



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 April 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	NHS Executive Report : Children and Young Person's Neurodevelopmental Services All Wales Review
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Curruthers , Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Angela Lodwick ,Assistant Director MH&LD Lisa Humphrey , General Manager Womens & Children

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

This SBAR is presented to Committee to outline the progress made in respect of the NHS Executives Report Children and Young Person's Neurodevelopmental Services All Wales Review ( September 2023 link below) which consisted of 9 recommendations for improvement and which are outlined in the embedded Action Plan updated to March 2024.

[duhb.nhs.wales/about-us/governance-arrangements/board-committees/quality-safety-and-experience-committee-qsec/qsec-committee-meeting-7-december-2023/item-2-7-1-neurodevelopment-services-for-children-and-young-people/](https://duhb.nhs.wales/about-us/governance-arrangements/board-committees/quality-safety-and-experience-committee-qsec/qsec-committee-meeting-7-december-2023/item-2-7-1-neurodevelopment-services-for-children-and-young-people/)

The Committee is requested to consider the Action Plan (Appendix 1) as assurance on progress to date.

Cefndir / Background

As part of the ministerial programme of reform, the NHS Executive Performance and Assurance division was asked to undertake a review of children and young people's neurodevelopmental services within all Health Boards across Wales.

The review aims to understand how services are organised including areas of consistency and variation between policy, performance, and clinical guidelines in each Health Boards service offer, waiting times, reporting arrangements, and performance management processes.

The review also sought to identify factors challenging the delivery of timely assessment, and the actions taken by Health Boards to support and improve access and high-quality care. Data collected from Neurodevelopmental Services in all Health boards in Wales will be collated to support the primary objective of the review to produce a national snapshot of current service delivery arrangements including factors that challenge and support performance.

This information will be used to inform the Neurodevelopment ND ministerial improvement programme and support the determination of national actions to improve access to ND

diagnostic assessment. Each Health board will also receive a report outlining alignment with key standards and reporting definitions, demand, performance against the target, and performance management and improvement actions. Improvement recommendations will be provided if applicable.

As part of Welsh Government's 3 year Neuro-divergence Improvement programme, NHS Executive were commissioned to undertake a review of Children's ND services (ASD and ADHD) within all Health Boards across Wales. This was to identify how services are organised and to identify consistency and variation between policy, performance and waiting times. It also aimed to identify factors that affect timely access and what HB's have done to address this.

Key findings include:

- The HB meets or partially meets 5 out of the 6 All Wales ND Standards
- Extensive process mapping and robust performance management processes in place
- The HB is not meeting its 26 week target for starting an assessment
- Referral rates and number of referrals accepted are consistent with the rest of Wales
- Separate Access points for ADHD and ASD referrals
- Neither ADHD or ASD services offer dual assessment
- Estates and IT provision are barriers to timely services

The review was published September 2023 and a subsequent Improvement Plan outlining 9 recommendations has been developed and is in the implementation stage.

A joint action Plan will be formulated by the Neurodevelopmental Service for Children and Young People in collaboration with Child Health / Paediatrics to meet the recommendations outlined above over seen by the respective service leads - Assistant Director M H& LD ( Angela Lodwick and General Manager (Lisa Humphrey)

### Asesiad / Assessment

The report included 9 recommendations to improve services, but pertinent to Children's ASD service, include:

1. The HB should review access to pathways and processes to ensure equitable provision for both ASD and ADHD  
**STATUS R1.1 Green**  
**R1.2 Amber**  
**R1.3 Green**
2. The HB should review processes to facilitate the delivery of dual ADHD and ASD assessment  
**STATUS R2.1 Green**  
**R2.2 Amber**
3. The HB should review how children accessing ASD diagnostic assessment can receive physical health screening  
**STATUS R3.1 Green**  
**R3.2 Amber**
4. The HB to review arrangements for transition of CYP between children's and adult ASD and ADHD assessment should be clarified and strengthened to ensure that CYP are not disadvantaged in relation to waiting time or access to age-appropriate expertise.  
**STATUS R4.1 Amber**  
**R4.2 Amber**

5. The HB should ensure that patient administration systems are able to collect data to meet national reporting requirements. Services would also benefit from a review of their data needs to support and effective referral management and capacity and demand planning.  
**STATUS R 5.1 GREEN**
  
6. The HB may wish to consider ways to expand use of information technology to support timeliness and efficiency of information gathering and signposting at referral and along the patient pathway.  
**STATUS R6.1 GREEN**  
**R6.2 AMBER**  
**R6.3 AMBER**
  
7. The HB should ensure the availability of accessible and appropriate accommodation for diagnostic assessment of CYP with sensory sensitivities and physical impairments.  
**STATUS R7.1 AMBER**
  
8. The HB may wish to consider ways to expand use of information technology to support timeliness and efficiency of information gathering and signposting at referral and along the patient pathway.  
**STATUS R8.1 Green**  
**R8.2 Amber**  
**R8.3 Amber**
  
9. The HB should ensure the availability of accessible and appropriate accommodation for diagnostic assessment of CYP with sensory sensitivities and physical impairments.  
**STATUS R9.1 Amber**  
**R9.2 Amber**  
**R9.3 Amber**

The Action Plan is on track for completion by December 2024 and scrutiny of progress is monitored via individual Directorate QSEC and reporting of Assurance & Risks through Health Board processes including ARAC .

### **Organisational risks**

Shortfall in required financial resources to put into place policies/pathways/solutions identified by the T&F groups as part of the Action Plan. This will be somewhat mitigated by ensuring processes are developed and available resource used efficiently to ensure the best service possible is given

### **Argymhelliad / Recommendation**

This SBAR is provided to provide assurance on progress to date in respect of the implementation of the recommendations as outlined in the Action Plan.

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

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4c Mental Health Recovery Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Matix Cymru 2017 Matrics Plant 2021 Policy Implementation Plan ( PIG) 2021
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Nil

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	Nil

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Nil
<b>Gweithlu: Workforce:</b>	Nil
<b>Risg: Risk:</b>	Nil
<b>Cyfreithiol: Legal:</b>	Nil
<b>Enw Da: Reputational:</b>	Nil
<b>Gyfrinachedd: Privacy:</b>	Nil
<b>Cydraddoldeb: Equality:</b>	Nil

## ACTION PLAN TEMPLATE

### ACTION PLAN- Children and Young Person's Neurodevelopmental Services All Wales Review

LEAD ED –

Date of Progress Update – *February 21<sup>st</sup>*

STATUS	
	<b>RED</b> - Implementation of action behind schedule
	<b>AMBER</b> - Action on schedule for completion by agreed date
	<b>GREEN</b> - Action complete

REF (See Note1)	RECOMMENDATION (See note 2)	MANAGEMENT ACTION (See Note 3)	RESPONSIBLE OFFICER (Note 4)	AGREED TIMESCALE (See Note 5)	STATUS (Note 6)	UPDATES ON PROGRESS – AS AT <b>ENTER DATE</b> (See Note 7)
R1	The HB should review access pathways and processes to ensure they are equitable for ASD and ADHD.	1. Task & Finish Group to be established with clear Terms of Reference.	Tracey Humble/Catherine Vaughan	JANUARY 2024		24/01/24 - T&F group established with draft ToR to be distributed for approval
		2. Review existing diagnostic/management, transition and treatment pathways	Tracey Humble/Catherine Vaughan	JUNE 2024		AD/CV attended transition T & F group February 24  Paeds provided ADHD pathway uploaded to channel Health to provided written pathway for channel (SC)
		3. Community Paediatricians to be invited to National NDIP	Tracey Humble/Catherine Vaughan	DECEMBER 2023		Email trail available. CV Paeds confirmed not received invitation, CV will re-action
R2	The HB should review processes to facilitate the	1. Task & Finish Group to be established with clear Terms of Reference (part of R1 T&F Group)	Tracey Humble/Catherine Vaughan	JANUARY 2024		As per R1.1

	delivery of dual ADHD and ASD assessments.	2. Explore opportunities for integrated joint working to deliver dual ADHD and ASD assessments.	Tracey Humble/Catherine Vaughan	JUNE 2024		Discussed in T & F Group dated 21/02. Minutes/Actions available as evidence.
R3	The HB should review how children accessing ASD assessment can receive physical health screening as part of the assessment process.	1. Task & Finish Group to be established with clear Terms of Reference (part of R1 T&F Group)	Tracey Humble/Catherine Vaughan	JANUARY 2024		As per R1.1
		2. To review existing ASD diagnostic pathways and explore opportunities with Child Health colleagues for integrated working	Tracey Humble/Catherine Vaughan	JUNE 2024		Discussed in T & F Group dated 21/02. Minutes/Actions available as evidence.
R4	The ADHD service would benefit from continuing to progress their plan to review service pathways and embed capacity and demand management processes to improve equity, consistency, and efficiency.	1. ADHD service will continue to progress and provide action plan.	Tracey Humble	APRIL 2024		On-going development with WPAS Team
		2. Undertake demand and capacity training provided by the NHS Executive	Tracey Humble	APRIL 2024		
R5	Given the potential impact of delays in ADHD medication initiation on a CYP's social development and educational attainment, the HB should review processes and capacity to support timely initiation of treatment for ADHD.	1. Undertaken an immediate review of waiting times in ADHD medication	Tracey Humble	JANUARY 2024		Incorrectly reported. Verbally agreed to close off this action.

R6	Arrangements for transition of CYP between children's and adult ASD and ADHD assessment should be clarified and strengthened to ensure that CYP are not disadvantaged in relation to waiting time or access to age-appropriate expertise.	1. Task & Finish Group to be established with clear Terms of Reference	Paula Evans/Angharad Davies/Catherine Vaughan	JANUARY 2024		Additional task & finish group (2) to be set up with Tricia in ADHD and Menaka. Angharad Davies to co-ordinate. First meeting planned for end of Feb. Established and taken place in February
		2. Review current transition arrangements for older YP people waiting diagnostic assessments of ASD and ADHD	Paula Evans/Angharad Davies/Catherine Vaughan	NOVEMBER 2024		
		3. Develop an all age Transition policy/pathway for Neurodivergent Children & Young People.	Paula Evans/Angharad Davies/Catherine Vaughan	NOVEMBER 2024		
R7	The HB should ensure that patient administration systems are able to collect data to meet national reporting requirements. Services would also benefit from a review of their data needs to support and effective referral management and capacity and demand planning.	1. Services will meet with HB Informatics to undertake a review of service patient admin systems to explore automated processes for reporting to meet national reporting requirements across both services and will review data needs to support effective referral management and equitable demand and capacity planning	Trac Humble/Catherine Vaughan	APRIL 24		Link in with digital team to explore and challenge current practice.  Explore electronic processes for reporting mandatory returns
R8	The HB may wish to consider ways to expand use of information technology to support timeliness and efficiency of information gathering and signposting at referral and along the patient pathway.	1. Task & Finish Group to be established with clear Terms of Reference	Tracey Humble/Catherine Vaughan	JANUARY 2024		Merge with R1,2 & 3 T&F Group
		2. The ADHD/ASD Service will explore ways to expand the use of information technology to support timeliness & efficiency of information gathering and appropriate sharing	Tracey Humble/Catherine Vaughan	JUNE 2024		



		3. To explore the use of information technology to support the management of referrals and patient pathways.	Tracey Humble/Catherine Vaughan	JUNE 2024		
R9	The HB should ensure the availability of accessible and appropriate accommodation for diagnostic assessment of CYP with sensory sensitivities and physical impairments.	1. Explore necessary adaptations that may be required for diagnostic assessments for CYP with sensory sensitivities and physical impairments.	Tracey Humble/Catherine Vaughan	APRIL 24		
		2. Explore and contribute to new project opportunities for new accommodation, eg, Hwb	Tracey Humble/Catherine Vaughan	APRIL 24		
		3. Undertake a service review of current estates of both services and develop an option proposal/SBAR	Tracey Humble/Catherine Vaughan	NOVEMBER 24		

**Notes**

1 – Enter recommendation reference from report – e.g. R1, R1.1

2 – Enter recommendation (this can be found in the final report)

3 – Enter action required to address the recommendation (consideration must be given to capacity, costs to deliver the action & any associated risks)

4 – Enter name of officer responsible for implementing the action

5 – Enter the planned realistic date for completing the action (changes to these dates must be entered in red and agreed by the lead Executive/Director)

6 – Enter the current status of action as per RAG rating above

7 – Enter date of update at top of column and enter progress against each action. Terms such as 'on-going', 'in progress', etc. should be avoided and used by exception

