The Regulation and Quality Improvement Authority

SHSCT Trust Urology Services
Phase II Report
Governance and Assurance Arrangements & Patient Views and Experience

August 2024

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating, inspecting and reviewing the quality and availability of health and social care services in Northern Ireland. RQIA Reviews identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest. Reviews are supported by a core team of staff and by independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health and are available on our website at www.rqia.org.uk.

RQIA Reviews and Inspections must consider the statutory duty on public authorities under Section 75 of the Northern Ireland Act 1998[1] and the European Convention on Human Rights[2]. Methodologies will be developed to ensure that RQIA are compliant with its obligations in this regard.

Phase II

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We would like to thank all Southern Health and Social Care Trust staff who took time out of their busy schedules to attend meetings with our Review team.

We would also like to thank them for their openness when answering our questions. We recognise the difficulties staff have faced and we commend their dedication, commitment and optimism for the future.

We would also like to thank all service users who took the time to give their views to RQIA staff members.

Glossary

Abbreviation	
BAUN	British Association of Urological Nurses
BAUS	British Association of Urological Surgeons
BHSCT	Belfast Health and Social Care Trust
DoH	Department of Health
EAU	European Association of Urology
GIRFT	Getting It Right First Time (NHS National programme)
HSCNI	Health and Social Care Northern Ireland sector
HQIP	Healthcare Quality Improvement Programme
MDT	Multi-Disciplinary Team
MDM	Multi-Disciplinary Meeting
NICE	The National Institute for Health and Care
RQIA	The Regulation and Quality Improvement Authority.
SAI	Serious Adverse Incident
SHSCT	Southern Health and Social Care Trust
ToR	Terms of Reference
USI	Urology Services Inquiry (Public)

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Executive Summary

Background

On 31 July 2020, the Southern Health and Social Care Trust (the Trust) submitted an Early Alert (Ref EA 182/20) to the Department of Health (DoH) Northern Ireland, in relation to concerns about the practice of a clinician within Urology Services in the Trust.

The Early Alert described an early Review (Lookback) covering a 17-month period, (1 January 2019 - 31 May 2020) which had identified a number of concerns. The Trust became aware that:

- two out of 10 patients listed for surgery under the care of the consultant had not been recorded on the hospital's patient administration system at that time.
- there were concerns about 46 patients who had had a procedure to insert a stent.
- 120 of 334 elective inpatients had a delay in dictation of their consultation appointment letter, of up to 41 weeks.
- 36 patients were identified with no case record on Northern Ireland Electronic Care Record System.

The Minister for Health announced a number of actions that were to be taken:

- the establishment of a Urology Oversight Group, chaired by the Permanent Secretary
- commissioning the Royal College of Surgeons (RCS) to carry out an independent Review of a sample of the clinical cases included in the initial Lookback exercise
- establishment of a public inquiry under the Inquiries Act 2005; the public inquiry was established in March 2021, and was chaired by Christine Smith KC.

The Trust initiated a Lookback exercise to identify patients under the care of the consultant who required a review of their care and then arrange a recall appointment or follow up as appropriate.

Subsequently a number of external assessments were undertaken:

- A root cause analysis of nine patients who had potentially suffered harm.
- Royal College of Surgeons (RCS) review of 100 clinical cases.
- RQIA Review of the Trust structured judgement methodology.
- A Getting It Right First Time (GIRFT) Review.

On 11 August 2022, the Chief Medical Officer wrote to RQIA commissioning an independent Review of the Southern Trust Urology Services and Lookback Review relating to patients previously under the care of the consultant. This work was undertaken by RQIA in two phases: the first to Review the Lookback process, which produced an interim report in July 2023, and the second phase assessing the governance arrangements for the oversight and delivery of Urology Services. This report presents the findings and recommendations from Phase 2, in assessing the effectiveness of current arrangements to assure the delivery of safe care within Urology Services in the Southern Health and Social Care Trust, and also to include patient views of their care.

Methodology

As there are no specific local or national Urology standards, the HSC Quality Standards (2006) and associated criteria alone have been used to underpin this Review.
An assurance framework was developed to enable an evidence-based assessment of governance within the Trust Urology service.

- A questionnaire based on the assurance framework was issued to the Trust. Unfortunately, due to many competing pressures, the Trust felt they did not have capacity to complete it.
- An alternative approach was agreed with DoH, resulting in a Trust submission of 720 documents including policies, training logs and standard operating procedures (SOPs).
- We held 6 staff engagement sessions at Craigavon Area Hospital, over a two-day period of fieldwork.
- We held engagement sessions with Trust Urology service users, at the Outpatient services Thorndale Unit, Craigavon Hospital.
- A further clarification meeting took place which included the Trust Medical Director, the Director of Surgery & Clinical Services and the Head of Urology Services.

Findings

As a result of the Urology Services Inquiry (USI), a number of other external Reviews, plus the day to day clinical pressures, including staffing issues and increased clinical complexity of cases, staff told us of the increased pressure they had been working under. We were encouraged to find that despite these major challenges, there was evidence that staff morale remained high and they were optimistic in relation to the future direction of the department.

Staff described how the recent changes in leadership and management structure had introduced a less hierarchical structure within Urology Services, which they considered to be an improvement over the previous structure, as it offered staff of all levels greater opportunities to suggest improvements, speak up and raise any potential concerns. We

found that these structural changes seemed to be working effectively. However, as at that time the Clinical Director position had not been filled, we considered that the Trust should review its succession planning process, to ensure that lengthy senior leadership vacancies were avoided.

The Trust submitted a copy of its Medical Appraisal and Revalidation Engagement Procedure which clearly set out the expectation of appraisals being completed annually and the consequences for those doctors who fail to participate. At the time of the Review visit, available appraisal rates for the Trust were low, which the Expert Review Team accepted was due to the Covid-19 pandemic. However, recently received appraisal rates for the Urology department were high and we considered that, based on the information we had, the Trust had an effective system for medical appraisal in Urology Services.

Effective appraisal and supervision procedures are important building blocks of any governance system. We found that nursing supervisions were often being carried out informally and not always recorded and nursing appraisal rates were low. The Trust needed therefore to ensure that effective nursing supervision and appraisal processes are in place, that are carried out in line with Trust policy.

A number of external Reviews made recommendations in relation to how MDTs in the Urology department were carried out. We found that the Trust had created a dedicated task and finish group which met monthly and reported to the Urology Oversight Group. This group was responsible for implementing a number of service improvements in relation to the MDT process. During staff meetings, we were also told of positive administration changes that had been put in place. We agreed that the new steps the Trust had introduced were promising and likely to improve the functioning of the MDT, the decisions made and the tracking of these decisions.

We found that, in common with other areas, staffing presented significant challenges for the Urology department, though this had been somewhat mitigated by active recruitment of nursing and administrative staff and of an additional Urology consultant. However, we considered that the Urology department should record instances of staff shortage on Datix.

We were told that all staff were provided with sufficient training opportunities and we considered that the Trust was providing sufficient training opportunities for all nursing staff, both ward staff and specialist nurses. We also considered that based on the information we had, an effective system was in place to track mandatory training for nursing staff and this formed part of reporting to senior staff and to the Trust Board

Risk registers are a critical component of risk management, allowing for tracking of risks from an operational level through to the Trust Board and providing information as to the level of risk and any mitigations in place. We found that work was being undertaken to

improve the use of risk registers at an operational level but the Trust needed to assure itself that risk registers were being used effectively.

Length of waiting lists is a regional issue and the recent reliance of the Trust on the independent sector was acknowledged to be a short-term strategy to help address excessive waiting times for some procedures. Following the GIRFT review of Urology Services across Northern Ireland, published on 1 December 2023[3], further opportunities for modernisation reform and improved efficiency have been identified at a local and regional level, as part of a range of actions aimed at addressing Northern Ireland's exceptionally long waiting lists. We considered that implementation of these recommendations will be important to safeguard the long-term safety and sustainability of the Trust Urology Services.

We were encouraged by the reported Quality Improvement (QI) ethos in the Trust and the fact that staff were being encouraged to participate in audit and QI. Given the difficulties encountered by the Urology department, we were satisfied with the level of audit and QI activity that was happening, based on the available information we had. However, we considered that planning of the audit and QI programme could be improved by considering incidents, complaints, SAIs and near misses, to more effectively target areas for improvement. The Trust should also assess the effectiveness of its process for delivering improvements suggested by audit and QI projects.

After reviewing progress updates in relation to external Reviews and associated action plans, we considered that the Trust response was comprehensive, identifying any major gaps in oversight that existed. We also considered that the structures established for monitoring the action plan and progress reports provided positive assurance of an ongoing system of review and follow up.

During our fieldwork sessions, clinicians described the process adopted by the wider Trust in respect of recording, monitoring and reviewing clinical guidance across the Trust. This involves maintenance of a centralised spreadsheet, which contains each of the guidelines applicable to the Southern Trust. Overall, we considered that the systems, process and reporting mechanisms that exist currently within the Trust, were working effectively to monitor performance against all the relevant standards.

Staff told us that the number of Datix reports being submitted has increased and that near misses were also being reported. They described the process for analysis and grading of incidents. A number of changes had been made in how incidents were collated and held on the system and also to how the effectiveness of recommendations was being assessed. We considered that based on the available information, the Trust was working hard to improve its system for investigating SAIs, tracking recommendations, disseminating learning and assessing the effectiveness of any

outcomes. We also considered that, based on the information we had, the Trust had an effective process for dealing with complaints.

A number of staff commented on the pressure that Urology staff had been experiencing as a result of the USI but also as a result of increasing staffing pressures, numbers of patients and increasing acuity of patients. We were also told of psychological support that had been provided by the Trust. We were impressed by the positive attitude of staff, who although admitting how difficult the USI had been, realised that as a result a number of positive changes had taken place and they were optimistic for the future.

We considered that the Trust should positively assess the staff culture in the Urology service and investigate any possible detrimental effects the extra pressures they have been experiencing may have caused. Appropriate staff support should subsequently be put in place. We also considered that the Trust should ensure that all learning arising from the USI and all other external Reviews should be widely disseminated within the Trust and beyond.

The Trust provided its 'Your Right to Raise a Concern '(whistleblowing policy) which the Expert Review Team considered to be comprehensive.

The Expert Review Team commended the efforts of Urology Services staff to encourage an open and transparent culture, whereby staff of all levels feel empowered to speak up should need arise. However, we felt that in the Urology department the Trust should consider assessing the visibility and effectiveness of its process for raising concerns.

The Trust has a number of ways in which feedback is obtained from service users. During meetings with Trust staff, we were first told of the Working Together Strategy, through which individual Trust teams have a mechanism for reporting service user input, especially from frontline services. The Trust participates in the 10,000 voices initiative which gives service users the opportunity to highlight anything important in relation to their care and what they may have liked or disliked. The Trust also makes use of the independent feedback collated and reported by the organisation Care Opinion. This service provides patients and their families with an opportunity to share their experiences of an HSC service via personal stories. We considered however that the Trust should more actively employ a wider range of methods for proactively listening to/gathering patient views and provide examples of how it meets its statutory obligations to involve patients in key decisions about improvement and development of services.

We obtained feedback directly from patients, who were attending a mixture of new and review appointments, which was resoundingly positive. Patients spoke highly of their interaction with staff and confirmed that they had been helpful in facilitating access to the service, offering them a choice of date and time when setting up their appointments. Patients described how having a choice of appointment made it easier for them to plan

their hospital attendance. Once at their appointment, patients described how staff were approachable and made every effort to ensure they were at ease while being checked in for their appointment.

The report contains 11 recommendations for improvement within the Urology service in the Trust.

Section 1: Introduction

1.1 The Speciality of Urology

Urology can be broadly defined as the specialty that manages patients presenting with diseases of the male and female urinary tract and of the male reproductive organs. It covers a wide range of common conditions including urinary tract infections, urinary tract stones, problems with bladder emptying, urinary incontinence and erectile dysfunction. Urologists also treat patients with kidney, bladder, prostate, penile and testicular cancer. The last of these typically affects younger men than most cancers; prostate cancer, on the other hand, is most often seen in older patients. Statistics from the charity Prostate Cancer UK have shown that prostate cancer now accounts for the third highest number of cancer deaths in the UK, but also that the mortality rate for prostate cancer dropped by 6% between 2010 and 2015, reflecting growth in the number of men being diagnosed, and living with, the condition.

Unlike most surgical specialties, there is no parallel medical speciality for Urology and fewer than 20% of patients admitted as an emergency under the care of a urologist undergo a surgical intervention during the acute admission. A high proportion of urologists' work is carried out in an outpatient setting, addressing conditions that significantly affect everyday quality of life. While Urologists carry out some major surgical operations, such as removal of the bladder or prostate and open urinary tract reconstructive surgery, much urological surgery can be conducted relatively swiftly and using minimally invasive techniques. This reflects the fact the Urology was amongst the first surgical specialties to introduce endoscopic surgery.

The specialty continues to be at the forefront of technological change and many providers now offer robot-assisted surgery.

1.2 Background to the Review

On 31 July 2020, the Southern Health and Social Care Trust (the Trust) submitted an Early Alert (Ref EA 182/20) to the DoH Northern Ireland, in relation to concerns about the practice of a clinician within Urology Services in the Trust.

The Early Alert advised that on 7 June 2020, the Trust had become aware of potential safety concerns related to delays in the treatment of surgical patients. These patients had been under the care of a consultant urologist, who had been employed by the Trust from 6 July 1992 until his retirement on 17 July 2020. The purpose of this Early Alert was to inform system partners of events and describe early findings derived from scoping of records. The alert contained a commitment to further work to scope the extent of any further look back.

The Early Alert described an early review (Lookback) covering a 17-month period, (1 January 2019 - 31 May 2020) which had identified a number of concerns. The Trust became aware that:

- two out of 10 patients listed for surgery under the care of the consultant had not been recorded on the hospital's patient administration system at that time.
- there were concerns about 46 patients who had had a procedure to insert a stent.
- 120 of 334 elective inpatients had a delay in dictation of their consultation appointment letter, of up to 41 weeks.
- 36 patients were identified with no case record on Northern Ireland Electronic Care Record System.

A number of cases had subsequently been identified as meeting the threshold for investigation under the Serious Adverse Incident (SAI) procedure.

On 24 November 2020, the Minister for Health made a statement[4] to the Northern Ireland Assembly in which he confirmed that as a result of the initial Lookback, concerns had been identified in relation to elective and emergency activity, radiology, pathology and cytology results, patients whose cases were considered at Multi-Disciplinary Team (MDT) meetings, oncology and the prescribing of an anti-androgen drug outside of established NICE guidance, in the management of prostate cancer.

The Minister announced a number of actions that were to be taken:

- the establishment of a Urology Oversight Group, chaired by the Permanent Secretary that would review the progress of the initial Lookback exercise, consider emerging strategic issues, commission and direct further work as necessary and monitor the impact on Urology and related services in the Southern Trust.
- commissioning the Royal College of Surgeons (RCS) to carry out an independent review of a sample of the clinical cases included in the initial lookback exercise, to determine whether a further, more extensive Lookback or patient recall by the Trust was required.
- establishment of a public inquiry under the Inquiries Act 2005, as the best way of ensuring that the full extent of concerns would be identified and for patients and families involved, to see that all relevant issues were pursued in a transparent and independent way. The public inquiry was established in March 2021, and was chaired by Christine Smith KC.

The Trust initiated a Lookback exercise to identify patients under the care of the consultant who required a review of their care and then arrange a recall appointment or follow up as appropriate.

The Urology Services Inquiry, established in March 2021, heard closing submissions on 13 June 2024 and will report in the near future. The terms of reference for this public inquiry are available on the Urology Services Inquiry website[5].

A number of other Reviews in relation to Urology Services have also been carried out in the Trust. In March 2021, a report was submitted to the Health and Social Care Board of a root cause analysis of the care of 9 patients who had potentially suffered harm. The RCS was commissioned to carry out an independent review of 100 clinical cases and conditions for patients under Mr O'Brien's care during 2015. This review reported on 29 September 2022. RQIA carried out a Review of the Trust Structured Judgement Review methodology and process which was published in September 2022.

More recently, the Trust has also participated in a regional GIRFT Review[6].

On 11 August 2022, the Chief Medical Officer wrote to RQIA commissioning an independent review of the Trust Urology Services and its Lookback Review relating to patients previously under the care of the consultant.

Following discussion with DoH, it was agreed that the review would be undertaken in two phases. Phase I would consider the Lookback Review process and Phase II would consider the remaining items (Governance and assurance arrangements and patients views and experience).

Phase I of this review assessed the robustness of the Trust Lookback Review process, which included arrangements for its delivery and oversight. This was completed and submitted to DoH and to the Trust on 26 July 2023.

This Phase II report presents the findings and recommendations emerging from Phase II; to assess the effectiveness of current arrangements to assure the delivery of safe care within Urology Services in the Southern Health and Social Care Trust, to include:

- An assessment of the arrangements to monitor the delivery of care against all relevant standards and
- To seek the views and experiences of patients in relation to the care provided from Urology Services in the Southern Health and Social Care Trust, in so far as they relate to item 2.

1.3 Terms of Reference

The Terms of Reference (ToR) for this review were agreed with members of the Urology Assurance Group (UAG) within DoH. DoH sought to ensure that work was completed in an appropriate and timely manner, whilst ensuring the review did not infringe on the work of the USI.

Phase I

1. Undertake an assessment of the current Southern Health and Social Care Trust Urology Lookback Review process, to include arrangements for its delivery and oversight.
   To include:
   - Progress on the implementation of the recommendations made by the Southern Health and Social Care Trust in relation to the earlier investigation relating to the Urology Lookback Review and assess the robustness of the current Lookback Review.
   - Identify learning which can be applied to any further extension to the current Lookback Review.
   - Assess the extent to which Southern Health and Social Care Trust members of the Urology Assurance Group (UAG) have fulfilled requirements set out within the UAG Terms of Reference.

   Phase I, as described above, was completed and submitted to DoH and the Southern HSC Trust on 26 July 2023.

Phase II

2. Assess the effectiveness of current arrangements to assure the delivery of safe care within Urology Services in the Southern Health and Social Care Trust.
   To include:
   - An assessment of the arrangements to monitor the delivery of care against all relevant standards.
3. To seek the views and experiences of patients in relation to the care provided from Urology Services in the Southern Health and Social Care Trust, in so far as they relate to item 2.
4. To provide a report on the findings and where relevant, make recommendations to DoH by report at the earliest point.
5. To escalate any emerging concerns identified during the course of the Review to DoH and to notify the Southern Health and Social Care Trust of any emerging patient safety concerns.

This Review report focuses on Phase II and includes Terms of Reference 2, 3 ,4 and 5.

1.4 Review Methodology

Phase II was conducted in two parts, part A governance and assurance, and part B patient views and experience.

Section 2: Part A, Governance and Assurance

2.1 Methodology

The objective of this part of the Review was to seek evidence to determine if the Trust had in place effective arrangements to assure the safety and quality of Urology Services, enabling early and effective action to be taken, where indications of risks to safety and quality had been identified.

These assurance arrangements are part of effective overall governance within the Trust. In 2006[7], in order to contribute to the safety and quality of HSC services, DoH published the Minimum Quality Standards expected for HSC services. The standards were designed to be used by HSC organisations and by RQIA to assess the quality of care provided. The standards contain 5 overall quality themes. Each theme has a title which defines the area on which the standard is focused. A standard statement explains the level of performance to be achieved and a rationale explains why the standard is considered to be important. Finally, a series of criteria are set out which provide the level of detail to enable effective assessment.

The 5 overall quality themes are:

1. Corporate Leadership and Accountability of Organisations.
2. Safe and Effective Care.
3. Accessible, Flexible and Responsive Services.
4. Promoting, Protecting and Improving Health and Social Well-being; and
5. Effective Communication and Information.

In combination with more detailed service specific standards, RQIA may use these quality standards when reviewing, inspecting or investigating matters relating to HSC Services. As there are no specific local or national Urology standards, the quality standards and associated criteria alone have been used to underpin this Review. Each quality theme has multiple associated criteria; a number of these have been selected to assure the effectiveness of governance arrangement is place in the Trust Urology Services.

Selected Criteria

The Review has sought evidence against the following criteria, that the Trust:

- has in place appropriate structures, systems and processes to provide robust delivery of safe and quality Urology Services, through effective oversight and reporting arrangements that enable effective governance.
- has identified specific risks that relate to the safety and quality of Urology Services and can demonstrate active management of those risks, including escalation as appropriate.

- is kept informed about key indicators of safety and quality, to enable proactive management, and early indications of when things go wrong.

The following criteria have been used:

Assurance relating to:		To be evidenced	HSC 2006 Quality Standard Ref
1	**Organisational Structure & Oversight**	• Organisational structure with clear leadership, through lines of professional and corporate accountability • Evidence of reporting of key governance issues through the governance infrastructure • Role of the Trust Board • Regional oversight, reporting and strategy	Theme 1 Corporate Leadership and Accountability: 4.3 (a) Theme 2 Safe & Effective Care 5.3.3 (i)
2	**Medical Workforce**	• Medical Appraisal • Maintaining High Professional Standards • Multi-Disciplinary Teams • Training including mandatory training • Nursing supervision • Nursing appraisal • Job planning	Theme 1 Corporate Leadership and Accountability: 4.3 (l)
3	**Risk Management**	• Risk Register/s and active Management • Incident reporting, management and applied learning • Trends, analysis and wider learning from incidents • Learning from complaints • Use of locums /agency staff	Theme 1 Corporate Leadership and Accountability: 4.3 (i) Theme 2 Safe & Effective Care 5.3.1 (b) 5.3.2 (a)
4	**Clinical Outcomes**	• Clinical outcomes reviewed to include trends, key patient safety indicators, and benchmarks to appropriate peers • Waiting times for red flag referrals (by service type/ consultant including trends and benchmarks to appropriate peers/ region) • Clinical audit • Quality Improvement initiatives	Theme 2 Safe & Effective Care 5.3.3 (e) 5.3.3 (g) Theme 3 Accessible, Flexible and Responsive Services 6.3.1(f)
5	**Implementation of Recommendations from Key Reports**	• Active implementation of recommendations from Invited Reviews, RQIA Reports, Public Inquiries, knowledge of position achieved and issues arising • Issuing of, and assurance through following up, on adoption of urgent, new, additional clinical guidance • Active audit programme	Theme 2 Safe & Effective Care 5.3.1 (f) 5.3.3 (f) Theme 5 Effective Communication and Information 8.3 (d)

6	**Culture**	• Process for staff raising concerns, widely known, and evidence of confidence in same and action taken where issues raised • Whistleblowing Policy and procedures • Staff experience/ views on culture in working environment • Effective internal communications, within and across services, teams and organisation	Theme 2 Safe & Effective Care 5.3.1 (f)
7	**Patient Experience**	• Process for patients being involved/ informed and to raise complaints • Evidence of patient experience proactively sought about services acknowledging role in patient safety and prevention of harm • How are Trust staff, managers and the Trust Board aware of patients views and take account of	Theme 2 Safe & Effective Care 5.3.1(b) Theme 3 Accessible, Flexible and Responsive Services 6.3.2(g) Theme 5 Effective Communication and Information 8.3 (a)

Other issues may well be raised during field work/ site visits, speaking with staff and with patients. Additional issues would be included in the Review, as far as relevant to the ToR.

2.2 Data sources which contributed to Part A

Included:

- A robust assurance framework was developed to enable an evidence-based assessment of governance within the Trust Urology service.
- A questionnaire, based on the assurance framework, was issued to the Trust by RQIA. However, as a result of competing factors on resources, which included the USI, a GIRFT Review and service delivery pressures, the Trust was not in a position to respond to the questionnaire within the requested timeframe.
- RQIA subsequently met with the Trust and DoH to agree an alternative approach which did not include completing an RQIA questionnaire based on a robust assurance framework. As part of the alternative approach, the Trust submitted 720 documents which included items such as policies, training logs and Standard Operating Procedures. Following receipt on 18 August 2023, the RQIA Review Team held a workshop to undertake screening of documents submitted by SHSCT. Of the total submission, 70 documents were selected and reviewed on the basis of relevancy to the Review ToR and emerging themes identified through ongoing engagement with the Trust.
- On 30 and 31 August 2023, 6 staff engagement sessions took place at Craigavon Area Hospital, over a two-day period of fieldwork.
- During these engagement sessions, discussions with staff took place, which included progress reports around work arising from the Trust commissioned Root Cause Analysis Review (completed February 2021) and the RQIA Review of the Structured Clinical Case Review (SCCR) (completed September 2022).

- Engagement sessions with Trust Urology service users, including one-2-one engagement, took place at the Outpatient Services, Thorndale Unit, Craigavon Hospital on 11 September 2023.
- On 27 October 2023, a further clarification meeting took place with the Trust Medical Director, the Director of Surgery & Clinical Services and the Head of Urology Services.
- On 22 February 2024, following a final information request, 3 further documents were provided to RQIA.

2.3 Findings

Findings are presented against the revised Review assessment framework, based on the HSC Quality Standards 2006:

- Urology structure and activity data
- Organisational Structure and Oversight
- Workforce
- Risk Management
- Clinical Outcomes
- Implementing Recommendations from Reviews, SAI, Public Inquiries, and new/updated Guidance
- Culture
- Patient Experience

2.3.1 Southern HSC Trust Urology Services

The Trust 2022/23 Annual Quality Report, (published November 2023), describes that the Trust provides services to a population of 388,688, across a geographical area which covers Armagh City, Banbridge, Craigavon and parts of Newry, Mourne, Down and Mid-Ulster. The Trust has a staffing complement of 14,887, which between April 2022 and March 2023 helped to deliver 199,558 Consultant led outpatient appointments, 69,060 adult day care attendances and 158,854 emergency department attendances.

The Trust Urology Services are based primarily within Craigavon Area Hospital in the outpatient 'Thorndale' unit; however elective and outpatient care is also delivered at Trust sites in South Tyrone, Craigavon Area, Daisy Hill and Armagh Community Hospitals. Complex conditions can be transferred for treatment to the Royal Victoria Hospital in the Belfast Health and Social Care Trust (BHSCT).

The Trust also commissions outpatient activity to be delivered by the Independent Sector on the behalf of the Trust. The service is delivered by a diverse MDT which includes 4.41 whole time equivalent (WTE) Consultants, 2.83 (WTE) Clinical Nurse Specialists and 0.5 WTE Physician Associates[8] among a wide range of other professionals.

Table 1: Southern HSC Trust Urology Services Activity Data 2022

SOUTHERN HSC TRUST Urology Services Activity data 2022	
Metric	**2022**
Number of Urology elective inpatient spells	472 *IS = 61
Number of Urology day case spells	2851 *IS = I532
Virtual outpatient attendance	Consultant-Led = 1231 New and 6379 Review Nurse-Led = 352 New and 1761 Review Virtual = 650 New and 1100 Review *IS = 2990 New and 753 Review
Number of Urology emergency admissions	901

* IS (independent Sector) activity is not part of Trust's core activity – this activity was contracted to the Acute IS Provider on behalf of the Trust utilising non-recurrent waiting list initiative monies from SPPG.

In 2022, the Trust Urology Services had 472 elective inpatient admissions and 2,851 day cases. Urology services provided 7,610 consultant led; 2113 nurse-led outpatient appointments; and 1,800 virtual out-patient appointments (new and review). Within the Independent Sector 3,743 out-patient appointments (new and review); 61 elective in-patient admissions; and 1,532 day cases were delivered on behalf of the Urology service.

Further metrics provided by the Trust within its Acute SMT performance presentation (6 December 2022) demonstrated that as of 31 October 2022, the total number of patients waiting for Urology outpatients, was 4,162, with an average waiting time of 141 weeks and 2,951 patients had been waiting 52 weeks on the outpatient list (Table 2).

Table 2: SHSCT Outpatient Waiting List Position, 31 October 2022

Specialty Description	Total Volume of Waits	13 + Weeks	26 Weeks	52 Weeks	Longest Wait (weeks)	Average Wait (Weeks)
Urology	4,162	3,423	3,228	2,951	352	141

Data source: Acute SMT Performance presentation, 6 December 2022

Table 3 shows the total number of patients waiting for in patient/day case was 1,748, with the average waiting time in weeks

Table 3: SHSCT Inpatient/Day Case Waiting List Position, 31 October 2022

Specialty Description	Total Volume of Waits	13 C Weeks	52 Weeks	Longest Wait (weeks)	Average Wait (Weeks)
Urology	1,748	1,408	952	429	104

Data source: Acute SMT Performance presentation, 6 December 2022

Table 4 presents the average wait (in weeks) experienced by patients referred to the Trust Urology outpatient service by priority status as of the 3 January 2024.

Table 4: SHSCT average outpatient wait in weeks, by priority status, January 2024

Priority	Average Wait (Weeks)
Red Flag *	4
Urgent **	19
Routine	153

Data source: SPPG outpatient on-line Dashboard, 3 January 2024

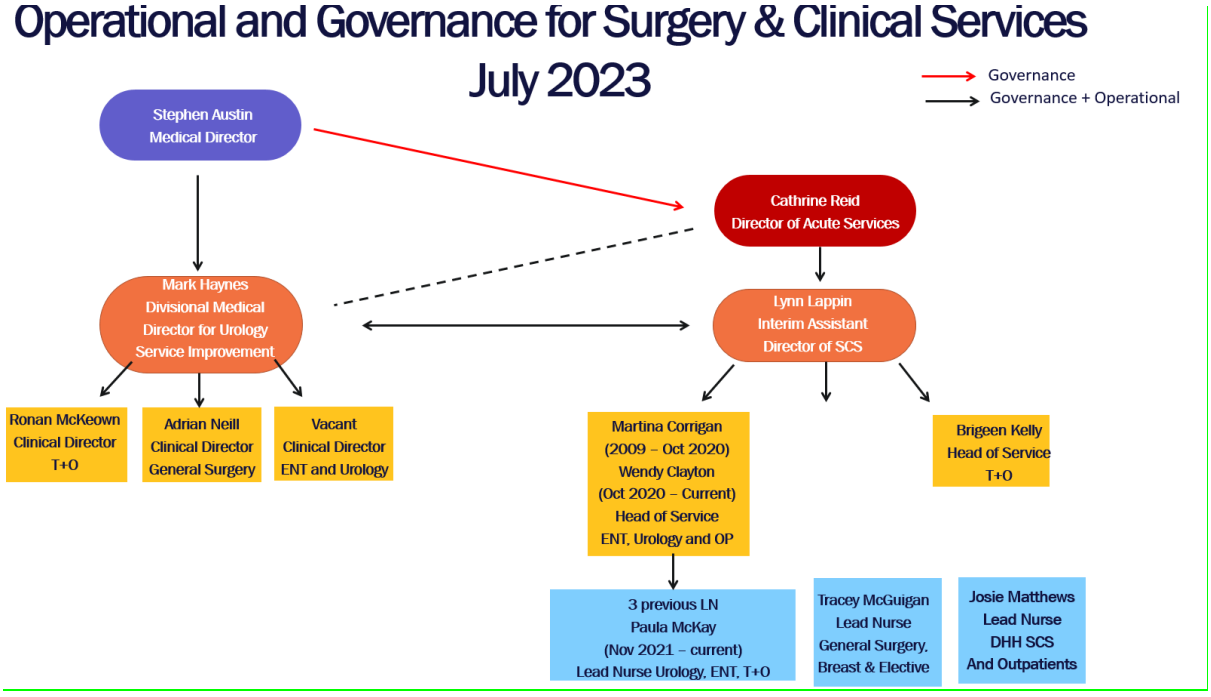
Red Flag: *These appointments are allocated to patients with suspected cancer diagnosis and are the highest priority.*

***Urgent:** These appointments are allocated to patients with urgent care needs other than cancer.*

2.3.2 Organisational Structures and Oversight

The Trust submitted organisational charts which displayed the structure of operational and governance services in the Trust; Figure 1 is an extract from these documents.

Figure 1. SHSCT Urology Services Operational and Governance Structure



As displayed, in relation to nursing reporting lines, the current structure in Urology Services has a Lead Nurse reporting to a Head of Service, who is responsible for the areas of Urology, outpatients and ear nose and throat (ENT) and ophthalmology. The Head of Service reports to an Interim Assistant Director, who reports to the Director of Surgery and Clinical Services. The Director and Assistant Director interact with the Trust Divisional Medical Director for Urology and Service Improvement who links Directly with the Trust Medical Director. On the medical side, a Clinical Director has responsibility for both ENT and Urology and they report through the Medical Director for Urology Service Development to the Trust Medical Director.

Effective leadership structures, clear lines of reporting and meaningful informed challenge are essential components in assuring that a service is well led and are particularly vital in a service under scrutiny and pressure. Those in leadership roles should be readily accessible, share information freely and mechanisms should be in place which ensure the effective flow of information from service delivery to Trust Board level, to provide effective assurance of the quality of care delivered.

During fieldwork sessions, Trust staff reported that in the past 3 years there had been significant change in the leadership and management structure within Urology Services. Documentation provided by the Trust, identified that during this period the service's governance and operational structure had undergone several changes, including the recent appointment of a new Head of Service, Lead Nurse, Head of the Acute Governance Team and Assistant Director. It was also evident that at the time of this Review, the role of Clinical Director was vacant.

Staff described how the recent changes in leadership and management structure had introduced a less hierarchical structure within Urology Services, which they considered to be an improvement over the previous structure, as it offered staff of all levels greater opportunities to suggest improvements, speak up and raise any potential concerns. Staff commented that they felt this structure allowed for effective leadership across a range of roles and grades and that there was strong evidence of team leadership across Urology Services. Staff who participated in focus groups articulated that they would feel very comfortable raising concerns with members of staff at any level.

Staff reported oversight and communication at a number of levels. Weekly departmental meetings, Urology patient safety meetings and weekly governance meetings were held. Urology sits within a directorate and is not a directorate in itself. Any learning at a directorate level and from other clinical areas is fed through to the Urology department. Patient safety meetings include discussions around mortality, morbidity, complaints and serious adverse incidents (SAIs) and these are attended by junior medical staff. Operational meeting agendas included staffing, recruitment, standard operating procedure (SOP) amendments, policies and procedures, performance, waiting time and incidents such as falls on the ward. Any suggested changes or other safety issues were

initially presented to the Trust senior leadership team (SLT) and then disseminated to staff at all levels. Staff told us that every team has patient safety discussions. The set-up of the department with a small team and shared offices, facilitated effective communication and this was reinforced by many ad hoc corridor discussions.

We were told that a subcommittee of the Trust Board and a new system of steering groups, with representation from non-executives, had been established, to provide greater oversight of all Trust issues. A Safety and Quality Committee which feeds into the Trust Governance Committee had also been established and this is where any Urology issues could be examined in greater detail.

Trust senior staff told us that the overall aim of these changes was development of better collective leadership, with nurses, clinicians and managers training and working as a collaborative team, to run their division more effectively and safely. This was seen by staff as a fairer structure, compared to a more hierarchical structure with a single director at its head.

Clinical staff informed us that the Urology team was the first in Northern Ireland to carry out trans-perineal biopsies. One of the plans for the department was to recruit more nurse specialists and to investigate different ways of working in Urology. Nurse specialists would be further empowered to be leaders in their own right. We were told by staff that they were excited about the way things were moving and progressing.

The Expert Review Team considered that the structural changes made to the department seemed to be working effectively and we were encouraged that staff felt more empowered and were comfortable with raising concerns at all levels.

At the time of the Review fieldwork, we were concerned that the Clinical Director role had been vacant for some time and would recommend that the Trust assesses its succession planning process, to ensure crucial leadership roles are not vacant for long spells.

Recommendation 1. The Trust should have an effective succession planning process, to ensure that senior leadership roles are filled continuously and prolonged vacancies are avoided.

2.3.3 Workforce

Medical Appraisal

Medical Appraisal is a formal process of protected time once a year, when doctors have the opportunity to focus with a trained colleague, on their scope of work. This includes:

- Looking back at achievements, challenges and lessons learnt, including the previous year's personal development plan objectives
- Looking forward to their aspirations, learning needs and the recording of new personal development plan objectives

Revalidation is the process by which the General Medical Council confirms the continuation of a doctor's licence to practise. Appraisal is a major component of revalidation.

A copy of the Trust Medical Appraisal and Revalidation Engagement Procedure (January 2023) was submitted. This policy clearly set out the expectation of appraisals being completed annually and the consequences for those doctors who fail to participate in the process, which can range from reminder letters to a request being submitted to the GMC to initiate an early concern procedure.

The Trust told us that they have developed guides and toolkits for completing appraisals and there is a monthly revalidation oversight meeting, at which supporting information would be discussed, decisions taken on whether or not revalidation progresses and any actions required. A letter is sent to each doctor explaining the requirement to revalidate, the need to have appraisals completed by the end of April and the escalation process if all necessary requirements are not met. If a doctor has not prepared their portfolio this would be a red flag. In relation to appraisal, all necessary information is provided to the appraiser in advance. All Datix or auto generated reports are made available and the appraisee completes a declaration form in relation to their private practice, which forms part of their appraisal. It is the responsibility of the appraisee to declare any issues they may have had in relation to their private practice. For the last 2 years the Trust has been operating a 2 sign off system for appraisals, where each appraisal goes to a second appraiser for final sign off.

The Expert Review Team discussed with senior Trust staff as to how they may be made aware of a doctor who is underperforming in some way. Trust staff told us that concerns may be raised informally in the first instance. This would be investigated informally with evidence being gathered, before the doctor was approached and then, if necessary, the Medical Director would be informed. If required, a wider level investigation would be triggered using all available system data. The Trust has a 'supporting doctors' system where cases of concern would be discussed before raising a concern more formally. The Medical Director would also liaise with the General Medical Council (GMC) where appropriate.

At the time of the Review visit, available appraisal rates for the Trust were low, which the Expert Review Team accepted was due to the Covid-19 pandemic. However, recently received appraisal rates for the Urology department were high and we considered that,

based on the information we had, the Trust had an effective system for medical appraisal in Urology Services.

Nursing Supervision and Appraisal

Nursing supervision provides staff with a means of reflecting on their practice, receiving support and formally recording their achievements, challenges, lessons learnt, and aspirations. It also offers staff an additional opportunity to raise concerns. Supervision should be an ongoing process, with a number of meetings taking place between nursing staff and nominated supervisors.

Appraisal is a more formal, usually annual process to review the previous 12 months' performance, to reflect on practice, to set objectives for the coming year and to plan personal development. Both processes are integral to staff support and development, which in turn contribute to raising standards of service delivery.

A copy of the Trust Reflective Supervision Policy (2023) was submitted as evidence. This policy, which had been informed by the Northern Ireland Practice Education Council (NIPEC) review conducted in 2020, describes the importance of encouraging a culture of sharing, reflection and improvement and highlights the benefits for nurses and midwives as well as those they care for.

The policy sets out the expectation that nursing staff should receive formalised reflective supervision sessions at least twice per year. An appendix in the policy provides a template for the recording of supervision meetings between managers and reporting staff, with a dedicated section for the opportunity to raise concerns.

The Junior Nursing Induction Booklet, submitted as part of this Review was examined which contained detailed information on shift patterns, staffing profile and ward routine but did not mention the process of reflective supervision. We were therefore not clear on the policy expectations of the timeframes and frequency staff can expect to undertake formal supervision.

During fieldwork sessions, we were told that staff should have one formal supervision session between April and September and a second between November and December. Supervision rates were 65%. Nursing staff however reported that in their experience, staff supervisions tended to be informal and acknowledged that they may also be unrecorded. Annual appraisals are also an important opportunity to review progress and development needs for staff. On review of the registered nurse training spreadsheet submitted by the Trust, it was confirmed that (as of July 2023) a significant number of nursing staff had yet to have their annual appraisal completed.

During discussions with nursing staff, they told us that they recognised the important contribution formal supervision makes towards both personal development and organisational assurance. We were told that it also provides an extremely valuable opportunity for staff to voice issues and concerns; however, nursing staff also told us that they considered that supervision should be formally conducted and recorded in line with the Trust Reflective Supervision Policy.

The Expert Review Team considers that effective appraisal and supervision procedures are important building blocks of any governance system. They provide support and motivation for staff and help to ensure they are developing and maintaining good practice in line with their professional standards. They allow staff to reflect on their performance and progress and enable them to set realistic goals for future development. They also enable managers to ensure that patients are being treated by suitably trained and motivated staff within a positive organisational culture. We accept that these procedures are a joint effort between management and staff, however, we consider that the Trust has an obligation to ensure that effective supervision and appraisal processes are in place, that are carried out in line with Trust policy.

Recommendation 2. The Trust should ensure that records are kept which evidence that relevant clinical staff participate in the process of regular reflective supervisions, which should be conducted and formally recorded in line with its reflective supervision policy.

Recommendation 3. The Trust should ensure all nursing staff are up to date with their appraisals in line with the Trust appraisal policy and that active follow up takes place where appraisals are overdue.

Multi-Disciplinary Meetings

The Trust MDT meeting for cancer services is a key mechanism for consideration of the appropriate treatment options for complex cases, in line with relevant clinical guidelines and standards. The Urology department works closely with cancer services, radiology and allied health professionals (AHPs). The subject of the effective functioning of MDT meetings was significantly focused upon within the Root Cause Analysis Review completed in 2021.

This Review made three specific recommendations in relation to MDTs:

Recommendation 4. The Trust must ensure that patients are discussed appropriately at MDM and by the appropriate professionals.

Recommendation 5. The Trust must ensure that MDM meetings are resourced to provide appropriate tracking of patients and to confirm agreed recommendations / actions are completed.

Recommendation 6. The role of the Chair of the MDT should be described in a Job Description, funded appropriately and have an enhanced role in Multi-Disciplinary Care Governance.

The Root Cause Analysis Review action / progress log submitted by the Trust reported that significant changes had already been made to improve the operation of MDT meetings within Urology Services. The Trust supplied its most recently updated Urology Cancer Services Operational Policy (Sept 2023), which provided a comprehensive overview of the delivery of this function, including roles and responsibilities, recording, monitoring, auditing and linkages with other services. Staff reported that Urology Services now had two operational MDTs which meet on a weekly basis to discuss patient care/ treatment.

The RCS Clinical Records Review also made 3 recommendations in relation to MDT arrangements:

Recommendation 6. The Trust should review the MDT arrangements within the Urology Service to ensure that there is adequate MDT input into the decision making for every patient. All MDT decisions and communication should be adequately documented in each patient's record.

Recommendation 7. It was unclear to the Review Team whether the MDT meetings that surgeon 1 attended and chaired, were local Urology MDT or specialist Urology MDT. The Trust should ensure that complex cancer cases, especially those where major surgery is being considered should always be discussed at a specialist MDT. In the Review Team's opinion, these decisions should not be made purely on a local basis.

Recommendation 8. In addition to recommendations 6 and 7, the Trust should consider whether there are sufficient safeguards in place to monitor decisions made at MDT meetings and to ensure that recommendations are appropriately carried out.

The Trust reported that it had created a dedicated task and finish group which met monthly and reported to the Urology Oversight Group. This group was responsible for implementing a number of service improvements which included:

- Quoracy reports, which were completed monthly to monitor the attendance of staff at each MDT meeting. This report is then shared with senior staff.
- A MDT action log, which recorded each decision agreed, with these actions tracked until first treatment.

- The MDT action log was then reviewed on a monthly basis, with input from Cancer Service Improvement Leads.
- A rolling audit of MDT decisions which involves five records being audited each week of the month.

During staff meetings we were also told of positive administration changes that had been put in place. Administration staff are now off site and under one directorate. Previously, secretaries had little contact with consultants but now they have a very good working relationship and there are no issues with communication. Staff however told us it is now much more difficult to recruit due to the impact of the USI and there is now more pressure to ensure accuracy. Administration staff, under the Surgical Service Administrator, now carry out spot checks on clinic letters which has resulted in a number of improvements. Administration staff, under the Cancer Services Team, also produce a monthly performance report for each speciality and escalate when targets were not met. Monthly breach reports are prepared and an individual breach reports may be prepared for individual patients. Tumour site reports which were not previously used are now run regularly.
Trust staff with whom we met were very content with this new system and with the extra staffing that had been provided. A band 6 is now dedicated to supporting the work of MDMs and a band 5 and band 4 are now assisting with assurance audits, taking a sample of cases and checking that agreed plans have been implemented.

Staff however told us that there were still significant capacity issues, and there was no failsafe mechanism for radiology similar to that in place for pathology. Staff considered that the present system relies too heavily on the referrer accessing radiology results and they were considering setting up a mini tracking system for radiology.

The Expert Review Team agreed that the new steps the Trust had introduced were promising and likely to improve the functioning of the MDT, the decisions made and the tracking of these decisions

Staffing levels

Appropriate levels of skilled staff are an obvious prerequisite to the delivery of safe and effective care. Continued recruitment, succession planning and longer-term work-force planning are required, to ensure that staffing levels are adequate to meet the current and future needs of patients, staff and the service.

The Urology inpatient ward is an 18-bed ward in Craigavon Hospital shared with ENT. This is smaller than previously, but nursing staff told us this has enabled them to become more specialised and helped to develop both their confidence and competency. Staff also told us that having a dedicated ward has enabled them to have a fully staffed junior medical tier for the first time, with clinical fellows at Senior House Officer (SHO) level.

During fieldwork, staff reported that there has been ongoing active recruitment and an increase in the number of new nursing and administrative roles, as a direct consequence of the increased demands the Urology service has been experiencing. Staff were pleased with the addition of new team members and efforts to develop succession planning; however, they reported that the induction and training of new staff had been time consuming.

Despite efforts being made to increase nursing staff complement, in common with experiences across the wider health sector, there had been occasions that the Urology service, in particular in-patient wards, had been affected by staff shortages. Historically, in 2013, appropriate staffing levels had been agreed and funded. However, staff told us this agreement was now out of date especially due to the increased acuity of patients and staffing levels on the Urology ward had been reviewed and increased. To illustrate the local difficulties, staff told us that at one time 3 WTE members of staff were on sick leave, two were on maternity leave and 6 others were not available due to a variety of reasons. However, the ward was still showing as being fully staffed. Staff told us that the Trust is working extremely hard to retain existing staff and also to retain student nurses and they have developed a number of initiatives such as a student alignment process to aid retention of staff.

The Trust now employs a cohort of international nurses but it has taken a lot of time and effort to ensure they become effective members of the Trust workforce. They are new to the post, new to the area and in relation to surgery they may be new to this discipline. We were told it may take up to a year to bring this cohort of nursing staff up to speed.

Staff also told us that the CNO is planning to develop a workforce App that could drill down into the number of staff on sick leave at any time as well as quantify the use of bank and agency staff. These data could be used to inform directorate meetings, Board meetings and CNO reports. From the Trust point of view, it would be a useful tool to inform local recruitment. Staff told us that lead nurses spend a lot of time and effort and a significant portion of their time each day, to ensure staffing levels are safe and also spend a lot of time trying to retain both existing staff and students.

The health roster is a discussed by ward sisters every morning, looking at both that day and the next day's potential staffing levels. If sickness is known, staff may be drawn from the nursing bank and if there is no bank availability, agency nurses may be brought in. If there is an urgent immediate shortage, then a ward may ask other wards to help with cover.

Staff reported that finding cover at short notice is exceptionally time consuming, especially if required for night duty, including progressing it through the approval

process to go from bank to agency. Staff on leave may be contacted but only after exploring agency options.

Staff nurses and nurse leads reported that staffing issues would be reported to the Head of Service and subsequently to higher levels of management; however, staff reflected that these issues may not necessarily be added to the Datix system (incident recording system).

Staffing issues were only added to Datix if there was a significant risk to patient safety. As a result, reports from Datix would not accurately identify all trends associated with staffing, with associated risks.

The Trust has been considering succession planning in a number of ways. It was reported that there are a number of Staff at Agenda for Change Band 5 that are at the stage where they are ready to step up. The system used to be a lot more static but a number of Staff at Band 6 and at Band 7 are moving to other specialisms or into the community. Staff also told us that quite a few young nurses have moved to Australia. The outcome of this is that opportunities have opened up and the Trust is trying to facilitate succession planning by providing a number of training opportunities. The Trust has employed a cohort of nurses from India on permanent contracts. Once their contracts have finished, they might move on, but the Trust plan to encourage them to stay. A retire and return option is also available to nursing staff.

During fieldwork, staff reported that they had encountered difficulties with the recruitment of an additional Urology consultant. A recruitment record submitted by the Trust demonstrated that they had advertised for a new/ replacement consultant urologist(s) on seven separate occasions since March 2021, without success. During a follow-up meeting on October 2023, the Trust reported that they had since secured an additional Urology consultant who would be joining the service, and we were satisfied that the Trust was taking reasonable steps to recruit consultant staff.

Staff told us that a consultant of the week model is in place in the Urology department where their focus is to deliver ward-based care daily. This system is harder to manage within a small team. It is reported that it always going to be challenging within such a small team if one team member goes off on sick leave and a locum may be employed in this case. Admin backup had improved with all consultants now having 1 secretary to 1 consultant with administrative support now also provided to the CNSs.

The Expert Review Team noted the negative impact that staff shortages can have on the delivery of safe care. The Expert Team considered that by recording all instances of staff shortages on the Datix system, below those deemed the minimum required for that service or ward, this would provide the Trust with an additional mechanism which they

could use to examine trends and patterns in demand and supply and more effectively support the development and analysis of effective staffing patterns.

Recommendation 4. The Trust should ensure that any critical staffing shortages that are likely to impact upon the delivery of safe care are appropriately recorded and monitored.

Staff Training

Staff told us that all new staff receive a Trust induction package with an induction booklet that needs to be signed off. There is subsequent follow up to ensure that induction training has been completed appropriately. Each department has an induction checklist and induction should be included in nursing appraisals.

We were told that the Trust has a Corporate Training Policy and training consists of a mixture of e learning with some face to face. Learning may be accessed in a variety of ways including the HSCNI learn system, staff App, Southern Eye global advertisements and staff newsletters. Each ward has a team training template, which allows for progress to be tracked.

In relation to mandatory training, a clinical education practitioner provides oversight of staff progress. They work with ward staff, as each ward maintains a matrix detailing each staff member's progress in relation to their mandatory training, which is updated weekly. Progress is reported to members of staff via text and email.

Staff told the Expert Review Team that mandatory training is included on the agenda of monthly directorate meetings. Each service's performance is reviewed and Heads of Service are then tasked with addressing any areas where improvement is considered to be necessary. The Head of Service follows up any training deficiencies with individual teams and any individuals involved will get a direct email setting out their requirements.

Managers' report directly to the senior leadership team and detailed data are available on SharePoint and learn SHSCTNI. Mandatory training is one of a suite of governance reports which includes complaints and SAIs.

Staff told us that clinical educators are responsible for keeping staff up to date and informed. A lot of staff access training outside of working hours and they can claim time back for this. It can be hard for them to get time during the working day, as they are often pulled away to deal with queries and to look after patients.

Staff also told us that the Trust is good at facilitating study or extra training and study days are available to attend conferences and forums and to develop specific skills. Staff are well supported by lead nurses and Heads of Service.

Specific examples were provided where 2 members of staff attended a BAUS conference and 2 attended an AFBI conference. The Trust has an on-site Clinical Education Centre which provides a range of staff training and courses are commissioned through Queens University Belfast (QUB) and the Ulster University (UU). As wards are now better and more consistently staffed, it is hoped the Trust will be able to provide more in-house training and to have more effective rotation, to provide wider skills and experience.

We were also told that there are areas where no formal training is available, such as bladder training. In this case, the system relies on internal training provided by experienced nurses. Leadership and MDT training is provided for specialist nurses, as they are considered by the Trust to be valued members of the MDT, as they may have the best insight into the wider patient journey. However, staff considered that all ward staff are provided with sufficient training opportunities.

In relation to middle grade doctors learning, their education involves a mixture of learning by experience and theoretical knowledge, obtained through clinical papers, conferences etc. We were told that consultant Urology staff will have open learning discussions with junior doctors, going through the pros and cons of various treatment options for a number of cases. All junior staff and clinical fellows attend MDTs whenever their rotas permit. A member of junior staff described how they were very inexperienced when they had joined the Urology department but support from the registrar and consultant staff had shaped their experience and they quickly became much more confident. This was supported by access to MDTs, clinics and teaching. Junior staff felt well supported, had good access to study leave and all felt comfortable about speaking up if they had any issues. A junior doctor gave us an example where they considered that a treatment plan was outside recommended guidelines. They raised their concerns and when challenged they maintained their position and were listened to.

Senior Trust staff told us that the Trust provides a portfolio of leadership modules and programmes. A Trust leadership programme provided the opportunity for Band 6,7 and 8a nursing staff to better develop and manage teams and to develop techniques and support each other to become better leaders. Feedback from attendees was positive and attendees have been using techniques from the programme to more effectively lead and manage their teams. The Trust is now considering delivering this programme at band 5 level.

The Expert Review Team acknowledged the difficulties both the Trust has in providing time for and access to training opportunities and the difficulties staff may have in getting time to train, given how busy wards have become and the increasing acuity of patients, who require more comprehensive nursing care. We consider that the Trust seems to have an effective system for tracking mandatory training and information is passed on to

senior staff and becomes part of Board reporting. Clinical Education Practitioners provide oversight of training levels and the Clinical Education Centre is an important asset.
We considered that the Trust was providing sufficient training opportunities for all nursing staff, both ward staff and specialist nurses.

2.3.4 Risk Management

Identifying and mitigating risks

Effective risk management requires the identification of potential barriers to the delivery of safe care, with proactive steps taken to subsequently control and mitigate risk. The goal is to reduce the possibility of harm occurring, with associated significant consequences.

During fieldwork, the Expert Review Team reviewed the Trust 'Live Risk Register' which included a risk at a divisional level in relation to Urology Services. Urology staff reported that there was no dedicated service level risk register for Urology. Assurances were given that a change in approach to risk register use was being actively considered, with a view to the introduction of Service Level Risk Registers. Upon review of the Divisional Risk Register, the Expert Review Team was concerned that some risks included on the register had predated the formation of the Southern HSC Trust in 2007.

A copy of the Trust Corporate Risk Register (Dated January 2023) was submitted in evidence. Risks relating to The USI and Urology Lookback Review were 2 of the 8 principal risks included on the Corporate Risk Register. Information requests and allowing staff time and support to fully engage with the USI were described as potential risks to patient safety, due to reduction in capacity for clinical delivery. Non-completion of the Urology Lookback Review, was also noted as a risk on the register, due to its reliance on single medical practitioners as reviewers and ongoing cost.

We received copies of minutes from Senior Leadership Meetings and Urology departmental meeting notes as evidence from the Trust. Risk was included as a standing agenda item in Urology department meeting notes reviewed. It was noted in the minutes of one SLT meeting that the action to include the risk register as an agenda item was not suggested until May 2023.

During discussions with staff, we were told that risk registers are designed to be live documents, which should be monitored and updated regularly. It should be clear as to the status of a risk, when it has been reviewed and whether or not it remains unchanged. We were told that staff considered that the corporate risk register was well maintained but that there was still work to do at an organisational level.

The Expert Review Team welcomed the work that the Trust was undertaking to improve risk management processes and the use of risk registers at an operational level. However, we were concerned that a number of risks contained on a divisional risk register that had been presented to us were historic and it was not clear as to who was responsible for managing specific risks and what mitigations had been put in place. We considered that risk registers are a critical component of risk management and allow tracking of risks from an operational level through to the Trust Board. Risk registers can help to focus attention on the most important issues within the Trust and provide the Board with sufficient information to satisfy itself that management has understood the risks and put in place appropriate mitigation and controls. This contributes to the Trust Board being able to discharge its own responsibilities.

Recommendation 5. The Trust should assure itself that risk registers at all levels are being used effectively, in order to help to facilitate the Trust Board in discharging its oversight responsibilities in relation to risk management.

2.3.5 Performance and Clinical Outcomes

Performance reporting in Urology Services within the Trust focused mainly on waiting times, acknowledging that delays in treatment can contribute to poorer outcomes for some patients. Senior managers, clinicians and frontline staff reported the many challenges they faced in relation to reducing patient waiting times, an issue which they described as pre-dating the Covid-19 pandemic.

A recent GIRFT in review, October 2023, reported on the average Urology waiting times by Health and Social Care Trust in Northern Ireland (based on data at 16 June 2023). This showed that the waiting times in the Southern Trust were longest for all types of referral; 5 weeks for a red flag appointment, 30 weeks for an urgent appointment and 155 weeks for a routine appointment[9].

Ministerial Northern Ireland cancer targets are:

- 95% of patients with an urgent referral for suspected cancer to begin treatment within 62 days.
- 98% of patients commencing first treatment within 31 days of the decision to treat being taken.

Review of the Performance Committee Report for March 2023, shared by the Trust confirmed an increasing length in waiting times against 14 (for breast cancer) and 31-day targets for cancer treatment. The Trust performance against these targets had deteriorated from 2018/19 levels and was below the regional average in 2022/23.
The 'Trust Broader Issues' Performance Report (June 2023) confirmed that the Trust had been experiencing reduced access to theatres and diagnostic services and this coupled

with a reduction in outpatient capacity, had increased the journey time for those on the cancer pathway. In 2021/22, considering all cancer sites, 49.7% of patients commenced first definitive treatment in 62 days, which had deteriorated to 41.5% in 2022/23. At 23 March 2023, there were 507 people awaiting their first appointment on the 62-day target pathway for urological cancer. The longest wait for urological cancer was 302 days.

The Expert Review Team noted the use of the independent sector to deliver Urology elective cases. The Trust 'Broader Issues' Performance Report (June 2023) noted that an arrangement is also in place between the Trust and the Health and Social Care Board, now SPPG, to secure repatriation of some new referrals back to host Trusts for management as appropriate. The Trust confirmed that an additional £2.5 million had this year been made available to address elective pressures, which included Urology Services; however, the Trust was advised that this funding is non-recurrent and therefore should not be assumed to be available in future years. During staff meetings, we were also told of some successes. Contracts arranged with providers in the Republic of Ireland had meant that a list of catheter patients who may have been waiting for up to 7 years had now been cleared. Patients for planned stenting procedures were now waiting for only a few months compared to a previous twelve-month wait.

In relation to performance reporting to SPPG, a report goes from the Director of Performance to the Trust Performance Committee and meetings are held with SPPG performance and commissioning staff. Information is then cascaded down to the SLT then to directorates, service leads and to individual teams. The Trust Chief Executive meets with the Permanent Secretary on a regular basis to discuss performance.

During a follow up meeting with the Trust in October 2023, managers described how the recent reliance of the Trust on the independent sector was acknowledged to be a short-term strategy to help address excessive waiting times for some procedures. We were also told that staff were concerned about the effectiveness of governance systems between HSC and independent sectors. This was particularly in relation to sharing of information and access to patient records. We consider that as long as independent sector use in Urology continues, the Trust should ensure that governance systems between the two sectors are sufficiently robust.

Following the GIRFT review of Urology Services across Northern Ireland, published on 1 December 2023[10], further opportunities for modernisation reform and improved efficiency have been identified at a local and regional level, as part of a range of actions aimed at addressing Northern Ireland's exceptionally long waiting lists. These include recommendations in respect of workforce, oncology services, facilities, outpatients and diagnostics, urgent and emergency care and specialist services. The Expert Review Team considered that implementation of these recommendations will be important to safeguard the long-term safety and sustainability of the Trust Urology Services.

Recommendation 6. As long as independent sector use in Urology continues, the Trust should ensure that governance systems are sufficiently robust.

2.3.6 Clinical Outcomes Benchmarking and Peer Review

Using hospital activity data to benchmark services with similar services elsewhere in the UK, is useful to identify where practice or outcomes may not be in line with peers. One such benchmarking programme, used widely across Northern Ireland hospitals, and in which the Trust participates, is the Comparative Health Knowledge System (CHKS). These reports provide service level comparisons in respect of mortality, efficiency, safety and quality. Though it is understood that the Trust does participate in this programme and receives information, reports, which include specific output for Urology, specific Urology reports were not provided as part of this Review.

The Trust also told us that it had participated in the NHS Cancer Services National Peer Review programme when it was previously commissioned and rolled out via the Northern Ireland Cancer Network (NICAN), across all the tumour site specific MDTs (including Urology); however, participation ended in 2019. The NHS Peer Review Programme is in a period of update/review and currently available via testing stage, however, participation in future may be possible, which would provide an additional source of benchmarking and quality monitoring.

2.3.7 Implementing Recommendations from Reviews, SAIs and Inquiries - Adopting and new/updated Clinical Guidelines and Standards

Clinical Audit and Quality Improvement

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Audits may provide. insight into issues and concerns, identifying areas that could be improved. Staff reported that they participate widely in local, regional and national audits and junior medical staff were encouraged to undertake audits.

We received copies of the Trust Urology Services 2022/23 and 2023/2024 Annual Clinical Audit Programmes. Audits across each programme had been prioritised at four levels:

1. External 'Must Do' National Audits, NHS England Healthcare Quality Improvement Programme (HQIP) Quality Accounts List, including the national Confidential Enquiry into Patient Outcomes and Deaths (NCPEOD).
2. Other National Audits: National Audits not contained on the HQIP list, clinical risk, re-audit, complaints etc.
3. Divisional Priorities: Local topics important to the division.
4. Clinical / personal interest, education audits.

In total, eighteen individual audits were listed in the 2022/2023 audit programme; outcomes were available for five of these audits, however, results for two of the external 'must do' topics where not available. One of the 'must do' topics for which there were results, Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE) involved the audit of 5 patents.

Staff told us that clinical fellows have two non-clinical slots in which they can carry out audit or quality improvement projects. We were told of a current audit investigating their TP biopsy process to evaluate how accurate the process is in targeting lesions. We were also told that the audit system has developed from being very unstructured to a more structured, effective process.

Staff told us that there was still work to be done in deciding what is to be proactively audited and they also considered that they had not been very good at actually doing something effective with audit results.

In relation to quality improvement, staff considered that the trust overall had a quality improvement ethos and staff were encouraged to participate. Staff told us that they were aware of the Quality Improvement (QI) Team and if they are inexperienced in QI they are encouraged to start with something simpler like a leaflet which may turn out to be as effective as a grander sounding project. We were given examples such as bare clinic walls being covered with patient education and health promotion materials and a smart TV had just been purchased to run patient education videos.

Another example was provided in which a joint Urology/Gynaecology team had carried out a QI project which had resulted in the pathway between referral and diagnostics being process mapped and streamlined.

The Expert Review Team was encouraged by the reported QI ethos in the Trust and the fact that staff were being encouraged to participate in audit and QI. Especially given the difficulties encountered by the Urology department we were satisfied with the level of audit and QI activity that was happening based on the available information we had. However, we considered that planning of the audit and QI programme could be improved by considering incidents, complaints SAIs and near misses to more effectively target areas for improvement. The Trust should also assess the effectiveness of its process for delivering improvements suggested by audit and QI projects.

Recommendation 7. The Trust should assess the effectiveness of its process for planning audit and QI programmes, including consideration of re-audit and its process for subsequently delivering change following audit and QI.

External Assurance

Invited external or internal review by a team of independent peer reviewers, provides healthcare organisations with independent assurances on the standard of care provided, helps to address potential areas of concern and identifies scope for quality improvement.

An invited clinical record review by the Royal College of Surgeons was completed in September 2022 in respect of a case record review of 100 cases identified by the Lookback Review. This review reported on 29 September 2022 and made 12 urgent recommendations to address patient safety issues and five recommendations for service improvement. These recommendations were being monitored by the Trust.

A Serious Adverse Incident Review, undertaken by an external team, was commissioned by the Trust following the identification of cases of concern. It involved a review of nine cases, resulting in 11 recommendations for the Trust.

RQIA carried out a Review of the Trust Structured Judgement Review methodology and process which was published in September 2022. The Review report made 18 recommendations designed to improve the Structured Review process and made a number of recommendations in relation to the process for the Trust Lookback Review.

More recently, the Trust has also participated in a regional GIRFT Review[11]. The report made 40 national recommendations designed to improve structures and ways of working, in order to improve performance, awareness and governance across Urology Services in Northern Ireland.

Phase I of this Review assessed the robustness of the Trust Lookback Review process, which included arrangements for its delivery and oversight. This was completed and submitted to DoH and to the Trust on 26 July 2023. This report highlighted many of the challenges faced by the Trust in undertaking a Lookback Review among delivery of a busy service, compounded by the Covid-19 Pandemic. It identified findings, such as the requirement to prioritise and identify key safety risks early in the lookback process and then ring-fence and mobilise essential skills and resources at pace, whilst safeguarding the capacity to protect and deliver critical services. Additionally, it highlighted the need to have clarity about roles of different oversight committees and external agencies scrutinising the work. The need for early agreement on what information, data and documentations should be shared to provide external stakeholders with assurance about identification and management of patient risk was an important learning point.

After reviewing the Root Cause Analysis Report and subsequent progress updates and action plans, the Expert Review Team considered that the Trust response was comprehensive, identifying any major gaps in oversight that existed. We also considered

that the structures established for monitoring the action plan and progress reports provided positive assurance of an ongoing system of review and follow up. It was evident that recommendations remained a key focus of the improvement work within the service and were having an impact.

Clinical Guidelines

As with other specialties, national and regional guidance on the delivery of Urology care is provided by specialist bodies, for example, National Institute of Clinical Excellence (NICE)[12] and the British Association of Urology Surgeons (BAUS)[13].

Failure to properly oversee and assure the implementation of standards and clinical guidelines may result in deviations in the standard of care delivered within a service and may increase the risk of poor outcomes. For this reason, any instances where care/ treatment deviates from best practice, these should be agreed by a MDT and the rationale for doing so recorded.

During engagements clinicians and managers reported that there are numerous guidelines applicable in Urology Services, some of which are followed in their entirety, while others are partially followed, which reflects the specific nature of services offered within the Trust.

During fieldwork sessions, clinicians described the process adopted by the wider Trust in respect of recording, monitoring and reviewing clinical guidance across the Trust. This involves maintenance of a centralised spreadsheet, which contains each of the guidelines applicable to the Trust. The Trust submitted a spreadsheet which included a summary list of NICE Guideline Circulars received by the Trust. This spreadsheet presented for each piece of NICE Guidance the following:

- Title
- Date of issue
- Reference number
- If it was considered applicable to the Trust
- The name of an assigned Change lead

During fieldwork, Trust staff reported that all NICE guidelines recorded on the spreadsheet have been regionally endorsed since the Trust was formed in 2007. Documentation provided further evidence that the specific standards to be used, which had recently been updated further to the work Royal College of Surgeons and BAUS.

Staff reported that the Trust holds a Standards and Guidelines Forum each month, which is attended by senior management including Director, Assistant Director and Governance level staff. At this meeting, data re compliance with guidelines are reviewed prior to being

submitted to the SPPG), Safety Alerts Teams and the National Institute of Clinical Excellence (NICE) Team, which assesses Trusts' compliance. Staff reported that they frequently run activity reports for the clinical service to support assurance and monitor this process. Overall, the Expert Review Team considered that the systems, process and reporting mechanisms that exist currently within the Trust, were working effectively to monitor performance against all the relevant standards. However, the GIRFT report demonstrates several areas where timely access to care remains a key challenge as a result of barriers attributed to service configuration, facilities and workforce.

SAIs / Complaints / Compliments

Datix is the online system used by HSC services on which all staff should report any incidents, near misses or risks. Trust staff told us that in their system, when a Datix incident is submitted, it is assessed at a weekly screening meeting and graded to identify the seriousness of the incident. In all departments, including Urology, the person submitting the Datix report carries out an initial grading of the incident. A copy goes to the Governance Team where it may be regraded. If considered necessary, a final grading may be carried out at a screening meeting. It is viewed by a number of people, which helps to ensure that each incident is graded and treated appropriately.

Staff told us that the number of Datix reports being submitted has increased, which they consider to be a positive sign of improved openness and that people were more comfortable with reporting incidents and raising concerns. Staff are also using the Datix process for near misses, which again is a positive factor and will help with system improvement. We were also told that the SAI process should be all about learning – it should not be just about apportioning blame.

In order to facilitate learning and improvement, incidents are themed. The system then allows for trend analysis. Staff weren't certain if it was possible to drill down below directorate level. They thought it would be possible to see all surgical incidents but it was perhaps not possible to go down to the level of Urology.

SAI action plans were previously contained in a word document which was held in a number of locations, which did not facilitate a coordinated response. The Trust is now attempting to hold them in one central document, which is widely accessible, so that all recommendations from SAI investigations can be monitored and tracked for outcomes. Staff told us that the Trust is in the process of implementing this system but it has not yet been finalised.

Staff were asked as to how learning from the SAI process was disseminated. Staff considered that it was important to assess the effectiveness of SAI recommendations, or if they were not considered to be effective, then why was this the case. Learning and outcomes from the incident needed to be measurable, with evidence as to how the

underlying issue had been addressed. If early learning had been identified a template was completed which was then disseminated across directorates.

Previously, there had been an assumption that everything would automatically be corrected following a SAI investigation, with associated recommendations. However, this was not the case and the Trust is going to employ a member of staff (Agenda for Change band 5) to follow up on recommendations, seek evidence as to their effectiveness and subsequently audit to provide more robust assurance. Staff reiterated that they were at the start of a journey and it is still a work in progress. They told us there were still concerns over the volume of SAIs with a number still waiting to be signed off. They were also concerned about being able to obtain evidence of implementation and effectiveness for all SAI recommendations.

The Expert Review Team considered that, based on the available information, the Trust was working hard to improve its system for investigating SAIs, tracking recommendations, disseminating learning and assessing the effectiveness of any outcomes. It also should consider carrying out some audit in this area to assess progress.

In relation to complaints, staff told us that Care Opinion goes around each of the wards obtaining patient views and noting any complaints they may have. There is a post box in all areas and a complaints line is also available. All complaints come to the appropriate Head of Service, who will speak to the clinicians involved, investigate further where necessary and clear the response before it goes back to the complainant. All responses to complaints, MLA questions and possible litigation come from the Chief Executive via the responsible director. All complaints go through the Governance Team and are discussed at weekly and monthly governance meetings. If a response is late, the Governance Team will chase it up. Staff considered that it was vital that complaints didn't get lost. They also told us there is a forum for learning from complaints. Compliments are also captured and disseminated to staff who considered there were lots of examples of good work and it was very important that these were captured and fed back to the individual(s) concerned. Staff told us they received more compliments than they did complaints.

Senior staff told us that the complaints system had been changed two years ago. In the previous iteration of the system, only consultants' names were recorded and other staff wouldn't be identified.

Now any member of staff can be identified and information is aligned and triangulated across Datix. Staff considered that incidents were monitored well at team or ward level but it was more difficult at a service level. If there were any safeguarding issues these would be recorded by ward sisters and escalated to managers where appropriate.

The Expert Review Team considered that based on the information available the Trust had an effective system for dealing with complaints.

2.3.8 Culture

Staff Support

During discussions, staff described how the previous three years had been a particularly stressful period. In addition to the Covid-19 Pandemic, this period had also involved several external reviews of the service and participation in a public inquiry. Delivery of usual clinical services had taken place in parallel with these but also in conjunction with the Trust Urology lookback exercise. These experiences had accumulated to a point where staff described that they were constantly in 'fight mode' trying to maintain service delivery whilst under high levels of pressure.

However, staff also reported that they considered there had also been positive changes as a result of learning arising from the external scrutiny. For example, staffing levels in administrative services and nursing had been increased. Increased staffing in these areas had provided the service and its staff with opportunities for service improvement which should lead to more robust assurance. For example, administrative staff have undertaken weekly audits of patient records and letters, while nursing staff had led in the development of specialist nurse led clinics.

Nursing staff described the informal support networks they had developed to support their colleagues who were involved in the public inquiry process. Staff in senior management positions were described as accessible and approachable, regardless of the pressures they too were experiencing.

Throughout fieldwork, while those staff we met commented on the positive changes that had happened, they articulated how important they thought it would be for the service and its staff to have time to reflect and digest findings arising from the USI. This time to reflect was considered critical to enable the service and its staff to formulate an action plan that would guide Urology Services into the future.

The Expert Review Team noted during discussions with staff that while the Trust had provided additional support for Urology Services through the allocation of additional resourcing, improvements had generally been led solely by the immediate Urology team and directorate.

A number of staff commented as follows on the pressure that Urology staff had been experiencing as a result of the Inquiry but also as a result of increasing staff pressures, numbers of patients and acuity of patients.

‘There is so much pressure on a daily basis, as a lead nurse you want to do so much and you know the wards are broken and there’s so much sick leave and short staffing.’
‘It’s the fire fighting and juggling, for example 6 patients on top of 22 coming through and they won’t get placed today. Having to support young staff who are exposed to the stress, you get caught up in managing the moment and supporting staff, so you end up doing the paperwork at night.’

‘Significant impact on nurses. People look to nurses for everything, support, safety, emotional support when patients are vulnerable. A lot is expected of nurses at a daily level to ensure staffing is safe, patients are safe and supported, and manage all of the daily stresses. Need to bring hope and stabilise the workforce and ensure workforce and succession planning.’

However, while acknowledging the pressures staff have been experiencing, a number of staff exhibited a very positive outlook.

‘You have to have a voice to say what’s safe and what’s not – feel I have a voice to speak up if I need to.’

‘There is more acuity now, transformation is long overdue and everyone is feeling that. Things are getting better from a staffing perspective: as a lead nurse I can see where Urology is going to go from the Inquiry and doesn’t have the ability to give to it. Pressures from ED, beds, want to drive so much forward and have a quality improvement and pulled to deal with the pressures on a daily basis and deal with the issues and system when things are not right daily to ensure safety.’

‘Awards in nursing, though not so much for Urology and aware there wasn’t any nominations this year so will be looking at doing this in future years. Noted that experience in a previous role it definitely created a buzz and atmosphere across nurses and also when positive feedback is received.’

‘It shouldn’t be underestimated the affect the Urology Inquiry has had on staff, it has been huge and will be long lasting. And the amount of work put in to change the service and level of patient care. Now is the exciting time, still in some of the hardship and have a bit to go and are coming out of it, it’s the team and they are a credit. You can feel the emotion in the Urology meeting and when staff have to go to the inquiry to speak, also feel like I have a forum to speak. Feels listen to and supported and outpatients have two band 7 and four band 5s which is a result of being listened to and supported and having things acted on’.

‘The learning coming back from the lookback will not just be from outpatients and should extend to ward and have as many shared forums as possible. First Thursday of every month’.

‘In a different place and thanks and partly to the inquiry. Three years wasn’t positive about the future, didn’t have succession planning, but it has been amazing and there is potential now and nurse led services have now started. A lot of this has been in response to the public inquiry and can see potential and are excited. Staff were always motivated but was never physically possible. But also need to heal now from the impact of the inquiry and daily had to pick up/emotionally support the same staff who negatively impacted by the work through the inquiry. Head of service is very accessible, feel supported and never had issue raising concerns. Even if Head of Service has weight of world on their shoulders they still had time and will take your issue – really high praise from staff about them in their skill and support for staff.’

The Expert Review Team was encouraged to hear the determination of Urology Services staff to improve the service given the pressures they have been operating under. We agreed that given the learning arising from the service’s involvement in the recent Reviews, participation in the USI, and the ongoing delivery of the Urology Lookback Review, there are now clear opportunities for this learning to be collated and shared across the whole Trust and beyond, in a supportive and controlled manner, to provide wider system learning.

During a follow up ‘sense check’ meeting with Trust staff in October 2023, we heard further evidence of number of recent actions taken by the Trust to support staff wellbeing. These included providing access to a psychologist who had recently visited Urology staff to facilitate team building exercises and to discuss methods of how best to manage stress in the workplace. The Expert Review Team considered this was a positive step; however, we questioned whether this was sufficient. During factual accuracy checks the Trust informed us that they have also facilitated Urology Team workshops in March, June and October 2023. The Workshops were led by an independent facilitator to enable to the team to discuss openly and candidly any concerns or anxieties due to the impact the Urology Public Inquiry.

Although staff described the range of learning and improvement that had been implemented within Urology Services, we would encourage the Trust to disseminate this learning more widely, as improvements in governance, assurance and oversight would be applicable across all services.

Recommendation 8. The Trust should assess staff culture in the Urology Service and investigate any possible detrimental effects the extra pressures they have been experiencing may have caused. Appropriate staff support should subsequently be put in place.

Recommendation 9. The Trust should ensure that all learning arising from the Inquiry, and all other external Reviews, should be widely disseminated within the Trust and beyond.

Raising Concerns

Robust mechanisms which enable staff to escalate concerns quickly and appropriately are a vital component in delivery of a safe and effective service. All staff regardless of their role should be aware of the arrangements of how to raise concerns and of the Trust Whistleblowing Policy.

The importance of encouraging a culture of openness and transparency is well established and highlighted further in recent public inquiries and service reviews. In addition, within the Trust initiated Root Cause Analysis Investigation into a number of Serious Adverse Incidents, a recommendation was made that "the Trust must promote and encourage a culture that allows all staff to raise concerns openly and safely". On examination of documentation provided by the Trust, the Expert Review Team considered that the Trust had implemented several improvements in response to this recommendation.

One such improvement involved Senior Managers/Leaders within Urology Services ensuring they were more visible to staff by conducting ward workarounds. Higher visibility of senior management may help promote a culture of openness and provides frontline staff with further opportunities to ask questions and approach senior managers/leaders to raise any issues and concerns first hand. The Trust also introduced a Clinical Nurse Specialist Forum to encourage peer support and provide an opportunity to raise issues/concerns within cancer care in a safe space with support from senior managers.

The Trust has launched its 'see something say something' initiative where Trust staff are encouraged to raise concerns through their line management structure which would be treated confidentially. Cases involving raising concerns are held in a central log and a comprehensive analysis of outputs, learning etc. form closed cases is held twice a year. The Trust is trying to develop an upstream rather than a downstream approach with learning leading to prevention rather than just dealing with things when they go wrong.

The Expert Review Team commended the efforts of Urology Services staff to encourage an open and transparent culture, whereby staff of all levels feel empowered to speak up should need arise.

The Trust provided its 'Your Right to Raise a Concern '(whistleblowing policy) which the Expert Review Team considered to be comprehensive. It outlined an additional mechanism for staff to raise issues or concerns which may cause serious risk to patient and/or staff safety or provide evidence of potential fraud or corruption.

During engagement sessions, staff were asked if they were aware of their local whistleblowing contact, whereby staff identified a Director of Human Resources. A Review of the Trust Whistleblowing Policy (issued 2018) confirmed this was indeed the Trust whistleblowing contact. However, staff added that due to the layout of the hospital site, they would be unlikely to interact with this person on a regular basis. Staff told us that they had received training in relation to whistleblowing and they now felt there had been a real culture change and would feel confident in raising a concern in line with the policy. Although the Duty of Candour is not a statutory duty in Northern Ireland, staff were aware that the Trust Chief Executive had an expectation that all staff would be open and honest in everything they did.

The Expert Review Team was reassured that most staff could readily identify their whistleblowing contact and as a result of discussions with staff, staff would be comfortable in raising issues and concerns. Some staff however, weren't sure of the person to approach if they had a concern. Given the recent events in Urology Services, the Expert Review Team considered that the Trust should assess the visibility and effectiveness of its process for raising concerns.

DoH is currently exploring potential actions to embed an open culture across the HSC, through its Duty of Candour work stream, linked with the implementation of the recommendations from the Inquiry into Hyponatraemia Related Deaths (IHRD). In a follow up meeting with senior managers, they voiced their support for the ongoing work overseen by DoH in respect of developing a Being Open Framework. In advance of further clarity being provided as to how this regional work will be implemented, we would encourage the Trust to take any action it can to maintain the progress it has made and to continue to evolve and embed its own policy on whistleblowing and speaking up.

Recommendation 10. The Trust should consider assessing the visibility and effectiveness of its process for raising concerns.

2.3.9 Patient Information and Feedback

Patient Information

The provision of detailed and accessible patient information is a fundamental element of safe, effective and patient centred care. Patients should be considered to be partners throughout their health care experience. During fieldwork sessions, nursing staff reported that patients were provided with written information on their condition, which was most often information that had been created by NICE / BAUS. During engagement sessions, patients confirmed they had received folders containing leaflets of information regarding their diagnoses and treatment plan.

Patient Feedback

The Trust has a number of ways in which feedback is obtained from service users. During meetings with Trust staff, we were first told of the Working Together Strategy, through which individual Trust teams have a mechanism for reporting service user input, especially from frontline services. Team interactions, individual team members' and service user compliments, concerns or complaints are submitted to a central hub where the information is analysed and then shared back to staff to promote learning and improvement.

The Working Together platform is overseen by the Trust Patient and Client Experience Committee (PCEC) which is a subgroup of the Trust Board. The PCEC is chaired by a non-executive Board member and its membership includes representation from both executive and non-executive Board members. The membership of the committee also includes the Trust CEO and service user and carer representatives. The Trust has a number of peer facilitators, who will engage with patients, obtain their views and subsequently provide feedback. The Trust also participates in the 10,000 voices initiative which gives service users the opportunity to highlight anything important in relation to their care and what they may have liked or disliked.

Care Opinion

The Trust makes use of the independent feedback collated and reported by the organisation Care Opinion. This service provides patients and their families with an opportunity to share their experiences of an HSC service via personal stories. Since Care Opinion was launched in August 2020, the Thorndale Unit at Craigavon Area Hospital has received feedback in the form of 27 service user stories.

These stories have commended the unit's staffing team on their kind and professional approach to delivering care. Staff were also described as being excellent in relation to keeping patients informed and highly accommodating in how they met their needs.
A couple of these stories however reflected on how busy staff were and the waiting times they had experienced prior to getting an appointment. It was notable that each of the stories submitted to Care Opinion had received a customised response from the Trust.

2.3.10 Macmillan Review

In 2022, as part of a review of the Urology Cancer Service in the Trust, staff wished to engage directly with patients of the service, so that their experiences would provide authentic feedback and reflection and help to inform future service improvements. Macmillan Peer Facilitators were invited to support the Review through one to one conversation with patients of the service.

Patient feedback in relation to the care they had received was overwhelmingly positive. Patients felt they had been well informed about treatment plans and timings, were included in the decision-making process and given options in relation to treatment. They also considered they had been well supported by Trust staff. The prevalent culture, based on the majority of conversations, seemed to be one in which the patient was valued and this culture was consistent from initial diagnosis right through the treatment process to aftercare.

Based on key insights gathered by peer facilitators, the key messages were summarised in the report as follows:

The role of the Clinical Nurse Specialist (CNS) was crucial, with patients reporting that the CNS provided high level care, continuity and reassurance. Some patients however were not aware of the CNS/Key Worker role, with some patients referring to 'Macmillan Nurses.' A small number of patients reported having had no contact with a CNS.

Patients reported that involvement in decision making provided them with a greater sense of choice and control over their care. They felt listened to and their choices were respected, even if their preferred option may not have been the one recommended by the professional. Some patients were however content to defer to the 'experts' and did not seek to be involved in decisions

Telephone appointments and consultations, where considered to be appropriate, were preferred by a significant number of patients. Patients reported that they were aware of the pressures on staff, especially in hospitals.

Waiting times between appointments were long for some patients and when treatment finished, patients could be left feeling insecure and worrying about what the future might bring. In such cases follow up support between appointments or after treatment finished could have provided a greater sense of reassurance to the patients concerned about their care.

Providing the patient with information about their treatment plan was important, including details about timings and stages of treatment. Patients said that if they were aware of everything in advance, this helped them prepare for what was to come. Lack of information about treatment or lack of a treatment plan, could lead to greater levels of uncertainty or even fear, with some patients resorting to the internet to search for information.

The submissions/documents provided by the Trust did not contain specific examples where patient feedback and experience had been used to inform improvement initiatives. The arrangements in place were noted by the Expert Review Team and deemed likely to provide good sources of information to inform improvement and development work. Staff

told us that they felt that they could do better in demonstrating how patient feedback has been used. We considered that the Trust should explore additional ways for actively listening to/gathering patient views and experiences.

We however considered that it was important that the also Trust actively captures evidence and provides examples of how its user involvement strategy is enabling it to fulfil its statutory obligations to involve patients in key decisions about improvement and development of services.

Recommendation 11. The Trust should employ a wider range of methods for proactively listening to/gathering patient views and provide examples of how it meets its statutory obligations to involve patients in key decisions about improvement and development of services.

Section 3: Part B, Patient Views and Experience

3.1 Methodology

In order to triangulate the findings from earlier engagements and review of documents, we engaged directly with patients, to seek their views and hear of their experiences in relation to the care provided by Urology Services in the Trust. Over a two-day period in September 2023, RQIA staff and a member of its Expert Review Team visited the Thorndale Unit, to explore with patients their experiences following their appointments.

3.2 Findings

The Thorndale Unit, located in Craigavon Area Hospital is the primary Urology outpatient facility of the Trust and has recently undergone renovation. The unit, which is located close to the main hospital entrance is run by five Clinical Nurse Specialists, with the majority of the Trust clinics taking place in this location.

Upon arriving, the unit was observed to be pleasant and well-appointed in appearance, with recently painted walls and décor. The unit does not have a dedicated reception area; instead, patients arriving for their appointment rely on a member of the staff noticing them in order to be checked in.

Staff on site facilitated the engagement process by asking patients attending the unit if they would consider discussing their experiences following their appointment. Those patients who agreed, engaged in a short interview style conversation, the key lines of enquiry (KLOE) of which explored their experiences of attending the service, which included:

- Appointment waiting times.
- Their experience of receiving care and treatment.
- How they were being kept informed.
- Opportunities to ask questions and raising issues.
- The provision of patient information available.

Feedback from patients, who were attending a mixture of new and review appointments, was resoundingly positive. The majority of patients stated that they had been referred into Urology Services by their GP. Patients spoke highly of their interaction with staff and confirmed that they had been helpful in facilitating access to the service, offering them a choice of date and time when setting up their appointments. Patients described how having a choice of appointment made it easier for them to plan their hospital attendance. Once at their appointment, patients described how staff were approachable and made every effort to ensure they were at ease while being checked in for their appointment.

Patients who were attending a review appointment, described how they were given the contact details of a key worker within the service, who they could contact outside of their appointment if they had any questions regarding their care. Documentation provided by the Trust described the process of a patient being allocated a key worker (selected at MDM) following MDT diagnosis, a process which had been introduced based on the recommendations of the SAI Review. Patients new to the service and attending their first appointment reported that if they had any questions regarding their condition following their appointment, their first point of contact would be their referring GP.

Section 4: Conclusions and Summary of Recommendations

Conclusions

This RQIA Review was commissioned by DoH to assess the effectiveness of the current governance arrangements, which contribute to assurance of the delivery of safe care, within the Urology Service in the Southern Health and Social Care Trust (SHSCT). It follows a number of other external Reviews, some of which had been self-commissioned by the Trust, which demonstrates the seriousness with which the Trust took its responsibility to invite external scrutiny and identify learning to improve the service swiftly.

RQIA's normal Review process is to develop an assurance framework using any available standards, guidelines and evidence of good practice, which if complied with, would demonstrate reliable organisational governance and management of risk, which contributes to providing safe and high-quality healthcare. An organisational questionnaire, based on the assessment framework, is then completed by the service/organisation being reviewed. Following analysis of the questionnaire and any supporting information, fieldwork visits are carried out, meeting staff at all levels and service users. Following this, all information is triangulated to produce a report which may contain a number of recommendations to improve the service.

Unfortunately, but understandably, in this case, due to many competing pressures the Trust did not have the capacity to complete a questionnaire and so we had to rely on policy documents submitted by the Trust supported by staff and service user engagement. Any conclusions we have reached are therefore based on the information available to us.

Overall, we observed a local team of clinicians and supporting staff, who were exceptionally committed to implementing learning, and could describe a significant journey of improvement, to ensure the delivery of care in line with expected standards and guidelines and who were confident in speaking up. The service has now been examined in depth from multiple perspectives which has driven improvement and strengthening of clinical governance and quality monitoring.

Staffing is an essential building block of safe care and appropriate staffing levels are essential to offset the increasing numbers and complexity of patients. The Trust has developed a more effective staffing structure, has increased its staff numbers and, based on the information we have, provides ample opportunities for staff training. Supervision and appraisal should be carried out in line with Trust policy.

Governance within Urology Services should go beyond examining Datix reports and complaints. A holistic approach to assurance looks at a wide range of information.

We considered that the patient voice had not been adequately present and the Trust could perhaps be more effective in this regard.

Participation in audit and quality improvement were encouraged by the Trust but we felt that audit and QI programmes could be informed by a wider range of information. Based on the information we had, the Trust Board is being engaged and informed appropriately, though some work is still required in relation to risk registers.

The Trust has a number of methods for gathering patient experience but we considered that the Trust could widen its methodology and then be more effective in demonstrating how these views and experiences were being used, to effect change and improvement. We talked to a number of service users and they were all very positive about their treatment experience in the Urology department.

A member of staff reported to us that "it still feels raw. Still going through the Inquiry. We are still in fighting mode."

The Urology department has been subject to a number of external Reviews/assessments:

- A root cause analysis of 9 patients who had potentially suffered harm.
- Royal College of Surgeons (RCS) Review of 100 clinical cases.
- RQIA Review of the Trust structured judgement methodology.
- A GIRFT Review.
- The Urology Services Inquiry.

It would have been no surprise if, given this amount of external scrutiny, with associated pressures, staff morale had suffered. However, we were encouraged by the attitude and determination of Urology staff. They had recognised that change was needed and indeed was overdue and positive changes such as increased staffing levels and more effective succession planning had been driven by the USI and by the other Reviews. Staff were now looking forward to the future with a certain amount of optimism. Nursing staff also described the informal networks they had developed, to support their colleagues who were involved in the public inquiry process. Staff we engaged with were also confident that they could raise concerns safely and that their views would be listened to.

We consider that one of the main issues for the Trust is to maintain staff wellbeing and provide appropriate support for staff, which could also be accompanied by training for clinicians and managers on psychological safety, civility and human factors.

On reflecting on this review as a whole, based on the available information, the overall assessment provided should be regarded as positive, showing a service responding to concerns by learning and improving amidst a challenging wider context. We were

impressed with the professionalism and dedication of the Trust staff with whom we engaged. However, the recently published GIRFT review evidences the extent of the ongoing modernisation, investment and development that is required in Urology Services across Northern Ireland and in the Southern Trust in particular, to support timely access to safe care and optimise outcomes for patients using these services.

As the Trust Urology Service builds further upon the recommendations made by this Review, The GIRFT review, and in future the findings of the Urology Services Inquiry, it is hoped this collated learning will add to strengthening the safety and quality of the care delivered. We would strongly encourage the Trust to share its learning and experience widely across the Trust and with other Trusts across Northern Ireland and beyond.

Summary of Recommendations

Recommendation 1. The Trust should have an effective succession planning process, to ensure that senior leadership roles are filled continuously and prolonged vacancies are avoided.

Recommendation 2. The Trust should ensure that records are kept which evidence that relevant clinical staff participate in the process of regular reflective supervisions, which should be conducted and formally recorded in line with its reflective supervision policy.

Recommendation 3. The Trust should ensure all nursing staff are up to date with their appraisals in line with the Trust appraisal policy and that active follow up takes place where appraisals are overdue.

Recommendation 4. The Trust should ensure that any critical staffing shortages that are likely to impact upon the delivery of safe care are appropriately recorded and monitored.

Recommendation 5. The Trust should assure itself that risk registers at all levels are being used effectively, in order to help to facilitate the Trust Board in discharging its oversight responsibilities in relation to risk management.

Recommendation 6. As long as independent sector use in Urology continues, the Trust should ensure that governance systems are sufficiently robust.

Recommendation 7. The Trust should assess the effectiveness of its process for planning audit and QI programmes, including consideration of re-audit and its process for subsequently delivering change following audit and QI.

Recommendation 8. The Trust should positively assess the staff culture in the Urology Service and investigate any possible detrimental effects the extra pressures they have been experiencing may have caused. Appropriate staff support should subsequently be put in place.

Recommendation 9. The Trust should ensure that all learning arising from the Inquiry and all other external reviews should be widely disseminated within the Trust and beyond.

Recommendation 10. The Trust should consider assessing the visibility and effectiveness of its process for raising concerns.

Recommendation 11. The trust should actively employ a wider range of methods for proactively listening to/gathering patient views and provide examples of how it meets its statutory obligations to involve patients in key decisions about improvement and development of services.

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