

**Draft:**

**Hampshire and Isle of Wight  
Strategic Health Authority**

**Report of the Revisit of the  
Renal Services at Portsmouth  
Hospitals NHS Trust**

**November 2003**

## Acknowledgement

The Portsmouth Renal Revisit Panel would like once again to thank all the members of staff from the Portsmouth Hospitals NHS Trust who gave their time to meet with the Panel. The Revisit Panel especially appreciated the openness with which individuals shared their views on progress as well as their personal hopes, concerns and aspirations for the future of the Renal and Transplant Unit in Portsmouth.

We highly value the appreciation for the Panel, which was expressed by not only the Chairman of the Trust, the Chief Executive and representatives of his Board, members of staff but also representatives of the Kidney Patients Association and the Renal Transplant Forum.

In order to carry out the revisit in an efficient and effective manner a large volume of paper work was identified and issued to Panel members for reading in advance. This assistance was provided by Code A Operational Manager, who most courteously responded to our requests for information and organised the whole visit in a most professional manner.

The Revisit Panel would also like to express a special thank you for the commitment to the revisit and sharing of thoughts and ideas that they received from Dr. Simon Tanner, Director of Public Health, Mr. Geoff Koffman, External Visiting Transplant Advisor, Ursula Ward, Director of Nursing & Midwifery, Dr. Graeme Zaki, Medical Director and Dr. Robert Lewis, Clinical Director.

Finally, we would like to thank Code A, our Panel administrator during the revisit. She most patiently and kindly accepted constant changes to the programme, undertook the heavy task of writing the large number of individual statements and for all her other hidden but valuable tasks undertaken in support of the Panel.

*London, November 2003*

**Code A**

<b>Index:</b>	<b>Page</b>
<b>1. Executive Summary</b>	<b>4 – 7</b>
<b>2. Revisiting the Scene – The Wessex Renal and Transplant Unit</b>	<b>7 – 8</b>
<b>3. Methodology</b>	<b>8 – 11</b>
3.1 Documentation	8 – 9
3.2 Interviews	9 – 10
3.3 Site Visit	10
3.4 Panel Meetings and Deliberations	10 – 11
<b>4. Findings</b>	<b>11 – 40</b>
4.1 Physical Infrastructure	11 – 12
4.2 Service Viability	12 – 18
4.3 Patterns of Nephrology Practice	18 – 20
4.4 Pattern of Transplant Practice	20 – 24
4.5 Patterns of Nurse and Other Staff Practice	24 – 25
4.6 Management Structure	25 – 27
4.7 Leadership and Commitment	28 – 32
4.8 Clinical Governance	32 – 34
4.9 Organisational Culture	35 – 39
4.10 Communication	39 – 41
<b>5. Conclusions</b>	<b>41 – 43</b>
<b>6. Recommendations</b>	<b>43 – 55</b>
6.2 Response to the 2002 Report's Recommendations	44
6.2.2 Service Viability	44 – 46
6.2.3 Structure	46 – 49
6.2.4 Leadership and Commitment	50 – 51
6.2.5 Clinical Governance	51 – 54
6.2.6 Organisational Culture	54 – 55
6.2.7 Communication	55 – 56
<b>Appendix A: Panel Composition</b>	<b>58</b>
<b>Appendix B: Declaration of Interest</b>	<b>59 – 60</b>
<b>Appendix C: 2002 Review of Renal Services: Recommendations</b>	<b>61 – 65</b>
<b>Appendix D: Portsmouth Hospitals NHS Trust Renal Action Plan,</b>	<b>xx – xx</b>
<b>Appendix E: Terms of Reference</b>	<b>xx</b>

## 1. Executive Summary

- 1.1 In February 2002 a review of renal services within Portsmouth Hospitals NHS Trust was commissioned by the NHS South East Regional Office. The Review<sup>1</sup> took place in late May 2002 and a subsequent report was issued<sup>2</sup>. The main findings of the 2002 Review were that, given the right level of commitment and leadership from the Trust to the Renal and Transplant Unit in addressing the identified critical issues, the Review Panel felt that the Renal and Transplant Unit could 'provide an appropriate and holistic care approach to its renal patients in the future'<sup>3</sup>. It therefore recommended:

*'To allow the Wessex Unit to continue for a twelve months change period starting the 1<sup>st</sup> August 2002 subject to the listed mandatory recommendations being implemented and agreed progress made within this period'*

*'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''<sup>4</sup>*

- 1.2 This Revisit of renal services within Portsmouth Hospitals NHS Trust was commissioned in May 2003 by the Hampshire and Isle of Wight Strategic Health Authority in order to comply with the recommendation of the 2002 Review. Responsibility for the follow-up actions from the 2002 Review was handed over formally to the Strategic Health Authority by Dr. Mike Gill, Regional Director of Public Health in 2002.
- 1.3 It was agreed that the Terms of Reference for the Revisit should remain unchanged<sup>5</sup> from those of the Review with a similarly broad interpretation of the issues involved, thereby revisiting the whole of the renal service provisions and its management within the Trust. It was also agreed that the Panel composition<sup>6</sup> should remain unchanged.
- 1.4 The Revisit Panel carried out a site visit to the Renal and Transplant Unit at Portsmouth during the period 8<sup>th</sup> to 10<sup>th</sup> October 2003. Prior, during and following the site visit the Revisit Panel conducted a detailed and extensive examination of internal and external documentation as well as taking statements from staff formally interviewed by the Panel and notes of informal meetings with board members and other interested parties.
- 1.5 Based on all the evidence collected the Revisit Panel formed the view that a dramatic change in perception of the Renal and Transplant Unit has taken place over the last 14 months at all levels of staff within the Portsmouth Hospitals NHS

<sup>1</sup> Hereafter referred to as the 2002 Report

<sup>2</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. July 2002

<sup>3</sup> See above, Executive Summary, Section 1.8.

<sup>4</sup> As above.

<sup>5</sup> See Appendix E

<sup>6</sup> See Appendix A

Trust. The reason for this very encouraging and positive shift is, in the view of the Panel, not solely the result of one initiative or due to the effort of one individual. It is instead the outcome of a concerted effort from a large number of individuals at all levels within the Trust who have demonstrated a willingness to participate in the 'change agenda' and to give a commitment to 'make things work'. This effort coupled with a move of the Renal and Transplant Unit from a site previously described as '*..inadequate, cluttered, dismal and derelict*'<sup>7</sup> to a new site with one of the best facilities in this country, has now created a climate ready to provide holistic, modern, multi-disciplinary ways of working to the benefit of its renal patients.

- 1.6 The Revisit Panel closely examined the relationship between the Renal Action Plan<sup>8</sup>, which the Trust developed to take the Review Panel's recommendations of August 2002 forward and the recommendations of the 2002 Report. It wishes to congratulate the Trust on the commitment to implementing successfully most of the identified action points. However, a few crucial action points have not yet been implemented<sup>9</sup> or sufficiently embedded in practice to satisfy the Panel of their sustainability. Some of these issues have been caused by the absence of the permanently employed transplant surgeons<sup>10</sup> and the current reliance on locum staff. The lack of progress on these points is causing the Panel serious concern about the future structure of the Renal and Transplant Unit. The Revisit Panel is aware of the Trust's commitment to implement these remaining initiatives. However, the Panel believes that the long-term success of any solutions that include a continuation of renal transplant within the Unit require absolute clarity of the current renal transplant surgeons' commitment to and involvement in the Renal and Transplant Unit. If this commitment does not exist from all of the transplant surgeons for whatever reasons, the Trust needs to consider what would be the best outcome for its patient population and structure its services accordingly.
- 1.7 It is the opinion of the Revisit Panel that it is unrealistic to demand the commitment required from all of the transplant surgeons within the current structure, climate and immediate past history of the Renal and Transplant Unit. In analysing a broad range of scenarios and their different ramifications for the patient population, the Renal and Transplant Unit and the Trust, the Revisit Panel is recommending two different options for further consideration by the Strategic Health Authority, the Trust Board and its stakeholders. Both options are considered to be beneficial to renal patients using the service, the staff delivering the service, the Trust responsible for providing the service and the wider community. The two options are outlined below in sections 1.8 and 1.9.

<sup>7</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.2.1

<sup>8</sup> Documents no 1 – 9 and 103 - 104, provided by the Trust, which chart monthly progress.

<sup>9</sup> See Section 6 for details.

<sup>10</sup> Three of the transplant surgeons are currently on sick leave from the Renal and Transplant Unit and one is attending a professional development programme.

1.8 **OPTION 1:**

The first option is to create a modern first class renal service unit, providing the whole range of renal services except transplantation, which could be commissioned by another leading provider organisation. As most renal patients have limited contact with the renal transplant part of the renal services, the change in the services they receive would be very limited. For the relatively few patients, who receive transplant, efforts could be made for a timely return to the Renal and Transplant Unit (their mother organisation) to ensure continuity of care and to retain staff knowledge and expertise in dealing with the medium and long term post-transplant medical management. The effect of this model would have minimal impact on staff in terms of numbers, responsibilities, duties and models of care. Since this model could take effect as soon as a transplant provider was identified it would obviate the need for the Unit to reconsider its commitment to provide transplantation in a few years time when the national requirements for Centres of Excellence and minimum catchment areas tighten.

1.9 **OPTION 2:**

The second option is to retain renal transplantation within the Trust in a separate but parallel structure to the rest of the Renal Unit. The Revisit Panel is sympathetic to the ambition, expressed by many, that every effort should be made to rebuild the transplant unit into a nationally respected service. The Panel does not recommend a continuation of the present structure put in place after the last review. It has become apparent from the information collected as part of this revisit that the “trust and commitment”, required by all involved, to work together as equal partners in a multi-disciplinary, patient focussed service has not been established.

In order to establish clear structures that enable space for professional growth, - pride and ambitions within all aspect of the renal services, the Panel recommends that a senior surgeon be appointed as head of renal transplantation supported by part-time appointments of two or more younger transplant surgeons.

A completely separate transplant budget should be identified to include all aspects of transplant staffing and activity costs; the budget should be managed by the transplant unit. The medical staff in this unit should be line-managed both managerially and professionally by the Clinical Director, Surgical Division. A small number of renal transplant physicians or nephrologists with specialist expertise in immunosuppression should be identified to work closely with the transplant surgeons to jointly manage the transplant patients and their after-care. The Panel acknowledges the potential cost implication of this model and the continuing management effort required of the Trust to ensure its successful implementation.

- 1.10 The Revisit Panel fully understands that this revisit report may disappoint those who expected a yes or no response to the question whether sufficient progress had taken place in the Renal and Transplant Unit as a whole to satisfy the Panel and that transplantation should continue to be provided by the Unit. The opinion of the Panel is that the Trust and especially the Unit have good reasons to be proud of

the tremendous effort they have put into transforming the Renal and Transplant Unit into a place that staff and patients alike are happy to be part of. Nevertheless, the responsibility of the Panel is not just to satisfy itself that actions have been put in place but to be confident that the new initiatives and change in attitudes are sufficiently embedded in practice to ensure sustainability and viability over time. The Panel believes that either of the two options for the structure of the Renal and Transplant Unit outlined above can satisfy these requirements if the Trust and the Unit can demonstrate continuing commitment to address the issues still outstanding. These are listed in Section 6 of this Report.

## **2. REVISITING THE SCENE – THE WESSEX RENAL AND TRANSPLANT UNIT**

- 2.1 The Renal and Transplant Unit is now based at the main Queen Alexandra hospital site of Portsmouth Hospitals NHS Trust. It is one of the largest regional renal units in the country serving a population of just over 2 million.
- 2.2 The Unit provides services to the majority of renal patients with acute or chronic renal failure in the Central South Coast area, covering Hampshire, the Isle of Wight, part of West Sussex, south Wiltshire and Guernsey. A total of 17 Primary Care Trusts (PCTs) commission all or part of their renal services from the Renal and Transplant Unit through a specialist commissioning arrangement, although there are differences between the individual PCTs with regards to their financial commitment to this specialist service and its development.
- 2.3 The Unit has 42 renal medical and transplant beds in 5 wards, of which one ward of 10 beds is a dedicated transplant ward. There is also a day ward facility of 7 beds. In addition to the hospital services that includes a renal transplant and organ retrieval programme, the main Unit has 25 outpatient haemodialysis stations, which are supplemented by 5 Satellite Dialysis Units across the catchment area<sup>11</sup>.
- 2.4 A live donor co-ordinator to supplement the 6 full time transplant co-ordinators has recently been appointed by the trust with the aim to develop the live donor programme from 12 in 2002/03 to 25 live donor transplants per year by March 2004. There are approximately 40 cadaveric donors annually, with an average of 52 transplants per year and about 160 patients on the transplant waiting list.
- 2.5 There are currently 6 Renal Transplant Surgeons on the staff of the Trust of which 4 are temporarily absent from the Unit for different reasons. Two locum transplant surgeons in addition to six Consultant Nephrologists presently provide the renal transplant services.

<sup>11</sup> This updated information has been taken from document 10, provided by the Trust.

- 2.6 A nurse specialist in vascular access, a nurse specialist in low clearance and a transplant nurse specialist have also recently been appointed to the Unit.

### 3. METHODOLOGY

The following Sections outline the methodology adopted by the Revisit Panel in carrying out its commissioned task of revisiting the Renal Services within the Trust. The underlying principles used by the Panel in its previous report also guided the Revisit Panel in this work:

- ❖ Independence from the Trust reviewed
- ❖ Rigorous 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.

#### 3.1 Documentation.

- 3.1.1 Shortly after the establishment of the Revisit Panel in May 2003, it was agreed by the Panel members to request the evidence identified by the Trust as demonstrating the completion of the various action points in its Renal Services Review Action Plan. As the Action Plan was being reviewed by the Trust on an on-going basis, it was agreed by the Panel and the Trust to receive the documentation in tranches. Additionally, the Panel identified and requested other documentation, which it believed to be of relevance to its work. Throughout the revisit period more information was identified requested and submitted. The documentation, which was examined in detail included:

- ❖ Renal Review Action Plans August 2002 – October 2003;
- ❖ Job descriptions: New Transplant Surgeon, Nurse Specialists;
- ❖ Job plans;
- ❖ Unit Business Cases;
- ❖ Minutes of relevant Trust Board Part One and Two meetings since August 2002;
- ❖ Renal Clinical Governance group: Terms of Reference & minutes since January 2003;
- ❖ WRTU Team Briefs: December 2002 – August 2003;
- ❖ R&T Newsletter: December 2002 – August 2003;
- ❖ R&T Trust Sub-committee: Terms of Reference, Minutes part 1 & 2 November 2002 – August 2003;
- ❖ Death and morbidity meeting information;



- ❖ Relevant internal and external correspondence;
- ❖ Minutes of Multi-Disciplinary Renal and Transplant Committee meetings: December 2002 – August 2003;
- ❖ Vacancy and recruitment data;
- ❖ Training needs analysis and training and development plans/programmes;
- ❖ Patient information sheets;
- ❖ List of relevant protocols/policies and guidelines;
- ❖ Trust response to previous reviews;
- ❖ Care Pathway Development Plan;
- ❖ Role description for nurse specialist;
- ❖ Clinical Audit information

3.1.2 The documentation concerning the Trust and the Renal and Transplant Unit was provided by Stephen Williamson, Operations Manager, in the Unit, who together with Ursula Ward, Director of Nursing and Midwifery had been identified as the contact points for enquiries from the Revisit Panel. The Trust was very forthcoming and effective in complying with repeated requests for further information.

3.1.3 All the documentation provided was carefully read and discussed by the whole Revisit Panel to obtain a shared picture of the situation rather than one particular aspect confined to an individual's area of professional expertise.

## **3.2 Interviews**

3.2.1 During a pre-briefing meeting in June 2003 between the Panel Chair, key individuals from the Trust, the Director of Public Health from the Strategic Health Authority and the External Visiting Transplant Advisor, it was decided to identify a number of key individuals whom the Revisit Panel wished to interview during the site visit. It was acknowledged that the Trust should be given the opportunity to identify other individuals whose views could provide valuable information to the Panel. Finally, the Panel again wished to provide time for an Open Forum for staff to meet with it, who had not been nominated for interviews.

3.2.2 The Revisit Panel was very pleased that the Open Forum was once again fully used and that staff felt confident in coming forward to share their views with the Panel.

3.2.3 By the end of the site visit the Panel had met with 37 members of staff in addition to meeting at different occasions with members of the Trust Board including the Chief Executive and non-executive Board members as well as the Chairs of Wessex Kidney Patient Association and the Renal and Transplant Forum. It also greatly appreciated the opportunity to spend a considerable period of time with the Director of Public Health of the Strategic Health Authority and the External

### Visiting Transplant Surgeon.

- 3.2.4 In common with the last Review all those who were formally interviewed were assured that their views would be treated in confidence and that only their approved non-verbatim statement would be used to inform the Panel in its deliberations. The interviewees were also informed that any quotes used in the final report would be anonymous.
- 3.2.5 In order for the Revisit Panel to gain a comprehensive understanding of the depth of progress and aspirations for the future, a number of common themes were explored during interviews. These were:
- ❖ What has changed in the Unit over the last 14 months?
  - ❖ Is there a bias consciously or sub-consciously towards or against any particular group of clinicians?
  - ❖ Is the proposed model of multi-disciplinary ways of working actually working in practice?
  - ❖ Should transplantation remain part of the services provided locally?

### 3.3 Site Visit

- 3.3.1 The Revisit Panel was given a tour of the new Renal and Transplant Unit at the Queen Alexandra Hospital site on the morning of the 9<sup>th</sup> October 2003. The Clinical Director, the Lead Nurse and the Operations Manager kindly accompanied the Panel on the tour. The new layout of the facilities, the interaction of the Unit with other parts of the hospital especially concerning bed utilisation and the organisation of rooms to support the new multi-disciplinary approach to working within the Unit were explained in detail to the Panel.

### 3.4 Panel Meetings and Deliberations

- 3.4.1 The Panel was very much aware of the anxiety, hopes and aspirations with which its report would be received. It felt a strong responsibility towards all parties involved and believed that it was crucial to be seen as remaining as objective as possible. In order to demonstrate its objectivity, it was conscious of the need to support its findings and recommendations with as much evidence as possible. The Panel is aware that the weight it has placed on certain parts of the documentary evidence might be disputed by some. The Panel's approach was to take account only of that evidence it unanimously considered relevant and only when that evidence was corroborated by at least one further source. The Panel feels that this approach is fully justified and results in well balanced conclusions.
- 3.4.2 The Panel regularly corresponded internally during the period May to October 2003 before it met together on the 8<sup>th</sup> October 2003. It agreed that the approach

used in 2002 for its Review Report was a successful model of multi-disciplinary working and should similarly be used on this occasion.

- 3.4.3 During the site visit the Panel met every morning to discuss the structure, approach and purpose of that day. Every lunchtime the Panel reviewed the information gathered to adjust the approach and re-focus where necessary. During the evenings the Panel met again to discuss the impact of the information gathered during the day and to assess any new information provided to the Panel.
- 3.4.4 It was originally planned that the Panel should meet with the Chief Executive of the Trust and the Director of Public Health from the Strategic Health Authority on the last afternoon to outline the key issues identified. Unfortunately, this meeting had to be postponed as the Chair of the Panel was taken ill.
- 3.4.5 The Revisit Panel agreed on a finalised draft report on .... November 2003 before its submission to the Hampshire and Isle of Wight Strategic Health Authority.

## 4. FINDINGS

In the following Sections the evidence gathered prior to and during the revisit has been thoroughly examined by the Revisit Panel. The final conclusion of its deliberations was that huge progress had taken place within a relative short space of time and that the majority of recommendations arising from the 2002 Review had been met. The Panel has reviewed progress against each of the listed recommendations and the rationale for whether it believes that evidence of sufficient progress has been met is described in Section 4.1 to 4.10 of this Report. In order to make the referencing to the status of recommendations easier, the Revisit Panel has decided to number its findings on each recommendation with a number in bracket e.g. (99).

However, the Panel was concerned that for a number of recommendations the respective initiatives had only been actioned very recently. Moreover, the Panel was very concerned that some of these outstanding actions were crucial to the future of the Unit. The Panel has therefore not yet been provided with sufficiently strong evidence that the required changes are in place in all areas and that these will be sustainable over the next 12 months of change within the Unit. The Panel believes that another period of 12 months close monitoring by the Strategic Health Authority is required to ensure that the very positive progress thus far achieved, can be further enhanced and embedded in clinical practice. The areas, where the Panel feels that short-term milestones of progress should be established and monitored, are outlined in Section 5 of this Report.

### 4.1 Physical Infrastructure

- 4.1.1 The physical environment for the Renal and Transplant Unit has undergone a dramatic change since the 2002 Review with the move in the Autumn of 2002 to first class, modern and spacious facilities on the 6<sup>th</sup> Floor of the Queen Alexandra Hospital site.
- 4.1.2 A new water purification plant has been installed and the Panel was assured that regular monitoring of water quality was taking place to ensure compliance with the RA guidelines. Similarly, reports of service and maintenance actions are made available to the Clinical Director on a regular basis. See further comments in Section 4.9.2 of this Report.
- 4.1.3 The arrangement for operating on patients, which was an issue of major concern at St Mary's Hospital site, was now resolved with the availability of operating theatres on the floor below the Renal and Transplant Unit.
- 4.1.4 A general observation made by all Panel members was one of a dramatic change in staff and patient behaviour. Everyone met by the Panel during its tour of the site, was smiling and forthcoming in remarking on the new positive atmosphere. The commitment by the Trust to facilitate this change in the physical environment was greatly appreciated and acknowledged by all.

## 4.2 Service Viability

- 4.2.1 The 2002 Review expressed serious concerns about the volume of transplant activity within the Renal and Transplant Unit in recent years and the nature and range of problems facing the Unit. There was evidence of low morale, relationship problems between different clinical groups and lack of co-operation. Despite an acknowledgement of these issues, most staff felt strongly at that time that transplantation should continue as a part of the renal services provided locally.
- 4.2.2 Due to the commitment by the Trust Senior Management Team and the Clinical Director of the Renal and Transplant Unit to support a radical change agenda, the Review Team felt that a 'right climate' could be provided for bringing about the required changes. It therefore recommended:

*'...that the Wessex Unit be allowed to continue transplant surgery for a 12 month period starting the 1<sup>st</sup> August 2002 subject to satisfactory implementation of the mandatory recommendations outlined in this report and progress as agreed made within this period'<sup>12</sup>*

- 4.2.3 Due to a set of specific circumstances none of the four consultant transplant surgeons, who make up the permanent establishment, are currently working

<sup>12</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.3.8

within the Renal and Transplant Unit. There is serious doubt as to whether some or any of these transplant surgeons will be able or willing to<sup>13</sup> return to the Unit in the foreseeable future or at all. In the short term the Trust has managed this problem in part by transferring transplantation to Oxford for a limited period during the summer and latterly by employing two transplant surgeons from outside the Trust on a locum basis.

- 4.2.4 The commitment of a permanent establishment of transplant surgeons to renal transplantation and to utilising their expertise to increase activity levels is crucial to the continuation of renal transplantation within the Trust. Currently the future work commitment of at least 3 of the 4 transplant surgeons from the permanent establishment is unresolved and it is not possible for the Revisit Panel to feel confident about the future of renal transplantation unless this issue is resolved within the very near future.
- 4.2.5 The evidence presented to the Panel makes it clear that the perception of some of the transplant surgeons is that they are still regarded as ‘technicians’ rather than equal colleagues by some of their medical colleagues within the Unit. It was also felt by some that insufficient effort has been made to resolve issues informally due to lack of willingness to ‘make things work’. It was the perception of some surgeons that their roles were not fully supported by management as they were not given an equal voice to that of the nephrologists. Inappropriate remarks were also mentioned as a means used on a few occasions to describe the role of surgeons by other staff groups and this was felt to portray the surgeons in a negative light. This issue will be explored further under Sections 4.9.5 – 4.9.9 of this Report dealing with ‘Zero Tolerance’.
- 4.2.6 The Revisit Panel was once again made aware by all parties interviewed that renal transplantation was considered to be a valuable asset to the Renal and Transplant Unit. The reasons given for retaining transplantation were many and varied:
- ❖ It is the sexy bit of the service
  - ❖ Patient experience will suffer if it is lost
  - ❖ Our patients have strong relationships with staff here
  - ❖ Patients’ relatives will have to travel
  - ❖ It will be more difficult for us to attract staff
  - ❖ I want us to be a first class Renal and Transplant Unit
  - ❖ Our education will be more limited
  - ❖ I came here because of my interest in transplant patients
- 4.2.7 However, the majority of staff also acknowledged that the removal of a renal transplant service would not greatly affect their work load and that their reasons were to a large extent based on personal hopes and aspirations for their service.

<sup>13</sup> See copy of letter of 16<sup>th</sup> June 2003 from Miss Walters and Mr S Sadek to Mr G Zaki. Miss Walters and Mr Sadek submitted the copy to the Panel on 6<sup>th</sup> October 2003.

4.2.8 The Revisit Panel feels that, given the current issues relating to the transplant surgeons' absence from the Unit and the hard work and dedication from the vast majority of staff towards making the new structure work, it would not be fair solely to base a judgement on the facts as they appear at the moment. The Panel feels that it also owes a duty to all the stakeholders to consider the potential for change in the future. After having discussed a broad range of service scenarios the Panel agrees that two equally sound options should be suggested as replacement for the current structure for the Renal and Transplant Unit. Both options would bring benefit to the patients with regards to range of service provisions; both options would encompass staff commitment to continuous professional development and personal as well as professional ambitions for the service; and both options would have the potential to create a leading first class service for the local population.

4.2.9 **OPTION 1:**

The first option is to create a modern first class renal service unit, providing the whole range of renal services except transplantation. Transplantation would be commissioned from another leading provider organisation. As most renal patients have limited contact with transplantation, the change in the services they receive would be limited. For the relatively few patients, who receive transplant efforts could be made for a timely return to the Renal and Transplant Unit (their mother organisation) to ensure continuity of care and to retain staff knowledge and expertise in dealing with medium and long term post-transplant medical management. Since this model could take effect as soon as a transplant provider was identified, it would obviate the need for the Unit to reconsider its commitment to provide transplantation in a few years time as the national requirements for Centres of Excellence and minimum catchment areas tighten.

4.2.10 The Revisit Panel is aware of the significant interest in retaining renal transplantation within the Trust, which was expressed, often passionately, by staff, senior management and patient representative. To some this would mean the stigma of working in a 'failed service' and some of the staff whose roles are intimately associated with transplantation would likely leave rather than continue in a 'downgraded' renal service. A decision to support this model will therefore need to be handled very carefully given the wounding effect on morale. However this is, in the view of the Panel, justified as a realistic option as truly collaborative multi-disciplinary team working appears to have failed to materialise. This is despite the efforts made so obviously by the senior management team and many members of the staff within the new and excellent facilities to improve collaborative working practices and good communication.

4.2.11 The Revisit Panel is also aware that transplant surgeons also usually contribute or exclusively supply the vascular surgery support to their renal service. The Kidney Alliance recognises the difficulty in accessing this in non-transplanting centres as

the biggest crisis area in the UK renal service. This model would therefore require the Trust to replace the loss of vascular surgery support de-novo. Experience across the UK suggests that vascular surgeons are generally reluctant to take this on. The replacement of this service is therefore likely to constitute a complex and potentially expensive challenge for the Trust.

#### 4.2.12 **OPTION 2:**

The second option is to retain renal transplantation within the Trust in a separate but parallel structure to the rest of the Renal Unit. The Revisit Panel is sympathetic to the ambition, expressed by many, that every effort should be made to rebuild the transplant unit into a nationally respected service. The Panel does not recommend a continuation of the present structure put in place after the last review. It has become apparent from the information collected as part of this revisit that the “trust and commitment”, required by all involved, to work together as equal partners in a multi-disciplinary, patient focussed service has not been established.

- 4.2.13 In order to establish clear structures that enable space for professional growth, pride and ambitions within all aspect of the renal services, the Panel recommends that a senior surgeon be appointed as head of renal transplantation supported by part-time appointments of two or more younger transplant surgeons. A completely separate transplant budget should be identified to include all aspects of transplant staffing and activity costs; the budget should be managed by the transplant unit. The medical staff in this unit should be line-managed both managerially and professionally by the Clinical Director, Surgical Division. A small number of renal transplant physicians or nephrologists (probably not all the current nephrologists) with specialist expertise in immunosuppression and transplant medicine should be identified to work closely with the transplant surgeons to jointly manage recently transplanted patients.

This model will allow for the medium (e.g. after 3 months) and long term follow up to be retained by this team or to be transferred to the more usual arrangement of physician follow-up by nephrologists.

The Panel acknowledges the potential cost implication of this model and the continuing management effort required of the Trust to ensure its successful implementation.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding.**

**The Revisit Panel recommends that the Trust together with the Strategic Health Authority and constituent stakeholders consider the following two**

service models for renal transplantation within the Trust and implement one of these:

**OPTION 1:**

**A Renal Service with transplantation provided by another trust.**

**The establishment of a modern first class renal service unit, investing in and providing the whole range of renal services apart from transplantation, which will be commissioned from another leading provider organisation.**

**OPTION 2:**

**A Parallel Renal Transplantation Service:**

**The appointment of a senior surgeon as head of renal transplantation with the support of part-time appointments of two or more younger transplant surgeons. A completely separate transplant budget, including all aspects of transplant activity costs, should be identified and managed by the transplant unit. The medical staff in this unit should be line-managed both managerially and professionally by the Clinical Director, Surgical Division. A small number of renal transplant physicians or nephrologists with specialist expertise in immunosuppression and transplant medicine should be identified to work closely with the transplant surgeons to jointly manage recently transplanted patients. Long term after-care can be continued by this combined team or transferred to the nephrologists. (1)**

- 4.2.14 The 2002 Report recommended<sup>14</sup> an increase in transplant activity and renal related surgery by all four transplant surgeons:

*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.*

- 4.2.15 Due to the issues concerning the permanent establishment as described in section 4.2.3 of this report, this recommendation has not been completed.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding.**

**The Revisit Panel recommends that any future service model, which involves the continuation of transplantation within the Renal and Transplant Unit,**

<sup>14</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.3.9



**should establish clear targets<sup>15</sup> for transplantation and renal related surgery by all transplant consultants. (3)**

4.2.16 The absence of an appropriate leadership figure for the transplant surgeons was highlighted by the 2002 Report<sup>16</sup> as an important issue to be addressed:

*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.*

4.2.17 In response to this recommendation, the Trust appointed Mr. Geoff Koffman, Guy's and St Thomas' Hospital as an External Visiting Transplant Advisor. He commenced these duties from November 2002.

4.2.18 Since his appointment, Mr Koffman has visited the Unit on a weekly basis and under his leadership a number of protocols has been produced. He has also assisted the Unit in producing new rotas and in the implementation of new collaborative working arrangements. In this capacity he has been a source of support not just for the transplant surgeons but for the Unit as a whole. The Panel also received substantive evidence that he has played a very active and crucial role in raising the positive profile of the Renal and Transplant Unit.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (4)**

4.2.19 The 2002 Report<sup>17</sup> was concerned about the lack of clarity around the surgical activities, trends and work commitment and therefore made the following recommendation:

*To review establishment levels (WTEs) of all Transplant consultants within the Wessex Unit in order to work towards the recommended national guidelines*

4.2.20 The Revisit Panel reviewed, as part of the evidence presented, an Outline Business Case for increase in Transplant activity to meet existing demand and annual growth<sup>18</sup>. The Revisit Panel did not find that the Business Case provided sufficient evidence of planned increase in activity. It was primarily an extrapolation of the current stock of haemodialysis patients and a statement that

<sup>15</sup> This could be in the format of SMART objectives (S = Specific, M = Measurable, A = Appropriate, R = Relevant, T = Timely)

<sup>16</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.3.10

<sup>17</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.3.11

<sup>18</sup> Document 12 Outline Business Case, provided by the Trust.

this increase will 'lead to a direct increase in renal transplant inpatient activity'<sup>19</sup>. The Revisit Panel did not receive evidence of a review based on activity audits of each of the transplant surgeons together with any job plan re-design.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding.**

**The Revisit Panel recommends that a detailed review is carried out taking into account present and predicted activity levels for each Transplant Consultant, rota arrangements, other clinical commitments to the Trust and the impact of the EU Working Time Directive. (5)**

#### **4.3 Patterns of Nephrology Practice in the Renal and Transplant Unit**

4.3.1 When reviewing the patterns of nephrological practice in the Renal and Transplant Unit the 2002 Report<sup>20</sup> was struck by the lack of multi-disciplinary outpatient work and the lack of regular nephrology ward rounds, where all patients and their treatments are reviewed and discussed by the multi-disciplinary team. The Report found that this reflected an unwillingness to share care and experience. The Review Team therefore listed four recommendations for changing this approach to patient care.

4.3.2 These recommendations<sup>21</sup> were:

*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.*

*That multidisciplinary clinics with shared consultant responsibility be established to review prevalent patients on the dialysis programme.*

*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.*

*That nephrologists should also rotate into lead responsibility for joint management with the surgeons of transplant patients.*

<sup>19</sup> Document 12, provided by the Trust.

<sup>20</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.1.3

<sup>21</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.1.4

- 4.3.3 The Revisit Panel was made aware that huge progress has taken place within the pattern of nephrological practices and that most staff genuinely felt that a true multi-disciplinary approach to working is now beginning to take place. However, the Panel was concerned about the repeated intimation from a number of individuals that not all nephrologists had been convinced about the merits of changing practice and had therefore not pursued the change agenda with any real commitment. This perception was supported by the Minutes of Renal and Transplant Sub-Committee and Renal and Transplant Committee<sup>22</sup>. The Panel was informed that the renal patients had also been involved in the debate about 'shared consultant responsibility' and that a meeting had taken place to provide them with the context and rationale for the recommended changes.
- 4.3.4 The impression, given to the Panel concerning the joint management with the surgeons of transplant patients, was that this model had only really started to work effectively in practice after the appointment of the locum surgeons. This is an issue of concern for the Panel, as the locum surgeons gave the impression that they did not 'have to prove anything and were therefore easy to deal with' i.e. their appointments were temporary. Permanent transplant surgeons would be expected to require firm commitment to joint working from all parties involved. They should not be expected to tolerate anything less than mutual respect and an equal voice in management and clinical decisions nor should locum surgeons, but it has to be recognised that the latter are likely to be more tolerant of a poor environment since they are tied less firmly to the organisation.
- 4.3.5 This is a serious issue for the viability of the change agenda and the Trust should consider obtaining a formal commitment from all relevant staff members to its progress. For new members of staff this could be included in any job description and for existing staff it could be part of the appraisal scheme. **It is the view of the Revisit Panel that the future of the renal services as a whole in Portsmouth is dependant on progress being made in this area. The Unit can not afford to fail again in establishing good multi-disciplinary working relationships between all staff groups.**
- 4.3.6 Very recently the Unit has seen the appointment of nurse specialists in vascular access, transplant and low clearance. However, it is not yet possible for the Revisit Panel to judge the impact of their roles on working practices.
- 4.3.7 The Revisit Panel was therefore concerned about the relative newness of certain critical posts, about full commitment by all medical staff to the change in working practices and about the lack of time there has been available to embed new working models. The Revisit Panel is of the opinion that more time with clearly set targets for achievement of weekly ward rounds, joint management with surgeons of transplant patients, and attendance and commitment to truly multi-disciplinary clinics should be given to promote the changes, which are currently taking place.

<sup>22</sup> See document 22 item 4, document 39 item 3 and document 44 item 3, provided by the Trust.

**The Revisit Panel is of the view that the satisfactory implementation of these four recommendations is still outstanding.**

**The Revisit Panel recommends that a further 12 month period with clearly set targets for achievements of weekly ward rounds, joint management with surgeons of transplant patients, attendance and commitment to truly multi-disciplinary clinics should be given. (6 – 9)**

- 4.3.8 The 2002 Report<sup>23</sup> noted that there was only partial sector responsibility by the consultants and recommended:

*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.*

- 4.3.9 The documentation provided to the Revisit Panel concerning the assumption of sector responsibility for all outpatients and all dialysis patients in a satellite location demonstrates that this new model is now in place.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (10)**

#### **4.4 Pattern of Transplant Practice in the Renal and Transplant Unit**

- 4.4.1 The 2002 Report<sup>24</sup> found that there appeared to be a lack of clarity within the Trust about the expectation for their renal transplant commitment and therefore recommended:

*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.*

- 4.4.2 According to the Renal Action Plan an assessment of the need for consultant surgical work to inform the review of job plans and individual appraisal was implemented by 1<sup>st</sup> January 2003. However, as part of the documentation provided, the Revisit Panel received a copy of a 21 week work diary<sup>25</sup> (period 6<sup>th</sup> January 03 to 30<sup>th</sup> May 03) from one of the transplant consultants, which was part

<sup>23</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.1.5

<sup>24</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.2.1

<sup>25</sup> Document 120 supplied by the Trust (Folder 8)

of a review agreed with the Divisional Clinical Director. A retrospective audit of surgical work was carried out in March 2003<sup>26</sup> to form part of the actions to implement the Renal Action Plan. However, the absence of a base line assessment as required and the fact that the job plans<sup>27</sup> of January 03 does not seem to be integrating this more recent information makes it difficult for the Panel to feel confident that sufficient progress has been made in this area. The Panel was also informed that some individuals were of the view that individual appraisals and review of job plans had not yet taken place. The Panel does appreciate the considerable effort made by the Surgical Division Clinical Director to re-organise work rotas within his Division to assist in addressing the recommendations of the 2002 Report. The Panel also acknowledges that the subsequent departure of all of the transplant surgeons, for different reasons, would have made a comprehensive base-line assessment impossible to complete in the early summer of 2003.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (11)**

- 4.4.3 The British Transplant Society is recommending that transplant patients should benefit from the combined expertise of both the physicians and the surgeons involved in their care. It was stressed in the 2002 Report<sup>28</sup> this was best achieved by establishing a daily multi-disciplinary executive ward round governed by good manners and mutual respect. It was also stressed that decisions taken on the executive round should not be allowed to be altered on individual's whims and that changes in treatment should always follow agreed policy except where there has been documented further discussion and decision-making or in cases of genuine emergency:

*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.*

- 4.4.4 The Revisit Panel received documentation for new or reviewed evidence based protocols for immunosuppression, treatment of rejection and invasive investigation. The establishment of a regular pattern of multidisciplinary transplant ward round has also been established with a 'Physician of the Fortnight' being in place since April 2003 and a 'Surgeon of the Fortnight' since August 2003 after an earlier failed attempt. The new system has therefore not had sufficient time to be embedded in practice and is currently suffering from the absence of permanent staff.

<sup>26</sup> Document 115 supplied by the Trust (Folder 8)

<sup>27</sup> Document 110 supplied by the Trust (Folder8)

<sup>28</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.2.3

- 4.4.5 The Revisit Panel was very concerned to learn that on at least two occasions decisions made by a physician during such a ward round were later changed unilaterally by a transplant surgeon who had not attended the earlier ward round. As the cases in question did not, in the view of the Panel, constitute emergencies, these were clear breaches of one of the fundamental principles of joint ward rounds. If one of the medical groups is absent during the ward round, decisions taken are binding. If someone later wants to question this decision, a discussion between the medical colleagues is expected to follow resulting in a joint decision. These particular episodes were further aggravated by the fact that these issues were not resolved informally, but were instead, made the subject of formal complaints to clinical managers. In the future, such issues could be addressed by formalising a set of 'Rules of Engagement' for the management of ward rounds, thereby creating clarity for nursing and other staff who may otherwise be faced with conflicting orders in these circumstances. Such a protocol should also include reference to the reporting route of any 'breaches' in the cases, where this has not been managed informally in the spirit of good professional working relationship.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (12)**

**The Revisit Panel recommends that a firm commitment is sought from all key players in participating in the multi-disciplinary transplant ward rounds and that 'Rules of Engagement' are formalised defining the management of these rounds.**

- 4.4.6 In the 2002 Report the transplant surgeons expressed the view that they felt unable to manage their total surgical workload effectively. In order to accommodate them and create accountability it was recommended in the 2002 Report<sup>29</sup>

*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.*

- 4.4.7 It appears from the documentation<sup>30</sup> that there were some problems in establishing a system that allowed surgeons to be responsible for the organisation of their own work and be provided with appropriate support. In May 2003<sup>31</sup> there was 'still a general feeling that levels of administrative support to transplant surgeons was inadequate despite recent additions to the staff'. The Revisit Panel was informed that a Waiting List administrator started on 28<sup>th</sup> April 2003 and

<sup>29</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.2.4

<sup>30</sup> Document 38 item 2 b, document 39 item 2 a, document 40 item 3 c and document 42 item 3 d.

<sup>31</sup> Document 42 item 3 d.

support was also given in the form of appointment to three nurse specialist posts in the summer of 2003 (Vascular Access, Low Clearance and Transplant).

- 4.4.8 It is the view of the Revisit Panel that a separate budget allocated to the transplant surgeons as named budget holders would be a means of resolving this issue as the accountability and responsibility for budget expenditures would then rest entirely with the transplant surgeons. See Section 4.6.6 for further details.
- 4.4.9 Due to the very recent recruitment of the nurse specialists and the absence of permanent transplant surgeons since the early summer of 2003 the Revisit Panel is not confident that the existing system of providing sufficient support to the transplant surgeons is appropriate.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (13)**

**The Revisit Panel recommends that this recommendation is reviewed on a regular basis over the next 12 months and that consideration is given to the creation of a separate transplant budget in support of this.**

- 4.4.10 A clear need for establishing multi-disciplinary ways of working in the renal transplant services was identified in the 2002 Report<sup>32</sup>. Such an approach would require demonstrable leadership skills, written protocols, regular meetings, executive ward rounds and clearly defined lines of responsibilities. The model advocated is one where Renal Physicians and Renal Transplant Surgeons work closely together sharing their expertise:

*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.*

- 4.4.11 The Revisit Panel feels confident from the evidence received that written and shared protocols have been put in place, that these have been evidence-based and that relevant audit systems have been put in place.
- 4.4.12 With the temporary absence of the permanent transplant surgeons the Revisit Panel is not yet confident about the sustainability of the current model of shared care, especially since the locum transplant surgeons have only been in place since July 2003.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (14)**

<sup>32</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.2.5

**The Revisit Panel recommends that the shared care model is closely monitored over the next 12 months.**

#### **4.5 Patterns of Nurse and Other Staff Practices in the Renal and Transplant Unit**

- 4.5.1 A full review of nursing services within the Renal and Transplant Unit was carried out in 2000/2001 followed by a review of nursing practices and procedures in March 2002<sup>33</sup>. Both these reviews highlighted lack of leadership and inadequate nursing management over a long period of time resulting in inconsistent practice, a lack of evidence based practice, lack of nursing contribution to multidisciplinary team working and a lack of professional development initiatives across the nursing team.
- 4.5.2 In discussions with the nursing team in 2002 it was felt that the plans for the new accommodations at the Queens Alexandra Hospital site were based on the existing demarcations rather than on newly developed care pathways or agreed multidisciplinary working practices. It was therefore recommended in the 2002 Report<sup>34</sup> that the Trust:

*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.*

- 4.5.3 During the site visit the Revisit Panel was shown the layout of the different functions such as clinic rooms etc. that demonstrated that the new design was created to fit the new patient care pathways established rather than individual reference. The statements from the nursing and other staff groups supported the successful implementation of a patient centred design and a comment frequently heard was how much this new design promoted internal communication amongst staff.

“It was very fragmented before, we now all talk to each other. As we walk down the corridors we will knock on each other’s doors and bump into one another”  
Nurse

- 4.5.4 The leadership of the nursing and Applied Health Professionals is now clearly defined and all posts are held by substantive appointments. The Lead Nurse is well supported by two newly created Modern Matron posts.

<sup>33</sup> The 2001 Nursing Review was carried out by 3 senior nurses after a request by the Trust Board. It reported its findings in April 2001. The Nursing Review by Southampton University was carried out by a Lecturer Practitioner and published in March 2002.

<sup>34</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.4.3.5



- 4.5.5 It was also very encouraging to notice the very positive impact of the new senior nurses in changing the nursing culture to one, which reflects empowerment, open communication and a willingness to challenge. The large number of training courses and other development opportunities, which have been developed and attended by the nurses over the last 14 months were also indicators of the emerging strong nurse culture. The strength of the new nurse culture will hopefully assist the Unit in moving into a more collaborative mode as the nurses stressed to the Panel that they now felt part of a whole Unit and no longer felt bias towards any of the medical groups.

“There is (now) a very strong nursing team, everybody is very enthusiastic and looking very positive forward to the future. It is really a pleasure to come to work”. Nurse

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (15)**

#### **4.6 Management Structure in the Renal and Transplant Unit**

- 4.6.1 The structure within the Renal and Transplant Unit in 2002 was based on Directorate model within the Division of Medicine. The Clinical Director of the Unit had hitherto always been a nephrologist who, together with the renal operations manager, are accountable to the Director of the Division of Medicine. For the transplant surgeons working within the Unit there appeared to be a split line of accountability through the Division of Surgery for general surgical work<sup>35</sup> and through the Renal Directorate and the Division of Medicine for transplant work.
- 4.6.2 Due to the tension between the nephrologists and the transplant surgeons this model did not seem to foster good working relationships. It was therefore stated in the 2002 Report that unless structural changes were implemented the existing relationship problems would not be resolved. The recommendation in the 2002 Report<sup>36</sup> was for the Trust:

*To transfer the professional accountability of the Transplant Surgeons from the Wessex Unit to the Surgical Directorate within the Surgical Division.*

- 4.6.3 From the evidence provided to the Revisit Panel this transfer of professional accountability has now taken place with the Clinical Director of Surgery being responsible for job plans, appraisals etc.

<sup>35</sup> All the transplant surgeons were working sessions in general surgery.

<sup>36</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.3

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (16)**

- 4.6.4 The decision-making process around allocation of renal funding was seen in 2002 to have been a major issue of contention with the transplant surgeons feeling dominated by the dialysis agenda, neglected and without a voice. The 2002 Report commented upon the lack of clarity of the renal budget and involvement of all key players. It was recommended that an appropriate budgetary model should be established by the Trust to accommodate the need for Renal Transplantation to have a defined and agreed budget.<sup>37</sup>

*To establish a separate and agreed budget for renal transplantation as a recognised element of a regional Renal & Transplant service.*

- 4.6.5 From the documents provided<sup>38</sup> the Trust agreed to identify the cost of transplant and establish a budget for these, but it appears that the Trust felt<sup>39</sup> that ‘providing these (the true cost per transplant) were identified then separately managed budgets were not essential’. A virtual transplant budget now appears to have been established within the overall Renal Budget. From the statements given to the Revisit Panel the transplant surgeons remain unhappy with this arrangement because the budget does not, in their views, reflect all the cost pressures, nor has any transplant surgeon been identified as the budget holder.
- 4.6.6 It is the view of the Revisit Panel that any budgets need to reflect the true cost elements as closely as possible. As stated in the 2002 Report<sup>40</sup> such a budget model could include the salaries of the surgical staff including staff grades, administrative and clerical staff and might include nursing staff, drugs and equipment as well as the cost of running joint transplant clinics. Importance should be placed on the active participation of the transplant surgeons in agreeing the budget for their activities and involvement in the negotiation with commissioners. This does not appear to have happened.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (17)**

**The Revisit Panel recommends that a separate budget is established with the active involvement of the transplant surgeons with one transplant surgeon as the accountable budget holder.**

<sup>37</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.4

<sup>38</sup> Document 39 item 3 e, 40 item 3 and 42 item 2b.

<sup>39</sup> Document 39 item 3 e

<sup>40</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.4

- 4.6.7 Due to the size of the Portsmouth Renal and Transplant Unit and its complexity the 2002 Report<sup>41</sup> highlighted the need for the new executive team to have a thorough understanding of the financial and commissioning arrangements, accountabilities and responsibilities of specific renal services and the potential impact of the forthcoming Renal NSF. It was also felt that senior management support should be given regularly through the presence at the Renal Service Performance Review<sup>42</sup>:

*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.*

*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.*

- 4.6.8 The Director of Operations was appointed by the Trust as the executive director to oversee the implementation of the forthcoming NSF and he has April 2003 attended the quarterly Divisional Reviews of Renal and Transplant Services.

**The Revisit Panel is of the view that these recommendations have been implemented to its satisfaction. (18 – 19)**

- 4.6.9 In the 2002 Report<sup>43</sup> it was noted that the fortnightly Renal Unit Directorate Minutes did not seem to include business and wider corporate issues and it was recommended for the Directorate:

*To ensure that the agenda for the Wessex Unit Directorate meetings includes business issues.*

- 4.6.10 In reviewing the minutes of the Renal and Transplant Committee meetings<sup>44</sup> it is evident that the wider corporate issues and financial information were now included e.g. monthly financial position, information from the Trust Board.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (20)**

<sup>41</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.5

<sup>42</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.6

<sup>43</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.5.7

<sup>44</sup> Document 46 to 54, provided by the Trust

#### 4.7 Leadership and Commitment

- 4.7.1 At the time of the 2002 Report the Trust was facing a range of very challenging corporate issues such as 'no star', a financial deficit, a new Chief Executive, many new members of the Senior Management Team and Board together with a critical CHI report and a major PFI scheme.
- 4.7.2 During the period between the 2002 Report and the time of the Revisit the Trust had achieved a 'two star' rating and the Senior Management Team and Board were well established. The Trust is still facing a major financial challenge and the Revisit Panel acknowledges that for a major hospital there will always be a number of urgent issues to address.
- 4.7.3 The 2002 Report<sup>45</sup> raised the question of whether the Trust Board, in light of these other competing challenges, had the willingness and capacity to action the recommendations in the Report. It therefore recommended for the Trust:

*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.*

- 4.7.4 The Trust's response to this recommendation was to take the issue to the September 2002 Board meeting<sup>46</sup> where the commitment to renal services was agreed. This commitment was later confirmed in a letter of 1<sup>st</sup> October 2002 from the Chief Executive on behalf of the Board to the Chair of the 2002 Report. This commitment has furthermore been the focus for a continuing debate about the Renal and Transplant Unit both at Board level and amongst the Senior Management Team throughout the 14 months period prior to the Revisit. A confirmation of continuing commitment was likewise expressed by the representatives of the Board and the Senior Management Team, whom the Panel met during the site visit.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (21)**

- 4.7.5 The Renal and Transplant Unit was seen by the 2002 Report to exist in some isolation from the rest of the Trust both physically and otherwise. Since renal services was not just the only regional service provided by the Trust but also one of the largest in the country the 2002 Report<sup>47</sup> recommended the Trust:

<sup>45</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.2

<sup>46</sup> Trust Board meeting 26<sup>th</sup> September 2002, Agenda Item 14.

<sup>47</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.3

*To accord the Renal Services a higher profile in the Medical Directorate structure given size, regional remit and complexity.*

- 4.7.6 From the evidence provided to the Revisit Panel, it was apparent that the Renal and Transplant Unit has received and now enjoys a much more public profile as well as an understanding of how the Unit fits into the other activities within the Trust.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (26)**

- 4.7.7 The 2002 Report stressed that demonstrating a full commitment to renal services, as a regional provision required the Trust to explicitly include the Renal and Transplant Unit in all major corporate documents. Its recommendation<sup>48</sup> stated that:

*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.*

- 4.7.8 The Trust does not have an Annual Business Plan but agrees its provision of services with its commissioners. Renal services are included in the LDP (Local Delivery Plan) at both Trust and Medical Division level. The Trust has stated that renal services will also be included in all future LDP's as a specific provision and in the next Franchise Review Plan.
- 4.7.9 From the discussions with staff and other stakeholders involved in strategic planning, it is clear that this inclusion has taken place and the Revisit Panel feels confident that this commitment will also be continued in the future.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (22)**

- 4.7.10 As a governing body the Trust Board was seen by the 2002 Report as having a crucial role in ensuring compliance with the agreed recommendations and timely progress of this and other reports. In the 2002 Report<sup>49</sup> the following recommendation was expressed:

*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*

<sup>48</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.7

<sup>49</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.7

*which implementation is monitored on a monthly basis and that any divergence from plans are accounted for.*

- 4.7.11 The Revisit Panel reviewed Trust Board minutes Part I and II covering the relevant period and met with representatives of the Board. From this evidence:

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (23)**

- 4.7.12 Lack of action and ‘planning blight’ caused by the anticipation of the 2002 Report was acknowledged by the Board in 2002 to have been the reasons for lack of progress on previous reviews. In the 2002 Report concerns were raised about accountability and the status of any new review and lead to the recommendation<sup>50</sup>:

*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.*

- 4.7.13 Having reviewed the minutes of the Renal and Transplant Sub Committee of which the Chief Executive is a member, and all the monthly Renal Action Plans, the Revisit Panel is confident that the Chief Executive has undertaken the responsibilities outlined.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (24)**

- 4.7.14 Additional to the attention given to the implementation of the 2002 Report’s recommendations, the Report also advocated a higher profile for senior management to the Renal and Transplant Unit by assisting it in creating corporate pride. As a means of achieving this, the 2002 Report<sup>51</sup> recommended:

*To ensure Trust Board nomination of one executive and one non-executive director as joint Renal Services ‘Champions’ during the change process.*

- 4.7.15 The non-executive director nominated was David Bailey and the executive director was initially Simon Paylor later succeeded by Ursula Ward. Members of

<sup>50</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.8

<sup>51</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.10

staff commented very positively on these nominations and their presence in the Renal and Transplant Unit.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (25)**

- 4.7.16 The nurse leadership in the Renal and Transplant Unit was described in the 2002 Report as being provided to some extent by a G grade nurse ‘acting up’ to the Senior Nurse manager role. This was not seen to be conducive to the fundamental changes being implemented and the 2002 Report<sup>52</sup> recommended the Trust:

*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.*

- 4.7.17 The Revisit Panel met with the lead nurse, who had been appointed since the 2002 Report, two newly created Modern Matrons and a number of other long-serving and senior nursing and AHP staff. The Panel was impressed by the positive changes, which have been introduced since the appointment of the senior nurses. The Revisit Panel was impressed with the newly apparent strength and vibrancy of the nurses they met across the grades. Both morale and motivation were stated to be high and nurses expressed appreciation for the senior support they had received from within the Renal and Transplant Unit and from the wider Trust. Documentary evidence of new nursing roles, a new organisational chart etc. were presented and the Revisit Panel is satisfied that this issue has been addressed by the Trust.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (27)**

- 4.7.18 It was not only senior nursing posts that seemed by the 2002 Report to have been overlooked. The needs and development of other staff also required attention. The 2002 Report<sup>53</sup> therefore recommended the Trust:

*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.*

- 4.7.19 The Revisit Panel spoke to a large number of staff representing different staff groups and levels within the Renal and Transplant Unit and also reviewed a wide

<sup>52</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.12

<sup>53</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.6.12

range of documentation in support of the actions taken by the Trust to address this issue. The impression given was that new approaches were now welcomed and that learning was taken place throughout the Unit. The Panel was, however, concerned about dietetic support as it still appeared to be lower than levels suggested by the BRS Workforce Development Group and was an issue of obvious concern among the staff interviewed.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (28)**

**The Panel recommends that the Trust review the level of dietetic support within the Renal and Transplant Unit.**

#### 4.8 Clinical Governance

- 4.8.1 An important element in establishing high quality patient care within a clinical governance framework is ensuring that appropriate structures are in place to establish and regularly monitor and document adherence to policies, protocols, guidance and procedures. Appropriate protocols seemed especially lacking in the areas of 'shared care management', an agreed the immunosuppressive policy and in the monitoring of water quality control. The water purification plant was found to be rudimentary and seemingly poorly maintained, as it was not regularly disinfected despite RA guidelines. The 2002 Report stated that there appeared to be a lack of established evidence-based policies, procedures and clinical audits and that the absence left Junior Medical and Nursing staff vulnerable to errors in patient care. In order to rectify this situation it was recommended<sup>54</sup> in the 2002 Report for the Renal and Transplant Unit:

*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*

*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.*

*To ensure that regular audits takes place with respect to documentation of water quality – biochemical and bacteriological.*

*To establish within the Wessex Unit regular audit meetings led in rotation by all the*

<sup>54</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.7.1.1



*multi-disciplinary leaders such as nephrologists, nurses, dieticians, pharmacists etc.*

*To ensure that clear and agreed protocols, guidelines and policies are in place in accordance with national best practice.*

- 4.8.2 In reviewing the progress made with regards to the 5 recommendations above, the Revisit Panel saw the new water purification system and received the audit documentation for water quality, Peritoneal Dialysis, Renal Biopsy, Cannulation, Kidney Transplant etc. From the statements taken from staff as well as from the External Visiting Transplant Advisor it was clear that progress has taken place in a number of areas, especially in the areas of agreeing protocols and auditing. This progress was also documented in the minutes of the Renal and Transplant Committee Meetings<sup>55</sup> and the Revisit Panel was given a list of agreed protocols<sup>56</sup>. With regards to the audit data for death and morbidity<sup>57</sup> the Revisit Panel was slightly concerned that the cause of death was only recorded on a very few of the records and would like to draw this to the attention of the Unit.
- 4.8.3 It was positive to note that the new Renal and Transplant Clinical Governance Committee, which was established in January 2003, has clinical audits as one of its main functions and requires different staff leaders to undertake a minimum of audits on an annual basis<sup>58</sup>.
- 4.8.4 The overall impression of the Revisit Panel was that satisfactory progress has been made in the required period. However, there is still some way to go to ensure that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes more than a data collection or check box exercise.

**The Revisit Panel is of the view that these recommendations have been implemented to its satisfaction. (29 – 33)**

**The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**

- 4.8.5 Prior to the 2002 Report a number of serious incidents had occurred and proper recording systems to monitor the occurrence, analyse root causes and ensure personal and professional learning did not seem to take place in a systematic way. A number of clinicians presented their own data collections and expressed a wish to have a forum where these cases could be discussed. The impact this could have

<sup>55</sup> See document 46 – 54, provided by the Trust.

<sup>56</sup> See document 45, provided by the Trust.

<sup>57</sup> See document 118, provided by the Trust (Folder 8)

<sup>58</sup> See document 59, provided by the Trust

on the continuous improvement of the quality and safety of patient care was raised in the 2002 Report<sup>59</sup>.

- 4.8.6 The lack of knowledge of any serious untoward incidents amongst most of the staff interviewed in 2002 was of great concern, especially in the light of established policy guidance on reporting both within the Trust and external to the relevant NHS bodies. At the time of the 2002 Report the Trust wide adverse incident reporting system had not yet been implemented in the Renal and Transplant Unit.
- 4.8.7 As described in the 2002 Report, no Clinical Governance had been established and the bi-monthly meetings of the joint Clinical Audit/Risk meeting did not result in any minutes or action points. Based on this information concerning the way in which serious untoward incidents were dealt with, the 2002 Report<sup>60</sup> recommended the Trust:

*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.*

*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.*

*To ensure that relevant staff participates 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.*

*To ensure appropriate documentation of meetings minutes, action points, agreed deadlines for action and identification of individuals responsible for actions.*

- 4.8.8 A multi-disciplinary Renal and Transplant Clinical Governance Committee has now been established that has within its remit 'to develop dedicated time for speciality incident reviewing' and for 'All serious untoward incidents, near misses, complaints and claims to be reviewed and remedial action taken'<sup>61</sup>. A structure is therefore now in place to address the identified shortcomings in the management of serious untoward incidents.
- 4.8.9 Having examined the minutes of the meetings of the Clinical Governance Committee and other documentation<sup>62</sup> the Revisit Panel is pleased to note the

<sup>59</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.7.2.1 – 6.7.2.3

<sup>60</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.7.2.1 – 6.7.2.10

<sup>61</sup> Clinical Governance in the Wessex Renal and Transplant Unit. 19.11.02 Draft Terms of Reference, later approved as TOF in January 03. Document 59, provided by the Trust.

<sup>62</sup> Such as the Wessex Renal and transplantation Unit Adverse Events Report - 2003

progress so far. However, the Panel is concerned that the Clinical Governance Committee did not discuss the impact on the quality of patient care which was caused by the very sudden and unexpected absence of one Transplant Consultant, which left a surgical list of patients without care. The subsequent transfer of patients to Oxford also does not seem to have been raised as a potentially serious untoward incident. The Panel recommends that the Clinical Governance Committee review its remit for the potential inclusion of matters such as these. However, overall:

**The Revisit Panel is of the view that these recommendations have been implemented to its satisfaction. (34 - 37)**

**The Revisit Panel recommends that the Clinical Governance Committee reviews its remit to take account of the potential impact on patient care due to sudden absence of medical cover and transfer out of patients.**

#### **4.9 Organisational Culture**

- 4.9.1 A culture of distrust existed between different staff groups within the Renal and Transplant Unit prior to the 2002 Report. This was well known throughout renal and transplant circles in the country and had existed over a long period of time. Various initiatives had been instigated by the Trust to re-built relationships but all had had very little impact on individual relationships and the culture overall.
- 4.9.2 To provide models for different behavioural patterns, the 2002 Report<sup>63</sup> identified various options for exposing individuals to external influences and suggested that it would be desirable for the Trust to consider:

*To promote and support 'sabbatical' periods and/or study leave for all professional disciplines to create exposure to alternative environments.*

- 4.9.3 The Trust and the Renal and Transplant Unit have since ensured that staff at different levels has been visiting other hospital sites such as Guy's, Manchester and North Bristol Renal Units. Internal secondments within the Trust have also taken place and rotation between different parts of the Unit has been instigated. External advice has been provided by the External Visiting Transplant Advisor and a Renal Consultant from Guy's and St Thomas' Hospital. It was also noted that the staff from the Unit are actively seeking opportunities to attend conferences and other learning events within their field and thereby exposure to other organisational cultures.

<sup>63</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.8.9.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (41)**

- 4.9.4 Unwillingness or inability to work in a multidisciplinary model is not acceptable in an organisation that is committed to this model of modern patient care. With increasing sub-specialisation it is no longer feasible for any individuals to believe that they are the only ones to provide the best patient care in all the different aspects of a patient care pathway. Full recognition of individual strengths and weaknesses is an important aspect of professional development and of any appraisal systems. Willingness to share and hand-over responsibility to others where appropriate is a skill that requires maturity, integrity and professionalism and should be actively developed.
- 4.9.5 As a means of fostering the right behaviour and addressing the current problems it was recommended in the 2002 Report<sup>64</sup> that the Trust introduced a zero-tolerance policy for unacceptable behaviour amongst staff groups and supported this with opportunities for personal and professional development:
- 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.*
- 4.9.6 A copy of the Trust Policy and Protocol for Working Relationships and the Policy to Eliminate Harassment and Bullying<sup>65</sup> was presented to the Panel. The Revisit Panel asked staff about their commitment to the cultural and organisational change within the Renal and Transplant Unit and they all favoured good professional relationships and multidisciplinary ways of working. This was despite documentary evidence<sup>66</sup> that this model of working was not fully implemented and statements to the effect that certain individuals, especially amongst the nephrologists, did not fully agree with the 2002 Report's recommended ways of working. Statements highlighting the continuing tension between nephrologists and transplant surgeons was given by a number of individuals and this situation was only resolved when the permanent transplant surgeons temporarily left the Unit for various reasons.
- 4.9.7 Statements were also given to the effect that positive comments about the contribution of transplant surgeons to joint patient care were not appreciated by all nephrologists. The Revisit Panel believes this to be the case and considers that there is a serious risk that a re-occurrence of tension between the two medical groups will arise in the future. Since the Trust Policy and Protocol on Working

<sup>64</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.8.11

<sup>65</sup> See Portsmouth Hospitals Policy and Procedure. Trust Policy and Protocol for Working Relationships and the Policy to Eliminate harassment and Bullying. June 2003.

<sup>66</sup> See above section 4.3.3 of this Report.

Relationships has only been in place for a short period of time, it has not been possible to gauge the effect of the policy on changing behaviour. The Panel therefore recommends that continuing attention is paid to the organisational culture within the Unit and the implementation of this and other policies into practice.

- 4.9.8 Possibly due to the continuing undercurrent of tension within the Unit, remarks and incidents were reported to the Panel as examples of bias. Some of these might be a misunderstanding of intentions; others in isolation would be easily seen as innocent comments without malice. However, due to the history of the Unit it is important for all staff members to understand that comments are more easily seen within a negative context if mutual trust has not been created. Staff should therefore be encouraged to 'whistle-blow' on colleagues, who are undermining the overall effort to create a climate of trust, respect and integrity in order to support the well-being of the Unit overall to the benefit of patient care.
- 4.9.9 One area of progress to be noted was the view of the nursing staff that they no longer held bias towards any of the medical groups and that comments to any other effect were due to misunderstandings.

**The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (38)**

**The Revisit Panel recommends that continuing attention is paid towards the culture and staff interaction within the Renal and Transplant Unit and that this is supported by staff appraisal and employment conditions, where appropriate, to further the implementation of policies into practice.**

- 4.9.10 The importance of supporting staff through various development opportunities was highlighted in the 2002 Report<sup>67</sup>

*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*

- 4.9.11 The commitment by staff groups to continuing professional and personal development was an area of progress noted by the Revisit Panel. Those who had attended leadership programmes spoke highly of the benefit that had brought to their working practices. Nurse development programmes were also highly commended along with the support from the Modernisation Agency. The Revisit Panel is aware that the 2002 Report only mentioned support for the transplant surgeons in the form of an external visiting advisor and now considers whether a similar but less extensive support (e.g. mentoring/coaching) should be given to

<sup>67</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.8.11

the Renal Clinical Director during this period of change. The pressure on an individual driving such a change process should not be underestimated.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (42)**

**The Revisit Panel recommends that the Trust consider the appropriateness of external support to the Renal Clinical Director during the change period.**

- 4.9.12 The great enthusiasm and pride in the Renal and Transplant Unit, which was noted in the 2002 Report<sup>68</sup> was even more in evidence during the site revisit. It was felt at the time of the 2002 Report that this pride should be harnessed and success should be celebrated in a more visible fashion. In the 2002 Report is therefore recommended for the Unit:

*To celebrate success within the Wessex Unit, which can be in the form of notices, in newsletters, awards for innovations etc*

- 4.9.13 The creation of the newsletter R&T News<sup>69</sup> in December 2002 is a positive example of the ability of the Unit to channel its knowledge, share its learning and celebrate events. Important events in the Unit's diary are detailed such as visits by dignitaries, educational events, new service developments and social occasions. Even more importantly, the Revisit Panel was struck by the visible pride in the new ways of working, the new environment, the aspirations for the future of the Unit and the different channels and opportunities for sharing these. This was exemplified by comments from members of staff saying:

“For the first time in xx years I am really looking forward to coming to work every day”

“I have to pinch my arm once in a while to make sure that this is really real”

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (43)**

- 4.9.14 Lack of clarity around the balance of sessions provided by the transplant surgeons to renal activities as opposed to general surgery was mentioned in the 2002

<sup>68</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.8.12

<sup>69</sup> Document 30 – 35, provided by the Trust

Report<sup>70</sup>. This was partly caused by the non-completion of consultant job plans and appraisals and was outside the expected national time scales. In order to ensure clear lines of professional accountability it was felt that appraisals should be undertaken by the relevant line management and in the 2002 Report<sup>71</sup> the following recommendations were given to the Trust:

*To ensure that staff appraisal for all staff groups is completed on an annual basis in accordance with agreed time scales.*

*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.*

- 4.9.15 The Revisit Panel received documentation<sup>72</sup> that appraisal had been undertaken for the majority of staff. By March 2003 all staff groups apart from Consultant Surgeons appear to have had their appraisal<sup>73</sup>. The Consultant Surgeons had their appraisals scheduled for completion by end of May but these do not appear to have taken place. Due to the temporary absence of all four transplant surgeons from the early summer of 2003, the Revisit Panel understands the difficulties in completing this piece of work and believes that it should have been listed as ‘not achieved’ on the Renal Action Plan with regards to the Consultant Surgeons.

**The Revisit Panel is of the view that the satisfactory implementation of these recommendations is still outstanding. (39 – 40)**

**The Revisit Panel recommends that in the future all staff appraisals take place within a clearly set time scale and that this is monitored on an annual basis.**

#### **4.10 Communication**

- 4.10.1 In the 2002 Report<sup>74</sup> concerns were raised by members of staff with regards to the lack of response to issues raised with management and it recommended:

*That responses to enquiries/concerns raised by members of staff are responded to in an appropriate format and that the responses are documented.*

- 4.10.2 From the documentation received from the Trust and individuals as part of the Revisit as well as from the statements given to the Panel, no further concerns of

<sup>70</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.8.13

<sup>71</sup> As above 49.

<sup>72</sup> See documents such as Document 23, Team Brief, February 2003

<sup>73</sup> See document 41, 42 and 103, provided by the Trust.

<sup>74</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.9.1

this nature were raised. Different forums have been created to improve lines of communication and responsiveness. In addition, copy of local Trust policy on its response to staff concern and queries was submitted to the Panel.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (44)**

- 4.10.3 A general feeling of not just physical isolation existed at the time of the 2002 Report with staff feeling generally ill informed about progress on the previous reviews. The 2002 Report recommended<sup>75</sup> as a measure to prevent a continuation of this situation:

*That the Trust Board shares the progress plan for implementing the recommendations of this and past reviews with the staff on a monthly basis.*

- 4.10.4 In November 2002 a sub-committee of the Trust Board was established to monitor the implementation of the 2002 Report recommendations. As part of its secondary purposes, the Committee set out to 'Ensure that renal patients are advised of progress'. It would have been beneficial to have included that staff should be advised as well in this stated purpose. However, the Panel was satisfied from the documentation received and statements from staff that other lines of communication within the Renal and Transplant such as the monthly team briefing events, and the R&T News Bulletin ensured that staff now felt well informed about progress. The Revisit Panel was, however, concerned whether the right level of sensitivity was exercised in all the briefing events especially with regards to the inclusion of the transplant surgeons on the Renal and Transplant Sub Committee. According to the minutes of these meetings the Clinical Director of the Renal and Transplant Unit is a full member of the Committee, whilst the representative of the transplant surgeons is only 'In Attendance'. Given the past history of concerns by the transplant surgeons of being represented by another medical discipline, the Trust might wish to consider ways of actively including the transplant surgeons 'around the table' rather than on the 'sidelines'.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (45)**

**The Panel recommends that the Trust consider ways of actively including the transplant surgeons in the Renal and Transplant Sub Committee.**

- 4.10.5 The value of internal communication was recognised by the 2002 Report especially as the Renal and Transplant Unit was facing a major change agenda.

<sup>75</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.9.2



The purpose of good communication is to encourage ownership of the issues facing the Unit, share progress and best practice, knowledge and learning and celebrate success. In the 2002 Report<sup>76</sup> it is recommended for the Unit:

*To consider ways of improving internal communication within the Wessex Unit*

- 4.10.6 The Revisit Panel was given copies of the minutes of the different committees, which are now established within the Unit as well as minutes of the R&T Newsletter, Team Briefs etc and was pleased with the overall feeling of involvement that was expressed by most staff

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (46)**

- 4.10.7 It is well recognised that communication takes places in many different forms of which formal communication is but one. The 2002 Report<sup>77</sup> felt that attention should also be paid to promoting communication relating to patient care and recommended:

*The establishment of regular hand-over meetings.*

- 4.10.8 As part of the evidence requested the Panel received documentation<sup>78</sup> providing evidence of ward hand-over. This evidence was also satisfactorily supported by statements from staff.

**The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (47)**

## **5. Conclusion**

- 5.1 In the fourteen months period since the Review of renal services at Portsmouth Hospitals NHS Trust a number of major changes have taken place. The Trust now possesses one of the best physical environments in which to deliver renal services to its patient population. This has meant that the Renal and Transplant Unit has been able to design the lay out of the facilities in ways that accommodate patient care pathways and multi-disciplinary ways of working. The Senior Management of the Trust should be congratulated for enabling this to take place.

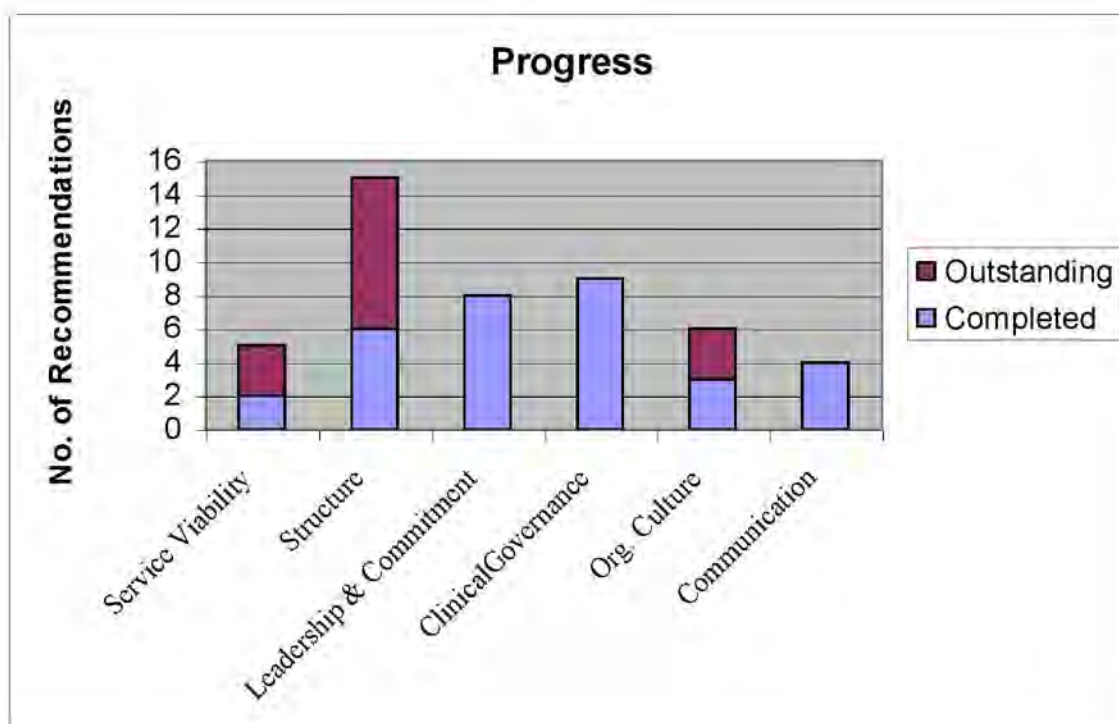
<sup>76</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.9.3

<sup>77</sup> NHS Executive South East. Report of the Review of Renal Services at Portsmouth Hospitals NHS Trust. Section 6.9.4

<sup>78</sup> Document 109, provided by the Trust (Folder 8)

- 5.2 The Revisit Panel was disappointed by the apparent lack of willingness on behalf of certain individual physicians to fully embrace the recommended patterns of nephrology practise, which was outlined in the 2002 Report. It therefore found that the recommendations relating to this area had not yet been implemented to its satisfaction and is urging the Trust to establish and monitor clear targets for progress on joint weekly ward rounds, joint patient management with the surgeons and attendance and commitment to truly multi-disciplinary clinics.
- 5.3 Since the early summer of 2003 all the permanent renal transplant surgeons have been absent from the Renal and Transplant Unit for various reasons and it was clear to the Revisit Panel that at least half of these had no intention of returning to the Unit. This absence has meant that the initiatives relating to the pattern of transplant practice in the Unit has been halted in their progress and are thus still outstanding.
- 5.4 The nursing staff, on the other hand, has developed a sound and professional nursing culture with open communication, clarity around roles and responsibilities, empowerment, a willingness to engage in multi-disciplinary working and a proactive nurse management style. The profile of other allied health care professions has also been enhanced although not as comprehensively as that of the nursing staff and the Trust might wish to consider ways of doing this as the next step in the continuous development process.
- 5.5 Examining the progress relating to the management structure of the Renal and Transplant Unit, the Revisit Panel was satisfied that real effort had been made to ensure the implementation of the recommendations relating to this area of activity. The only issue still causing concern for the Panel was the absence of a separate budget for transplantation allocated to a surgeon as the accountable budget holder.
- 5.6 In the 2002 Report criticism was made of the leadership and commitment from the Trust towards the Renal and Transplant Unit and listed a number of recommendations relating to this heading. It was with satisfaction that the Revisit Panel could note that all the recommendations in this area had been met. The Panel was aware of the time and resource this has required by the Trust Board, senior management and management within the Unit.
- 5.7 Clinical Governance is the quality framework that should underpin all activities within a NHS organisation. At the time of the 2002 Report a proper clinical governance structure had not been established within the Renal and Transplant Unit. Clear audit systems were lacking and agreed policies and protocols in a number of key areas were absent just as systems for identifying, analysing, reporting and learning from serious untoward incidents did not seem to be working effectively. The Revisit Panel was pleased to receive evidence of progress in all these areas and will be expecting the new structures and processes to be embedded in practice as part of the continuous quality improvement agenda.

- 5.8 The history of strained relationship between individuals and between staff groups within the Renal and Transplant Unit has been well known for more than a decade. It was hoped that exposure of staff to an alternative and vastly improved environment and celebration of success would assist in changing the negative culture. The Revisit Panel was pleased to note the number of visits made by staff to other units throughout the country and the attendance at learning events and conferences. The pride in the new Unit was very visible and was also stressed in the briefing from team meetings and the Unit's Newsletter. New policies for dealing with unacceptable behaviour by staff have been devised and should assist the Trust in dealing with attitude and different forms of behaviour that aim at undermining the respect for other staff groups or individuals. However, the policies and protocols were introduced in June 2003 and it is therefore too early to be confident that they will work effectively in eradicating unacceptable behaviour. The only other outstanding recommendation in this area does, in the view of the Revisit Panel, relate to staff appraisal as it considers that appraisals for the transplant surgeons are still outstanding.
- 5.9 The last area covered by the 2002 Report was concerned with communication both between the Trust and staff within the Renal and Transplant Unit and within the Unit. The Revisit Panel examined documents and interviewed staff to gauge the extent to which staff now felt informed. The positive feedback received by the Panel in all areas of activities enabled the Panel to feel that the recommendations listed in the 2002 Report had been implemented to its satisfaction.
- 5.10 By fragmenting the 2002 Report into discreet areas can make it difficult for readers to get an overall impression of progress made. The 2002 Report listed a total of 47 recommendations. It is the opinion of the Revisit Panel that a total of 32 or 68% of the recommendations have been implemented to its satisfaction but that 15 or 32% of the recommendations are still outstanding. The following diagram is meant as assistance for assessing progress. However, it should be noted that none of the recommendations have been adjusted for weighting although some of the recommendations clearly are of greater importance to the viability of the future of the Unit than others.



**Fig.1: Progress on the 2002 Report Recommendations**

## 6 Recommendations

- 6.1.1 Prior to and during the Revisit the Panel sought information that could provide sound evidence that would satisfy its requirement that the Trust had addressed the issues raised in the 2002 Report. The Panel fully recognises that 14 months for a radical change programme is a relatively short period of time, but believes that the tight time scale has assisted the Trust and the Renal and Transplant Unit in accelerating the change process by focussing resources and commitment.
- 6.1.1 The Trust lost a short period of time at the beginning of the process, as the formal Board sub-committee was not established before November 2002. The temporary absence of all the permanent transplant surgeons during the course of the late spring 2003 added to the inability of the Trust to progress on certain recommendations and will continue to hinder successful implementation until this situation is resolved.
- 6.1.2 The Panel would wish for all staff, the Trust Board and other key stakeholders to be congratulated on the tremendous effort, which clearly has been put into the Renal and Transplant Unit. The overall change is extremely positive and the Unit is travelling in the right direction at great speed. Due to the lateness of certain initiatives the Panel, as mentioned earlier in this Report, cannot yet be satisfied

that the desired changes will occur or that they are sustainable. This should not detract from the overall success so far, but the fact that there is still some way to go should also be fully recognised. In some areas the Revisit Panel has been satisfied that progress has taken place but has added supplementary recommendations which might assist in establishing progress more firmly in practice.

- 6.1.3 A few issues are still of such great concerns to the Panel that they have warranted new recommendations for more radical solutions. These have been described in greater detail in section 4.

## **6.2 Response to the 2002 Report's Recommendations**

- 6.2.1 In this Section the recommendations of the 2002 Report are compared with the findings of the Revisit Panel in a summary format as the detailed rationale behind each findings is described in Section 4.1 to 4.10 of this Report.

### **6.2.2 Service Viability ( 40% completed & 60% outstanding)**

#### **1 2002 Report Recommendation:**

- ❖ 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.

#### **2003 Revisit Report Finding:**

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See section 4.2.10)**
- ❖ **The Revisit Panel recommends that the Trust considers with the Strategic Health Authority and constituent stakeholders consider the following two service models for renal transplantation within the Trust and implement one of these:**

#### **OPTION 1:**

- ❖ **A Renal Service with transplantation provided by another trust:**
  - **The establishment of a modern first class renal service unit, investing in and providing the whole range of renal services apart from transplantation, which will be commissioned from another leading provider organisation.**

#### **OPTION 2:**

- ❖ **A Parallel Renal Transplantation Service:**
  - **The appointment of a senior surgeon of renal transplantation with the support of part-time appointments of two or more younger transplant surgeons. A completely separate transplant budget, including all aspects of transplant activity costs, should**

be identified and managed by the transplant unit. The medical staff in this unit should be line-managed both managerially and professionally by the Clinical Director, Surgical Division. A small number of renal transplant physicians or nephrologists with specialist expertise in immunosuppression and transplant medicine should be identified to work closely with the transplant surgeons to jointly manage recently transplanted patients. Long term after-care can be continued by this combined team or transferred to the nephrologists. (See Section 4.2.13)

**2 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 1.2)

**3 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Report Finding:**

- ❖ The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding.
- ❖ The Revisit Panel recommends that any future service models, which continues transplantation within the Renal and Transplant Unit, establish clear targets<sup>79</sup> for transplantation and renal related surgery by all transplant consultants. (See Section 4.2.15)

**4 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.2.18)

**5 2002 Report Recommendation:**

- ❖ To review establishment levels (WTEs) of all Transplant consultants within the Wessex Unit in order to work towards the recommended national guidelines

**2003 Revisit Panel's Finding:**

<sup>79</sup> This could be in the format of SMART objectives (S = Specific, M = Measurable, A = Appropriate, R = Relevant, T = Timely)

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See Section 4.2.20)**
- ❖ **The Revisit Panel recommends that a detailed review is carried out taking into account present and predicted activity levels for each Transplant Consultants, rota arrangements, other clinical commitments to the Trust and the impact of the EU Working Time Directive.**

### **6.2.3 Structure of the Renal and Transplant Unit (40% completed & 60% outstanding)**

#### **6 2002 Report Recommendation:**

- ❖ 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.

#### **2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these four (6 – 9) recommendations is still outstanding. (See Section 4.3.7)**
- ❖ **The Revisit Panel recommends that a further 12 month period with clearly set targets for achievements of weekly ward rounds, joint management with surgeons of transplant patients, attendance and commitment to truly multi-disciplinary clinics should be given.**

#### **7 2002 Report Recommendation:**

- ❖ That multidisciplinary clinics with shared consultant responsibility be established to review prevalent patients on the dialysis programme.

#### **2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these four (6 – 9) recommendations is still outstanding. (See Section 4.3.7)**
- ❖ **The Revisit Panel recommends that a further 12 month period with clearly set targets for achievements of weekly ward rounds, joint management with surgeons of transplant patients, attendance and commitment to truly multi-disciplinary clinics should be given.**

#### **8 2002 Report Recommendation:**

- ❖ 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.

#### **2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these four (6 – 9) recommendations is still outstanding. (See Section 4.3.7)**
- ❖ **The Revisit Panel recommends that a further 12 month period with clearly set targets for achievements of weekly ward rounds, joint management with surgeons of transplant**

patients, attendance and commitment to truly multi-disciplinary clinics should be given.

- 9 **2002 Report Recommendation:**
- ❖ That nephrologists should also rotate into lead responsibility for joint management with the surgeons of transplant patients.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these four (6 – 9) recommendations is still outstanding. (See Section 4.3.7)**
  - ❖ **The Revisit Panel recommends that a further 12 month period with clearly set targets for achievements of weekly ward rounds, joint management with surgeons of transplant patients, attendance and commitment to truly multi-disciplinary clinics should be given.**
- 10 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.3.9)**
- 11 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See Section 4.4.2)**
- 12 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See Section 4.4.5)**
  - ❖ **The Revisit Panel recommends that a firm commitment is sought from all key players in participating in the multi-disciplinary transplant ward rounds and that 'Rules of Engagement' are formalised defining the management of these rounds.**



- 13**      **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See Section 4.4.9)**
  - ❖ **The Revisit Panel recommends that this recommendation is reviewed on a regular basis over the next 12 months and that consideration is given to the creation of a separate transplant budget in support of this.**
- 14**      **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (4.4.12)**
  - ❖ **The Revisit Panel recommends that the shared care model is closely monitored over the next 12 months.**
- 15**      **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.5.4)**
- 16**      **2002 Report Recommendation:**
- ❖ To transfer the professional accountability of the Transplant Surgeons from the Wessex Unit to the Surgical Directorate within the Surgical Division.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.6.3)**
- 17**      **2002 Report Recommendation:**
- ❖ To establish a separate and agreed budget for renal transplantation as a recognised element of a regional Renal & Transplant service.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of this recommendation is still outstanding. (See Section 4.6.6)**
- ❖ **The Revisit Panel recommends that a separate budget is established with the active involvement of the transplant surgeons with one transplant surgeon as the accountable budget holder.**

**18 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.6.8)**

**19 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.6.8)**

**20 2002 Report Recommendation:**

- ❖ To ensure that the agenda for the Wessex Unit Directorate meetings includes business issues.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.6.10)**

**6.2.4 Leadership & Commitment (100 % completed)****21 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.4)**

**22 2002 Report Recommendation:**

- ❖ 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.

- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.9)**
- 23**      **2002 Report Recommendation:**  
❖ 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.
- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.11)**
- 24**      **2002 Report Recommendation:**  
❖ 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.
- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.13)**
- 25**      **2002 Report Recommendation:**  
❖ To ensure Trust Board nomination of one executive and one non-executive director as joint Renal Services 'Champions' during the change process.
- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.15)**
- 26**      **2002 Report Recommendation:**  
❖ To accord the Renal Services a higher profile in the Medical Directorate structure given size, regional remit and complexity.\*
- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.6)**
- 27**      **2002 Report Recommendation:**  
❖ 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.\*
- 2003 Revisit Panel's Finding:**  
❖ **The Revisit Panel is of the view that this recommendation has been implemented to its**

satisfaction. (See Section 4.7.17)

- 28 **2002 Report Recommendation:**
- ❖ 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.\*
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.7.19)**
  - ❖ **The Panel recommends that the Trust review the level of dietetic support within the Renal and Transplant Unit.**

### **6.2.5 Clinical Governance (100 % completed)**

- 29 **2002 Report Recommendation:**
- ❖ 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
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.4)**
  - ❖ **The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**
- 30 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.4)**
  - ❖ **The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**

- 31 **2002 Report Recommendation:**
- ❖ To ensure that regular audits takes place with respect to documentation of water quality – biochemical and bacteriological.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.4)**
  - ❖ **The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**
- 32 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.4)**
  - ❖ **The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**
- 33 **2002 Report Recommendation:**
- ❖ To ensure that clear and agreed protocols, guidelines and policies are in place in accordance with national best practice.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.4)**
  - ❖ **The Revisit Panel recommends that all relevant information is collected, recorded and audited and that the organisational learning loops fit into the auditing trail so that auditing becomes a quality improvement tool rather than just a data collection or check box exercise.**
- 34 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.9)**

- ❖ **The Revisit Panel recommends that the Clinical Governance Committee reviews its remit to take account of the potential impact on patient care due to sudden absence of medical cover and transfer out of patients.**

**35 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.9 )**

**36 2002 Report Recommendation:**

- ❖ 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.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.9)**

**37 2002 Report Recommendation:**

- ❖ To ensure appropriate documentation of meetings minutes, action points, agreed deadlines for action and identification of individuals responsible for actions.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.8.9)**

### **6.2.6 Organisational Culture (50% completed & 50% outstanding)**

**38 2002 Report Recommendation:**

- ❖ 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.

- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these recommendations is still outstanding. (See Section 4.9.9)**

- ❖ **The Revisit Panel recommends that continuing attention is paid towards the culture and staff interaction within the Renal and Transplant Unit and that this is supported by staff appraisal and employment conditions, where appropriate, to further the implementation of policies into practice.**

- 39 **2002 Report Recommendation:**
- ❖ To ensure that staff appraisal for all staff groups is completed on an annual basis in accordance with agreed time scales.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these recommendations is still outstanding. (See Section 4.9.15)**
  - ❖ **The Revisit Panel recommends that in the future all staff appraisals take place within a clearly set time scale and that this is monitored on an annual basis.**
- 40 **2002 Report Recommendation:**
- ❖ 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.
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that the satisfactory implementation of these recommendations is still outstanding. (See Section 4.9.15)**
  - ❖ **The Revisit Panel recommends that in the future all staff appraisals take place within a clearly set time scale and that this is monitored on an annual basis.**
- 41 **2002 Report Recommendation:**
- ❖ To promote and support 'sabbatical' periods and/or study leave for all professional disciplines to create exposure to alternative environments.\*
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.9.3)**
- 42 **2002 Report Recommendation:**
- ❖ 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.\*
- 2003 Revisit Panel's Finding:**
- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.9.11)**
  - ❖ **The Revisit Panel recommends that the Trust consider the appropriateness of external support to the Renal Clinical Director during the change period.**
- 43 **2002 Report Recommendation:**
- ❖ To celebrate success within the Wessex Unit, which can be in the form of notices, in newsletters, awards for innovations etc.\*

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.9.13)**

**6.2.7 Communication (100% completed)****44 2002 Report Recommendation:**

- ❖ That responses to enquiries/concerns raised by members of staff are responded to in an appropriate format and that the responses are documented.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.10.2)**

**45 2002 Report Recommendation:**

- ❖ That the Trust Board shares the progress plan for implementing the recommendations of this and past reviews with the staff on a monthly basis.

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.10.4)**
- ❖ **The Panel recommends that the Trust consider ways of actively including the transplant surgeons in the Renal and Transplant Sub Committee.**

**46 2002 Report Recommendation:**

- ❖ To consider ways of improving internal communication within the Wessex Unit.\*

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.10.6)**

**47 2002 Report Recommendation:**

- ❖ To consider regular hand-over meetings.\*

**2003 Revisit Panel's Finding:**

- ❖ **The Revisit Panel is of the view that this recommendation has been implemented to its satisfaction. (See Section 4.10.8)**



# Appendix A - E

## APPENDIX A: PANEL COMPOSITION

The Review Panel comprises:

- A lay chair, Ms. Tove Steen Sørensen-Bentham. A non-executive director of the former East Sussex, Brighton & Hove Health Authority and currently a non-executive director of Eastbourne Downs Primary Care Trust. Principal Lecturer in Public Services Management at Brighton Business School.
- A chief executive, identified by the Regional Office, Mark Davies. North Hants NHS Trust.
- A transplant surgeon nominated by the Royal College of Surgeons, Robert Johnson. Medical Director of Central Manchester Health Care Trust. Consultant Surgeon, Director of the North West Regional Transplant Service; President of the Association of Surgeons of Great Britain and Ireland; past President of the British Transplant Society; member of council of the Royal College of Surgeons of England; member of Senate of the Royal Colleges of Surgery.
- A renal physician nominated by the Royal College of Physicians, Dr Roger Greenwood. Consultant Nephrologist, The Lister Hospital, Stevenage
- A senior nurse nominated by the Regional Director of Nursing, Ms. Pam Edwards, Operations Director, Renal & Transplant Services, North Bristol NHS Trust

## APPENDIX B: DECLARATION OF INTEREST

### Code A

#### – Panel chair

I have had no previous dealing with Portsmouth Hospitals NHS Trust and have no social association with any staff working for the Trust. However, I have in my previous capacity as non-executive director of East Sussex, Brighton & Hove Health Authority in the period from November 1996 to February 2002 worked with Alan Bedford, who was then Chief Executive of the Health Authority. Alan Bedford was appointed acting Chief Executive of Portsmouth Hospitals NHS Trust with effect from February 2002 and Chief Executive of that Trust since May 2002. This information has been disclosed to Mike Gill, Director of Public Health, South East Regional Office who commissioned the 2002 Review on behalf of the Department of Health and to Simon Tanner, Director of Public Health who commissioned the Revisit Report on behalf of Hampshire and Isle of Wight Strategic Health Authority.

### Code A

#### – Panel member

Mark Davies is a Chief Executive of an Acute NHS Trust in the same geographical Strategic Health Authority area as the Portsmouth Hospitals NHS Trust. The Trusts are not directly competitive and the Trust bases are approximately 55 miles apart although the Trusts' catchment areas do touch in the area of Whitehill and Bordon. Portsmouth Hospitals Trust provides an outposted Renal Service for the patients of Basingstoke and North Hampshire.

### Code A

#### – Panel member

I have had no previous dealings with Portsmouth Hospitals NHS Trust. I have had a number of professional encounters with Sister Stephanie Jacques, Sister Meon 4 and with Fraser Goodall, previously Senior Renal Nurse Manager at the WRTU, during meetings of the EDTNA/ERCA, BRS and the ARM. Ms Debra Coupe, Lecturer Practitioner and Miss Marie-Noelle Orzell, former Deputy Director of Nursing, are former colleagues of mine from the Oxford Renal Unit and the Oxford Radcliffe Hospitals NHS Trust respectively.

### Code A

#### – Panel member

Being of the same 'generation' Dr Juan Mason and I have been acquainted for 15yrs. In 1994 when the Lister Renal Unit (Stevenage) was contemplating outsourcing some of its expertise, a small contingent, including myself spent a half day in Portsmouth at Dr Mason's invitation to discuss aspects of clinical computing, quality assurance, expansion and commissioning issues. No relationship ensued. Dr Robert Lewis and I were junior doctor colleagues at Barts in the 1980's. More recently we have been colleagues in the British Renal Society, myself as President/Immediate Past President (1997/2002) and Dr Lewis as Joint Programme Chair (2001/02). I can recall informal conversations about renal services but I have never been asked for, or offered any formal advice. I was invited to the WRTU in 2001 to give a lecture on current issues in haemodialysis.

### Code A

#### – Panel member

I have no interest to declare with respect to the Portsmouth Trust or their renal Unit. I have been familiar with them since the Unit was created and I've been an invited speaker there on three occasions. I was very friendly with Harry Lee and Maurice Slapak the founders of the Unit, long since retired. Martin Wise was a trainee of mine 15 years ago and as an Inter-collegiate examiner I have examined Kamel Abussin in the past.

## **APPENDIX C: RECOMMENDATIONS FROM THE REVIEW OF RENAL SERVICES AT PORTSMOUTH HOSPITALS NHS TRUST 2002**

### **8.2 Service Viability**

#### **Mandatory recommendations:**

- ❖ 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)
- ❖ 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)
- ❖ 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)
- ❖ 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)
- ❖ 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:**

- ❖ 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).
- ❖ That multidisciplinary clinics with shared consultant responsibility be established to review prevalent patients on the dialysis programme. (See Section 6.4.1.4).
- ❖ 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).
- ❖ 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).
- ❖ 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).
- ❖ 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).

- ❖ 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).
- ❖ 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).
- ❖ 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).
- ❖ 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)
- ❖ 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)
- ❖ 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).
- ❖ 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).
- ❖ 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)
- ❖ To ensure that the agenda for the Wessex Unit Directorate meetings includes business issues. (See Section 6.5.7)

## **Leadership & Commitment**

### **Mandatory Recommendations:**

- ❖ 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)
- ❖ 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)
- ❖ 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)
- ❖ 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)

- ❖ 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:**

- ❖ To accord the Renal Services a higher profile in the Medical Directorate structure given size, regional remit and complexity.\* (See Section 6.6.3).
- ❖ 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).
- ❖ 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:**

- ❖ 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)
- ❖ 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)
- ❖ To ensure that regular audits takes place with respect to documentation of water quality – biochemical and bacteriological. (See Section 6.7.1.1)
- ❖ 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)
- ❖ 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)
- ❖ 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)
- ❖ 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)
- ❖ 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)

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:

- ❖ 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).
- ❖ 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)
- ❖ 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:

- ❖ 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)
- ❖ 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)
- ❖ 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:

- ❖ 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)
- ❖ 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:

- ❖ To consider ways of improving internal communication within the Wessex Unit.\* (See Section 6.9.3)
- ❖ To consider regular hand-over meetings.\* (See Section 6.9.4)





## APPENDIX E: TERMS OF REFERENCE

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:**

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

**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.**

**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.**

**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

5<sup>th</sup> February 2002.