

Legal Services Department
Queen's Hospital
Rom Valley Way, Romford, RM7 0AG

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PRIVATE & CONFIDENTIAL

FAO: Mr G Irvine
HM Senior Coroner
Walthamstow Coroner's Court
Queens Road
London
E17 8QP

13th September 2022

Dear Mr Irvine,

Following a serious incident and review it was highlighted that Barking, Havering and Redbridge University Hospitals NHS Trust (**BHRUT**) did not have a robust process for tracking and dealing with ureteric stents put into patients. This can clearly cause harm to patients.

This led to the development and implementation of a new electronic stent register which can track and warn staff of stents that are about to become overdue so appropriate actions can be taken. This stent register went live in August 2022.

This stent register is automatically populated when an electronic admission proforma is completed on the Trusts Careflow (electronic patient care) system. The system sends any patient listed for a urological stent through to the electronic stent register which is then monitored on a weekly basis to ensure that all patients are tracked, with suitable dates for removal or exchange offered. It should be noted that due to available slots these are sometimes beyond the normal dates for removal or exchange, but these patients remain on the stent register until removal or exchange. This new system is designed to provide a robust process by which all stents will be properly monitored and therefore removed within appropriate timeframes going forward.

To ensure there were no other patients with stents that were missed, the Trust committed to carrying out a retrospective review of all stents inserted over the preceding 3 years. This was done to ensure any patients that had been missed could be contacted and appropriate harm reviews carried out so these patients can be treated appropriately and as quickly as possible. To provide a robust mechanism of tracking and assurance a retrospective review of all stent insertions was conducted for patients attending BHRUT between 1st April 2019 and 5th August 2022.



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A data review was conducted of all patients on the following criteria:

- Cystoscopy, and insertion or exchange of stent;
- Rigid ureteroscopy, laser stone fragmentation and stent insertion/ exchange;
- Flexible ureteroscopy, laser stone fragmentation and stent insertion/exchange;
- Ureteroscopy, biopsy and stent insertion/exchange;
- Percutaneous nephrolithotomy (PCNL) and mini PCNL;
- antegrade ureteroscopy insertion or exchange of stent; and
- antegrade stent performed by interventional radiology.

These were then searched through the Trusts PAS system via an SQL data query and resulted in 2748 entries. These entries were then reviewed, and duplicate entries removed i.e. one patient record for stent insertion and one for removal, verified by using the NHS Number. This led to a total of 1234 patients who were under the care of Urology at BHRUT during the period 1st April 2019 to 5th August 2022.

Those patients who had a stent entry but not documented removal were then cross checked to see if the stent should have been removed during the agreed timescale.

Through using the above audit BHRUT has highlighted there are 23 patients that have been documented with a stent insertion during this time period but have not had an entry detailing a date for planned surgery. These patients are currently being contacted to ensure whether they have been seen at an alternative provider and a clinical harm review conducted if there has been a delay in surgery. They will be allocated to the next available date for planned surgery if appropriate.

In addition to this process there is a drive to reduce the need for stent insertion with the introduction of a lithotripsy service within BHRUT. Training is planned to start in December 2022 which should reduce the number of patients who require the insertion of urological stents and the subsequent removal and or exchange. There has also been financial approval for the appointment of a third Urology Consultant to reduce the wait times for specialist urological opinion and subsequent surgical intervention. Currently the Job Description is with the Royal College for approval.

In respect of the Coroner's concern around the Trust's delay in identifying this as a serious incident for investigation, whilst a serious incident report was completed, which has resulted in key actions and recommendations as described above, that process should have commenced at an earlier stage and in accordance with the BHRUT's own governance procedures. BHRUT has reviewed its governance procedures for the detection of potential incidents and via the Quality and Safety Team, the need to internally report incidents has been emphasised within the Divisions. In addition, BHRUT has introduced incident reporting of all new inquests to formalise divisional review, with the aim of capturing any incidents that may not have been incident reported prior to the opening of an inquest.

BHRUT hopes that the measures described above provide reassurance in respect of the concerns raised by the Coroner.

Yours sincerely,



Chief Executive