University Hospitals of Leicester NHS Trust

Questions submitted to the Trust Board meeting on 2 September 2021

The following questions were received from a member of the public in advance of the deadline for submission of questions from the press and public (12noon on Tuesday 31 August 2021) and the Trust's response is provided following each question:-

Question 1:
Regarding patients waiting in urology and hence the RTT performance for urology, how is the service clinically reviewing patients waiting over 18 weeks for a new appointment?

Response to question 1 by the Acting Chief Operating Officer:

All patient referrals are clinically reviewed at the time of referral and patients are triaged to determine clinical urgency. All patients marked as urgent by the clinical team, are moved into "sooner" appointments (although we appreciate that this routinely remains over 18 weeks at present). Routine patients are dated in date order as clinical capacity becomes available.

Patients who are on the Referral to Treatment (RTT) pathway who experience a change in symptoms are encouraged to contact the department (their Consultant) directly or seek support from their GP to inform the Consultant of the change in clinical condition. These notifications are followed up in terms of a casenote review by the Consultant who may then make the clinical decision to expedite the appointment/treatment.

In addition, Leicester, Leicestershire and Rutland GPs have access to the UHL advice and guidance system which provides another platform to seek advice regarding specialist clinical advice. This advice can result in expediting an appointment or the provision of additional support in the community whilst they await an appointment. We would add that the decisions we are able to make are based on the information provided by the GP.

Question 2:
Where is the specific urology RTT plan in the board report, and why are UHL not seeking more capacity such as they have done for orthopaedics?

Response to question 2 by the Acting Chief Operating Officer:

The Trust Board receives reports on quality and performance at each meeting. The report is strategic in nature and tracks the same at an organisational level. In addition for September, a report specific to elective and diagnostic restoration and recovery will be shared.

Service specific performance is managed at a sub-board level with each of the Clinical Management Groups and their senior leadership teams.

As part of the Trust's restoration and recovery programme for all affected specialties, Urology have approached a number of additional providers (including independent sector providers) to support during this challenging recovery period. However, Urology is a specialist area and many of our local and regional NHS and independent sector partners are not in a position to offer the NHS any additional capacity at present.

During the early period of the pandemic we were able to access additional theatre capacity in the local Spire setting, but in order to accommodate this we were unable to run additional clinic capacity in any other setting. We stretched our workforce considerably in an attempt to keep as much activity running as possible to ensure that patients deemed to be clinically urgent were seen and treated as quickly as possible.

We have agreed as a department to continue to prioritise cancer patients and those deemed to be clinically most urgent. Unfortunately, this continues to impact our routine patient cohort with no obvious solution in gaining additional clinic capacity.

Question 3:
Which providers has the board asked to provide urology services and what was the response? If this response was no capacity, how is UHL expanding urology services locally and how many more

appointments and operating hours will that mean for the month of September, 2021 and the month of October, 2021?

Response to question 3 by the Acting Chief Operating Officer:

It is important to note that none of the local to Leicester independent sector providers have ITU facilities and a proportion of Urological oncological surgical procedures require an ITU level of post-operative care.

The Urology service has approached a number of additional providers, including independent sector providers to support during this challenging recovery period. However, Urology is a specialist area and many of our local and regional NHS and independent sector partners are not in a position to offer the NHS any additional capacity at present. These include Leicester Spire (although this partner has been able to help earlier this year), Peterborough, Northampton and Kettering NHS Trusts, Ramsay Healthcare and Nuffield and Nottingham BMI Healthcare.

Urology have had two patients treated by University Hospitals Coventry and Warwickshire (UHCW) for complex robotic procedures and we continue to work with UHCW to try to utilise dates provided to us. A further two dates were offered and a number of patients were contacted and declined the offer as they did not wish to travel.

Question 4:
How does the Trust know that the excessive waiting times are not effecting hospital mortality rates and where is this assurance reported to the Board?

Response to question 4 by the Medical Director:

UHL monitors hospital mortality rates and learning from deaths in the following ways:

- Medical examiner process – an independent scrutiny of deaths that involved speaking to members of clinical team ie certifying doctor; scrutiny of case notes and speaking to the bereaved to determine if a coroner referral is required or a death certificate can be issued and whether further review is indicated as part of the Specialty Mortality and Morbidity process or an investigation by the Patients Safety Team;
- Bereavement Support Service – routinely make follow up contact calls to the bereaved 6-8 weeks after death to ask if any unanswered questions or earlier where questions have already been raised and need further discussion or to feedback responses from the clinical team;
- Clinical Team and Specialty Mortality Reviews – using either a Clinical Review or national Structured Judgement Review template designed to support reflection and identification or learning and actions to improve care;
- Child Death Reviews and Perinatal Mortality Review Group reviews – using national template and externally reported to the relevant Area Child Death Overview Panel and MBRRACE-UK;
- Patient Safety Incident Reviews, Investigations and Complaints – learning identified as part of reviews or investigations undertaken through the patients safety route relating to deceased patients and from inquest findings and Prevention of Future Death letters are fed into the Learning From Deaths process;
- Routine monitoring and review at the monthly Trust's Mortality Review Committee (MRC) of our crude and risk adjusted mortality rates (both HSMR 'Relative Risk' and SHMI) and working with our Doctor Foster Intelligence (DFI) Consultant to undertake further analysis of diagnosis or procedural groups which appear to have a higher relative risk and then cross referencing this with internal data and Learning from Deaths information to confirm whether there is any learning around clinical pathways or individual patient's care;
- UHL commissioned reviews – where 'alerts' raised, either through National Clinical Registries (eg Society for Cardiothoracic Surgery, Renal Association, National Vascular Registry, National Hip Fracture Database, NHS Blood and Transplant, British Association of Urological Surgery) or where other internal data indicated potential for learning, and
- Quarterly reports to the Quality Committee and Trust Board.

Question 5:

Does the hospital categorise patients waiting over a year for treatment as an unintended incident and if so how is it addressing its duty of candour obligations with these patients?

Response to question 5 by the Acting Chief Operating Officer:

The impact of Covid on the current wait times for many UHL patients is not recorded as an individual serious incident. However, UHL as an organisation, and Urology as a clinical service, is accountable for the safety of patients during their waiting period. As such, UHL is continuing to make sure that effective, clinical reviews are carried out appropriately to manage patient safety and to prioritise patients clinically.

Within the Urology service, a clinical casenote review is conducted for every patient waiting over 52 weeks and this is monitored by the service board and the Clinical Management Group Board. The service has, and continues to work through clinically defined cohorts of patients to prioritise the clinically urgent and cancer patients. These cohort reviewed are then supplemented by individualised clinical casenote reviews.

The work is being led by the CHUGGS Clinical Director and facilitated by the Urology clinical leads.

To ensure transparency with both wait times and the processes we are following as an organisation, the Trust is in the process of writing to all patients currently on our waiting list.

Question 6:
Have all the 12k patients waiting over a year for treatment, been contacted by the hospital verbally with an apology recorded in their medical records?

Response to question 6 by the Acting Chief Operating Officer:

No, the trust has not verbally contacted the patients currently waiting over 52 weeks.

The Trust is in the process of writing to all patients currently on our waiting list. This letter has been produced in partnership with GPs and other primary case based clinicians to ensure that patients experience joined up care and support whilst they are waiting. The letter offers an apology to all patients for the wait and the impact this is having on both their lives and those of their families.

LLR is setting up a patient support phoneline for those waiting for diagnostics and/or an appointment so that they are able to both let the right clinician know about any changes to their symptoms or condition (which will start a casenote clinical review and a potential re-prioritisation of appointment), as well as access other services which might be available to them during the waiting period.

These additional services might be community based and accessible through social prescribing, or might be alternative clinical services such as physiotherapy. The offer will be individualised to each patient.

Question 7:
How is UHL assessing the mental harm done to patients from waiting over 18 weeks for treatment?

Response to question 7 by the Acting Chief Operating Officer:

UHL, in partnership with the other NHS organisations across LLR, is aware of the impact of the pandemic, changes to health and social care services and the affect this has on the people who rely on them. Unfortunately, there is no current methodology to psychologically assess the impact of experiencing a wait for treatment on individual patients.

However, in response to the well documented impact of the pandemic on the mental health and wellbeing of our communities, (including on those waiting for care), NHS partners across the LLR system are investing in additional community-based mental health and wellbeing services including a 24/7 Central Access Point for all patients experiencing any mental health problems (0808 800 3302).

As previously mentioned, the Trust is in the process of writing to all patients currently on our waiting list. This letter has been produced in partnership with GPs and other primary case based clinicians to ensure that patients experience joined up care and support whilst they are waiting including emotional support.

Kate Rayns
Corporate and Committee Services Officer