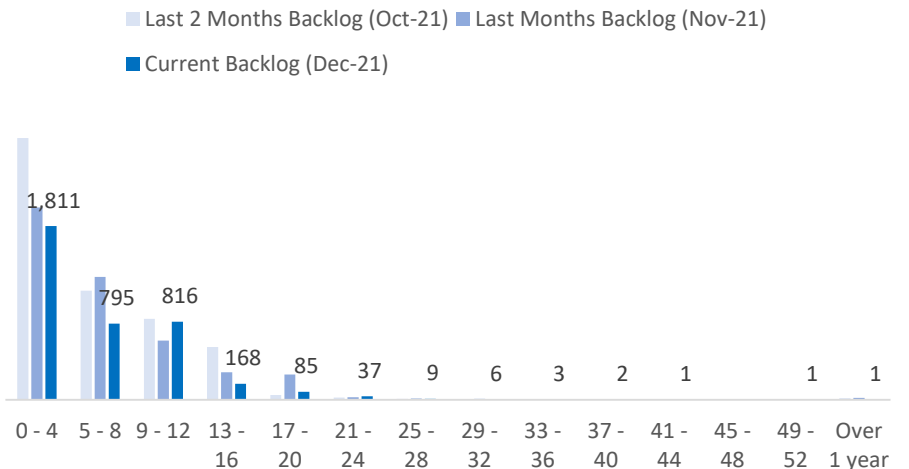
For those on our waiting list, how long have they been waiting to be seen in weeks?

For those that have been seen, what is the average wait from referral to being seen?

Foot Health



MSK and Physio



East London Community Health Services – Foot Health & MSK

Foot Health

The Foot Health service aims to deliver an increasingly evidence-based service to the residents of Newham to reduce foot problems, maintaining or improving mobility and reducing pain through treatment and education. The Foot Health service has seen an overall increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 943 compared to 1060 at the end of November 2021.

The service regularly monitors longest waiters in the service to ensure the safety of service users. Plans are in place to extend clinic opening times and increase the capacity of the service to see more service users each week by reorganising the clinic schedule. In addition, the time for each consultation has been reduced from 40 minutes to 20 minutes to allow consultants to see more service users in the same timeframe. The service will also be recruiting to vacant posts to increase capacity from January 2022.

Musculoskeletal and physiotherapy service (MSK)

The MSK & Physiotherapy service has seen an overall improvement in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 4964 compared to 3735 at the end of November 2021.

Safety is currently being managed through the implementation of a risk assessment questionnaire targeting service users with back pain, which make up approximately 50% of those waiting. Those at low risk will enter the service through a group offer which will increase the service's follow-up capacity for its longest waiters.

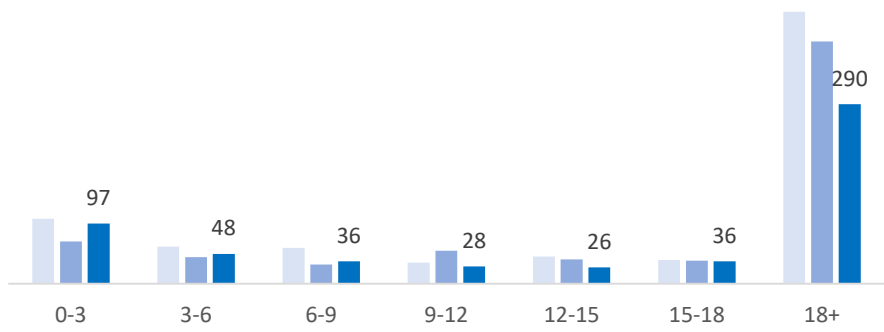
The service is currently working with partners including Patient First, iHealth and Homerton to improve the community offer for service users and reduce overall demand to the team. Recruitment is underway to vacant posts. The service is planning to move to a new clinical space called Gerry Raffles to increase the number of follow ups the service can conduct as there will be additional clinic space for gym sessions. The service is also working closely with community schemes in Newham and self-help groups to sign-post service users to alternative resources for support and advice while they wait for treatment. The service works closely with Active Newham which allows the MSK service to provide gym passes to Newham residents so they can visit their local gym and stay healthy.

Bedfordshire Community Services

Referral to Treatment

For those on our waiting list, how long have they been waiting to be seen in weeks?

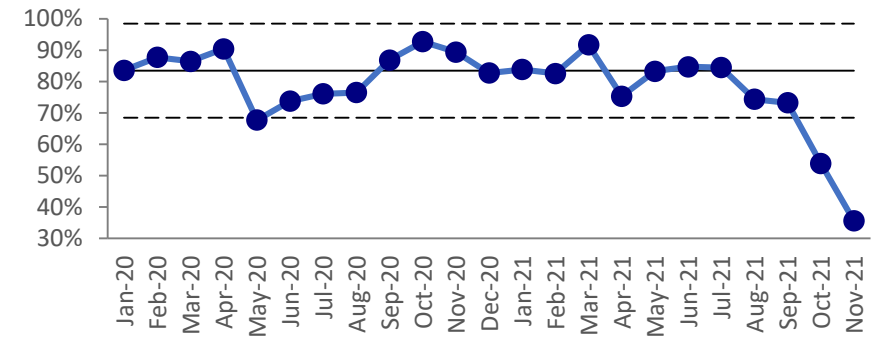
■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



Adult Podiatry

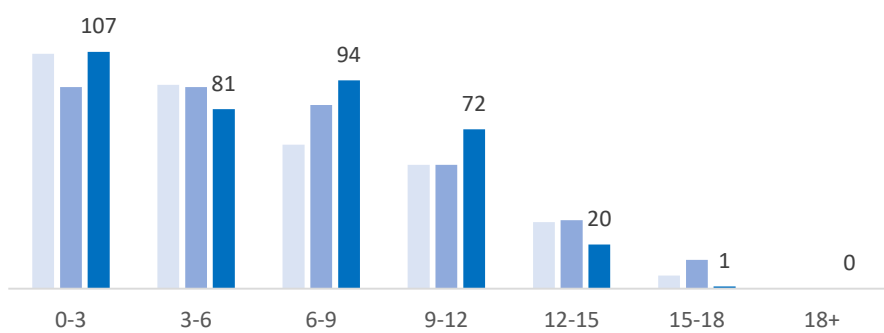
For those that have been seen, what percentage were seen within 11 weeks?

(I chart)

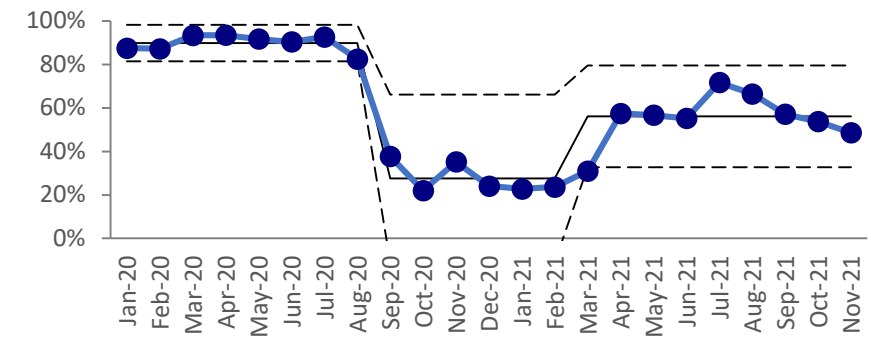


Adult Continence

■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21) ■ Current Backlog (Dec-21)



(I chart)



Bedfordshire Community Services- Podiatry & Continence

Podiatry

Across Bedfordshire Community Health Services, all services are monitored against the 18 week Referral to Treatment (RTT) standard. Services are expected to offer an initial assessment within 11 weeks and treatment within the remaining 7 weeks.

The Adult Podiatry service offers evidence-based treatment to manage foot problems, maintaining or improve mobility and reduce pain through treatment and education. The Podiatry service has seen an overall improvement in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 727 compared to 561 at the end of November 2021. Within this, 290 service users have waited over 18 weeks.

Safety is currently being managed by the service working through those that have been waiting longest, and actively reassessing the existing caseload against the new access criteria to stop adding inappropriate referrals onto the waiting list. The service signpost those waiting the longest to alternative providers for care and support where appropriate.

The service continues to monitor progress closely and service users with the highest risks (such as ulceration and sepsis) are prioritised. The backlog therefore contains low and moderate risk cases. During COVID-19 the impact on individual service users due to deterioration or severity of symptoms has been mitigated by providing access to a Suspicion of Sepsis (SOS) pathway. This involves a telephone triage and assessment with either advice or follow-up face-to-face appointments as appropriate. The rollout of the apprenticeship programme has also taken place to increase the pipeline of staff into the service and improve staffing levels. The service has started to re-establish a limited number of dedicated new service user clinics to increase capacity and proactively manage waiting lists. The Podiatry Assistant Practitioner is responsible for checking clinics and, if there are any open slots a few days before the clinic, they offer the appointments to service users from the waiting lists.

Continence

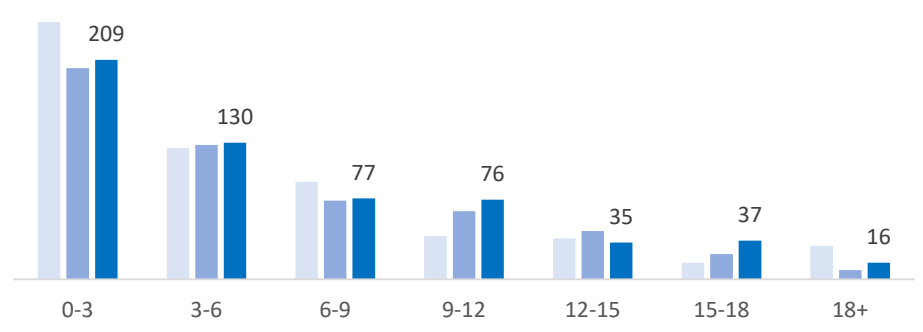
The Adult Continence service provides specialist continence assessments, investigations, treatment and support which is based in the community. The continence service has experienced a slight improvement in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 387 compared to 375 in November, with 49% of service users being seen in 11 weeks. The service is currently in the process of reviewing its backlog and waiting lists to draw up a plan regarding how to tackle this within the year. This will help the service draw up a monthly trajectory of when performance is expected to recovery while providing greater assurance that their capacity levels will meet demand.

Bedfordshire Community Services

Referral to Treatment

What is the distribution of the people waiting in 3 week groups?

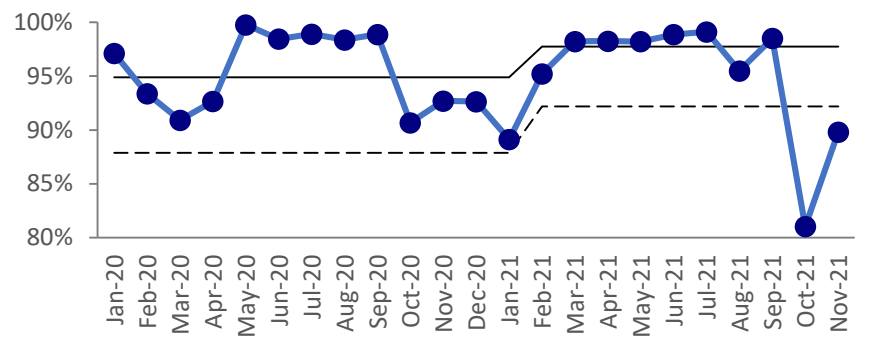
■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21)
■ Current Backlog (Dec-21)



Occupational Therapy

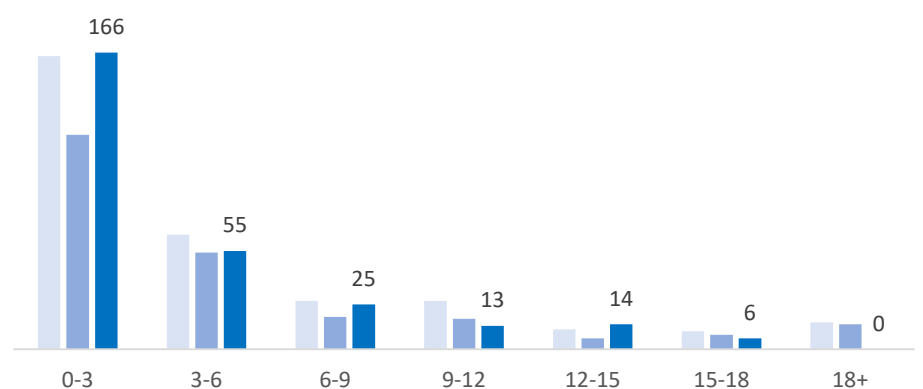
For those that have been seen, what percentage were seen within 11 weeks?

(I chart)

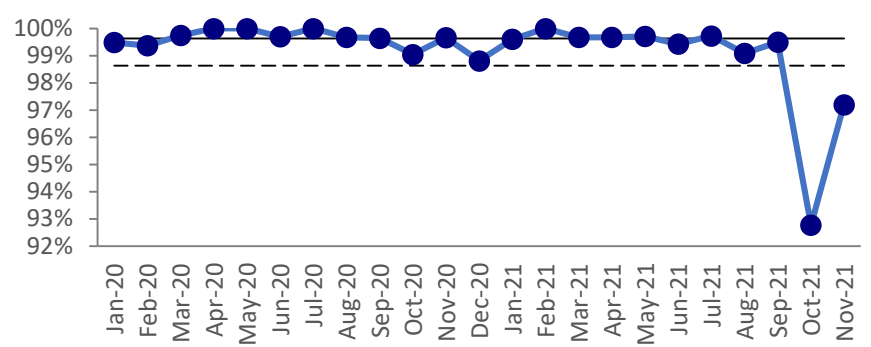


Community Physio

■ Last 2 Months Backlog (Oct-21) ■ Last Months Backlog (Nov-21)
■ Current Backlog (Dec-21)



(I chart)



Bedfordshire Community Services- Occupational Therapy and Physiotherapy

Occupational Therapy

Across Bedfordshire, all community services are monitored against the 18 weeks Referral to Treatment (RTT) standard. Services are expected to offer users an initial assessment within 11 weeks and treatment within the remaining 7 weeks. The Occupational Therapy service has experienced an overall increase in the backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 387 compared to 580 in November 2021.

Safety is being managed for those waiting for assessment by trialling a blended approach through video consultations, reviewing caseloads and prioritising based on clinical urgency. Service users are also given advice on websites and leaflets that allow people to privately purchase their own equipment, supporting the Community equipment service (CES) who are unable to manage the high demand at present.

The service has implemented new models of care due to its increasing backlog, including the Urgent Response Service and the Leighton Buzzard Working Together Multi-Disciplinary Team (MDT) alongside a "Falls Pathways" project which will have a direct impact on all therapy services. These will look to streamline the current pathway and support the service to tackle the current waiting list. Recruitment is underway to fill vacant posts. The service will continue to have regular meetings with the Community Occupational Therapy team to triage, discuss and allocate cases. There are currently daily designated staff members to complete the triage of new referrals to ensure they are appropriate for the service, and prioritising them based on clinical urgency.

Community Physiotherapy

Community Physiotherapy services backlog has remained stable over the past 3 months. In August, the total number of service users waiting for their first appointment was 278 compared to 279 at the end of November 2021, with 97% of service users being seen within 11 weeks. There were no service users waiting longer than 18 weeks.

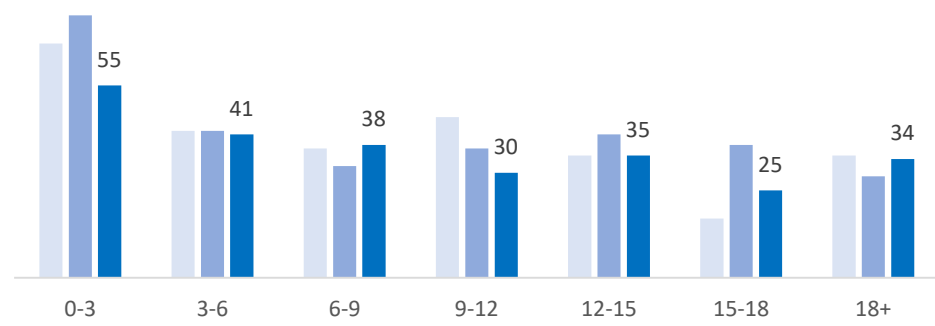
Recruitment plans are currently underway to fill vacant posts. The service is also trialling a blended approach with the use of digital technology and introducing video consultations to reduce the burden on the service. Where possible, the service signpost service users to other providers to reduce the need for Community Physiotherapy.

Bedfordshire Community Services

Referral to Treatment

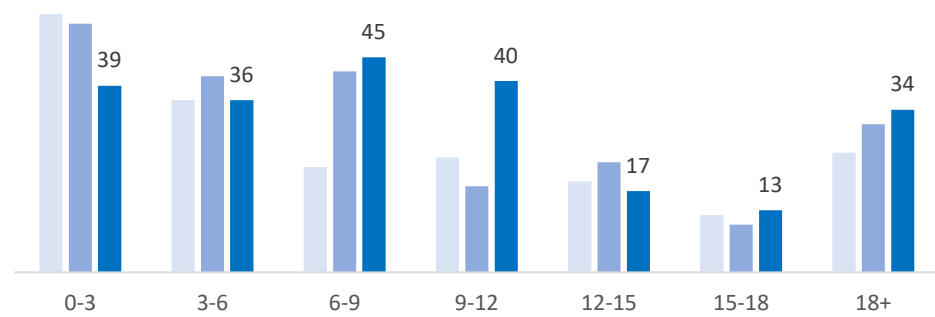
What is the distribution of the people waiting in 3 week groups?

■ Last 2 Months Backlog (Oct-21)
 ■ Last Months Backlog (Nov-21)
 ■ Current Backlog (Dec-21)



Adult Speech and Language Therapy

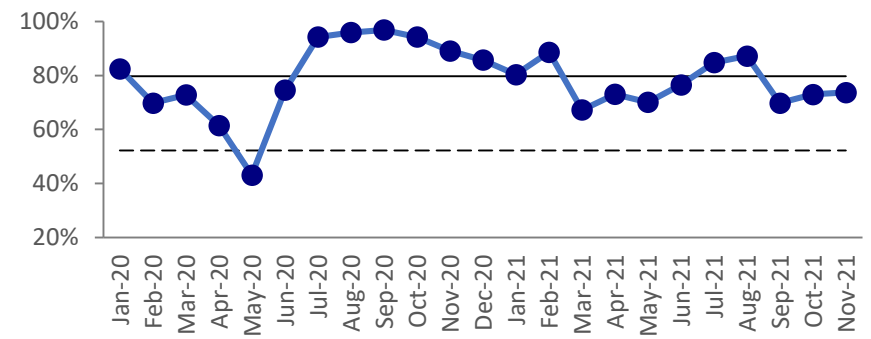
■ Last 2 Months Backlog (Oct-21)
 ■ Last Months Backlog (Nov-21)
 ■ Current Backlog (Dec-21)



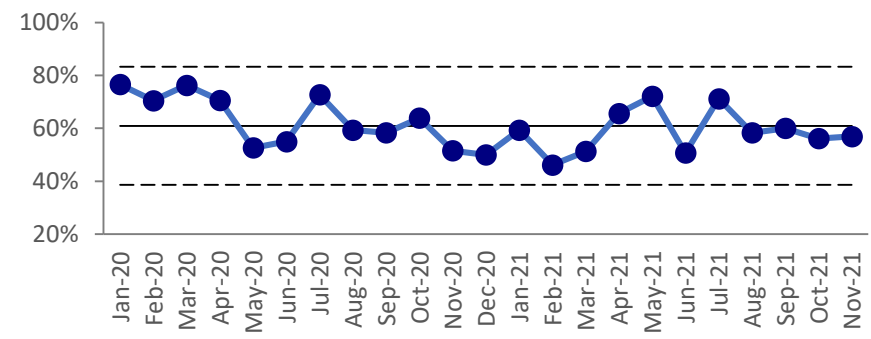
Wheelchairs

For those that have been seen, what percentage were seen within 11 weeks?

(I chart)



(I chart)



Bedfordshire Community Health Services – SALT & Wheelchairs

Speech and Language therapy services

The Adult Speech and Language Therapy service provides assessment and treatment for adults (16+) who have difficulty with speech, language and dysfluency, voice or swallowing. The Speech and Language Therapy Service has experienced an overall increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 268 compared to 294 in November, with 73% of service users being seen in 11 weeks. Of these waiters, 29 have been waiting over 18 weeks.

The service has developed a recovery plan and is currently reviewing the triage process and standard operating procedures to ensure they are effective. This includes improving the initial triage and assessment process, ensuring service user risks are evaluated and cases are prioritised effectively to the right care pathway. It also involves strengthening processes to review and monitor those waiting the longest. The service has started to increase face-to-face contacts as normal service delivery resumes. The service is organising additional dedicated clinical capacity to address the increase in demand through discussions with the CCG (awaiting funding decision). The service is to reinstate Priority 2 (low risk of aspiration) referrals to managing return to pre-Covid referral levels and activity where substantive capacity allows. Plans are also in place to recruit additional clinical and administrative staff, and as a short term measure the service has recruited bank cover to temporarily increase capacity.

Wheelchair Service

The Wheelchair Service provides the framework to clinically assess and provide appropriate wheelchairs and associated equipment to service users who require a wheelchair for mobility. The Wheelchair Service has experienced an overall increase in their backlog over the past 3 months. In August, the total number of service users waiting for their first appointment was 145 compared to 217 in November 2021, with 56% of service users being seen in 11 weeks. Of these waiters, 31 have been waiting over 18 weeks.

It is important to note that the Wheelchair Service referral to treatment measure is only completed once the service user receives their equipment, and not after the initial assessment or equipment order. As a result, those waiting the longest are largely dependent on external supply issues which the service has limited influence to change. However, the service has completed a recovery plan and has processes in place to reduce initial assessment waiting times. These include developing business cases with commissioners for dedicated clinical capacity to address the backlog, using a traffic light system to prioritise caseload with greatest need/risks, communicating with service users about expected waiting times, improving internal staff capacity and reviewing the service specification to ensure it is fit for purpose. To ensure the safety of service users, the service is continuing with their waiting list management to mitigate demand and to stratify risk in order to prioritise appropriately. Clients with lengthened waiting times are reviewed at a weekly caseload meeting and re-prioritised as appropriate.