Report to	Date
Executive Leadership Team	**25 October 24**

Clinical Harm Review Framework

Executive Summary

This paper sets out the clinical harm review framework that was established for the Gender Identity Development Service (GIDS) and the proposal for implementation across all Trust clinical services to ensure a consistent approach.

All NHS organisations are required to make arrangements for the management of waiting lists to ensure patients receive timely, equitable access to treatment in line with National Access Standards and the NHS constitution, and to ensure concordance with the 'Measuring waiting times in non-urgent mental health services for adults and older adults (2022)'.

Delivery of the waiting list recovery plans for clinical services remains challenging due to several factors including:

- Very high referral rates to some services – significant increase in recent years for some services, and/or exceeding what the service was originally commissioned for.
- Lack of clarity on clinical pathways
- Appropriate data to effectively manage the Patient Tracking List (PTL)

Recommendation to the ELT

ELT are asked to note the:

1. Formation of the Steering Group and it's terms of reference
2. Clinical Harm Review Framework.

Trust strategic objectives supported by this paper

1. Providing Outstanding Patient Care:
    - Identification and risk stratification of patients on waiting lists over 52 weeks.
    - Improved patient access, oversight, and flow.
    - Improved patient experience

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Mobilisation of the Tavistock and Portman NHS Foundation Trust Harm Review Framework

1. Introduction

1.1. This paper sets out the clinical harm review framework in the Gender Identity Development Service (GIDS) proposal for the Trust to implement to ensure consistency across all service lines.

1.2. All NHS organisations are required to make arrangements for the management of waiting lists to ensure patients receive timely, equitable access to treatment in line with National Access Standards and the NHS constitution, and to ensure concordance with the 'Measuring waiting times in non-urgent mental health services for adults and older adults (2022)'.

1.3. Delivery of the waiting list recovery plans for clinical services remains challenging due to several factors, which include very high referral rates to some Teams, lack of clarity on clinical pathways, and lack of appropriate data to effectively manage the Patient Tracking List (PTL).

2. Context

2.1. The Trust is undertaking significant transformation work through the implementation of Quality Improvement (QI) methodologies to address waiting times. It is acknowledged that the current QI initiatives alone will not have a significant impact on the long waiting times.

2.2. The Trust currently has oversight of waiting times through the Patient Tracking List (PTL) with well-developed data sets.

2.3. While attempts have been made to understand, define, and monitor harm due to waiting, the Trust does not currently have a consistent definition and shared understanding of data capture.

2.4. **Risks due to increased waiting times and potential harm** - the risks of harm due to waiting are associated with the experience of waiting, and therefore waiting times, and broadly the risks due to both would include risks in the areas of a) Quality b) Performance c) Reputation.

2.5. It is important to ensure that patients waiting longer than the Referral to Treatment Target (RTT), are screened, and supported to help reduce harm. This will help ensure that patients on waiting lists access local services and support.

2.6. **Waiting times** – the cumulative increase in the number of referrals and complexities to clinical Teams has resulted in certain Units not meeting their current RTT. This is not unique to the Trust and aligns with the national picture.

2.7. **Potential harm due to long waiting times** - the experience of waiting for an assessment and/or intervention may lead to deterioration of the presenting need. This is conceptually different to the "unintended harm" that can potentially occur over the course of an assessment or intervention.

2.8. Reviewing harm using a single measure can be challenging due to the range complex presentations and specialist services the Trust offers. In addition, the following complexities may need further consideration.

2.8.1. A decline in health is conceptualised as an increase in distress and acuity of presenting needs.

2.8.2. Distress and acuity vary in health conditions and settings; and coping response can be highly subjective.

3. Clinical Harm Reviews

3.1. Several teams have not met the four- and eighteen-week RTT. In addition, some Units have hidden waits between interventions within a pathway. (See App 3)

3.2. There have been instances whereby, patients have come to harm whilst on Trust waiting lists. The harm review process will help clarify roles and responsibilities around risk management, aligned to the Trust Harm Review Standard Operating Procedure (SOP).

3.3. The harm review framework will support the Trust's governance and assurance process in line with national expectations. It will help provide assurance to internal and external stakeholders that the risks associated with long wait times are attended to. Whilst this SOP is applicable across the Trust, it is recognised that Teams and Units may adjust the process to meet the needs of their target population.

3.4. The purpose of a clinical harm review is to:

- Identify any harm which may arise for patients waiting for more than 52 weeks on a Trust waiting list.
- Ensure that where harm is identified, it is recorded, and appropriate action taken.
- Ensure learning and sharing across the Trust.
- Ensure that the Trust adheres to the Referral to Treatment RTT

4. Proposal

4.1. We are proposing the establishment of a Clinical Harm Review Steering Group to ensure a consistent approach to embedding the implementation and delivery across clinical services.

4.2. All units and teams conducting clinical harm reviews will report their progress against the implementation plan, including qualitative and quantitative data on reviewed cases, identified themes, and mitigation strategies. These reports will be presented at the weekly Quality Improvement Huddle and the monthly Clinical Harm Review Steering Group. The steering group will convene more frequently during the initial phase of the process and will report to the bi-monthly Trust Quality and Safety Committee.

4.3. All Teams and Units to have a process for Clinical Harm Reviews built into their Standard Operating Procedures [SOPs].

5. Process

5.1. All clinical services will use the Trust Clinical Harm Review Standard Operating Procedure: [Harm review standard operating procedure (tavistockandportman.nhs.uk)](tavistockandportman.nhs.uk)

5.2. All services to use the existing risk stratification template and tool co-produced with the NCL Integrated Care Board and NHS England London region quality team. (see exemplar template attached)

5.3. Services with waiting lists over 52 weeks should ensure identified risks are recorded on their local risk register on the incident and risk management system, Radar.

5.4. Oversight and escalation of risks at the appropriate service and Trust forums.

5.5. A clinical harm review is triggered when timeframes within the SOP is breached, or when an incident is reported of a patient is on a waiting list comes to harm.

5.6. Review all patients on the waiting list for harm, stratified and prioritised by risk and their wait times including interrogation of CareNotes and the referral.

5.7. Where risk is identified clinicians must notify the referrer and professional network and signpost to appropriate service where indicated i.e. mental health/IAPT/safeguarding etc. All assessed clinical risk must be recorded on CareNotes in the relevant risk or safeguarding form.

5.8. Where immediate risk of harm to the patient is identified, clinicians must ensure that the patient is referred and acknowledged or accepted by the appropriate emergency or urgent care service. The clinician must record the outcome of the referral as outlined above and as a clinical note summary.

5.9. Tertiary and quaternary specialist services are not commissioned to provide emergency care.

6. Prioritisation of service lines

6.1. The Trust has identified the services listed below as priority for focused interventions based on their current wait times:

- Trauma
- Autism
- Gender Identity Clinic (GIC)
- Primary Care and PCPCS

6.2. These services currently receive active directorate-level interventions towards waiting times and harm monitoring. Progress against plans is reported at the weekly service QI huddles and Integrated Quality Performance Report (IQPR) meetings. Learning from each service line will be embedded as service level action plans within the improvement highlight reports and reviewed at the weekly QI Huddles.

6.3. The remaining clinical services may use this framework in shadow form outside of these priority services.

7. Interventions to manage and reduce harm during waits.

7.1. The introduction of interventions such as validating waiting lists via Patient Tracking Lists (PTL), demand and capacity analysis.
7.2. Services have adjusted the PTL process as deemed appropriate.
7.3. All Teams and Units must ensure that appointment and Did Not Attend (DNA) and Was Not Brought (WNB) policies are consistently applied.
7.4. Some services have introduced intake teams to help ensure screening and triaging to appropriate Units.
7.5. Each service line action plan, must also demonstrate a cumulative reduction in waiting times, provide mitigation where there is variance.

8. Interventions to monitor and reduce risk of harm.

8.1. A semi structured approach to capturing and monitoring the data must be carried out using the Trust approved template. These include proactive monitoring and self-management advice, including:

8.1.1. Appropriately qualified clinicians to screen all referrals to ensure timely identification and management of urgent risks and needs.
8.1.2. Risk-based stratification of clinical caseloads and regular contact with the patient and or their professional network.
8.1.3. Contingency and planning advice on how to recognise signs of risk, further deterioration and contact support network.
8.1.4. Clinical services to develop and implement risk stratification tool within the first quarter of commencing the harm review process.

8.2. The Clinical Harm Review Steering Group will support clinical Units to ensure that harm review data is reliably and consistently presented at local Clinical Governance and Trust Quality Committee meetings.

8.2.1. Patient safety incidents associated with long waiting times. This can be established by checking if the patient was on a waiting list at the time of the incident.
8.2.2. Patients experience information through concerns and complaints associated with waiting times.

9. Next Steps

9.1. Commence the Clinical Harm Review Steering Group to oversee the implementation and mobilisation of the Framework across all clinical services.

9.2. Ensure oversight on waiting times trajectories, particularly in evaluating the impact of the specific interventions to reduce waiting times. This will be undertaken via the established Quality Improvement programme aligned with the Trust Strategic Priorities.

9.3. Oversight of harm monitoring and reviews with an expectation that clinical services have a consistent approach to monitor/mitigate harm that meets the standards of assurance.

9.4. Complete audits to ensure to ensure standards are met.

9.5. Explore and test the fidelity of the data by triangulating waiting lists, with safety incidents and patient experience.

9.6. To challenge the logic used by clinical Teams and Units in their improvement plans to ensure they realise access-based outcomes on pathways in line with clinical standards.

9.7. Agree Key Performance Indicators (KPIs) for Harm monitoring, review, and reduction for 24/25.

10. Governance Framework

Fig 1: Harm Review Governance

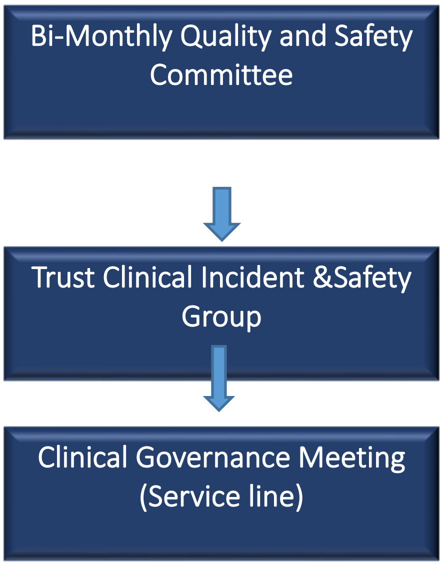
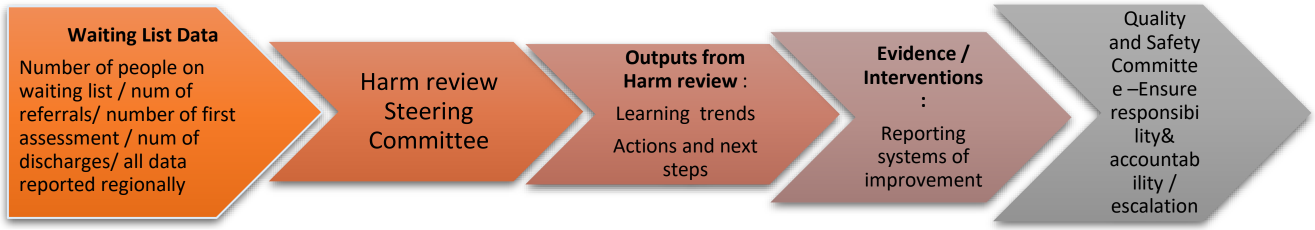


Fig 2. Harm Review Process Map



11. Resources Required

11.1. A significant amount of clinical, administrative, and managerial resource is required to attend to the task of reviewing the current Trust waiting lists. Without significant investment and support, the Trust may not deliver the waiting list recovery plan.

11.2. We propose that the Trust deploys some of the Emergency Recovery Fund (ERF) staff to complete baseline review of the data supported by the new Operational Business Support Manager role.

11.3. Ensure the Trust has appropriately trained clinicians with experience/training in undertaking clinical risk assessments and/ or harm review.

11.3.1. Based on initial time in motion exercises conducted, each review will take approximately 60-90 minutes depending on complexity.

12. Conclusions and Recommendations

12.1. ELT are asked to note the formation of the Harm Review Steering Group, its terms of reference and the Harm Review Framework

12.2. ELT are asked to discuss the resource implications and advise any additional governance required of this process.