

Renal Services Peer Review Visit

St George's University Hospital NHS Foundation Trust

Visit Date: 6th and 7th July 2016

Report Date: September 2016

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INTRODUCTION

This report presents the findings of the review of renal services at St George's University Hospitals NHS Foundation Trust that took place on 6th and 7th July 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 St George's University Hospitals 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:

- St George's University Hospitals 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 St George's University Hospitals 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.

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BACKGROUND

St George's University Hospitals NHS Foundation Trust provided general renal services to the Wandsworth, Merton, Kingston and Richmond population (approximately 800,000 people) as well as transplantation surgery for the local population and those served by the Trust's transplant network partners (Epsom and St Helier University Hospitals NHS Trust and Royal Sussex County Hospital (Brighton and Sussex University Hospitals NHS Trust), a total population of 2.6 million.

St George's University Hospitals NHS Foundation Trust was the tertiary centre for south west London and Surrey and provided a large cardiovascular service as well as the renal services, and supported the specialist services in preventing and managing acute kidney injury. In addition, the renal services supported patients living in Surrey who were on established renal replacement therapies and required access to services located at the St George's Hospital site.

Service (as at July 2016)	No. Patients	No. Stations
Haemodialysis (HD)		
St George's University Hospitals NHS Foundation Trust		
- Buckland Acute Unit / short stay	40	10
- Knightsbridge Dialysis Unit	60	10
- Norman Tanner Unit	60	11
Satellite Units:		
Fresenius		
o Colliers Wood	120	24
o North Wandsworth	60	18
Epsom & St. Helier University Hospitals NHS Trust		
o Kingston	30	15
- Home Haemodialysis	6	
Total haemodialysis	376	
Peritoneal dialysis		
o CAPD	9	
o APD	30	
o aAPD	4	
Total peritoneal dialysis	43	
Transplant follow up (local care)	480	
Number of transplants (previous 12 months)	137	
Permanent dialysis access	62%	
In-patients	No. Beds	
Buckland Ward – Nephrology and Renal Surgery	20 beds	

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VISIT FINDINGS

This report describes the findings relating to renal services provided across St George's University Hospitals NHS Foundation Trust. The visiting team met patients and carers, viewed facilities, talked to staff at the Knightsbridge Dialysis Unit and the Fresenius Medical Care Satellite Dialysis Unit at Colliers Wood, and met with staff from the North Wandsworth satellite unit. The 'renal services' findings are likely to apply to all satellite units managed by St George's University Hospitals 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 strong service with strong clinical leadership from medical, surgical, nursing, and allied health professional team members. There was evidence of excellent team-working. All aspects of renal care were available on the St George's Hospital site. The ward team were noteworthy for their commitment, flexibility and resilience. Working in a sub-optimal physical environment, they made the best use of it and were innovative, being, for example, the first adult ward area in the hospital to adopt a paper-free records system. Staff retention and satisfaction was high, and several members of the team had received Trust awards for excellence. The patients commented particularly on the warm and caring attitude of staff, and the personal touch they brought to care.

Reviewers also commended the renal transplant service for its outcomes, including a high rate of pre-emptive transplant, short cold ischaemia times and short length of post-operative stay. There was a well-functioning multi-disciplinary team (MDT) approach which clearly benefited patients, and governance arrangements appeared to be strong. Excellent outcomes were also evident in other parts of the service and were seen, for example, in the early dialysis survival rates.

There was very good patient engagement, with a strong local Kidney Patient Association (KPA) group. Patients who met the visiting team felt passionate about the services and felt that their comments and contributions were listened to and valued.

The renal homepage on the Trust intranet held all the policies, guidelines and audits for ease of access. It was used for 'live' communication about the service, with news, staff updates and staff achievements being displayed on the opening page.

Acute kidney injury services, although not subject to this review, were also achieving very good patient results, and there was an active and productive research programme.

Good Practice

- 1 The Kinesis® web-based software system that directly linked GPs to hospital specialists supported excellent liaison with primary care, with virtual review of patients and advice about referrals and management. This had succeeded in avoiding the need for hospital referrals and in improving knowledge of managing chronic kidney disease in general practice. It was available in Wandsworth, which included approximately 75% of the catchment population, and was to be made available also to Sutton primary care teams.
- 2 A good range of MDT meetings were held, including supportive care and work-up pre-transplant. These meetings were attended by members of all relevant professional groups.
- 3 Transition from paediatric services and young adult care was well supported by a named consultant and a dedicated worker, who were developing services. Young adults on haemodialysis were dialysed together on a 'twilight' shift.
- 4 The service had a clear focus on water quality, with sampling and testing being undertaken more frequently than recommended.

- 5 A good system for communicating learning from serious incidents was in place across the St George's Hospital teams. General communication about important issues for renal team staff, including feedback and actions from serious incidents, was also included on the renal services page of the Trust intranet.
- 6 Reviewers were impressed with many aspects of the transplant programme, including:
 - a. Patient information and clinical guidelines, which were especially strong for processes around transplantation.
 - b. Education sessions, which could be attended by as many as 60 patients, family members and potential donors. Different, recently transplanted, patients and donors came to speak at these services about their personal experiences.
 - c. Guidance and practice around management of the transplant list. Written guidance was concise and clear, and included template letters for patients and GPs so that everyone was updated about any change in transplant list status.
 - d. Access to theatres was readily available at all times. Cold ischaemia times were short, eGFR by the time of discharge was a positive outlier, length of stay was short, and graft and recipient survival were excellent.
- 7 Clinical guidelines for vascular access were comprehensive and provided a detailed description of the pathways, processes and on-going management.
- 8 The use of hand-held ultrasound was being trialled at the Colliers Wood unit. Staff had been trained to use the ultrasound equipment so that they could assess patients' fistula flow rates.
- 9 Some cohorts of patients dialysing at the Colliers Wood site had formed regular 'dinner clubs' to meet socially.

Immediate Risks: No immediate risks were identified.

Concerns

1 Facilities at the St George's Hospital site

The facilities on the Knightsbridge Wing at St George's Hospital were poor. They were situated in old buildings and there were some roof leaks in heavy rain. The poor facilities had been highlighted by the team for a long time and various plans for improved facilities had been discussed. The issue was on the Trust risk register. A Care Quality Commission visit the week before the peer review visit had highlighted the problems with the facilities and had recommended a move within a very short time period. Reviewers were concerned that a hurried move without appropriate planning could carry clinical risks as well as being disruptive to patients and staff.

2 Document control

A Trust ratification process for guidelines and policies was in place and some documents had been through this process, but many seen by reviewers at the time of the visit had not been ratified, and lacked appropriate document control, including author name, date and review date. Some documents were dated but appeared to be up to ten years old. Further, it appeared that documents were uploaded onto the Trust intranet by individual staff members without going through any process of ratification, agreement or approval.

Further Consideration

- 1 The facilities at the Colliers Wood satellite unit were good, and the centre was calm, clean and well organised. The impression gained by reviewers was that the unit did not have the level of patient focus that was apparent on the ward and in the dialysis environment on the St George's Hospital site, and that it was slightly impersonal and task-orientated.

- 2 Reviewers suggested that oversight of satellite unit services by the St George's team would benefit from being strengthened.
- 3 There was no named nurse system in place at Colliers Wood.
- 4 Six-monthly holistic reviews of all patients on dialysis did not appear to take place on any of the sites.
- 5 Few patients were undertaking shared care. Reviewers suggested that increased focus on this would be useful as a precursor to increasing the numbers of patients able to dialyse at home. Some elements of care, for example, checking weights before and after haemodialysis and recording blood pressures, were undertaken by patients, but a more systematic approach with recording of patient achievements and a drive to encourage increased responsibility for other aspects of care may be helpful to support the development of the home care programme.
- 6 Some of the written policies and guidelines, for example, those for self-care, home care and peritoneal dialysis regimens, would benefit from review to include more detail.
- 7 Reviewers considered that some patient information, especially information covering the pre-dialysis phase, would benefit from further input from service users. Information was available only in English, although the team was informed that this was a Trust-wide policy.
- 8 A system by which patients could access and monitor their own blood results was not yet available, although implementation was planned for later in the year. Patients on dialysis did have a face to face discussion of monthly blood results, and those attending a satellite unit received an additional printed copy with an explanation of their results. All clinic letters were copied to patients and included their results.
- 9 Availability of theatres for access surgery was variable and there were reported to be quite frequent delays, so that patients had to dialyse with temporary lines while awaiting permanent access or repair of fistulas. At the time of the visit, 62% of patients were dialysing with permanent access; this did not meet the Renal Association guideline of 80% haemodialysis patients dialysing through arteriovenous fistula or graft. Increased theatre time was expected to become available from the month after the visit. The Advanced kidney Care Clinic (AKCC) and access teams will need to ensure close joint working to ensure that use of the increased facility is optimised.
- 10 At the time of the visit the pre-dialysis MDT meeting was not attended by members of the vascular access team. Reviewers considered that the lack of the team's involvement at this stage, coupled with issues about theatre availability for access surgery, may well be contributing to the lower number of patients dialysing with permanent access at the start of haemodialysis. Plans were in place for a vascular access specialist nurse to attend these meetings.
- 11 Access surgery could not be offered on a day case basis. The reasons for this were not clear to reviewers. Reviewers were told that availability of beds for admission meant that there were often delays in admitting patients who required vascular access surgery.
- 12 A multi-professional pre-transplant clinic did not appear to be in place. Before being listed for transplant, patients were seen by individual surgeons. Once listed, multi-professional assessment did take place. Reviewers were told that there were issues with the space required for such a multi-professional clinic, and that sufficient clinic space should be available in any re-provided facilities. This would facilitate annual reviews for all patients on the transplant list, which was not routine at the time of the visit.
- 13 Data on the excellent transplant outcomes were available but were not displayed in patient areas at the St George's Hospital site or at Colliers Wood. Reviewers suggested that displaying this information would provide encouragement for patients using these services.
- 14 The morning multi-disciplinary board round was good practice, but on the day of the visit it was held in the middle of the ward area so that patients' details and progress were openly visible, and discussions could

easily be overheard by other patients. Reviewers considered that moving the meeting to a meeting room nearby would ensure patient confidentiality.

- 15 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).

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Mr Neal Banga	Consultant Renal Transplant and Endocrine Surgeon	Royal Free London NHS Foundation Trust
Rachna Bedi	Lead Pharmacist	Imperial College Healthcare NHS Trust
Sue Cox	Consultant Nurse – Advanced Kidney Care	Guy’s and St Thomas’ NHS Foundation Trust
Elizabeth Dalby	Head Nurse	Imperial College Healthcare NHS Trust
Martin Ford	Consultant Nephrologist	King’s College Hospital NHS Foundation Trust
Catriona Goodlad	Consultant Nephrologist	Royal Free London NHS Foundation Trust
Katy Gordon	Programme Consultant, CVD Strategic Clinical Networks [London]	NHS England
Dela Idowu	Carer	
Chris Jones	Lead Nurse for Dialysis	Imperial College Healthcare NHS Trust
Thomas Logan	Manager: Renal Services	Barts Health NHS Trust
Lee Manser	Renal Technician	Epsom and St Helier University Hospitals NHS Trust
Andilla Mendoza	Renal PDN	Barts Health NHS Trust
Mee Onn Chai	Team Leader, Clinical Pharmacist – Renal Services	King’s College Hospital NHS Foundation Trust
Michelle Willicombe	Consultant Nephrologist	Imperial College Healthcare NHS Trust

WMQRS Team

Sarah Broomhead	Assistant Director	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	A policy as defined by the Quality Standard was not yet in place.
RN-503	Clinical guidelines: Management of CHD risk factors, anaemia and diabetes	Guidelines had not been localised to support local implementation.
RN-598	Referral to specialist palliative care	Guidelines did not cover all the requirements of the Quality Standard
RN-505	Operational Policy: Pre-dialysis care	Guidelines did not cover all the requirements of the Quality Standard
RN-508	Referral for consideration of suitability for transplantation	A written protocol was not yet in place.
RN-512	Annual review of patients on transplant list	Guidelines did not cover all the requirements of the Quality Standard
RN-515	Operational Policy: Self-care and home therapies	Guidelines did not cover all the requirements of the Quality Standard
RN-516	Monitoring	Guidelines did not cover all the requirements of the Quality Standard
RN-517	Six monthly holistic review	Guidelines were not yet in place
RN-521	Withdrawal of dialysis	The protocol did not cover all the requirements of the Quality Standard
RN-524	Haemodialysis: Access management	Guidelines did not cover all the requirements of the Quality Standard
RN-525	Peritoneal dialysis: Regimes	Guidelines did not cover all the requirements of the Quality Standard
RN-531	Pre-operative protocol	Some aspects of the QS were not yet met
RN-535	Post-transplantation referral back to Renal Units	A protocol was not in place for those being transferred back to renal units in Sussex.
RN-538	Transfer to adult care	Some aspects of the QS were not yet in place.
RN-604	Liaison with diabetes services	Some aspects of the QS were not yet met

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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	99	70	71
Total	101	72	71

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PRIMARY CARE

Ref	Quality Standard	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>	Y	
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	GPs from the Wandsworth CCG area also had access to advice from staff via the Kinesis® 24-hour advice line.

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RENAL SERVICES

Ref	Quality Standard	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	

Ref	Quality Standard	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 	N	Written Information covering 'f', 'g', 'h', and 'j' was not yet in place. Reviewers considered that written information covering 'a' and 'b', (which was funded by a company) did not reflect the needs of the renal service population base. Verbal information was given during consultations, and information was included in discharge letters to GPs, which were copied to patients. There was a patient information DVD that could be viewed on Buckland Ward.
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 	N	Information covering 'b', 'c', 'g' and 'k' was in place but the other information required by the Quality Standard was not.
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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	The transplant service ran information events for users and carers.
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	
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>	N	Information covering transition was not yet in place. The youth worker used social media for communicating and sharing information with young people.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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> <p>a. Patients being considered for dialysis (QS RN-103) (Not applicable to Satellite Units)</p> <p>b. Patients needing immediate dialysis at presentation</p> <p>c. Patients with dialysis access (QS RN-104)</p> <p>d. Patients on the transplant list (QS RN-105)</p> <p>e. Education and training in the competences needed for self-care (for patients opting for self-care)</p>	N	<p>Education and training in the competences needed for self-care ('e') were not seen. Self-care was not routinely offered, although patients who met with the reviewing team commented that they had received training on peritoneal dialysis.</p> <p>All other aspects of the Quality Standard were met. The renal service was also in the process of recruiting 'peer supporters' to provide support to other patients.</p>
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> <p>a. A written individual care plan</p> <p>b. A permanent record of consultations at which changes to their care plan are discussed</p> <p>c. Access to clinical results and relevant clinical information through Renal Patient View (or an equivalent system)</p> <p>d. A key worker / named contact</p>	N	<p>'c' was not met by the renal unit or the satellite units.</p> <p>Key workers were not yet in place for patients attending the satellite units.</p> <p>Discharge letters were copied to patients and included some information about care.</p>
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>	Y	
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	<p>Patients transport was being monitored but there were often delays. The local contract was for collection within 60 minutes. The quality of transport available on the St George's site appeared different to that at the satellite units.</p>

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ul style="list-style-type: none"> 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	
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> <ul style="list-style-type: none"> 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 	Y	
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-206	<p>Lead Surgeon and Urologist</p> <p>The service should have:</p> <p>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</p> <p>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</p>	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	
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	However this Quality Standard was not met at the North Wandsworth Fresenius satellite unit. Evidence of sufficient staff with competence to deliver shared care was not available.
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> <p>a. Vascular access</p> <p>b. Anaemia management</p> <p>c. Home therapies</p> <p>d. Conservative management (Not applicable to Satellite Units)</p>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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>	Y	Two clinical technologists covered haemodialysis services and equipment issues for home patients. Water testing for home patients was monitored by Fresenius. Reviewers considered that, should the workload increase, staffing should be reviewed to ensure appropriate cover is maintained.
RN-211	<p>On-call Clinical Technologist</p> <p>A 24 hour clinical technologist on call service should be available.</p>	Y	Estates were called in the first instance and informal arrangements were in place to call for renal technical support. In practice technicians were rarely called because the renal unit had a number of spare machines.
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 	Y	
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	However the pharmacist allocated to the ward did not have sufficient time to cover renal patients attending out-patients.
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 	N	The renal service had issues with accessing sufficient emergency theatre time. Patients were also waiting for access to surgery. Reviewers were told that capacity would be increased in the Autumn of 2016.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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.	Y	
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	
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	Reviewers were impressed that the young people were put together so that they dialysed at the same time. A youth worker also provided some support.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-401	<p>Haemodialysis facilities</p> <p>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.</p>	N	See main report.
RN-402	<p>Equipment</p> <p>All equipment used in the delivery and monitoring of haemodialysis and peritoneal dialysis therapy should comply with the relevant standards for medical electrical equipment.</p>	Y	
RN-403	<p>Haemodialysis: Equipment replacement</p> <p>Each unit should have a programme of equipment replacement.</p>	Y	
RN-404	<p>Haemodialysis: Concentrates</p> <p>All haemodialysis concentrates should comply with European quality standards.</p>	Y	
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	Isolation facilities were available at St George's renal unit and at the Colliers Wood satellite unit.
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 Standard	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	There was no overarching policy. In practice 'e', 'f', 'g' and 'h' were provided. Patients did not have access to Renal Patient View.
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) 	Y	

Ref	Quality Standard	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	National and European guidance for the management of diabetes was used, but there was no guidance to define what was required locally. 'a' was included in the primary care guidance.
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	
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>	N	'b' was not yet met, but in practice processes were in place. 'a' and 'c' were met.
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	Guidance on patients with kidney disease who may be approaching the end of life was in place, but the guidance did not include any practical advice including advice on who to contact locally.

Ref	Quality Standard	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. The policy should cover arrangements for patients: <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 iv. With failing transplants 	N	A policy covering 'd', 'e' and 'f' was not yet in place. Policies covering 'a', 'b', 'c' and 'g' were in place.
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 Standard	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 	N	Guidance covering referral for consideration of suitability for transplantation was not yet in place.

Ref	Quality Standard	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> <p>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</p> <p>b. The patient is considered against the network criteria for each type of transplantation (QS RY-502)</p> <p>c. A discussion takes place about the patient's suitability for and interest in:</p> <ul style="list-style-type: none"> - Antibody incompatible transplantation - Combined kidney / pancreas transplantation (adults only) - Deceased donor transplantation <p>d. The availability of potential living related donors is discussed</p> <p>e. Clinically appropriate patients are normally placed on the transplant list six months prior to the predicted start of dialysis</p> <p>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</p>	Y	Guidance was in place and patients were seen by individual surgeons. However, 'pre-transplant' clinics, which reviewers considered would be beneficial to the care of patients, were not run.
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> <p>a. Regular review of patients suspended from the list</p> <p>b. Informing the Transplant Centre that a patient has been suspended</p> <p>c. Reinstatement of patients onto the list as soon as clinically appropriate</p> <p>d. Informing the Transplant Centre when a patient is to be reinstated onto the list</p>	Y	The protocol was very concise and included clear templates for communicating decisions to patients and GPs. Monthly meetings were also held to discuss suspension and reinstatement on the transplant list.

Ref	Quality Standard	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 	N	Monthly multi-disciplinary team discussions were held, but annual reviews were not undertaken.
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	
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	
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 	N	The policy was brief and would benefit from review to include more detail as defined in the Quality Standard. At the Fresenius units there was a patient and carer shared / self-care training checklist ('c').

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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	<p>Arrangements for six-monthly reviews were not yet in place. It was not clear that 'e' and 'f' were actively managed.</p> <p>Multi-disciplinary team reviews for all patients were held.</p>
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 the outcome of the holistic review should be documented in the patient's care plan 	N	<p>Six-monthly holistic reviews and the allocation of a named nurse were not in place, although staff who met the reviewing team planned to introduce reviews.</p>
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	<p>The nutrition (HD and i-NUT) screening tools were very clear.</p>
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-520	<p>Dialysis away from 'base'</p> <p>A protocol on 'dialysis away from base' should be in use covering at least:</p> <ol style="list-style-type: none"> Isolation dialysis Use of dedicated machines Suspension from and re-instatement to the transplant list Informing the Transplant Centre of suspension from and re-instatement to the transplant list 	Y	
RN-521	<p>Withdrawal of dialysis</p> <p>A protocol should be in use covering withdrawal of dialysis. This protocol should ensure that:</p> <ol style="list-style-type: none"> A discussion takes place with the patient and, where appropriate, their family or carers about the reason for withdrawal A decision to withdraw dialysis is recorded in the patient's notes / electronic patient record / care plan Referral to palliative care services is made if appropriate (QS RN-598 & RN-599) 	N	A short protocol was seen, but this did not cover the detail required by the Quality Standard.
RN-522	<p>Haemodialysis: Regimes</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Frequency of haemodialysis Duration of haemodialysis Measurement of adequacy of haemodialysis Pre- and post-dialysis blood sampling Exception reporting arrangements for haemodialysis patients dialysing for less than four hours, three times a week 	Y	
RN-523	<p>Haemodialysis: Control of infection</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Care of temporary and cuffed dialysis lines and arterio-venous fistulae, including locking solutions and dressings Preparing vascular access for haemodialysis Decontamination of equipment after each treatment session Decontamination of equipment after use by patients with blood born viruses 	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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 	N	'e' and 'f' were not yet in place. All other aspects of the Quality Standard were met.
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 	N	Reviewers considered that the Standard Operating Procedure briefly covered 'a' to 'd' but did not include sufficient detail to meet the Quality Standard.
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	The guidance covering 'e' would benefit from more detail.
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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	
RN-530	<p>Live donor work-up</p> <p>A protocol should be in use covering:</p> <ul style="list-style-type: none"> a. Live donor work-up b. Arrangements for organising the transplant c. 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> <ul style="list-style-type: none"> 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) 	N	Guidance covering 'g' was not yet included in the guidelines. All other aspects were met.
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>	N/A	Patients requiring antibody incompatible transplantation were referred to Guy's and St Thomas' NHS Foundation Trust.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-533	<p>Post-operative care</p> <p>Clinical guidelines should be in use covering post-operative care of patients covering at least:</p> <ul style="list-style-type: none"> 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 	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> <ul style="list-style-type: none"> a. The type of transplantation undertaken b. The patient's medication and likely side effects c. Action to take should problems occur 	Y	
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> <ul style="list-style-type: none"> 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 in place for Royal Sussex County Hospital but not for Epsom and St Helier University Hospitals NHS Trust. The post-transplant policy did not cover 'a' to 'c'.
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-538	<p>Transfer to adult care</p> <p>The network-agreed guidelines for transition to adult care should be in use, covering:</p> <ul style="list-style-type: none"> 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	Guidelines covering transition were not yet in place. A monthly multi-disciplinary team meeting was held to discuss those who were due to transition to adult care.
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>	N	Arrangements were in place but did not include any input from the renal pharmacist or the vascular access team.
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	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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	'd' was not yet included in the guidance.
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	
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 the team might wish to display transplant successes in patient areas for those who may not have access to the internet.
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	Local meetings were held although 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>	N	Arrangements were not yet in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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	
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	A vascular access audit was undertaken annually. The audit did not include the relationship between the timing of access surgery and the start of dialysis. Transport audits had been completed.
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	However, the process for annual review was not robust.
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.	N	Information was collected in relation to time from work-up to transplantation for living related donors, but an audit had not yet been completed.
RN-706	Transplant Centre audit 2 Transplant Centres providing an antibody incompatible transplantation service should participate in the national AiT Registry Audit (when established)	N/A	
RN-707	Transplant surgeon minimum activity Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
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>	N/A	
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	Multi-disciplinary review and learning would benefit from being more robust at the satellite units visited by the reviewers.
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	See main report.

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