Department of Health

Workforce Review Report

Speech and Language Therapy

2019 - 2029

Contents

Foreword

Since October 2016, Health and Social Care workers and the Department of Health have been cooperating to deliver the transformation set out in ***Health and Wellbeing 2026: Delivering Together***. This ambitious ten year plan was our response to the report produced by an Expert Panel led by Professor Bengoa, who were tasked with considering how best to re-configure Health and Social Care Services in Northern Ireland.

The aim is a health and social care system that helps people to stay well for longer, with services delivered in the community or at home, where possible. Allied Health Professions (AHPs) will play a key part in responding to this challenge, particularly as we expand the role of innovative, multidisciplinary teams across a range of integrated care pathways within health and social care settings. No matter how or where AHP staff work, they will continue to maintain their clear professional focus: supporting people, who are ill, have disabilities or special needs, to live the fullest lives possible.

Since these AHP workforce reviews commenced, the landscape across Health and Social Care has changed considerably. Opportunities for AHPs have been created across a range of primary care multi-disciplinary teams. These are to be welcomed, but it is important to have the highly skilled workforce required to take these opportunities as they arise. This series of workforce reviews are written with a view to identifying and quantifying the workforce required to meet these challenges and help drive the transformation agenda forward.

The AHP workforce reviews will help to address one of the immediate priorities set out in the ***New Decade, New Approach*** document published at the time of the establishment of the new Northern Ireland Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.

There is however currently a bigger challenge facing the HSC system in the guise of the current Covid-19 pandemic. This is challenging us in many ways, including the

immense pressures placed on our workforce and the need to think and act differently, and to consider how we currently work and how we may work in the future.

In this changing environment, it is even more essential that we have an understanding of our workforce needs, so that we can plan effectively to maintain and develop our services into the future. This was recognised in ***Health and Wellbeing 2026: Delivering Together*** and appears as a key theme in the associated ***Health and Social Care Workforce Strategy 2026: Delivering for Our People.*** Recognising that the HSC is a changing environment and will continue to evolve, this series of workforce reviews are "living documents" which will be reviewed throughout the period of the reviews.

This Workforce Review Report, and the clear recommendations it contains, is the result of a wider Workforce Review Programme covering all thirteen AHPs in Northern Ireland. Since March 2017, Project Groups comprising representatives from across the health and social care service, professional bodies, staff side representatives and the Department of Health, have been meeting regularly to consider how these professions / services are likely to develop in the period 2019 – 2029. Their work has been overseen by the AHP Workforce Review Programme Steering Group and applies the ***Regional HSC Workforce Planning Framework's*** six step methodology.

This process and its resulting Workforce Review Reports are the products of active co-design and co-production, delivering together to ensure the workforce needs of the HSC are met. Project Groups have engaged with their stakeholders, including service users and carers, both in formal engagement events and through ongoing involvement with relevant individuals and organisations. Their input has been invaluable in producing this final document and its recommendations. We would like to thank everyone who has contributed to the work of the AHP Workforce Review Programme.

Our vision is for Northern Ireland to have an AHP workforce that has the capacity and capability to deliver the best possible care, for patients and clients, and has the

leadership skills and opportunities to lead and transform services to improve population health. The Speech and Language Therapy Workforce Review Report and its recommendations set us on course to do just that for this profession.

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Abbreviations

Adult learning disability	ALD
Adverse childhood experience	ACE
Allied health professional	AHP[1]
Alternative and augmentative communication	AAC
Acute care at home	ACAH
Association of speech and language therapists in independent practice	ASLTIP
Autism spectrum disorder	ASD
Business services organisation	BSO
Child and adolescent mental health	CAMHS
Chronic obstructive pulmonary disease	COPD
Communication advice centre	CAC
Clinical Education Centre	CEC
Department of Health	DoH
Developmental language disorder	DLD
Eating, drinking and swallowing disorders	EDS
Elderly mentally ill	EMI
Emergency department	ED
Gastro-oesophageal reflux	GOR
General practice/practitioner	GP
Heads of service	HOS
Health care professionals council	HCPC
Health and social care	HSC
Health and social care trusts	HSCT
Integrated care partnerships	ICP
Local commissioning group	LCG
Motor neurone disease	MND
National health service	NHS
Northern Ireland	NI
Programme for government	PFG
Public Health Agency	PHA
Post Graduate Education and Training	PET
Royal College of Speech and Language Therapists	RCSLT
Sentinel stroke national audit programme	SSNAP
Social emotional mental health	SEMH
Speech and language therapists	SLTs
Speech and language therapy assistants	SLTAs
Speech language and communication needs	SLCN
Special educational needs	SEN
Technical instructors	TIs
United Kingdom	UK
University of Ulster	UU
Whole time equivalent	WTE
World health organisation	WHO

[1] http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-6

1. INTRODUCTION

Speech and language therapy is a cost effective and vital service which transforms lives, empowers lives and saves lives. If left unidentified and unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion and mobility, mental health and involvement with the justice system. Speech and language difficulties are a key risk factor in safeguarding for vulnerable children, young people and adults.

Speech and language therapists also play a key role in the management of dysphagia. Unidentified and untreated eating, drinking and swallowing difficulties (EDS[2]) are significant risk factors in children with complex needs and in adults with conditions such as cancer, progressive neurological conditions, dementia and stroke and can lead to aspiration pneumonia and death.

Currently in Northern Ireland there are 472.6 whole time equivalent (WTE) SLTs (headcount 569, DoH March 2018). Of these, 68% are employed to work with children and 32% to work with adults. Of the 68% working with children approximately 20% work in school settings.

Some examples of relevant statistics are detailed below:

More than 10% of children have speech, language and communication needs (SLCN). At age five, 7.58% have a language disorder that isn't linked to another condition, referred to as developmental language disorder. A further 2.34% have a language disorder linked to or co-occurring with another biomedical condition, such as autism or hearing impairment (Norbury et al, 2016). In areas of social deprivation, upwards of 50% of children can start school with communication difficulties (Law et al, 2011)

Another area of risk for children and young people can be found in feeding and swallowing difficulties, which between 26.8% and 40% of infants born prematurely can experience (Uhm et al, 2013; Lee et al, 2011). https://www.rcslt.org/members/children/childrens_services

Only 10% of stroke-related deaths are caused by neurological deficits, while 30% of post-stroke deaths are due to pneumonia (Heuschmann P., et al., 2004, Kwan et al 2008). Pneumonia is almost invariably associated with swallowing problems (Enderby, 2014). https://www.rcslt.org/clinical_resources/stroke/prevalence

One-third of stroke survivors are affected by aphasia (Backheit et al 2007, Stroke Association 2015). And more than 50% of people with stroke or brain injury have been described as having dysarthria or apraxia of speech. https://www.rcslt.org/clinical_resources/stroke/prevalence

[2] The clinical term for EDS is dysphagia

Speech and language therapists (SLTs) support peoples' health and healthcare needs across the full age spectrum with the greatest needs coming from children and older people. SLTs work across all aspects of the health sector - primary, secondary, tertiary and community care in patients' homes and workplaces and in the education sector in early year's settings, nurseries and schools.

Using specialist skills, SLTs work directly with clients and their carers and provide them with tailored interventions and support. They also work closely with other health professionals, including doctors, nurses, other allied health professionals (AHPs) and psychologists as well as other agencies including education staff to develop individual treatment programmes.

SLTs have a key role in training others to support people with communication and EDS and in developing environments which support good communication and eating and drinking management. SLTs are supported in the workforce by speech and language therapy assistants (SLTAs) and technical instructors (TIs) and knowledgeable administration staff who undertake delegated tasks, under the supervision of the SLT.

Changing demographics, changing prevalence and survival rates for conditions which cause communication and eating, drinking and swallowing difficulties, advances in practice through new ways of working, increased awareness and knowledge about the needs of certain groups for example children, all have an impact on the challenge of trying to measure demand for services.

The recommendations of this speech and language therapy workforce review should assist the Department of Health (DoH) and the wider health and social care (HSC) commissioners to determine the size of the speech and language therapy workforce required to support the delivery of safe, effective and person-centred care now and into the future. It should also determine the skills and developments required for the whole workforce as well as offering a more informed basis for the department to determine the number of undergraduate places it commissions each year.

Governance

SLTs must be registered with the Health and Care Professions Council (HCPC) to practice. Only those SLTs with a professional qualification from a training organisation recognised by HCPC can register with the regulatory body and can lawfully use the 'Speech and Language Therapist' protected title.

a) **Assumptions and constraints**

Due to the challenging nature in completing a workforce review it was important to consider any possible assumptions, constraints and/or risks early in the process. This was particularly important due to the wide and varied nature of speech and language therapy services which not only work within HSC but also work in partnership with other statutory and non-statutory agencies. The main assumptions and constraints are tabulated below.

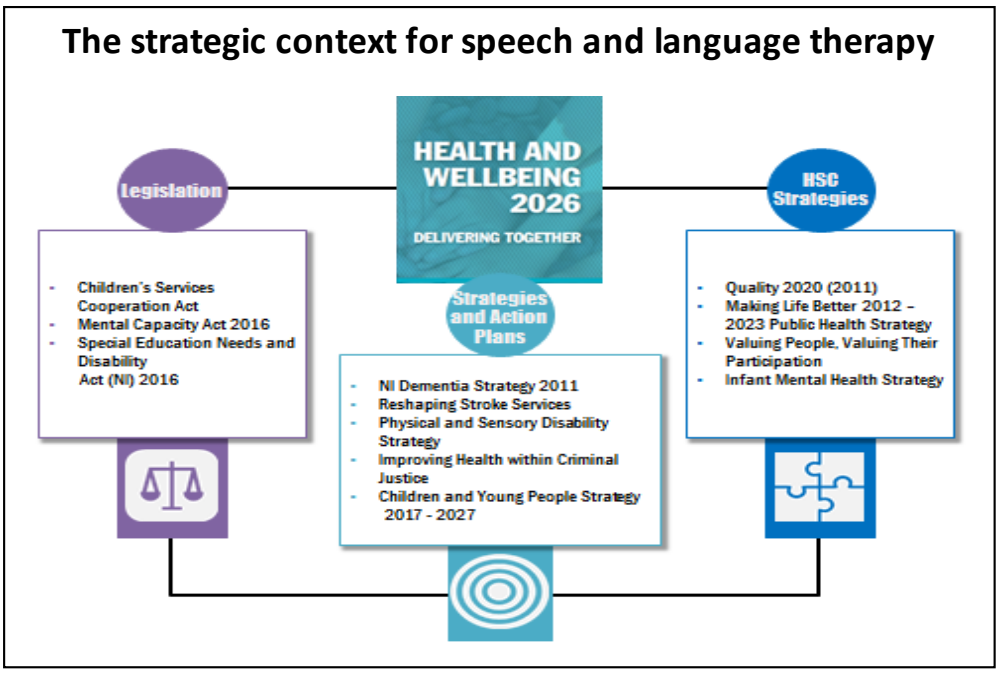
Assumptions	Constraints
Staffing –the focus of this review is solely for qualified speech and language therapists rather than the wider workforce.	Financial – workforce development has and will continue to be impacted by fiscal pressures.
Engagement – key stakeholders were able to input into this review at each stage of the process in a co-produced way.	Engagement – the ability to engage more widely with a range of stakeholders and users has been a challenge.
Data /information –use of robust sources of demographic or population data for Northern Ireland, for example; NISRA, DE and the DoH. .	Data/information – the lack of regionally agreed data sets and systems make accurate projections and comparisons difficult to achieve.
All members of the working group would be able to input into each stage of the process.	Timeframe and professional capacity – due to competing demands and pressures of those involved in completing the review.

b) Strategic context

In December 2016 DoH embarked on regional workforce reviews across all of the allied health professional (AHP) groups including speech and language therapy to ensure services would be sustainable to meet future demands and would be delivered to an appropriate standard in line with strategic policy direction.

This plan has therefore been developed to align with Northern Ireland's overarching programme for government (PfG)and the 10 year strategy launched by DoH in October 2016, 'Health and Wellbeing 2026: Delivering Together' which was the Minister's response to the Bengoa report.

In addition, there are a considerable number of other strategic drivers across health, education, and justice which also have the potential to influence the outcome and recommendations of this plan. Some of these can be viewed in the figure below and further information is included in Appendix A



Currently, there are also two major new pieces of legislation which once implemented will most certainly impact on speech and language therapy delivery as they place a statutory duty on the SLT service to provide advice and/or support:

- Mental Capacity Act 2016 Mental Capacity Act (Northern Ireland) 2016
- SEND Legislation - Special Education Needs and Disability Act (N.I.) 2016 Special Educational Needs and Disability Act (Northern Ireland) 2016

Speech and Language Therapy delivering transformation

In response to the programme for government, 'Delivering Together' proposes a 'whole system' transformation plan which requires cultural and operational change in order to meet future demand. The over-arching aims are to:

- Improve the health of the population;
- Improve the quality and experience of care;
- Ensure sustainability of the services delivered; and
- Support and empower staff delivering health and social care services.

Speech and language therapists can make a major contribution to the implementation of this transformation by:-

Core SLT functions		**Interim outcomes**		**Transformational outcomes**
Enhancing speech and language development in children and young people	→	Improved literacy and numeracy	→	Better educational and employment outcomes for the population
Providing additional or enhanced communication methods for people who have impaired or limited communication	→	Ensuring people can express themselves and make choices Making health and social care accessible to all	→	Improving societal health and well being and experience and quality of care
Managing eating drinking and swallowing difficulties	→	Preventing pneumonias and choking	→	Staying well longer and preventing hospital admissions

The speech and language therapy workforce is well placed to deliver by;

- Enabling people to stay well longer or where care or support is needed especially in community settings and as part of community multidisciplinary teams
- Providing input into new transformational teams e.g. acute care at home, rapid response, adults with autism spectrum disorder (ASD) , respiratory teams, adult learning disability forensic teams and CAMHS
- Building capacity in the workforce who support people with EDS in order to deliver the recommendations in the recently published Thematic Review of Choking

Economic value of speech and language therapy

The expert assessment, advice and treatment provided by speech and language therapists also create financial savings for NHS services. An economic evaluation of the value of speech and language therapy conducted by Matrix Evidence[3] (a company specialising in social return on investment studies) analysed the net annual benefit per £1 invested in SLT provision to be as follows within NI:

- Dysphagia post stroke = net benefit of SLT of £.04 million
- Aphasia post stroke = net benefit of SLT of £.04 million
- Speech and language impairment = net benefit of SLT of £.24.2 million
- Autism = net benefit of SLT of £.24.2 million

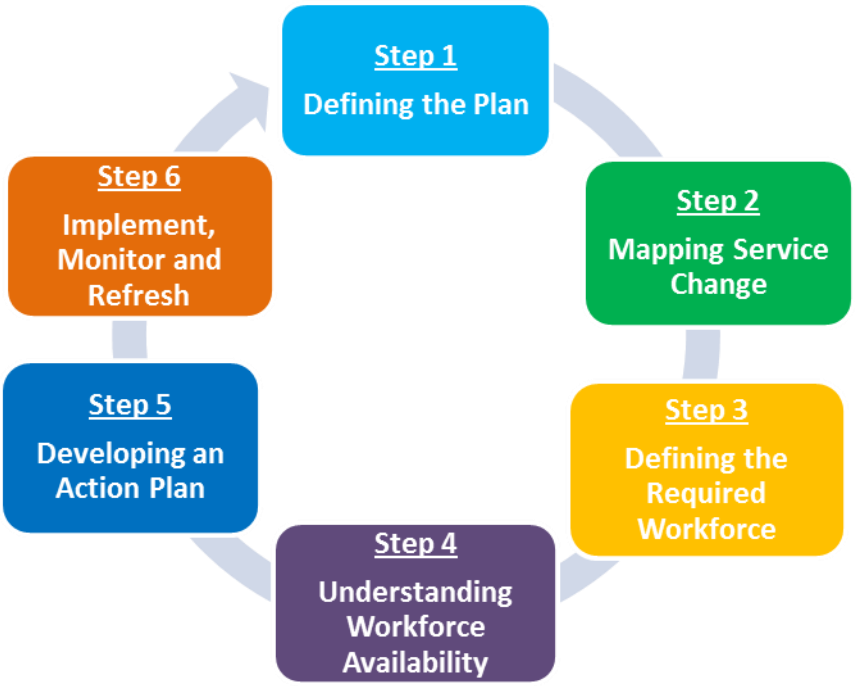
Speech and language therapy has also been shown to play a crucial role in delivering effective urgent and emergency care and can support earlier discharge, thereby reducing length of stay.

[3] Matrix evidence. An economic evaluation of speech and language therapy. Final report:December 2010 http:/ww.rcslt.org/giving_voice/matrix_report

c) Workforce planning methodology

This speech and language therapy workforce review was completed in line with the six step methodology outlined within the Skills for Health and Social Care Workforce Planning Framework as denoted in the diagram below. This allowed a sequenced framework to be adopted to complete all aspects of the workforce review within the set one year period which ended in March 2018.

Skills for Health Regional HSC Workforce Planning Framework



2. DEFINING THE PLAN

a) Purpose

In March 2017 the lead allied health professions officer in the DoH formed a number of sub groups to develop a workforce plan for an initial three AHP professions, physiotherapy, speech and language therapy and occupational therapy. The following terms of reference for each review were subsequently agreed:

- Produce a work plan and agree processes and timescales for delivery of project outputs.
- Ensure effective communication and engagement with key stakeholders including dissemination of information relevant to the project within each of the participating organisations.
- Make recommendations on workforce profile to ensure service sustainability.
- Make recommendations on recruitment processes to ensure service sustainability and maximum capacity to deliver services.
- Make recommendations on measures, including structures and skills, to align and develop information on the AHP workforce to assist with HSC-wide service transformation.
- Make recommendations to The Strategic Workforce Planning Implementation Group regarding the commissioning of pre-registration training.
- Make recommendations regarding post- registration training requirements.

The main focus of this plan is to support the forecasting of the number of speech and language therapists needed to deliver person-centred services and to help inform the DoH on the number of speech and language undergraduate places to be commissioned on an annual basis over the ten year period 2018–2028.

The range of challenges faced by the HSC system has reinforced the need to ensure that the speech and language therapy workforce is balanced correctly in terms of numbers and skills to ensure an adaptive workforce of the right size, with the right skills, deployed in the right way.

Speech and language therapy heads of service have worked closely with the Royal College of Speech and Language Therapists (RCSLT) in Northern Ireland to identify the demographic changes in population and what they consider to be the main drivers of future

service demand that should influence the eventual outcome of this review. These will be considered in more detail later in the document.

b) Ownership

The need to ensure the support and ownership of the health and social care system and the speech and language profession was considered critical in the development of this plan. A sub-group was formed by DoH chaired by the AHP Lead Officer DoH, with representation from the DoH Workforce Policy Directorate, heads of service from each of the five HSC trusts, RCSLT, the Public Health Agency, project support analysis branch DoH and the trade union. Membership of the sub group is listed in Appendix B.

3. MAPPING SERVICE CHANGE

a) Population statistics and health profile

Northern Ireland 2017 mid-year statistics estimate the population to be 1.874 million with projections anticipating a rise of 4.68% to 1.961m by 2027. Information and population statistics available suggest there will be varied levels of increases by 2027 across each of the local commissioning group (LCG) areas, ranging from 2.5% to 9.8%.

The highest proportion of the population is aged between 40-64 years (31.9%), followed by those aged between 16-39 years (31.1%). It is predicted that the ageing population will continue to rise and that by 2027 the number of people over 65 will have increased by 28%, representing 19.9% of the overall population. This will have an impact on service demands and pressures across the health and social care system. As people grow older the incidence of illness and disability is likely to increase.

A more detailed breakdown of population statistics in 2017 and the predicted statistics for 2027 is outlined in the table below.

N Ireland Resident Populations by Local Commissioning Group - 2027

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI
0-15	71,444	94,325	71,608	92,045	63,124	392,546
16-39	119,079	135,866	101,364	125,295	87,591	569,195
40-64	109,928	155,448	117,888	128,516	97,681	609,461
65+	66,201	104,691	85,183	73,207	60,757	390,039
All ages	**366,652**	**490,330**	**376,043**	**419,063**	**309,153**	**1,961,241**
%	**18.7%**	**25.0%**	**19.2%**	**21.4%**	**15.8%**	**100.0%**

Source: NISRA, Based on 2014 Population Mid-Year Estimates

Evidence available suggests that the prevalence of long term conditions such as Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Stroke, Asthma and Hypertension is increasing and the number of people coping with co-morbidities has also increased.

Longer life expectancy and increasing numbers of people living with chronic conditions is likely to result in an increase in the number of people who require support with their communication, eating, drinking and swallowing difficulties, particularly among older people. Deprivation is also proven to have an adverse impact on health and wellbeing resulting in a lack of social support, low self-esteem, unhealthy life-style choices, risk taking behaviour and failure to access health information and support services.

NISRA

Northern Ireland is unique and fortunate in having some objective data on the current population who identify themselves as having a communication difficulty. **The 2011 NISRA census reports almost 30,000 adults in Northern Ireland have identified themselves as having a long term communication difficulty.**

Speech, language and communication needs (SLCN) are thought to be one of the most common disabilities amongst children, with prevalence estimates varying from between 7 to 10%[4]. In areas of social disadvantage up to 50% of children start school with language delay[5].

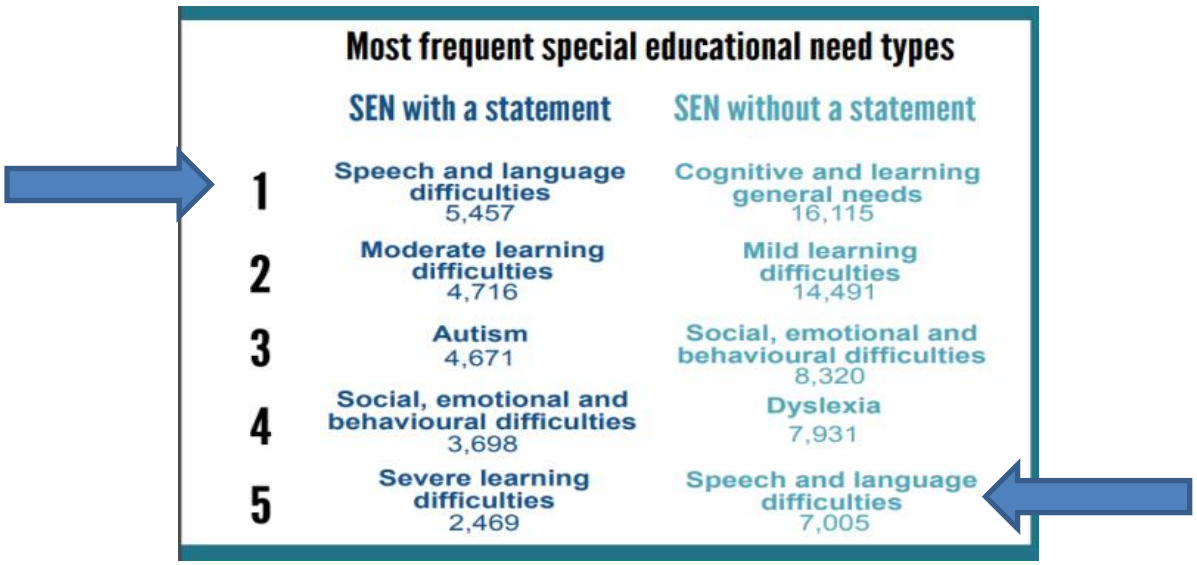
[4] What are Speech, Language and Communication Needs (SLCN)? Communication Trust, undated; What are speech, language and communication needs (SLCN)? Afasic, accessed 28 June 2018; What are speech, language and communication needs?, Royal College of Speech and Language Therapists, undated

[5] Locke, E., Ginsborg, J., and Peers, I. (2002) Development and Disadvantage: implications for early years. International Journal of language & Communication Disorders. 27 (1). P.3 -15

Department of Education

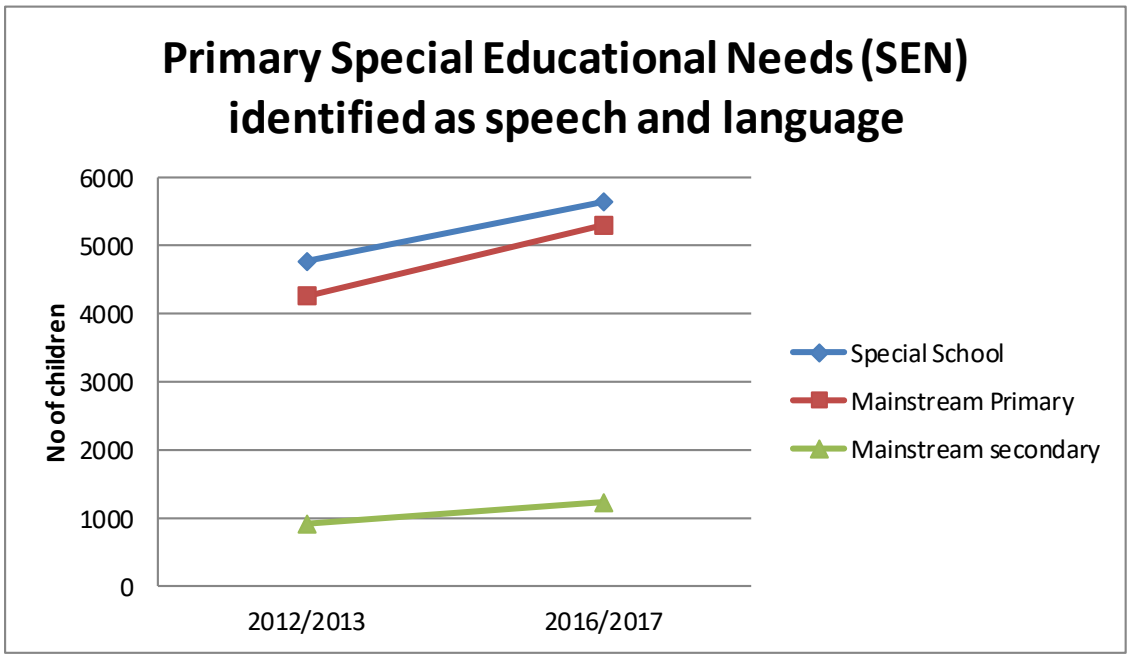
The Department of Education also collects census data each year on the types of special educational needs (SEN) of pupils. Pupils with a statement have a legal right to provision of support to address their special needs.

The figures for 2017/2018 report that 'speech and language difficulties' is the most frequent special educational need type and is ranked first out of five categories which include severe learning difficulties, and autism, (which also present with SLCN difficulties).



Source: NI school census

The school census figures below clearly demonstrate that there has been an increase in the number of children with SLCN across all school settings.



b) **Current workforce configuration and supply**

Currently in Northern Ireland there are 472.6 whole time equivalent (WTE) comprising 569 SLT head count (HC) (DoH March 2018). In the last two years there has been a significant expansion in the SLT workforce. Since March 2016 the SLT workforce grew by 6.97% annually which represents an increase of 59.6 WTE. Due to the sustained and growing demand for SLT, it is anticipated that this trend is indicative of future workforce growth.

68% of SLTs are employed to work with children and 32% are employed to work with adults. However it is likely that over the next 10 years this configuration will change in the light of an aging population. Approximately 20% of the 68% of paediatric SLTs work in school settings.

Assistants/technical instructors

2018 DoH workforce data indicates that the SLT support workforce is comprised of 28.3 WTE SLTA (32 headcount) and 41.8 WTE band four SLTA/Technical Instructors (63 headcount).

Independent sector

Data is limited as to the number of therapists who work solely in independent practice and those who may combine private practice with their HSC contract. The only data available is from ASLTIP (Association of Speech and Language Therapists in Independent Practice) who had 25 SLTs registered to work in Northern Ireland in September 2018.

Service Provision

There is a wide variation in the distribution and provision of HSCT core services and regional speech and language therapy services across Northern Ireland. Access and availability of services can vary significantly across each HSC trust area. Services for some clinical or demographic client groups can be patchy and inconsistent and there does not always appear to be a regional consistency in the size and resourcing of services to meet local population demands. This can be summarised as:

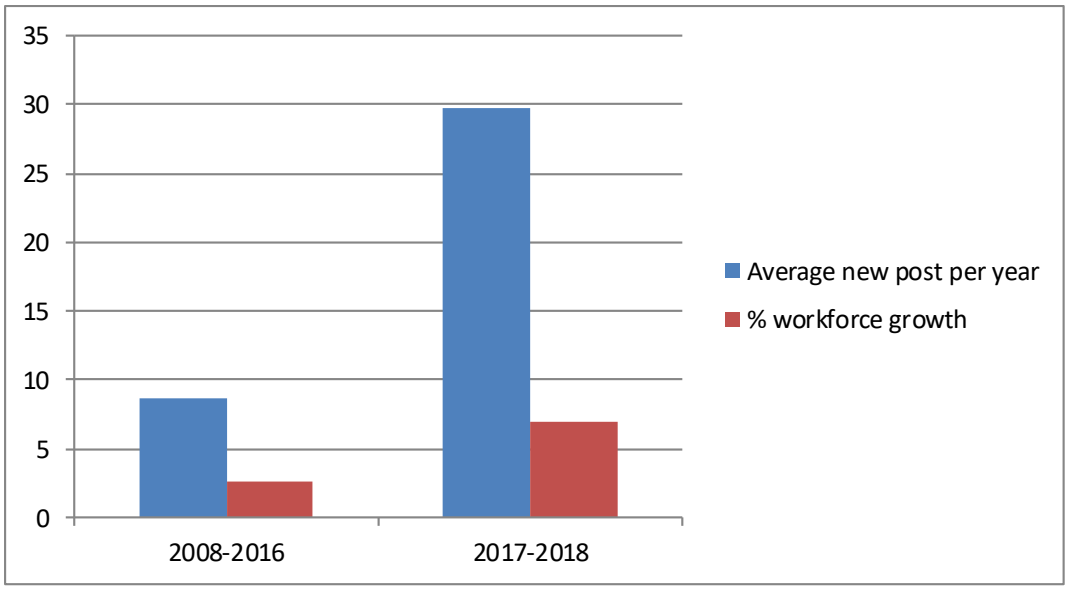
- Core speech and language therapy services provided in all HSC trust areas but not at an adequate level to meet existing demand.
- Regional speech and language therapy services.
- Speech and language therapy services developing in some but not all trusts.

An example of this was reported in the most recent Sentinel Stroke National Audit Programme (SSNAP) which provides evidence that there is inequity of speech and language therapy provision for stroke survivors across Northern Ireland.

Workforce growth 2008 - 2018

Workforce data supplied by the DoH (March 2018) records indicated that in the eight year period between 2008 and 2016 the SLT workforce grew on average by 2.66% annually and this was insufficient to meet demand. However, in the two year period between 2016 and 2018 the SLT workforce grew on average by 6.97% annually in an attempt to meet current and future demand.

	2008 – 2016 (8 years)	2016 – 2018 (2 years)
Growth in SLT WTE	85.9	59.6
Average new posts per year	8.59	29.8
Workforce growth	2.66%	6.97%



Whilst there has been an overall growth in WTE SLTs per trust per year, this has clearly been insufficient to meet the current waiting list demands and may pose greater strains on the service if there is not a significant increase in the workforce over the next ten years.

Workforce Profile

Gender:

In Northern Ireland within the HSC workforce, 99% of speech and language therapists currently employed are female.

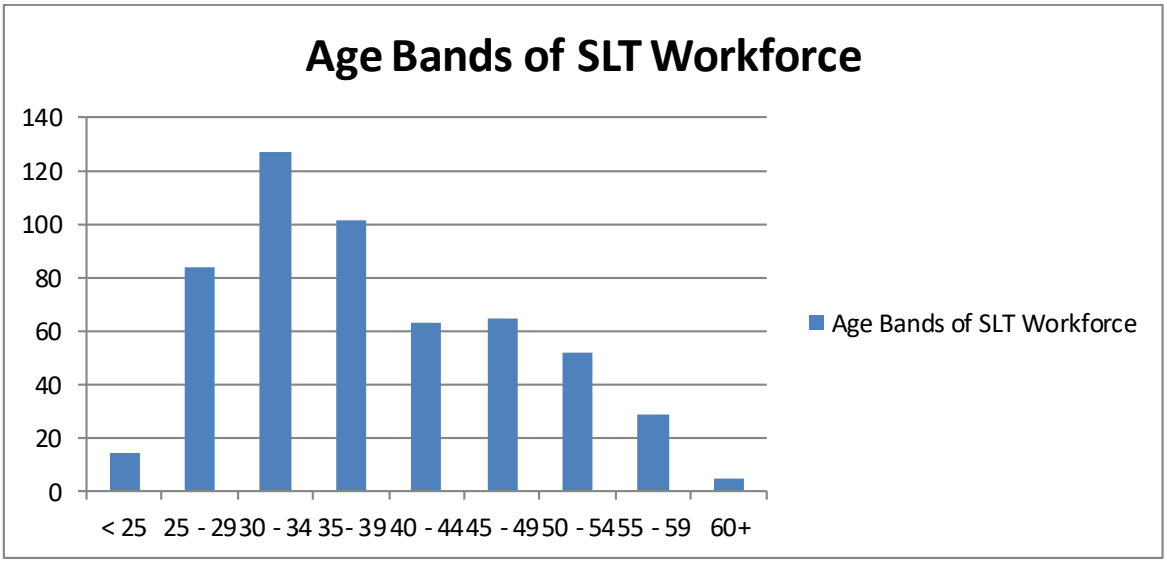
HSC SLTs March 2018 DoH	Full-Time Headcount	Part- Time Headcount	Part time Total WTE	Headcount	WTE
Female	286	276	179.8	562	465.8
Male	6	1	0.8	7	6.8

The high proportion of women working within the speech and language therapy profession increases the demand for part-time and flexible working patterns and creates additional management challenges in terms of back-fill and maternity cover.

Work-life balance policies (extended maternity leave, paternity and term time arrangements) all affect how managers organise the service to minimise disruption and ensure continuity to patients and clients.

Age:

Analysis of the DoH HSC workforce information below indicates that approximately 60% of speech and language therapists are under 40 years of age.



The predominately female mid age-range workforce profile helps us make the prediction that there will be a higher level of maternity leave over the next ten years and this in turn will provide challenges in providing continuity of service delivery.

Recommendation:

Maternity leave vacancies should be fully funded to provide continuity of provision

Retirement

DoH workforce figures suggest that 20% (108 HC) of the workforce will reach retirement age over the next ten years and that 8.6 WTE SLTs in senior bands will continue to retire each year as they reach the age of 60 years. This increasing number of retirements is likely due to the first cohorts of locally trained SLTs approaching normal retirement age. This increasing trend needs to be factored in to undergraduate commissioning as well as succession planning to avoid significant experience and knowledge gaps being created.

It is important to note that DoH workforce figures indicate that due to a higher proportion of staff in the 50-54 age range, retirement projections for 2023 – 2028 will rise to 10.4 SLTs retiring annually.

Therefore, recommendations are based on this projection.

Retirement projections for 2023 - 2028

TRUST	Age 50-54	Assume *80%* Retirement In 5-10 years / Average per year	Assume 100% retirement In 5-10 years/average per year
Total	52	41.6 = 80% in this age bracket estimated to retire in 5-10 years 8.32 estimated to retire per year	52 = 100% in this age bracket estimated to retire in 5-10 years 10.4 estimated to retire per year

Assuming a rate of 100% retirement of SLTs within the age range above over the next 10 years an additional 10.4 SLTs will be required per year to meet the workforce attrition due to retirement.

SLT Leavers

The profile of leavers below is extrapolated from DoH figures and SLT services regionally.

Year	Retirements	Other	Total Leavers
2012/2013	7	7	14
2013/2014	7	10	17
2014/2015	7	16	23
2015/2016	6	12	18
2016/2017	6	11	17
2017/2018	9	7	16
Average	7	10.5	17.5

Further analysis of the 'Other' column completed by DoH indicates that 20% of those SLTs are now back in HSC employment. The 80% of leavers may be accounted for by Voluntary early retirement (VER) or retirement on ill-health.

Year	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Total
Others	7	10	16	12	11	7	63
Returners	13 now back in HSC employment = 20%						13
Average leavers who did not return	50 did not return within that timeframe = 80%						50

The factors relating to retirements and leavers support our projections for increased commissioned places. On the basis of the figures above the SLT service has required 18 additional SLTs per annum to replace retirees and leavers.

Recommendation:

An increase in commissioned places for under-graduate SLT training

Part-time/flexible working patterns

On the basis of DoH information, in 2018, 48% of the workforce is part-time, compared to 41% in 2008. The largest percentage of the part-time workforce are band six and seven SLTs. Part-time contracts put additional demands on the service in terms of mandatory training, supervision and management requirements.

An analysis of the change in Headcount: WTE ratio (569 HC: 472.6 WTE) across NI between 2008 and 2018 indicates an increase in the number of SLTs working part-time over the last decade as outlined in the table below. In 2008 there was a headcount of 48 more than the WTE. In 2018 there is a headcount of 96 more than WTE.

Year	Headcount: WTE ratio	%
2008	397: 338.8	17%
2018	569: 472.6	20%

It is not unexpected that a predominantly female workforce may require flexible working patterns. It will be vital that this workforce profile is acknowledged to inform cyclical workforce planning going forward.

Vacancy rates

Recent figures indicate that 15% of the SLT posts are vacant. These vacancy levels are at a critical status and impact significantly on the ability of the workforce to deliver a sustainable service.

Trust SLT data as of 31st August 2018 report the vacancy rates below.

Vacancy	%	WTE
Average vacancy rate	15%	70.13
Permanent vacancy rate	13%	58.73
Temporary vacancy rate	2%	11.4

Moreover, these figures show that 84% of the vacancies are for permanent posts. Further analysis of the data show that half of the vacancies are adult SLT posts. The adult SLT service represents only one third of the total workforce. This level of vacancy in the smallest sector of the workforce is a concerning workforce pressure particularly in light of the demographic changes outlined previously.

Within a small profession, staff promotion will create vacancies at a lower band and a resulting vacancy chain. The speech and language therapy workforce remains relatively small meaning vacancy controls and delays in filling of posts can have a disproportionate effect on service delivery. Succession planning will be required to address those areas which are difficult to fill, offset by committing to a combination of structured and robust post-graduate training and career nurturing at local management level.

The difficulty in sourcing specialist staff for vacant senior posts require SLT services to procure agency cover. As of 31 August 2018 there were eleven locum/agency staff employed in the HSC as compared with two locum/agency staff employed as of 30 June 2017.

Permanent peripatetic posts are being introduced to provide a sustainable solution for vacancies due to maternity leave. Peripatetic posts are cost neutral as they are financed from within funded establishment. Whilst this initiative aims to reduce gaps in service this flexible workforce is not without challenges in terms of vacancy rates, recruitment and retention issues. By the end of 2018/2019 the adoption of this model in some Trusts across the region will have increased the overall workforce by a further 22 additional SLT posts.

The high number of permanent vacancies have significant workforce implications because it is indicative of a lack of suitably qualified staff to take on these roles and/or a shortage of available SLTs**.** The vacancy rates indicate a need for a strategy to address the knowledge and skills gap in the current workforce to enable staff to move into other roles. This could be addressed by providing more access to postgraduate training in relevant specialist areas or by creating development posts where new skills can be learnt 'on the job' .

With nearly a sixth of the workforce capacity unavailable, it is understandable that waiting lists are increasing. Moreover, with decreasing numbers of students qualifying (intake of 21 students in 2018) it will be impossible to fill the 70.13 WTE vacancies with the current level of commissioning.

Recommendations

- **Increase the number of under-graduate places to ensure a sufficient supply of SLTs**
- **Enhancement of post-graduate training to ensure a sufficient pool of suitably trained staff**
- **The part-time workforce profile of 48%needs to be accounted for in any future**

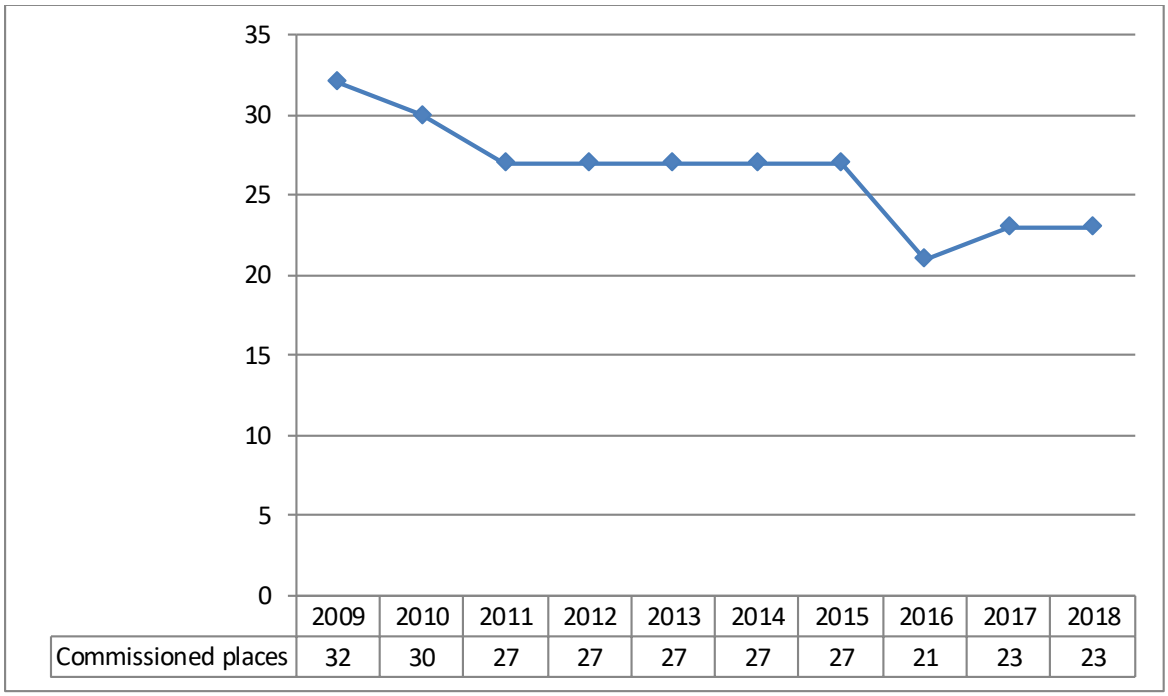
workforce projections.

- **Strategic approach to creation of development posts to address workforce shortage within adult services**

Current undergraduate commissioning and attrition rates

Commissioned places

This table shows that the numbers of undergraduate commissioned places have continually fallen since 2009. This should now be considered in relation to the evidence presented in this report of increasing workforce growth rates, increasing waiting lists, and 70.13 WTE vacancies (a sixth of the workforce),



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Commissioned places	32	30	27	27	27	27	27	21	23	23

Attrition Rates

Analysis of the Ulster University (UU) data shows attrition rates of approximately 10% during and subsequent to qualification. Information provided by the UU employability unit highlighted that 19% of graduates were working in non-HSC NI SLT posts, six months post-graduation. This profile may be attributable in part, to the timing of the Band 5 regional recruitment exercise and timescales for subsequent appointments and is insufficient to suggest that these SLTs are unavailable to the HSC NI workforce.

On the basis of data from UU for commissioned places from 2009 – 2014 it can be inferred that approximately 90% of UU graduates are available to HSC NI.

Regional recruitment for band five posts

For the past five years, recruitment of band five SLTs has been carried out as a regional exercise on an annual basis. Information regarding the profile of the applicants is insufficient to inform the workforce planning process as the following information is not available:

- The number of SLTs in permanent posts within HSC NI who are on the waiting list to move location
- The number of existing SLTs in temporary positions who are on waiting list for permanent positions
- The number of new graduates who are on the waiting list

The amalgamation of candidates on the regional Band 5 waiting list inflates the number of available SLTs and can give a false impression of workforce availability.

In addition, concerns have previously been raised by SLTs engaged in the recruitment process. This led to a 2017 RCSLT survey of members which highlighted specific concerns regarding the implementation of the process and the annual recruitment timeline.

From a workforce planning perspective the lack of reliable data in sufficient detail means that information from BSO regarding the regional recruitment of band 5 SLTs cannot be used as a basis to inform recommendations for a 5-10 year plan. In order to mitigate loss of graduates to the HSC, Trust SLTs proactively support new graduate recruitment by providing training to undergraduates at Ulster University to support interview skills.

Recommendation:
A full review of the regional band 5 recruitment process should be undertaken

c) Future workforce demand

Factors which also influence the future demand for speech and language therapy services are listed below:

- Changing demographics
- New ways of working to deliver transformation
- Education and training requirements

Changing demographics

NISRA population and other data sources for Northern Ireland also gives us a clear indication that over the next decade there will be increasing demands on our services due to demographic population shifts summarised below.

Demographic shift	Evidence	Impact
Population of people aged 65 and over in NI will have increased by 65% by 2041	https://www.bbc.co.uk/news/uk-northern-ireland-41776649 based on NISRA report	Greater demand for speech and language therapy in adult services
23% of children in Northern Ireland live in poverty	https://www.jrf.org.uk/report/poverty-northern-ireland-2018	Over 50% of children in areas of social disadvantage have speech, language and communication needs
Improved survival rates of premature babies	https://www.rcm.org.uk/news-views-and-analysis/news/improved-survival-of-premature-babies-over-last-two-decades-finds-study 2017	Higher numbers of children are at risk of developmental delay
People born outside of the UK and live in NI grew from 3.5% in 2007 to 5.9% in 2017	https://www.nisra.gov.uk	Higher numbers of bilingual and non English speaking families will require SLT support.

Considering the major demographic changes detailed above it is possible to consider the implications this will have for the speech and language therapy workforce.

The table below outlines the prevalence of some conditions with associated communication, eating and drinking difficulties. Further information on prevalence can be found in Appendix C.

Condition	Prevalence of the condition	NI population figures extrapolated	Prevalence Rate of Dysphagia in condition	NI prevalence (extrapolated) for a population of 1.800000	Source
Stroke	200/100,000 (Rates are higher for NI) 250/100,000	36,000 (2)	76% (1)	27,360	**1**. (Mann et al 1999). Heuschmann P., et al., 2004, Kwan et al 2008). **2**.https://www.stroke.org.uk/what-we-do/northern-ireland
Motor neurone disease	7/100,000 population have MND	126	90% have dysphagia	114	http://mnd.rcnlearning.org.uk/what-is-motor-neurone-disease/statistics/
Dementia		24,980 by 2021 (2)	68% (1)	16,986 by 2021	**1** Steele CM, Greenwood C, Ens I, Robertson C and Seidman-Carlson R. (1997) Mealtime Difficulties in a Home for Aged. Dysphagia; 12: 1, 43-50. **2** https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/april-2015/living-dying-dementia-ni-full.pdf
Adult Learning disability	2.2% of population	40,177 (1)	15% (2)	6,026	1.http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/employment_learning/5014.pdf 2. Ref Public Health England (2016). Making reasonable adjustments to dysphagia services for people with learning disabilities. Available at: www.improvinghealthandlives.org.uk/securefiles/160823_1012//Dysphagia%20RA%20report%20FINAL.pdf

In light of these changing demographics, the tables below describe the impact that SLT can make in delivering transformation to achieve well-being outcomes.

Adults The proportion of over-65s will grow by 65% by 2041				
Population Shift/ Evidence		**Impact of SLT intervention**		**Delivering Transformation**
Frail Elderly COPD Dementia ALD Stroke Adults with mental health difficulties Cancer	 	Reduce preventable death due to choking and aspiration Provide communication life-line to people who have lost/impaired ability to speak Provide alternative means of communication (e.g. communication devices or signing) Reduce social isolation	 	Reduce preventable death due to choking and aspiration Prevent hospital admissions Reduce length of stay Enable people with communication difficulties to exercise their rights in making decisions (Mental Capacity Act, 2016) Improved life satisfaction Increase employment opportunity

Children An increase in the number of children with complex needs and SLCN across all settings				
Population Shift/ Evidence		**Impact of SLT intervention**		**Delivering Transformation**
Neo-natal Children with complex needs Developmental Language Disorder (DLD) Bilingualism ASD CAMHS Looked after children Youth Justice Social disadvantage	→	Eating and drinking difficulties are identified early on and aspiration and choking risks are reduced Speech, language and communication needs are identified early on and are developed Alternative means of communication (e.g. communication devices or signing) are provided enabling children to be involved in decisions that affect them Significant others are trained to support children's communication, learning and eating/drinking needs Families are equipped to support speech, language, communication, eating and drinking, and social skills development Children are able to develop and maintain meaningful relationships	→	Reduce preventable death Prevent hospital admissions Reduce length of stay Improve educational outcomes Reduce educational inequality Improve mental health and well being Reduce poverty Reducing offending Improve life chances

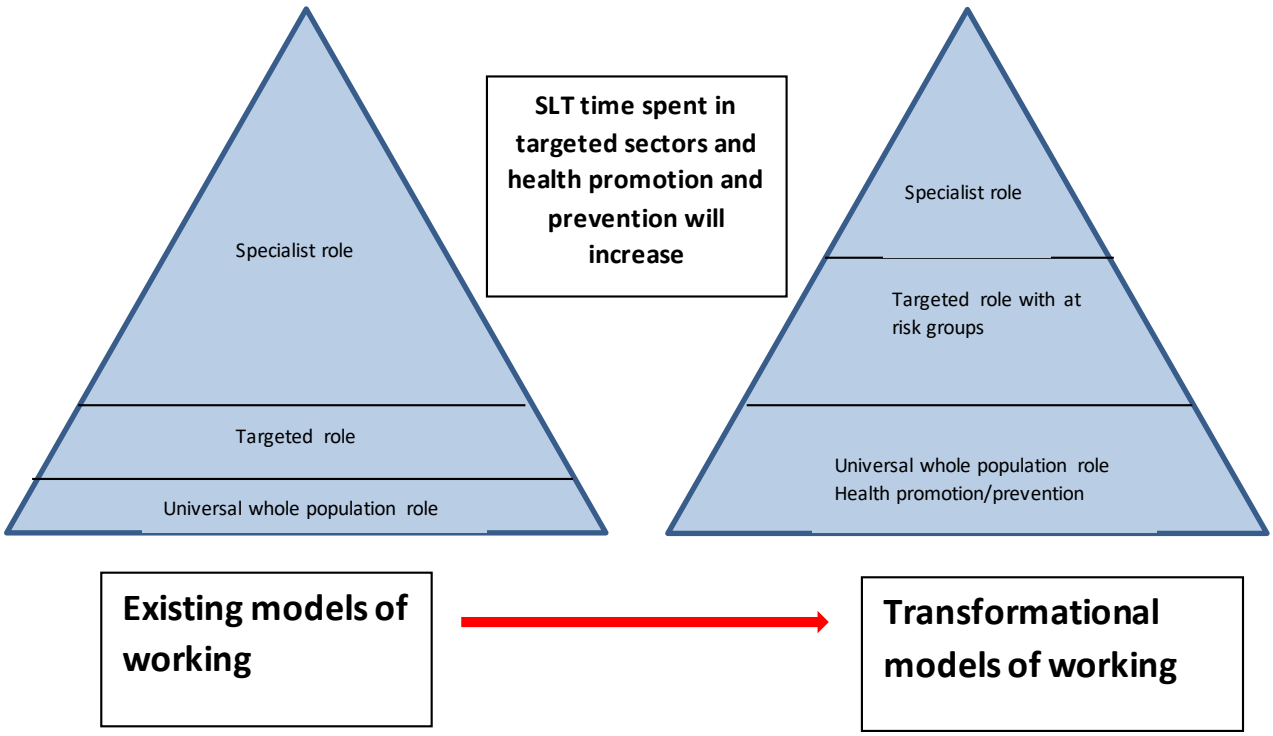
New ways of working to deliver transformation

In addition to meeting demographic shifts in the population as outlined above, the profession will also have to engage in new ways of working to deliver transformation by increasing preventative and targeted services in addition to providing existing specialist provision.

This means implementing a balanced system, working with families and communication environments, the wider workforce as well as our role in identifying communication and EDS difficulties and providing direct intervention at a specialist level.

(attributed to Marie Gascoigne)

This shift in the application of SLT services will require new skills and a workforce resourced in a more dynamic fashion to implement transformational policies.



Education and Training

Flowing from the information above it is clear that we need to consider the education and training of the workforce to meet future population needs and evolving roles within multi-disciplinary teams to deliver on public health, prevention and self-management outcomes. For the purpose of workforce planning we are highlighting the areas where existing or projected skills gaps are anticipated to have the most impact on service provision going forward.

Eating, drinking and swallowing difficulties

The need to address EDS in the population is now recognised across the HSC as a result of the Thematic Review of Choking. Currently transformative work is ongoing in the establishment of multi-disciplinary Dysphagia Support Teams regionally.

However within the SLT workforce there is a shortage of suitably qualified SLTs with specialist skills in the management of EDS to meet current and emerging need. This is both at NQP level and also in the existing workforce.

In order to meet the future EDS needs of both adults and children, basic dysphagia training must be incorporated at under-graduate level and advanced dysphagia training needs to be provided at post-graduate level. At present, post-graduate training, usually runs once a year in Northern Ireland, but would be available at a greater frequency in the rest of the UK or in the Republic of Ireland.

A cyclical training programme at a frequency to meet existing and future workforce demands will be essential to address the dysphagia skills gap. Consideration will need to be given to existing training provision, funding, current workforce capacity to train colleagues and alternative training models.

Leadership

Succession planning for clinical leadership roles is essential within SLT as our workforce ages and retires and clinicians “shift left” into transformative roles leading public health and preventative work-streams to promote well-being outcomes.

Training to support “High need - low incidence” specialisms

As the SLT workforce is relatively small it is faced with challenges to ensure appropriate commissioning of education and training to support highly specialist services e.g. cleft, paediatric VFS, cochlear implant, etc.

4. DEFINING THE REQUIRED WORKFORCE / WORKFORCE AVAILABILITY

a) 2018 – 2028 Workforce growth projection

In order to make as accurate as possible workforce projections, this section will consider the factors previously discussed, as they will undoubtedly influence the delivery of SLT services over the next decade.

Data from DoH for WTE from 2008 to 2018 indicates an average service increase of 16.5 WTE SLTs across the region per year. However the average service increase from 2016 to 2018 was 29.8 WTE SLTs. In the light of future demands, this increase in service growth is a more accurate projection of future workforce demands. Taking into account our WTE/HC ratio this would equate to a requirement of 36 additional SLTs annually.

Waiting lists

In April 2018 the total number of people waiting for SLT assessment stood at 6,285. Of these 3,128 were for children and 3,039 were for adult services. These figures demonstrate that the current workforce is unable to meet existing demand.

Maximising speech and language therapy provision

Current services are commissioned on the basis that 1 WTE SLT will have 6 weeks annual leave, 2 weeks statutory holidays and 2 weeks for mandatory training/study leave. On this basis 1.0 WTE SLT provide services for 42 out of 52 weeks of the year. When services were commissioned for a 52 week service 1.24 WTE would be required. Service stabilisation for 52 week provision would be vital across a range of both adult and paediatric service areas. Adult and paediatric acute services, adult community and adult learning disability need to be considered as a priority. Enhancement to a 52 week service model would then provide a basis for expansion to 6 day working as required.

Prioritised enhancement to 6 day service across 52 weeks

If prioritised services were reconfigured to provide 52 week cover we would require 1.24 WTE (Appendix D). To further enhance service provision to a 6 day model an additional 0.24 is required. In summary, to provide a 6 day service for 52 weeks of the year 1.48 WTE is required.

On the basis of figures compiled by Trust SLT Departments:

Client Group	WTE X Ratio	Increased WTE
Adult & Paediatric Acute	67.14 + 6.49 x 1.48 = 100.03	35.34
Adult Community	53.02 x 1.48 = 84.01	25.45
Adult Learning Disability	29.51 x 1.48 = 43.67	12.16
Total	156.16 x 1.48= 231.12	74.95

To provide **6 day provision for 52 weeks** of the year across the entire sector below an additional **72.15 WTE** would be required for the workforce**.** With the headcount: WTE ratio at the current rate of 1.21% this would require an increase of headcount of **91 SLTs**.

A conservative approach has been taken in calculating an accurate workforce projection which may increase across the lifetime of this plan. The factors relevant are tabulated below. They include factors relating to;

- Maintaining the existing service model, taking account of new demands, and factoring in attrition rates, retirements, leavers and flexible working.
- Extending the existing service model with a 6 day 52 week cover

	Annual requirements for SLT Headcount taking into account 1.21 WTE/HC ratio
Service Growth Average service growth at 6% will create 30 new posts annually (see table 20)	36
Retirements Workforce profiling indicates a projected retirement rate of 9-10 SLTs per year for the next 10 years (see page 22)	10
HSC Leavers Workforce profiling indicates 8 SLTs will leave the HSC per year (see page 23)	8
Total Projection based on evidenced demand	54

SLT workforce requirements to support enhanced services in prioritised areas	**SLT Headcount taking into account 1.21 WTE/HC ratio**
Enhance service model to accommodate 6 day working cross 52 weeks	91

Anticipated additional SLT Workforce requirements

Projected Service Growth

The average service growth of 6% between 2016 and 2018 is likely to increase over the next ten years in light of significant increases in demands for management of:

- Dysphagia
- Stroke reconfiguration
- Children with complex needs
- Capacity building in the wider paediatric and adults workforce
- Mental capacity legislation
- Bilingual service users
- 25% increase in school age children with SLCN
- Multi-disciplinary Teams e.g. Acute Care at Home
- Prison health/Youth Justice
- Looked after children
- Long term conditions
- Dementia
- Children and Adolescent Mental Health

5. STAKEHOLDER ENGAGEMENT

This review has engaged with stakeholders through formal and informal processes. These include a focus event and conversations with key partners including the Department of Education, the Stroke Association, and Save the Children.

The stakeholder event held on 23 November 2017 in the Ulster University, focused on four specific areas for speech and language therapy - recruitment, retention, process and priorities. The main findings were;

Value and impact of speech and language therapy

- SLTs give preventative intervention which is critical for better long term outcomes.
- SLTs help develop communication skills for life.
- SLTs are encouraging and aiding healthy and active lives.
- SLTs are transforming the lives of those with eating, drinking and swallowing difficulties.
- SLTs provide a cradle to grave service.

Recruitment:

- There is a need for awareness-raising in schools.
- We should be tapping into public health campaigns and other overarching opportunities to promote the profession for example stammering awareness day.
- There should be better use of social media.
- There should be better information and access opportunities for those considering entering the profession.
- There should be a proactive campaign to address the gender balance

Workforce Planning

- There should be better partnership working between health and education.
- In the next 10 years the demands on children with SLCN will increase significantly.
- SLTs need to be skilled to empower and train others to support speech language and communication development and EDS- this needs to be consistent across Northern Ireland.
- Recruit workforce planning specialists available to support the professions through an ongoing process of workforce planning, ensuring workforce plans are evidence based.

- Recognise the need to upskill SLT staff through rotational training/mandatory training.
- Embrace contribution of other sectors beyond department and trusts, e.g. community and voluntary sectors.
- Implement a regionalised approach to recruitment and transfers.
- Introduce peripatetic posts at a senior level to be clinically effective and team lead posts that are not uni-professional but multi-professional.
- Establish safe staffing levels are to meet needs of population.

In addition to the focus group event, the RCSLT also engaged with users and key stakeholders in early years, education, and stroke provision consulting on issues relevant to service development over the next ten years.

The main issues raised with the RCSLT have been:

- Need for more public health messaging and research in SLCN and EDS difficulties in early years and later years.
- Increasing numbers of children entering primary with speech, language and communication difficulties.
- Increasing numbers of stroke survivors with communication and EDS difficulties.
- Lack of equity in speech and language therapy provision across Northern Ireland.
- Lengthy waiting times for SLT across Northern Ireland particularly for adult services.
- A need for SLTs to be upskilling the wider workforce in supporting good communication and EDS

Conclusion

The current vacancies across the workforce are at a critical level. With one in six of the workforce vacant and over 6.000 children and adults currently waiting for SLT services, this plan is crucial in addressing future needs. With evidenced growing demand for services there is not an option to “stand still”. The variation in service provision across the region needs to be addressed through equitable commissioning of services.

The risks to the HSC of not addressing the recommendations are two-fold:

- Failure to comply with legislative requirements i.e. SEND legislation and Mental Capacity legislation
- Inability to deliver on the transformational agenda across acute and community settings

The risks to service users are also two-fold:

- Quality of care and outcomes for service users will be negatively impacted by SLT workforce shortages
- Safety of clients will be compromised by absence or delay in receiving appropriate SLT intervention due to SLT workforce shortages

Therefore we urge the DoH to implement the recommendations as noted.

6. RECOMMENDATIONS AND ACTION PLAN

These recommendations have been derived on the basis of workforce information outlined in the report.

UNDERGRADUATE COMMISSIONING	**1**	• The number of commissioned undergraduate SLT places at UU needs to be increased on a phased basis to 40 places by 2024 • Consideration should be given to alternative routes to SLT qualification to include accelerated MSc at post-graduate level and pathway for progression for SLT support staff
ATTRACTING, RECRUITING & RETAINING	**2**	• The Regional Band 5 recruitment process including the annual timeline needs to be reviewed • A proactive recruitment strategy should look at ways to extend the recruitment pool beyond Northern Ireland and to increase the diversity of the SLT workforce in line with Theme 1 of the HSC Workforce Strategy 2026 • Consideration should be given to securing UU graduates for HSC NI employment for two years on qualification. This will help mitigate against the loss of new graduates from the pool to other markets/employers.
TRAINING AND DEVELOPMENT	**3**	• Specific clinical and leadership training should be commissioned on a three year cycle to ensure that identified skills gap are addressed to enable the SLT workforce to be fit for the future • Appropriate funding should be secured for post-graduate education and training to support service provision and development, including digital literacy skills to support e-health • A task and finish group should be established to explore options to address the dysphagia skill gap in the workforce e.g. dedicated SLT dysphagia trainers, rotational posts, extension of undergraduate course to encompass dysphagia skills • A regional approach should be considered to support in-service skills development for SLTs to ensure that the workforce can meet the changing service needs e.g. rotational posts, development posts

WORKFORCE SUSTAINABILITY	**4**	• A dedicated regional AHP workforce role should be developed alongside relevant technology to proactively manage the workforce needs across Speech and Language Therapy and the wider AHP workforce
WORKFORCE Review Cycle	**5**	• A mid-cycle review of this SLT workforce review will be necessary to review against the transformation agenda

An appropriate action/implementation plan will be developed and published on the Department of Health's website and the Workforce Strategy Programme Board will be updated on progress.

7. APPENDICES

Appendix A: Strategic drivers

- **Bengoa –** this report highlights the importance of investing, empowering and 'building capacity in networks of existing health and social care providers (such as Integrated Care Partnerships and the developing GP Federations) to move towards a model based on accountable care systems for defined population based planning and service delivery'.
- **Health and Wellbeing 2026-Delivering Together** (the Government response to the Bengoa Report) puts people at the forefront. The focus is on enabling people to stay well longer. Where care or support is needed, it will be wherever possible provided in the community setting. This shift in delivery structures may result in SLTs working in new community multidisciplinary teams commissioned by GP federations. SLTs have a valuable role to play in integrated primary care teams for example 'Acute care at home', Adult ASD teams, Forensic Adult Learning Disability teams, CAMHS and Respiratory Teams, many of whom do not currently have SLT as part of the core provision. A structured service development model would ensure equity across the region. We hope that this workforce review will highlight existing gaps in provision as well as shining a light on new and innovative workforce transformation project teams.
- **The Northern Ireland Programme for Government (PFG)** contains 14 strategic outcomes which set a clear direction of travel and enable continuous improvement on the essential components of societal wellbeing. They touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities.

Legislation

- **Mental Capacity Act 2016.** This legislation will result in increasing demands upon SLT services. SLTs may be required to give communication support for individuals to enable them to demonstrate capacity in decision making and may also be required to deliver communication disability awareness training to named professionals so that individuals being assessed for capacity are appropriately supported.
- **SEND Legislation - Special Education Needs and Disability Act (N.I.) 2016.** The new special educational needs legislation and inclusion agenda will require more SLT provision in mainstream primary and post primary settings. Speech and Language Therapy has a role in the identification of children's special educational needs. Advice must be submitted within a 6-week timescale to inform a child's statement,

which is a legal document. Under the new legislation, provision of SLT will become a statutory responsibility of the trusts with some concern about how this will influence service provision. SLTs may also be required to provide more provision in mainstream schools which will impact upon resources.

Strategy

- **Quality 2020 (2011).** From a service perspective, the implementation of this strategy is still work in progress. The capacity of the workforce to absorb all the objectives around delivering high quality care, partnership working, measuring outcomes and use of best practice guidance is limited by the availability of resources and increasing service demand.
- **Making Life Better 2012 – 2023 Public Health Strategy**. The main objective of this strategy is about people being enabled and supported to take control of their full health and wellbeing potential and to reduce inequalities in health. Speech and language therapists have a key role in early identifications and intervention programmes, particularly in more deprived communities, thus ensuring that children have the best start in life.
- **Valuing People, valuing their participation.** This sees an increased importance and a requirement to include personal and public involvement in Health Service development. Speech and language therapists have a key role to facilitate and advocate for clients with communication disability to have involvement in the planning, development, delivery and evaluation of services from their own care through to a policy and/or commissioning level within speech and language therapy and wider health and social care.
- **Infant Mental Health Strategy.** Speech and language therapy can make a major contribution to the promotion of better social, emotional and mental health and wellbeing in children. One in 10 children and young people aged younger than 16 have a mental health disorder. 81% of these children and young people will have an unidentified communication and interaction difficulty. SLTs have a crucial role to identify and support communication and interaction difficulties in these children.
- **NI Dementia Regional Strategy 2011** - SLTs have an increasingly recognised and well-documented role in providing services for people with specific communication or swallowing needs associated with dementia. However, there has been a lack of consistency in service development within the HSC and wide variability in service provision remains. Speech and language therapy services should be planned and resourced adequately, based on local demography and need.

- **Reshaping stroke services –** SLTs have a role in specialist assessments and interventions for communication and dysphagia for stroke patients.
- The plan is to reconfigure and streamline acute stroke services with specialist units that draw on national guidelines and best practice in prevention, rapid 7 day access, better emergency care including mechanical thrombectomy and clot busting treatment and better equipped hyper-acute and acute stroke units. Current services do not provide seven day working for stroke and timely assessment is an ongoing challenge.
- **Physical and Sensory Disability Strategy and action plan**. The HSCB is continuing to support a greater recognition and awareness of communication disability and improved support and accessibility for people with communication support needs in the future. This may well increase demands upon the workforce to provide core training and accessible resources.
- **'Improving Health within Criminal Justice; a Strategy and Action Plan'** was launched in March 2016 covering the health and social care needs of children, young people and adults at all stages of the criminal justice journey in Northern Ireland. There is an increase in children and young people presenting with significant mental health needs, learning disability and communication needs and substance misuse. Local data collected sources in 2013 indicated that 58% of young people engaged with the Youth Justice Agency had speech, language and communication needs. Specialist speech and language therapy services need to be developed for this client group.
- **Children and Young People Strategy 2017-2027** The outcomes identified in the strategy can only be delivered if there is agreement and recognition of the importance of children and young people having appropriate access to speech and language therapy intervention if they are identified as having persistent speech language and communication impairments. Failure to identify and address problems early on in a child's development can lead to significant integration and social behaviour difficulties as children progress into adulthood or for example, in finding employment.

Appendix B: Membership of the Speech and Language Therapy Workforce Review Project Group

Name	Position	Organisation
Hazel Winning (Chair)	Lead AHP Officer	DOH
Peter McAuley	AHP Policy	DOH
Catherine Donnelly	Workforce Planning	DOH
Alison Dunwoody	IAD	DOH
Gerard Tinney	Workforce Planning	DOH
Joanne O'Hagan	IAD	DOH
Cathy Jordan	Head of SLT	BHSCT
Gillian Montgomery	Head of SLT	NHSCT
Lorraine Coulter	Head of SLT	SEHSCT
Joan White	Head of SLT	SHSCT
Una Isdell	Head of SLT	WHSCT
Jill Bradley	AHP Lead	NHSCT
Mary Emerson	AHP Consultant	PHA
Alison McCullough MBE	Head of the Northern Ireland Office RCSLT	RCSLT
David Moorehead/Kevin McAdam		Unite

Appendix C: Further adult dysphagia references[6]

Stroke

- Studies report an incidence of dysphagia between 40% and 78% (Martino 2005). Of those with initial dysphagia following stroke, 76% will remain with a moderate to severe dysphagia and 15% profound (Mann et al 1999).
- Only 10% of stroke-related deaths are caused by neurological deficits, while 30% of post-stroke deaths are due to pneumonia (Heuschmann P., et al., 2004, Kwan et al 2008).

Pneumonia

- In 67% of patients, pneumonia manifests within 48hrs of admission (Hassan A., et al. 2006). It is almost invariably associated with swallowing problems.
- In 75% of patients with early swallowing problems dysphagia will continue to be moderate to severe, and in 15% it will remain profound (Mann G., et al.1999).

Chronic obstructive pulmonary disease

- 27% suffer from dysphagia. (McKinstry et al 2009)

Multiple Sclerosis (MS)

- 33% of the MS individuals in one study indicated impairment of chewing and swallowing abilities (Hartelius & Svensson, 1994).

Parkinson disease

- 200/100,000 UK population have dysphagia due to Parkinson's disease (Hartelius and Svensson 1994).

Motor neurone disease

- More than 90% of those with motor neurone disease will develop dysphagia

Dementia

- 68% of those with dementia in homes for the aged have dysphagia (Steele 1997).

Adult Learning disability

- 5.27% of all adults with a learning disability were referred for advice regarding dysphagia (Chadwick et 2003).
- 5.3% of community-based individuals and 36% of hospital based individuals displayed dysphagia (Hickman & Jenner, 1997).

Nursing home residents

- Between 50 and 75% of nursing home residents have dysphagia (O'Loughlin & Shanley 1998).

[6] https://www.rcslt.org/clinical_resources/dysphagia/incidence

Acute hospitalised elderly

- 10% of acutely hospitalised elderly. (Lugger 1994).

Cervical discectomy and fusion

- A study of those having cervical discectomy and fusion indicated an incidence of dysphagia in 50.3% of patients (Frempong-Boadu et al, 2002).

Appendix D

Enhancement to 52 week service for

Adult and Paediatric Acute/Adult Community/ALD

On the basis of figures compiled by Trust SLT Departments:

Client Group	WTE X Ratio		Increased WTE
Adult & Paediatric Acute	67.14 + 6.49	x 1.24 = 91.30	17.67
Adult Community	53.02	x 1.24 = 65.74	12.72
Adult Learning Disability	29.51	x 1.24 = 36.59	7.08
Total	156.16	x 1.24= 193.64	37.47

To stabilise the service for these client groups an additional 37.47 WTE would be required. With the headcount: WTE ratio at the current rate of 1.21% this would require an increase of headcount of 45 SLTs.

Enhancement of 52 week Service to 6-day provision -

Adult and Paediatric Acute/Adult Community/ALD

If services were reconfigured to provide 52 week cover we would require 1.24 WTE as above. To further enhance service provision to a 6 day model an additional 0.24 is required. In summary, to provide a 6 day service for 52 weeks of the year 1.48 WTE is required.

On the basis of figures compiled by Trust SLT Departments:

Client Group	WTE X Ratio		Increased WTE
Adult & Paediatric Acute	67.14 + 6.49	x 1.48 = 100.03	35.34
Adult Community	53.02	x 1.48 = 84.01	25.45
Adult Learning Disability	29.51	x 1.48 = 43.67	12.16
Total	156.16	x 1.48= 231.12	74.95

To provide **6 day provision for 52 weeks** of the year across the entire sector below an additional **74.95 WTE** would be required for the workforce**.** With the headcount: WTE ratio at the current rate of 1.21% this would require an increase of headcount of **91 SLTs**.