

Draft SEND inspection improvement plan.

Comment from SEND inspection	Objective	Action	Lead organisation	Co-dependent organisations	Start date	End date	Detail of work stream	Monitoring	There is a risk that...	Which would result in...	Consequence	Likely hood	Overall score	Mitigation	Revised consequence	Revised Likelihood	Overall score	Notes	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of speech and language therapists, for example.	To increase access to services by improving recruitment and retention of therapists and therapy assistant roles	WH recruiting to vacant posts	WH		On-going	on-going	Therapies recovery workstream to clear the backlog of CYP waiting for therapies (SALT, OT, PT) through med term recruitment drive and short term input to rapidly increase capacity.	This is monitored every two weeks as part of the on-going review meetings	WH will not be able to recruit to the posts	No service improvement	5	4	20	WH currently using a mixed model of recruitment including locum/short term private posts in addition to permanent posts. Recruitment strategy agreed across trusts to avoid attrition across NCL.	5	3	15	This is being monitored as part of the on-going discussions between WH, NCL CCG and BELS	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To review the service in line with the community services review.	WH - and other acute trusts within NCL	CCG/London boroughs in NCL	Started	30/09/22	Provider led therapies transformation workstream to further interrogate gaps and develop detailed costed plans to meet core offer.	This is being monitored as part of the community services review work stream	The review will take longer than planned, impacting on timescales	Longer waits for children to receive therapies	5	3	15	This work is a strategic priority and is being managed at a senior level across health organisations	5	1	5	This piece of work will determine next actions	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To develop a plan once the outcome of the community services review is known	WH	BELS/CCG/LBB	This work will start in September	TBC	Post prioritisation, borough delivery plans will be developed by key stakeholders and transformation workstreams.	To be determined		lack of service improvement progress			0				0	Plans to be informed in co production with parent forum and stakeholders as well as service practitioners system-wide	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision, for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	Short to medium term priorities to be agreed.	CCG	WH/BELS/LBB	Started	30/06/22	LBB/BELS/CCG to agree the priorities as part of the meetings with WH	This is monitored every two weeks as part of the on-going review meetings	No agreement can be reached	No change to current services	5	5	25	Meetings to take place every two weeks to agree outcomes	5	3	15	There is an outstanding issue in relation to tribunal cover & managing delivery of provision for 2750 EHCP that have a open duty of care with Barnet Children's Integrated Therapies. Alternative ways to manage tribunals are being discussed	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of all therapy provision, for example.	To improve access to services by improving recruitment and retention of therapists and therapy assistant roles	To work with schools and consistently communicate the offer available and to improve school working environment for therapists	BELS	WH/BELS/LBB	Started	on-going	Schools to be offered ways to raise issues about the service with managers and not to blame individual therapists who visit the schools; i.e. working proactively	This will be monitored every two weeks as part of the on-going review meetings	Some schools will continue to blame individual therapists over provision	More therapists leaving the service or refusing to work in certain schools	5	4	20	WH have given schools a number to call if they have issues with the service. BELS to speak to schools as and when incidents arise	5	2	10	This is already in place and the impact will need to be measured over time	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists.	Senior clinical leads are being recruited to each therapy profession: Occupational Therapy/ Speech and Language Therapy and Physiotherapy	WH currently recruiting to posts	WH		Started	31/07/22	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The therapists cannot be recruited	Lack of senior leadership	4	4	16	These are advertised as management positions offering career progression for individuals, so are likely to be filled	3	2	6	Progress is informed by Whittington Health every month	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	Inequalities bid approved to increase access to SLT services for vulnerable children	BID approved and budget confirmed	CCG	WH		Nov-21	31/07/22	Bid developed with input from Barnet Parent/carer forum	The bid will not be developed in time	Money not being available	5	3	15	Meetings in diary to ensure decisions can be reached	2	1	2	Bid has been approved and WH have the funding available	
Gaps in therapy provision narrow the support available to meet the needs of children and young people. Some providers find it a challenge to meet the needs of those with speech and language difficulties due to the limited availability of occupational and speech and language therapists for example.	Inequalities project to be implemented.	Staff to be recruited	WH		Started	30/06/22	Staff to be recruited to develop materials and resources	Monthly at meeting	Staff cannot be found as the posts are part time	The project not being deliverable	4	4	16	Staff being recruited will have the opportunity to have full time work as part of the main therapies offer in addition to the project work, to make post more attractive	4	1	4	Staff in post to set up project. Posts being recruited to in order deliver full project	
Waiting times for occupational therapy and physiotherapy have been too long. Some children and young people have not been able to access the support they have needed. Area leaders know this and have worked with partners, including parents and carers, to develop an integrated service which can better respond to these needs. This is starting to have an impact with some reduction in waiting times. However, leaders need to continue to monitor the situation carefully to ensure continued progress.	Clinical lead for occupational therapy and physiotherapy is being recruited to.	WH currently recruiting to posts	WH		Started	30/06/22	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The therapists cannot be recruited	Lack of senior leadership in OT	4	4	16	This is advertised as management positions offering career progression for individuals, so are likely to be filled	3	2	6		
Waiting times for occupational therapy and physiotherapy have been too long. Some children and young people have not been able to access the support they have needed. Area leaders know this and have worked with partners, including parents and carers, to develop an integrated service which can better respond to these needs. This is starting to have an impact with some reduction in waiting times. However, leaders need to continue to monitor the situation carefully to ensure continued progress.	To improve access to services by improving coproduction and engaging with Parent Forum and obtaining the Young Person's Voice to understand co-design of responding well to waiting times. For example - what to do while you are waiting (blogs, you tube links)	WH to implement a plan to recruit therapists and support staff. WH designing tips to support families while they are waiting.	WH		started	ongoing	Recruitment process has started	This is monitored every two weeks as part of the on-going review meetings	The full complement of therapy provision cannot be recruited	No one available to do the work	5	4	20	Agency and Bank staff are being used until staff can be recruited	4	4	16		
NCL CCG is working with NHS England and contribute to a SEND Maturity Matrix	Improving special educational needs and disabilities is a key priority for North Central London's NHS and Local Authorities.	Formalising our SEND governance across NCL ICS with an aim to; Increase communication and visibility of challenges and successes at place and across our NCL CYP population. Support the system to develop services and approaches to ensure best outcomes. Create a culture of learning across the ICS footprint. Ensure resources are directed to meet need	NCL CCG	WH BEH RFL CLCH NCL Local Authorities NCL Parent Carer Forums NCL Stakeholders		Nov-21	ongoing	Phase 1: Understand local SEND governance arrangements, data held and what is most useful to communities; Phase 2: in line with ICS development, formalise SEND ICS Governance, lines of communication and increase visibility and understanding of CYP with SEND and our services to support them in NCL	Quarterly reports to NCL ICS boards (CYP Maternity and Neonates Board and CCG), and monthly reporting and oversight at ICS CYP Community Board. Data flow with key indicators benchmarked across NCL to local SEND partnership board.	The relevant local stakeholders do not engage with this work				CYP and families missing opportunities for improved outcomes through Barnet not taking up opportunities to collaborate, share and learn from good practice and understand local performance in context of the wider population.				Barnet stakeholders involved in developing the new Governance and proposals for collaboration.	Work in progress. Final submission from NCL : May 2022
Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder (ASD). Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waits.	To decrease the waiting time for diagnosis	NCL hub developed to manage backlog in ASD diagnosis	NCL CCG	WH		01-Apr	31/03/23	A central hub to be developed to provide an additional diagnosis route for CYP across NCL	Monthly via NCL CYP Community Board & ICS CYPMN Board	Staff cannot be recruited to	5	4	20	Different ways of using existing staff and new recruitment will staff the service	3	3	9	Recruitment underway	
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Over time, the challenges with recruitment and the reduction and discontinuity of some therapeutic provision have had a negative impact on how well children and young people's needs are identified. Children and young people in Barnet wait too long for a diagnosis of autism spectrum disorder (ASD). Children, young people and families are supported while they wait for assessment. Area leaders have committed to a credible plan to reduce these waits.	To ensure that CYP waiting for an assessment are given support	To monitor the support in place for children on RPH waiting list.	RPH	NCL CCG/LBB/BELS		01/07/22	On-going	quarterly reports and meetings to take place to ensure needs of children waiting for assessment are met	Quarterly report to be discussed at meeting	There is not enough capacity in the system	4	3	12	Existing pathways to be built upon	3	2	6		
Not all expectant parents are offered an antenatal contact in Barnet. This is one of the requirements of the 'healthy child programme'. This means that some early or emerging needs may not be identified and responded to.	For all expectant parents to be offered a antenatal review so their health needs can be identified.	Parents receive the full midwifery antenatal offer as part of the healthy child programme. However, the Health Visitors currently only offer a review to targeted parents identified as being vulnerable. A full antenatal review by a health visitor needs to take place.	Solutions4Health	LBB PH / FS / RF		01/09/22	ongoing	Solutions4Health started delivering the service on	Quarterly at contract meetings	There are insufficient staff to come	The antenatal review not being offered	4	3	12	Midwives see all parents re	4	3	12	The concern from the SEND inspection referred to the health visitor antenatal review and did not take into account the Midwifery contribution to this stage in a infants life cycle.
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Mental health community services review to determine priorities for each Borough in NCL	BEH	NCL CCG		Aug-21	Dec-21	Review of services to develop a core offer for CYP MH and improve equity of service offer across NCL	NCL MH Programme Board				0				0		
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Gap analysis undertaken and NCL review to determine the areas of focus in each borough	BEH	NCL CCG		Dec-21	Mar-22	Mapping of gaps against core offer in order to develop local plans for addressing gaps	NCL MH Programme Board				0				0		
Some children and young people wait too long for specialist child and adolescent mental health (CAMHS) services. This means that sometimes other professionals struggle to help these children and young people while they wait	To improve access to CAMHS services	Develop PTL (patient treatment list) in order to target resources where there are the longest waits.	BEH	NCL CCG		Apr-22	tbc	Development of patient treatment list across NCL to ensure that patients waiting for treatment can be identified by borough and service line in order to better target resources	NCL Mental Health Oversight Group and NCL MH Programme Board	Progress will be hindered by capabilities of trust IT systems	Extended timescales and delayed action	4	4	16	Manual data pull whilst systems are configured	3	2	6	
Some children and young people with complex medical and health needs have to wait for essential home equipment. For example, due to commissioning arrangements there are differences in the equipment that health and social care practitioners can prescribe. There is not a clear pathway for those under 18 who need pressure care equipment. This means that children and young people under 18 experience a delay in receiving essential equipment.	To review the equipment pathway to expedite provision to patients	To establish T&F group to review the pathway							TBC				0				0		
Objectives in EHC plans do not typically focus on the steps needed to help children and young people realise their wider hopes and ambitions.	To improve the Outcomes written in EHCs to reflect the Aspirations of the cyp	1. EHC Template has been amended to include the Aspirations of the cyp at the top of Section E (Outcomes) of the EHC 2. Focus from professionals in their reports on Transition to Adulthood from Y9 and including Outcomes related to helping cyp achieve ambitions 3. Input at SENCo training on purposeful Transition driven from cyp's aspirations	SEN/BELS	Schools, Educational professionals (BELS) Social Workers, Health professionals		1. Completed 2/3 Apr-22	No end date		EHC Quarterly Audit				0				0		

Workforce recruitment and retention plan

Objective	Action	Start date	End date	Detail of work stream	Monitoring	There is a risk that...	Which would result in....	Consequence	Likelihood	Overall score	Mitigation	Revised consequence	Revised Likelihood	Overall score	Notes
Increase capacity within therapy teams, by creating new opportunities and roles	Apprenticeships schemes being developed to encourage on the job training	01/02/22	on-going	Part of wider NCL work across the Allied Health Professional Network		No one will apply for the role	Continued lack of capacity	5	3	15				0	On-going
Increase capacity within therapy teams by increasing senior leadership capacity	Two additional senior clinical posts developed to provide senior leadership across all therapies	01/02/22	on-going	Previously there was one senior therapies clinician across therapies services. Recruitment for a senior clinician in each therapy provides a specialist leadership model		No one will apply for the role	Continued lack of senior oversight	5		0				0	
Increase capacity within therapy teams by advertising in different ways, including social media	Posts are now advertised on WH website, and social media in addition to traditional NHS websites	01/03/22	on-going	Increasing the number of people who see jobs being advertised by branching out into different ways of advertising roles		People without the appropriate skills will apply for roles	difficulty in recruiting to the posts	5	5	25	Strict recruitment process followed to ensure staff recruited have the necessary skills for the job	3	1	3	On-going
Increase capacity within therapies by reaching out to graduates	Attend job fairs at local universities	01/06/22	on-going	Attend job fairs at local universities		Graduates may apply for a number of jobs and consider areas outside of Barnet	posts not being filled	4	4	16	By meeting with graduates, they would be more likely to apply for roles where they have met the employer face to face	2	1	2	On-going
Increase capacity within therapy teams by linking up posts in other NCL boroughs	Use capacity across the therapies system in the most efficient way	01/02/22	on-going	Link together roles to ensure coverage in Barnet where there are fewer therapists currently in post		No one will want to work across boundaries	posts not being filled	5	3	15	Unlikely that posts would not be filled as this would provide staff with more hours	3	2	6	On-going
Increase capacity within therapies by increasing pay scales for hard to recruit to posts	Review the requirements of the service and assess where it is appropriate to increase pay scales	01/05/22	on-going	Review the requirements of the service and assess where it is appropriate to increase pay scales		This would provide unequal salaries	staff being treated differently	5	3	15	Given the number of opportunities and vacant posts, staff have a number of career options open to them	3	2		On-going
Increase capacity of staff by offering a golden hello to make posts more attractive	Offer an upfront bonus payment to staff who come to work in Barnet	01/05/22	on-going	Ensure that staff who are awarded the golden hello commit to a minimum amount of time or forfeit the bonus payment		Staff can not be recruited	Vacant posts remaining	5	4	20	The bonus payment would encourage staff to apply for roles and commit to a certain amount of time in the borough	3	3		On-going
Improve staff retention by ensuring staff are supported on a day-to-day basis, giving the more confidence in their roles	Recruit new head of service to increase senior capacity and oversight of the service	01/02/22	04/02/22	Head of service has been appointed and has started in post		No one will apply for the role	Continued lack of senior oversight	5	2	10	Recruitment is part of far reaching campaign to recruit staff	4	1	4	Complete
Improve retention of staff by growing resilience within the team	Development for new starters and existing staff to ensure support within service and share learning across wider Whittington Health service.	01/09/22	on-going	This includes an induction programme for new permanent and fixed term staff as well as students		Staff feel overwhelmed and fatigued	staff sickness and staff leaving	5	4	20	Actively developing resilience into the work place enables staff to feel supported and work more efficiently	3	2	6	On-going
Improve staff retention by providing internal opportunities for development	Shadowing opportunities have been developed	01/03/22	on-going	Shadowing offers staff the opportunity to experience different parts of the service allowing them to decide on next steps in their career. This is an incentive to stay longer in the organisation		Capacity will be taken away from day to day tasks	less capacity	5	4	20	Staff will need to demonstrate that they have picked up skills and knowledge that they can apply to existing roles, enhancing efficiency in current post	3	1	3	On-going
Improve staff retention by reviewing salaries	reviewing the inner/outer London weighting and applying a standard rate across all	01/05/22	30/06/22	Impact to be reviewed		staff will not work in Barnet at a lower rate to inner London areas	not being able to recruit	5	5	25	Salary weighting to be reviewed to equalise across boroughs	3	2	6	
Improve staff retention by implementing a buddy system with colleagues across Whittington Health	This has provided a warm welcome to the Trust as well as providing support in familiarising with new systems.	01/02/22	on-going	More support provided to staff		Staff feel overwhelmed on joining a new organisation and are tired after the impact of COVID	Staff not wanting to move roles, or struggling to adapt to new systems	4	2	8	Support put in place for staff to support them during their first weeks of service	2	1	2	On-going
Improve staff retention by undertaking a training needs analysis	Analysis being undertaken as part of the WH needs analysis	01/04/22	on-going	Whittington Health training needs analysis identifying training and support for growing and developing clinical skills		Workforce continuing professional development and investment for training does not match clinical development at pace	Staff leaving the organisation	4	2	8	Training workforce as whole teams for specific clinical work to build clinical teams and support children and young people's clinical needs				
Improve staff retention by celebrating success	Embedding celebrating success into annual appraisals	01/02/22	on-going	Ensuring staff feel valued and achievements acknowledged											
Improve staff retention by celebrating success	Annual staff awards to recognise achievements of the team and individuals over the year	01/02/22	on-going												
Improve staff retention by celebrating success	Monthly star awards to recognise when good working has taken place	01/02/22	on-going												
Improve staff retention by developing staff	Organisational Development within Whittington Health are supporting the Barnet CIT with a package of service development workshops as well as support and mentoring where needed.	01/02/22	on-going	As part of WH appraisal cycle		Staff are not confident to undertake roles effectively in a new organisation	Less efficient work and possible loss of staff	4	3	12	By developing a training and mentoring programme specifically for the service, both staff and service needs are addressed	2	1	2	On-going
Improve staff retention by understanding issues within the service	Using exit interview feedback to continually improve staff satisfaction	01/02/22	on-going	Responding to issues raised in exit interviews		It is not understood why staff leave, or that information is not used to make improvements	Continued low morale of staff	4	4	16	By addressing issues raised, staff morale increases	2	2	4	On-going
Improve staff health and wellbeing	National staff survey as well as 6 monthly Whittington Health Pulse survey completed	01/02/22	on-going	collate survey feedback and complete 'You said we did'		If staff needs are not identified and appropriate support in place staff will not feel valued	Low staff morale, reduced initiative for innovation and possible loss of staff	4	4	16	By providing support directed at issues raised by staff, team morale increases.	2	2	4	On-going
Improve staff health and wellbeing by engaging with staff to understand what their needs are and make them feel valued	A service questionnaire has been completed	20/04/22	10/05/22	This is currently being reviewed and an action plan is being developed		If staff needs are not identified and appropriate support in place staff will not feel valued	Low staff morale, reduced initiative for innovation and possible loss of staff	4	4	16	By providing support directed at issues raised by staff, team morale increases.	2	2	4	On-going
Improve staff health and wellbeing	Local well-being ambassador has been nominated by the team and has commenced plans to develop a well-being programme including activities such as team lunches, local staff survey has been carried out to feed in to service support priorities.	01/05/22	on-going	Local well-being ambassador has been nominated by the team and has commenced plans to develop a well-being programme including activities such as team lunches, local staff survey has been carried out to feed in to service support priorities.		Staff will feel they are not supported with their well being	Staff leaving the organisation	5	5	25	By understanding staff needs and working with them so they are aware of the team priorities there will be better morale	3	2	6	On-going