



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 July 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Community Paediatrics Waiting List
<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 - 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**

Children and Young People have experienced extended waiting times to access care from a Community Paediatrician.

**Cefndir / Background**

In February 2022 significant concerns about the demand on Community Paediatrics were raised by the Paediatricians. 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. This was undertaken by the Service, and a Task and Finish Group has been formed which will effect change and monitor progress.

The length of time and number of CYP waiting for a first appointment to see a Community Paediatrician was raised as a significant challenge. The clinical team cite an increase in anxieties, they are concerned about potential harm to the CYP on the waiting lists and the perceived increase in clinical risk. The Service Delivery Manager is working with the PALS and Datix Team to collate information around the number of concerns raised as a consequence of the long waits in Community Paediatrics. This piece of work is being undertaken as a priority so that any emerging risks or incidents are captured. The data will be analysed by the end of August 2022 and early findings will be reported through the Task and Finish Group.

**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, and the situation as at the end of May 2022.

	2019/20	2021/22	31/05/2022
The number of CYP waiting for a first outpatient appointment (All clinical conditions)	2103	2117	2143
The number of CYP waiting for a first outpatient appointment (attention deficit hyperactivity disorder)	305	378	398
Referrals received in year	1347	1457	260 to date (1043 forecast – based on activity to date).
Wait for Follow up appointment > 100% delay	103 (7%)	214(16%)	196 (15%)
Wait for Follow up appointment – no delay.	705(51%)	816(60%)	819(61%)
<i>Ministerial measures: It is noted that ministerial measures require that there are no waits of more of 104 weeks December 2022 and then 52 weeks by March 2023.</i>			
Waiting more than 52 weeks, less than 104	634	325	244
Waiting more than 104 weeks	566	1036	1006

Community paediatrics - Number of Children and Young People waiting for a first Consultant outpatient appointment.

The table below compares the waiting position between 31/03/2020, at the very beginning of the COVID pandemic, and 31/03/2022, as The Service is starting to return to normal business. The last column is the position as at 31/05/2022.

Weeks waiting	as at 31/03/2020	as at 31/03/2022	as at 31/05/2022
52 weeks or less	903	754	899
between 53 and 104	634	325	244
between 105 and 156	396	406	365
between 157 and 208	128	341	344
between 209 and 260	27	205	206
between 261 and 312	4	58	57
More than 312 weeks	11	28	34
Total	2103	2117	2149

Although the total numbers do not significantly differ between each period, there is anecdotal evidence the CYP waiting to be seen are more complex than previously. There are significant changes in the number of longest waits to be seen, these will be targeted as part of the work of the Task and Finish Group.

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

Following concerns raised in February 2022, the Service reported to the CYP Working group within two weeks. The concerns were added to the risk register and a Service review has been commissioned. The Service also undertook a rapid review of the waiting list. Following all of these actions, a Task and Finish Group (T&F) has been formed which will effect change and monitor progress. The principal duties have been agreed as:

- Explore and enact service improvement options to assist with reduction in numbers of CYP waiting to be seen by a community paediatrician. This will be achieved by the implementation of the demand and capacity tool, used across the Health Board.
- Establish robust communications with Children and Young People waiting to be seen. The Service will work with the Assistant Director of Quality Improvement, the Director of

Nursing of Quality Improvement and Patient Experience and Waiting List Support Services (WLSS) to discuss the process and to manage the responses. Focus will be on the script for call handlers, the escalation process and careful consideration of any additional safeguarding concerns children which the team within WLSS may need to be prepped for. Initial meeting arranged for 28<sup>th</sup> July 2022.

- To reduce the length of time CYP are waiting to be seen.
- To review referral criteria and develop pathways to triage/acknowledge/respond to new referrals in a timely manner.
- To ensure all service improvements are equitable for CYP across the three counties.
- To ensure that ministerial measures are met namely: that there are no waits of more than 104 weeks by December 2022 and then 52 weeks by March 2023.

The T&F is chaired by the Director of Secondary Care and is attended by the General Manager, Clinical Director, Service Delivery Manager Community Paediatrics, Lead Nurse, all Community Paediatricians, Acute Paediatrics and other key stakeholders as required. The T&F group will liaise with primary care and other stakeholders as it progresses through the work plan. The T&F group reports into the CYP Working group, and progress will be monitored and reported via the Board.

All stakeholders are engaged in the process of review through continual engagement.

ACTION PLAN				
ACTION	LEAD	IMPACT	TIME SCALE	COMMENTS
This risk is currently on The Directorate Risk Register (RR) – to discuss moving it to Corporate RR (Risk 1245 – score16)	Lisa Humphrey		August 2022	To remain at directorate level – to be reviewed on completion of the T&F
Vision Software is being implemented. This will negate the need for clinicians to hand write prescriptions.	Tracey Bucknell	The introduction of Visions will release Consultant time. It will ensure that CYP receive the medication they need at the correct time. The reporting function will ensure that there is no overprescribing. The software can communicate directly to community pharmacies, prescription will no longer need to be sent in the post, therefore increasing patient safety.	July 2022  26 <sup>th</sup> July 2022	1st Training date arranged for 10th June 2022  Go-Live date
The current Community Paediatric waiting list is being monitored using the Demand & Capacity (D&C) tool, in-line with all other	Tracey Bucknell	The D&C will hi-light areas that are over or under achieving. It will monitor the trajectory of waiting times and	16/07/2022	

specialities across the Health Board.		will show of there is a change in referral rates, or capacity. In addition the D&C tool will hi-light areas of inefficiency.		
Immediate actions to create capacity.		The addition of speciality doctors to the team will mean the Consultants will not be required to spend their time undertaking tasks within the skill set of others. In addition there will be additional capacity for more patients to be seen. Waits for follow-up appointments will be reduced, which will mean an increase in patient satisfaction and a decrease in patients concerns		Funding stream identified for Recruitment for additional 2 x WTE Speciality Doctor. On TRAC and recruitment process underway. Expected in post November 2022.
Immediate actions to create capacity.		Currently doctors spend a great deal of time writing prescriptions and reviewing medication. This new post will mean that doctors will not be required to undertake all medicine reviews, thus creating capacity for them to see more patients. The patients will have their review in a more timely fashion thus increasing both patient safety and satisfaction.		Recruitment for 0.4 WTE Non-medical prescriber (Expected start date July 2022)
Immediate actions to create capacity.		See comments re: speciality doctors	September 2022	Additional Locum sessions agreed for Autumn 2022
Immediate actions to create capacity.		These nurses will be able to support CYP by signposting them to partnership agencies and to help them to develop strategies to deal with ADHD. They will support in school and hold nurse-led clinics, all of this will free up time for the	July 2022	ADHD Nurses (as identified as part of the Integrated Medium-Term Plan) .Expected in post November 2022.

		consultant and give additional support to the families, creating improved patient satisfaction, reducing complaints		
Immediate actions to create capacity.		This staff group are new to the HB – they will be able to help in clinics and help with ADHD Clinics. They will be supported to undertake some clinical duties, so that the Consultant body are able to concentrate on the tasks that only they can complete.	September 2022	Three Physician Associates are being employed for use across acute/community. Expected in post September 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.	Tracey Bucknell	A PBIS service has been identified as a gap in service by the Children and Young Person's Group. By introducing this service CYP, in some cases will be sign-posted to PBIS rather than to a Consultant Paediatrician. This will mean that the CYP will wait less time to access the intervention they need, it will reduce the number of CYP waiting to be seen by a paediatrician.	31/08/2022	The T&F group established. The sub-group will report its findings to the CYP Working Group.
Ensure the Voice of the Child is always considered	All			The Voice of the Child is embedded within the work of the T&F group and the wider CYP Working Group.
It has been observed that a skill-mix of staff has remained static in recent years. 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.	Tracey Bucknell	The benefit of this review is that The Service will know what staff are required where. The community paediatrician will not be undertaking tasks that other staff can perform, this will increase capacity	End of July 2022	Tracey Bucknell has been asked to work 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
The Director of Operations has commissioned a review of Community Paediatrics	Dr Martin Simmonds		November 2022	
Immediate actions to create capacity.		See comments re specialty doctors	July 2022	Additional sessions identified for incumbent specialty doctors
It is required 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,	Tracey Bucknell	The introduction of electronic referrals will create equity of practice across the Health Board. It will also ensure that clinical conditions are captured, so that this cohort can be targeted during waiting list initiatives or in the event of service review/change. Some referrals that have previously been accepted may be signposted to more appropriate services and the referrer may be given information that will negate the requirement for referrals.	End of August.	Scoping exercise has commenced.
SDM is working with Corporate Information – Digital services to ensure Welsh Administration System (WPAS) is correct:	Tracey Bucknell	This process will ensure that all outpatient clinics are filled to maximum capacity. In addition it will give accurate data about the activity that is taking place, therefore helping the service to plan more efficiently	End of July	Focus on: Capacity via clinic usage. Ensuring clinicians activity is recorded appropriately.
Engagement with children and young people and their families to establish a robust method of communication.	All	This process will mean that The Service make contact with CYP. It will offer reassurance that the families have not been forgotten. By using this Health Board approach, The Service will be able to capture any changes in the health of the child. It will also be a	28 <sup>th</sup> July 2022	The Service will work with the Assistant Director of quality improvement, the Director of Nursing of Quality Improvement and Patient Experience and Waiting List Support Services (WLSS) to

		robust method of validation. The communication with CYP will be an opportunity to ensure emerging risks or incidents are identified and dealt with		discuss the process to manage the responses to the letter that is being sent. Focus will be on the script for call handlers, the escalation process and careful consideration of any additional safeguarding concerns. This will commence in August 2022
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### Argymhelliad / Recommendation

The Board is requested to take assurance that:

- Robust plans are in place to reduce waiting times for Children and Young People to see a community Paediatrician;
- Plans are being developed to create and implement robust communications with CYP waiting to be seen.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Patient Access System reports. As part of CYP Working Group process.
Rhestr Termau: Glossary of Terms:	Within body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Children and Young people's Working group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<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. 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, reference 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 times. Breaching 26 week wait for initial assessment of ADHD as set by Welsh Government.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable