Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of Therapy Services Waiting Times (excluding Dietetics)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft Executive Director, Therapy Services and Health
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed, Clinical Director of Therapies

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

At the Strategic Development and Operational Delivery Committee (SDDOC) on the 25th August 2022, Therapy Services were asked to provide, for consideration by Quality, Safety and Experience Committee (QSEC), the waiting times for Therapies (with the exception of dietetics and audiology services) which are failing to meet targets in order to better understand the multifactorial drivers of acuity. This paper provides the Committee with an assessment of Therapy waiting list current position and key actions (either in progress or planned) to continuously improve the care given to our patients.

Cefndir / Background

Timely access to health services is a priority issue. An aging population and multi-morbidity increases demands on NHS services and patient care and contribute to pressure to deliver assessment, treatment, rehabilitation and intervention to optimise function, mobility and independence in the community.

Clinical teams have reported an increasing complexity in caseloads, especially in frail populations, and this has an impact on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision during the COVID-19 pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways. This demand has increased substantially with the recent COVID-19 pandemic. Patients have experienced delays or cancellations that intensifies the risk to planned care and delay increases the risk of deconditioning whilst waiting which potentially affects the value of the proposed treatment.

Therapists offer sophisticated multi-disciplinary rehab therapy programs for various diagnosed conditions, optimise patient outcomes across the continuum of care and are vital to delivery of high quality people focussed services. Therapy practitioners bring a unique perspective and have a crucial role in all areas of care including core clinical roles of early detection, assessment, diagnosis, treatment, discharge and rehabilitation. Therapists also help people

navigate the journey out of hospital and back home, enhancing independence by helping and empowering people to maintain their functionality. By supporting self-management for people with long-term conditions, Therapists provide service users and their families with strategies to help them adapt to and manage their disability or condition.

At Directorate level, Therapy Services are currently working to deliver Planning Objective (4P) to design and implement a Prehabilitation and Rehabilitation Plan. A key enabler for this objective is a whole system approach and range of strategies to improve waiting times. Successful delivery will require improvement to current procedures and processes to increase clinical staffing capacity. Data and performance reporting is key to enabling and informing this improvement and therefore the highest priority. Detailed demand and capacity planning will ensure access to the right information to plan for changes in demand and consequent changes in capacity. Therapy Services have therefore established regular "watchtower" meetings for their services to perform audits and scrutiny of services, tracking of actions to improve the current position and collaboration to share initiatives.

The Therapy Services Operational Delivery Group provides senior oversight of progress and improvements and current work to process map patient pathways to identify long and short-term improvements will help to ensure the right support at the right time to improve outcomes. The Directorate aims to streamline processes to meet the needs of patients and this targeted approach and attention to improving waiting times within our services demonstrates a positive commitment to timely access to care.

Asesiad / Assessment

The attached report provides a detailed assessment of the current waiting time position for Occupational Therapy, Physiotherapy, Speech and Language Therapy and Podiatry. Dietetics has not been included in this report as requested by The Committee. Audiology does not sit under the Therapies Directorate.

Routine and Urgent Referrals

Figure 1: January 2021 – December 2022

	Total Referrals	Routine	Urgent	% Urgent	Urgent Response Times
Occupational Therapy	8,624	6,652	1,972	23%	Within 72 hours (for Children Service)
Physiotherapy	63,967	34,910	28,787	45%	Rapid Response (Community) – within 72 hours Urgent Community – within 2 weeks MSK – within 2 weeks
Podiatry	31,880	23,642	8,238	26%	Ulceration, Sepsis, Cellulitis – within 24 hours Urgent loss of function – within 7 to 10 days
Speech and Language Therapy	9,332	8,328	1,004	11%	Neonates and urgent dysphagia – within 2 days

Criteria used to determine clinical priority

Clinical criteria informs the priority order of cases, with patients with the most urgent needs fast tracked for care. Urgent referrals represent activity of high acuity patients seen urgently that do not hit routine waiting lists. To ensure each receives the most appropriate decision for care, cases are prioritised using the following criteria which inform this clinical decision:

- High priority clinical need – wounds, sepsis and acute cellulitis
- Sudden loss of function resulting in inability to maintain independence safely.
- Severe choking episodes – more than one occasion of turning blue/requiring back slaps
- Crisis response to functional decline in community to avoid hospital admission and deconditioning.
- Immediate safety risk – very high falls risk, failing to clear chest adequately.
- At risk of deterioration resulting in long-term harm and impact on recovery.
- Risk of admission to hospital.
- If not seen likely to result in emergency care package, loss of independence (temporarily), loss of dignity (temporarily).
- Traumatic hand injuries, tendon rupture and hand surgery where critical to maintain hand function
- Hospital discharges with current on-going goals
- Palliative/cancer care.
- Post-operative (hand surgery patients seen within 2 days).
- Fracture clinic.
- Acute, new episode of pain – 6 weeks or less of duration.
- Worsening pain/ function/ symptoms. E.g. significant or changing peripheral neurological symptoms.
- Spinal pain without radiculopathy of 2 weeks or less of duration.
- Carer responsibilities affected significantly by condition. High level of client/carer/family distress.
- Pregnancy related conditions e.g. PGP.
- Reported overt signs of airway compromise on all oral intake every day.
- Ongoing chest infections – not responding to antibiotics OR chest infection at time of referral.
- Nutrition and hydration compromised by swallowing difficulties.

Management of risk

Therapy Services advocates a systematic approach to clinical risk management underpinned by effective communication between and within teams. Management of waiting lists is a dynamic process that ensures patients receive timely equitable access to treatment. Services and teams within the Therapies Directorate actively monitor the waiting list to review changes in patients' risks and needs and uses various strategies to monitor effectively including:

- Referrals prioritised according to urgency (criteria noted above) with times adjusted according to patient risk.
- Regular clinical assessment to screen referrals.
- Patient (or referrer) given contact information and advised to contact the service should the condition worsen/deteriorate.
- Regular waiting list audits to scrutinise at Directorate level.
- Pilot for Electronic Health Records project with three services acting as proof of concept. One of the expected outcomes is an increased efficiency in clinical time and available data.
- Information or education provided during the waiting period to try to prevent deterioration or prepare patients for upcoming intervention(s).
- Group interventions where clinically appropriate.
- Regular communication with teams to regularly review and revise professional caseloads

Actions planned or currently in progress to improve the position

- Pathway process mapping to determine any inefficiencies and potential service improvements including how the waiting list support service can further support within referral pathways.
- Development and further roll out of job plans for each clinical staff.
- Utilise digital initiatives wherever possible and/or applicable
- Expand and embed central support function to improve consistency and availability of data and reporting to develop action plans to improve quality and efficiency of services and thus improve clinical capacity.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked receive for information the content of this report and advise whether assurance has been provided.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Therapy Services Directorate

Review of Therapy Services Waiting Times (Excluding Dietetics)

January 2023

Occupational Therapy

Current position and context

Figure 1: Patients waiting over 14 weeks for Occupational Therapy (up to December 2022)

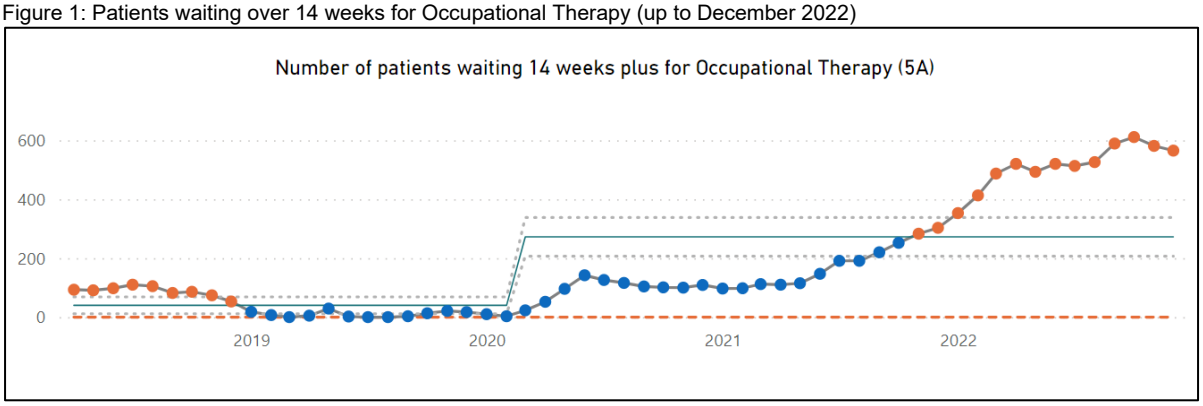


Table 1: Number of Occupational Therapy breaches in December 2022

Service	Number of Patients Waiting Over 14 Weeks
Mental Health & Learning Disabilities	306
Children's Services	209
Adult Community	50
Total	565

In December 2022, 259 breaches out of 565 are relating to services within Therapies Directorate, with the remainder sitting within the Mental Health and Learning Disabilities Directorate. At the end of December, there were 209 Children and Young People waiting 14 weeks and over.

Work is ongoing to increase the number of functional assessment clinics across the three counties to improve the position. Adult, Community and Children's Occupational Therapy have seen improvements over the last 2 months, however, this trajectory is at risk if demand for acute and urgent work increases with associated redeployment from planned service provision to support.

In the Occupational Therapy Children and Young People Service, urgent activity initially reduced at the start of the COVID-19 Pandemic. The demand steadily increased as families required assistance due to a lack of access to other services and provision such as school and wider family support.

Occupational Therapy (Children and Young People) experienced a reduction in available clinical hours each month over the last 12-month period due to factors such as maternity leave and staff sickness.

Urgent and Routine Referrals

Table 2: Occupational Therapy (excluding MD&LD) routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	4,400	3,263	1,137	26%
Jan 2022 – Dec 2022	4,224	3,389	835	20%
Total	8,624	6,652	1,972	23%

At the point of referral, all patients receive an initial screening via phone call by a registered Occupational Therapist. During screening, patients receive appropriate information and advice to assist in managing the problem prior to full assessment and this may include signposting to other services. During screening patients are also provided with contact information (single point of access for Carmarthenshire), and advised to inform the service if their situation changes.

Patients on the routine waiting list longer than 14 weeks are contacted to review their current condition. This may result in reprioritisation as urgent, continuing to wait on the routine list or removal from the list if occupational therapy is no longer required.

Table 3: Urgent Criteria for Occupational Therapy

Occupational Therapy – Children and Young People
• Hospital discharges • Palliative/cancer care • Access issues to toileting and property • Children up to the age of 2 • High clinical risk including moving and handling assessment/equipment provision • At risk of pressure ulcers such postural changes/Environmental adaptations where behaviours that challenge are putting people at risk. • Those approaching 18 years of age (19 if in specialist education) where they would progress to adult services while waiting or become eligible for means testing from a social care perspective.
Occupational Therapy - Rheumatology
• Traumatic hand injuries and tendon rupture, where critical to maintain hand function • Hand surgery, where critical to maintain hand function. • Crisis response to functional decline in community • Hand conditions referred to the service requiring post op splinting or therapy, or any injuries requiring rehab where delays in intervention could lead to a condition deteriorating or missing a window of opportunity for therapy to be most effective.
Occupational Therapy – Community (patients seen within 72 hours)
• Sudden functional decline (perhaps over a 4-week period) which has resulted in them being unable to carry out essential activities of daily living (toileting, transfers from bed or chair). • Sudden functional decline (perhaps over a 4-week period) where there is now a risk of hospital admission or short-term placement. • Receiving informal or formal care and the situation has broken down due to a change in the person's function. • People with a complex presentation something has happened resulting in a change in ability to transfer significantly and as a result will put the individual and or carers at risk.

Potential risks due to current position

- Increased time spent in hospital.
- Patients at risk of deconditioning whilst waiting which potentially negatively affects the effectiveness of any further treatment.
- Reduced job satisfaction and associated impact on workforce retention.

Actions to address risks

- Triage: The Children and Young People Service hold weekly triage meetings to discuss new referrals, See on Symptoms (SOS) and Patient Initiated Follow Ups (PIFU). For the Adult Service, clinical triage processes ensure priority for patients at highest risk of poor outcome without intervention.
- Advice: Appointment letter advises the referrer to contact the service if the situation changes. Any new information considered at triage meetings and patients re-prioritised using the criteria above if appropriate.
- Additional Hours: Staff working additional hours with two members of staff working an additional 15 hours per week until the end of December. One member of staff has since moved to another role so these additional hours have reduced.
- Bank Staff: Recruited two bank staff providing 33.75 hours per week.

Whilst these actions have gone some way to mitigate the risks with 48.75 lost hours a week covered, 66.38 hours out of 115.13 lost hours remain, and this has affected the Service's ability to manage the urgent and routine waiting lists in a timely manner.

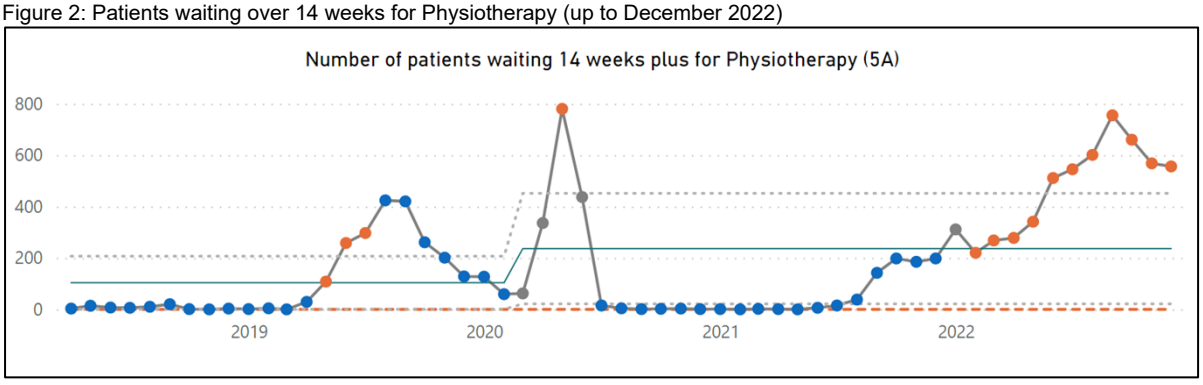
Whilst it is not currently possible to mitigate fully the risk of patients on routine waiting lists deconditioning or from having worsening conditions, clinical triage prioritisation processes are designed to ensure patients at high risk of poor outcomes without intervention are seen under the urgent category.

In 2020/21 Carmarthenshire implemented an Integrated Care Team that includes Occupational Therapy, with the number of urgent referrals expected to decrease as the service becomes more established.

Physiotherapy

Current position and associated factors

Figure 2: Patients waiting over 14 weeks for Physiotherapy (up to December 2022)



Physiotherapy Services had 556 breaches at the end of December 2022. The majority of patients waiting over 14 weeks for Physiotherapy are within Musculoskeletal (MSK) speciality and Community Services. The overall number of breaches across the service is reducing and this is now a 4-month trend from September to December. This improvement is largely due to recovery within the MSK speciality. Overall capacity in the system has improved due to the success of Band 5 recruitment campaigns through streamlining and an improved ability to secure agency in MSK and Community Specialities.

The MSK Service continues to recover following the impacts of service cessation and redeployment in January 2022. MSK is high volume service and therefore has the highest amount of breaches. This position is recovering following a number of control measures, and the service is seeing a recovery trajectory over the last 3 months. Prioritisation systems have worked well with a high percentage of urgent patients seen within the 2-week target.

Conversely, Community Services have seen a worsening position and targeted work is now underway to manage the risk in urgent caseloads and to improve using the same methodology applied to MSK Services.

- Base line establishment staffing is insufficient to meet demand unless agency is utilised to cover 95% of turnover vacancies, maternity and long-term sickness.
- Due to the unprecedented pressures on patient flow, acute and community services receive priority for rotational Band 5 staff. Consequently, MSK carries significant and consistent Band 5 rotational vacancies. Whilst streamlining has been successful during 2022 in supporting recruitment to these vacancies, there is still a high risk that Band 5 rotational gaps will continue due to the continued pandemic pressures and workforce turnover.
- Over the last 2 years, the service has lost a major outpatient department at Bronglais General Hospital (BGH). Whilst there is now an estates solution planned, the two-year interim period has negatively affected staffing, capacity and service effectiveness.
- Over the last 12 months, there have been recurrent waves of redeployment effecting planned care outpatients teams to shore up acute sites. Due to the high volume of clinical activity disrupted , this has caused a significant backlog of caseload, increasing waiting times pressures.

Urgent and Routine Referrals

Table 4: Physiotherapy routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	30,115	17,055	13,060	43%
Jan 2022 – Dec 2022	33,582	17,855	15,727	47%
Total	63,967	34,910	28,787	45%

Physiotherapy services received 63,691 referrals over the last 2 years from 1st January 2021 to 31st December 2022. During the past year, 47% triaged as urgent (including intermediate care 72 hour rapid response patients).[1]

Table 5: Examples of criteria to inform triage (MSK and Community)

Community Physiotherapy	
Rapid response (Recorded under urgent category) **Response within 72 Hours**	• Sudden loss of function resulting in inability to maintain independence safely that can be addressed by Physiotherapy. • Immediate safety risk – very high falls risk, failing to clear chest adequately. • If not seen, likely to deteriorate resulting in long-term harm and impact on recovery. • If not seen will result in admission to hospital. • If not seen puts at risk of adverse event (e.g. significant falls risk)
Urgent **Response within 2 weeks**	• Loss of function resulting in difficulty safely maintaining independence but still able to do so (potentially with assistance of family or carers), which can be addressed by Physiotherapy. • Some safety risk – moderate to high falls, deteriorating chest but still maintaining. • Hospital discharges with current on-going goals. • If not seen likely to result in emergency care package, loss of independence (temporarily), loss of dignity (temporarily). • Ongoing unmet need will result in failure to improve and potentially further deterioration.
MSK	
Urgent **Response within 2 weeks**	• Post-operative (hand surgery patients to be seen within 2 days) • Fracture clinic • Under 18 • Acute, new episode of pain – 6 weeks or less of duration. • Potentially considered urgent if greater than 6 weeks but with worsening pain/ function/ symptoms. E.g. significant or changing peripheral neurological symptoms. • Spinal pain without radiculopathy of 2 weeks or less of duration. • Off work secondary to referring problem. • Carer responsibilities affected significantly by condition. • Pregnancy related conditions e.g. PGP. • Recent injection therapy. • Staff working within the Health Board. • Veteran Status.

Potential risks due to current position

- Increased access to primary care and unscheduled care services seeking condition management support.
- Increased poor outcome and development of chronic conditions with higher future disease burden on health systems.
- Increased risk of inappropriate referrals to radiology from primary care teams for MSK conditions.

[1] The Therapies Directorate did not operationally manage intermediate care services in Pembrokeshire during this period, and therefore urgent work within those teams may be unaccounted in these figures.

- Delayed cancer diagnosis – there is a developing body of evidence to demonstrate that a significant number of cases are identified through routine work in MSK services.

Actions to address risks

Whilst not possible mitigate fully the risk of patients on routine waiting lists deconditioning, clinical triage processes are designed to ensure patients at high risk of poor outcome without intervention, are seen under the urgent category. Currently there is no active monitoring or review process for patients waiting on routine lists in core MSK services or community services due to service capacity.

Actions in place to address the risks include:

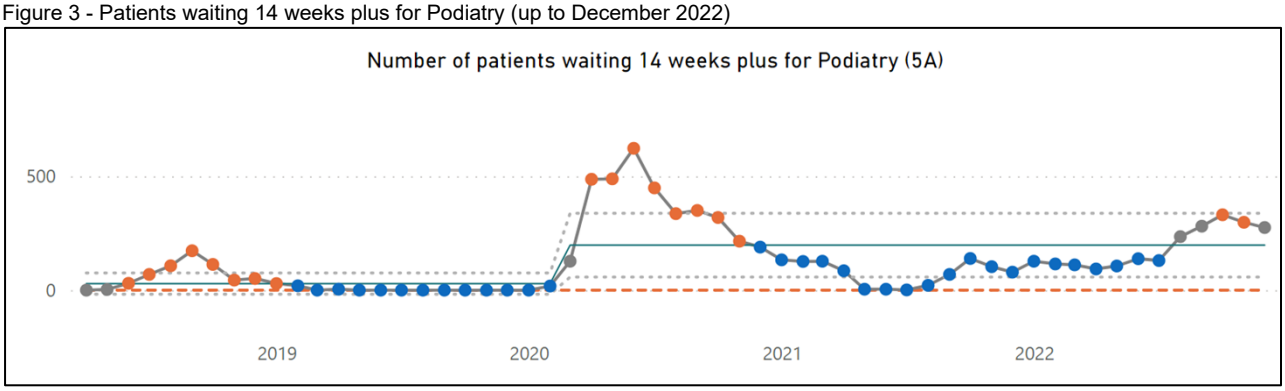
- Patients at high risk of coming to harm or risk of admission triaged with a higher level of urgency and seen within 72 hours by intermediate care teams in Pembrokeshire and Carmarthenshire. There is limited or no service provision in Ceredigion.
- Current urgent community waiting lists under review and validation by clinical teams for assurance regarding triage priority. Clinical prioritisation criteria inform this triage process. All clinical caseloads reviewed and prioritised based on clinical risk.
- Three County task and finish group including senior community leads reviewing urgent and routine triage criteria.
- Review of Community booking processes to evaluate correlation of urgent and routine caseloads.
- Ongoing recruitment to core vacancies combined with over recruitment strategies, bank, agency and overtime. Work with MEDACS to recruit agency in all three counties to cover vacancies.
- Recruitment process underway for Band 3 and 6 staff to support acute community services.
- Monitor services against agency/bank utilisation using vacancy tracker.
- Audit of patients waiting for urgent community physiotherapy who have accessed A&E due to delays in service provision.
- Community intermediate care services also triage patients to a rapid response category with a 72-hour target. This is noted on patient records and actioned accordingly but not formally reported through WPAS.
- Patients at risk of deconditioning are able to contact services directly. The service reviews triage decisions if symptoms change and are of concern. The MSK service has developed self-help resources on the Physiotherapy website[2]; however, Community Physiotherapy services do not currently have a similar resource.

[2] Physiotherapy services - Hywel Dda University Health Board (nhs.wales)

Podiatry

Current position and associated factors

Figure 3 - Patients waiting 14 weeks plus for Podiatry (up to December 2022)



Podiatry continues to recover following significant loss of capacity during the pandemic with initial closure of all but urgent services, staff sickness, vacancies and clinic availability. Whilst virtual consultations were and continue to form part of the service provision, especially during triage, the majority of patients require face-to-face intervention.

There is increased validation and scrutiny of the WPAS referral list and a number of new patient initiative clinics undertaken. Whilst vacancies and maternity leave absences accounts for a loss of approximately 80 weekly clinical appointments, the Podiatry service expects this position to improve with recent recruitments to vacant positions.

Urgent and Routine Referrals

Table 6: Podiatry routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2022[3]	31,880	23,642	8,238	26%

Table 7: Criteria to inform discharge

Podiatry	
Urgent	• Diabetic and vascular impaired lower limb leading to tissue necrosis, sepsis and amputation. • Wounds that require wound care intervention. • Sepsis • Acute Cellulitis • Severe foot deformities requiring musculoskeletal specialist intervention or which require general podiatry care only. • Multiple foot lesions • Trauma – acute injuries such as ankle sprain and stress fractures.
Routine	• Musculoskeletal Orthopaedic lower limb and foot pain pathology. • Moderate foot deformities, foot lesions and pathologies • Monitoring • Nail pathologies

[3] Approximate figures based on Tynedale and WPAS reporting data.

Potential risks due to current position

The inability to see new patients in a timely way in line with Welsh Government targets and Health Care Standards results in chronicity of condition, poor patient experience, impact on primary and secondary care demands and impacts on successful outcomes.

Other risks due to delays to treatment include:

- Deterioration to crisis (vascular & sepsis) potentially leading to patients presenting at A&E/SDEC.
- Deterioration into chronic condition with reduced positive outcomes and increased costs of care.
- Increased demand on primary and secondary care services including avoidable hospital admissions.
- The multi-disciplinary team should see diabetic and vascular patients with lower limb tissue necrosis, ischaemia, and ulceration/infection within the recommended timeframe of 24 hours, as per the NICE guidelines. There is a risk that the service does not meet this timeframe due to capacity constraints as previously outlined.
- Increased chronicity and care requirements with reduced positive outcomes.

Actions to address risks

By ensuring services are delivered closer to home (cluster based) utilising a care and support approach with co-produced plans helps patients and their carers gain knowledge and confidence to self-manage through activation which improves outcomes and reduces short and long term demands services.

Podiatry has recruited two members of staff to replace recent vacancies within the Pembrokeshire locality that will increases service capacity by 100 additional appointments a week.

Waiting list validation exercises have targeted waiting lists in certain clinics against an ongoing duty of care to manage a significant portion of follow-up patients requiring ongoing monitoring and review. Future initiatives include placing follow-up patients on a “See on Symptom” (SOS) pathway so the patient is advised to contact the service if another appointment is needed.

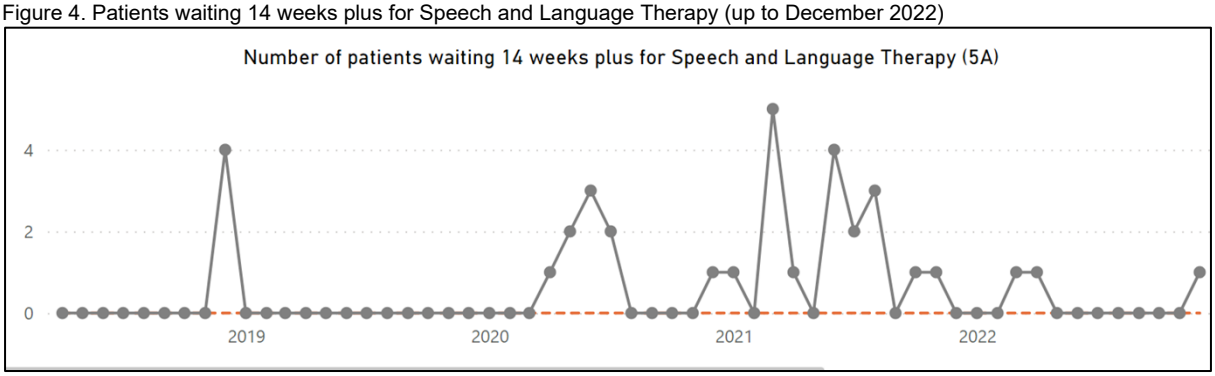
The service introduced phone triaging for follow-up appointments resulting in an increase in the number of available face-to-face appointments by targeting follow-up non-attender’s. Evaluation of this recently established process is ongoing, with a detailed evaluation expected by March 2023.

The Podiatry service also offers ‘open access’ drop in clinics for patients with severe diabetic foot problems such as ulceration or sepsis allowing access for patients with acute problems to turn up for same day assessment and care.

Speech and Language Therapy

Current position and associated factors

Figure 4. Patients waiting 14 weeks plus for Speech and Language Therapy (up to December 2022)



Urgent and Routine Referrals

There is no evidence to suggest the number of urgent referrals have increased in recent years and the service remains within waiting list guidelines, with the average wait around 10 weeks for an appointment.

Table 8: Speech and Language Therapy routine and urgent referrals from January 2021 to December 2022

	Total Referrals	Routine	Urgent	% Urgent
Jan 2021 – Dec 2021	4,729	3,935	668	14%
Jan 2022 – Dec 2022	4,603	4,393	336	7%
Total	9,332	8,328	1,004	11%

The Speech and Language Therapy Service provides triage and telephone advice as soon as possible to reduce risks and signpost to the GP/palliative care/A&E if appropriate. The service sees urgent cases within one working week of the triage (dependent on staff availability and area).

- Reported overt signs of airway compromise on all oral intake, every day
- Ongoing chest infections – not responding to antibiotics OR chest infection at time of referral.
- Severe choking episodes – more than one occasion of turning blue/requiring back slaps
- Nutrition and hydration compromised by swallowing difficulties
- At risk of hospital admission
- High level of client/carer/family distress

The Service holds weekly screening meetings to identify any cases that may be a priority and allocating patients to the appropriate therapists for telephone triage within 2 weeks of receipt of referral. During triage, patients receive interim advice and strategies to manage risk until a face-to-face appointment could take place.

A new system is currently in development whereby on receipt of referral, patients receive generic safe swallow/communication information to reduce risk (in line with

care aims). This system will also will include information regarding the referral process and guidance should they feel their condition is changing/worsening in the meantime.

Clinical standards set out by the Royal College of Speech and Language Therapists (RCSLT) define the urgent criteria regarding clinical diagnoses. These are stammering, paediatric dysphagia and looked after children. The Service has a triage system that screens all referrals weekly. Neonates and urgent dysphagia referrals receive appointments within 2 days as per the RCSLT.

Currently there are no WPAS codes to identify urgent referrals but this forms part of quality improvement work to improve demand and capacity reporting within the service. The Service has an open referral system where parents or professionals can highlight concerns if there is a change in condition with patients seen as soon as possible with a minimal wait (usually a few days).