NHS
University Hospitals
of Leicester
NHS Trust

Caring at its best

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[redacted]

25 July 2017

Our Ref: JA/mj/MD/AOC/MH

Mrs C E Mason
H. M. Coroner,
Leicester City and South Leicestershire
Town Hall
Town Hall Square
Leicester
LW1 9BG

Dear Mrs Mason

Ref: Michael John Halfpenny

I write with respect to the Regulation 28 letter sent by your Assistant Coroner, Mrs Brown, on 1st June 2017 and the concerns detailed therein relating to the University Hospitals of Leicester NHS Trust, which I accept.

I can confirm that we have taken immediate actions to remedy the safety matters identified and I will now detail these actions:-

1. We have reviewed the process for rejecting imaging within the Trust. The guideline 'Process for the Rejection of Imaging Referrals' is being strengthened and updated and will now include an explicit requirement that rejected referrals need to have a clear statement of why the rejection has been made and a comment must be put on CRIS (the Radiology IT system) that a rejection letter has been sent to the referrer. This is being led by our Service Manager for Imaging and it is anticipated that this guideline will be available by the end of July 2017.

2. We have implemented a new system for redirecting any imaging referrals that inadvertently get sent to the incorrect team. The Imaging Team, led by the Clinical Director for Imaging, has provided clear instructions to their administration and clerical staff to forward screening requests to the relevant service. A rejection letter will be sent to the referrer detailing the action that has been taken and any further actions required by them.

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3. With respect to the UHL Screening Committee, this group was established in January 2017 to provide oversight and governance to the increasing number of national screening programmes now in place. This committee was therefore not in place at the point that the request from the GP regarding Mr Halfpenny was made to the Trust. A key function of this Committee is to review the process of referrals, the validity of rejected cases (i.e. those that fall outside the scope of the screening programme) and of course, any incidents reported relating to screening programmes. This committee will augment the rigorous quality assurance element already required for screening programmes which is monitored by the Regional Screening Group.

In addition to the above our Head of GP Services has sent out a new communication to GPs in our monthly GP newsletter to explicitly inform them of how to refer in to the Screening Programme.

The Vascular Service is also planning to attend GP Protected Learning Time sessions to raise awareness. This will be overseen by our AAA Screening Programme Manager, and it is anticipated that this will be a rolling programme which will have commenced by the end of July 2017. Furthermore, local GPs use a system called PRISM which is a desktop application integrated into their electronic records that provide referral guidance. Our Associate Medical Director, [redacted] working in collaboration with Primary Care colleagues, will arrange for the referral pathways for AAA patients to be added onto this system so that this information can be easily accessed at the point of patient care. It is anticipated that this will also have occurred by the end of August 2017.

I trust this response assures you that we have taken immediate and extensive actions and that we are working with internal colleagues and external partners to safeguard future users of the service.

Yours sincerely

John Adler
Chief Executive