

Addressograph here

Provider:

Pathway (specialty):

Designation of clinician completing review:

Incident number:

Date of review:

1. Total weeks waiting + category			
2. What were the reasons for the delay?			
	Primary reason	Secondary reason	Other reason
Delays by other provider(s) involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delayed diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of equipment/access to equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancelled clinics (Trust non-COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient choice (cancelled appointments, holidays etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce – staffing levels/sickness/annual leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 – direct impact:			
<i>C-19 Patient choice – anxious</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C-19 Lack of diagnostics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C-19 Cancelled clinics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C-19 other: please state</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient / G.P. involvement			
i. Has the patient been informed of plans in place and advised of red flags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, not required <input type="checkbox"/>
ii. Has the patient's GP been informed of plans and advised of red flags?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, not required <input type="checkbox"/>
4. Current clinical harm rating (Please report all levels of harm as an incident)			
Please tick one box below	Overall Clinical Harm rating	Definition	Recommended action(s)
<input type="checkbox"/>	None	Neither current wait nor proposed deferral of investigation or treatment will cause organ damage or alter management	Consider discharging to primary care with appropriate safety netting. If not appropriate, continue with existing Priority category and review pathway annually
<input type="checkbox"/>	Mild	No actual harm caused by current wait but proposed deferral may cause limited harm (no organ damage or change in prognosis but may impact on psychological well-being or functional status)	Consider discharging to primary care with appropriate safety netting. If not appropriate, continue with current Priority category and schedule next event (accounting for time already waited)
<input type="checkbox"/>	Moderate	Current wait has caused mild actual harm <u>or</u> Proposed deferral may cause moderate harm in terms of organ damage, altered prognosis, change in treatment options, reduced functional status, severe pain and/or significant psychological distress	Move up a Priority category (from current category) and schedule next event (accounting for time already waited) Alert patient and GP
<input type="checkbox"/>	Severe	Current wait has caused moderate actual harm <u>or</u> Proposed deferral may cause severe harm in terms of organ damage, altered prognosis, change in treatment options, reduced functional status, severe pain, overwhelming psychological distress, and/or treatment intent changed to palliative/terminal care only	Move up a Priority category (from current category) and consider if harm warrants escalation to P1b Alert patient and GP Ensure active tracking at least weekly
5. Comments (e.g. low physical harm but high psychological harm evident)			
6. Key learning (if applicable, please include any actions for improvement – with timescales, if possible)			

¹ Adapted from NHS West Hampshire CCG & [Towards a standardised method of patient prioritisation that accounts for clinical harm | RCP Journals To be read in conjunction with https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/10/C0760-Clinical-validation-of-surgical-waiting-lists-1-2.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/10/C0760-Clinical-validation-of-surgical-waiting-lists-1-2.pdf)

² Harm as indicated by one or more of the following

- further disease progression
- a reduction in treatment options available to them
- the need for more radical treatment/surgery
- prolonged (28 days or more) psychological harm
- loss of functionality greater than anticipated, based on their condition
- loss of independence/significant lifestyle changes (e.g. employment, education, caring responsibilities, social)

Matrix of Clinical harm against clinical priority & recommended action (ICHT, 2021)

Level of clinical harm	Clinical priority				
	Priority 1a: <24 hrs Priority 1b: <72 hrs	Priority 2: <1 month (urgent and cancer)	Priority 3: <3 months (routine expedited)	Priority 4: >3 months (routine)	Adapt or bespoke investigation/treatment site/follow up
None	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/treatment site/follow up
Mild	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/treatment site/follow up
Moderate	Stay P1 PTL ³ review daily or weekly	Stay P2 PTL review by 1 month	NEW P2 PTL review by 1 month	NEW P3 PTL review by 3 months	Adapt or bespoke investigation/treatment site/follow up
Severe	NEW P1a PTL Review daily	NEW P1 b PTL review daily or weekly	NEW P2 or P1b PTL review by 1 month	NEW P2 or 1b PTL review by 1 month	Adapt or bespoke investigation/treatment site/follow up

³ PTL = Patient Transfer List