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Leicestershire Partnership NHS Trust

Public Meeting of Trust Board – 27th April 2021

Waiting Times and Harm Review Monitoring

Purpose of the report

1) To present an overview of approaches to maintain oversight and manage waiting times
2) To present an overview of approaches taken to monitor and mitigate the risk of harm to people on waiting lists
3) To present an overview of governance to oversee and support waiting time management, and harm monitoring, review and reduction.

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Analysis of the issue

1) **The context**:

Waiting times : The growing demand on services has resulted in service users waiting for longer than the expected duration resulting in waiting lists. This has been compounded by the challenged presented by Covid-19.
In LPT, the picture is not dissimilar to the rest of the country in terms of the challenges faced due to increasing numbers of people waiting for services, across Primary care, Acute care, and Secondary care. In that context, it is useful to note that LPT is also undergoing significant transformation to redress antiquated service models and employ several Quality Improvement methodologies to address waiting times through continuous improvement modelling rather than ad hoc structural service changes.

Harm due to waiting: the experience of waiting for an assessment and/or intervention can admittedly lead to a deterioration in the condition that the service user was primarily referred for. This is conceptually different to the "unintended harm" that can potentially occur over the course of an assessment or intervention. Appraising harm as a result of waiting for an assessment or intervention; using a single measure is challenging due to the diverse range of services LPT offers, and also due to the following complexities

a) The decline in health (understood as increase disability or distress) varies across health conditions and settings
b) The experience of distress and disability and the coping response can be highly subjective

The oversight of waiting times has led to well-developed data sets. However, the oversight of harm due to waiting has eluded consistent definition and data capture due to complexities as described above. Attempts to understand, define and monitor harm due to waiting is being undertaken at a Service line level as described below.

2) **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
Details of the risk are captured and updated on Risk 28 of the ORR.

Proposal

This section of the paper summarises the steps taken towards oversight and assurance with regards to Waiting times and Harm review. A Strategic Waiting Times and Harm review Committee (SWTHR) was set up in July 2020 and reports to FPC. This Committee receives regular highlight reports from the three Directorates, and this section of the paper summarises the actions of the Directorates and Governance arrangements towards managing waiting times and monitoring/reducing risk of harm.

1) **Prioritisation of service lines**

Each Directorate was advised to prioritise service lines for active focussed interventions; based on long waiting times (>52 weeks) and based on clinical risk. Each Directorate has identified priority service lines (see below) based on a structured and consistent prioritisation process. These services are receiving active Directorate level interventions towards waiting times and harm monitoring; and these are reported at the SWTHR; but the other service lines with the Directorates are also receiving oversight.

Current priority services are:
CHS

- Continence
- Community Integrated Neurology and Stroke Service (CINSS)

Recently removed – heart failure and respiratory services are now meeting targets and so risk of harm has reduced

DMH

- Adult CMHT
- Adult Attention Deficit Hyperactivity Disorder (ADHD)
- Memory Service
- Cognitive Behavioural Therapy
- Dynamic Psychotherapy
- Personality Disorder

(Due for review by end of Q1)

FYPC

Audiology
Community Paediatrics
Children's Speech and Language Therapy
Neurodevelopmental
CAMHS Eating Disorders

(Under review with intention to add CAMHS Access)

2) Interventions to manage and reduce waiting times

Each Directorate has adopted various structural and process solutions, as deemed appropriate to that particular service line. These include Directorate level interventions such as Central Access Point (CAP) in DMH, and Service level interventions (such as validating waiting lists, Patient Tracking Lists (PTLs), Demand and capacity analysis, making SOP's consistent etc.) The details of approaches taken towards each service line are embedded as a service level action plan within the Directorate highlight reports. Within action plans, there is an expectation to describe waiting times and expected impact of the various waiting time interventions on the waiting time trajectories.

3) Interventions to monitor and reduce risk of harm

Each Directorate has taken a semi-structured approach to monitoring and mitigating the risk of harm. These include proactive monitoring and self-management advice, such as

a) Risk based stratification of clinical caseloads; and regular contact with these patients by clinical/admin colleagues to enquire about a change in clinical status
b) Contingency care planning advice: with advice on how to recognise sign of deterioration and whom to contact

Apart from the above direct interventions by colleagues in the Directorates, the SWTHR have set up a process whereby information about proxy measures of harm are presented at the committee including

a) Patient safety incidents that are associated with the experience of waiting ; usually established by checking if the patient happened to be on a waiting list at the time of the incident
b) Patient experience information in the form of concerns and complaints associated with waiting

At this point, we are establishing if these proxy measures can be reliably and consistently presented in a highlight report to the SWTHR. Based on the first subset of data with regards to patient safety incidents; we did not find any incident associated with waiting but that needs to be tested and confirmed. We have not received Patient experience information yet, but that is expected to be a regular feature of our reporting in the future.

4) Next Steps

a) Due to Covid, a decision was made to step down L2/L3 Committees, but given the significance of the challenge, the SWTHR has been reinstated from March 2021.
b) To ensure oversight on waiting times trajectories, particularly in terms of evaluating the impact of the specific interventions to reduce waiting times. This will be undertaken via the established programme of Directorate Performance Reviews
c) To ensure oversight of harm monitoring and reviews; with an expectation that service lines have a consistent demonstrable process to monitor/mitigate harm; that meets the standards of assurance. At a very basic level, this could take the form of audits to ensure standards of harm monitoring/mitigation are being met as per the SOP for each service.
d) To explore and test the reliability of triangulating waiting lists, with safety incidents and patient experience; and feature this on highlight reports to FPC.
e) To challenge transformation models, in terms of their expected benefits to improved appropriate access based on pathways in line with clinical standards and needs; and thereby reduce waiting times, and by implication; the risk of harm due to waiting.
f) To develop Key Performance Indicators for Harm monitoring, review and reduction for 21/22.

Decision required

Colleagues in the Trust Board are requested to:

1) To consider the narrative and receive assurance on progress made towards monitoring and oversight of waiting times and harm monitoring/reduction.
2) To support receiving the narrative and data on Waiting times, and Harm Review; as a single report to the FPC; rather than two separate reports.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	Medical Director	
Paper authored by:	Medical Director	
Date submitted:	19/04/2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Data and information previously seen at Waiting Times and Harm Review Committee 26/03/2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	This is a one-off report requested by the Trust Board	
STEP up to GREAT strategic alignment*:	High **S**tandards	✔
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	✔
	Trust Wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	ORR 28;
Is the decision required consistent with LPT's risk appetite:	No	
False and misleading information (FOMI) considerations:	N/A	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	NA	