



Name of project: To reduce the waiting time from the referral to initial assessment

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Kent Community Health NHS Foundation Trust

What was our aim?

To reduce the waiting time from referral to assessment from 24 days to within 10 working days, to improve the patient experience and create earlier opportunities to improve health outcomes by April 2022.

Opportunity to be part of a service wide initiative to **improve, prevent, protect** and **enhance** the positive health outcomes for children, young people and their families.

- **Improve:** Experience and journey
- **Prevent:** Reduce risk and harm on waiting list
- **Protect:** Give proactive preventative positive health messages
- **Enhance:** Resilience and motivation to change

Why is it important to service users and carers?

- All children, young people, their parents or carers receive a high-quality initial assessment
- Aim to initiate a prompt response within 10 working days
- Prevent delay of proactive, preventative health advice and support
- Swift signpost, resources and onward referral where appropriate, "no wrong door"
- Minimise risks that are associated with long waits, for example escalation of need, increase in complexities and deteriorating health issues
- Early intervention to prevent harm
- Standardised process providing equity across our service
- Reduction in waiting time leading to increased satisfaction
- Maximise the opportunity to engage with parents and children and young people early
- Target their motivation to change at the optimum point at the beginning of their journey
- Improve their experience and journey through the service.

Ideas and tests of change

Changes were made to the main areas identified in the fishbone exercise and shown in the driver diagram and these were our criteria, the quality of triage and allocation and initial assessment; therefore, three working groups were set up to examine the following pathways:

- School nursing acceptance and decline to service criteria
- Initial assessments, pathway, process and quality
- Roles and responsibilities of specialist community public health nurses

Data was checked weekly to track improvements with waiting list for general and emotional health referrals.

Mobilisation of the rota to have dedicated staff to complete initial assessments every day.

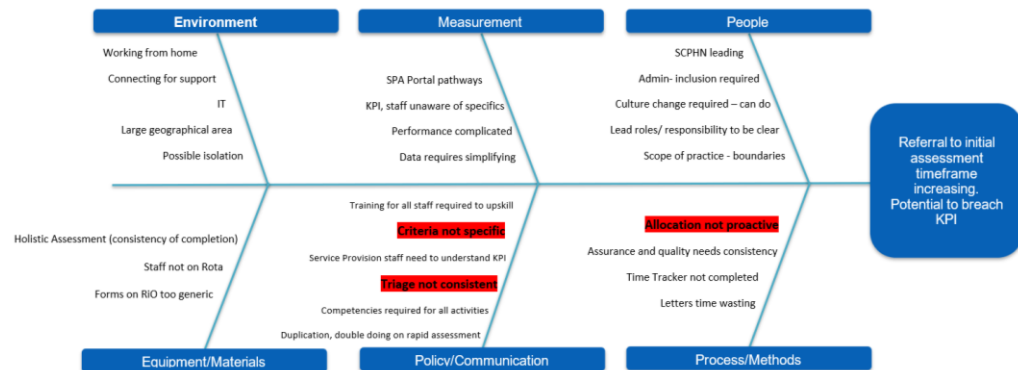
A PowerPoint presentation was shown to all colleagues to engage them with the idea, to create opportunities for inclusion and staff support and training, in relation to expected outcomes in Public Health.

An initial pilot where appointments were booked by administration team to save clinical time, timeframes were tightened with goals-based outcomes and a revised initial assessment document and a schedule was created to maximise appointments in the day.

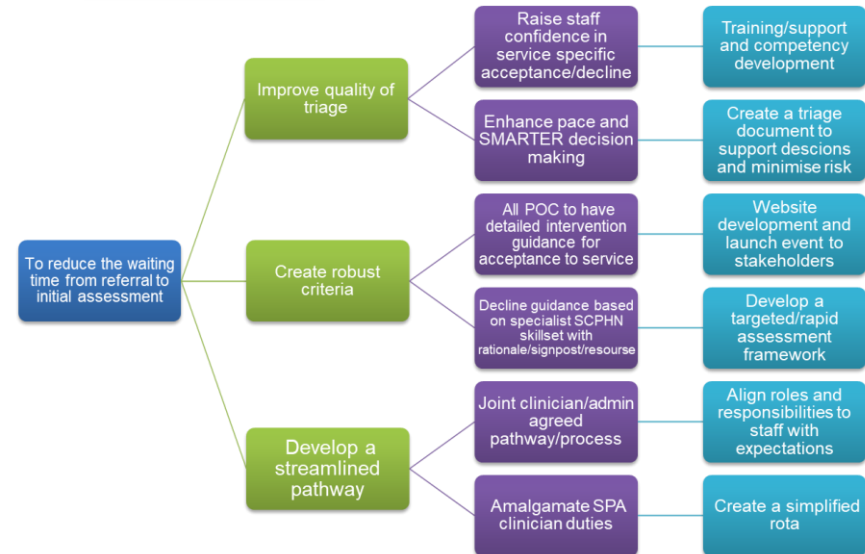
Calls to parents to engage them with the concept and listen to their views on the timeframe.

The tools we used

Fishbone diagram



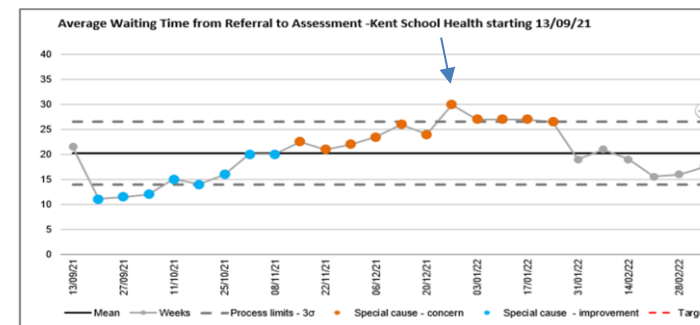
Driver diagram



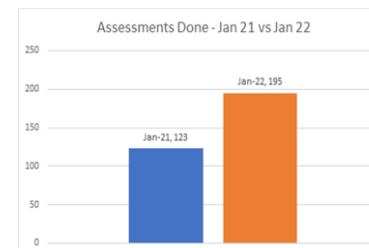
Results/How did we do/Anticipated outcome

A reduction in the number of days from referral to initial assessment.

A reduction in wait times in both emotional and general pathways to within our KPI from 30 to 18 days with a continuing downward trend



An increase in the number of initial assessments completed:



The data from January 2021, shows 123 initial assessments were completed compared to January 2022, where 195 initial assessments were completed. The results indicate the increase in capacity generated from the rota and the mobilisation of additional clinical time has improved performance

Parent feedback, very satisfied "My referral was only sent yesterday and I have an initial assessment booked already"

Parental engagement: 100% of parents reported the response time to be better than anticipated and that all staff were kind, caring, compassionate, knowledgeable and professional.

Staff survey: 100% of specialist community public health nurses, school staff nurses and assistant practitioners felt included in the quality improvement project.

What we learned and what's next

- Utilising our admin team to book initial assessments saved clinical time
- A simplified rota managed by our admin team saved clinical time
- Producing a document detailing key responsibilities reduced the waiting times as staff had clear defined roles
- The production of a robust criteria with documentation and framework to support equity across our pathways prevents CYP unnecessarily being held on a waiting list

Next steps

- Production of a webinar for toileting to prevent long waits for early intervention
- Listening event and reviewing PDSA cycle with staff
- Continue to analyse data to give assurance that waiting times continue to go down following the initial trend
- Allocations to be completed by our administration team
- School staff Nurses to be added to rota to increase capacity to complete initial assessments