



Royal College of  
Paediatrics and Child Health  
Wales

Coleg Brenhinol  
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## **RCPCH briefing for CYPE Committee on community child health workforce data**

The RCPCH carries out a census of the paediatric medical workforce every two years. We are currently in the process of collecting and analysing data for the 2017 census. When complete, this should give us a full picture of the paediatric workforce in Wales and across the UK. The census data provide the most reliable and up to date picture of the community child health (CCH) workforce.

However, we currently only have complete data from two of the seven health boards in Wales: *Powys* (which has comparatively small staff numbers) and *Abertawe Bro Morgannwg. Betsi Cadwaladr* have started their return, but have not yet completed. The remaining four health boards have currently not provided data. We continue to contact the clinical leads for each trust to request this.

The data from the 2015 census show that there were 87 filled CCH posts in Wales: 39 consultants and 48 SAS docs. At first glance, this is a reasonable ratio, even a little better than average in comparison to the rest of the UK. Furthermore, only two CCH posts were reported as vacant in Wales. However, there are some important caveats to note.

First, demand for services provided by community paediatricians vary across the UK and it may be that Welsh CCH professionals are expected to provide more. During the verbal evidence provided at the Committee session, we heard that changes to CAMHS services and other pathways have had an impact on CCH professionals, sometimes adding significantly to workloads or expectations.

Second, we only have information about Less Than Full Time (LTFT) working for 15 of these 87 posts, so we don't know how many of the rest were LTFT. Of the 15 who supplied this data, 6 were LTFT. It is therefore not possible to calculate and compare the overall Whole Time Equivalent available for the service. We would therefore urge caution in using these figures.

Finally, on vacancies: *Cardiff and Vale* and *Aneurin Bevan* health boards – two major employers – did not provide this data, so these figures may be unrepresentative of the true picture in Wales.

In a separate piece of work on CCH, we circulated a survey in 2016 to look at the services provided and waiting lists. Unfortunately, only three out of boards in Wales replied and one of those with partial information. This data does not therefore give us a reliable picture of the CCH workforce in Wales.

Therefore, unfortunately, we are unable to provide complete data about the CCH workforce in Wales. This is something we are very keen to improve in future but we must stress that the data we can provide will only ever be as good as the responses we get from health boards. We are concerned that several health boards have not responded to our surveys or to our census. We are also concerned that even when data is provided it is often incomplete. We don't know why this might be

but it is plausible that health boards under pressure have not allocated resources (primarily in terms of staff time) to gathering or supplying this data.

There is much discussion in Wales about designing services for the future, not least in response to the recent report from the Parliamentary Review. However, it is difficult to see how we can accurately design and support services without workforce information. We would therefore appreciate any support from the Committee as a whole or from individual members in encouraging and supporting health boards to submit data in full.

The Committee and its individual members might consider writing to the Health Boards to encourage them to engage in these processes, or ask the Cabinet Secretary what actions the Welsh Government is taking to ensure that health boards collect and share data on workforce with us and other Medical Royal Colleges or other organisations carrying out this work. Finally, we note that Health Education and Improvement Wales will have a role in workforce intelligence and planning. We look forward to discussing this in more detail with HEIW after April 2018 with a view to agreeing ways of working together to improve data collection in paediatrics.