

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Medical Director's Office</b>
<b>Date:</b>	<b>24 April 2014</b>
<b>CQC regulation:</b>	As applicable

<b>Title:</b>	External review of UHL's Renal Transplant Service
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**Author/Responsible Director: Medical Director**

**Purpose of the Report:**

To inform the Trust Board of the actions taken following the external review of UHL's Renal Transplant Service

**The Report is provided to the Board for:**

Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>

**Summary / Key Points:**

University Hospitals of Leicester NHS Trust (UHL) commissioned NHS Blood & Transplant to undertake an external review of UHL's Renal Transplant Service in January 2014.

The reasons for requesting this review were because a report by the Kidney Advisory Group for NHSBT had shown that Leicester had significantly higher kidney offer decline rates compared to the national rate combined with statistically lower patient survival rates in the first year following renal transplant; and also that there are on-going internal concerns about how the multi-disciplinary renal transplant team functioned.

The broad terms of reference for the external review commissioned were as follows:

- Investigate the circumstances why Leicester has a high kidney offer decline rate and make recommendations as to any actions that should be taken to improve this.
- Review the Renal Transplant Service's one year mortality and morbidity for patients after transplantation and the longer terms outcomes of risk adjusted kidney graft and patient survival rates to provide independent advice as to how these compare to peer groups and detail any remedial actions if needed.
- Provide advice as to whether the multi-professional team functions in a way which promotes the delivery of optimal outcomes for patients requiring renal transplantation.
- Provide advice to UHL about any other issues that may need further

attention following your service review.

The review team consisted of Professor Chris Watson, Chair of the Kidney Advisory Group and Professor of Transplantation at Cambridge University Hospitals, Dr Iain MacPhee, Consultant Nephrologist from St Georges and Secretary of the British Transplantation Society and Dr James Neuberger, Associate Medical Director of NHS BT, Organ Donation and Transplantation.

The review team visited Leicester on 25/26th March 2014 and met with key members of Renal Transplant Service and also reviewed unit documentation and outcome data.

UHL received verbal feedback at the end of the visit from the review team (afternoon of 26<sup>th</sup> March 2014) which was as follows:

- The review team did not feel that there was evidence to suggest a significant problem with historical outcomes with the Renal Transplant Service in Leicester.
- However, the review team expressed serious concerns about the robustness of policies, processes and guidelines within the unit and in the way the multi-professional team functioned.
- These concerns were felt to be significant enough to result in a recommendation of an immediate pause to all kidney transplant surgical activity as a precautionary measure to allow urgent remedial actions to be undertaken.
- The review team agreed to undertake a further visit approximately two weeks after their initial visit to assess progress against these actions; at which time they would expect to make a further recommendation about whether the service could re-commence kidney transplantation.

UHL acted with immediate effect on receiving the review team's verbal feedback to suspend renal transplantation in Leicester as a precautionary measure for a minimum of two-weeks as recommended.

The review team provided an interim list of recommendations to the Trust confirming their verbal feedback (attached). This has been shared with the Transplant surgeons and External Stakeholders including the MD of NHS England LAT and MD to NTDA. The formal report from NHS BT is awaited.

Actions undertaken by UHL following the decision to pause surgical transplant activity are as follows:

- The transplant surgeons and immediately affected patients were informed that evening (there was a living donor transplant planned for the following day)
- Key internal and external stakeholders were briefed including the Trust Executive, the Trust Board, NHS England, NTDA, CCGs, NHS BT
- Agreement was obtained with NUH that NUH would undertake kidney transplants for Leicester patients during the period whilst the UHL service was paused should a Leicester patient receive a match from the organ donor register (there was a 48 hour period from Wednesday evening to Friday evening when Leicester patients were not being considered on the

matching programme)

- Normal services continue to be provided to existing inpatients on the renal transplant unit and to outpatients.
- All UHL patients on the transplant register were written to and a helpline number provided
- All affected staff were briefed by the CMG team
- The press were briefed and the Deputy Medical Director did an interview on East Midlands Today
- All transplant surgeons have received a letter from the Medical Director outlining the Trust's expectations of the service and of the surgeons as individuals
- Multi-professional workshops facilitated by the CMG management team have been established to work through each of the recommendations made by the external review team
- The actions have been reported to and discussed by the Trust's Executive Quality Board (2<sup>nd</sup> April 2014)
- Professor Chris Rudge, CBE, has been appointed as an external expert to work with the renal transplant team. Professor Rudge has held a number of senior positions within the field of renal transplantation including Medical Director for UK Transplant, Executive Director of UK Transplant within NHSBT and from 2008-11 National Clinical Director for Transplantation.
- Professor Rudge has commenced work and will be providing external leadership, guidance and advice to the Trust's renal transplant program.
- Professor Rudge will meet with the NHSBT external review team during their follow-up visit week commencing 14/4/14 and subject to receiving the outcome of the follow-up visit, we will make a decision about lifting the pause on transplant surgery.

**Recommendations:**

Board members are requested to receive and note the content of this report.

**Strategic Risk Register**

Not at this time

**Performance KPIs year to date**

**Resource Implications (eg Financial, HR)**

None at this time

**Assurance Implications**

Potentially

**Patient and Public Involvement (PPI) Implications**

Yes

**Equality Impact**

N/A

**Information exempt from Disclosure**

No

**Requirement for further review?**

Yes



## **External Review of UHL Renal Transplant Service – Summary of Initial recommendations**

No evidence was found that patients had been harmed or that care had been inadequate.

It would be advisable for the transplant programme to stop all transplant surgical activity for a period of at least 2 weeks to allow the following actions to be taken:

- Agree an evidence-based patient management guide that all agree to follow. This should cover assessments for live and deceased donor kidneys, pre-, peri-, and post transplant management, covering elements such as immunosuppression and infection prophylaxis, but also the management of delayed graft function. The team should also agree a programme of regular Multi-Disciplinary Team meetings to review patients for listing and other management issues, Morbidity and Mortality meetings, other regular multi-disciplinary clinical/academic meetings (such as with pathology and radiology)
- Provide clarity as to the timing of ward rounds and the membership to ensure clarity and efficiency and avoid multiple ward rounds.
- Agree guidelines for accepting donor kidney offers, in particular organs from less than ideal donors such as the elderly and/or diabetic donors, including DCD donors, as well as donors where there is a risk of donor transmitted disease.
- Agree on the assignment of responsibility for patient management at all stages of the transplant process from assessment to post transplant follow up.
- Ensure appropriate working relationships are in place within the MDT to maintain optimal patient safety and outcomes.
- Review the clinicians' timetables to ensure the ability to attend operating lists, out-patient clinics, ward rounds, hand-over and agreed meetings.
- Consider the provision of a significant nephrology presence and leadership at ward level may in order to positively support and improve ward care.