



Southampton University Hospital

NHS Foundation Trust

Background

Southampton University Hospital is a large teaching hospital which serves a local population of 1.3 million and an extended population of 3 million including the Channel Islands and surrounding areas on the south coast.

It is a designated Major Trauma Centre and delivers level 4 Vascular Services.

Referral services

Southampton Hospital provides all services except Renal Dialysis and transplant with full 24 hour emergency cover for all procedures except TIPPS which is only provided in hours.

Interventional Radiologists

The team has 8 Interventional Radiologists and 44 Radiologists overall.

The Interventional Radiologists work in 2 teams the 'Red' team deliver vascular services and the 'Blue' team non-vascular with some cross over depending on the skill mix required. This enables better planning of in-hours procedures.

6 Interventional Radiologists conduct the on-call rota 1:6 as two of the team do not do on call (one of the team is semi-retired and one provides purely non-vascular procedures).

Support staff

The team has 2 specialised interventional radiographers and a rotation scheme to provide out of hours cover.

There are 2 PICC line specialist nurses, a matron, a sister and 16 nursing and support staff

Achievement of Quality Standards

The team have regular discrepancy, multidisciplinary and mortality and morbidity meetings. They contribute to the biliary registry.

The unit provide patient information although patient information is not regularly audited.

The team conduct the safe surgery checklist on all patients.

The team provide Interventional Radiology clinics for pre-operative assessment and consent. Follow up clinics are provided for the following conditions: Fibroids, Prostrate Artery Embolisation, Liver Embolisation, Chemo-embolisation, Thermal Ablation, Variceal Embolisation and other conditions on a needs basis.

Examples of service improvement and best practice

Example 1-Reducing delays in patient transfer

The problem

The team were experiencing delays in transfers to and from the IR unit with subsequent impact on the efficiency of lists.

Changes

A 'transfer team' has been created. The new roles in the team are designed to assist with the transfer to the IR unit and post operatively back to the ward. They ensure the pre-operative check list has been completed and adhered to and patients are transferred back to the ward safely and promptly. The new roles are performed by radiology department assistants who have been trained to undertake the new role.

Improvements

The productivity gain from the improvement is approximately 30%. Lists were previously planned for 4-5 patients and now 7-8 patients can be listed.

Lessons learned

It would have been better to conduct a careful audit of the transfer process before and at 6 monthly intervals after the changes to assure and monitor the efficiency of the programme.

Example 2- Developing radiology department assistants to perform the role of scrub assistant

The problem

A shortage of qualified scrub nurses to assist with IR cases

Changes

A training programme was instigated for 2 carefully selected band 4 radiology department assistants. The training was supervised by the nursing sister on the unit and was completed in 6 months. The programme is now available to other radiology department assistants and a further candidate has been recruited to the training programme.

Improvements

There has been improved throughput with no additional nursing staff. Nursing staff have also been able to create a 24/7 on call rota for out of hours IR.

Lessons learned

Documentation would have been prepared in advance and be more structured with logs of competency achievement throughout the training period.

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