

MINUTES OF COUNCIL OF GOVERNORS MEETING

HELD ON TUESDAY 2 NOVEMBER 2021, FROM 14.00-16.04 HOURS

MEETING HELD DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Selina Ullah	Trust Chair and Chair of Council of Governors
	Valerie Broom	Public Governor, Amber Valley
	Susan Ryan	Public Governor, Amber Valley
	Rob Poole	Public Governor, Bolsover and North East Derbyshire
	Ruth Grice	Public Governor, Chesterfield
	Julie Lowe	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East and Deputy Lead Governor
	Orla Smith	Public Governor, Derby City West
	Andrew Beaumont	Public Governor, Erewash
	Chris Mitchell	Public Governor, High Peak and Derbyshire Dales
	Julie Boardman	Public Governor, High Peak and Derbyshire Dales
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jan Nicholson	Staff Governor, Allied Professions
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Roy Webb	Appointed Governor, Derby City Council
	Nigel Gourlay	Appointed Governor, Derbyshire County Council
David Charnock	Appointed Governor, University of Nottingham	
IN ATTENDANCE	Margaret Gildea	Non-Executive Director and Senior Independent Director
	Ashiedu Joel	Non-Executive Director
	Geoff Lewins	Non-Executive Director
	Sheila Newport	Non-Executive Director
	Julia Tabreham	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Chief Executive
	Carolyn Green	Executive Director of Nursing and Patient Experience
	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Trust Secretary
Graeme Blair	Trust Member	
APOLOGIES	Lynda Langley	Public Governor, Chesterfield and Lead Governor
	Jo Foster	Staff Governor, Nursing
	Varria Russell-White	Staff Governor, Nursing
	Stuart Mourton	Public Governor, Derby City West
	Kel Sims	Staff Governor, Admin and Allied Support
	Farina Tahira	Staff Governor, Medical
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Association

Stephen
Wordsworth
Jodie Cook

Appointed Governor, University of Derby

Appointed Governor, Derbyshire Mental Health
Forum

ITEM	<u>ITEM</u>
DHCFT/GO V/2021/061	<p><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</u></p> <p>Selina Ullah, Trust Chair, welcomed all to the meeting. Selina explained that this is her first Council of Governors meeting and she is looking forward to fostering new relationships with governors and working together in a meaningful way. She reminded everyone that the meeting was being held via a public link.</p> <p>The apologies were noted; a declaration of interest was noted by the Chair and the Non-Executive Directors (NEDs) in item 7 of the agenda, the report from the Nominations and Remuneration Committee and Council of Governors Approvals.</p>
DHCFT/GO V/2021/062	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>It was noted that no questions from members or the public have been received.</p>
DHCFT/GO V/2021/063	<p><u>MINUTES OF THE COUNCIL OF GOVERNORS' MEETINGS ON THE 7 SEPTEMBER 2021</u></p> <p><i>Minutes of the previous meeting held on 7 September 2021</i></p> <p>The minutes of the meeting held on 7 September were accepted as a correct record.</p>
DHCFT/GO V/2021/064	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>There were no matters arising from the minutes.</p> <p>It was noted that there was one ongoing action listed on the Actions Matrix:</p> <p><i>Minute number DHCFT/GOV.2021 048 – Lead Governor role.</i> Justine Fitzjohn reiterated that the Lead Governor is a statutory role and the Trust is required to inform the regulators of who the Lead Governor is. Selina Ullah emphasised the importance of the Lead Governor role and assured governors that they would be supported in the role by herself, Justine Fitzjohn and Denise Baxendale. Carole Riley, Deputy Lead Governor commented that she had recently met with Lynda Langley, Lead Governor and both expressed concern that no eligible governors had expressed an interest in the role. It was agreed to revisit the Lead Governor role in the New Year. In the meantime, eligible governors are encouraged to consider the role.</p> <p>RESOLVED: The Council of Governors noted the comments on the Action Matrix.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Eligible governors are encouraged to consider expressing an interest in the Lead Governor role.

	<ul style="list-style-type: none"> • The situation regarding the Lead Governor role will be revisited in the New Year.
<p>DHCFT/GO V/2021/065</p>	<p><u>CHIEF EXECUTIVE UPDATE</u></p> <p>Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic:</p> <ul style="list-style-type: none"> • There has been a slight decrease in Derbyshire’s transmission rates. However, infection rates are high in school age children and there is concern that this will increase when children and young people return to school after the school break. • There is concern about local rates, but patients being admitted to hospital has plateaued. • People who have been double vaccinated do become ill from the virus but compared to those who haven’t received the vaccination do not require complex interventions. • The R number is stable across the regions. Infection rates in East and West Midlands are higher than the national average but are reducing quickly. • Case rates in 60+ year olds is increasing, but not in Derbyshire. • Within Derbyshire, Chesterfield rates continue to be high and other smaller areas within localities have increased e.g. Barrowhill. These outbreaks can have significant impact on Derbyshire’s figures. • Four patients in the Trust’s inpatient facilities have COVID-19. • There are currently 35 members of staff absent from work with COVID-19. This is a small percentage compared to the national average. • Staff continue to be diligent in complying with measures to reduce the impact of COVID-19 (i.e. following the robust infection, prevention and control procedures) • 93% of staff have received the COVID-19 vaccination which is above the national average. <p>Ifti also referred to the Trust’s roadmap for October to December which focuses on:</p> <ul style="list-style-type: none"> • Staff – keeping colleagues safe; encouraging teams and services to connect with each other; engaging with staff, carrying out quarterly pulse checks on what if feels like to work for the Trust • A focus on performance – for example reducing waiting times; supporting people into employment; general improvement of some services including dementia <p>Andrew Beaumont asked if the nine million COVID-19 tests completed that Ifti mentioned in his update means that nine million people have been tested. Ifti explained that this relates to nine million tests being undertaken and not nine million people.</p> <p>Rob Poole and Julie Love conveyed their appreciation to Ifti for the precise commentary and excellent results of the pulse check.</p> <p>Selina Ullah thanked Ifti and was reassured that the Trust has a clear road map which can be reviewed and adapted if need be. Ifti emphasised that the</p>

	<p>road map is beginning to come to fruition because all colleagues are pulling together.</p> <p>RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.</p>
<p>DHCFT/GO V/2021/066</p>	<p><u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u></p> <p>Denise Baxendale, Membership and Involvement Manger, presented the results of the sixth Annual Effectiveness Survey of the Council of Governors. This survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee on 12 October 2021.</p> <p>A total of 26 governors responded, this equated to 100%, a fantastic response from the Council. Denise was pleased to note the exceptionally high response rate, compared to last year’s response completion rate of 88.46%.</p> <p>A number of proposed actions in order to continue to enhance the effectiveness of the Council of Governors were listed in the paper. Denise confirmed that the actions include a meeting with the Lead Governor and Deputy Lead Governor to review the responses; identify any areas for future governor training and development; discuss any issues raised; and to review the questions for next year.</p> <p>Governors are reminded that if they have any issues or concerns, that these can be discussed with Selina Ullah, Trust Chair; Lynda Langley, Lead Governor; Justine Fitzjohn, Trust Secretary; or Denise Baxendale, Membership and Involvement Manager to allow these to be addressed.</p> <p>Denise Baxendale requested the Council of Governors to note the content of the presented report as a positive assessment by governors of their effectiveness.</p> <p>Governors had no questions to raise regarding the results. Justine Fitzjohn conveyed her appreciation to Denise for the amazing support she gives to governors and that she is an asset to the Trust. Selina Ullah also expressed her appreciation to Denise; and thanked all governors for completing the survey.</p> <p>RESOLVED: The Council of Governors:</p> <ol style="list-style-type: none"> 1) Noted the outcome of the Council of Governors annual effectiveness survey 2021 2) Agreed that the survey should be repeated in September 2022 3) Noted the proposed additional actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.
<p>DHCFT/GO V/2021/067</p>	<p><u>REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE AND COUNCIL OF GOVERNORS APPROVALS</u></p> <p>Selina Ullah declared an interest in part of the report as it includes reference to her appointment. A declaration of interest was also noted from Selina and the Non-Executive Directors (NEDs) relating to the Chair and Non-Executive</p>

Director Expenses Policy. Therefore Justine Fitzjohn presented these parts of the report. The Chair and NEDs remained during discussion on the expenses item as it was judged that there was not a conflict as the rates proposed were based on national Agenda for Change rates.

Selina Ullah confirmed that Julia Tabreham is retiring from her NED role in December and the Trust will need to find a replacement. It was also noted that two NEDs terms of office end in September and November 2022. Selina reminded governors that it is the statutory role of governors to appoint NEDs. A two-stage process to recruit to the vacancies is proposed; recruiting for Julia's position now and the other two positions in the summer, allowing for a short handover. The Committee will be supported in the recruitment process by an external organisation as with previous vacancies. The report detailed the stages of the requirement process.

Justine Fitzjohn confirmed that the Trust has followed its Fit and Proper Persons Test Policy in relation to the recruitment of the new Trust Chair, Selina Ullah. She also confirmed that the same policy is followed in the recruitment of new members of the Board.

Justine explained that there is a statutory duty placed on NHS Foundation Trust governors to determine the remuneration, allowances and other terms and conditions for Chairs and NEDs. It was noted that the Council of Governors does not have a formal policy for Chair and NED expenses, and it is best practice to have one. Justine presented the draft policy to governors which has been considered by the Committee. Approval is sought from the Council. Once approved, the policy will be published on the Trust's policy dashboard.

Justine referred to the Committee's membership and confirmed that there are still vacancies on the Committee which have been previously discussed and promoted in Governor Connect. She reiterated that the vacancies must be filled to ensure that the Trust has a functioning committee. David Charnock, a member of the Committee encouraged other governors to express an interest emphasising how rewarding being a member of the Committee is. Susan Ryan, also a member, echoed David's comments. She explained that the Committee is really interactive and engaging and the highlight last year was recruiting the Trust Chair. Carole Riley also a member of the Committee, emphasised the importance of the Committee and urged governors to consider becoming a member. The vacancies will be promoted in Governor Connect.

RESOLVED: The Council of Governors

- 1) Received and noted the contents of the report**
- 2) Approved the two-stage proposal for the recruitment to the three Non-Executive Directors vacancies**
- 3) Noted that the Trust's Fit and proper Persons Test Policy has been complied in relation to the recruitment of the Trust Chair**
- 4) Approved the Expenses Policy**
- 5) Discussed the vacancies on the Committee**

ACTIONS:

- The vacancies on the Committee will be promoted in Governor Connect**

	<ul style="list-style-type: none"> • Eligible governors who wish to express an in joining the Committee should contact Denise Baxendale.
<p>DHCFT/GO V/2021/068</p>	<p><u>NON-EXECUTIVE DIRECTOR’S (NED) DEEP DIVE</u></p> <p>Sheila Newport, clinical NED and Chair of the Mental Health Act Committee presented the Deep Dive to governors.</p> <p>Sheila gave an overview of her role within the Trust which includes:</p> <ul style="list-style-type: none"> • Chairing the Mental Health Act Committee • Holding a lead role for both Safeguarding and Learning from Deaths • Being a member of the Quality and Safeguarding Committee and People and Culture Committee • Representing the NEDs (within the wider Derbyshire System) on the Joint Mental Health, Learning Disability and Autism Delivery Board. <p>She outlined the importance of the Mental Health Act Committee; its main purpose being to obtain assurance that the safeguards and provisions of the Mental Health Act are appropriately applied, taking account of the provisions of related statute and guidance such as Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act. The Committee regularly reviews the use of restrictive practice and seclusion activity and the use of Section 135 and 136 detentions in Derbyshire.</p> <p>Andrew Beaumont asked what restrictive practice is. Ifti explained that this means the need to restrain someone who is in danger to themselves or others.</p> <p>RESOLVED: The Council of Governors received the Deep Dive Report from Sheila Newport.</p>
<p>DHCFT/GO V/2021/069</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>One item of escalation was received from the Governance Committee meeting held on 12 October 2021:</p> <p>In September 2021 it was reported in Derbyshire Live that the wait lists for children and young people services including Children and Adolescent Mental Health Services (CAMHS) were four months and that the Trust was planning a waiting list blitz in September. How are the Non-Executive Directors assured that the Trust is reducing the wait lists and are they assured that the waiting list initiatives, like the blitz in September, will improve waiting times and what is the average wait time now for our services in particular regarding young people services and CAMHS?</p> <p>The response to the question attached as Appendix 1 to these minutes, was read out at the meeting.</p> <p>Valerie Broom thanked Richard Wright for the response and commented that his explanation was easier to understand than the information presented in the Integrated Performance Report. She commented that it was necessary for governors to understand the information in order for them to be able to hold</p>

	<p>NEDs to account. Selina suggested that it would be a good challenge for the Board to make information more understandable and simplified.</p> <p>Roy Webb asked if education health care plans (EHP) that the Local Authority deal with are included in the waiting times. Ifti Majid confirmed that as the Trust is not responsible for EHPs they are not included in the wait lists.</p> <p>Julie Lowe expressed concern that schools are becoming increasingly worried at the waiting times for young people and was pleased to hear about the Trust's initiatives in reducing waiting times for them. Ifti advised that more intervention needs to take place in local communities before young people become so ill that they require secondary care. It was noted that investments are being made available for mental health support workers to work across multiple schools.</p> <p>Chris Mitchell expressed his relief that waiting times for children and young people have decreased and conveyed his appreciation to the commitment of staff concerned. He asked what ongoing vigilance will be used to ensure that the 25 week waiting times won't recur and the current three months waiting times won't increase. Richard Wright explained that improvements are being embedded to ensure that this does not happen, but he reiterated that the Trust does not have any control over the number of people requiring Trust services.</p> <p>Selina Ullah referred to an issue that was raised by the Governance Committee who sought assurance that any patient's care and treatment will not be adversely impacted on if they make a complaint. Ifti Majid confirmed that the Trust has a robust complaints procedure in place. All complaints are dealt with by the Trust's Patient Experience Team (PET) and complainants are given details of an advocate service to support them in the process. All complaints are reported to the Executive Leadership Team who look at the themes, any recurring issues (i.e. against a team or individual practitioner). He also explained that as Chief Executive he signs off all complaints when complete and offers to meet complainants after the complaint is finished. If complainants are not happy with the outcome, they are advised to contact the Ombudsman, the independent watch dog for the NHS. It was noted that in the last financial year three cases had been referred to the Ombudsman and in all three cases no further action was required.</p> <p>Andrew Beaumont asked how a complaint is managed across the system if a number of organisations are involved. Ifti advised that the organisation who receive the complaint would be responsible for compiling a response from the organisations involved.</p> <p>RESOLVED: The Council of Governors was satisfied with the response and noted the information provided by Ifti Majid regarding complaints.</p>
<p>DHCFT/GO V/2021/070</p>	<p><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></p> <p>The Integrated Performance Report (IPR) was presented to the Council of Governors by the NEDs. The focus of the report was on workforce, finance, operational delivery and quality performance.</p> <p>Richard Wright as Chair of the Finance and Performance Committee updated the meeting on the following:</p>

- Three day follow up and out of placements areas are performing well.
- Patients are being referred to Psychiatric Intensive Care Units (PICU) out of the area, but this will change as the Trust is in the process of building its own PICU
- Waiting times remain a challenge, the Trust is focusing on these to reduce them
- The first six months the Trust maintained good financial performance with a very small surplus. The challenge the Trust faces is not showing a deficit over the next six months. The Trust's cash position is good but capital projects will absorb a lot of costs and we need to ensure that we have cash for other areas.

Margaret Gildea as Chair of the Quality and Safeguarding Committee referred to:

- Some of the wait times have stabilised but there are still some concerns with the length of some wait times
- Performance on wait lists and psychological talking therapies is positive
- Restrictive practice has decreased
- Focus on autistic assessments
- There is a concern with rising staff absence, projects are in place to help people get back into work
- The Trust Operational Oversight Leadership (TOOL), which replaced the Incident Management Team, is working well

David Charnock commented that it is clear from the IPR that the Trust is reducing the wait times but expressed concern at the wait times for autism spectrum disorder adult services and asked what other data is being collected on this i.e. where referrals are coming from, packages to educate referrers, work with the Commissioners. Ifti explained that the Trust is no longer in a position to report to Commissioners as the System receives the funding for services. He explained that nationally working with pure autism is a growth area and funding is needed to look at assessment and treatment. People are able to get a diagnosis but there is very little support in the community to manage the complexities of this. The System is planning to look into this over the next year.

Julia Tabreham as Chair of People and Culture Committee and NED Lead for Freedom to Speak Up (FTSU) had nothing further to add from the report except that cross committee actions regarding quality and people is working well.

RESOLVED:

- 1) **The Council of Governors noted the information provided in the IPR.**
- 2) **Agreed that the NEDs have held the Executive Directors to account.**

DHCFT/GO
V/2021/071

GOVERNANCE COMMITTEE REPORT – 12 OCTOBER 2021

The Council of Governors received the report from the Governance Committee meeting which took place on 12 October 2021. Julie Lowe, Chair of the Committee:

	<ul style="list-style-type: none"> • Referred to the Deputy Chair of the Committee and the Lead Governor vacancies and encouraged governors to express an interest in the roles. • Conveyed her appreciation to Chris Mitchell for offering to represent governors on the Derby and Derbyshire Clinical Commissioning Group Engagement Committee • Noted that Ifti Majid had provided information on the Trust’s complaint procedure. <p>RESOLVED: The Council of Governors</p> <p>1) Received and noted the information provided in the Governance Committee Report.</p>
<p>DHCFT/GO V/2021/072</p>	<p><u>FEEDBACK ANNUAL MEMBERS MEETING</u></p> <p>Denise Baxendale fed back on the Trust’s Annual Members’ Meeting (AMM), which took place virtually, due to the COVID-19 pandemic, on 9 September 2021. 69 people attended the AMM including Trust members, the public, staff members, Trust Board, governors and those shortlisted for the Trust’s writing competition.</p> <p>Overall the feedback was very positive with attendees commenting that the AMM was a good mix of showcasing services and formal business. Ending with the announcement of the winners from the Trust’s writing competition on the theme of ‘finding my calm during COVID’ was really well received. The finalists from the writing competition fed back to the Trust that they had appreciated the support they were given prior to the event and that they enjoyed the afternoon.</p> <p>Denise proposed that a governor task and finish should be established to plan next year’s AM which is taking place on 21 September 2022.</p> <p>RESOLVED: The Council of Governors</p> <p>1) Received and noted the feedback on the Annual Members’ Meeting</p> <p>2) Agreed to form a governor task and finish group to plan next year’s AMM</p> <p>3) Noted the date for next year’s Annual Members’ Meeting.</p> <p><i>(Due to other commitments Roy Webb left the meeting.)</i></p>
<p>DHCFT/GO V/2021/073</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Julia Tabreham</p> <p>The Chair explained that this is Julia’s last Council of Governors meeting and gave heartfelt thanks to Julie on behalf of the Trust and Council of Governors and wished her all the success for the future. Denise Baxendale also conveyed her thanks to Julia for all her support over the years with the Council of Governors.</p> <p>Trust Board and Council of Governors session – 18 January 2022</p> <p>Selina Ullah reminded governors that the next Trust Board and Council of Governors session is taking place on 18 January 2022 and is looking forward to seeing everyone there. It was also noted that an Extraordinary Council of</p>

	<p>Governors will take place prior to the session to approve the appointment of the Non-Executive Director who will be replacing Julia Tabreham.</p> <p>Governor meeting timetable 2022/23</p> <p>The Chair encouraged governors to record the dates for the meetings in 2022/2023 in their diaries.</p> <p>Forthcoming elections</p> <p>Denise Baxendale confirmed that she is in the process of preparing for the 2022 elections for governors whose terms of office end on 20 March 2022 and for the two vacancies we currently have. This means that we will have the following 11 vacancies:</p> <ul style="list-style-type: none"> • Amber Valley – one seat • Bolsover and North East Derbyshire – one seat (vacant) • Chesterfield – one seat • Derby City East – two seats • Derby City West – one seat • Erewash – two seats • South Derbyshire one seat (vacant) • Rest of England – one seat • Medical – one seat <p>It is anticipated that the notice of election will be published third week in January with voting taking place in February. Denise is in the process of obtaining quotes and timelines from Civica Elections Services Ltd and UK Engage.</p>
<p>DHCFT/GO V/2021/074</p>	<p><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The Council of Governors agreed that:</p> <ul style="list-style-type: none"> - The meeting was efficiently chaired - The meeting covered all agenda items with enough time for discussion - Governors were assured that the Non-Executive Directors are holding the Board to account.
<p>DHCFT/GO V/2021/075</p>	<p><u>CLOSE OF MEETING</u></p> <p>Selina Ullah thanked all for their attendance and input.</p> <p>A Confidential Council of Governors meeting will be held on 18 January 2022 from 2pm to approve the appointment of the Non-Executive Director. The next Council of Governors meeting will be held on Tuesday 1 March 2022 from 2.00pm. These will be virtual meetings.</p> <p>The meeting closed at 16:03 hours.</p>

Escalation items to the Council of Governors from the Governance Committee

Question:

In September 2021 it was reported in Derbyshire Live that the wait lists for children and young people services including CAMHS (Children and Adolescent Mental Health Services) were four months and that the Trust was planning a waiting list blitz in September. How are the Non-Executive Directors assured that the Trust is reducing the wait lists and are they assured that the waiting list initiatives, like the blitz in September, will improve waiting times and what is the average wait time now for our services in particular regarding young people services and CAMHS?

Response:

Background

The number of children on the waiting list for Child and Adolescent Mental Health Services (CAMHS) peaked in March 2020 at approximately 500 with a subsequent peak in the waiting time in June 2020 at nearly 25 weeks average. A number of measures were put in place by the Trust and despite the effect of the COVID-19 pandemic etc the number waiting was reduced to below 400 in September 2021 with an average waiting time of less than 15 weeks.

Obviously all the numbers described have to be put in the context of an ongoing (and to some extent unpredictable) COVID-19 situation, and well documented national shortages of staff, especially in certain skills areas.

Last 12 months

There has been an increase in Children and Young People (CYP) requiring hospital care for Covid related illnesses; and Respiratory Syncopial Virus (Childrens Respiratory Virus, RSV) cases continue to present at UHDB. This was in addition to an increase of CYP on the acute wards waiting for Tier 4 beds (partly because there are reduced Tier 4 beds due to COVID).

CAMHS have worked hard to support UHDB in the care of CYP in their care as well as prioritise work with a targeted 70 cases in the community who are at risk of attending UHDB with self-harm/suicide related behaviours or eating disorders. To achieve this CAMHS have maintained all critical/essential services and continue to prioritise these, often at the cost of increased wait times for routine assessments. CAMHS staff across the service have been working extremely hard and increased the number of contacts from pre-pandemic activity consistently by 50%. As a service we have continued to meet these demands in the context of other factors such as:

- Challenges in recruiting workforce which includes nursing and medics, seeking opportunities to recruit and retain
- Impact of working remotely during the pandemic and how the service can optimise clinical activity
- Increase in safeguarding work
- Increase in complexity of presentations

- Impact on parents/family resilience as a result of the pandemic

Current Exercise

It was felt that a focused activity could improve significantly the number of young people on the waiting list and the average waiting time to be seen.

All families were contacted by the Waiting List coordinator to discuss if an assessment was still needed; at this point some families were closed to CAMHS, and the rest were booked into either face to face assessments, or virtual assessments, dependant on the families preference; at a time that suited them.

The team have, with the support of the wider service, offered assessments in pairs to young people and their families.

In the three weeks from 27 September, 222 assessments have been offered (50% of the overall number waiting). Over the same period, the service would normally have conducted 60 initial assessments.

From the 222, 181 young people have now been seen for an initial assessment.

Of those seen, 67 have been closed to CAMHS and have been signposted to appropriate services such as Build Sound Minds, First Steps etc.

The remaining 114 have been offered a variety of interventions

As a result of the above, we can now confirm that there are 266 young people on the external wait list. This is the lowest number of young people waiting since 2017.

As we targeted the longest waits, we expect the maximum wait time to be approximately 25 weeks at this current time.

Community Paediatrics

The waiting times and size of the waiting list are rising, due to increased demand and referrals, particularly around referrals for Autism assessments. We have 939 children waiting for initial appointments, a rise from 877 in April 2021, with an average wait time of 15 weeks, and a longest wait of 36 weeks. We work closely with commissioners on this and are recruiting to a vacant post which is a full time Consultant. We also have a fixed term Speciality Doctor who has just commenced for 12 months who will support the Neurodevelopmental team. We receive in excess of 300 referrals per month to this service. We are in dialogue with Commissioners about capacity and ways of working to make some permanent additions in capacity.

Community Paediatric Therapy

The teams are working hard to provide a service, and also some additional support to young people post operatively (who were delayed due to the pandemic). We have bid for some funding from winter pressures to try and alleviate pressure in these teams – one post in each team. Average waiting time for specialist Physiotherapy is 13 weeks and Occupational Therapy is 18 weeks.

Specialist Nursing

Our teams continue to provide specialist nursing interventions in relation to neurodevelopmental conditions, specialist continence, Looked After Children and Children with Learning Disabilities.

Average wait times:

- Continence – six weeks
- Specialist Learning Disability nursing – eight weeks
- Neurodevelopmental nursing – 13 weeks.