

Renal Services Peer Review Visit

Guy's and St Thomas' NHS Foundation Trust

Visit Date: 14th and 15th June 2016

Report Date: September 2016

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INDEX

Introduction.....	3
Background.....	4
Visit Findings	5
Appendix 1 Membership of Visiting Team	8
Appendix 2 Guidelines not yet in Place.....	9
Appendix 3 Compliance with the Quality Standards	10
Primary Care.....	11
Renal Services	11

INTRODUCTION

This report presents the findings of the review of renal services at Guy's and St Thomas' NHS Foundation Trust that took place on 14th and 15th June 2016. The purpose of the visit was to review compliance with the West Midlands Quality Review Service (WMQRS) Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease (Version 3).

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services at Guy's and St Thomas' NHS Foundation Trust. Appendix 3 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Guy's and St Thomas' NHS Foundation Trust
- NHS England: Specialised Commissioning

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS England: Specialised Commissioning.

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Guy's and St Thomas' NHS Foundation Trust for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews – often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk.

Return to [Index](#)

BACKGROUND

The Guy's and St Thomas' NHS Foundation Trust (GSTT) renal service provided care for patients from across south east London and north west Kent. Kidney treatment was offered to patients at all stages of the patient pathway, from early kidney disease through to the care of patients with all forms of advanced kidney disease to end of life care. GSTT was a regional centre for kidney transplantation and a supra-regional centre for kidney and pancreas transplantation and for blood group and human leukocyte antigen (HLA) incompatible transplantation.

Clinical services were centred at Guy's Hospital, with outreach services offered at a number of community sites. The Trust offered nephrology outpatient clinics at Guy's Hospital, Tunbridge Wells Kidney Treatment Centre, Queen Mary's Hospital, Sidcup and University Hospital, Lewisham, and also support to patients with kidney disease living in the Channel Islands.

Service (as at June 2016)	No. Patients	No. Stations
Haemodialysis (HD)		
- Main Unit	59	23 (15 in use at the time of the visit)
- Satellite Units:		
Guy's and St Thomas' NHS Foundation Trust		
o Borough Kidney Treatment Centre	193	40
o Camberwell	77	21
o New Cross Gate	69	20
o Tunbridge Wells	87	21
Diaverum		
o Forest Hill	79	15
o Sidcup	70	12
- Home HD	47	5 training chairs + 2 'step down' chairs
Total haemodialysis	681	
Peritoneal dialysis		
o CAPD	12	
o APD	19	
o aAPD	2	
Total Peritoneal dialysis	33	
Transplant follow up (local care)	1,400	
Number of transplants (previous 12 months)	243	
Permanent dialysis access	67%	
In-patients	No. Beds	
Guy's Hospital	39 beds	
o Richard Bright Ward	4 escalation beds	
o Patience Ward	5-bed day case facility	

Return to [Index](#)

VISIT FINDINGS

This report describes the findings relating to renal services provided across Guy's and St Thomas' NHS Foundation Trust. The visiting team met patients and carers, viewed facilities and talked to staff at the main renal unit, the Borough Kidney Treatment Centre, and the Forest Hill and New Cross Gate satellite units. The 'renal services' findings are likely to apply to all satellite units managed by Guy's and St Thomas' NHS Foundation Trust. Additional issues in the satellite units not visited by the review team will not have been identified.

General Comments and Achievements

This was a very good service with strong outward-looking medical and nursing leadership. Creative partnerships had been forged with a number of other organisations. Service users expressed their appreciation of the service they received and of the staff working at all levels.

Staffing levels were generally good, with effective use of highly-trained dialysis assistants at the satellite units, freeing up registered nurses for more specialist nursing input. Training of staff on the ward was good. Staff retention rates were excellent, and the service had a strong record of providing career development opportunities for staff. Staff who met the visiting team said that they enjoyed working in the service.

Patient information was plentiful and of outstanding quality. Patient support was strong, with active Kidney Patients Association and peer support programmes.

Facilities at the Borough Kidney Treatment Centre, including facilities for training patients to use haemodialysis and peritoneal dialysis independently, were of an exceptionally high standard.

The transplant research portfolio was extensive and successful, and there was a very positive attitude towards transplantation from all staff. Patients for transplant were admitted even when the unit was very busy.

Good Practice

- 1 Patient information and resources, in particular the booklet 'Your kidneys, your choice', a competency document for patients being trained for home haemodialysis, and patient-specific information for each patient included in their dialysis 'welcome pack', were very good. A book of recipes written by patients for patients was available, at least at the Borough Kidney Treatment Centre.
- 2 Arrangements for the transition of young people to adult services were exceptionally good.
- 3 There was a well-resourced 'live donor' team, with staff able to case manage potential donors and recipients individually, attend relevant MDTs and ensure timely communication between all the parties. The effectiveness of this team was reflected in a high live donor transplant rate.
- 4 Feedback from patients was sought and taken seriously, and there was a 'posting box' for users' comments, suggestions or complaints at New Cross Gate.
- 5 Although the technicians' team was under-resourced, they managed to hold a team meeting every week.
- 6 Detailed patient level data were available as a spreadsheet that could, for example, be interrogated to indicate when a patient was last seen in clinic. This helped to prioritise the booking of clinic appointments.
- 7 All the nursing competency documentation, for staff at all levels, was clear and comprehensive.
- 8 A 'SCALE' clinic, run by dieticians, was offered to help service users with weight reduction.
- 9 A 'book exchange' programme was offered at the New Cross Gate site.
- 10 Staff name badges were exceptionally clear, with large black print on a yellow background and possibly unfamiliar terms explained; for example, a pharmacist's badge indicated 'please ask me about any medication queries'.
- 11 Ward headboards had a space to indicate, for each patient, 'what matters to me today'.

Immediate Risks: No immediate risks were identified.

Concerns

1 Low peritoneal dialysis uptake rates

Even taking into account the high pre-emptive transplant rates, peritoneal dialysis rates were unusually low. Reviewers were concerned that frail elderly patients who might best be served by home peritoneal dialysis, aided if need be, were continuing to be managed on haemodialysis. There was no use of acute peritoneal dialysis and, although peritoneal access could be inserted under local anaesthetic, this was undertaken in theatre and so required a theatre 'slot' to be organised. Reviewers acknowledged that there may be cultural influences on patient choice, but the demographics of the patients did not differ widely from some other centres with a much higher uptake rate. Reviewers noted the good peritoneal dialysis training facilities at the Borough Kidney Treatment Centre.

2 Insufficient interventional radiology capacity

Insufficient interventional radiology capacity was resulting in delays in interventional radiology procedures. Some patients were waiting approximately 10 days for thrombectomy so that they could use their permanent access, with a risk of infection while using a temporary line in the meantime. Success rates of procedures were high.

3 Poor facilities at Forest Hill

The haemodialysis area at Forest Hill was very cramped, with patient stations so close together that it was difficult for staff to move between them. Reviewers considered that it would be challenging to conduct effective resuscitation, given the space needed for staff and equipment, if a patient suffered a cardiac arrest. There were plans to re-provide this service at University Hospital, Lewisham in 2017.

4 Communication and learning following a potentially serious incident

Although a recent incident at the Astley Cooper dialysis centre, in which patients had been dialysed for a period against hard water, had been well managed once recognised, at the time of the visit the relevant Standard Operating Procedures had still not been updated. The visiting team was not assured that arrangements were in place, or that staff were aware of these arrangements in all units, to ensure that the problem could not recur.

Further Consideration

- 1 Patients managed at St Thomas' Hospital, either because they had been admitted there through the Emergency Department or because they were under the care of a different specialty team, did not have access to the same level of care as those at Guy's Hospital. Medical cover from the renal team was limited, with only a specialist registrar based at the St Thomas' site and two consultant ward rounds each week. Patients with primary renal problems were transferred to the Renal Unit at Guy's Hospital. At the time of the visit, patients at St Thomas' were managed on the Nxstage haemodialysis machine, although there were plans to establish six haemodialysis stations towards the end of 2016.
- 2 Haemodialysis patients had little personalised information about their progress. There was no care plan giving details of target weights and other observation parameters, and patients did not have ready access to their blood results. Little use was being made of Patient View. A 'personal dialysis report' was in draft form at the time of the review and will improve the situation when fully implemented.
- 3 Staff at the Forest Hill site, managed in partnership with Diaverum, had to enter patient data onto two computer systems, one for Diaverum and one for Guy's and St Thomas' NHS Foundation Trust. This duplicate data entry was time wasting and had the potential for error.
- 4 Despite good provision of dialysis access surgery, the percentage of patients dialysing on lines was high (33%) and was rising. This did not meet the Renal Association guideline of 80% of haemodialysis patients dialysing through arteriovenous fistula or graft.

- 5 A concerns register was in place, but this appeared to have been a recent development and was not fully used, with some staff unaware of it.
- 6 The Rapid Assessment Unit appeared to work well, but with a single station managing seven to eight patients a day. This number of patients appeared low for a service of this size. Reviewers queried whether some patients were attending elsewhere, for example other hospitals' Emergency Departments, and whether a larger facility might be more appropriate.
- 7 1.5 w.t.e. practice development nurses covered urology and renal medicine, including the satellite units. This level of practice development may be insufficient given the size of the services, and may benefit from review.
- 8 Emergency surgery, mostly for patients needing a transplant, was usually accommodated by cancelling booked elective cases. Better access to an emergency theatre would be helpful in order to avoid this situation.
- 9 Post-transplant discharge summaries were not comprehensive and some lacked almost all details of the episode except discharge medication.
- 10 Document control was not robust, with some guidelines in draft form, beyond their review date or undated.
- 11 Measures were in place to meet the requirements of the great majority of the standards in practice, but some written guidelines, protocols and policies were not yet in place (see Appendix 2 for details).

Return to [Index](#)

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr Peter Andrews	Consultant Nephrologist	Epsom and St Helier University Hospitals NHS Trust
Dr Andrea Cove-Smith	Consultant Nephrologist	Barts Health NHS Trust
David Curran	Senior Nurse – Renal Services	Barts Health NHS Trust
Donyale French	Manager: Renal Services	Imperial College Healthcare NHS Trust
Katy Gordon	Programme Consultant, Cardiovascular Disease Strategic Clinical Networks (London)	NHS England
Julie Harris	Senior Nurse In-Patient Services	Imperial College Healthcare NHS Trust
Sheila Johnston	Lead Nurse, Chronic Kidney Disease	Royal Free London NHS Foundation Trust
Mr Vassilios Papalois	Consultant Transplant Surgeon	Imperial College Healthcare NHS Trust
Kirtida Patel	Renal Pharmacist	Royal Free London NHS Foundation Trust
Cyril Prince	Renal Technician	Barts Health NHS Trust
Miss Cinzia Sammartino	Consultant Renal Surgeon	Barts Health NHS Trust
Maggi Steele	Senior Nurse	Epsom and St Helier University Hospitals NHS Trust
Natasha Stubbs	Lead Live Donor Co-ordinator	Imperial College Healthcare NHS Trust
Jasmine Taylor	Patient Representative	
Sharon Walker	Renal Counsellor	Imperial College Healthcare NHS Trust

WMQRS Team

Carol Willis	Associate	West Midlands Quality Review Service
Dr Anne Yardumian	Associate	West Midlands Quality Review Service

Return to [Index](#)

APPENDIX 2 GUIDELINES NOT YET IN PLACE

Below lists the Quality Standards where written guidelines or protocols were not in place. The information in the table does not detail any practice or processes that were in place at the time of the review visit. For more detail please see the compliance section of the report.

Ref	Quality Standards	Comment
RN-501	Operational Policy	Many aspects of the QS were met
RN-502	Guidelines: Lifestyle advice	Some aspects of the QS were not yet met.
RN-503	Guidelines: Management of CHD risk factors, anaemia and diabetes	Written guidance on CHD risk factors was not yet available.
RN-505	Operational Policy: Pre- dialysis care	The policy was in the process of being agreed.
RN-507	Access surgery protocol	A written protocol did not cover referral for surgery
RN-509	Acceptance on transplant list	A protocol was not yet in place
RN-510	Referral for combined kidney and pancreas transplantation	Guidelines were not yet available
RN-516	Monitoring	Specific holistic reviews with the named nurse were not routine
RN-517	Six monthly holistic review	Six monthly holistic reviews were not routine
RN-520	Dialysis away from 'base'	The protocol did not meet all the aspects of the Quality Standard.
RN-531	Pre-operative protocol	The protocol was not specific about counselling for those where transplantation did not proceed.
RN-528	Post-transplant clinical guidelines	Guidelines were available but did not yet cover chronic allograft damage or chronic rejection.
RN-534	Protocol: Discharge following transplantation	A protocol was not yet in place
RN-535	Protocol: Post-transplantation referral back to Renal Units	A protocol was not yet in place
RN-538	Transfer to adult care	Guidelines were not yet available
RN-604	Liaison with diabetes services	Guidelines were not yet in place

APPENDIX 3 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Primary Care	2	1	50
Renal Services	102	79	77
Total	104	80	77

Return to [Index](#)

PRIMARY CARE

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RA-298	<p>Primary care training and development</p> <p>General practices should participate in the local programme of training and development in the care of people with end stage renal failure.</p>	N	Some training sessions had been offered, but there was no formal programme in place.
RA-501	<p>Primary care guidelines</p> <p>Guidelines on the primary care management of patients with chronic kidney disease should be in use, covering at least:</p> <ol style="list-style-type: none"> Information and advice for patients and their carers, including lifestyle advice in order to slow down the rate of kidney damage Indications for referral to the renal service 	Y	

Return to [Index](#)

RENAL SERVICES

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-101	<p>General Support for Service Users and Carers</p> <p>Service users and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including access to British Sign Language Independent advocacy services PALS Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation 	Y	There was also easy access to the Kidney Patients Association, and a peer support mechanism was in place. Information was also available on the 'My Kidney' website.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-102	<p>Information: All patients</p> <p>Information should be offered to all patients and, where appropriate, their carers covering:</p> <ul style="list-style-type: none"> a. Chronic kidney disease, including its causation, and physical, psychological, social and financial impact b. Treatment options available c. Pharmaceutical treatments and their side effects d. Promoting good health, including diet, fluid intake, exercise, smoking cessation and avoiding infections e. Symptoms and action to take if become unwell f. Support groups available, for example, Kidney Patients Association g. Expert Patients Programme (if available) h. Staff and facilities available, including facilities for relatives i. Who to contact with queries or for advice j. Where to go for further information, including useful websites 	Y	Patient information, in written and in electronic forms such as the 'My Kidney' website and the 'Mykidney' smartphone app, was generally of outstandingly high quality.
RN-103	<p>Information: Pre-dialysis</p> <p>Information should be offered to all patients receiving pre-dialysis care covering at least:</p> <ul style="list-style-type: none"> a. What are the reasons for starting dialysis b. Conservative management c. Types of dialysis available and locations of these services d. Changing dialysis modality and possible consequences e. Self-care options f. Potential complications of each type of dialysis g. Access types and access surgery h. Transport options and eligibility for free transport i. Availability of, and eligibility for, temporary dialysis away from home j. Arrangements for six monthly holistic review with named nurse k. Who to contact with queries or for advice l. Where to go for further information, including useful websites 	Y	Arrangements for six-monthly holistic reviews were not explicit, but the contact details of the named nurse, and much additional patient-specific information, were included in the comprehensive 'welcome pack' given to patients before the start of dialysis.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-104	<p>Information: Patients with dialysis access</p> <p>Information should be offered to all patients with dialysis access covering at least:</p> <ul style="list-style-type: none"> a. Care of their dialysis access b. Management of pain and complications c. Emergency admission to hospital d. What to do if problems occur 	Y	Information for patients was very clear and comprehensive.
RN-105	<p>Information: Patients considering transplantation</p> <p>Information should be offered to all patients being considered for transplantation covering at least:</p> <ul style="list-style-type: none"> a. Different types of transplantation available and locations of these services b. Potential complications of each type of transplantation, including the risks of infection and malignant disease c. Likely outcomes of each type of transplantation d. Tests and investigations that will be carried out e. What will happen if they are accepted for inclusion on the transplant list f. Annual review while on the transplant list g. What will happen if they are not accepted onto the transplant list h. Who to contact with queries or for advice. i. Where to go for further information, including useful websites 	Y	Information was comprehensive and written in language that was easily understandable.
RN-106	<p>Information: Patients considering live donation</p> <p>Information on kidney donation should be offered to all patients considering live donation and to all potential live donors covering at least:</p> <ul style="list-style-type: none"> a. What is live donation b. Antibody incompatible transplantation c. Potential complications for the donor d. Payment of expenses, including the time within which payment should be received and a contact point for queries over payments 	Y	Information was very comprehensive.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-107	<p>Information: Post-transplant patients</p> <p>In addition to the information in QS RN-105, information should be offered to all patients following transplantation covering at least:</p> <ul style="list-style-type: none"> a. Anti-rejection medication b. Symptoms and action to take if these occur, including what to do in an emergency c. Pregnancy and contraception 	Y	
RN-108	<p>Information: Transition to adult care</p> <p>Information should be available on transition to adult care. This information should cover all aspects of the transition (QS RN-538).</p>	Y	
RN-109	<p>Education and awareness: All patients</p> <p>An education and awareness programme should be offered to all patients with progressive and advanced chronic kidney disease and, where appropriate, their carers. In addition to a general programme appropriate to all patients and covering all points in QS RN-102, specific programmes for particular groups of patients should cover:</p> <ul style="list-style-type: none"> a. Patients being considered for dialysis (QS RN-103) (Not applicable to Satellite Units) b. Patients needing immediate dialysis at presentation c. Patients with dialysis access (QS RN-104) d. Patients on the transplant list (QS RN-105) e. Education and training in the competences needed for self-care (for patients opting for self-care) 	Y	A good educational programme was in place. Reviewers suggested that the education programme should be delivered as soon as practicable to those needing immediate dialysis at presentation or presenting late to renal services.
RN-110	<p>Care plans and 'key worker'</p> <p>All patients and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ul style="list-style-type: none"> a. A written individual care plan b. A permanent record of consultations at which changes to their care plan are discussed c. Access to clinical results and relevant clinical information through Renal Patient View (or an equivalent system) d. A key worker / named contact 	N	Care plans were not yet in use across all areas, and patients did not get written copies of their blood results. Patients were allocated a named nurse. The 'personal dialysis report' sheet was in the process of being developed.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-111	<p>Food</p> <p>Food should be offered to all patients who are away from home for more than six hours to attend clinic or receive dialysis.</p>	Y	
RN-112	<p>Car parking</p> <p>Free or reduced price car parking should be available close to the dialysis unit for haemodialysis patients attending for dialysis.</p>	N	Free parking was available at all sites except Guy's Hospital and the Borough Kidney Treatment Centre.
RN-113	<p>Patient Transport</p> <p>Patients travelling by hospital transport should arrive within 30 minutes of their starting time for dialysis and should be picked up within 30 minutes of finishing dialysis. Adult patients should not travel for more than 30 minutes for dialysis unless by choice.</p>	N	A recent change of transport provider had caused some initial 'teething problems', but discussions had been constructive, and the service was clearly improving toward the target times.
RN-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving feedback from patients and carers A rolling programme of audit of patients' and carers' experience Mechanisms for involving patients and, where appropriate, their carers in decisions about the organisation of the service 	Y	Survey results were seen and communicated through the patient newsletter. At the New Cross Gate satellite unit there was a 'posting box' for suggestions, comments or complaints.
RN-201	<p>Lead Consultant and Nurse</p> <p>The service should have a nominated lead consultant nephrologist and nominated lead nurse with responsibility for ensuring implementation of the Quality Standards for the Care of Patients with End Stage Renal Failure.</p>	Y	
RN-202	<p>Leads for particular aspects of care</p> <p>The service should have a nominated lead consultant and lead nurse / coordinator for:</p> <ol style="list-style-type: none"> Pre-dialysis care (Not applicable to Satellite Units) Dialysis care Transplant-related issues, including live kidney donation and Renal Unit / Transplant Centre liaison Transition to adult care (Not applicable to Satellite Units) End of life care 	Y	Named leads were identified for each aspect of care.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-203	<p>Consultant Nephrologists</p> <p>A consultant nephrologist should be on call at all times and available to attend to care for patients within 30 minutes.</p>	Y	
RN-204	<p>Transplant Surgeons</p> <p>A consultant transplant surgeon should be available at all times for the care of patients in the Transplant Centre and for advice to Renal Units.</p>	Y	
RN-205	<p>Lead Consultant: Transition</p> <p>Transplant Centres with lead responsibility for the care of young people aged up to 25 years (QS RZ-601) should have a nominated lead nephrologist with responsibility for liaison with the network's Renal Service for Children (CRSs) in relation to transfer to adult care.</p>	Y	
RN-206	<p>Lead Surgeon and Urologist</p> <p>The service should have:</p> <ul style="list-style-type: none"> a. A nominated lead surgeon for paediatric transplantation with responsibility for transplant-related issues, including coordination of all transplant surgeons involved with the care of children or living related donor transplants to children b. A nominated lead paediatric urologist with responsibility for liaison with the paediatric renal transplantation service in relation to the care of children with complex bladder anomalies 	N/A	
RN-207	<p>Staffing: In-patient wards</p> <p>The in-patient ward should have sufficient renal nurse and HCA staff with appropriate competences. Staffing levels should be based on a competence framework covering the skill mix, staffing levels and competences expected for the usual number and dependency of patients. The competence framework should cover, at least, care of patients with renal disease, procedures staff are expected to undertake and equipment they are expected to use.</p>	Y	Staffing levels were good, with excellent retention and high staff satisfaction. Competency assessments were thorough for each grade of staff.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-208	<p>Staffing: Dialysis services</p> <p>The dialysis service should have sufficient renal nurse and HCA staff with appropriate competences. Staffing levels should be based on a competence framework covering the skill mix, staffing levels and competences expected for the usual number and dependency of patients. The competence framework should cover, at least, care of patients with renal disease, procedures staff are expected to undertake and equipment they are expected to use.</p>	Y	Staffing ratios of 1:3 - 1:4 included dialysis assistants who were able to put patients onto and off the machines at the beginning and end of the session, allowing the registered nurses to attend to more specialist nursing work. The ratio of registered nurses to patients was adequate. Competency documentation was similarly extensive.
RN-209	<p>Specialist Nurses</p> <p>The service should have an identified lead nurse with specialist expertise in each of the following areas:</p> <ul style="list-style-type: none"> a. Vascular access b. Anaemia management c. Home therapies d. Conservative management (Not applicable to Satellite Units) 	Y	Lead nurses for each area were identified.
RN-210	<p>Clinical Technologists</p> <p>Sufficient clinical technologist staff with appropriate competences should be available to support equipment maintenance, breakdown and replacement, including water treatment equipment. All clinical technologists should have regular assessment of competence in the maintenance of equipment appropriate to their role.</p>	N	The number of technicians in post was lower than recommended (13 - 14 w.t.e would be expected for the size of the service). The team did meet weekly to discuss any issues. Regular assessments against competency documents were not yet in place.
RN-211	<p>On-call Clinical Technologist</p> <p>A 24 hour clinical technologist on call service should be available.</p>	Y	
RN-212	<p>Support Staff</p> <p>The service should have:</p> <ul style="list-style-type: none"> a. A nominated lead for coordinating holiday haemodialysis b. Sufficient staff to ensure data collection as required for relevant QS RN-700s c. Administrative and clerical support 	N	There was no named lead for coordinating holiday dialysis, and the numbers of administrative and clerical staff at some sites, for example New Cross Gate, were insufficient. Staff were in place to meet data management needs, and the data available to the team were comprehensive and detailed.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-301	<p>Support Services</p> <p>The following services should be available to provide support to patients with renal diseases:</p> <ul style="list-style-type: none"> a. Dietetics b. Pharmacy (Not applicable to Satellite Units) c. Psychological support d. Social worker e. Play specialist and youth worker (CRS only) <p>Staff providing these services should have specific time allocated in their weekly job plan to their work with the renal service and specific training or experience in caring for people with renal diseases.</p>	Y	All these support services were in place.
RN-302	<p>Access surgery</p> <p>Emergency and elective surgical services should be available to provide:</p> <ul style="list-style-type: none"> a. Elective access surgery b. Emergency surgery for failed vascular access and removal of infected peritoneal dialysis catheters 	Y	A very good service was in place, with procedures sometimes taking place on the same day on a 'one stop' basis, and patients routinely being given dates for access surgery that were within two weeks of their initial appointment. Interventional radiology capacity was an issue, however; see main report.
RN-303	<p>Dermatology services</p> <p>Access to dermatology services with expertise in the management of patients on long-term immunosuppressive therapy should be available.</p>	Y	
RN-304	<p>Transplant Coordinator: live kidney donors</p> <p>There should be a nominated transplant coordinator with lead responsibility for live kidney donors.</p>	Y	
RN-305	<p>Transplant Coordinator</p> <p>A renal recipient transplant coordinator should be available at all times.</p>	Y	
RN-306	<p>Expert advice on antibody incompatible transplantation</p> <p>The Transplant Centre should have arrangements for access to expert advice on antibody incompatible transplantation.</p>	Y	
RN-307	<p>Histocompatibility service</p> <p>The Transplant Centre should have access within a two hour travel time to a consultant led, accredited histocompatibility service.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-308	Histopathology service The Transplant Centre should have access to a histopathology service with expertise in the interpretation of renal transplant biopsies.	Y	The histopathology service was available Monday to Saturday.
RN-309	Theatres for transplantation The Transplant Centre should have 24 hour a day, 7 days a week access to operating theatres for renal transplantation.	Y	
RN-310	Plasmapheresis The Transplant Centre should have 7 days a week access to plasmapheresis.	Y	
RN-311	Support Services: Transition Transplant Centres with lead responsibility for the care of young people aged up to 25 years (QS RN-601) should have the following services available: a. Youth worker service b. Psychological support service with expertise in the care of young people with renal disease	Y	
RN-401	Haemodialysis facilities Appropriate facilities for the provision of haemodialysis should be available. All new facilities should meet the requirements of the latest HBN requirements and other services should be working towards these standards. In-patient services should ensure reasonable separation of patients receiving in-patient and out-patient care.	N	On Astley Cooper ward, it was noted that in-patients and out-patients were being dialysed at the same time and place. Reviewers were told that in-patients were usually dialysed at the bedside or in side rooms.
RN-402	Equipment All equipment used in the delivery and monitoring of haemodialysis and peritoneal dialysis therapy should comply with the relevant standards for medical electrical equipment.	Y	
RN-403	Haemodialysis: Equipment replacement Each unit should have a programme of equipment replacement.	Y	However some haemodialysis machines were more than ten years old. Monitoring of total hours of use for these machines was in place.
RN-404	Haemodialysis: Concentrates All haemodialysis concentrates should comply with European quality standards.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-405	<p>Haemodialysis: Water</p> <p>A routine testing procedure for product and feed water should be in use which ensures water used in preparation of dialysis fluid meets the requirements of BS ISO 13959:2014</p>	Y	
RN-406	<p>Haemodialysis: Membranes</p> <p>A protocol on haemodialysis membranes should be in use covering:</p> <ul style="list-style-type: none"> a. Use of low flux synthetic and modified cellulose membranes b. Membranes for patients at risk of developing symptoms of dialysis-related amyloidosis c. Membranes for patients with increased bleeding risk d. Membranes in patients on ACE inhibitor drugs 	N/A	
RN-408	<p>Isolation facilities</p> <p>Appropriate facilities for isolation of patients should be available.</p>	Y	
RN-409	<p>Weighing scales</p> <p>All weighing scales should comply with Non-Automatic Weighing Instrument (NAWI) Regulations 2000, part III, section 38.</p>	Y	
RN-410	<p>Home therapy training facility</p> <p>Facilities for training patients in home therapies should be available.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-501	<p>Operational Policy</p> <p>The unit's operational policy should ensure:</p> <ul style="list-style-type: none"> a. Allocation of a key worker / named contact at each stage of the patient's care b. Arrangements for handover of key worker / named contact between stages of the patient's care c. Ensuring all patients and, where appropriate, their carers are offered information (QS RN-102) and education programmes (QS RN-109) d. Ensuring all patients have a written care plan that is discussed with the patient and, where appropriate, their carers: <ul style="list-style-type: none"> - following significant changes in circumstances - at least once a year e. Offering patients a copy of their care plan f. Offering patients a permanent record of consultations at which changes to their care plan are discussed g. Communicating changes to the care plan to the patient's GP, including information about changes in drug treatments and what to do in emergencies h. Arrangements for ensuring patients have up to date information on their blood results i. Arrangements for dealing with violent or aggressive patients j. Arrangements for providing care for prisoners 	N	<p>An overall operational policy was not seen, although individual standard operating procedures covered some aspects of this Quality Standard.</p> <p>Ensuring all patients have a written care plan that was discussed with the patient and, where appropriate, their carers was not yet in place.</p>
RN-502	<p>Guidelines: Lifestyle advice</p> <p>Guidelines covering responsibilities, advice to be given and actions to be taken, including referral to other services, should be in use for:</p> <ul style="list-style-type: none"> a. Lifestyle advice and information, including: <ul style="list-style-type: none"> - Support for smoking cessation - Dietary advice, including salt reduction and alcohol - Programmes of physical activity and weight management - Sexual health, contraception and pregnancy - Travel and holidays - Risks and implications of having haemodialysis abroad b. Monitoring of growth and development (children and young people only) 	N	<p>Although excellent patient information was seen, written guidelines covering lifestyle advice were not yet in place. In practice, lifestyle issues were well managed with, for example, the implementation of the SCALE weight reduction programme.</p>

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-503	<p>Clinical guidelines: Management of CHD risk factors, anaemia and diabetes</p> <p>Clinical guidelines should be in use covering:</p> <p>a. Monitoring and management of CHD risk factors, including:</p> <ul style="list-style-type: none"> - Anti-platelet therapy (where indicated) - Lipid reduction therapy - Control of hypertension - Calcium and phosphate control <p>b. Management of diabetes mellitus (adults only)</p> <p>c. Management of anaemia</p>	N	Written guidance on CHD risk factors was not seen. Guidance on the management of anaemia was in place.
RN-504	<p>Referral for psychological support</p> <p>Clinical guidelines should be in use covering indications and arrangements for referral for psychological support.</p>	Y	A good algorithm and pathway were in place.
RN-598	<p>Referral to specialist palliative care</p> <p>Guidelines, agreed with the specialist palliative care services serving the local population, should be in use covering, at least:</p> <p>a. Arrangements for accessing advice and support from the specialist palliative care team</p> <p>b. Arrangements for shared care between the renal service and palliative care services</p> <p>c. Indications for referral of patients to the specialist palliative care team for advice</p>	Y	Specialist palliative guidelines were in place, although some staff who met with the reviewing team were not aware of the guidance available.
RN-599	<p>End of life care guidelines</p> <p>The renal service should be aware of local guidelines for the end of life care of patients.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-505	<p>Operational Policy: Pre-dialysis care</p> <p>A policy should be in use cover pre-dialysis care. This policy should ensure:</p> <ul style="list-style-type: none"> a. Patients and, where appropriate, their carers, are offered information (QS RN-103), education programmes (QS RN-109) and psychological support to enable them to make an informed choice of dialysis modality b. Assessment of suitability for dialysis c. Assessment of home environment for those patients considering home dialysis (HD & CAPD) d. Assessment of the economic impact of dialysis and possible sources of financial support e. Discussion of transport arrangements with each patient f. Recording of the agreed transport arrangements in the patient's care plan g. The patient's preferred choice of dialysis modality is recorded in the patient's notes / electronic patient record and care plan <p>The policy should cover arrangements for patients:</p> <ul style="list-style-type: none"> i. With 12 months or more preparation ii. Presenting less than 12 months before starting treatment iii. Needing immediate dialysis at presentation v. With failing transplants 	Y	
RN-506	<p>Control of infection</p> <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Screening for blood born viruses b. Hepatitis vaccination if required c. Monitoring of hepatitis B and C antibodies d. Screening for staphylococcus aureus and MRSA carriage and treatment of carriers <p>The guidelines should cover arrangements for patients presenting less than 12 months before starting treatment and those needing immediate dialysis at presentation as well as arrangements for patients with 12 months or more preparation.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-507	<p>Access surgery protocol</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Referral for assessment and investigation of suitability for access surgery b. Referral for surgery c. Indications for antibiotic prophylaxis d. Ensuring patients are given information about their dialysis access (QS RN-104) <p>The guidelines should ensure that, whenever possible, access is established and functioning three months before haemodialysis and two weeks before peritoneal dialysis.</p>	Y	
RN-508	<p>Referral for consideration of suitability for transplantation</p> <p>Guidelines should be in use covering referral to the Transplant Centre for consideration of suitability for transplantation. This protocol should ensure that:</p> <ul style="list-style-type: none"> a. A discussion with the patient, where appropriate their carer, and nephrologist takes place about their interest in and fitness for transplantation b. The patient is considered against agreed criteria for each type of transplantation (QS RY-502) c. The resulting decision is recorded in the patient's notes / electronic patient record and care plan d. Clinically appropriate patients are normally placed on the transplant list six months prior to the predicted start of dialysis 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-509	<p>Acceptance on transplant list</p> <p>A protocol should be in use covering acceptance onto the transplant list. This protocol should ensure that:</p> <ul style="list-style-type: none"> a. A discussion with the patient, where appropriate their carer, and a transplant nephrologist and / or transplant surgeon takes place about their fitness for transplantation b. The patient is considered against the network criteria for each type of transplantation (QS RY-502) c. A discussion takes place about the patient's suitability for and interest in: <ul style="list-style-type: none"> - Antibody incompatible transplantation - Combined kidney / pancreas transplantation (adults only) - Deceased donor transplantation d. The availability of potential living related donors is discussed e. Clinically appropriate patients are normally placed on the transplant list six months prior to the predicted start of dialysis f. The resulting decision is recorded in the patient's notes / electronic patient record and care plan, and communicated in writing to the patient and the referring Renal Unit (if applicable) within 10 working days 	Y	Not all elements of this standard, particularly that a discussion would take place regarding fitness for transplantation, were covered in the written protocol.
RN-510	<p>Referral for combined kidney and pancreas transplantation</p> <p>Guidelines should be in use covering criteria and arrangements for referral of patients with diabetes for combined kidney and pancreas transplantation.</p>	Y	
RN-511	<p>Suspension and reinstatement on transplant list</p> <p>A protocol should be in use covering suspension and reinstatement of patients on the transplant list. This protocol should cover at least:</p> <ul style="list-style-type: none"> a. Regular review of patients suspended from the list b. Informing the Transplant Centre that a patient has been suspended c. Reinstatement of patients onto the list as soon as clinically appropriate d. Informing the Transplant Centre when a patient is to be reinstated onto the list 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-512	<p>Annual review of patients on transplant list</p> <p>Guidelines should be in use covering annual review of patients on the transplant list. The annual review should cover at least:</p> <ul style="list-style-type: none"> a. Current fitness for transplantation b. Risk factors for coronary heart disease c. Anaesthetic risk d. Co-morbidity e. Availability of potential living related donors f. Consent for virology and storage for tissue typing 	Y	
RN-513	<p>Removal from transplant list</p> <p>A protocol should be in use covering removal from the transplant list. This protocol should ensure that:</p> <ul style="list-style-type: none"> a. A discussion takes place with the patient and, where appropriate, their family or carers about the reason for removal b. A decision to remove the patient from the transplant list temporarily or permanently is recorded in the patient's notes / electronic patient record c. The Transplant Centre is informed of the decision to remove the patient from the transplant list temporarily or permanently 	Y	Guidance as to discussion with the patient and family / carers was very brief.
RN-514	<p>Cardiovascular work up pre-transplantation</p> <p>A protocol should be in use covering cardiovascular work-up prior to transplantation. This protocol should ensure that cardiac investigations are normally completed within six weeks of referral.</p>	Y	The protocol was clear as to requirements, but in practice there was no named cardiologist with whom the transplant team could liaise.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-515	<p>Operational Policy: Self-care and home therapies</p> <p>A policy should be in use covering:</p> <ul style="list-style-type: none"> a. Self-care options offered by the service, including home haemodialysis, CAPD, self-care within a dialysis unit, APD and assisted PD b. Assessment of patient suitability for self-care and home therapies c. Training for self-care and home therapies d. Arrangements for assessing and monitoring competence of patients opting for self-care e. Assessment of home environment for patients choosing a home therapy f. Arrangements for water testing for patients on home haemodialysis 	Y	
RN-516	<p>Monitoring</p> <p>Guidelines should be in use which ensures:</p> <ul style="list-style-type: none"> a. Arrangements for multi-disciplinary review of blood results b. Monitoring of hepatitis B and C antibodies c. Frequency of out-patient review d. Arrangements for six monthly holistic review with named nurse e. Indications for change of dialysis modality f. Arrangements for changing dialysis modality 	N	Specific holistic reviews with the named nurse were not routine. Regular clinical reviews were in place.
RN-517	<p>Six monthly holistic review</p> <p>A protocol should be in use which ensures a six monthly holistic review with the patient's named nurse covering at least:</p> <ul style="list-style-type: none"> a. Review of biochemistry and referral to members of the multi-professional team if required b. Current medication, compliance and referral to the renal pharmacist if required c. Consideration of nutritional status and indications for referral to the dietician for assessment (QS RN-518 & RN-519) d. Psychological well-being and indications for referral for psychological support (QS RN-504) e. Lifestyle advice (QS RN-502) f. Transport arrangements g. Need for temporary dialysis away from home <p>the outcome of the holistic review should be documented in the patient's care plan</p>	N	A six-monthly holistic review was not routinely in place, although more frequent, focussed clinical reviews were undertaken.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-518	<p>Nutrition while on dialysis (adults)</p> <p>A protocol should be in use which ensures that:</p> <ul style="list-style-type: none"> a. An interview with the dietician takes place within one month of starting dialysis b. An annual nutritional assessment is undertaken c. Indications for referral to the dietician at other times 	Y	
RN-519	<p>Nutrition while on dialysis (children and young people)</p> <p>A protocol should be in use which ensures that:</p> <ul style="list-style-type: none"> a. An interview with the dietician takes place within one week of starting dialysis b. A nutritional assessment is undertaken every three months c. Indications for referral to the dietician at other times 	N/A	
RN-520	<p>Dialysis away from 'base'</p> <p>A protocol on 'dialysis away from base' should be in use covering at least:</p> <ul style="list-style-type: none"> a. Isolation dialysis b. Use of dedicated machines c. Suspension from and re-instatement to the transplant list d. Informing the Transplant Centre of suspension from and re-instatement to the transplant list 	N	A protocol for dialysis away from base was seen, but not one which covered suspension from and re-instatement on the transplant list, or informing the transplant centre of such decisions.
RN-521	<p>Withdrawal of dialysis</p> <p>A protocol should be in use covering withdrawal of dialysis. This protocol should ensure that:</p> <ul style="list-style-type: none"> a. A discussion takes place with the patient and, where appropriate, their family or carers about the reason for withdrawal b. A decision to withdraw dialysis is recorded in the patient's notes / electronic patient record / care plan c. Referral to palliative care services is made if appropriate (QS RN-598 & RN-599) 	Y	A protocol was in place, but some staff who met with the reviewing team were not aware of it.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-522	<p>Haemodialysis: Regimes</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Frequency of haemodialysis b. Duration of haemodialysis c. Measurement of adequacy of haemodialysis d. Pre- and post-dialysis blood sampling e. Exception reporting arrangements for haemodialysis patients dialysing for less than four hours, three times a week 	Y	Reviewers commented that exception reporting of HD patients dialysing for less than four hours would need to be included if existing capacity was reduced.
RN-523	<p>Haemodialysis: Control of infection</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Care of temporary and cuffed dialysis lines and arterio-venous fistulae, including locking solutions and dressings b. Preparing vascular access for haemodialysis c. Decontamination of equipment after each treatment session d. Decontamination of equipment after use by patients with blood born viruses 	Y	
RN-524	<p>Haemodialysis: Access management</p> <p>Guidelines should be in use covering access care and performance. This should cover at least:</p> <ul style="list-style-type: none"> a. Arrangements for monitoring access performance b. Management of access infections c. Management of dysfunctional access d. Investigation of AV fistulae or grafts for evidence of stenosis e. Indications for secondary AV access after each episode of access failure f. Management of anxiety and pain 	Y	However, the management of anxiety would benefit from being more specific.
RN-525	<p>Peritoneal dialysis: Regimes</p> <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Modality of dialysis used (CAPD, APD) b. Disconnect systems c. Type of fluid used including: <ul style="list-style-type: none"> - Solutions for patients experiencing infusion pain - Solutions for patients likely to remain on peritoneal dialysis for more than four years - Indications for use of specialist fluids d. Dialysis dose e. Monitoring dialysis adequacy, peritoneal dialysis function, residual urine and peritoneal ultra-filtration volume 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-526	<p>Peritoneal dialysis: Access management</p> <p>Clinical guidelines should be in use covering access care and performance. This should cover at least:</p> <ul style="list-style-type: none"> a. Peri-operative catheter care b. Care of peritoneal dialysis catheters c. Management of exit site and tunnel infections d. Management of catheter complications (leaks, obstruction) e. Management of anxiety and pain 	Y	
RN-527	<p>Peritoneal dialysis: Management of complications</p> <p>Clinical guidelines should be in use covering management of:</p> <ul style="list-style-type: none"> a. Peritonitis b. Hernias c. Encapsulating peritoneal sclerosis 	Y	
RN-528	<p>Post-transplant clinical guidelines</p> <p>Clinical guidelines should be in use for patients who have had renal transplantation covering:</p> <ul style="list-style-type: none"> a. Treatment of acute rejection episodes b. Management of chronic allograft damage, including chronic rejection 	Y	
RN-529	<p>Post-transplant follow up</p> <p>Clinical guidelines should be in use covering follow up of patients following transplantation, including at least:</p> <ul style="list-style-type: none"> a. Monitoring transplant function using eGFR b. Monitoring blood pressure c. Monitoring other CHD risk factors d. Skin surveillance e. Consideration of need for referral to pre-dialysis / pre-ESRF programmes f. Switching to a generic preparation g. Contraception and sexual health h. Care of mother and baby during pregnancy (adults only) i. Monitoring of growth (children and young people only) 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-530	<p>Live donor work-up</p> <p>A protocol should be in use covering:</p> <ol style="list-style-type: none"> Live donor work-up Arrangements for organising the transplant Communication with Renal Units about their patients <p>This protocol should ensure that transplantation takes place within three months of completion of the work-up.</p>	Y	
RN-531	<p>Pre-operative protocol</p> <p>Clinical guidelines should be in use covering pre-operative care of patients undergoing transplantation covering at least:</p> <ol style="list-style-type: none"> Psychological preparation Blood and tissue matching Antibody screening Pre-transplant vaccination Management of patients with blood born viruses Use of immunosuppressive therapy Counselling and advice for patients called for transplantation but where the operation does not take place (for whatever reason) 	N	Clinical guidance covering 'g' was not yet in place. In practice, counselling and advice for patients called for transplantation was available, but the guidance was not clear about the process for counselling those for whom the transplantation did not proceed.
RN-532	<p>Pre and peri-operative care: antibody incompatible transplantation</p> <p>Clinical guidelines should be in use covering pre- and peri- operative care of patients undergoing antibody incompatible transplantation.</p>	Y	
RN-533	<p>Post-operative care</p> <p>Clinical guidelines should be in use covering post-operative care of patients covering at least:</p> <ol style="list-style-type: none"> Pain control , including donor pain control Prevention of post-transplant CMV infection Use of immunosuppressive therapy Post-transplant vaccination Treatment of acute rejection episodes Antibody screening 	Y	
RN-534	<p>Discharge following transplantation</p> <p>A protocol should be in use covering discharge of patients following transplantation. This protocol should ensure that, immediately following discharge, the patient's GP has information on:</p> <ol style="list-style-type: none"> The type of transplantation undertaken The patient's medication and likely side effects Action to take should problems occur 	N	A post-discharge protocol was not in place. See also main report about the inadequacy of discharge information.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-535	<p>Post-transplantation referral back to Renal Units</p> <p>A protocol should be in use for referral of patients back to Renal Units. This protocol should ensure that before the transfer of care takes place:</p> <ol style="list-style-type: none"> All patients have been offered a copy of their care plan All patients have a named contact for advice and support The Renal Unit and the patient's GP have received a copy of the patient's care plan 	N	A post-discharge protocol was not in place. See also main report about the inadequacy of discharge information to referring units.
RN-536	<p>Live donor follow up</p> <p>A protocol should be in use covering follow up of live donors. This protocol should ensure that donors are followed up at least annually, including checks of blood pressure, urinalysis and renal function. There should be written hand-over from the Transplant Centre before live donor follow-up is undertaken by Renal Units.</p>	Y	
RN-537	<p>Payment of live donor expenses</p> <p>The network-agreed protocol (QS RY-509) for payment of expenses to living donors should be easily available within the Transplant Centre.</p>	Y	
RN-538	<p>Transfer to adult care</p> <p>The network-agreed guidelines for transition to adult care should be in use, covering:</p> <ol style="list-style-type: none"> Age guidelines for timing of the transfer Involvement of the young person in the decision about transfer Involvement of primary health care, social care and adult services in planning the transfer Joint meeting with the young person's paediatric and adult nephrologist and nursing representative Allocation of a named coordinator for the transfer of care A preparation period and education programme relating to transfer to adult care Arrangements for monitoring during the time immediately after transfer to adult care 	N	Although a good process appeared to be in place, no written guidelines were seen.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-601	<p>Multi-professional pre-dialysis care</p> <p>Arrangements should be in place to ensure effective communication and regular multi-disciplinary discussion to review the care of pre-dialysis patients. These arrangements should cover the involvement of, at least, consultant nephrologists, lead nurse for pre-dialysis care, dietician, renal pharmacist, clinical technologist (for home dialysis patients), renal social worker and vascular access surgeon.</p>	Y	
RN-602	<p>Dialysis quality monitoring</p> <p>Multi-disciplinary dialysis quality monitoring meetings should take place at an agreed frequency. These meetings should cover, at least:</p> <ul style="list-style-type: none"> a. Adequacy of dialysis b. Clinical parameters c. Dialysis access d. Water quality e. Significant events f. Patients on 'concerns register' (QS RN-605) g. Patients on the transplant list 	Y	
RN-603	<p>Eligibility for free transport and temporary dialysis away from home</p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> a. Eligibility for free transport b. Eligibility for temporary dialysis away from home 	Y	
RN-604	<p>Liaison with diabetes services</p> <p>Guidelines on the pro-active management of patients with diabetes should be in use, covering at least:</p> <ul style="list-style-type: none"> a. Indications for involvement of the renal service b. Arrangements for joint review with diabetologist and nephrologist c. Joint management / care of people with diabetes who are receiving renal replacement therapy or who have a renal transplant d. Monitoring of the number of patients with diabetes: <ul style="list-style-type: none"> - starting dialysis - with a renal transplant 	N	A process was described in practice, but no written guidelines were seen.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-605	<p>'Concerns Register'</p> <p>The renal service should have arrangements for identifying and regularly reviewing patients approaching the end of life and those where there are concerns about their ability to cope with the expected dialysis regime.</p>	Y	However, it was not clear to reviewers that the concerns register was fully utilised, as not all the staff who met with the reviewing team were aware of the existence of the register.
RN-606	<p>Publicity of transplant successes</p> <p>The unit should have arrangements for taking advantage of local opportunities for publicising 'transplant successes'.</p>	Y	Reviewers suggested that successes could be displayed in the satellite units.
RN-607	<p>Unit / Transplant Centre liaison 1</p> <p>Staff from the unit should meet with a representative of the team at the main Transplant Centre/s to which patients are referred at least three times a year in order to review transplant-related patients and issues.</p>	N/A	
RN-608	<p>Unit / Transplant Centre liaison 2</p> <p>A representative of the Transplant Centre team should meet with the renal team from each of its main referring units at least three times a year in order to review transplant-related patients and issues.</p>	Y	
RN-609	<p>Transplant Centre coordination</p> <p>Representatives of the Transplant Centre should attend the twice yearly network transplantation meeting (QS RY-601) and contribute details of patients for discussion.</p>	Y	Annual regional audit days were held, to which all referring centres were invited. Network transplantation meetings were not yet in place.
RN-610	<p>Transition: Joint clinic</p> <p>Transplant Centres with lead responsibility for the care of young people aged up to 25 years should hold a regular joint clinic with a paediatric nephrologist from the Renal Service for Children within the network.</p>	Y	A good process was in place.
RN-701	<p>Renal Registry data submission</p> <p>The service should be submitting data to the Renal Registry and UK Transplant.</p>	Y	
RN-702	<p>Audit</p> <p>The service should have a rolling programme of audit, including:</p> <ol style="list-style-type: none"> Audit of implementation of evidence based guidelines (QS RN-500s) Participate in agreed network-wide audits 	N	Some audits were seen, but these appeared to be ad hoc rather than forming part of a planned programme.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-703	<p>Unit audit: dialysis</p> <p>The unit should have undertaken regular audit of:</p> <ul style="list-style-type: none"> a. Travel times for dialysis patients, including waiting times for return journeys b. Relationship between timing of access surgery and start of dialysis 	N	Regular audits as defined by the QS were not undertaken.
RN-704	<p>Unit audit: transplantation</p> <p>The unit should have a programme of audit of compliance with its protocols for acceptance, suspension, annual review and removal of patients on the transplant list, including at least annual audit of:</p> <ul style="list-style-type: none"> a. Relationship between timing of dialysis and listing for transplantation b. Proportion of patients who have had an annual review c. Time from work-up to the transplantation for living related donors 	N	No audits were seen relating to these issues.
RN-705	<p>Transplant Centre audit 1</p> <p>Transplant Centres should have undertaken an audit of the timeliness of communication of decisions about acceptance onto the transplant list to the patient and the referring Renal Unit.</p>	N	No audits relating to timeliness of communications of decisions to accept patients onto the transplant list were seen.
RN-706	<p>Transplant Centre audit 2</p> <p>Transplant Centres providing an antibody incompatible transplantation service should participate in the national AiT Registry Audit (when established)</p>	N	Audits relating to antibody incompatible transplantation were not yet undertaken.
RN-707	<p>Transplant surgeon minimum activity</p> <p>Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.</p>	Y	
RN-708	<p>Antibody incompatible transplantation service minimum activity</p> <p>Transplant Centres providing an antibody incompatible transplantation service should normally treat at least five patients per year.</p>	Y	
RN-798	<p>Review and learning</p> <p>The service should have appropriate arrangements for multidisciplinary review of positive feedback, complaints, morbidity, mortality, serious incidents and 'near misses'.</p>	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with the Trust (or equivalent host organisation's) document control procedures.</p>	N	<p>Several documents seen did not comply with Trust guidance and were either in draft, out of date, not dated or did not include planned review dates.</p>

Return to [Index](#)