University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 13163

Description: FOI Requests - Copies

Response

I have recently changed employment, and email address, and wondered if it would be possible for you to forward any outstanding FOI responses which have been sent to me at [redacted] *within the last 12 months?*

Please find attached the Disclosure Logs for the following FOI requests:

10570, 10659, 10660, 11168, 11219, 11221, 11631

The FOI requests cover the period 13 December 2019 to 13 May 2020.

Copies of the Disclosure Logs can be found on the Trust website as follows:

www.uhmb.nhs.uk/our-trust/freedom-information

Trust Headquarters:
Westmorland General Hospital
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University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 10570

Description: Patient Data - RCA

Response

As an aside, and additionally, can you let me know if an RCA was carried out after a patient came into FGH in an afternoon on a weekday in approx. August/September 2016 with a single kidney which was infected and obstructed. The patient apparently ended up on intensive care and was apparently put on haemofiltration.

You provided the following details on 20 December 2019:

Apologies for the delay in responding; I've been trying to get hold of the info.

Unfortunately I don't have a huge amount of identifying information... I know the patient was male and was treated at FGH in August/September 2016 for sepsis and an infected obstructed kidney.

He was treated initially by a Consultant who was on-call from the RLI.

The patient was admitted to ICU at FGH on a weekday. He was likely in ICU for 2/3 days and perhaps discharged after five days.

He was taken to theatre by PD at FGH. PD tells me that during this period (Aug/Sept 2016) he did not carry out many operations at all and this was probably one of just a handful of operations he carried out. It was also carried out as an emergency and not on a routine list.

If it assists, this patient is referred to on page 156 of PD's book Whistle in the Wind.

Furthermore, if it helps, Aaron Cummins has said UHMBT has identified all patients referred to in PD's book so he will be one of around 30 patients identified.

The incident followed PD's return to work in August 2016. The relevant section is below:

As I explained some three months later to DW and AJ: 'If there's anything more urgent than an infected obstructed kidney then it's an infected obstructed single kidney'.

Rather than undergoing immediate emergency surgery to relieve the obstruction and drain the infection, the patient in question had been sent to the Intensive Care Unit for antibiotics and haemofiltration (a kind of dialysis to compensate for the blocked, infected and failing single kidney)

rather than having their sepsis definitively treated and obstructed single kidney unblocked as would have been both logical and far, far safer.

Luckily the on-call ICU consultant at FGH the following day spotted the magnitude of the error, spoke to me and we were able to get the patient to theatre later the same day, about 24 hours after he should have been operated on. When I finally walked out of FGH for the very last time, he was doing well.

The Trust can confirm that we believe, based on the information provided, this patient did not have an RCA undertaken.

University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 10659

Description: Urology - Witness Statements

Response

You requested the following information - *A copy of two witness statements from consultant urologist (name) in connection with, and for, the Employment Tribunal hearing in 2016 related to the claim for constructive and unfair dismissal by (name)*

I appreciate that confirmation of the author of the statements, along with any names included within them, will not be possible but I have provided this to assist in locating the information requested.

I understand the trust commissioned and assisted with the writing of two distinct witness statements in (name's) name.

The Trust has reviewed the request and, whilst it would not be normal to share personally identifiable information, such as a personal statement, we have considered the public interest in this case and have sought the agreement of the author and can release the attached in response to the request.

Whilst the request has asked for initial drafts of the statement it has been considered that initial drafts of a statement that are un-agreed and unapproved would not be appropriate to share.

Trust Headquarters:
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CHAIR: IAN JOHNSON
CHIEF EXECUTIVE: AARON CUMMINS

University Hospitals of Morecambe Bay NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 10660

Description: Urology - Cost Of RCA Assessment

Response

Please can the trust confirm the amount paid to Prof. Ian Pearce, or his employer if applicable, relating to the undertaking of the assessment of the RCA carried out earlier this year regarding the death of [name] in January 2015.

We can confirm that Professor Pearce has not charged the Trust any money for this work.

Trust Headquarters:
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CHAIR: PROFESSOR MIKE THOMAS
CHIEF EXECUTIVE: AARON CUMMINS

University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 11168

Description: Legal - Claims Re Urology Department

Response

In response to the attached FOI submitted to one of my colleagues can you confirm how many of the claims for each year were related to the urology department?

Can each of the years where figures are provided for be separated so each urology claim is stated with the number of claims related to urology and the amount paid out.

Request to NHS Resolution FOI 4283

1) *What was the total sum spent by University Hospitals Morecambe Bay Trust on clinical or medical negligence disputes in 2019, 2018, 2017, 2016 and 2015?*

2) *Which of the solicitors' firms from the NHS's panel advised and represented the Trust in these disputes and what was the sum that was paid to each for these services in 2019, 2018,2017, 2016 and 2015?*

Our Response

Please find attached the requested information.

We have supressed low figures as we believe that disclosure of information with this level of granularity is exempt under Section 40(2) by virtue of section 40(3)(a)(i) of the Freedom of Information Act, where disclosure to a member of the public would contravene one or more of the data protection principles. The data protection principles are set out in Article 5 of the General Data Protection Regulation. We take the view that it would not be fair or lawful (given the sensitive and confidential nature of the information held) to disclose such information, and any disclosure would therefore contravene the first data protection principle.

In some instances the low numbers of claims (fewer than 5) in each category, the likelihood exists that individuals who are the subject of this information may be identified either from this information alone, or in combination with other available information. In addition to this, as this information is considered to be sensitive personal data (the data subjects' medical condition); NHS Resolution believes it has a greater responsibility to protect those individuals identities', as disclosure could potentially cause damage and/or distress to those involved. Where we are in the territory of such small numbers in the attached, we have used a '#' symbol in the relevant field. You should still be able to see aggregate/total details for higher level fields containing this data.

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CHAIR: IAN JOHNSON
CHIEF EXECUTIVE: AARON CUMMINS

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NB: Number of claims fewer than 5 (and any associated values, within the same row) are masked with a "#" (in accordance with Data Protection guidelines). Accordingly, some total values may also be approximated to prevent masked values to be deduced through reverse calculation.

Table 1: Number and Cost of Claims Closed/Settled with damages paid between financial years 2015/16 to 2018/19 for the University Hospitals Morecambe Bay Trust

Closed Settled Y
Clinical Non-Clinical Clinical
Claim Outcome FOI Damages Paid

Year of Closure (Settlement Year for PPOs)	No. of Claims	Total Paid
2015/16	#	#
2016/17	12	248,225
2017/18	27	1,473,906
2018/19	35	3,153,873

Table 2: Number and Cost of Claims Closed/Settled with NHS Legal firm paid between financial years 2015/16 to 2018/19 for the University Hospitals Morecambe Bay Trust

Closed Settled Y
Clinical Non-Clinical Clinical
Claim Outcome FOI Damages Paid

Year of Closure (Settlement Year for PPOs)	NHS Legal	No. of Claims	Costs Paid
2015/16			
Hill Dickinson Solicitors - Liverpool		#	#
DACB		#	#
2016/17			
Hempsons Solicitors - Manchester		#	#
Hill Dickinson Solicitors - Liverpool		7	13,337
DACB		#	#
2017/18			
Hill Dickinson Solicitors - Liverpool		17	80,581
Hill Dickinson Solicitors - Manchester		6	37,794
DACB		#	#
2018/19			
Hempsons Solicitors - Harrogate		#	#
Hill Dickinson Solicitors - Liverpool		22	177,987
Hill Dickinson Solicitors - Manchester		8	
DACB		#	#

The Trust can confirm that they hold the claim details, but we are unable to identify which claims relate to which figures in the NHSR data.

The information referred to was supplied by NHSR and not the Trust, therefore if you require the information broken down further, you would need to ask NHSR to do this for you. Furthermore, the dates on which NHSR close their files, and on which the Trust close their files, are not the same, so we can't be sure which claims are included in which years in the figures provided.

University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 11219

Description: Urology - RCAs 2015-2019

Response

With reference to FOI request 10011 please can I have the following (which of course I appreciate will be logged as a new request):

1. *The total number of RCAs conducted in each of the years 2015, 2016, 2017, 2018 and 2019 involving incidents within UHMBT's urology department.*

2. *For each RCA can the year of the incident and a brief summary of the medical procedure involved be given.*

3. *A brief summary, for each RCA, of the actions taken/recommended as a result.*

4. *Can the list of the RCAs specify for each, where, if applicable, a different consultant was involved - e.g. RCA 1 Consultant A, RCA 2 Consultant B, RCA 3 Consultant A, RCA 4 Consultant C, RCA 5 Consultant B, RCA 6 Consultant A etc etc*

5. *Can you also confirm which of the RCAs have been provided to Niche as part of the NHSI/E-commissioned investigation.*

In response to the above questions, please see the attached.

Trust Headquarters:
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CHAIR: PROFESSOR MIKE THOMAS
CHIEF EXECUTIVE: AARON CUMMINS

FOI 11219

1. The total number of RCAs conducted in each of the years 2015, 2016, 2017, 2018 and 2019 involving incidents within UHMBT's urology department.

- 2015 = 5
- 2016 = 6
- 2017 = 4
- 2018 = 5
- 2019 = 7

2. For each RCA can the year of the incident and a brief summary of the medical procedure involved be given.

- See Table below

3. A brief summary, for each RCA, of the actions taken/recommended as a result.

- See Table below

4. Can the list of the RCAs specify for each, where, if applicable, a different consultant was involved - e.g. RCA 1 Consultant A, RCA 2 Consultant B, RCA 3 Consultant A, RCA 4 Consultant C, RCA 5 Consultant B, RCA 6 Consultant A etc etc

- See Table below

5. Can you also confirm which of the RCAs have been provided to Niche as part of the NHSI/E-commissioned investigation.

- Unable to answer at this stage

RCA Number	Reported Year	Incident Year	Brief Summary of medical procedure involved	Actions Taken/Recommendations	Consultant	NICHE (Y/N)
RCA 1	2015	2014	Missed opportunities to change ureteric	• Share RCA with	Consultant A	

			stent	colleagues at departmental meetings in surgery, urology and anaesthetics. • Introduction of the widespread use of the sepsis screening tool and sepsis management guidelines across the Trust. • Formalise urology handover at a senior level and improve communication between clinicians. • Ensure that a robust system is in place to identify patients admitted with a stent in situ and to inform the urology team.	Consultant B Consultant C	
ee	2015	2015	Patient underwent a flexible ureterorenoscopy.	• A meeting should be undertaken with the surgeon to discuss the case. • Ongoing monitoring of incidents of this nature should be undertaken.	Consultant B	
RCA 3	2015	2015	The patient underwent a flexible ureterorenoscopy	• A meeting should be undertaken with the surgeon to discuss the case. • Ongoing monitoring of incidents of this nature should be undertaken.	Consultant B	
RCA 4	2015	2015	Infected obstructed kidney with delay in	• Patients with obstructed,	Will need to	

			being taken to theatre for stenting	infected kidneys should be treated as a urological emergency.	order paper medical notes to identify this as this is not on Lorenzo	
RCA 5	2015	2015	Infected obstructed Kidney with delay in being taken to theatre for stenting	• Patients with obstructed kidneys should be dealt with as an emergency and urgently decompressed.	Will need to order paper medical notes to identify this as this is not on Lorenzo	
RCA 6	2016	2016	Delayed surgical management of obstructed kidney.	• Formal disciplinary review • Share learning with A&E and junior surgical staff about severity of and appropriate action in patients admitted with this condition.	Will need to order paper medical notes to identify this as this is not on Lorenzo	
RCA 7	2016	2016	Patient admitted with confusion and raised inflammatory markers with query urinary tract infection. Patient developed a grade 3 pressure ulcer and RCA conducted to pressure ulcer.	• Governance Lead to work with tissue viability nurses to undertake thematic review of patients with pressure ulcers and produce poster for communications board to update people on pressure area care and classifications • Governance Lead to work with practice educators to include further training on safety bundle regarding how to complete checking of pressure ulcers and patient movement.	N/A	

				• Governance Lead to discuss with tissue viability nurses in order that classifications of pressure damage can be included in drop in sessions. • All staff to receive guidance regarding the completion of wound care plans. • Ward manager to ensure that all staff have pressure ulcer e-learning training on TMS and to undertake within a 3 month period • Governance Lead to produce information to go onto ward local handover news. • Weekly audit to commence re completed SAS, wound charts, & RA bundles on admission. Weekly audit results to be shared at ward level and submitted to Governance team as evidence of improved compliance and learning within the team. • All staff involved in this review , to be contacted to provide reflections. • Staff involved in this case		

				should undertake reflections on this case to demonstrate learning. • Duty of candour to be undertaken for the patient and his family.		
RCA 8	2016	2016	Patient admitted with acute retention of urine and abdominal symptoms. Diagnosed with prostate cancer with delay in diagnosing perforation	• Doctors and ANP to undertake case based discussion and highlight learning. • There should be an offer to share this investigation with the patient's family. • Ward round documentation should be improved	Consultant D	
RCA 9	2016	2016	A patient has experienced a delay in referral to a tertiary hospital for further treatment.		N/a	
RCA 10	2016	2014	Delay in diagnosing and treating a renal TCC		N/A	
RCA 11	2016	2016	Delay in reporting biopsy	• Any slides that are sent to tertiary centre for staining and subsequent reporting by a UHMBT Histopathologist should not be returned to UHMBT without the paperwork or the envelope being appropriately marked as requiring reporting. Given the number of slides returned on a daily basis	N/A	

				for filing it is vital that these slides are clearly identified. They should also be sent directly to the Pathologist or the Histopathology TSM. This has been agreed with the tertiary centre.		
RCA12	2017	2017	Referral for cystectomy sent to tertiary referral –issue is a delay due to administration error.	• A robust system need to be in place to ensure all actions which are assigned at urology MDT have an owner and that these are followed up. • Develop clear and robust process for ensuring that all referrals which are sent are receipted and that this is clearly documented.	N/A	
RCA 13	2017	2017	Results of the scan not acted upon for 6 weeks leading to a delay in the MRI scan being discussed at the urology MDT meeting.	• Standard Operating Procedure on Intravenous (IV) Contrast Examinations to be discussed at urology audit. • Clear manual/guidance to be developed and provided to new members of staff to ensure they are aware of the 'awaiting results access plan' • RCA to be discussed at urology audit meeting to remind staff of the	Consultant E	

				awaiting results access plan and when this should be utilised.		
RCA 14	2017	2017	Patient treated after day 104 on the 62 day cancer pathway	• Patients need to have the full information of their condition to make choices about access to health care-in this case the patient was unaware he had a diagnosis of cancer so did not see the need to attend hospital follow up appointments.	N/A	
RCA 15	2017	2017	A patient had unnecessary procedure (Reported as a Never Event)	• All outpatient staff to have retraining to ensure patient letters are fully reviewed and name checked against clinic list. • Staff to ensure that they always preload clinic list before start of clinic and ensure patients details are checked against this and referral letter before undertaking any procedure.	N/A	
RCA 16	2018	2017	Elective nephrostomy and insertion of left antegrade stent. Patient discharge home without oral antibiotics.	• Reflective discussion between consultant and junior doctor • Case discussed at Urology Audit Meeting • To highlight to current and at the new junior doctors' induction the importance of escalating	Consultant E	

				to senior clinicians if patient's clinical condition is not improved despite treatment, acting on wardround instructions and review of all blood test results on both daily review and prior to discharge. • As part of the nursing discharge checklist, nurses should check discharge drugs are as advised at wardround.		
RCA 17	2018	2018	Flexible cystoscopy to remove uretic stent. No stent found and confirmed after the procedure that the stent had been removed previously with the catheter.	• Update standard operating procedure for Emergency or Elective JJ Ureteric Stent Insertion to include clear guidance for stents on strings. • Case to be discussed at Urology Audit • Clinician reflection	Consultant C Consultant F	
RCA 18	2018	2018	No follow-up appointment was made when a patient with suspected prostate cancer was discharged on 19 February 2015 and the patient was lost to follow-up until re-referral by the GP in February 2018.	• Lessons learnt to be shared with all wards to ensure standardised process for booking follow-up appointments from the ward throughout the trust. • Undertake a review of incident data to identify any themes relating to failure of internal referrals and share findings with all	N/A	

				care groups. • Explore with I3 the possibility of e-outcome being linked to electronic discharge • To discuss at urology audit and remind the team about ensuring patients are added to MDT. • Audit to be completed following roll of out electronic booking process to measure impact.		
RCA 19	2018	2017	Benign AML (angiomyolipoma) incorrectly reported on an MRI Scan	• The case was discussed at the urology audit meeting and it was agreed all requests for further investigations will be put onto an awaiting results access plan. • The importance of documenting MDT outcomes in a clinical letter to the patient. • The incident was discussed and presented at the Radiology Audit meeting and all Radiologists reminded of the importance of considering and reviewing all previous films. • Substantive Radiologists	Locum Consultant Radiologist 1 Consultant Urologist C	

				have now been appointed and a new scan technique has been introduced by the two substantive radiologists who cover the urology MDT. The long-term plan is to have a pool of Uroradiolgists across the network. • New CT Scanner purchased 2015/16		
RCA 20	2018	2017	Delayed stent change	• Stent audit completed • Case to be discussed at urology audit meeting	Consultant B	
RCA 21	2019	2019	Bladder perforation during TURBT	• Initiate a new operating theatre protocol of documenting the time that every new bag of bladder irrigation fluid is put up, with a running total of fluid that has gone into and come out of the patient. The surgeon should also be informed and should acknowledge this. • Business case for procurement of Bipolar diathermy equipment • To discuss at the urology audit meeting.	Consultant D	
RCA 22	2019	2019	Delay in treatment of patient with necrotising fasciitis. Cross speciality	• Clinical lead for anaesthetics to meet with	Consultant F	

			Incident.	the anaesthetists involved to facilitate reflection and ensure understanding of severity of presentation and importance of not delaying definitive treatment when the benefit of delaying does not outweigh the risk. • Case to be presented at anaesthetic cross bay audit meeting • Surgical consultant to reflect with clinical lead • Case presented at general surgery cross bay audit. • Case discussed at urology audit meeting. • Case presented at Surgery Governance Assurance Group • Case shared at ED governance and Consultant Meeting	& non urologist Consultants	
RCA 23	2019	2019	Emergency return to theatre for evacuation of haematoma and right orchidectomy	• To share the findings of the RCA with locum agency regarding urologist who saw the patient in the post-operative period • Learning from RCA to be shared at the Urology Audit meeting. • Learning to be shared as	Consultant B	

				an anonymous patient story at Day Surgery ward meeting.		
RCA 24	2019	2019	Delay in Cancer diagnosis and treatment.	• Case shared at Urology Audit Meeting • Cancer Manger to communicate to the cancer team correct process • Case shared at General Surgery audit meeting • Clarification of internal referral process • Clinician reflections Review the direct to mpMRI triage system. Review CNS referral system for patients	Consultant D Consultant G Consultant General Surgeon 1	
RCA 25	2019	2018	• Bladder perforation during TURBT	• ED to present as a case study in ED meeting. • Learning to be shared at Urology Audit meeting • All urology staff to be reminded about the importance of timely completion of a CIR at audit meeting. • Feedback to be shared with the GP practice.	Consultant G Consultant B	
RCA 26	2019	2019	Under the care of urology department for bladder cancer	• Learning to be shared at the Urology Audit meeting and theatre managers governance group • Report to MHRA	Consultant C	

				• Remind staff that all catheters must be secured. • Locum agency to be informed • Urology Theatre capacity to be included in the re-write of the theatre timetable. • Teams to be reminded of the Behavioural Standards Framework • Implement named consultants though the management of new rotas		
RCA 27	2019	2018	Missed referral to oncology for patient with prostate cancer	• Contact the GP practice • Explore if there was a delay in the results from the ultrasound scan being sent to the GP. • All clinicians to be written to reminding them of their roles and responsibilities in relation to clinical incident reporting • Clinicians to complete reflection • Duty of candour to be included on trust grand round to provide further training for clinicians/hospital Staff • Explore the process used by GPs to follow up test	Consultant G	

				results.		

University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 11221

Description: Urology - Referrals To GMC

Response

1. *The total number of referrals made by UHMBT to the GMC regarding urologists in 2015, 2016, 2017, 2018 and 2019.*

2. *Can this be provided by year?*

3. *Can the list indicate how many consultants were involved - e.g. Referral 1 Consultant A, Referral 2 Consultant B, Referral 3 Consultant A, Referral 4 Consultant C, Referral 5 Consultant B, Referral 6 Consultant A etc etc*

In response to Questions 1 – 3, please see below:

2015 - 0
2016 - 0
2017 - 1 in May 2017 (Referral 1 Consultant A)
2018 - 0
2019 - 0

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CHAIR: PROFESSOR MIKE THOMAS
CHIEF EXECUTIVE: AARON CUMMINS

University Hospitals of Morecambe Bay
NHS Foundation Trust

PUBLISHED INFORMATION REQUEST

Reference: 11631

Description: Urology - Extract From Board Meeting

Response

As referenced below, which relates to urology at UHMBT, in an extract from the board meeting on 29th April please could I have a copy of of "all agreed actions" mentioned in point 13 and also a copy of the interim report in point 14 (subject to any strictly necessary redaction of course)?
Service Improvement and OD Interventional Work

13. The Service Improvement Group continues to meet and is on track with all agreed actions. A vision Day is planned for the 5th of May to support key stakeholders to attend and contribute, but the ability to run the session may need review as the Covid 19 Pandemic situation develops.

14. Phase 1 and Phase 2 of the cultural improvement work are completed and an interim report summarising the outcomes was reported back to the Task and Finish Group on the 17th of March. Work to scope the next phases is underway and will be reviewed at the next Task and Finish Group.

Please find attached a copy of the Action Tracker from the Urology Improvement Group (UIG) meetings.

I can confirm that the Trust holds a copy of the interim report, but we consider this part of your request exempt under Section 22 (1) of the Freedom of Information Act (2000) as this information is intended for future publication. It is anticipated that the Urology Report will be available sometime in Autumn, but due to the COVID-19 pandemic, we do not have a definite publication date at this time.

Under the Act, we consider Section 22 (1) (c) that it is reasonable in all circumstances that the information should be withheld from disclosure.

This is a qualified exemption, and therefore the public interest has been considered as follow:

The interim report is part of the ongoing service improvement and OD Intervention work which has not yet concluded and early disclosure of the requested information, prior to Phase 3 and 4 of this work, would result in harm to the process - a process which must be

fair to all concerned and would be likely to inhibit the free and frank exchange of views for the purposes of deliberation.

The Vision Day that was planned for the 5 May 2020 to support key stakeholders to attend and contribute was postponed due to the Covid-19 Pandemic and has been rescheduled for August and may be facilitated as a teams (virtual) session pending guidance on social distancing and shielding.

The Trust has therefore concluded that the public interest test in maintaining the exemption is greater than the public interest in disclosing the interim report at this time.

Meeting Title	**Name of Meeting - Urology Improvement Group (UIG)**
Meeting Chair	[ ]
Meeting Date	19.05.2020
Next Meeting Date	16.06.2020

Completion Status	
O	Overdue
SFM	Scheduled for meeting
SBM	Beyond date of meeting
ACP	Action completed

Meeting Date	Action No	Agenda Item	Action Point	Owner	Due Date	Original Due Date	Completed Date	Progress	RAG Rating
	2	Staffing	[ ] to provide update regarding nurses working differently to support recruitment strategy	[/]	31/03/2021	11/02/2020		Teams meeting planned for 19/05/2020 with [ ] lead to discuss skill mix and opporunities for different ways of working [ ] and [ ] to consider and develop workforce strategy - first session booked for 05/06/2020 [ ] to support advertising campaign - June to September	SBM
	3	Risk stratified follow-up / PIFU	Trajectory for risk stratified and PIFU to be completed	[ ]	01/04/2020		01/04/2020	PIFU Implemented April 2020 RSFU - procedure agreed and ready to action - due live May 2020 with exisiting administrative support however delayed due to the requirement for group sessions and suitability of patients as impact of COVID restrictions Given the pathway structure, the first group of patients will be planned for group session August 2020 (social distancing and shielding permitting) Staffing funded from Cancer Alliance for 18 months and to pursue recruitment. Buisness care required for part time CNS to support ongoing success	ACP
	4	Risk stratified follow-up protocol	Cascade [ ] trajectory on Risk stratified follow-up	[ ]	10/03/2020		10/03/2020	Completed - as above	ACP
	5	Capital planning	[ ] to chase sign off for Urology use of ward [ ] at RLI	[/]	01/04/2020			Proposals for the location of the Urology department to be considered as part of the patient flow recovery cell - proposals due July 2020	SFM
	6	BCP for transfer of on-call from FGH to RLI out of hours	[ ] to chase NWAS regarding sign off for change to on call paper. It was agreed that April will be the start date	[/]	01/04/2020			Revise paper prepared to consider any impact of COVID -19 To be shared at EDG 09/06/2020 with view to go live June 2020	ACP
	9	previous notes - minutes from 14/01/2020	internal pathways to be agreed at next business meeting on 11 March 2020	[ ]	11/03/2020	11/03/2020	11/03/2020	Completed	ACP
	10	previous notes - minutes from 14/01/2020	[ ] to discuss I3 support for template changes	[ ]	12/02/2020		12/02/2020	implemented	ACP
	13	Previous notes - minutes from 25/02/2020	Revisit terms of reference and consider what is outstanding from now until May 2020 and re visit based on that new piece of work (Vison Day)	[ ]	19/05/2020			Draft revision sent to [ ] for review before circulating TOR agreed by [ ] 01/06/2020 Vision day postponed due to COVID 19 and will be reset for August 2020	SFM
	14	IRD	Report the outcomes of both the [ ] patients who are being validated and the telephone clinic. These are to be fedback at the check ins with [ ] and also at the next Task and Finish Group	[ ]	31/08/2020			Numbers continue to reduce Consultants completing telephone and validation in available PA's	SBM
	15	Planning for the Vison day	To discuss at the vsion day: Recruitment Strategy, Management Support for trainess and Patient Experience	[ ]	01/05/2020			May date postponed due to CoVID 19 activities - date to be agreed with trust improvement team to support the Vision session in August. Provisional date set for 20/08/2020 or 27/08/2020	SBM
	16	Administration, date and time for the UIG	Consideration to a diferent day and time to permit clinical attendance Care group to identify admiiatrative support Meeting to have formal agenda and minutes	[ ]	16/06/2020			Revised Terms of reference and review of dates and times to be discussed on the 16th June meeting	SBM

Meeting Title	**Urology Improvement Group - UIG - Completed Actions (from second tab)**
Meeting Chair	
Previous Meeting Date	
Next Meeting Date	

Completion Status	
O	Overdue
SFM	Scheduled for meeting
SBM	Beyond date of meeting
ACP	Action completed

Meeting Date	Action No	Agenda Item	Action Point	Owner	Due Date	Original Due Date	Completed Date	Progress	RAG Rating
	1	big conversation/ vision day	Calendar invites to be cascaded to all colleagues and stakeholders for 11 February 2020 big conversation and 11 March 2020 vision day		11/02/2020			Complete	ACP
	7	On call paper	[ ] to take paper to CCG for decision regarding fundamental chanae to service	[/]	11/02/2020			complete - replied received	ACP
	11	previous notes - minutes from 14/01/2020	[ ] to request Safe today paper to go to Task and Finish and Oversight in order to avoid amending in between	[ ]	11/02/2020			to be discussed in T&F 04.02.20	ACP
	12	previous notes - minutes from 14/01/2020	[ ] to contact patient representative to discuss attendance going forward to the improvement group	[ ]	11/02/2020			complete - meeting planned 28/02/2020	ACP
	8	On call paper	[ ] to take on call paper to EDG once agreed by NWAS and agree go live date. Agreed at the meeting held on the 25.02.20 that this action is to merge with action 6	[ ]	11/02/2020			figures on Out of hours emergency transfer shared with [ ]	SFM