University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Public Trust Board	**Trust Board Paper J**
Date of the meeting:	12th November 2026	
Title:	Paediatric Scoliosis Update	
Report presented by:	Helen Hendley, Chief Operating Officer Gang Xu, Chief Medical Officer	
Report written by:	Helen Hendley, Chief Operating Officer	

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	Updates are provided to the Patient Safety Committee and Quality Committee. Appendix A was received and reviewed by UHL on 4th November.					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Impact assessment

Patients: Transfer to a specialist surgical centre provides a more sustainable pathway, but continuity of care remains dependent on complete reconciliation, timely appointments, clear communication and sufficient NUH capacity.

Workforce and services: The transfer removes reliance on the single-consultant UHL model, while creating ongoing dependencies on NUH workforce, imaging and supporting specialties.

Equality, diversity and inclusion: Communications should be available in accessible formats and through appropriate interpretation routes, with additional support for families who may experience barriers to engaging with the new provider.

Finance: Any financial consequences of the transfer and review activity will be managed through the agreed commissioner and provider arrangements.

Reputation and legal: The identified harms and pathway delays remain subject to external review, PSII and regulatory oversight.

Acronyms used:
UHL – University Hospitals of Leicester NHS Trust;
NUH – Nottingham University Hospitals NHS Trust;
NHS England – National Health Service England;
PSII – Patient Safety Incident Investigation;
OPA – outpatient appointment.

Purpose of the Report

To provide an update to the Public Trust Board on the review of Paediatric Scoliosis care.

Recommendation

The Board is asked to

- note progress with the safe transfer of the paediatric scoliosis outpatient service to NUH; receive assurance that joint governance arrangements remain in place; recognise that residual risks remain while patient-level reconciliation, communication activity and the reviews are completed; and support continued reporting to the Patient Safety Committee until all actions are closed.
- note the Nottingham University Hospitals NHS Trust Board Report (Appendix A).

Summary

UHL previously provided paediatric spinal outpatient care and referred patients to Nottingham University Hospitals NHS Trust (NUH) for surgery. In a planned move, new referrals ceased being accepted by UHL from 1st April 2026 and from 1st September 2026 the paediatric outpatient service has transferred to NUH so children and young people can receive all aspects of their care in one place, in line with national recommendations.

Important work is underway to understand whether some patients should have received additional monitoring between referral and surgery, supported by an internal investigation led by NUH that is reviewing how systems and processes worked together and ensuring any improvements are made. Alongside this, NUH has launched an external review, supported by UHL and led by paediatric clinicians from outside both organisations, to examine the care of patients currently on the surgical waiting list and whether they received the level of monitoring expected.

Main report detail

Appendix A shared with the NUH Public Board on 12th November 2026 details the background, terms of reference and scope of the independent review, the cohorts of patients, progress, patient communication, service continuity and timescales.

UHL will continue to support patients and families throughout the transition and until the external review, Patient Safety Incident Investigation (PSII), final patient-level reconciliation, communications and pathway definition are complete. UHL will continue to work closely with NUH to agree clear arrangements for clinical ownership, referral thresholds, imaging, internal referrals, community links and pathways for non-scoliosis spinal patients, helping to ensure that patients and families experience a coordinated and supportive pathway.

We recognise that patients with complex respiratory and/or cardiac comorbidities may require coordinated support from specialist teams across both UHL and NUH. To reduce the potential for fragmented care, delays in assessment or optimisation, or uncertainty about clinical ownership, we will continue to support agreed multidisciplinary arrangements, clearly defined referral pathways, named clinical leads and ongoing cross-organisational oversight. These arrangements are intended to help each patient receive timely, joined-up care and provide families with greater clarity about who is supporting them at each stage of the pathway.

The external review commissioned by NUH reports to the Complex Clinical Review Assurance Group, which meets fortnightly to receive and act on emerging findings. It comprises executive representatives from both trusts, with engagement from the NHS England Midlands Team and NHS England Specialised Commissioning. An experienced Chief Medical Officer from another regional trust not involved in providing the service will chair the group independently, providing guidance, external challenge and support to ensure prompt, transparent and appropriate action.

Supporting documentation

Appendix A – Nottingham University Hospitals NHS Trust Public Board Paper (12th November 2026) Paediatric Scoliosis Update Report

Nottingham University Hospitals NHS Trust

Public Trust Board **Appendix A**

Meeting date:	**12th November 2026**	**Paper reference:**	For Corporate Governance to insert	**Open / confidential**	**Open**
Title of paper:	**Paediatric Scoliosis Update Report**				
Author/s	**Andrew Hall, Chief Operating Officer**				
Executive Sponsor/s:	**Andrew Hall, Chief Operating Officer**				

Purpose of the paper:

Alert		**Advise**	**X**	**Assure**		**Decision**	

To provide the Trust Board with an update on the external review of Paediatric Scoliosis care.

Key issues for consideration:

The Trust has commissioned an external clinical review alongside an internal investigation of the pathway operated by NUH and University Hospitals of Leicester (UHL) which previously provided outpatient services for its catchment population.

Cohort 1 comprises patients who may have come to harm through missed surveillance scans or long waits between referral and surgery; this group is being reviewed first, with completion expected by the end of December 2026.

Cohort 2 comprises patients on the inpatient waiting list, in whom harm is not necessarily suspected. The same thorough review will identify patients missed from cohort 1 and other risks or learning. Cohort 2 completion is expected by the end of Quarter 4 2026/27, when NUH and UHL expect to be able to publish a findings summary.

The Trust has been advised by the External Review team that it is not possible at this stage to confirm the size of the respective cohorts due to the risk of identifying individual patients who may be affected.

Committee(s) this paper has been considered at previously and outcome of discussion:

N/A

Recommendations to/action(s) required by [insert meeting name here]:

The Board is asked to note the update on the review for information, the reporting arrangements and timescale for completion.

Impact and Implications on:	**Y/N**	**If Yes, State Impact/Implications and Mitigation**
Quality	Y	This review is identifying patients who may have experienced harm whilst under the care of the paediatric scoliosis service led by NUH with outpatient care provided by UHL or NUH.

Finance	Y	The review is exerting pressure on the surgical service where a significant amount more activity is being delivered than planned or the previous year. The financial implications of this are being discussed with NHSE Specialised Commissioning.
Legal or Regulatory	Y	The Trust is taking appropriate legal advice regarding the management of the findings of the review and the provision of mutual aid for some patients on its waiting list.
Equality, Diversity & Inclusion	Y	All engagement with patients and families is being guided by the Trust's Equality, Diversity and Inclusion policies.

Linked to Strategic or Operational Risk

The Family Health Care Group is managing a specific risk related to this review and the service capacity in general.

Strategic Objective this Paper Relates to:

Care	People	Innovation	Resources
X			

People First Strategy this Report Links to:

N/A

Acronyms:	**AIS** – Adolescent Idiopathic Scoliosis; **FAQs** – Frequently Asked Questions; **N/A** – Not applicable; **NHS** – National Health Service; **NHSE** – NHS England; **NUH** – Nottingham University Hospitals NHS Trust; **UHL** – University Hospitals of Leicester NHS Trust; **Y/N** – Yes/No.

1. Background

The Trust has commissioned an external review of its Paediatric Spinal Surgery Service. The review will establish whether patients waiting for scoliosis surgery, (surgery to correct or improve twists and curvatures to the spine), received the expected level of medical monitoring between referral and surgery.

The review was launched after patient being prepared for surgery was identified as having missed imaging or experienced long waits between referral and surgery. An externally commissioned group of spinal surgeons are carrying out the review. A parallel internal investigation examines systems and processes within the scoliosis pathway previously shared with UHL.

UHL provided an outpatient service for its catchment area across Leicestershire and Northamptonshire where patients were seen in Leicester for assessment and referred to NUH when deemed appropriate for surgery. In September 2026, the outpatient care provided by UHL transferred to NUH through a pre-planned service change intended to bring care together in one organisation. UHL is supporting both workstreams.

The external review is focussing on 2 cohorts. Cohort 1 comprises patients who may have come to harm as a result of missing surveillance imaging or experienced long waits between referral and surgery. This group will be reviewed first, with case reviews expected to be completed by the end of December 2026. Prior to the review being commissioned these patients had already been contacted following identification of concerns about their monitoring and waiting times . Duty of candour was undertaken, where the concerns regarding their pathway were explained.

Cohort 2 comprises patients on the waiting list for surgery. Harm is not necessarily suspected within this group. The same thorough review will identify whether any patients have been missed from cohort 1 and examine other areas of risk or learning. All patients in Cohort 2 received a letter in September explaining their care was being examined by the review.

The Trust has been advised by the External Review team that it is not possible at this stage to confirm the size of the respective cohorts due to the risk of identifying individual patients who may be affected. The review is expected to report by the end of quarter 4 2026/27, when both NUH and UHL expect to be able to publish a summary of the findings.

Both trusts will act on findings as they emerge rather than await completion of the review. As cohort 1 findings are reported, affected patients and families will receive a full summary letter from the external review team explaining their individual pathway findings and any delay or harm they may have experienced. Families will be given further opportunity to engage and discuss the findings. Advice on individual ongoing care and wider pathway management is being acted upon, with further engagement as findings are communicated.

The review reports to the Complex Clinical Review Assurance Group, which meets fortnightly to receive and act on emerging findings. It comprises executive representatives from both trusts, with engagement from the NHS England Midlands Team and NHS England Specialised Commissioning. An experienced Chief Medical Officer from another regional trust not involved in providing the service has agreed to chair the group independently, providing guidance, external challenge and support to ensure prompt, transparent and appropriate action.

2. Independent review: terms of reference and scope

2.1 External clinical review

The review is led by a consultant paediatrician with experience of leading a number of reviews of this nature. The lead clinician is supported by four consultant paediatric spinal surgeons from other NHS trusts. Together, they form an expert panel to review the cases.

The external review is examining the care experienced by patients progressing through the scoliosis pathway at NUH and UHL on a case-by-case basis.. The review will identify where further monitoring should have occurred and make recommendations to improve the service for patients, families and staff.

2.2 Parallel internal pathway investigation

NUH is leading the internal Patient Safety Incident Investigation with UHL support. It examines how systems within the shared pathway worked together, identifies gaps and considers opportunities to strengthen processes. Its system-learning focus is distinct from the external review's assessment. Findings from the two workstreams will be reported separately. Cohort 1 is the patient group within this investigation.

3. Cohorts 1 and 2

Cohort 1 comprises patients who may have come to harm as a result of missing surveillance scans or experiencing long waits between referral and surgery. The expert panel will review these cases to establish whether expected surveillance took place and whether missed scans or delays resulted in harm. This group will be reviewed first, with case reviews expected to be completed by the end of December 2026.

Cohort 2 comprises patients on the inpatient waiting list. Inclusion in this cohort does not necessarily indicate suspected harm. The review team will apply the same thorough case review to these patients, identify whether any patients who should have been included in cohort 1 have been missed, and examine any other areas of risk or learning associated with this cohort. The review of cohort 2 is expected to be

completed by the end of Quarter 4 2026/7. At that point, both NUH and UHL expect to be able to publish a summary of the findings.

4. Progress, patient communication and service continuity

NUH and UHL are not waiting for the review to conclude before acting on its findings. As the review team begins to report findings from cohort 1, affected patients and their families will receive a full summary letter from the external review team explaining the findings relating to their individual pathway, including any delay or harm they may have experienced and giving the opportunity for engagement. Each trust will act on advice arising from the review about the ongoing care of individual patients and the general clinical management of the pathway. Both trusts commit to further engagement with patients and their families as their findings are communicated.

In response to the increased number of patients being referred for surgery and requiring treatment, NUH has significantly expanded its surgical capacity. The children requiring surgery are split between those that are defined as idiopathic or complex, many of the complex children already have other medical needs which means that they need detailed preop assessment and often prehab before they are ready for surgery. The service has maximised capacity on both the ward and Paediatric critical care to enable maximum use of the theatre capacity available.

The services have historically been commissioned for around 79 operations per annum. In 2025/26 this was exceeded with 92 procedures undertaken in the full year.

In the first six months of 26/27 116 procedures have taken place. This increased capacity has been partly enabled by improvements to the post-surgical inpatient pathway, which have reduced length of stay from seven to four days for some patients. The Trust is also working with NHSE to offer alternative provision with other providers for patients who are prepared to receive their care with other providers.

Routine care will continue while both workstreams are ongoing. Patients and families can obtain information and support through 0115 969 1169, extension 71847, and nuhnt.patientsafety@nhs.net.

5. Timescale for reporting

Cohort 1 will be reviewed first, with case reviews expected to be completed by the end of December 2026. Review of the patients in Cohort 2 is expected to be completed by the end of quarter 4 of 2026/27. At that point, both NUH and UHL expect to be able to publish a summary of the findings.

The Complex Clinical Review Assurance Group is preparing a monthly report for the NUH Quality Assurance Committee. Each report will include all review findings reported that month, so the Committee is kept informed as results become available.

6. Recommendations to the Board

The Board is asked to note the update on the review for information, the reporting arrangements and timescale for completion.

7. References

References accessed on 29 October 2026. Publication dates are included where confirmed. These references are not an independent audit of clinical or operational data.

[1] NUH press announcement: NUH launch review into Paediatric Spinal Surgery Service. NUH website, latest news, item 11210. Published September 21, 2026.

[2] NUH patient briefing and FAQs: Adolescent Idiopathic Scoliosis (AIS), section “Review into Paediatric Spinal Surgery Service”. NUH website, page “ais”.

[3] UHL public statement: Important update on paediatric scoliosis pathway, 22 September 2026. University Hospitals of Leicester NHS Trust website, news.

[4] NUH Board-paper format: Trust Board Open Meeting, Monday 22 June 2026, paper NUH 6527 cover sheet. NUH website, public Board papers. Current controlled template to be confirmed before submission.

[5] NUH public Board-paper repository: Board papers. NUH website, About us / Board and board papers.

[6] NUH explanatory patient information: Preparing for Surgery – Information for young people having surgery for Adolescent Idiopathic Scoliosis, section “What is Adolescent Idiopathic Scoliosis?”. NUH website, page “preparing-for-surgery-ais”.