WM QRS West Midlands Quality Review Service

NHS London Clinical Networks

Renal Services Peer Review Visit

Royal Free London NHS Foundation Trust

Visit Date: 19th & 20th May 2016

Report Agreed: September 2016

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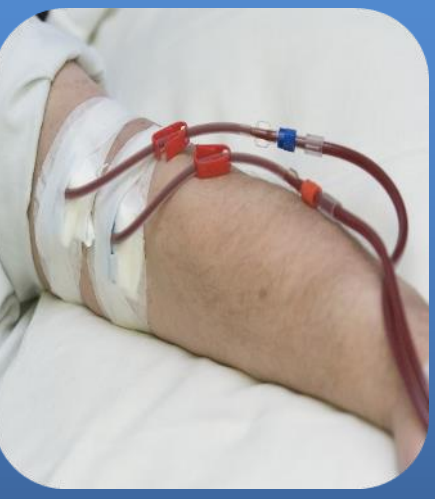
Version 2





UKAS INSPECTION 8831

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Version	Date	Change from Previous Version
V2	09.11.16	Removal of 'Further Consideration' regarding access to psychological support for haemodialysis patients.

INTRODUCTION

This report presents the findings of the review of services at Royal Free London NHS Foundation Trust that took place on 19th and 20th May 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 the Royal Free London 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:

- Royal Free London 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 Royal Free London NHS Foundation Trust renal services 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

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BACKGROUND

The Royal Free London Nephrology & Renal Transplantation Department served patients living with kidney disease in north central London (Camden, Islington, Barnet, Enfield and Haringey Clinical Commissioning Groups (CCGs)) and beyond, providing comprehensive services in nephrology, transplantation, and dialysis. The department had:-

- A national reputation in the management of renal tubular disorders, systemic vasculitis, renal bone disease, nephro-urology and renal transplantation.
- Specialist clinical interests including dialysis, diabetic nephropathy Chronic Kidney Disease (CKD) and cardiovascular risk, renal genetic disorders and HIV associated renal disease.
- Expertise in the management of CKD, renal amyloidosis, scleroderma, lupus nephritis, hepato-renal syndrome and Fabry disease.

As well as the main Royal Free Hospital site the service provided general nephrology and dialysis services at Barnet General Hospital, and supported three kidney care centres located at Tottenham Hale, St Pancras and Edgware.

Service (as at May 2016)	No. Patients	No. Stations
Haemodialysis (HD) - Main Unit – acute dialysis only - Satellite Units: ○ Barnet General Hospital Dialysis Unit ○ Edgware Kidney and Diabetes Centre ○ St Pancras Kidney and Diabetes Centre (SPKDC) ○ Supported Self Care Unit at SPKDC ○ Tottenham Hale Kidney and Diabetes Centre - Home HD	 variable 92 168 170 47 224 23	 17 and bedside provision 16 25 30 12 48
Total haemodialysis	**724 + acute HD**	
Peritoneal dialysis ○ CAPD ○ aCAPD ○ APD ○ aAPD	 52 9 72 17	
Total peritoneal dialysis	150	
Transplant follow up (local care)	1,294	
Number of transplants (previous 12 months)	121	
Permanent dialysis access	76%	
In-patients	**No. Beds**	
Royal Free Hospital ○ Ward 10 South ○ 10sa: nephrology and renal cancer surgery ○ 10sb: in-patient dialysis unit ○ Ward 10 East ○ Nephrology, transplantation and acute kidney injury	 25 beds 4 stations and 1 side room 24 beds including 7 Level 2 HDU beds	

VISIT FINDINGS

This report describes the findings relating to renal services provided across Royal Free London NHS Foundation Trust. The visiting team viewed facilities and talked to staff at the Royal Free Hospital renal unit and at two of its satellite kidney care centres, at Tottenham Hale and St Pancras. The 'renal services' findings are likely to apply to all satellite units managed by the Royal Free London 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 an impressive service, which had visionary medical and nursing leadership. There was a 'can-do' attitude among senior staff, every clinical area had its champion, and staff plainly felt valued and enjoyed working in the service. There was a clear sense of direction, and evident progress in line with service plans. Especially noteworthy were the achievements of taking services to the area of maximum patient need, the high uptake of self-care, the increasing use of peritoneal dialysis (PD), a very responsive surgical access facility with a dedicated 'slot' every morning and minimal waiting times, improved transplant outcomes, and the 'virtual' Chronic Kidney Disease (CKD) service with a focus on prevention and management in primary and community care settings.

The in-patient ward had a very good record of recruiting from their student pool and investing in staff, with strong training opportunities. This had had a positive impact on staff retention, with very low sickness rate of approximately 1% on Ward 10 South.

The satellite units were very well run and staff appeared to be flexible and responsive to patients' needs. The units accommodated different treatment start times and offered an extended day from 6.30 am until after midnight. Friends and relatives were allowed to be present throughout dialysis sessions. Carers were invited to come and help manage the treatment. Patients who needed to be dialysed on a bed could be accommodated.

The training facilities for home therapy were outstanding and there was an energetic focus on encouraging self-care and home care.

Impressive cost savings had been achieved, despite an increase in patient numbers, by a move to home-delivered, generic immunosuppressive drugs.

It was noted that support from the Trust's Executive Team had been strong; they had invested in the services and had been amply rewarded by demonstrable progress and improvements in service.

The wider team also offered a proactive and highly rated acute kidney injury service, although this was not specifically covered in this review.

Good Practice

1 Patient information was outstanding: colourful, attractive and culturally sensitive as well as informative.

2 The presence of Citizens Advice staff on site on the Tottenham Hale site three days each week, and on the hospital site at St Pancras, was highly appreciated and mitigated to some degree the lack of a dedicated social worker within the team.

3 Isolation facilities in the satellite units were excellent, with strong infection control support. Isolation facilities were also flexible: for example, on the Tottenham Hale site rising glass partitions allowed a variable number of haemodialysis machines to be partitioned off according to need.

4 Care on the in-patient ward at the Royal Free Hospital was of a high standard. Each morning consultants and junior doctors saw sick and new patients for one hour, followed by a 30 minute multi-disciplinary meeting with the whole team before the main consultant ward round. The consultant ward round was accompanied by a band 7 nurse who had a full overview of all patients and ensured continuity of care. An emergency bed was available for approximately 80% of the time.

5 Three band 4 service 'navigators' were in post, covering access, transplant, and CKD. These posts facilitated patient flow through the service and reduced non-attendance rates.

6 A comprehensive Red Amber Green (RAG) dashboard, circulated monthly, gave detailed information about key performance indicators. Team members used this to 'drill down' for information on issues relating to their particular area of interest and responsibility.

7 The main data management system, Vital Data, was impressive and the basic dataset had been developed and modified for local use. The service aimed to continue to refine and improve the system to optimise its capabilities for the service.

8 The facility for live donor work-up on a single day as a one-stop service was noteworthy. Patients could be seen the next day with an 8 am 'Golden Slot'.

9 Dieticians took a lead role on the phosphate bone mineral management service.

10 An enthusiastic and well-trained youth worker led on transition and services for young people. This post had recently been increased to a full-time substantive post.

11 The peritoneal dialysis access management guideline and the overseas donor protocol were particularly clear and well-written.

12 The overseas donor protocol provided a clear pathway for potential donors. Most of the testing was completed locally. This meant suitability of the donor was determined before travel to the UK, which saved a wasted journey.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Clinical technologist staffing levels**

Only two clinical technologists were in post, which was insufficient for the size of the service. As a consequence their on-call rota was sometimes one in two (1:2). This issue was recognised and was included in the divisional risk register. Some help had been provided by bank staff, cover from technologists from other centres and establishing service contracts with machine contractors. Although no risks had been identified, it was very difficult for clinical technologists to keep up necessary maintenance and repair schedules and visit patients' homes to assess for suitability for home care. It was felt that impact was likely to be felt by self-care and home training patients at the Supported Self Care Unit.

2 **Equipment replacement**

Renal Association guidance for the replacement of haemodialysis machines was not met, and some machines had gone beyond their recommended lifespan.

3 **Holistic reviews**

The six-monthly reviews for patients on haemodialysis were undertaken by the consultant and dietician but the named nurse did not attend. It was felt that nurse input was required to support the holistic review of the patient's care.

4 **Lift at Tottenham Hale**

The facilities at Tottenham Hale were considered to be very good but, at the time of the visit, the lift was broken. Reviewers were told that this was quite a frequent problem, leading to less mobile patients having difficulty in getting from the basement car park to the haemodialysis and outpatient areas. Some patients had therefore been repatriated to Edgware Kidney Care Centre for their outpatient care.

Further Consideration

1 Patients who presented late and needed dialysis soon after presentation (often referred to as 'crash-landers') did not receive the same information and education as those whose deterioration in kidney function was gradual. Reviewers suggested that ways in which these patients could benefit from the educational pathways should be considered.

2 There did not appear to be a robust system for managing patients with failing transplants, in regard to access, re-starting dialysis and re-listing for repeat transplant.

3 The lack of a palliative care specialist nurse in the team impacted on the care for some patients, especially those who were considering stopping dialysis and moving to maximum supported care. A multi-disciplinary meeting held weekly on a Friday did provide a link to community support services and support to frailer patients.

4 Patients who were self-caring on haemodialysis at the satellite units had to learn to use a different machine type if they moved to home haemodialysis, although the service planned to use the same machines in both settings.

5 The service lacked a dedicated social worker, although this was mitigated to some extent by the ready availability of Citizens Advice staff.

6 The 'pathway' for patients in the out-patient area was not easy. The physical space was not ideal, and reviewers considered that the areas for venepuncture and urine checking could be more streamlined.

7 Document control was lacking for some of the written guidelines and protocols.

8 Even where written documents were in place, they were difficult to access on the intranet. Guidelines and policies were held in different files and searching was difficult. Reviewers suggested that aggregating them into one clearly marked file location, perhaps linked to a renal intranet page, would simplify the process of finding them quickly when needed.

9 Although practice in most areas was excellent, several written guidelines, protocols and policies were not yet in place (see Appendix 2 for details).

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Elaine Bowes	Senior Nurse	King's College Hospital NHS Foundation Trust
Wendy Brown	Senior Nurse, Low Clearance	Imperial College Healthcare NHS Trust
John Connor	Patient	Guy's and St Thomas' NHS Foundation Trust
Richard Endacott	Patient	Barts Health NHS Trust
Katy Gordon	Programme Consultant, Cardio-Vascular Disease Strategic Clinical Networks [London]	NHS England
Stewart Hilton	Renal Technologist	Imperial College Healthcare NHS Trust
Marlene Johnson	Matron – Renal Services	St George's University Hospitals NHS Foundation Trust
Mary Lesabe	Senior Nurse Haemodialysis	Imperial College Healthcare NHS Trust
Mr Rajesh Sivaprakasam	Consultant Transplant Surgeon	Barts Health NHS Trust
Dr Raj Thuraisingham	Consultant Nephrologist	Barts Health NHS Trust
Dr Katie Vinen	Consultant Nephrologist	King's College Hospital NHS Foundation Trust
Sharon Walker	Renal Counsellor	Imperial College Healthcare NHS Trust
Dawn Yokum	Renal Dietician	Barts Health NHS Trust

WMQRS Team

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

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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**	No written policy for haemodialysis was seen, although there was a good peritoneal dialysis policy.
RN-505	**Operational Policy: Pre-dialysis Care**	The standard operating procedure for Chronic Kidney Disease was not explicit about the arrangements for pre-dialysis care as defined in the Quality Standard.
RN-509 & 511	**Acceptance on transplant list** & **Suspension and reinstatement on transplant list.**	Policies for acceptance onto the transplant list, suspension and reinstatement on the transplant list were not seen.
RN-512	**Annual review of patients on transplant list**	There was no written guideline for the annual review of patients on the transplant list.
RN-513	**Removal from transplant list**	There was no protocol covering removal from the transplant list.
RN-515	**Operational Policy: Self-care and home therapies**	Operational policies were in place covering some aspects of self-care and home therapy, but not peritoneal dialysis at home.
RN-516	**Monitoring**	Monitoring guidelines were not available.
RN-517	**Six monthly holistic review**	A protocol ensuring the six-monthly holistic review of patients by the named nurse was not seen.
RN-520	**Dialysis away from 'base'**	The protocol for dialysis away from 'base' did not include the process for suspension, reinstatement to the transplant list and mechanisms for informing the Transplant Centre. In practice a process was in place, and excellent patient information covering this was available.
RN-521	**Withdrawal of dialysis**	No protocol covering withdrawal of dialysis was seen.
RN-522	**Haemodialysis: Regimes**	Guidelines covering frequency and duration of haemodialysis were not available.
RN-529	**Post-transplant follow up**	A clinical guideline was not in place, although a poster displayed in out-patients covered some elements of post-transplant follow up.
RN-534	**Discharge following transplantation**	A detailed discharge letter following transplantation covered the type of transplant undertaken. The likely side effects of medication, and action to take should problems occur, were not included, and there was no protocol in place covering discharge.
RN-535	**Post-transplantation referral back to Renal Units**	A protocol governing referral of patients back to the Renal Unit following transplant was not in place.

Ref	Quality Standards	Comment
RN-538	**Transfer to adult care**	No network-agreed guidelines for transition to adult care were in use, although there was an excellent process led by a full-time youth worker.

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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	2	100
Renal Services	102	72	71
Total	**104**	**74**	**71**

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PRIMARY CARE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RA-298	**Primary care training and development** General practices should participate in the local programme of training and development in the care of people with end stage renal failure.	Y	A programme was in place which was seen as good practice.
RA-501	**Primary care guidelines** Guidelines on the primary care management of patients with chronic kidney disease should be in use, covering at least: a. Information and advice for patients and their carers, including lifestyle advice in order to slow down the rate of kidney damage b. Indications for referral to the renal service	Y	Good guidelines were in place.

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RENAL SERVICES

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-101	**General Support for Service Users and Carers** Service users and their carers should have easy access to the following services. Information about these services should be easily available: a. Interpreter services, including access to British Sign Language b. Independent advocacy services c. PALS d. Social workers e. Benefits advice f. Spiritual support g. HealthWatch or equivalent organisation	Y	See QS RN-301 in relation to the lack of a social worker with time allocated for work in the service.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-102	**Information: All patients** Information should be offered to all patients and, where appropriate, their carers covering: 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 was of a very high standard, although it was not always visible in the clinical areas visited by the reviewers.
RN-103	**Information: Pre-dialysis** Information should be offered to all patients receiving pre-dialysis care covering at least: 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	The leaflet given before peritoneal dialysis catheter insertion was not yet finalised and therefore not in use. Much of the information was very good; for example, there was an excellent leaflet about dialysing when away from home.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-104	**Information: Patients with dialysis access** Information should be offered to all patients with dialysis access covering at least: a. Care of their dialysis access b. Management of pain and complications c. Emergency admission to hospital d. What to do if problems occur	N	Information was seen and was mostly of high quality, although management of pain was not specifically included.
RN-105	**Information: Patients considering transplantation** Information should be offered to all patients being considered for transplantation covering at least: 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	This information was of a very high standard.
RN-106	**Information: Patients considering live donation** Information on kidney donation should be offered to all patients considering live donation and to all potential live donors covering at least: 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	Very good comprehensive information was available.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-107	**Information: Post-transplant patients** In addition to the information in QS RN-105, information should be offered to all patients following transplantation covering at least: 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	**Information: Transition to adult care** Information should be available on transition to adult care. This information should cover all aspects of the transition (QS RN-538).	Y	The transition process started at Great Ormond Street Hospital with 'ready, steady, go' and continued at the Royal Free Hospital with the 'hello' pathway.
RN-109	**Education and awareness: All patients** 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: 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)	N	Although most elements were covered, there was little information for patients who needed immediate dialysis at presentation. This was an important gap as this was quite a frequent presentation.
RN-110	**Care plans and 'key worker'** All patients and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least: 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	Y	Care plans were seen and it was confirmed that they were in use. Key workers were identified and patients had access to Renal Patient View.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-111	**Food** Food should be offered to all patients who are away from home for more than six hours to attend clinic or receive dialysis.	Y	
RN-112	**Car parking** Free or reduced price car parking should be available close to the dialysis unit for haemodialysis patients attending for dialysis.	Y	Parking was available, but at Tottenham Hale the car park was in the basement, and at the time of the visit the lift was out of order, which apparently happened quite often.
RN-113	**Patient Transport** 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.	Y	Waiting times were reported on a regular basis by the company to whom the work was sub-contracted, although the staff who met the review team were unaware of the details of waiting times. Patients who met reviewers at the Kidney care centres reported that their waiting times were not long.
RN-199	**Involving Patients and Carers** The service should have: a. Mechanisms for receiving feedback from patients and carers b. A rolling programme of audit of patients' and carers' experience c. Mechanisms for involving patients and, where appropriate, their carers in decisions about the organisation of the service	Y	A good range of mechanisms to involve and gain feedback was in place.
RN-201	**Lead Consultant and Nurse** 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.	Y	
RN-202	**Leads for particular aspects of care** The service should have a nominated lead consultant and lead nurse / coordinator for: a. Pre-dialysis care (Not applicable to Satellite Units) b. Dialysis care c. Transplant-related issues, including live kidney donation and Renal Unit / Transplant Centre liaison d. Transition to adult care (Not applicable to Satellite Units) e. End of life care	N	There was no specific renal end of life care lead.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-203	**Consultant Nephrologists** A consultant nephrologist should be on call at all times and available to attend to care for patients within 30 minutes.	Y	
RN-204	**Transplant Surgeons** 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.	Y	
RN-205	**Lead Consultant: Transition** 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.	Y	
RN-206	**Lead Surgeon and Urologist** The service should have: 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	**Staffing: In-patient wards** 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.	Y	80% of registered nurses had undertaken the renal course. Clinical practice educators were in post. Staff retention was excellent and sickness rates were low.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-208	**Staffing: Dialysis services** 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.	Y	Band 7 nurses were mostly included in the direct staffing numbers without much supernumerary time to undertake training and development.
RN-209	**Specialist Nurses** The service should have an identified lead nurse with specialist expertise in each of the following areas: a. Vascular access b. Anaemia management c. Home therapies d. Conservative management (Not applicable to Satellite Units)	N	The required staff were identified, with the exception of a lead nurse with expertise in conservative management, and there was no renal palliative care specialist nurse. No overall named anaemia management specialist nurse was identified, but this problem was dealt with appropriately in each clinical service.
RN-210	**Clinical Technologists** 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.	N	See main report.
RN-211	**On-call Clinical Technologist** A 24 hour clinical technologist on call service should be available.	Y	See main report.
RN-212	**Support Staff** The service should have: 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	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-301	**Support Services** The following services should be available to provide support to patients with renal diseases: a. Dietetics b. Pharmacy (Not applicable to Satellite Units) c. Psychological support d. Social worker e. Play specialist and youth worker (CRS only) 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.	N	Support staff, except for a social worker, were in place. The lack of a social worker was covered to a large extent by the presence of Citizens Advice on site at Tottenham Hale and on the hospital site at St Pancras.
RN-302	**Access surgery** Emergency and elective surgical services should be available to provide: a. Elective access surgery b. Emergency surgery for failed vascular access and removal of infected peritoneal dialysis catheters	Y	Availability of surgery for access was impressive. Patients could be seen the next day with an 8 am 'Golden Slot'.
RN-303	**Dermatology services** Access to dermatology services with expertise in the management of patients on long-term immunosuppressive therapy should be available.	Y	
RN-304	**Transplant Coordinator: live kidney donors** There should be a nominated transplant coordinator with lead responsibility for live kidney donors.	Y	
RN-305	**Transplant Coordinator** A renal recipient transplant coordinator should be available at all times.	N	A transplant co-ordinator was not available out of hours but the role was covered by the on-call nephrologist, who was contacted if a kidney became available at any time.
RN-306	**Expert advice on antibody incompatible transplantation** The Transplant Centre should have arrangements for access to expert advice on antibody incompatible transplantation.	Y	
RN-307	**Histocompatibility service** The Transplant Centre should have access within a two hour travel time to a consultant led, accredited histocompatibility service.	Y	

Ref	Quality Standard	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	
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	An enthusiastic and active full-time youth worker was in post.
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.	Y	Facilities were generally of a very high standard, but there was a problem with the lift at the Tottenham Hale site, which was broken at the time of the visit. It was reported that this was a common occurrence.
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.	N	A problem was identified with funding the equipment replacement programme. This meant that some machines had gone beyond their recommended 'replace by' date.
RN-404	**Haemodialysis: Concentrates** All haemodialysis concentrates should comply with European quality standards.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-405	**Haemodialysis: Water** 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	Y	
RN-406	**Haemodialysis: Membranes** A protocol on haemodialysis membranes should be in use covering: 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	**Isolation facilities** Appropriate facilities for isolation of patients should be available.	Y	This was felt to be exemplary, especially at the Tottenham Hale site where there was active infection control nurse input. Flexible cohorting of stations was available by using rising glass partitions to separate off the required number of patients with blood borne viruses.
RN-409	**Weighing scales** All weighing scales should comply with Non-Automatic Weighing Instrument (NAWI) Regulations 2000, part III, section 38.	Y	
RN-410	**Home therapy training facility** Facilities for training patients in home therapies should be available.	Y	The facilities, levels of training and uptake were considered to be very good.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-501	**Operational Policy** The unit's operational policy should ensure: 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: - 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	Good peritoneal dialysis and supported self-care operational policies were in place, but a haemodialysis policy was not yet in place. Arrangements for providing care for prisoners were not covered, although reviewers were told that a general hospital policy was in place.
RN-502	**Guidelines: Lifestyle advice** Guidelines covering responsibilities, advice to be given and actions to be taken, including referral to other services, should be in use for: a. Lifestyle advice and information, including: - 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)	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-503	**Clinical guidelines: Management of CHD risk factors, anaemia and diabetes** Clinical guidelines should be in use covering: a. Monitoring and management of CHD risk factors, including: - Anti-platelet therapy (where indicated) - Lipid reduction therapy - Control of hypertension - Calcium and phosphate control b. Management of diabetes mellitus (adults only) c. Management of anaemia	Y	This guideline was very good.
RN-504	**Referral for psychological support** Clinical guidelines should be in use covering indications and arrangements for referral for psychological support.	Y	There was a referral form (with no date on the document or review date) and a referral algorithm that acted as a guideline.
RN-598	**Referral to specialist palliative care** Guidelines, agreed with the specialist palliative care services serving the local population, should be in use covering, at least: a. Arrangements for accessing advice and support from the specialist palliative care team b. Arrangements for shared care between the renal service and palliative care services c. Indications for referral of patients to the specialist palliative care team for advice	Y	There were also weekly meetings in place for those patients who were frail or who required frequent admissions to hospital.
RN-599	**End of life care guidelines** The renal service should be aware of local guidelines for the end of life care of patients.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-505	**Operational Policy: Pre-dialysis care** A policy should be in use cover pre-dialysis care. This policy should ensure: 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 The policy should cover arrangements for patients: i. With 12 months or more preparation ii. Presenting less than 12 months before starting treatment iii. Needing immediate dialysis at presentation iv. With failing transplants	N	The operational policy for Chronic Kidney Disease (CKD) was not explicit about pre-dialysis care as defined in the Quality Standard, although measures were in place to ensure the elements of it were met in practice.
RN-506	**Control of infection** Clinical guidelines should be in use covering: 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 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.	Y	Good guidelines were in use.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-507	**Access surgery protocol** Guidelines should be in use covering: 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) The guidelines should ensure that, whenever possible, access is established and functioning three months before haemodialysis and two weeks before peritoneal dialysis.	Y	Good guidelines were in place, and clinical practice around access was excellent.
RN-508	**Referral for consideration of suitability for transplantation** Guidelines should be in use covering referral to the Transplant Centre for consideration of suitability for transplantation. This protocol should ensure that: 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	Comprehensive guidelines were in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-509	**Acceptance on transplant list** A protocol should be in use covering acceptance onto the transplant list. This protocol should ensure that: 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: - 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	N	A protocol was not yet in place covering these elements.
RN-510	**Referral for combined kidney and pancreas transplantation** Guidelines should be in use covering criteria and arrangements for referral of patients with diabetes for combined kidney and pancreas transplantation.	Y	
RN-511	**Suspension and reinstatement on transplant list** A protocol should be in use covering suspension and reinstatement of patients on the transplant list. This protocol should cover at least: 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	N	A protocol was not yet in place covering these elements.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-512	**Annual review of patients on transplant list** Guidelines should be in use covering annual review of patients on the transplant list. The annual review should cover at least: 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	N	Guidelines were not yet in place.
RN-513	**Removal from transplant list** A protocol should be in use covering removal from the transplant list. This protocol should ensure that: 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	N	Guidelines were not yet in place.
RN-514	**Cardiovascular work up pre-transplantation** 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.	Y	A comprehensive protocol was in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-515	**Operational Policy: Self-care and home therapies** A policy should be in use covering: 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	N	Although practice in this regard was outstanding, the operational policy did not detail arrangements for 'b', 'e' and 'f'.
RN-516	**Monitoring** Guidelines should be in use which ensures: 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	No written guidance was seen. A blood borne virus policy was seen, but it was out of date. The six-monthly review was undertaken by the consultant and dietician, but the named nurse was not included.
RN-517	**Six monthly holistic review** A protocol should be in use which ensures a six monthly holistic review with the patient's named nurse covering at least: 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 the outcome of the holistic review should be documented in the patient's care plan	N	Six-monthly reviews were by the consultant and dietician, without the named nurse, although most elements of the review were covered. A written guideline or protocol was not yet in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-518	**Nutrition while on dialysis (adults)** A protocol should be in use which ensures that: 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	A flowchart was in use, which served as appropriate guidance.
RN-519	**Nutrition while on dialysis (children and young people)** A protocol should be in use which ensures that: 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	**Dialysis away from 'base'** A protocol on 'dialysis away from base' should be in use covering at least: 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 very good protocol was in place for managing temporary dialysis while away from 'base' and this was implemented in practice, but elements 'c' and 'd' were not covered.
RN-521	**Withdrawal of dialysis** A protocol should be in use covering withdrawal of dialysis. This protocol should ensure that: 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)	N	Although there was specific advance care planning and a DNAR form was in use, a protocol was not in place and referral back to low clearance services did not appear to work well in practice.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-522	**Haemodialysis: Regimes** Guidelines should be in use covering: 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	N	Guidance as to 'c' and 'd' was seen, but nothing relating to 'a', 'b' and 'e'. Measures were in place to monitor adequacy of dialysis, through an excellent locally modified database.
RN-523	**Haemodialysis: Control of infection** Guidelines should be in use covering: 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	**Haemodialysis: Access management** Guidelines should be in use covering access care and performance. This should cover at least: 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	'f': there was no written guideline for the management of anxiety and pain. There was written information for patients, with numbers to call in case of any such difficulty.
RN-525	**Peritoneal dialysis: Regimes** Clinical guidelines should be in use covering: a. Modality of dialysis used (CAPD, APD) b. Disconnect systems c. Type of fluid used including: - 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 Standard	Met? Y/N	Reviewer Comments
RN-526	**Peritoneal dialysis: Access management** Clinical guidelines should be in use covering access care and performance. This should cover at least: 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	Good clinical guidelines were in place, and the 'patient group directive' for nursing staff prescribing antibiotics was especially useful.
RN-527	**Peritoneal dialysis: Management of complications** Clinical guidelines should be in use covering management of: a. Peritonitis b. Hernias c. Encapsulating peritoneal sclerosis	N	No specific guidance for the management of hernias was seen.
RN-528	**Post-transplant clinical guidelines** Clinical guidelines should be in use for patients who have had renal transplantation covering: a. Treatment of acute rejection episodes b. Management of chronic allograft damage, including chronic rejection	N	Guidelines were available but did not yet cover chronic allograft damage or chronic rejection.
RN-529	**Post-transplant follow up** Clinical guidelines should be in use covering follow up of patients following transplantation, including at least: 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)	N	Patient information sheets were available, and an excellent 'transplant medications' poster was displayed in clinic, but written guidelines relating to most of the elements of this Quality Standard did not appear to be in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-530	**Live donor work-up** A protocol should be in use covering: a. Live donor work-up b. Arrangements for organising the transplant c. Communication with Renal Units about their patients This protocol should ensure that transplantation takes place within three months of completion of the work-up.	Y	Good guidance was in place and excellent practice was noted, especially the aim to complete work-up in a single one-stop day attendance.
RN-531	**Pre-operative protocol** Clinical guidelines should be in use covering pre-operative care of patients undergoing transplantation covering at least: a. Psychological preparation b. Blood and tissue matching c. Antibody screening d. Pre-transplant vaccination e. Management of patients with blood born viruses f. Use of immunosuppressive therapy g. Counselling and advice for patients called for transplantation but where the operation does not take place (for whatever reason)	Y	A good pre-operative checklist was in use. Psychological preparation was not specifically included, but the review team noted that the psychologist's presence in the transplant clinic meant that this was covered in practice.
RN-532	**Pre and peri-operative care: antibody incompatible transplantation** Clinical guidelines should be in use covering pre- and peri- operative care of patients undergoing antibody incompatible transplantation.	Y	Antibody incompatible transplant case volumes were low, but guidance was in place.
RN-533	**Post-operative care** Clinical guidelines should be in use covering post-operative care of patients covering at least: a. Pain control , including donor pain control b. Prevention of post-transplant CMV infection c. Use of immunosuppressive therapy d. Post-transplant vaccination e. Treatment of acute rejection episodes f. Antibody screening	N	Detailed pro formas guided post-operative care. Pain management was not specifically included, but it was noted that the pain team was involved in post-operative management in practice.
RN-534	**Discharge following transplantation** 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: a. The type of transplantation undertaken b. The patient's medication and likely side effects c. Action to take should problems occur	N	Many elements were covered in discharge summaries, but not 'b' (likely side effects of medication) or 'c' (action to take if problems occur). However, a discussion with the pharmacist before discharge was likely to ensure the patient had sufficient understanding in practice.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-535	**Post-transplantation referral back to Renal Units** 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: a. All patients have been offered a copy of their care plan b. All patients have a named contact for advice and support c. The Renal Unit and the patient's GP have received a copy of the patient's care plan	N	A protocol was not yet in place.
RN-536	**Live donor follow up** 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.	Y	A good protocol was in place, including an overseas donor section.
RN-537	**Payment of live donor expenses** The network-agreed protocol (QS RY-509) for payment of expenses to living donors should be easily available within the Transplant Centre.	Y	
RN-538	**Transfer to adult care** The network-agreed guidelines for transition to adult care should be in use, covering: a. Age guidelines for timing of the transfer b. Involvement of the young person in the decision about transfer c. Involvement of primary health care, social care and adult services in planning the transfer d. Joint meeting with the young person's paediatric and adult nephrologist and nursing representative e. Allocation of a named coordinator for the transfer of care f. A preparation period and education programme relating to transfer to adult care g. Arrangements for monitoring during the time immediately after transfer to adult care	N	No transition guidelines were in place. An enthusiastic youth worker gave reassurance that this was mostly covered in practice.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-601	**Multi-professional pre-dialysis care** 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.	Y	Full multi-disciplinary team meetings took place at the kidney units.
RN-602	**Dialysis quality monitoring** Multi-disciplinary dialysis quality monitoring meetings should take place at an agreed frequency. These meetings should cover, at least: 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	**Eligibility for free transport and temporary dialysis away from home** Guidelines should be in use covering: a. Eligibility for free transport b. Eligibility for temporary dialysis away from home	Y	A transport needs assessment was undertaken by the renal team, and a further assessment by an independent physiotherapist was offered if there was any dispute about the need for transport.
RN-604	**Liaison with diabetes services** Guidelines on the pro-active management of patients with diabetes should be in use, covering at least: 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: - starting dialysis - with a renal transplant	Y	The facilities at Tottenham Hale and St Pancras were for both diabetes and renal services.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-605	**'Concerns Register'** 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.	N	Although there was a register, it was not being used for peritoneal dialysis patients, and input from a lead nurse for conservative treatment / maximum supportive care was not yet in place.
RN-606	**Publicity of transplant successes** The unit should have arrangements for taking advantage of local opportunities for publicising 'transplant successes'.	Y	Information was disseminated via a newsletter.
RN-607	**Unit / Transplant Centre liaison 1** 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.	N/A	Patients had ongoing support after their care was transferred back to their referring unit.
RN-608	**Unit / Transplant Centre liaison 2** 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.	Y	
RN-609	**Transplant Centre coordination** Representatives of the Transplant Centre should attend the twice yearly network transplantation meeting (QS RY-601) and contribute details of patients for discussion.	Y	Local meetings were held, although network transplantation meetings were not yet in place.
RN-610	**Transition: Joint clinic** 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.	Y	
RN-701	**Renal Registry data submission** The service should be submitting data to the Renal Registry and UK Transplant.	Y	
RN-702	**Audit** The service should have a rolling programme of audit, including: a. Audit of implementation of evidence based guidelines (QS RN-500s) b. Participate in agreed network-wide audits	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-703	**Unit audit: dialysis** The unit should have undertaken regular audit of: a. Travel times for dialysis patients, including waiting times for return journeys b. Relationship between timing of access surgery and start of dialysis	N	Travel times and waiting times were discussed between the provider and a manager for the contract at the Royal Free Hospital, but the renal team was not aware of the findings. It had been reported during the visit that transport standards had recently fallen and that the service was likely to be re-tendered. No data relating to the timing of access surgery and the start of dialysis was seen.
RN-704	**Unit audit: transplantation** 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: 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	Y	
RN-705	**Transplant Centre audit 1** 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.	Y	
RN-706	**Transplant Centre audit 2** Transplant Centres providing an antibody incompatible transplantation service should participate in the national AiT Registry Audit (when established)	Y	Data were submitted to the AiT registry.
RN-707	**Transplant surgeon minimum activity** Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.	Y	
RN-708	**Antibody incompatible transplantation service minimum activity** Transplant Centres providing an antibody incompatible transplantation service should normally treat at least five patients per year.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-798	**Review and learning** The service should have appropriate arrangements for multidisciplinary review of positive feedback, complaints, morbidity, mortality, serious incidents and 'near misses'.	Y	Regular mortality and morbidity meetings were held in each clinical service.
RN-799	**Document Control** All policies, procedures and guidelines should comply with the Trust (or equivalent host organisation's) document control procedures.	N	Some written guidelines and policies were not appropriately document controlled.

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