Southern Health and Social Care Trust

Southern HSC Trust
Getting it Right First Time
Urology

Southern Trust Recommendations
Action plan updated 6th March 2024

RAG rating	No. of actions
	7 (39%)
	9 (50%)
Both regional	2 (11%)

WORKFORCE					
RECOMMENDATION 1					
The Trust should continue to address barriers to recruitment, where these are within their control. A middle grade rota can comprise an Developing areas of sub-specialist practice can also aid recruitment and retention of staff.					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
The medical workforce remains reliant on locum appointments and has difficulty recruiting to substantive posts. This is a recognised problem nationally across the UK due to unfilled consultant posts and a lack of National Training Number's (NTN's) accredited each year.	Cathrine Reid / Mark Haynes	Since the GIRFT Visit in March 2023 the Urology Team have advertised for the following medical staff: • Specialty Doctor – Commenced Aug 2024 Temp initially until recurrent funding is secured • International recruitment – successfully appointed 3 Urology Consultants. Commencing 1 x Feb 24 and 2 x April 24 • Physician Associate – advertised, offered and declined. Back out to advertise. Temp initially until recurrent funding is secured • Urology CNS – non-recurrent funding received for 1.8wte, 0.8wte in post. Recurrent funding in IPT We will continue with one Locum Consultant until all Substantive Consultant posts are filled.	Complete		

RECOMMENDATION 2					
The Training Programme Director (TPD) for urology should continue to work with individual units to ensure that trainees are allocated to departments in line with the trainees' educational needs and that areas of particular training value are utilised well.					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
The unit receives 3 NTN's per year; there is an unequal distribution of trainee numbers across Northern Ireland.	Mr Tony Glackin	Southern Trust trainees get appropriate learning experiences in SHSCT as evidenced at ARCP and national training survey. The Urology consultants insist on the trainees following a defined job plan. Additional national trainee numbers were created. At this time a process was undertaken by NIMDT where by proposed additional SPR placement proposals from each Trust were objectively accessed and ranked in order to determine the placement of the additional numbers. Wider recommendation than the Southern Trust	complete		

Facilities including HLVC Site					
RECOMMENDATION 3					
Subject to funding, the Trust needs to urgently re-establish the UIU. Facilities to consult, perform outpatient diagnostics and offer therapeutic interventions need to be brought into one place and be future-proofed in terms of the anticipated growth in outpatient work					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
While outpatient facilities for consulting, diagnostic procedures and therapeutic interventions are adequate, much of the Urology Investigation Unit (UIU) is currently occupied by other services if there is an outpatient room available. Urology has primary use of the outpatient rooms in Thorndale, it is only utilised by other services if the rooms are not utilised	Cathrine Reid / Lynn Lappin / Wendy Clayton	The Thorndale Urology Unit is specifically for the Urology Services. It comprises of 9 consultation rooms and 2 treatment rooms. All consultation rooms are flexible to allow procedures such as bladder scanning/difficult catheter changes/ Haem clinics etc Treatment rooms are available for TP Biopsies and Urodynamic Clinics. Post covid there were 2 specialities outside of urology using the outpatient rooms as these were not occupied due to medical vacancies. However, since recruitment the Thorndale Unit is occupied solely by Urology Services In addition we have created 2 additional outpatient rooms just outside Thorndale Unit for overflow of outpatient clinics if required	Complete		

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RECOMMENDATION 4					
Trust management should ensure that Trusts are optimising their theatre capacity in order that each urologist has, as a minimum, 2					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Theatre capacity has not been restored following the pandemic and the consultants no longer have access to an all-day theatre list.	Cathrine Reid / Declan	The Urology surgeons from August 2023 have their job planned theatre sessions per week, the service is back to full funded sessions We are delivering the full Urology funded theatre sessions by Urology Consultants from other Trusts backfilling if theatre is available In addition ST provide 2 theatre sessions in Lagan Valley Hospital All Urology Consultants deliver Urologist of Week which is 35 weeks of clinical activity. With 7 consultants and staff grade; as well Belfast Trust using theatres in ST the urology team aim to deliver 11 theatres per week	Aug 2023		

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RECOMMENDATION 5					
The Lagan Valley facility is a key component of elective recovery. The Southern Trust needs to ensure that the facility is used to maximum effect by its clinicians, aiming for maximum utilisation of available lists and unnecessary cancellations at short notice due to annual leave					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
The protected elective capacity at Lagan Valley Hospital is an impressive development, led by the South Eastern Trust but also utilised by Southern and Belfast teams. It has enhanced the daycase opportunities and created a hub for a regional bladder outlet service, enabling significant progress on recovering the waiting list. The unit is highly efficient and appears to be working well.	Mark Haynes / Wendy Clayton	The Southern Trust does send an operator to Lagan Valley Hospital each Wednesday approx 48 weeks of the year	Complete		

Outpatients and diagnostics					
RECOMMENDATION 6					
There should be a 'straight to test' approach for suspected prostate cancer patients requiring an MRI scan. It is not good use of clinician time to telephone patients in advance of the test and this could be managed by standard template letters. There should be protected ultrasound slots for patients being assessed for suspected cancer in relation to haematuria. With development of the UIU, a gold standard approach would be a sonographer working alongside the haematuria flexible cystoscopy list.					
	Responsible Director	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Cancer pathways need to be further streamlined and designed to avoid inefficiencies in terms of clinician time.	Cathrine Reid / Barry Conway / Lynn Lappin / Mark Haynes/ Wendy Clayton	Suspected Prostate cancer pathway is currently being reviewed regionally as part of NICAN and also being considered along with the Regional Diagnostic Centre (RDC) project There is a meeting arranged Wed 10 Jan 24 between Cancer, Radiology and Urology team to discuss and consider a Prostate RDC pathway Commissioning assistance will be required to achieve this recommendation However, Southern trust would welcome discussion regarding haematuria and whether imaging prior to flex cyst is more efficient from a provision perspective than imaging at the time of attendance	Est. Dec 2024		

		Encourage pathways by using Physician Associates ie imaging prior to flex cyst. To be discussed through Regional PIG meeting			

RECOMMENDATION 7					
Further efforts must be made to reduce the delays in access to and reporting of imaging and pathology.					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Turnaround times for MRI scans and reporting delays in biopsy results mean that the suspected prostate cancer pathway is significant delayed.	Barry Conway/ Denise Newell / Geoff Kennedy	12/12/23 Prostate pathway snapshot Date for MRI scan – decision to biopsy = 14 days MRI imaging is included in the pathway streamlining process in Recommendation 6 Currently there are 57 MRI prostates on the waiting list – 24 of these are prioritised as red flag – all of these are appointed with the exception of 1 and only one is currently waiting over the 2 weeks.	Completed		

		From a reporting perspective on average 40.5% of red flag and urgent examinations are reported within 2 days. There are additional radiologists that have been trained up to report in this area however, with ongoing demands across the system it is difficult to increase this at the moment.			

Oncology					
RECOMMENDATION 8					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Up to 25% of patients currently admitted for a transurethral resection of bladder tumour (TURBT) or bladder biopsy could be managed as an outpatient under local anaesthesia using TULA.	Mark Haynes / Wendy Clayton	Funding has been received from SPPG and 1 xTULA equipment ordered Outpatient Sister has advised that the TULA has arrived and waiting on estates asset ID label. They have been emailed again last week about it. Currently waiting on the delivery of accessories to go with the TULA 2 x CNS's are going to a training session in January 2024 in London – flights were cancelled due to storm	April 2024		

RECOMMENDATION 9					
The day case TURBT pathway for Craigavon Area Hospital should be developed further at Lagan Valley Hospital and Daisy Hill Hospital for stable ASA 3 patients and below and become the default pathway for patients who are suitable for a day case approach.					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Approximately 40-50% of TURBT procedures can be done as a day case, facilitated by in-theatre administration of Mitomycin-C.	Mark Haynes / Helena Murray	Urology moved to DHH theatres during COVID and remains there present day Previously, Urology services were in CAH main theatres only and would not have operated in DHH. Therefore, theatres nursing team will require training and protocols drawn up Initial start-up will be DHH day surgery theatres. Meeting to be arranged with MDH and Theatre management (estimated 19/1/24)	Est April 2024		

RECOMMENDATION 10					
In theatre Mitomycin-C should be the default option for suitable patients, irrespective of the facility in which the procedure is performed.					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Current provision of Mitomycin-C is problematic	Declan McClements / Helena Murray	See recommendation 9 Initial start-up will be DHH day surgery theatres. Meeting to be arranged with MDH and Theatre management (estimated 19/1/24)	April 2024		

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RECOMMENDATION 11					
The nephrectomy service should be formally provided as part of a networked service across the various Trusts that offer this surgery in Northern Ireland. There should be a single MDT and the ability to cross-cover each other's clinical practice in the situation whereby a single-					
Original Findings	**Responsible Director**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Radical nephrectomy is provided by two surgeons at Craigavon Area Hospital. Patients requiring partial nephrectomy are referred to Belfast City Hospital using an in-reach model	Mark Haynes	This is a regional recommendation. From a Southern Trust perspective 2 substantive Urology Consultants provide radical nephrectomy and from Sept 2023 patients have been transferred from Belfast to Southern Trust waiting list due to long waiting times in Belfast Trust for robotic procedures. To provide capacity in Belfast for robotic take radical nephrectomy from Belfast to Southern Trust A renal cancer project had been initiated in early 2023 with the support from NICAN A regional meeting took place in October 2023 where region wide	Regional timescale re single MDT implementation		Green – 3 surgeons in Craigavon providing radical nephrectomy from Sept 2023 (Surgeons – AJ Glackin, M Evans and MD Haynes) Amber – no single MDT at present

		agreement for a single region waiting time was agreed This subsequently has been discussed through the PIG group with the view to implementation over the next 3 months			

Urgent and Emergency Care					
RECOMMENDATION 12					
The department should further develop their use of a 'book and return' pathway for urgent ureteroscopy at Lagan Valley Hospital. Once established, the acute lithotripsy service at Craigavon Area Hospital should be used by default for primary treatment in suitable patients. A seamless referral pathway needs to be agreed across Urology departments in NI.					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Further improvements could be made with regard to the management of acute stone patients. This includes improved access to 'hot' ureteroscopy and improved use of acute extra-corporeal shockwave lithotripsy (ESWL).	Cathrine Reid / Lynn Lappin / Wendy Clayton / Mark Haynes	Regional recommendation: Regionally to look at capacity and demand for ureteroscopy patients to establish if LVH Pilot Southern Trust for book and return (Ambulatory 'hot' ureteroscopy patients)	Est April 2024		

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		Once established Southern Trust would be happy to utilise and partake in delivery There is a regional access to the Southern Trust Regional ESWL service (elective and emergency)			

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RECOMMENDATION 13					
The department should have a urinary retention pathway that allows for rapid access back to the service for a TWOC and or assessment for bladder outlet surgery. The pathway should dovetail with the work that has already been done on the BOO surgery at the Lagan Valley					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Men awaiting bladder outlet surgery represent one of the longest backlogs in urology and is a particular problem in NI. Men at greatest risk of poor care are those who have indwelling catheters.	Mark Haynes / Wendy Clayton	There is currently an agreed route for patients from ED into the outpatient urology service for trial removal of catheter and subsequent through the Lower urinary tract symptoms (LUTS) / Bladder outlet obstruction (BOO) nurse specialist service which already dovetails with the available daycase bladder outlet surgical options in NI. The pathway could be improved and discussions have commenced with ED with a view to improving the pathway, however, the biggest challenge to delivering a timely service is capacity	June 2024		No issue in the Southern Trust. Patients have catheter removed within timeframe following procedure

Specialist services					
RECOMMENDATION 14					
It has been agreed that Extra-Corporeal Shock Wave Lithotripsy (ESWL) and Percutaneous Nephrolithotomy (PCNL) surgery will be centralised at Craigavon Area Hospital. This will require the provision of 42 all day lists per year (2 procedures per list).There will need to be additional capacity for other types of					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Stone service.	Cathrine Reid / Lynn Lappin / Declan McClements Mark Haynes / Wendy Clayton	The Southern Trust has submitted an IPT for the ESWL and is finalising an IPT for PCNL service **ESWL** – regional service has commenced, including both elective and emergency ESWL procedures region wide. **PCNL** – the regional PCNL surgery sessions have commenced in the Craigavon Hospital but using Southern Trust core sessions. 2 consultants from Belfast Trust come to CAH to undertake long waiting PCNL surgery First international recruit Urology Consultant will be running PCNL theatre sessions once through induction	August 2024		Green – ESWL is established Amber – plans in place, local waits of PCNL have been stabilised.

		From next summer operators will increase once by potentially a further 2 PCNL operators			

RECOMMENDATION 15					
The facilities for the delivery of ESWL will need to be upgraded to facilitate the delivery of 4-5 patients for ESWL per half-day list.					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
ESWL.	Cathrine Reid / Lynn Lappin / Barry Conway	The ESWL currently has 4 patients AM and 3 patients PM per session When radiographers are recruited this will increase to 4-5 patients per session Interviewing Dec 2024 with estimated start date of March 2024 Allowing 1 slot per day for emergency • 5 AM slots – one for emergency • 4 PM slots Cancellation is usually a 2nd treatment	April 24		

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RECOMMENDATION 16					
Given the regionalisation of this service in WHSCT the trust should consider disinvesting in the provision of benign andrology. There are now good examples nationally of delivering andrology surgery in 'cold' elective sites. Clinicians with expertise in this area should work as					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
There is currently under-provision of benign andrology surgery across NI.	Mark Haynes	The Southern Trust agree that benign andrology should be a specialist service undertaken by a small team as a regional service, ideally co-located with the penile cancer service, and utilising regional day case facilities where appropriate. Penile straightening surgery for example, has not been undertaken by any of the Southern Trust team for a number of years and none of the team are in a position to be able to offer this surgery. There are currently a number of patients on the waiting list for this surgery and we have no means of providing this surgery at present. This includes many of the trusts longest waiters.	Regional		

RECOMMENDATION 17					
Assessment and common treatments (such as botox / intra-vesical therapies) should be provided at the Trust. There is consensus that the service for more complex or refractory patients will be centralised to Altnagelvin Hospital.					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
Pathways for female and functional urological treatments need to be clearly agreed and described.	SPPG	Action to be discussed at the Regional Urology PIG meetings Feeds into Gynae GIRFT recommendations			

Outpatient Care					
RECOMMENDATION 18					
Original Findings	**Responsible Person**	**Action(s) Required to Deliver Recommendation(s)**	**Timescale**	**Status RAG**	**Evidence of Completion**
The DoH should ensure that Trusts review their outpatient practice with a view to reducing the number of unnecessary review appointments, aspiring to a new to follow-up ratio of 1:2.		The Southern Trust are participating in the Regional Outpatient Modernisation Project. Mr Haynes has volunteered for the Enhanced Clinical Triage and Patient Initiated Follow up (PIFU) Task & Finish Groups. Meeting scheduled for Mon 15/1/24 (Led by SPPG) As per Southern Trust sharepoint Urology New : Review ratio at the end of Nov 23 is 1:5 average. This is not a true reflection as there are more review clinics than new clinics due to priority of MDM reviews. Assurance the Southern Trust consultants are following the appropriate follow up for the patient to maximise the efficiency of time i.e	Ongoing		

		PIFU, discharge back to GP, virtual, enhance triage and scan first, use of nurse specialist Regional group is established to work through			