



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Deep Dive: Community Paediatrics.
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers – Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Lisa Humphrey (Interim) General Manager for Women and Children. Tracey Bucknell - Service Delivery Manager (SDM) - Community Paediatrics

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

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Quality, Safety & Experience Committee have requested a deep dive into the waiting list for Community Paediatrics.

#### Cefndir / Background

In February 2022 Community Paediatricians issued correspondence to the Interim General Manager (GM) for Women and Children's Services and to the Service Delivery Manager (SDM) for Community Paediatrics. This correspondence expressed significant concerns about the demand on services that they felt they were unable to support, and in addition they requested an external service review of Community Paediatrics. These concerns were brought to the attention of The Children and Young Peoples (CYP) Working Group and a summary of Community Paediatric waiting list was requested.

The length of time and number of CYP waiting for a first appointment to see a Community Paediatrician, and the number of CYP that are waiting to see a Community Paediatrician. In addition, it is a concern that Community Paediatricians are feeling anxious.

Community Paediatrics are not achieving the nationally set target of 26 weeks for an initial assessment for Attention Deficit Hyperactivity Disorder (ADHD). This is due to a historic lack of workforce, not only for Community Paediatricians but also other skill-mix staff. A review of the service is being led by Community Consultant, and a task and finish group is being set up, so that the waiting list situation can be clearly understood and correct pathways and skill-mix identified. The Service Delivery Manager (SDM) is working to the Royal College of Paediatric and Child Health (RCPCH) 'Covering All Bases' and will report to the Executive-led Children

and Young Persons Working Group. Recruitment is on-going for ADHD nurses. A Locum consultant has recently been employed in Elizabeth Williams Clinic. The SDM Community Paediatrics is working with colleagues in Acute Paediatrics, to identify SAS grades doctors with capacity to support ADHD clinics particularly and Community Paediatrics more generally.

### **Asesiad / Assessment**

The table below provides a comparison of the waiting list position during financial year end 2019/20 and financial year end 2021/22

	2019/20	2021/22
The numbers of CYP waiting for a first outpatient appointment (All clinical conditions)	2103	2117
The numbers of CYP waiting for a first outpatient appointment (ADHD Disorder)	305	378
Referrals received in year	1347	1457
Wait for Follow up appointment > 100% delay	103 (7%)	214(16%)
Wait for Follow up appointment – no delay.	705(51%)	816(60%)

Although the numbers do not significantly differ between each year, there is anecdotal evidence the CYP waiting to be seen are more complex than they were pre-pandemic. Sally Holland – Children’s Commissioner for Wales, wrote in 2022 ‘it isn’t easy to say exactly how children and young people’s mental health and wellbeing will have been affected by this crisis. What we do know is that all children and young people’s lives have been affected in some ways by the coronavirus pandemic’. In 2022 NSPCC noted ‘There is no universal experience of coronavirus (COVID-19) - children and their families have been impacted in different ways’

### **Organisational risks and Evidence base to help inform decision making (tabulated below)**

To create change, it is essential that all stakeholders are engaged in the process of review through continual engagement. Internal discussions have taken place around capacity to support follow-up patients, and how to respond to the reports generated from QB Test (software that supports the diagnosis of ADHD). Consideration being given to alternative arrangements to support capacity. There have been discussions around how Community Paediatrics link in with Adult ADHD services - to ensure that those CYP waiting to be seen at age 16, are not put on the bottom of the list when they reach adult services. The Service is in conversation with the Adult ADHD team.

Initial attempts at identifying conditions have been completed from an administrative function. Further engagement is required from medical colleagues.

## ACTION PLAN – IN RESPONSE TO THE DEEP DIVE OF COMMUNITY PAEDIATRICS

ACTION	LEAD	TIMESCALE	COMMENTS	PROGRESS
<p>It has been observed that the skill-mix of staff has remained static in recent years. In order for requirements to be understood, work is underway to plot skill-mix requirements based on the population of the HDUHB. The tool used to calculate this is 'Covering All Bases' Community Child Health: A paediatric workforce guide. RCPCH 2017.</p>	<p>Service Delivery Manager - Community Paediatrics</p>	<p>End of June 2022</p>	<p>The lead is working through 'Covering All Bases' Community Child Health: A paediatric workforce guide. RCPCH 2017. This document will help to identify the required skill mix for Community Paediatrics based on our population</p>	<p>In Progress</p>
<p>This risk is currently on The Directorate Risk Register (RR) to discuss moving it to Corporate RR (Risk 1245)</p>	<p>Interim General Manager - GGH</p>	<p>End of June 2022</p>	<p>To discuss with Executive Lead</p>	<p>Not started</p>
<p>Vision Software is being implemented. This will negate the need for clinicians to hand write prescriptions and will free a considerable amount of time. In addition, scripts can be written in advance and there is a reporting function. From Autumn 2022 there will be a facility whereby scripts can be electronically sent to community pharmacies.</p>	<p>Service Delivery Manager - Community Paediatrics</p>	<p>July 2022</p>	<p>1st Training date arranged for 10th June 2022</p>	<p>In progress</p>
<p>Implementation of the health boards Demand and Capacity tool in line with HB monitoring systems This will support the trajectory scrutiny in line with ministerial measures, which are :</p> <p>Number of patients waiting over 104 weeks for a new outpatient appointment. Target no waiting more than 104 weeks by December 2022.</p> <p>Number of patients waiting over 52 weeks for a new outpatient appointment. Target no waiting more than 52 weeks by March 2023.</p> <p>Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%.</p>	<p>Service Delivery Manager - Community Paediatrics</p>	<p>16/07/2022</p>	<p>Initial meeting to understand data requirements took place 31<sup>st</sup> May 2022. Work is currently underway to produce the first version of the demand and capacity tool</p>	<p>In Progress</p>
<p>Community Paediatrics will address the current waiting list improvement trajectory in line with the ministerial measures,</p>	<p>All</p>	<p>On-going</p>	<p>Community Paediatricians have been offered additional sessions</p>	<p>In Progress</p>

<p>In addition the service will look at those waiting urgent appointments.</p>			<p>to address these immediate concerns (07/06/2022).</p>	
<p>The Consultant body has requested an external review.</p>	<p>Consultant Community Paediatrician</p>	<p>Not known</p>	<p>A review of services has been agreed. This will be undertaken by the Consultant Community Paediatrician and has been agreed by the Exec. ToR are with the medical director for approval; to be shared with senior Community Paediatric Team once agreed.</p>	<p>Not started</p>
<p>Whilst waiting for the reviews there has been some work undertaken to immediately fill gaps in skill mix.</p> <p>Tracey has emphasised to the group that they will be asked to engage, so to ensure that new staff members coming into the team are used as prudently as possible.</p>	<p>Service Delivery Manager - Community Paediatrics</p>	<p>Immediately and ongoing</p>	<p>* Recruitment for 1 x Whole Time Equivalent (WTE) SAS doctor, pending a finalised Job Description.  *Recruitment for additional 2 x WTE SAS funding stream to be agreed.  Recruitment for 0.4 WTE Non-medical prescriber (Expected start date July 2022)  *Additional sessions for current Specialty Doctor (expected start July 2022).Funding has been agreed.  * Additional Locum sessions agreed for the Autumn 2022 *ADHD Nurses (as identified as part of Integrated Medium Term Plan) Job Descriptions are being written and will be shared with our medical colleagues so that all concerned can ensure the most effective use of resources.</p>	<p>In Progress</p>

			*Physician's Associates are being employed for use across acute/community. Start in Autumn 2022	
Positive Behaviour Interventions and Supports (PBIS) has been identified by the CYP Working group as a gap in our services for all directorates that work with children, across the Health Board.	Service Delivery Manager - Community Paediatrics	31/08/2022 (End date to be confirmed at next Task and Finish – 08/06/2022)	The inaugural T&F Group for PBIS met in May 2022. The next meeting scheduled for the June 8 <sup>th</sup> 2022) will agree Terms of Reference, and completion date. To report into the CYP Working group	In progress
To reduce the waiting list, it will be necessary to identify the clinical conditions that the CYP are waiting to be seen for. This will mean looking at the list as it currently is. It will require work on ensuring activity is recorded uniformly, going forward. Looking forward it is a requirement that new pathways are developed so that CYP are treated in the same way across the HB - additionally there is likely to be a requirement for Multi-Disciplinary Referral triage, so that each CYP is directed to the service most appropriate for their situation. It will be necessary to engage with primary care and other referrers to develop a referral criterion. This will involve All directorates within the Health Board and the third sector, i.e., Team around the Family, Action for Children	Service Delivery Manager - Community Paediatrics	End of July	A request for electronic referrals has been made - waiting for feedback (WC 30/05/2020)	Not started

### **Argymhelliad / Recommendation**

For the Quality, Safety and Experience Committee receive assurance that robust plans are in place and measures are being taken to manage the waiting list for Community Paediatrics appropriately.

### **Amcanion: (rhaid cwblhau) Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1245 Score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.2 Communicating Effectively 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5I_21 Children and young people services improvement
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item.

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Welsh Patients Access System. As part of CYP Working Group process.
Rhestr Termiau: Glossary of Terms:	Within body of report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Children and Young Peoples Working Group

**Effaith: (rhaid cwblhau)  
Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There is a known gap in the workforce for Community Paediatrics. More detail will be available after the 'Covering All Bases' exercise (mentioned in the body of this report is completed), and the Service Review is completed.
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	Improved processes and skill-mix will mitigate some of these financial challenges.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improved accuracy and reliable waiting list performance. This Task and Finish group will ensure equality across each county within our Health Board.
<b>Gweithlu: Workforce:</b>	Risk of non-compliance of ADHD targets. Risk of lengthening waiting lists, both in terms of numbers and length of waits.
<b>Risg: Risk:</b>	Currently on the Risk Register 1245
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Negative impact on the reputation of the Health Board due to the risk of complaints and concerns due to the waiting list Breaching 26 week wait for initial assessment of ADHD as set by WG.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable