



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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Ms Sarah Beasley  
Clerk  
Health, Social Care and Sport Committee  
National Assembly for Wales

Ein cyf / Our ref: GD/LB/KKS/2423

Eich cyf / Your ref:

Dyddiad / Date: 15<sup>th</sup> January 2020

Sent via e-mail:

[SeneddHealth@Assembly.Wales](mailto:SeneddHealth@Assembly.Wales)

Dear Ms Beasley

Thank you for your e-mail dated 6<sup>th</sup> November 2019, requesting additional information for the Health, Social Care and Sports Committee, following the Betsi Cadwaladr University Health Board general scrutiny session PAC committee on 3<sup>rd</sup> October 2019. Please see the below requested information and accept my sincere apologies in the delay in responding.

### 1. Community CAMHS

CAMHS, in each of the 3 areas of North Wales (East, Central and West), have a Single Point of Access in place per county for referrers who provide professionals with advice and the triaging for referrals. All urgent referrals are prioritised and all urgent assessments occur within 48 hrs as per the target.

We have a 7 day per week CAMHS provision on our Paediatric wards for those young people in distress, for example self-harming or with complex behaviour, who present outside of core CAMHS single point of access hours.

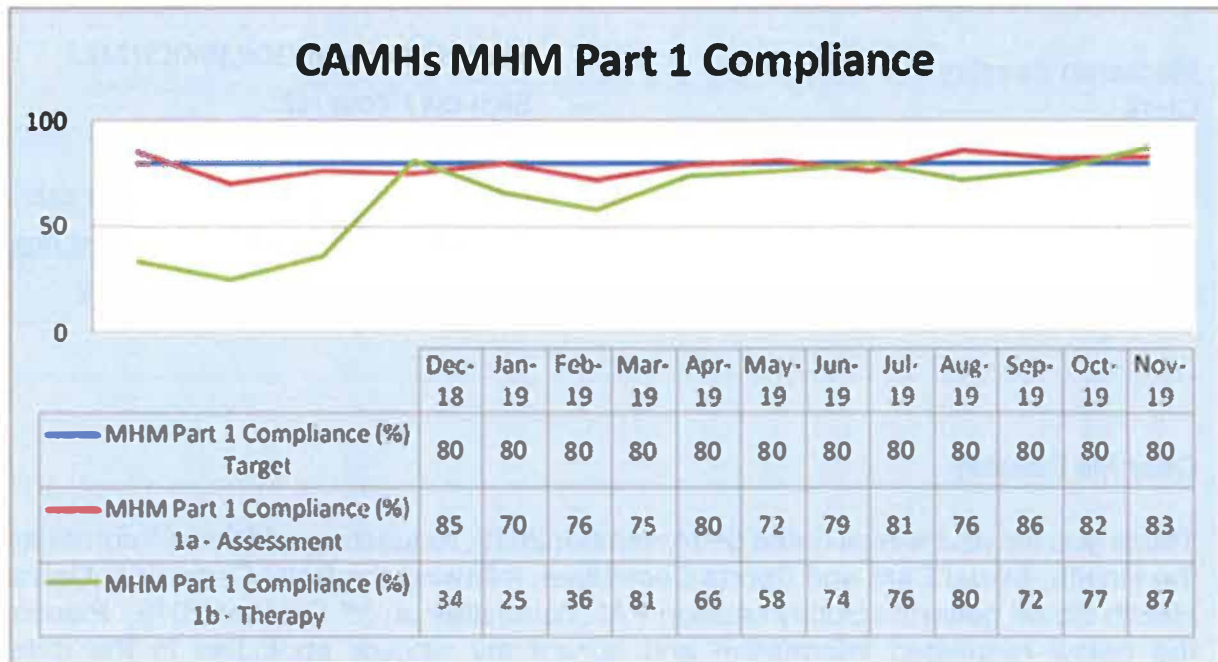
#### Performance against the Mental Health Measure (for CAMHS)

At the end of November 2019 we achieved

- 83% against the 80% target for assessment (part 1a of the Measure), and
- 87% against the 80% target for intervention (part 1b of the Measure)

Teams across all 3 areas are working on further efficiencies to sustain this level of performance despite our current vacancy levels.

The chart below provides details of MHM Part 1 compliance regionally for assessments and therapy.



## 2. NWAS (North Wales Adolescent Service) Tier 4 Inpatient CAMHS

- NWAS was commissioned and opened in 2009 with 16 beds across 2 wards. One ward was commissioned for acute admissions with short lengths of stay and the second with longer lengths of stay for planned treatments.
- In 2011, a decision was made by the Health board on the recommendation from the Royal College of Psychiatry to close the 2<sup>nd</sup> ward. This decision was made due to professional staff shortages.
- When closing the second ward, the decision was taken with WHSSC to reinvest this resource into providing a Tier 4 intensive, outreach team known as the Kite Team. The aim of which to keeping young people at home with their families in their local community, school and enabling step down and shorter lengths of stay.
- In 2017, significant additional staffing issues resulted in WHSSC placing NWAS in escalation. Since, there have been a number of helpful and supportive meetings with WHSSC. Recruitment improvements have resulted in incremental increases in bed capacity during 2018, with all 12 commissioned beds being open from the beginning of 2019. There are no referrals waiting for admission.
- Currently, the unit is commissioned by WHSSC to provide general Tier 4 care for 12 – 18 year olds, excluding learning disabilities, and with admissions to be Monday to Friday 9 – 5pm. The unit is resourced for 12 patients, which are all on one ward.



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- For those young people requiring enhanced care above that commissioned, for example 'PICU' and those requiring care in a secured facility, the All Wales WHSSC Framework is used, placing young people out of area until they are well enough to be stepped down into local care. NWAS is not currently able to admit patients out of hours, or for the enhanced Tier 4 care outlined above, and has not been commissioned by WHSSC to do so. This is a consequence of a lack of resident, medical staff on site and the geographical location of the unit.
- During 2018 and 2019, considerable work has taken place to reduce out of area placements. Out of area placements have halved over the past 2 years due to improved staffing in NWAS, resulting in our ability to meet all of our general Tier 4 demand within North Wales. During 2019 the 2 placements out of area have been for psychiatric intensive care or secure care.
- In the general scrutiny session, committee members referred to NWAS not accepting young people who are suicidal or self-harming. This is not the case. All admissions are risk assessed and depending on acuity of their presentation young people with depression, self-harming, suicidal ideation are all admitted if they cannot be managed in the community, with the support of the intensive outreach team.

### **3. Neuro-Development**

- BCUHB has implemented the All Wales pathway for children with neuro-development needs, involving multi-disciplinary assessment within the community paediatrics service, as well as a CAMHS assessment should that be necessary.
- The target is for assessment within 26 weeks of referral and we do not currently meet this target consistently. At the end of November 2019, 27% of patients were seen within the target, with a waiting list of 1770 children. The number of children waiting has decreased over the 3<sup>rd</sup> quarter of the year. However, there are still a significant amount of children waiting for an assessment for over 26 weeks.
- Recruitment processes are underway to increase capacity for neurodevelopmental care. The increase required is significant, and may require two or more recruitment rounds to complete the team capacity identified within capacity: demand modelling.
- In the meantime a number of mitigating actions are being taken:
  - Additional temporary staffing and extra hours taken up by current staff.
  - A tender process for an independent provider has been prepared, and it is now progressing through procurement processes. This is being focused around meeting the needs of those children that have been waiting the longest.



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**4. Were we aware of the issues with endoscopy before they materialised and if so, what mitigating actions did we put in place?**

Across the Health Board, the 3 endoscopy units have historically been in a position where they have struggled to meet demand, though we have generally been a good performer on the 8 week diagnostic target. As with most health services, the demand for endoscopy has been significantly increasing over time. However, within endoscopy services two separate but related issues have come together to compound the increase in demand and to significantly increase endoscopy waiting times: estates issues and consultant vacancies.

The poor infrastructure of the Wrexham Maelor Hospital (WMH) buildings caused one endoscopy room to be closed due to water ingress and there were issues in our second room due to failures with the air handling unit resulting in a loss of capacity on the site. We were aware of the wider issues due to the age of the buildings, risk assessments had been completed and this was on our risk register. There were regular reviews with Estates and remedial work did take place. While a chartered structural survey had been undertaken it was still not possible to accurately predict which particular area/roof might fail or when and where the power supply might fail.

The loss of physical capacity at Wrexham has been compounded by a number of consultant vacancies which have arisen and we have been unable to recruit to (December 2018 and February 2019). The Health Board is in a very competitive market for staff at all levels, but particularly for consultant staff within those specialities where there are significant national shortages. Whenever we are aware that consultants are considering leaving to take up posts elsewhere we always intervene to attempt to resolve any local issues, and did so on this occasion, but unfortunately we are not always able to do so successfully particularly when some of those issues relate to the need for major investment in new estate. During 2019 our ability to cover vacant posts through our own consultants undertaking additional activity has been impacted on by the pension contribution situation.

**5. What have we done to address the issues that caused the increase in waiting times?**

The following steps have been taken:

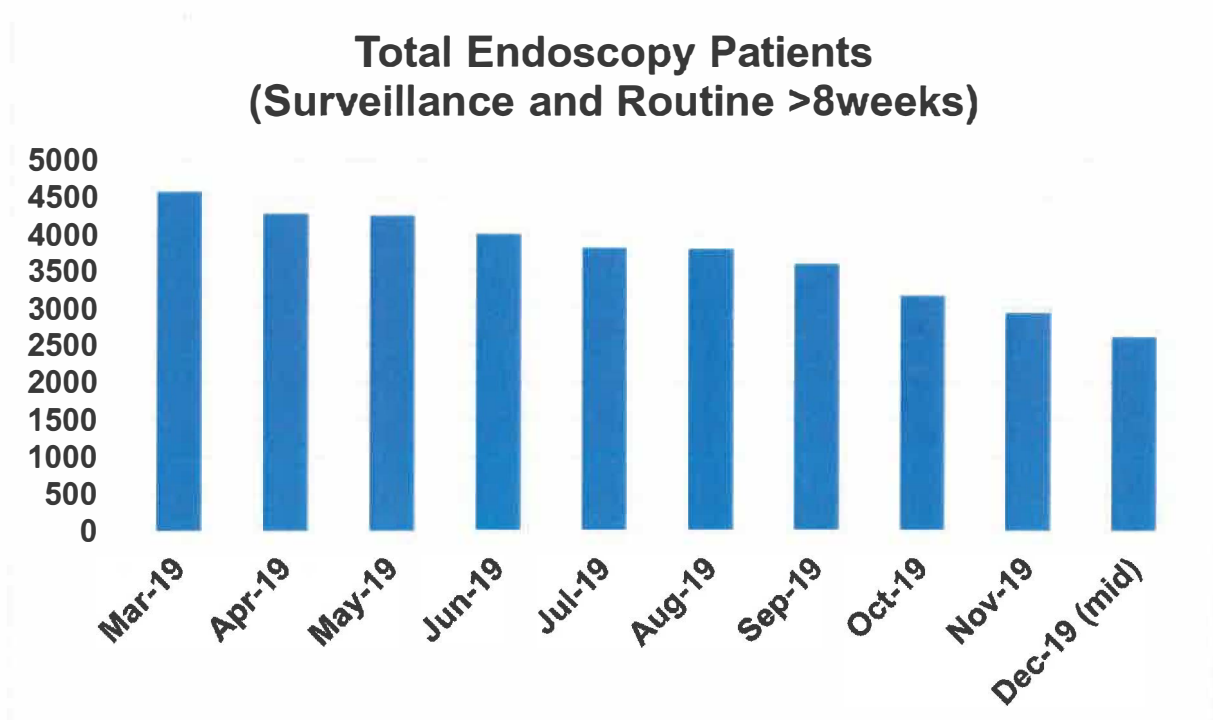
- Locum consultants have been put in place wherever possible
- A temporary mobile unit was brought onto the WMH site and was operational between January 18 and September 18 to increase capacity while we replaced the old endoscopy rooms with new capacity, which went live in October 2019 – as a result we now have an additional gain of one extra room compared to the old unit
- Extra week day/end activity has been commissioned across the Health Board e.g. a list has been running every Sunday at YYGC for Wrexham patients since August 2018.



- We have installed a mobile unit at Ysbyty Glan Clwyd, which has been delayed in terms of being available but will be operational from the 6th January 2020
- We have developed a Wrexham Maelor Hospital Business Continuity Programme Business Case, which includes a circa £60M investment and which received endorsement to proceed to the next stage on December 5th 2019
- We are ringing patients 48 hours before their appointment to further reduce the DNA rate and we are in the process of appointing additional pre-procedure nurses to triage and speak to patients. This will reduce cancellations on the day, through preparing patients for their scope and will improve our utilisation.
- We have undertaken a full capacity and demand review in collaboration with the NHS Wales Delivery Unit
- A North Wales Endoscopy Group has been established to plan our Endoscopy Services; working closely with the National Endoscopy Board which is jointly chaired by the Deputy Chief Medical Officer and the Deputy Chief Executive of NHS Wales.

## 6. Current Position

The Health Board has continued to make progress on reducing our surveillance waiting list and in Wrexham the number of overdue patients has reduced from 913 (April 2019) to 472 (mid December 2019). The chart below shows the number of patients overdue their surveillance or waiting >8weeks for their diagnostic endoscopy and the reduction since March 2019 from 4,563 to 2,601.





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I trust the above provides you with the information you required from BCUHB, and if you require any further information, please do not hesitate to contact me.

Yours sincerely

**Gary Doherty**  
**Prif Weithredwr**  
**Chief Executive**