

Directorate of Health and Social Care (South)

Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust

July 2002

Portsmouth Hospitals NHS Trust
Renal Services Review
July 2002

Terms of Reference

PORTSMOUTH HOSPITALS TRUST EXTERNAL REVIEW OF RENAL SERVICES

During a recent clinical governance review of the renal services provided by the Portsmouth Hospitals Trust, the CHI team formed the view that a further more detailed review of the services was required. The South East Regional Office of the DH is therefore commissioning a review by an expert panel. It has the following terms of reference:

1. The panel will review the policies, protocols, care pathways and procedures in operation across the directorate, and assess
 - their adequacy from a clinical perspective
 - the approaches taken to implementing them, and ensuring their implementation
 - the quality of multidisciplinary working to which they give rise, specifically between the nephrologists and the transplant surgeons
 - the overall quality and safety of services provided by the directorate
2. In the light of this assessment, the findings of previous reviews and existing action plans, the panel will make recommendations for any action indicated. These will identify responsibilities for taking it, within the directorate, by the Trust management, or more widely. Any recommendations, which relate to individuals, will be shared with the individuals concerned in draft form, together with the panel's findings, which lie behind such recommendations, to allow individuals to comment on matters of accuracy.
3. The panel will liaise with the Regional Office before final framing of recommendations to ensure consistency between them and those resulting from the CHI clinical governance review.
4. The panel will report to the Regional Director by [date to be agreed]. The Regional Office will publish the findings of the report.

DR MIKE GILL
REGIONAL DIRECTOR OF PUBLIC HEALTH
5th February 2002.

Acknowledgement

The Portsmouth Renal Services Review Panel would like to thank all those members of staff from the Portsmouth Hospitals NHS Trust, who gave their time to meet us and who shared their views, their concerns and aspirations for the Renal Services. It is always difficult to highlight the assistance of some without running the risk of omitting others, who have been equally helpful. However, we would especially like to extend our thanks to Dr Robert Lewis, who took the time to show us around the St Mary's Hospital site and who met with the Panel on several occasions to share his views and ambitions for the future of the Wessex Unit. We would also like to highlight the valuable assistance that we received from the Acting Operations Manager, Richard Samuel; he most kindly, professionally and readily responded to our constant requests for more information.

The Review Panel appreciates the uncertainty and anxiety that its enquiry might cause and very much values the expression of full support for its work given by the Chairman, Michael Waterland, on behalf of the Trust Board.

We would also like to thank Portsmouth City Primary Care Trust for providing us with meeting space during our 3 days in Portsmouth. This was critical to our ability to carry out our work and to provide ready access for staff to see us whether early morning or into the evenings.

Finally, we would like to thank Jenny Wylie, our panel administrator, who has worked tirelessly to ensure the smooth running of a constantly changing programme. She was also instrumental in maintaining an overview of the ever-increasing documentation, the writing up of interviews and much other hard work behind the scenes.

London 1st July 2002

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1. EXECUTIVE SUMMARY

- 1.1 This review of renal services within Portsmouth Hospitals NHS Trust was commissioned in February 2002 by the NHS South East Regional Office at the request of the Commission for Health Improvement (CHI).
- 1.2 Following a serious clinical incident in 2000/2001 an internal review was carried out by the Portsmouth Hospitals NHS Trust into the Wessex Renal and Transplant Unit (The Wessex Unit). This resulted in the Trust Board deciding to commission an external review. However, three attempts to obtain a review were unsuccessful. In addition to four inquiries or reviews, a review of the internal relationships within the renal unit was carried out (the Oxford Review). A full review of the Nursing Service in the Wessex Unit was made between November 2000 and February 2001, which was reported to the Trust Board in April 2001. Based on the Internal Review, the Oxford Review and the Nursing Review, action plans were devised and endorsed by the Trust Board with the purpose of successfully resolving the issues identified. The actions included a reiteration of a much earlier decision to relocate the Renal Services from St Mary's Hospital to the Queen Alexandra Hospital site in September 2002 as well as some specific actions directed to improving relationships and organisational culture issues within the Wessex Unit itself.
- 1.3 Despite the action plans CHI expressed concern that there had "been a failure to resolve these problems successfully" and in subsequent correspondence with the Trust believed that "there was an increased risk to patients". CHI therefore formed the view that a further more detailed review of the services was required. The South East Regional Office of the Department of Health subsequently commissioned a review by an expert panel. The Terms of Reference are quoted on page two of this report and the composition of the external review panel (the Review Panel) is listed in Appendix A.
- 1.4 Having carried out an extensive examination of internal documentation, interviews with staff and Board members, a site visit etc., the Review Panel formed the view that no single factor was the determining cause of the persistent problems within the Wessex Unit. It very soon became apparent that the Wessex Unit had suffered from a serious deterioration of the relationships and display of unacceptable behaviour at times between the consultant surgeons, the consultant nephrologists and the nursing staff over many years. This was coupled with a consistent physical neglect over a considerable period of time and had been exaggerated due to lack of commitment and leadership by past Trust management to the Wessex Unit as a regional service. These factors have created a fertile environment for the creation of a hostile organisational culture suffering from isolation, lack of transparency and inappropriate communication channels and intransigent behaviour. This has created an inability amongst staff to embrace new multi-disciplinary ways of working and the principles of clinical governance, which are required in modern medicine.

- 1.5 The Review Panel concluded that the combined result of these factors may put patient care and safety at risk leading to serious considerations given to whether or not it would be safe to recommend a continuation of the transplant service in Portsmouth. The conclusion reached by the Review Panel was that it saw no evidence that the lack of multidisciplinary ways of working and the problems associated with lack of professional behaviour between different staff groups was directly reflected in the quality of care given to individual patients. However, the Review Panel was concerned that it potentially could have this effect.
- 1.6 The areas of greatest concerns identified by the Review Panel are grouped under a number of generic headings:
- ❖ **Service Viability**
 - ❖ **Organisational Structure & Working within the Wessex Unit**
 - ❖ **Leadership & Commitment to the Wessex Unit**
 - ❖ **Clinical Governance**
 - ❖ **Organisational Culture**
 - ❖ **Communication**
- 1.7 At the same time, the Review Panel acknowledged that the Trust has recently undergone significant changes at the most senior management level as well as within the clinical and managerial leadership of the Wessex Unit. The Review Panel met with a number of key individuals and was suitably impressed by the ambitions and visions expressed by especially the Director of Nursing Ms U Ward, the Medical Director Mr G Zaki, the Surgical Division Clinical Director Mr G Sutton, the Renal Clinical Director Dr R Lewis and the Acting Operations Manager of Renal Mr R Samuel.
- 1.8 Given the right level of commitment and leadership from the Trust to the Wessex Unit in addressing the identified critical issues, the Review Panel is of the opinion that the Wessex Unit can provide an appropriate and holistic care approach to its renal patients in the future. The Review Panel is also of the view that its suggested changes fall within the change agenda and direction of travel envisaged by the Trust as a whole. However, this view is subject to the successful implementation of a number of required changes taking place. The Review Panel is therefore recommending:
- ❖ ***To allow the Wessex Unit to continue for a 12 months change period starting the 1st August 2002 subject to the listed mandatory recommendations¹ being implemented and agreed progress made within this period.***

¹ See section 8 of this report for the detailed list of recommendations.

- ❖ *To convene an external follow-up review of progress in August 2003 after which the Reviewing Body recommends whether or not the Wessex Unit should continue to provide transplant services.*

1.9 The Review Panel is cognisant of the fact that as with all reviews, which have a retrospective nature, the Trust might find that the Review Panel in its recommendations is suggesting initiatives to be implemented, which have been or are already in the process of being introduced. This is especially the case in reviewing an organisation, such as the Trust, which is already undergoing major changes at all levels.

2. **SETTING THE SCENE – PORTSMOUTH HOSPITALS NHS TRUST (THE TRUST).**

2.1 The Portsmouth Hospitals NHS Trust was established in 1993 and provides a wide range of acute hospital care to the population in the area covered by the Isle of Wight, Portsmouth and the previous Portsmouth and South East Hampshire Health Authority². The Trust employs nearly 7,000 staff and serves a population that is slightly healthier and of a similar age distribution to the average for England³. The Trust provides a regional renal medicine and transplant service to a wider population.

2.2 The Trust was given ‘no stars’ in the NHS Performance rating for 2000/2001⁴. As a result it became subject to a franchise exercise in February this year. Shortly afterwards in March, the Trust received the publication of a critical CHI review.

2.3 Amongst other challenges, the Trust is facing a major PFI scheme, a relocation of services onto one site and the risk of a financial deficit for 2002/03.⁵

2.4 The hospital services are presently delivered at 3 different hospital sites. The Queen Alexandra and St Mary’s Hospitals are four miles apart but within the City of Portsmouth. The Royal Hospital Haslar is situated on the Gosport peninsular. The scattering of services over multiple sites combined with an inefficient and ageing building stock was viewed by CHI as having exacerbated problems in the delivery of services. The Trust was awarded amber status after visits by the Patient Environmental Action Team and CHI observed a poor

² The Health Authority ceased to exist with effect from 1st April 2002 and the boundaries are now defined by the local Primary Care Trusts.

³ Information drawn from the Commission for Health Improvement (CHI) report of March 2002 page vii.

⁴ Published by the Department of Health

⁵ The Franchise Plan, p 6 – 8.

standard of environmental cleanliness in some public and clinical areas both at the Queen Alexandra and at the St Mary's Hospital sites.⁶

- 2.5 On 31st March 2002 the NHS Waiting List targets were achieved with regards to having no 15 months in-patient waiters and no 26 weeks outpatient waiters.⁷
- 2.6 Amongst positive factors identified by the CHI review was the national recognition of the Trust as a pathfinder in patient representation. The development of the Patient Experience Council and the Patient Advocacy and Liaison Service (PALS) were especially noted.
- 2.7 There are some areas of good practice but the Trust has also substantial areas for development to address and progress. Until recently, this progress has been hindered by the significant number of changes at senior executive level. Staff have seen these changes as causing instability, lack of ownership of change and lack of coherent organisational planning and development processes. The rate of change at the most senior level within the organisation is illustrated by the following appointments made within the last 12 months:

❖	May 2002	- Chief Executive (4 th in 18 months)
❖	April 2002	- Medical Director
❖	February 2002	- Acting Chief Executive
❖	February 2002	- Director of Operations
❖	January 2002	- Director of HR and Organisational Development
❖	October 2001	- Director of Planning
❖	April 2001	- Chairman

3. **SETTING THE SCENE – THE WESSEX RENAL AND TRANSPLANT UNIT (THE WESSEX UNIT).**

- 3.1 The Wessex Unit is a Clinical Directorate within the Medical Services Division and is located on the East Wing site of St Mary's Hospital in the Centre of Portsmouth City. Main Theatres in which transplantation and other renal surgery take place are on the West Wing site of St Mary's Hospital across a busy arterial road leading into the city centre. The St Mary Hospital sites are about 20 minutes drive from the main Queen Alexandra hospital site.
- 3.2 The Wessex Unit provides services to the majority of renal patients with acute or chronic renal failure in the Central South Coast area. A total of 17 Primary Care

⁶ CHI report, page 10, point 3.22

⁷ Information supplied by the Trust.

Trusts'⁸ commission all or part of their renal services from the Wessex Unit through a specialist commissioning arrangement. The catchment area extends from Bognor Regis in the East to the New Forest in the West, and from Basingstoke in the North to some of the Channel Islands in the South.

- 3.3 The total population in the catchment area is estimated by the Trust to be 2,074,003⁹. The patient group ranges in age from 16 – 80 years plus; the age distribution is similar to that of England as a whole. The proportion of ethnic minorities (2%) is lower than the national average (7%).
- 3.4 In addition to the hospital services that include a renal transplant and organ retrieval programme based at St Mary's Hospital in the City of Portsmouth, the Wessex Unit has a number of satellite units providing haemodialysis.
- 3.5 Of patients on dialysis at April 2002; 301 were on haemodialysis and 104 were on peritoneal dialysis¹⁰. An average of 3500 dialysis sessions was conducted per month in 2002¹¹. Of the haemodialysis patients a total of 84.4% were on thrice weekly treatment¹².
- 3.6 The in-patient capacity is 39 beds and the Wessex Unit has a budget of £9.6 m. The staff distribution¹³ is as follows:
- | | | |
|---|----------------|---------|
| ❖ | Medical | - 20.87 |
| ❖ | Nursing | - 160 |
| ❖ | Administration | - 17.12 |
- 3.7 The main renal unit at St Mary's Hospital site consists of four in-patient wards, an outpatient dialysis service and a renal outpatient department. (See appendix F for site map). Satellite units are based in Basingstoke, Bognor Regis, Totton, on the Isle of Wight and Guernsey.
- 3.8 The acceptance rate of new patients for renal replacement therapy (RRT) was 71 per million population (pmp) in 2001. The UK Renal Registry reports that between 52 and 157 new patients pmp are accepted onto dialysis. Caution in interpretation of these data is advised because the estimated catchment populations are still very approximate.
- 3.9 The number of patients on the Renal Replacement programme in April 2002 was 1032 including patients with functioning Renal Transplants.

⁸ Information of 17th May 2002 supplied to the Review by the Trust, p. 7 and through interview with the consortium.

⁹ Letter of 19th December 2001 from Mr. J.C. Mason, Consultant Nephrologist, to UK Renal Registry.

¹⁰ Patient Stock information of 30th April 2002 supplied by the Trust, p. 3

¹¹ Dialysis session total 1st May 1999 to 30th April 2002 information supplied by the Trust, p. 28

¹² Frequency of dialysis sessions information of 29th April 2002 supplied by the Trust, p. 16

¹³ Introduction and background information relating to the establishment of an external review. Not dated.

- 3.10 The Central South Coast Renal Review Group found¹⁴ that “*Workforce constraints have also limited the ability of services to expand, with very high patient: staff ratios, and limits on dialysis capacity due to nursing and consultant shortage*”.
- 3.11 The group also found that “*...patients, carers and clinicians (had) expressed serious concerns about the impact (increasing demand) has had on their experience of RRT (Renal Replacement Therapy) and the pressure on services and staff who are struggling to provide high quality services*”¹⁵
- 3.12 Due to the split site working of the Trust the CHI report highlighted concern that “*Very ill patients within the renal speciality have to transfer across one of the busiest main roads in the City because of the separation of services essential to the care.*”¹⁶.
- 3.13 According to the Central South Coast Renal Services Review¹⁷, “There has been significant under-investment in haemodialysis facilities in the past”. This has resulted in a number of shortcomings in service provision and an inability to meet future needs without forward planning and additional investment.

4 PREVIOUS REVIEWS AND INVESTIGATIONS

In the paragraphs below is a brief description, in reverse chronological order, of the reviews and investigations, which have taken place within the Wessex Unit since the start of 2000. The purpose is to provide a context for this External Review by outlining the issues, which were identified by these previous initiatives.

4.1 Commission for Health Improvement (CHI) Review - March 2002.

- 4.1.1 In March 2002 the Commission for Health Improvement published a report of its Clinical Governance Review at Portsmouth Hospitals NHS Trust. This was carried out between August and December 2001. The review was part of the rolling programmes of reviews of all NHS organisations.
- 4.1.2 Overall the Trust scored poorly in the CHI review with 5 of the 7 component areas being assessed in the lowest quartile.

¹⁴ Central South Coast Renal Services Review. February 2002

¹⁵ Central South Coast Renal Services Review. February 2002, p.2.

¹⁶ C HI report p.8 point 3

¹⁷ Executive Summary, Central South Coast Renal Services Review. February 2002.

- 4.1.3 CHI looked in detail at the clinical teams providing care for patients requiring the services of the Wessex Regional Renal and Transplant Unit.
- 4.1.4 In its review CHI raised concerns; “*over the effectiveness of some of the teams working in the Renal Unit*” and believed that there was an increased risk to patient safety that required urgent action by the Trust. The assessment given by CHI to the clinical risk management area, which included renal services, was 1 on a four-point scale. That is “*little or no progress at strategic and planning level, or at operational level.*”¹⁸
- 4.1.5 As a conclusion CHI stressed the need for the new senior management team to demonstrate, “*strength of purpose, dedication and enthusiasm to provide clear leadership to ensure implementation and deliver all the changes required quickly and effectively.*”¹⁹
- 4.2 **University of Southampton: Lecturer Practitioner Wessex Renal and Transplant Unit Review – 20th March 2002 – (the S.U. Nursing Review).**
- 4.2.1 In January 2002 a Lecturer Practitioner in renal nursing commenced a review of the nursing practices within the Wessex Unit including the satellite units. This has so far resulted in a two-month review²⁰, which was published in March 2002. Amongst the findings in the review are:
- ❖ The need to develop a Unit wide approach to staff development and education.
 - ❖ The need to review and audit nursing documentation across the Wessex Unit against the UKCC guidelines for record keeping.
 - ❖ Lack of evidence, in some areas, of written patient care plans.
 - ❖ Varying standards of the practice of Universal Precautions as part of the infection control.
 - ❖ Lack of evidence in some areas of individual nurses demonstrating confidence in their own decision making when appropriate.
- 4.2.2 Amongst the positive findings the review emphasised the enthusiasm for change amongst staff in the Wessex Unit.
- 4.2.3 It appears that some of the recommendations in the S.U. Nursing Review have been incorporated in the Summary of recommendations and Action Plans²¹ for the Wessex Unit (See below section 4.6)

¹⁸ CHI report, Appendix C

¹⁹ CHI report, p.viii

²⁰ Coupe, D (20th March 2002) *Lecturer Practitioner Wessex Renal and Transplant Unit – Two Month Review*. University of Southampton, School of Nursing and Midwifery.

²¹ See item 20: the Nursing Staff section in the Mark Smith: Summary of recommendations and Action Plans. As updated per 30th April 2002

4.3 Mark Smith's Review -25th February 2002 (The Mark Smith's Review).

4.3.1 During the CHI visit to the Trust in December 2001 the review manager expressed concerns about patients being potentially at risk due to poor relationships between groups of clinical staff. The then Chief Executive Mark Smith decided to meet with senior staff in the Wessex Unit on 21st December to stress the 'critical importance of clinical collaboration'. As staff expressed the view that senior management never really listened to them, Mark Smith decided to carry out a number of personal and confidential interviews to provide staff with an opportunity to discuss any issues, which they might have concerning culture, structure and processes in the Unit.

4.4 Oxford Executive Coaching Event – 18th February 2002

4.4.1 The Wessex Unit participated in an event facilitated by Oxford Executive Coaching in February 2002 looking at interpersonal relations within the team as a whole. The event, at which all consultants were present, resulted in a total of 15 actions being agreed for managers, nephrologists, nurses and surgeons within the Wessex Unit.

4.4.2 The actions have since been included in the Trust's updated Action Plans (see below section 4.6) with an additional 13 progress targets to be achieved in the period between 30th April and 16th September 2002.

4.5 The Central South Coast Review Group – February 2002 (The CSCR Review)

4.5.1 The Central South Coast Review group reported²² on the renal services in February 2002 and identified a number of areas of concern, which included:

- ❖ A lower than average number of dialysis stations for the population;
- ❖ A smaller proportion of patients being referred/taken on for renal replacement therapy or haemodialysis than in the rest of England;
- ❖ A high proportion of patients on twice weekly dialysis.
- ❖ Lack of haemodialysis capacity within the unit to meet the demand resulting in twice weekly dialysis, only, being available for some patients or inpatient beds (up to 4 at one time, now down to 3) being used for outpatient dialysis.

²² Central South Coast Renal Services Review. February 2002, p. 2.

4.5.2 The work programme set out for the Central South Coast Review was firstly to identify demands for the forthcoming five years period. Once the future needs are established, the group's remit is to start working on creating a clinical network with nephrology services in other hospitals where agreed standards can be developed, implemented and monitored. It will also be introducing nationally agreed quality standards such as the National Service Framework (NSF) for Renal Services. The first module of the NSF is expected to be published in the autumn 2002.

4.6 *Mark Smith, former Chief Executive: Summary of Recommendations and Action Plans – 20th December 2001*

4.6.1 In December 2001 the then Chief Executive wrote a summary of recommendations and actions plans (the Action Plan) relating to the Wessex Renal and Transplant Unit, which was based on the four previous inquiries and reviews into the Wessex Unit. The summary was drafted as a response to initial comments by the CHI review manager and is attached as Appendix E. The Chief Executive stressed in his summary the importance of implementing the outlined Action Plan alongside the recommendations of this External Review.

4.6.2 The need for this course of action was stressed again by the Trust in its press release in March 2002 responding to the publication of the CHI report. The Action Plan sets out 21 recommendations of which four had been completed by the time the Plan was written, 8 had no set deadlines as these were to be identified and the remainder had to be completed in the period from February to September 2002.

4.6.3 When the Review Panel visited the Trust in May 2002 four of the actions (8,17,19 and 21) had been completed according to the updated plan (30th April 2002, see Appendix F). These were the same actions recorded as completed in the December 2001 Action Plan. Three recommendations (11,12 and 14) still had neither actions nor deadlines identified. Of the remaining 14 recommendations that were to be completed in the period between 30th April and 16th September 2002, five have had their deadlines extended but have still to be completed by 16th September 2002.

4.6.4 However, it should be acknowledged that within a number of the recommendations, which have not been fully completed, some action has taken place by the Trust. In certain cases, this has resulted in the identification of further actions causing an unavoidable delay beyond the original completion dates.

4.7 Nursing Review of Renal Unit – April 2001 (The Nursing Review)

4.7.1 On 25th September 2000, following the death of a patient in April 2000, the Trust Board requested a review of nursing within the Wessex Unit. This Nursing Review was carried out by three senior nurses during the period from November 2000 to February 2001 and reported its findings in April 2001.

4.7.2 The Nursing Review identified a number of specific nursing issues:

- ❖ A lack of team working and communication between medical and nursing staff;
- ❖ Problems with recruitment and retention with no evidence to suggest that this was being addressed;
- ❖ A deficit in the knowledge and skill of some nursing staff;
- ❖ A lack of confidence in nursing staff to seek medical advice at a higher level when they were not satisfied with the response obtained from more junior medical staff;
- ❖ Complaints relating to the quality of care delivered to patients.

4.7.3 A total of 17 recommendations were outlined in the report and it was suggested that an action plan be devised between the Divisional Senior Nurse, the Divisional Manager, the General Manager and the Renal Senior Nurse Manager on how to take the recommendations forward. The main headings covering the recommendations were:

- ❖ Leadership & Management – 4 recommendations
- ❖ Appraisals & Professional Development – 4 recommendations
- ❖ Communication – 2 recommendations
- ❖ Risk Management/ Untoward Incident Reporting – 2 recommendations
- ❖ Environment – 1 recommendation
- ❖ Staffing Issues – 3 recommendations
- ❖ Medical Nursing relationships – 1 recommendation.

4.7.4 The recommendations have been incorporated in the Trust Action Plan²³ and have, according to be the April up-date, been partway implemented.

4.8 Oxford Executive Coaching – March 2001

4.8.1 In spring 2001 Oxford Executive Coaching led by Maire Brankin was invited by the Trust to assist in improving the relationships within the Wessex Unit. In her report²⁴ Maire Brankin highlighted that not all staff were aware of the reasons

²³ See Summary of Recommendations and Action Plans, point 20.

²⁴ Report received by Panel was without a heading, not dated, with no dates stated in the report and with no signature/author. The Panel assumes that this was the report made by Maire Brankin following her visit to the Trust on, what the Panel presumes, was the 26th–27th March 2001.

for her being there, as they had not been briefed prior to her visit. This view was especially raised by some of the surgeons, who expressed their dissatisfaction about the lack of notice, but other members of staff were equally unaware of the visit and its reasons.

- 4.8.2 The report emphasised that the two consultants groups “...*both share the same passion and commitment to their patients. Both parties are unhappy about the relationship between them*”²⁵
- 4.8.3 The report also found that, “*Everybody agreed that patient care was not compromised by the interpersonal situation, yet concerns were felt that the lack of trust and element of blame culture ‘ could result in putting patients at risk’.*”²⁶
- 4.8.4 The report²⁷ outlined the main findings based on interviews with staff to be:
- ❖ Physical isolation of unit has compounded challenges;
 - ❖ Communication failure between the Wessex Unit and the organisation;
 - ❖ Lack of interest from senior medical management;
 - ❖ Majority of people in the Wessex Unit get on with and ‘love’ their work but there is a history of disappointments;
 - ❖ The real issues are staffing, procedures, availability of ITU etc
 - ❖ Clear need for nursing leadership and a more assertive attitude from the nursing staff
 - ❖ Needs to be more dialogue and understanding between the nephrologists and the surgeons.

4.9 Specialist Advisory Committee in General Surgery – 18th October 2000 (SAC visit).

- 4.9.1 Following a visit by the SAC team to the Wessex Unit on 18th October 2000 a report²⁸ was issued recommending one training post for a Specialist Registrar in Transplant Surgery. However, it was stated that the continuing recognition after October 2001 would be contingent on the achievement of the goals outlined below:
- ❖ Joint responsibility for pre-operative patient assessment, selection and follow-up. Shared integrated care must improve in order to help trainees achieve acceptable teaching in the medical as well as surgical care of end stage renal patients.

²⁵ Ibid. p. 2

²⁶ Ibid. p. 3

²⁷ Ibid. p. 4

²⁸ Joint Committee on Higher Surgical Training. SAC in General Surgery. Hospital Visit Report to St Mary’s Hospital. 18th October 2000.

- ❖ Consultants' timetables should be flexed to maximise shared clinical care and integrated teaching.
- ❖ Review of establishment in consultant nephrologists on the Dialysis and Transplant Unit with the aim of reducing Physicians' commitment to outreach clinics.
- ❖ Change of 'take in' rota

4.9.2 According to information given by the Trust, the SAC 2001 follow-up has not yet taken place.

5 METHODOLOGY

The following sections outline the methodology adopted by the Review Panel in carrying out its commissioned task of reviewing Renal Services within the Trust. The underlying principles guiding the Review Panel in its work are:

- ❖ Independence from the Trust reviewed
- ❖ Rigorous in the data collection
- ❖ Fair, transparent and holistic in the approach adopted
- ❖ Open and accessible to all staff within the Trust
- ❖ Evidence-based, where possible, in its findings
- ❖ Developmental in its recommendations
- ❖ Main guiding focus being the quality of patient care.

5.1 Documentation.

5.1.1 Shortly after the establishment of the Review Panel in February 2002, it was agreed by the panel members to identify and request documentation relevant to its work. Throughout its review period more information was identified and requested. The documentation which was thoroughly examined included:

- ❖ data and information about clinical activities;
- ❖ establishment figures;
- ❖ minutes of Trust Board Part One and Two meetings since July 2000;
- ❖ clinical governance minutes since May 1999;
- ❖ critical incident reporting;
- ❖ complaints figures since 1996;
- ❖ relevant internal correspondence since 1995;
- ❖ Trust Action Plans
- ❖ other reviews both within the Wessex Unit and in other trusts,
- ❖ local protocols/policies and procedures;

❖ National policies and guidelines with regards to renal services²⁹.

- 5.1.2 The documentation concerning the Trust and the Wessex Unit was provided by the Acting Operations Manager, Richard Samuel, in the Wessex Unit, who had been identified as the contact point for enquiries from the Review Panel.
- 5.1.3 The Wessex Unit was very effective when complying with requests for further information. However, it soon became apparent that some information e.g. data on clinical activity³⁰, was not easily obtainable and did not reach the Review Panel before the actual visit. Some information was not available at all due to the local model for medical care.
- 5.1.4 During the four and a half-month phase of information gathering it also became apparent that there did not exist a central file containing all relevant information about the critical issues, despite the number of recent internal and external reviews of the Wessex Unit. Much documentation was undated and unsigned and minutes from meetings were often so brief that, in many cases, an audit trail became difficult to identify.
- 5.1.5 The Review Panel was also concerned by the fact that a number of senior staff had been collecting copies of internal correspondence for a number of years. These private collections were handed over to the Review Panel by individual staff members during the site visit with the expressed hope that the information would assist in illustrating the internal problems of the Wessex Unit and its interaction with the Trust overall.
- 5.1.6 All the documentation provided was carefully read and discussed by the whole Review Panel to obtain a shared picture of the situation rather than one particular aspect confined to an individual's area of professional expertise.

5.2 Interviews

- 5.2.1 During the Review Panel's first meeting in March 2002 it was decided to identify a number of key individuals whom the Review Panel wished to interview whilst visiting the Trust and the Wessex Unit. However, it was also acknowledged that the Trust should be given the opportunity to identify other key individuals. In her letter of 25th April 2002 to the Chief Executive³¹ the Chair of the Review Panel wrote:

²⁹ See Bibliography in Appendix D for further details of documentation used by the Review Panel.

³⁰ The information required was about transplant activity data for last 5 years on an annual basis for live and cadaver transplant, transplant outcomes in terms of patient and graft survival and organ donor rates for the last 5 years, copies of written guidelines for immunosuppressives therapy, Renal Biopsy, Clinical trials, Recipient selection on to the transplant list, Donor selection, on-call and cover arrangement for transplantation and a Unit timetable with the Business meetings, executive ward rounds, teaching rounds, clinics and operating sessions.

³¹ Letter of 25th April 2002 from the Chair to the Chief Executive.

“At a recent meeting in London the Panel agreed a list of staff whom the panel would like to meet. I enclose these names for your information. If you or your colleagues consider that there are others whom we should speak to I should appreciate it if you would let me know. I should also be pleased if you would let me know of any inaccuracy in the staff details listed as I plan to write to each very soon inviting them to meet the Panel. “

5.2.2 Following this letter the Panel Administrator received notification of further staff members, whom the Review Panel subsequently invited.

5.2.3 As the Review Panel was aware that timely notification was an issue for staff (Section 4.8.1 above) the Chair also wrote in her letter to the Chief Executive of 25th April 2002:

*“The Panel intends to have an open session on the 27th and 28th May from 4.00pm to 6.00pm when staff not interviewed will be provided an opportunity to meet the Panel to share their information and views. **You might like to inform the staff within the Wessex Renal and Transplant Unit of our forthcoming visit and the open sessions to provide early notice of our visit.** The Panel also intends to attend ward rounds, staff hand-over sessions and similar events and I would appreciate it if you could inform staff of our intentions prior to the visit. Whilst I do not expect there to be objections from staff early notice will ensure there is sufficient time for any of their concerns to be addressed.”*

(Highlight only for the purpose of this report)

5.2.4 When the Review Panel met with members of the Board on the 27th May 2002 the issue of staff notification was raised and the Review Panel was assured that staff had been informed of the visit well in advance. In addition, an internal memo from the Renal Clinical Director was issued the 21st May 2002 confirming that the Review Panel was coming on the 27th to 29th May 2002.

5.2.5 The Review Panel was pleased that the two open sessions were fully utilised and that other staff members valued the opportunity to come along and share their views. One member of staff, who had not been interviewed by any of the previous reviews stated, when asked why she came along to see the Review Panel that

“ this panel provides me with a voice”.

5.2.6 By the end of the visit to Portsmouth the Review Panel had formally interviewed and taken statements from a total of 37 members of staff. Staff were informed that their views expressed during the interview would be treated in confidence and only their approved non-verbatim statement would remain on file. They were also assured that any quotes used in the final report would not be attributed to any specific individuals.

- 5.2.7 Two meetings with Trust Board members took place during which 7 board members attended the first meeting (including the Chairman of the Trust and the Chief Executive). The final meeting was attended by 5 Executive Directors and one non-Executive Director. (The Chief Executive was on annual leave at the time of this meeting). The Review Panel also met and spoke to a number of staff during the site visit on the morning of the 27th May 2002.
- 5.2.8 In order for the Review Panel to gain a fuller understanding of the state of the Wessex Unit, the reasons why previous reviews had failed and the identification of possible solutions for the future, it was agreed to identify a number of common themes for the interviews. The themes explored were:
- ❖ Did the interviewee understand the reasons for this review?
 - ❖ Why would this review be different to any previous reviews of the Wessex Unit?
 - ❖ What were the worst and best scenarios for the Wessex Unit?
 - ❖ Was the Wessex Unit seen to have the support of the Trust?

5.3 Site Visit

- 5.3.1 On the morning of the 27th May 2002 the Review Panel was shown around the renal wards at the St Mary's Hospital site. During the visit the Review Panel saw and had explained the drawings illustrating the layout for the planned relocation of the Wessex Unit in September 2002 to the Queen Alexandra Hospital site.
- 5.3.2 The Review Panel also walked the way from the West Wing to the East Wing of St Mary's Hospital site, which is the route taken by ambulances transporting renal patients from theatres to wards.

5.4 Panel Meetings and Deliberations

- 5.4.1 The Review Panel was very conscious of the potential impact of its report. It felt that there would be a need to provide as much evidence as possible for its findings and conclusions in order to ensure that all staff involved and the Trust as a whole could take ownership of the Panel's recommendations.
- 5.4.2 At its first meeting in March 2002 much information had already been gathered and further necessary information was identified. The Review Panel agreed that its strength was in its combined knowledge and expertise and decided from the outset to act collectively as a panel rather than as 5 experts working separately. This strategic approach was later reviewed during the visit to Portsmouth, where it was found that the complimentary perspectives of each panel member re-enforced the value and benefits of this methodology.

- 5.4.3 Throughout the process the Review Panel has exchanged ideas, views and considerations between its members via regular email correspondence.
- 5.4.4 During the site visit, the Review Panel met every morning to discuss the structure, approach and purpose of that day and to agree roles and responsibilities. Every evening the Panel met again to discuss the findings of the day and to review the new information provided to the Panel.
- 5.4.5 At the end of the site visit the Review Panel met with senior management to outline the key issues identified (see section 6.1.3 below), and to present a range of different scenarios for consideration. As the Review Panel at this stage had not finalised its deliberations, all the scenarios were given as possible but not definite outcomes.
- 5.4.6 The Review Panel met on 25th June 2002 to finalise the draft report before its submission to Regional Office.

6 Findings

In the following section the data collected and the information gathered has been thoroughly examined by the Review Panel. The result of this process is a number of recommendations of which some are considered mandatory for the continuation of Renal Transplant Services within the Trust and some are considered desirable for promoting a quality framework for the future care of renal patients. The recommendations listed with an * are considered desirable whilst the remaining recommendations are considered mandatory.

The Review Panel was fully aware that it did not have the legal power to ‘mandate’ a Trust Board and the use of the phrase ‘mandatory’ in the context of this report is solely to indicate the seriousness which the Review Panel attach to these recommendations.

See section 8.2 to 8.7 below for a complete list of recommendations.

The Review Panel is also aware that due to the retrospective nature of its review, the Trust may find that events taking place within the Trust since the visit have overtaken or are addressing issues raised as concerns within this report.

6.1 General Aspects of the Service

- 6.1.1 The Wessex Unit provides a comprehensive renal service for the central south coast area with an estimated catchment population of just over 2 million. This ranks as one of the largest in the UK as does the geographical area covered.

Given that renal services currently consume 2% of the total NHS budget, the financial implications for the local health economy are significant. The inexorable 7-10% growth year on year of haemodialysis, which is the component that is the most expensive, labour intensive and demanding of physical space, requires significant allocation of management and planning resource to take this unit forward. The challenge is compounded by the Wessex Unit's presence in 6 Trusts through its satellite clinics and haemodialysis service.

- 6.1.2 The Review Panel has examined, over the course of 4½ months, a very large amount of documentation. It has interviewed and met with more than 40 individuals representing the Trust and has seen the current site for Renal Services. Based on the information obtained, the Review Panel has reached the conclusion that the critical issues associated with the Wessex Unit are not caused by one single factor but are a result of inter-related issues, which have been allowed to develop over a long period of time. The combined result of these issues have been further exaggerated due to the absence of modern multidisciplinary ways of working and the display of unacceptable behaviour at times, especially between transplant surgeons and nephrologists.
- 6.1.3 The Review Panel grouped these issues into themes and these headings were presented to representatives of the Trust Board on 29th May 2002. The themes, which will be discussed in further detail below (see section 6.3 to 6.9), are:
- ❖ Viability of the current renal services in Portsmouth
 - ❖ Structural and Operational issues within the Wessex Unit
 - ❖ Leadership & commitment
 - ❖ Clinical Governance
 - ❖ Organisational Culture
 - ❖ Communication.

6.2 *Physical Infrastructure*

- 6.2.1 The physical infrastructure of the Wessex Unit was found to be inadequate, cluttered, dismal and derelict. The accumulation of broken down and redundant equipment in corridors, waiting areas and staff rooms reflect demoralisation throughout the whole service. At first sight, it was not possible to ascertain whether the cause lay within the Unit or reflected neglect by the Trust or a combination of both.
- 6.2.2. While there was no immediate evidence that the standards of care were compromised, some relevant features lay outside the bounds of expectation. Access to the wards via a single lift without adjacent staircases and the physical isolation of the unit across a busy main road without a means of influencing the highway traffic light system render patients vulnerable. Equally unsatisfactory

is the distance of the Wessex Unit from the main operating theatres given that renal inpatients are generally amongst the most seriously ill and unstable in any hospital.

- 6.2.3. The haemodialysis unit appeared busy but cramped and cluttered. There was a large number of stored haemodialysis (HD) machines not in service at the time of the visit. The Panel was informed by staff that water would occasionally be standing under the floorboards in the wards and rain would be coming in through the roof in at least one of the offices. When asked about Health and Safety checks concerning these matters, staff informed the Review Panel that this was the responsibility of the Human Resource Department (HR), and that such checks had not been taking place in the past.
- 6.2.4. The water purification plant was rudimentary and seemed poorly maintained. The staff in charge informed the Review Panel that the system lacked carbon adsorption and was not regularly disinfected. Although this poses little new or immediate risks to individual patients, the water quality should be tested immediately to ensure it complies with RA guidelines. The staff were not aware that any regular monitoring or documentation of water quality took place, despite standards for water quality having been laid down since 1995. The Review Panel had requested this information during the visit but was informed by the Trust that this was not available. There were no in-house technical staff, the maintenance contracts for machinery and water being with Gambro (the company that supplies the dialysis machines). The review panel understood that Gambro had been awarded the technical services contract for the new unit at the Queen Alexandra Hospital. Gambro should ensure that the necessary components are included in the water plant so that water can be provided with the required bacteriological and chemical purity. Gambro should also be required to ensure that the plant is properly maintained and regularly serviced and that these actions are fully documented. All reports of service and maintenance actions, and reports of all Water Quality monitoring should be available to the Clinical Director and to the Dialysis Manager on a regular basis.
- 6.2.5. Meon 3 is the principal transplant ward although, at the time of the visit, there was only one transplant in-patient. The remaining patients had nephrological problems and some were on dialysis. The ward exhibits all the signs of long-term structural neglect. It is small with narrow access and poor lighting. Storage facilities are inadequate as exemplified by boxes and equipment stowed haphazardly in every available space, including in the patients' bathroom, day room and in the corridors. The ward was untidy, with a blocked sink in one of the bathrooms and had not been painted for more than 6 years. This is not an environment suitable for the practice of modern medicine.
- 6.2.6. Despite the surroundings, the nurses and junior medical staff displayed a very positive attitude and there was an atmosphere of support and competence.

- 6.2.7. The two nephrology wards, Meon 4 and Leon Emmanuel, were in much the same state of poor physical repair as Meon 3 although storage problems were less evident. The same positive air of support and competence in adversity pervaded these wards.
- 6.2.8. Some in-patient nephrology beds were occupied by chronic haemodialysis patients, which reflected congestion (inadequate capacity) in the main HD unit and associated satellites.
- 6.2.9. The arrangements for operating on patients were a major cause for concern. The operating theatres and critical care area are in different buildings from the renal wards and more than 400 yards away from the Renal Unit across a busy road with a slow-changing traffic light system. This is an unsatisfactory arrangement for very sick patients and needs to be rectified urgently.
- 6.2.10. From observation of the above facilities, it is concluded that the Renal Service has been ignored and undervalued by senior management for many years. Clearly no serious risk assessment could possibly support such an arrangement. The Review Panel was surprised by the apparent lack of effectiveness of the clinicians in demanding improvement, in advance of the new development at the Queen Alexandra Hospital, which has been anticipated for more than 20 years.
- 6.2.11. The Review Panel was pleased to notice that the Trust had decided to move the Wessex Unit to new and modern facilities at the Queen Alexandra site in September this year and that this new environment will make a significant change to the current physical conditions. However, the Trust has allowed for Renal Services to be delivered in a sub-standard environment for many years and no visible steps seem to have been taken to address the most critical deficiencies, even on a temporary basis.

6.3 Service Viability

- 6.3.1 Transplant surgical activity has been dropping progressively over the last 7 years; from approximately 90 transplants per year in 1995 to around 50 transplants per annum currently. This is despite an increase in live donation and an increase in the number of patients requiring chronic dialysis. A number (242) of transplants have been reported to the UK Transplant Registry in the completed years to 2001 with a one year graft survival of 85.5%. Patient and graft survival results are just below the median for the United Kingdom and should, therefore, be considered to be acceptable.
- 6.3.2 The desire to retain a renal transplant service within the Trust was clearly expressed by the majority of staff working within the Wessex Unit and the overall view was that patients would be the 'losers' if that aspect of the service was removed.

- 6.3.3 From the documentation supporting the internal reviews and investigations it was very apparent that the relationships between the consultant surgeons, the consultant nephrologists and the nursing staff have been deteriorating for a long period. It seems, though, that the last 2 years have intensified the feeling of low morale, lack of co-operation and lack of appreciation amongst medical as well as nursing staff. The result of this has been staff questioning whether it would be safe to continue transplant surgery within the Wessex Unit.
- 6.3.4 The documents available to the Review Panel before the visit suggested that the problems inherent in the Wessex Unit did not directly reflect on the quality of care given to individual patients. Neither did some of the global outcome measures, which were made available to the Review Panel, e.g. correction of anaemia by erythropoetin, suggest any under-performance at individual consultant level.
- 6.3.5 After having reviewed all the information made available, the Review Panel reached the firm view that the failure of the Wessex Unit to operate effectively is due to a systematic organisational failure to :
- ❖ deal with culture, behaviour and isolation;
 - ❖ support strong clinical leadership;
 - ❖ establish multi-disciplinary ways of working;
 - ❖ provide leadership and commitment from the Trust to the Wessex Unit
 - ❖ establish a strong clinical governance approach to personal and professional development and organisational learning with evidence-based practices and audit;
 - ❖ establish and support proper communication channels within the Wessex Unit and beyond.

This means that patients may be put at risk as long as these fundamental weaknesses exist. The safety of modern patient care is as dependent on a holistic approach to care as on good clinical practices by individual clinicians in individual circumstances. The responsibility for this approach rests with not just management but very much with the clinicians involved in providing patient care.

- 6.3.6 These major organisational issues need urgently to be addressed.
- 6.3.7 The Review Panel was seriously concerned about the volume of current activities and the nature and range of problems facing the Wessex Unit, but acknowledged the commitment from the new Senior Management Team to support a radical change agenda. Additionally, the newly appointed Clinical Director and the Acting Operations Manager for the Wessex Unit were generally praised very highly by all staff groups and have already initiated a number of relevant initiatives.

“Robert Lewis and Richard Samuel are already making changes” (manager)

- 6.3.8 The Review Panel felt that the combination of the two new teams could provide the right climate for bringing about the required changes.

The Review Panel recommends that the Wessex Unit be allowed to continue transplant surgery for a 12 months period starting the 1st August 2002 subject to satisfactory implementation of the mandatory recommendations outlined in this report³² and progress as agreed made within this period.

Given the range of challenges facing the Trust as a whole, the Review Panel also recommends that an external follow-up review of progress is convened in August 2003 after which the Reviewing Body should recommend whether or not the Wessex Unit continues to provide transplant services.

- 6.3.9 The overall impression gained by the Review Panel was of a lack of an acceptable leadership figure amongst the transplant surgeons and a resentfulness of this group towards the current management arrangement. This arrangement requires that they are accountable to a Clinical Director who is and has over the years been a nephrologist. The majority of the transplant surgeons seem to concentrate more of their sessional commitments to non-transplant work rather than to the work to which they were presumably appointed within the transplant service. This lack of commitment and activity means that the existing level of expertise is not fully utilised. This cannot continue if the Wessex Unit is to survive, and progress needs to be monitored closely.

The Review Panel recommends an increase in transplant activity and renal related surgery by all four transplant surgeons. This increase is required if the Wessex Unit is to remain freestanding.

- 6.3.10 The absence of an appropriate leadership figure for the transplant surgeons must be addressed. An appointment by agreement amongst the transplant surgeons would be one way forward in the future. However, given the current level of tension within the Wessex Unit, a period of stability is required. Consideration should, therefore, be given to identifying an outside figure of standing in the transplant community to act in consultation with the Surgical Division Clinical Director to ensure that the highest standards of evidence-based practice are carried out within the Wessex Unit. The Review Panel acknowledge that it might take the Trust a few months to identify and get the commitment of such a person.

³² See section 8.2 to 8.7 for a summary of recommendations.

The Review Panel recommends the appointment within the next 3 months of an external visiting transplant advisor to work with the Surgical Division Clinical Director for one year to set and monitor standards, and to raise the profile of the Wessex Unit.

- 6.3.10 The Review Panel felt concern over the lack of clarity around the surgical activities, trends and work commitment. The total number of whole-time equivalent (WTE) transplant surgeons is far below that recommended for a transplant unit by the British Transplant Society Guidelines of one surgeon per 500,000 population (1.75 WTE compared with 4 WTE). The Review Panel acknowledges that the current activity level might hardly justify 4 WTE but any decisions need to take into account the work commitment arising from the on-call rota. The Trust therefore needs to review the job plans etc of the existing transplant surgeons and work towards addressing any identified shortfall.

The Review Panel recommends a review of the current establishment levels (WTEs) and job plans of all transplant surgeons within the Wessex Unit in order to work towards the recommended national guidelines.

6.4 Structure of the Wessex Unit

6.4.1 Patterns of Nephrological Practice in the Wessex Unit.

- 6.4.1.1 There are 4.7 WTE Nephrologists in the Wessex Unit with funding for one more. While the Royal College of Physicians and the Renal Association are currently recommending 6.1 WTE nephrologists per million of the population, this target is nowhere near being achieved anywhere in the UK. The planned establishment at the Wessex Unit is probably on a par with the rest of the country. The absence of a GIM commitment for most of the nephrologists constitutes a significant advantage in their ability to focus on the renal service.
- 6.4.1.2 The classical model of patient ownership by individual consultant nephrologists persists in the Wessex Unit to a greater extent than would be found in most renal units nowadays, particularly those of the size of the Portsmouth unit. In recent years there has been a general recognition that multidisciplinary decision making with leadership roles for nurses and Allied Health Professionals (AHP's) is critical to the efficient management of the service, a model which does not sit comfortably with the classical role of the consultant.
- 6.4.1.3 The Review Panel was struck by the lack of multidisciplinary outpatient work, particularly in patients' approaching end stage renal failure (ESRF) with all that implies for patient education and choice of therapy. This seemed related to the rigidity imposed by the classical model of patient care described above. The

lack of regular structured nephrology ward rounds (typical in most units), where all patients are reviewed and subsequently discussed within the multidisciplinary team on several occasions per week also reflects this unwillingness to share care and experience. Instead there are many ward rounds during the week when individual consultants see only their own patients.

- 6.4.1.4 The Review Panel felt the nephrologists should take shared responsibility for some (if not all) outpatients, all dialysis patients and all in-patients on a rotational basis to make way for multidisciplinary working with empowerment of nurses and AHP's. Deputising arrangements should ensure that a requisite number of consultants are always in attendance.

The Review Panel recommends that whether seen separately or pooled with general nephrology patients, pre RRT patients, including failing transplants should be seen in regular weekly clinics attended by at least 2 consultant nephrologists working alongside liaison nurses and AHP's to optimise education, choice of dialysis modality, preparation for access and transplant workup.

The Review Panel recommends that multidisciplinary clinics with shared consultant responsibility be established to review prevalent patients on the dialysis programme.

The Review Panel recommends that there should be at least 2 ward rounds weekly where a nephrologist consultant (with rotational responsibility for at least 1 week) reviews all in-patients with one being followed by a weekly multidisciplinary review with lead nurses, AHPs and fellow nephrologists in attendance.

The Review Panel also recommends that nephrologists should rotate into lead responsibility for joint management with the surgeons of transplant patients (See Section 6.4.2).

- 6.4.1.5 While consultants have outreach responsibilities for satellite centres, the Review Panel understood that there are only partial sector responsibilities in that some patients remain under lifelong care of their original consultant and are therefore required to travel into the hub (Portsmouth) for clinic review. This model also requires nursing staff in satellite units to contact different consultants for advice on their own patients. The nephrologists are 'paired' to provide cross cover during holidays and study leave.

The Review Panel recommends that nephrologists should assume sector responsibility for all outpatients and all dialysis patients in a satellite location to avoid unnecessary patients journeys to the central hub.

6.4.2 Patterns of Transplant Practice in the Wessex Unit

6.4.2.1 There are 1.75 whole time equivalent transplant surgeons to run the Wessex Regional Service. All of them were appointed because of their transplant expertise and yet their commitment seems to range from 0.25 to 0.5 whole time equivalents. There appeared to be a lack of clarity within the Trust about the expectation for their renal transplant commitment.

The Review Panel recommends that a base-line assessment of need for consultant surgical work within the Wessex Unit be carried out together with individual appraisal and a review of job plans. This should be carried out by the Surgical Division Clinical Director.

6.4.2.2 The consultant surgeons supervise post-operative care following transplantation and renal related surgery almost exclusively. They cover for each other and share patients, but they do not work to mutually agreed regimens of care. The surgeons determine immunosuppression as individual consultants without the active co-operation or involvement of the Renal Physicians. There are no formal referral arrangements between the disciplines and hand-over has not been formalised.

6.4.2.3 The British Transplant Society recommends that transplant patients should, wherever possible, benefit from the combined expertise of both physician and surgeon. This is best accomplished on a daily multidisciplinary executive ward round. This requires good manners and mutual respect; it also requires regular business meetings to create written protocols. Decisions taken on the executive round should not be allowed to vary on individual's whims. Changes of treatment should always follow agreed policy except in genuine emergencies.

The Review Panel recommends that a regular pattern of multidisciplinary transplant ward rounds is established: a junior business round in the morning and an executive round later in the day when the results are available. Evidence based written protocols should be created for prophylactic immunosuppression, treatment of rejection, invasive investigation etc.

6.4.2.4 The Review Panel was presented with a document by staff showing cancelled operating lists who saw this to be evidence of an effort by the surgeons to undermine the way the physicians were organising their lists for them. The

management of renal surgical waiting lists is controlled by one of the Nephrologist's secretaries. This is unacceptable to the Surgeons who feel unable to manage their total surgical workload efficiently

The Review Panel believes that the surgeons should be responsible for the organisation of their own work and should be provided with appropriate administrative and clerical support to effect this.

- 6.4.2.5 There was clearly a need for establishing multi-disciplinary ways of working in the transplant service. The more so, because it is a very labour intensive service making huge demands on the time, skills and commitment of the surgeons. Such an approach will require demonstrable leadership, written protocols, regular meetings, executive wards rounds and clearly defined lines of responsibility. In the best run services the Renal Physicians and Surgeons work closely together sharing their expertise with each other for the benefit of patients and to support junior staff. They co-operate in joint management of patients and in joint research programmes. The Review Panel was concerned about the apparent lack of shared evidence based and audited protocols within the Wessex Unit and the impact this has on the ability to develop multi-disciplinary ways of providing good quality patient care. See section 6.7.1.1 for further comments on the need for evidence based protocols.

The Review Panel recommends that surgeons and physicians should share care on the transplant unit according to their expertise and for the benefit of the patients. Patient care should be evidence based and follow written and shared protocols wherever possible. Adherence to these protocols should be assured through regular audits.

6.4.3 Patterns of Care and Support from Nurses, Dieticians and Administrative Staff

- 6.4.3.1 A full Review of the Nursing Service in the Wessex Unit was undertaken in the winter and early spring 2000/2001 (see above section 4.7). A wide range of topics and issues were covered and a comprehensive set of recommendations was made to the Senior Management Team in April 2001. A number of staff interviewed were able to identify that some of the recommendations were actually being implemented e.g. staff receiving scheduled Professional Development Plans and team meetings being convened and minuted with action notes.
- 6.4.3.2 In December 2001, a Lecturer Practitioner in Renal Nursing was appointed from the University of Southampton. This person undertook a further review of the nursing practices and procedures in the Wessex Unit (see above section 4.2) and her report highlighted the continuing lack of evidence-based care planning

across the unit. The impact of this person was highly valued by most of the nursing staff interviewed and her role has the potential to move the nursing services forward significantly.

- 6.4.3.3 Both of these reviews highlighted lack of leadership and inadequate nursing management over a long period of time. These deficiencies were shown to have resulted in inconsistent practice, a lack of evidence base in practices and protocols, a lack of nursing contribution to the multidisciplinary team and a lack of Professional Development initiatives across the nursing teams.
- 6.4.3.4 Patient allocation to rooms and beds is dictated by medical or surgical discipline rather than by care needs, identified care pathways, isolation or psycho-social demand nor does it satisfy in any way the requirements for single-sexed wards and toilet facilities.
- 6.4.3.5 The plans for the Queen Alexandra Hospital to which the Wessex Unit is moving in September this year would appear to be based on existing demarcations rather than on any newly developed care pathways or on newly agreed multidisciplinary working practices.

The Review Panel recommends that existing system processes (service provision) be reviewed before the move to the Queen Alexandra site in order to prevent the transfer of ineffective ways of working and to optimise the usage of the new facilities.

- 6.4.3.6 It is hoped that the Care Pathway Mapping event, taking place at the end of May 2002, will provide an ideal opportunity to rethink the dynamics of the new unit before a 'level transfer' of the existing cultures and communication difficulties is allowed to happen.
- 6.4.3.7 The Review Panel was pleased to observe a generally positive and encouraged workforce displaying far fewer 'victimisation' attributes than earlier reviews and reports have suggested. However, this was countered by some, mainly nursing staff, who have worked in the Wessex Unit for many years. These latter individuals appeared worn by their experiences and displayed a variety of defensive stances to the difficulties identified both in the staff reviews and following investigations into critical incidents. There was a belief expressed by some staff that this Review would be no more successful than previous reviews in resolving the problems of the Wessex Unit.
- 6.4.3.8 A deep rooted belief, in this same group, that all faults in communication lie with the surgeons rather than with a number of differing disciplines, including the nursing staff themselves, was also observed. This belief system, and the stances taken within it, was mirrored by some, but not all, of the consultant nephrologists. The opposite belief, that the fault lay with the nephrologists, was

alluded to by some consultant surgeons but again not by all. These ‘sides’ were not apparent in the junior medical and surgical staff who spoke with the Review Panel.

6.4.3.9 The Review Panel was presented with continuing evidence that face-to-face communication between disciplines is not as comfortable and effective as it should be and the resort to terse ‘ultimatum’ e-mails was still in evidence. This was most pronounced between surgeons and administrative staff in the context where inexperienced administrative and clerical staff have volunteered to take on the clerical duties of long-term sick colleagues. These staff members informed the Review Panel that they were provided with no training and little appreciation of their communication and other needs by the consultants for whom they were trying to work. These staff felt under-valued in the context of previous reviews’ concentration on the communication difficulties between the other professional groups.

6.5 Management Structure in the Wessex Unit

- 6.5.1 The Wessex Unit constitutes a Directorate within the Division of Medicine. The Clinical Director (CD), hitherto a nephrologist, works with a Renal Services Manager and both are accountable to the Director of the Division of Medicine. This model is commonly seen in renal services. Equally common is the directorate model without the divisional tiers, which gives the CD (Renal) more contact with the Executive Officers of the Trust. Against the latter model is the requirement for renal to be treated differently than other Directorates (40), all of which could not bypass the divisional tier. However, with a 7 – 10% annual growth in HD demand requiring planning and investment in new dialysis units every 2 – 3 years and possible decentralisation of inpatient care to other trusts in the medium term there is a requirement for a continuous higher management input into the renal service.
- 6.5.2 At first sight, the Division of Medicine seemed very large and Renal Services seemed to be ranked equally alongside others in terms of the allocation of management time. Since it is the only regional service based in the Trust and given the difficulties detailed above, it would appear that the Directorate has not, in the past, received a level of interest from senior management commensurate with its size.
- 6.5.3 There appeared to be a split line accountability for the transplant surgeons, through the Division of Surgery for general surgical work and through the Renal Directorate and the Division of Medicine for transplant work. While this is one management model applicable to a nephrology/dialysis/transplant centre, there are other models, which work well elsewhere in the UK. These do not seem to have been fully considered for the Wessex Unit, despite the fact that the current

model clearly has not worked well in Portsmouth. The Review Panel was of the firm view that the current problems within the Wessex Unit would not be resolved unless structural changes were implemented.

The Review Panel recommends the transfer of the professional accountability of the Transplant Surgeons from the Wessex Unit to the Surgical Directorate within the Surgical Division.

- 6.5.4 The impression given to the Review Panel was that, over the years, the transplant surgeons have felt that the decision making process around the allocation of renal funding had been dominated by the dialysis agenda and that they had not been given any voice in this process. The Review Panel felt that there was a greater need for transparency concerning the renal budget, its size and priorities and this would require the active involvement of all the key players including the Transplant Surgeons in the budget negotiations. An appropriate budgetary model should be established by the Trust to accommodate the need for Renal Transplantation to have a defined and agreed budget. This could either be in the format of a separate renal transplant budget, which transfers with the surgeons to the Surgical Directorate. It could also be a budget based on the explicit prices for the various renal transplant modalities within the overall renal budget. Or it could be a budget covering salaries of the surgical staff including juniors and staff grades, administrative and clerical staff and might include nursing staff, drugs and equipment as well as the cost of running joint transplant clinics. The Review Panel acknowledges that local circumstances will determine the model most appropriate but stresses the importance of the Transplant Surgeons being actively involved in the negotiation with the commissioners and participating in agreeing a budget for their activities.

The Review Panel recommends the establishment of a separate and agreed budget for renal transplant as a recognised element of a regional Renal & Transplant service.

- 6.5.5 There is a need to ensure that the new executive team has a thorough understanding of the different needs of a complex regional service. This is both in respect to financial and commissioning arrangements, accountability and responsibilities and to specific Renal Services issues and the potential impact of the forthcoming NSF.

“They (the Board) lack understanding of what a regional speciality is” (Consultant)

“ They (the Trust) do not recognise how huge and complex renal is” (Nurse)

The Review Panel recommends that an executive director is nominated to oversee the forthcoming NSF implementation and for that person to have a thorough knowledge of renal Strategy and Finance.

- 6.5.6 Senior management support should also be given through the presence at regular Renal Service Performance Reviews to monitor agreed clinical, Human Resource, financial and Clinical Governance targets.

The Review Panel recommends that an executive director presence is ensured at regular Renal Services Performance reviews to monitor agreed clinical, Human Resource, financial and clinical governance targets.

- 6.5.7 The Review Panel was informed that Renal Unit Directorate meetings are organised every two weeks. The agenda for these meetings should be expanded to include business and wider corporate issues.

The Review Panel recommends that the agenda for the Wessex Unit Directorate meetings includes business issues.

- 6.5.8 It was noted that the current acting Operations Manager for Renal Services had made a significant difference. This indicates the need for continued senior general management support to be maintained in the Wessex Unit to assist, not lead, in the implementation of these recommendations.

6.6 Leadership and Commitment

- 6.6.1 The scale and breadth of the corporate agenda facing the Trust Board and the top team was recognised. This was especially evidenced by the Chief Executive's Franchise plan³³ where the main challenges facing the Trust are noted as: - “

- ❖ Maintaining 15 months and 26 week targets and moving ahead to 12 months and 21 week targets.
- ❖ Three main service issues, which are key to hitting these targets and delivering quality care in the short and long term:
 - ◆ Reforming emergency care.....
 - ◆ Integrating Haslar.....

³³ Bedford, A: “Seeing things through”, Franchise Plan. 18 April 2002, p. 8

- ◆ The rationalisation of acute services on to one site through a major PFI scheme.....
 - ❖ Restoring financial balance
 - ❖ Implementing the recommendations of the recent poor CHI Clinical Governance Review
 - ❖ Action plans and good internal structures are now in place but the culture necessary to make the new management structure work and to create consistent patients centred services, with decisions led by front line staff is yet to be delivered”.
- 6.6.2 Given this clear statement of challenges, the key issue in relation to this External Review therefore, is the willingness and capacity of the Trust Board to action the recommendations contained in this report. This would require giving Renal Services the serious attention it needs despite the substantial agenda faced by the Trust as a whole. The Trust will, therefore, need to decide whether the Renal Service is part of its core business and act accordingly.

The Review Panel recommends that the Trust Board agree whether Renal Services should be part of the core business of the Portsmouth Hospitals NHS Trust and share this decision with all staff.

- 6.6.3 The Review Panel recognised that Portsmouth Hospitals NHS Trust will have continued responsibility for one of the largest and most expansive nephrology and dialysis centres in the UK. This means that management, finance and HR input into the service will need to be to a level commensurate with its complexity.

The Review Panel recommends that Renal Services is accorded a higher profile in the Medical Directorate structure given size, regional remit and complexity.*

- 6.6.4 The Review Panel considered the priority Renal Services had been afforded by the Trust in the past and noted that it is the only regional service provided. There was no evidence that this regional service was celebrated by the Trust. The Review Panel was not given any information or statements by the Trust about the Renal Service figuring in strategic plans, business plans, mission statements etc. The conclusion the Review Panel draws is that, at best the Trust has been silent about the importance of Renal Services. At worst, and as evidenced by the very poor physical state of the Wessex Unit, the conclusion is that the Renal Service has been a very low priority. The Review Panel accepts

that it can be difficult for a trust to highlight one particular service at the expense of other equally important clinical areas. However, it was felt that it would be appropriate for the Trust to emphasise a Regional Specialist service, the remit for which clearly goes beyond those traditionally provided by an acute trust.

- 6.6.5 This is not only a reflection of the Board and the Senior Management Team's approach but also of the inability and perhaps unwillingness of senior medical staff within the Wessex Unit to drive the service up the Trust's agenda.
- 6.6.6 The Review Panel acknowledges that the Wessex Unit will be moving to new premises later this year. This is a major opportunity for the Trust to start afresh, to modernise and to introduce new working methods and to invoke a new culture of co-operation within the Wessex Unit.
- 6.6.7 The Review Panel noted that the Trust had recently employed a new Chief Executive and most members of the executive top team are also new in post. The Review Panel heard from the Chairman, a Non-Executive Director and the Executive Team that the Trust is committed to Renal Services and will devote the time and attention required to implement the recommendations contained in this and previous reports. Given the commitment expressed by the new Board to the Review Panel, it now needs to demonstrate this by specific actions on the ground including clear and unambiguous statements in relevant corporate plans and documents.

The Review Panel recommends that Renal Services is included as a regional provision in the Trust's Annual Business Plan and in any other relevant strategic document to demonstrate the corporate perspective on Renal Services.

The Review Panel recommends that the Board ensure that the recommendations of this review and past reviews are fully discussed and where appropriate turned into agreed action plans for which implementation is monitored on a monthly basis and that any divergence from plans are accounted for.

- 6.6.8 With a predominantly new Senior Management Team it was difficult for the Review Panel to gauge whether the verbal commitment expressed would be translated into actions. The Board acknowledged that it had suffered from 'planning blight' caused by the anticipation of this External Review. This had resulted in very little formal performance management being taken with regard to the agreed Renal Services Action List and little action determined for Renal Services at the Trust Clinical Governance Review – Post-CHI Action Planning

Day.³⁴ The Review Panel acknowledged that the anticipation of its review might have lead the Trust to postpone any detailed discussion of actions appropriate to address CHI's concerns about the Wessex Unit.

The Review Panel recommends that the Chief Executive ensures the design, implementation and monitoring on a monthly basis of a detailed progress plan setting out the targets required to create and support the change process.

- 6.6.9 The effect on staff of the lack of progress was that very few were able to identify any changes resulting from the recommendations of the previous reviews other than some relating to the Nursing Review.
- 6.6.10 In order to demonstrate the expressed top level commitment to Renal Service the Trust should consider naming a Non-Executive and an Executive Director who will take particular interest and responsibility for Renal Services. The Review Panel found that there was a need to create corporate pride in the Unit. Especially, as it was demonstrated by the repeated statements by staff that senior management only very infrequently visited the Wessex Unit. Staff felt that no energy had been directed towards risk assessment or structural improvement in the past.

"No trust executive has ever visited our satellite" (nurse)

"Top level management has not responded –couldn't get the CEO interested in renal" (manager)

"Trust managers have seldom visited the Wessex Unit. They never made it their business to get involved" (consultant)

The Review Panel recommends that the Board nominate one executive and one non-executive director as joint Renal Services 'Champions' during the change process.

- 6.6.11 The Review Panel was troubled to find that the Trust had allowed for the Wessex Unit's nursing team to be led for over a year by a G Grade nurse from the Staff development team 'acting up' to the Senior Nurse manager role. This 'acting up' situation is not conducive to the post holder being able to effect fundamental change in the standards and dynamics of delivery of the nursing service. It is also questionable to maintain someone in an 'acting up' position for

³⁴ According to the Draft Action Plan issued on 29th May 2002 following the Post Action Planning Day on 15th April 2002 only 1 action point related to Renal Services, which was to undertake external review, set up project steering group to define issues and agree action plan, implement action plan and monitoring.

such a length of time unless there are realistic expectations of that person being able to undertake the role in a substantive position.

- 6.6.12 The Review Panel gained the impression that the staffing levels, the needs and development of the Administration and Clerical team also appear to have been overlooked. Comments were received from some of the medical staff and the surgeons of there being too few A&C grades across the Wessex Unit. A number of posts have been left vacant or are filled temporarily by other staff ‘acting up’ or doing significant overtime.

The Review Panel recommends that the Trust reviews the status of all staff in ‘acting-up’ posts within the Wessex Unit to ensure these are ratified or re-deployed as soon as possible.*

The Review Panel recommends that serious consideration be given to the need for new approaches to service delivery as part of the appointments process of key individuals such as senior nurses, general managers posts etc.*

- 6.6.13 When the Panel met with representatives of the Board on the last day of the visit, it found these to be very supportive of the need to change. It was encouraging to note the readiness by which they acknowledged the preliminary main themes presented by the Review Panel. This support was subsequently backed up by correspondence from the Chairman of the Trust.
- 6.6.14 The Review Panel was impressed by the improvements wrought and those planned by the new Renal Clinical Director and the improvement in morale created by the new Acting Operations Manager for Renal Services. These individuals, who seem to have the support of all staff groups, need to be supported in their endeavours.

6.7 Clinical Governance

6.7.1 Protocols/Procedures/Policies/Guidelines and Audits

- 6.7.1.1 The Review Panel was concerned about the apparent lack of established evidence based policies and procedures and clinical audits. Evidence presented to the Review Panel suggested an absence of formally agreed protocols for the ‘shared care’ management of patients by Physicians and Transplant Surgeons leaving Junior Medical and Nursing staff vulnerable to errors in care delivery. As an example the immunosuppressive policy described in the papers submitted is not evidence-based and has not been audited. Similarly, as mentioned above in section 6.2.4, the Review Panel was especially concerned about the water quality control in the Wessex Unit, which illustrated the lack of a structured approach to

a fundamental aspect of care management. In fact, clinical audit was not mentioned spontaneously by any one person in Portsmouth during the whole of the site visit.

The Review Panel recommends that the Wessex Unit establish, monitor and document clear audit systems especially in areas such as:

- ❖ Live donor screening co-ordinator
- ❖ Drug Errors
- ❖ Critical incidents
- ❖ Mortality
- ❖ Morbidity

The Review Panel recommends the development of evidence-based Protocols to govern those areas of Shared Care management identifiable in the total care of Renal and Transplant patients within the next 6 month. (Suggestions of Protocols to be developed are given in Appendix G.) The Protocols should be supported by regular clinical audits to ensure adherence and should be established within the existing financial framework for the renal services.

The Review Panel recommends that regular audits also takes place with respect to documentation of water quality testing, both biochemical and bacteriological.

The Review Panel recommends that the Wessex Unit establish regular Clinical Audit meetings within the Wessex Unit led in rotation by all the multi-disciplinary leaders such as nephrologists, surgeons, nurses, dieticians, pharmacists etc.

- 6.7.1.2 Whilst there was evidence of a growing number of care policies and procedures among the nursing workforce, these did not yet appear to be truly multidisciplinary in concept, content or delivery. Care Plans surveyed were inconsistent in format and content and did not give confidence that they could ‘travel’ with the patient should that have been necessary, e.g. when a patient moved from one modality of Renal Replacement Therapy (RRT) to another.

The Review Panel recommends that it is ensured that clear and agreed protocols, guidelines and policies are in place in accordance with national best practice.

6.7.2 Serious Untoward Incidents

- 6.7.2.1 There have over the last two years been a number of serious clinical adverse events involving both live and cadaver donor transplants. The total number of

clinical adverse events during this period seems to be high compared to the total number of transplants being carried out. One consultant presented a list of 16 of his/her patients who had had a range of post transplant problems ranging from minor to serious between 1998 and 2001. There was no substantial audit comparator against which these problems could be judged.

- 6.7.2.2 The Review Panel was particularly concerned that consultants felt the need to collate and keep such records as this clearly indicates a very poor level of clinical co-operation and trust within the organisation. It was also disturbing to note the disparity in view within the Wessex Unit in that a number of consultants found that there were serious clinical governance issues in the Wessex Unit whilst two other consultants did not recognise that there were any such.

“I am not satisfied with Critical Incident Reporting since I have never received any feedback about any of the serious cases” (Consultant)

- 6.7.2.3 It does not appear from the minutes of the Clinical Governance Committee meetings that there has been any discussion of the critical incidents arising from the Renal Unit³⁵. This despite the fact that some of these incidents gave sufficient cause for concern to warrant internal investigations, relationship reviews and reports from external experts. As one of the seven pillars of Clinical Governance is concerned with complaints and critical incidents, the Review Panel found it surprising that this committee has not documented any organisational learning arising from these incidents, which could impact on the continuous improvement of the quality and safety of patient care.

The Review Panel recommends that serious untoward incidents be properly examined within a clinical governance context with the purpose of identifying causes, preventing recurrence and ensuring personal and organisational learning.

- 6.7.2.4 In 1999 the NHS³⁶ Executive carried out a review of nursing at Eastbourne Hospitals NHS Trust. The report highlighted issues similar to those found in the Wessex Unit concerning the reporting and management of serious untoward incidents. The report also listed the different policy guidance issued to trusts.

“In May 1995 the NHS Executive’s Director of Corporate Affairs wrote to all Regional Directors to confirm the arrangements which should be made for reporting serious untoward incidents The requirement of trusts to notify the Regional Office was in addition to, not instead of, the need for Trusts to report

³⁵ During the period from 5th May 1999 to 13th February 2002

³⁶ NHS Executive South East Report of the Review of Nursing at Eastbourne Hospitals NHS Trust. By Ray Greenwood. September 1999.

untoward incidents within the organisation to their own Chief Executive and to the trust Board, as set out in EL(94)16

Since that time policy guidance has not changed although revised reporting arrangements to the Regional Office have been notified to Health Authority and Trust Chief Executives on 21 December 1998 and 23 June 1999.

The policy guidance was explicit that NHS Trusts Should have clear, up-to-date procedures for identifying, managing and reporting serious untoward incidents and for conducting any follow up investigation or inquiry.

- 6.7.2.5 It was of great concern to the Review Panel that most of the staff interviewed, even at very senior level, were not aware of any serious untoward incidents being reported through the system, either internally or to the Regional Office. Most appeared to be unaware of there being a requirement for this. This was despite the fact that most staff accepted that there were clinical governance issues within the Wessex Unit and that another major clinical problem could happen again if certain changes were not made.

The Review Panel recommends that the Trust ensures adherence to the policy guidance on reporting of serious untoward incidents both within the organisation to the Board and external to the relevant bodies.

- 6.7.2.6 The Review Panel noted that one of the main recommendations from the CHI Report, the implementation of a Trust wide adverse incident reporting system, had not been implemented in the Renal Unit. The Review Panel received during the site visit copies of a draft corporate Risk Management Strategy and a Trust Policy and Protocol for the Management of Adverse Events and Near Misses³⁷. The Review Panel stresses the importance of ensuring the speedy implementation of these documents throughout the organisation.

- 6.7.2.7 The staff interviewed found that within the Renal Unit there had been little or no systematic learning taken place from the untoward incidents of the past and methods such as root cause analysis were not mentioned as ways of identifying and preventing similar future events

The Review Panel recommends that the relevant staff participate in joint multi-disciplinary briefing sessions as soon as possible after a serious untoward incident to analyse the causes in order to create a systematic, effective and immediate learning environment.

- 6.7.2.8 The Review Panel noted that the Renal Unit did not have its own formal Clinical Governance forum/regular meetings with an agenda and minutes and found that

³⁷ Risk Management Strategy (Draft March 2002) and Trust Policy and Protocols for the Management of Adverse Events and Near Misses (Date of Issue: June 2002)

there did not seem to be a senior clinical governance lead. It was noted that there was a bi-monthly joint Clinical Audit/Risk meeting but no minutes/action plans were taken of these meetings.

The Review Panel recommends that appropriate documentation of minutes of meetings, action points, agreed deadlines for actions and identification of individuals responsible for actions is ensured.

6.7.2.9 It appears from the minutes of the Board meetings³⁸ that the Board in the past only discussed one particular serious untoward incident³⁹ and the recommendations arising from this case. Although these recommendations were very broad reaching and addressed a number of the problems within the Wessex Unit, it is surprising that the board did not request to be informed of all serious incidents occurring within the Trust and especially within the Wessex Unit. This effectively meant that the Board was not able to be assured that all incidents were handled appropriately and relevant learning disseminated with the effect of improving the quality of patient care.

6.7.2.10 The Review Panel was assured that with the arrival of new board members this has changed and that serious untoward incidents are now being reported to the Board.

6.8 Organisational Culture

6.8.1 The conflict between nephrologists and transplant surgeons at Portsmouth has been known to exist in some circles of UK Nephrology and Transplant for years, which is a measure of its seriousness and longevity. Evidence that this problem still exists was presented to the Review Panel by the staff interviewed and documentation presented. The Review Panel was especially concerned about the dysfunctionality amongst the transplant surgeons themselves where factions have developed at the expense of teamwork, which further undermined the effectiveness of the Wessex Unit.

6.8.2 The Review Panel was told that allegations of harassment, bullying and bad language had been made concerning the behaviour of members of the medical staff and that at least one disciplinary inquiry had taken place. To some staff the seriousness of the tension was such that they did not feel that there was a possible future for the transplant programme at Portsmouth.

6.8.3 Folders of correspondence, cataloguing arguments and disagreements between the consultant surgeons and consultant physicians and details of clinical

³⁸ Board Part One and Two Minutes since July 2000

³⁹ Report presented to Board, Part Two on 25th September 1999.

complications occurring during the past five years, were handed to the Review Panel by a number of the consultants.

- 6.8.4 The impression from the consultant surgeons was one of having tried to institute multidisciplinary care, which had been rebuffed by the physicians. The surgeons alleged that they were excluded from management decisions affecting their service and that requests for both revenue support and administrative support from the physicians and from the Trust management had been ignored.
- 6.8.5 It appears from other interviews undertaken that the surgeons enjoy excellent reputations in other multidisciplinary areas of their practice, for example with the gastroenterologists, the nursing staff in theatres, the staff in critical care and the other general surgeons.
- 6.8.6 Despite the seeming non-existence of actual joint patient care, all of the surgeons said that they favoured multidisciplinary working. This was supported by nurses and junior doctors, who all also favoured multidisciplinary working.
- 6.8.7 The majority of those interviewed said that there recently had been an improvement in working relationships (since a disciplinary enquiry and the internal reviews), although some of the consultants felt that the improvement had started deteriorating again.
- 6.8.8 There was a marked difference across the disciplines in views of the benefit of the Oxford Executive Coaching event in February this year with comments ranging from “complete waste of time as we were only saying what we knew we were expected to say” to “very helpful”. It was notable that the staff with the most negative views of the future found this event much less helpful than those with a more positive outlook.
- 6.8.9 A tendency towards a culture of appointing from within for both senior medical and nursing appointments was found. The Review Panel would encourage the Trust to consider the right balance of internal promotion and the need to bring in new blood where possible in order to enhance the cultural change required. It also encourages the opportunity for staff to spend time outside the Trust in order to gain experience from different environments and to bring this critical learning back into the organisation.

The Review Panel recommends the promotion and support of ‘sabbatical’ periods and/or study leave for all professional disciplines to create exposure to alternative environments.*

- 6.8.10 It was the view of the Review Panel that the Trust should deal severely with any future occurrences where there is evidence that individuals are unwilling or unable to work effectively in a team. The Trust should actively consider (if

these individuals are doctors) referral to the General Medical Council (GMC) and the National Clinical Assessment Authority (NCAA).

- 6.8.11 The Review Panel believed that that were different ways of fostering a change in the present organisational culture ranging from a zero-tolerance trust policy for non-acceptable behaviour, to ‘walk as you talk’ role modelling by senior management and development support for individuals in the form of external executive coaching, mentoring, appraisals etc.

The Review Panel recommends the introduction and display of a zero-tolerance policy where it is clearly stipulated that immediate action will be taken if non-acceptable behaviours such as lack of professionalism, lack of respect of individual integrity are displayed.

The Review Panel recommends the establishment and support for structured development programmes such as mentoring, coaching, 360-degree appraisals, leadership skills analysis etc. in order to enhance the personal and professional development of individual members of staff.*

- 6.8.12 Despite what has been included in the preceding paragraphs, the Review Panel found evidence of great enthusiasm and pride in the Wessex Unit particularly from nursing and administrative staff. However there was little sign that efforts were made to celebrate successes.

The Review Panel recommends that ways of celebrating success within the Wessex Unit are identified e.g. newsletters, awards for innovation etc.*

- 6.8.13 The Review Panel heard evidence that within the Renal Unit, consultant job plans and appraisals had not been completed. Apart from being outside the expected national time-scales, this led, inter-alia, to a lack of understanding of the balance of sessions provided by the renal surgeons in Renal Surgery as opposed to General Surgery.

The Review Panel recommends that Personal Development Plans for all staff groups are completed on an annual basis in accordance with agreed time scales.

The Review Panel recommends that consultant appraisal is undertaken by relevant line management e.g. all nephrologist by the Renal Clinical Director and all transplant surgeons by the Surgical Division Clinical Director.

6.9 Communication

- 6.9.1 The Review Panel was shown letters from consultant surgeons that had been written to senior managers seeking improvements or identifying problems in clinical practice. Allegedly these letters had not been answered. Other members of staff informed the Review Panel of the uncertainties created by not getting a clear response from the Trust when serious issues have been raised.

The Review Panel recommends that responses to enquiries/concerns raised by members of staff are responded to promptly and that the responses are fully documented.

- 6.9.2 Generally the Review Panel was left with the impression that a range of decisions were taken at different levels within the Trust and within the Wessex Unit without staff being informed or involved in the decision-making process or being made aware of outcomes. It is hoped that the regular Bulletin 'Link' could be used to address some of the feeling of isolation. The move to the more centrally situated Queen Alexandra site should also foster greater communication between staff.

The Review Panel recommends that the Trust Board shares the progress plan for implementing the recommendations of this and past reviews with the staff on a monthly basis.

- 6.9.3 The Review Panel felt, though, that the Wessex Unit might benefit from having its own internal means of communication, especially during the forthcoming period of change to create ownership of issues, celebrate success, promote initiatives and share best practice and learning.

The Review Panel recommends that the Wessex Unit considers ways of improving its internal communication.*

- 6.9.4 In addition to the formal means of communication, it is essential to establish multi-disciplinary ways of working, where the quality of care of the patient becomes the central focus for the services provided. To promote the communication relating to patients care, the Review Panel recommends regular formal hand-over meetings.

“There is no forum for multi-disciplinary communication – ward rounds are haphazard – they turn up randomly and there is no post ward round forum” (AHP)

The Review Panel recommends the establishment of regular hand-over meetings.*

7 CONCLUSION

- 7.1 Portsmouth Hospitals NHS Trust has responsibility for one of the largest dialysis centres in the UK and this will continue well into the future. The Trust has previously underestimated the size and complexity of this, their only regional service. For the variety of reasons contained in this report, the Review Panel was concerned about the lack of modern team and multi-disciplinary ways of working within the dialysis service and the current relationship with the transplant service. Overall, the Review Panel concludes that the whole renal service known as the Wessex Unit has to undertake significant and long lasting changes to its ways of working, systems and processes if it is to survive and thrive.
- 7.2 The Wessex Unit has a stable and committed workforce and a critical mass of motivated and progressive personnel, which is sufficient to ensure its transformation into a modern, high quality centre maximising the potential of its entire staff. Recent appointments to directorate management and at Board level provide a major opportunity to break with the past.
- 7.3 It is vital that established working practices and attitudes which have failed the Wessex Unit are not transported wholesale into its new accommodation at the Queen Alexandra Hospital. It is important to acknowledge that neither the move in itself nor behaviour modification by individuals will resolve the long-standing issues. A sustainable change will require a necessary and urgent combination of structural changes supported by clear leadership and a change in the organisational culture.
- 7.4 Consultant nephrologists need to embrace more symmetrical and generic multidisciplinary working including the empowerment of nurses and Allied Health Professionals (AHP's).
- 7.5 The management of the whole renal service through a nephrologist (Clinical Director) has proven to be a source of friction for many years. While this model works successfully in some UK centres, it has clearly failed in Portsmouth and thus needs addressing. The Review Panel would like to stress that the failure of this model in Portsmouth is in no way a reflection of any failings by the current Renal Clinical Director, who has inherited a situation created in the past.
- 7.6 The Review Panel felt that neither the nephrologists nor transplant surgeons seemed to be actively involved in the commissioning process or budgetary management. Greater involvement of these groups and support from the Senior Management Team in this process is therefore needed in order to create ownership of the outcomes.
- 7.7 The Review Panel believes that there is no one clear leader amongst the renal transplant surgeons at the moment, who would be capable of achieving a broad

consensus about ways of working. It is thus important to support the development of this group by bringing in external expertise for a defined period of time.

7.8 Despite the Trust's Action Plan as a response to previous reviews there appears to be little progress or evidence of ownership or monitoring of the implementation of these recommendations within the Wessex Unit. This has resulted in a lack of responsibility for sustainable solutions both clinical and managerial. Staff expressed the view that a number of the listed recommendations in the Action Plan were not measurable or realistic and progress therefore became a tick exercise rather than reflecting real change. The lack of progress was also explained by many as a result of suffering from a 'planning blight'.

7.9 It is crucial for the successful implementation of any future recommendations for the Wessex Unit that they have management support including:

- ❖ Clearly defined goals which can measure successful implementation of recommendations (e.g. SMART objectives⁴⁰);
- ❖ A competent co-ordinator for the implementation of the recommendations, who has both the seniority to make things happen and has the respect of the parties concerned;
- ❖ Appropriate communication channels between senior trust management and the Wessex Unit as well as within the Wessex Unit between the consultant surgeons, the consultant nephrologists, nursing staff, Allied Health Professions and administrative support;
- ❖ Agreed monitoring and evaluation mechanisms, which are capable of monitoring progress against plans and which measure quality of the progress;
- ❖ Feedback capabilities, which ensure that all relevant members of the Wessex Unit are informed about progress on the implementation of recommendations, and generally on any reviews of importance such as critical incidents, compliments letters and complaints figures in order to create a shared learning environment.
- ❖ Trouble shooting mechanisms, which enable members of staff within the Wessex Unit to identify issues when starting to go wrong both on a clinical and managerial level in order that these can be addressed at the earliest possible stage.
- ❖ Staff continuity for those involved in the implementation of recommendations to ensure commitment, knowledge and ownership of the whole process thus providing a holistic approach rather than fragmented support.

⁴⁰ SMART Objectives are: Specific (S), Measurable (M), Appropriate (A), Relevant (R) and Timed (T).

8 RECOMMENDATIONS

8.1 Introduction to Recommendations

- 8.1.1 The Review Panel identified during the course of its deliberations a large number of issues, which it felt needed to be addressed by the Trust in order to resolve the long-standing problems associated with the Wessex Unit.
- 8.1.2 It was also acknowledged that the Trust is currently facing a number of serious challenges such as its non-star rating, its financial situation etc. and that these will place competing demands on the Trust's resources in regards to management and HR commitments and financial resource allocation.
- 8.1.3 However, having read the Franchise Plan, the Review Panel feel confident that its recommendations fall naturally into the change agenda envisaged and that this report and the forthcoming Trust Business Plan will be mutually supportive in the direction of travel for the service.
- 8.1.4 The Review Panel has therefore prioritised its list of recommendations with a mandatory section of those which need to be completed before the end of a 12 month period in order to retain the Renal Transplant Service within the Trust. The mandatory recommendations are illustrated by their highlighted status. The second set of recommendations listed is desirable and should, when resources allow, be implemented in order to create and support a sustainable service providing safe patient care for the future.
- 8.1.5 Due to the retrospective nature of any review, as mentioned above in section 6, the Trust might find that the Review Panel in its recommendations has suggested initiatives that have been or are already in the process of being established. This will always be an issue when reviewing a real-life process and especially so in an organisation such as the Trust, which is undergoing rapid changes at all levels. However, this should in no way deflect attention from the importance of the underlying issues or encourage complacency.

8.2 SERVICE VIABILITY

Mandatory recommendations:

1. *The Wessex Unit be allowed to continue transplant surgery for a 12 month period starting the 1st August 2002 subject to satisfactory implementation of the mandatory recommendations outlined in this report, see outlined below in section 8.2 to 8.7 and progress as agreed made within this period. (See section 6.3.8)*
2. *To convene an external follow-up review of progress in August 2003 after which, the Reviewing Body should recommend whether or not the Wessex Unit continues to provide transplant services. (See section 6.3.8)*
3. *To increase transplant activity and renal related surgery by all four transplant surgeons. This increase is required if the Wessex Unit is to remain freestanding. (See section 6.3.9)*
4. *To appoint within the next three months an external visiting transplant advisor to work with the Surgical Division Clinical Director for one year to set and monitor standards, and to raise the profile of the Wessex Unit. (See section 6.3.10)*
5. *To review establishment levels (WTEs) of all Transplant consultants within the Wessex Unit in order to work towards the recommended national guidelines (See section 6.3.11)*

8.3 FUTURE STRUCTURE OF THE WESSEX UNIT

Mandatory Recommendations:

1. *That whether seen separately or pooled with general nephrology patients, pre RRT patients, including failing transplants should be seen in regular weekly clinics attended by at least 2 consultant nephrologists working alongside liaison nurses and AHP's to optimise education, choice of dialysis modality, preparation for access and transplant work-up. (See section 6.4.1.4).*
2. *That multidisciplinary clinics with shared consultant responsibility be established to review prevalent patients on the dialysis programme. (See section 6.4.1.4).*
3. *That there should be at least 2 ward rounds weekly where a nephrologist (with rotational responsibility for at least 1 week) reviews all in-patients with one being followed by a weekly multidisciplinary review with lead nurses, AHPs and fellow nephrologists in attendance. (See section 6.4.1.4).*
4. *That nephrologists should also rotate into lead responsibility for joint management with the surgeons of transplant patients. (See section 6.4.1.4 and also section 6.4.2).*
5. *That nephrology consultants should assume sector responsibility for all outpatients and all dialysis patients in a satellite location to avoid unnecessary patients' journeys to the central hub. (See section 6.4.1.5).*
6. *That a base-line assessment of need for consultant surgical work within the Wessex Unit be carried out together with individual appraisal and a review of job plans. This should be carried out by the Surgical Division Clinical Director. (See section 6.4.2.1 and also 6.8.13).*
7. *That a regular pattern of multidisciplinary transplant ward rounds is established: a junior business round in the morning and an executive round later in the day when the results are available. Evidence based written protocols should be created for prophylactic immunosuppression, treatment of rejection, invasive investigation etc. (See section 6.4.2.3).*
8. *That the surgeons should be responsible for the organisation of their own work and should be provided with appropriate administrative and clerical support to effect this. (See section 6.4.2.4).*
9. *That surgeons and physicians should share care on the transplant unit according to their expertise and for the benefit of the patients. Patient care should be evidence based and follow written and shared protocols wherever*

possible. Adherence to these protocols should be assured through regular audits. (See section 6.4.2.5).

- 10. To review existing system processes (service provisions) before the move to the Queen Alexandra site to prevent the transfer of ineffective ways of working and to optimise the usage of the new facilities. (See section 6.4.3.5)*
- 11. To transfer the professional accountability of the Transplant Surgeons from the Wessex Unit to the Surgical Directorate within the Surgical Division. (See section 6.5.3)*
- 12. To establish a separate and agreed budget for renal transplantation as a recognised element of a regional Renal & Transplant service. (See section 6.5.4).*
- 13. To nominate an executive director to oversee the implementation of the forthcoming Renal NSF and for that person to have a thorough knowledge of renal Strategy and Finance. (See section 6.5.5).*
- 14. To ensure the presence of an executive director at regular Renal Services Performance Reviews to monitor agreed clinical, Human Resource, financial and clinical governance targets. (See section 6.5.6)*
- 15. To ensure that the agenda for the Wessex Unit Directorate meetings includes business issues. (See section 6.5.7)*

8.4 LEADERSHIP & COMMITMENT

Mandatory Recommendations:

1. *To agree at Trust Board level whether Renal Services should be part of the core business of the Portsmouth Hospitals NHS Trust and to share this decision with all staff. (See section 6.6.2)*
2. *To include Renal Services as a regional provision in the Trust's Annual Business Plan and in any other relevant strategic document to demonstrate the corporate perspective on Renal Services. (See section 6.6.7)*
3. *To ensure at Trust Board level that the recommendations of this review and past reviews are fully discussed and where appropriate turned into agreed action plans for which implementation is monitored on a monthly basis and that any divergence from plans are accounted for. (See section 6.6.7)*
4. *For the Chief Executive to ensure the design, implementation and monitoring on a monthly basis of a detailed progress plan setting out the targets required to create and support the change process. (See section 6.6.8)*
5. *To ensure Trust Board nomination of one executive and one non-executive director as joint Renal Services 'Champions' during the change process. (See section 6.6.10)*

Desirable recommendations:

1. *To accord the Renal Services a higher profile in the Medical Directorate structure given size, regional remit and complexity.* (See section 6.6.3).*
2. *To review the status of all staff in 'Acting Up' posts within the Wessex Unit to ensure these are ratified or re-deployed as soon as possible.* (See section 6.6.12).*
3. *To give serious consideration to the need for new approaches to service delivery as part of the appointments process of key individuals such as senior nurses, general managers posts etc.* (See section 6.6.12)*

8.5 CLINICAL GOVERNANCE

Mandatory Recommendations:

1. *To establish, monitor and document clear audit systems within the Wessex Unit especially in areas such as:*

- ❖ *Live donor screening co-ordinator*
- ❖ *Drug Errors*
- ❖ *Critical incidents*
- ❖ *Mortality*
- ❖ *Morbidity*

(See section 6.7.1.1)

2. *To develop within the next 6 month the evidence-based protocols to govern those areas of Shared Care management identifiable in the total care of Renal and transplant patients (See Appendix G for suggested protocols). The protocols should be supported by regular clinical audits to ensure adherence and should be established within the existing financial framework for the renal services. (See section 6.7.1.1)*
3. *To ensure that regular audits takes place with respect to documentation of water quality – biochemical and bacteriological. (See section 6.7.1.1)*
4. *To establish within the Wessex Unit regular audit meetings led in rotation by all the multi-disciplinary leaders such as nephrologists, nurses, dieticians, pharmacists etc. (See section 6.7.1.1)*
5. *To ensure that clear and agreed protocols, guidelines and policies are in place in accordance with national best practice. (See section 6.7.1.2)*
6. *To ensure that serious untoward incidents are properly examined within a clinical governance context with the purpose of identifying causes, preventing recurrence and ensuring personal and organisational learning. (See section 6.7.2.3)*
7. *To ensure that the Trust adheres to the policy guidance on reporting of serious untoward incidents both within the organisation to the Board and external to the relevant Bodies. (See section 6.7.2.5)*
8. *To ensure that relevant staff participate in joint multi-disciplinary briefing sessions as soon as possible after a serious untoward incident to analyse the causes in order to create a systematic, effective and immediate learning environment. (See section 6.7.2.7, see also section 6.7.2.3 and recommendation 8.5.5)*

9. *To ensure appropriate documentation of meetings minutes, action points, agreed deadlines for action and identification of individuals responsible for actions. (See section 6.7.2.8)*

8.6 ORGANISATIONAL CULTURE

Mandatory Recommendations:

1. *To introduce and display a zero-tolerance policy where it is clearly stipulated that immediate action will be taken if non-acceptable behaviours such as lack of professionalism, lack of respect of individual integrity are displayed. (See section 6.8.11).*
2. *To ensure that staff appraisal for all staff groups is completed on an annual basis in accordance with agreed time scales. (See section 6.8.13)*
3. *To ensure that consultant appraisal is undertaken by relevant line management e.g. all nephrologist by the Renal Clinical Director and all transplant surgeons by the Surgical Division Clinical Director. (See section 6.8.13 and also section 6.4.2.1 (Recommendation 8.3.5)).*

Desirable recommendations:

1. *To promote and support 'sabbatical' periods and/or study leave for all professional disciplines to create exposure to alternative environments.* (See section 6.8.9)*
2. *To consider the establishment and support for structured development programmes such as mentoring, coaching, 360 degree appraisals, leadership skills analysis etc. in order to enhance the personal and professional development of individual members of staff.* (See section 6.8.11)*
3. *To celebrate success within the Wessex Unit, which can be in the form of notices, in newsletters, awards for innovations etc.* (See section 6.8.12)*

8.7 COMMUNICATION

Mandatory Recommendations:

1. *That responses to enquiries/concerns raised by members of staff are responded to in an appropriate format and that the responses are documented. (See section 6.9.1)*
2. *That the Trust Board shares the progress plan for implementing the recommendations of this and past reviews with the staff on a monthly basis. (See section 6.9.2)*

Desirable recommendations:

1. *To consider ways of improving internal communication within the Wessex Unit.* (See section 6.9.3)*
2. *To consider regular hand-over meetings.* (See section 6.9.4)*