WM QRS West Midlands Quality Review Service

NHS London Clinical Networks

Renal Services Peer Review Visit

Epsom and St Helier University Hospitals NHS Trust

Visit Date: 29th and 30th June 2016 Report Date: September 2016

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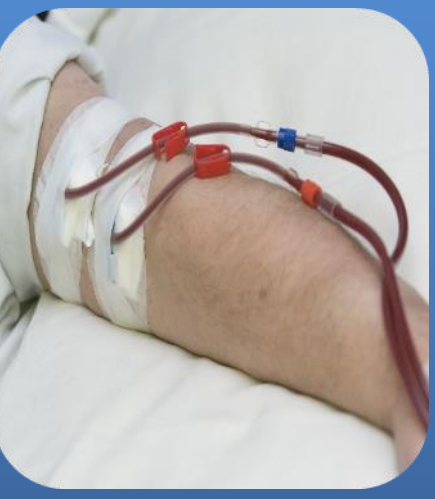

UKAS INSPECTION 8831

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INTRODUCTION

This report presents the findings of the review of renal services at Epsom and St Helier University Hospitals NHS Trust that took place on 29th and 30th June 2016. The purpose of the visit was to review compliance with the West Midlands Quality Review Service (WMQRS) Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease (Version 3).

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

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services at Epsom and St Helier University Hospitals NHS 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:

- Epsom and St Helier University Hospitals NHS 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 Epsom and St Helier University Hospitals NHS 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

Epsom and St Helier University Hospitals NHS Trust renal service provided care for a population of more than one million people drawn from most of Surrey and the adjacent parts of south west London, Sussex, Hampshire, Berkshire, and Middlesex. The service operated a network of outreach renal clinics in nine district general and other hospitals in the region: Epsom Hospital, Leatherhead Hospital, Croydon University Hospital, East Surrey Hospital in Redhill, Royal Surrey County Hospital in Guildford, St Peter's Hospital in Chertsey, Frimley Park Hospital, Aldershot Health Centre and Fleet Hospital. The renal service also operated a network of nine local satellite dialysis and out-patient centres in Epsom, Sutton, Purley, Wallington, Kingston, Croydon, Crawley, Farnborough Farnham, and West Byfleet.

Service (as at June 2016)	No. Patients	No. Stations
Haemodialysis (HD)		
- Main Unit St Helier Hospital		51 in-patient beds all able to deliver HD. 25 -14 CHD, 11 Short stay
- Acute HD	3	
- Chronic HD	206	
Satellite Units:		
- **St Helier**		
○ Croydon	101	18
○ Kingston (Manorgate)	70	16
- **Fresenius**		
○ Farnborough	113	26
○ Purley	79	24
○ West Byfleet	110	25
○ Sutton	81	24
○ Epsom	44	24
- **Diaverum**		
○ Crawley	56	24
- Home HD	28	
Total haemodialysis	**891**	
Peritoneal dialysis		
○ CAPD	27	
○ aCAPD	-	
○ APD	91	
○ aAPD	3	
Total peritoneal dialysis	121	
Transplant follow up (local care)	809	
Number of transplants (previous 12 months)	73	
Permanent dialysis access	70%	
In-patients	**No. Beds**	
St Helier Hospital – three wards, 51 beds in total	18 17 16 Inc. 13 isolation rooms.	

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VISIT FINDINGS

This report describes the findings relating to renal services provided by Epsom and St Helier University Hospitals NHS Trust. The visiting team met patients and carers, viewed facilities and talked to staff at the main renal unit and at the Crawley, Farnborough, Kingston and Purley satellite units. The 'renal services' findings are likely to apply to all satellite units managed by Epsom and St Helier University Hospitals NHS 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 most impressive, large and complex service, with strong nursing and medical leadership. It managed high patient numbers spread across a very large geographical area. Patient outcomes were excellent despite relatively low consultant Programmed Activity numbers, and long distances travelled in managing the satellite units. This was especially noteworthy as many of the consultant medical staff also held Trust-wide senior management posts. This was a considerable achievement, but some consultants appeared to have very little time within their working week for anything but direct clinical care, and reviewers questioned the sustainability of the additional workload.

The team also managed a successful research programme and an active and comprehensive audit programme which covered many aspects of care.

Patients who met with the reviewing team rated the services very highly. Feedback was actively sought and was very positive, with the friendliness and approachability of the staff being such that they 'felt like an extended family'. The way in which patients were additionally engaged, for example in promoting home dialysis and talking at the patient education meetings, was impressive.

There was a clear focus on training for and delivering a large home care programme for patients on haemodialysis and peritoneal dialysis, including offering support to frail older people dialysing at home. Staff appeared willing to travel whatever distances were necessary to offer this. They also took blood samples from patients at home to save patients having to travel.

A recent Care Quality Commission visit had included a separate review of the service, reflecting the importance of the department to the Trust and its confidence in it. The review found the service 'good' in all five domains.

Despite their hard work, staff were friendly and appeared relaxed, satisfied and happy in their work. The team had a strong identity within the Trust. Retention rates were high, and sickness rates low.

Good Practice

1 Some individuals within the team were singled out for special mention: the medical and nursing leads, the combined social worker and psychologist working across the whole service, the nurse lead at the Farnborough site, the transport co-ordinator whose efforts were described as 'heroic', and the holiday co-ordinator who went to great lengths to try and meet patients' requests for dialysis away from base.

2 There was a strong Peritoneal Dialysis (PD) programme, including ready availability of local anaesthetic line insertion. Acute PD was quite often chosen by those who needed immediate dialysis at presentation.

3 The 'fistula service' was responsive and well managed. A list of patients dialysing with non-permanent lines was held centrally and there was a clear plan to convert these wherever possible.

4 Patient education was comprehensive, with 1:1 sessions plus open meetings held at the centre and satellite units. Transplant sessions could be attended by as many as 60 patients, family members and potential donors. Different, recently transplanted patients and donors came to speak about their personal experiences.

5 The pre-dialysis service included the offer of visits to the patient's home to discuss concerns and plans with the patient and family.

6 Good information for patients was available on the in-patient wards at the St Helier hospital site. There was a notice board at the entrance showing safety and quality indicators, shift staffing levels, uniforms for the different team members and a photograph of the consultant. A bedside file contained named photographs of the nursing team and specific information about kidney conditions as well as visiting and meal times.

7 Nurses employed by Epsom and St Helier University Hospitals NHS Trust were offered the chance for rotational work at any of the satellite units managed by the Trust.

8 Night haemodialysis sessions were available for a small number of patients and a plan was in place for a full nocturnal service for up to nine patients.

9 Some patient information was especially good, including a 'welcome pack' at Farnborough, a patient information sheet at Purley, the illustrated 'named nurse' booklet and comprehensive self-care training competency documents.

10 Clinical guidelines for peritoneal dialysis and dialysis away from base were comprehensive.

11 Research information and outcomes were prominently displayed in clinical areas at St Helier.

12 Cystatin C assay was available for patients and could also be requested by GPs.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Variation in practice between the satellite units**
Examples of variation in clinical practice were seen, for example in withdrawal of dialysis and diabetes care. Audits of key performance indicators across the units were described but data were not available. The potential for variation in practice was compounded by a lack of written guidance for several aspects of care, for example monitoring, nutrition and managing the transplant list. Also, clinical guidelines which were available at the St Helier site did not appear to be available to staff at the satellite units at Crawley, Purley and Kingston.

Further Consideration

1 Some good patient information was seen but this was not easily visible on the units and did not appear to be available at some sites visited by the reviewers.

2 Staffing of some parts of the service was low. For example, the named nurse for Advanced Care had this as one of many roles. The combined social worker and psychologist was offering a highly valued service but had insufficient time given the size of the service and had no cover for absences.

3 Clinical communication between the satellite units and the centre, and with other admitting local hospitals, was not available electronically. Hard copy discharge summaries were given to patients to take to their units, and consultants took hard copy letters and discharge summaries to the units when they visited. At the time of the visit there was no access for peripheral units to the IT system at St Helier hospital where such information was stored (see also further consideration 12). Information about a recent admission or episode often required a telephone call by the unit staff to establish details.

4 Multi-disciplinary teams working at satellite units, including access nurses and pharmacists, were not well developed. Staff at the satellite units who met with the reviewing team commented that patients requiring support from other members of the multi-disciplinary team would be referred to the main unit at St Helier Hospital.

5 Allied health professionals (AHPs) who met reviewers described feeling rather isolated rather than part of the core team. Involvement of AHPs in MDTs may lead to better use being made of their skills.

6 The numbers of patients self-dialysing at the different units was variable, being high at Crawley and very low at Farnborough.

7 The proportion of haemodialysis patients dialysing through arteriovenous fistula or graft (70%) was below the Renal Association guideline of 80% of patients with arteriovenous fistula or graft.

8 The technologists were working a 1:2 on-call rota, although plans were in place to appoint a third technologist, and a trainee technologist would soon be able to participate in the on-call rota.

9 The clinical 'concerns register' was not being actively used.

10 There was no transition service for post-transplant patients and no apparent plan to address this. The number of patients was small. It may be helpful to consider whether some young people would require support to transition to adult services in order to avoid poor treatment adherence and other problems.

11 At some sites, patients were seen in clinic on non-dialysis days, and therefore had to attend on three consecutive days. It was acknowledged that some preferred to do this but reviewers considered that patients, wherever possible, should have the option of a clinic appointment on a dialysis day.

12 At the time of the visit, staff at the satellite units were entering data onto two different IT systems. Reviewers were told that work to improve access to patient and laboratory data using the existing 'iRIMS' and Trust 'CV5' systems would resolve these issues.

13 Document control was not robust. Some guidelines seen by the reviewers at the satellite units were old and had exceeded their review date.

14 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).

15 Facilities in some parts of the service were in need of renovation. At St Helier the areas were cramped, although there were plans to build a new unit. Space was also limited at Kingston satellite unit, with equipment stored in boxes and patients dialysing out of sight of staff. The satellite unit at Purley was situated on the 5th floor and patients reported that they had to use the goods lift when the main lift failed.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr Neil Ashman	Consultant Nephrologist and Network Lead	Barts Health NHS Trust
Anne-Marie Chappell	Senior Nurse In-Patient Services	Imperial College Healthcare NHS Trust
Lynette Clarke	Manager, Renal Services	St George's University Hospitals NHS Foundation Trust
John Connor	Patient Representative	
Michelle Clemenger	Senior Nurse PD	Imperial College Healthcare NHS Trust
Dawn Goodall	Renal Pharmacist and Transplant Outcomes Lead	Imperial College Healthcare NHS Trust
Rachel Hilton	Consultant Nephrologist	Guy's and St Thomas' NHS Foundation Trust
John Hiney	Patient Representative	
Rea Jerabekne Vegh	Manager, Haemodialysis	Diaverum UK
Mee Onn Chai	Team Leader, Clinical Pharmacist – Renal Services	King's College Hospital NHS Foundation Trust
Cyril Prince	Renal Technician	Barts Health NHS Trust
Madeleine Seeley	Renal Services Matron	Royal Free London NHS Foundation Trust
Lisa Silas	Senior Nurse	Guy's and St Thomas' NHS Foundation Trust
Philip Webster	Specialist Registrar	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-502	Guidelines: Lifestyle advice	Some aspects of the Quality Standard were not yet met
RN-504	Referral for psychological support	Guidelines covering indications and arrangements were not yet in place
RN-505	Operational Policy: Pre- dialysis care	A policy covering all the requirements of the Quality Standard was not yet in place.
RN-507	Access Surgery Protocol	Guidelines did not cover all the requirements of the Quality Standard
RN-511	Suspension and reinstatement on transplant list	A policy covering all the requirements of the Quality Standard was not yet in place.
RN-512	Annual review of patients on transplant list	A written protocol was not yet in place.
RN-513	Removal from the transplant list	A written protocol was not yet in place.
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-518	Nutrition while on dialysis (adults)	The protocol did not yet cover undertaking an annual assessment
RN-522	Haemodialysis: Regimes	Guidelines had not been localised to support local implementation
RN-524	Haemodialysis: Access management	Guidelines did not cover all the requirements of the Quality Standard
RN-529	Post-transplant follow up	Guidelines did not cover all the requirements of the Quality Standard
RN-538	Transfer to adult care	Some aspects of the Quality Standard were not yet met
RN-604	Liaison with diabetes services	Some aspects of the Quality Standard 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	0	0
Renal Services	84	59	70
Total	**86**	**59**	**69**

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PRIMARY CARE

Ref	Quality Standards	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.	N	A specific programme had not yet been agreed. In practice, informal arrangements were in place and training had taken place with some GPs and with staff at the satellite units.
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	N	Primary care guidelines as defined in the Quality Standard were not yet in place. The Trust did have agreed guidelines covering referral and for 'Cystain' testing in primary care.

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RENAL SERVICES

Ref	Quality Standards	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	Independent advocacy would be arranged via the social worker. Access to interpreters was arranged on an informal basis with families. Arrangements could be made with 'Language line' if required. **Crawley Satellite Unit:** The welcome pack did not include this information but reviewers were told that patients could ask for advice.

Ref	Quality Standards	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	N	Although there was some excellent information it was not easily accessible or routinely given to patient in all the areas visited by the reviewers. **St Helier:** Reviewers were impressed with the bedside information booklet which was comprehensive and contained pictures of staff, ward routines and renal-specific information. Good dietary information was also easily accessible. **At the four satellite Units**: Good information was available about dialysis away from base. Patients who met with the visiting teams at the satellite were not clear about how to join the Kidney Patient Association (KPA) **At the Fresenius Farnborough and Purley Satellite Units**: The welcome pack/ handbook was very informative and well written
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	

Ref	Quality Standards	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	Y	St Helier renal services and at the Fresenius Satellite units; There was a range of information about dialysis and PD catheter care. At the Diaverum Crawley Satellite Unit; The information was not easily available.
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	Information was given prior to commencing dialysis and covered during review consultations. The information seen by the reviewers was well written.
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	Afternoon and evening Transplant Information Evenings were popular and informative. Patients were also educated in low clearance clinics, general nephrology clinics and surgical clinics. The National 'Gift of life' booklet was utilised.
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	N	Written information was not offered. Verbal information and the option to discuss any issues post-transplant was undertaken at follow-up consultations.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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).	N	Information was not available. In practice, processes were in place to discuss transition and a monthly transition clinic was held.
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)	Y	In the Farnborough satellite units each patient had a named nurse who delivered education and advice on all aspects of dialysis and renal care. Patients were also given an information leaflet which was very good and provided clear advice. . At St Helier the renal team delivered a very good education programme for patients and carers, including those considering transplantation.
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	GP letters seen by reviewers were copied to patients but were not in language that would be easy for patients to understand. Reviewers suggested that the team may wish to review this process. Care plans were documented on the 'CV5 system' but it was not clear if patients were given a copy of their plan. In the ward areas some care plans were available at the patient's bedside. At the satellite units patients were not always given a copy of their care plan. In all except the Crawley Satellite Unit patients could access their blood results on 'patient View'
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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.	N	Patients commented that they had very good support from the transport co-ordinator. Audit results showed that there were 24 incidents relating to transport being late or the journey delayed.
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 range of feedback mechanisms were in place in all areas visited by the reviewers. The St Helier Renal Unit displayed patient feedback, and staff pictures were displayed in ward areas. Research was also displayed along the corridor. Patients and carers who met with the reviewing team were very positive about the service and felt that when they had issues these were actively dealt with by staff.
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	Y	This Quality Standard was met except that there was no lead nurse for transition to adult care
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.	N/A	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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.	N/A	
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	Wards utilised the 'Safer Nursing Care Tool'. The staff board outside the ward detailed a range of useful information including information on the staff roles and on who would be available on each shift.
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	The St Helier Renal Unit offered nurses the option to rotate across various units. The Fresenius Unit at Farnborough had a comprehensive competency framework in place. The lead nurse also gave feedback from patients at appraisals. There were also good systems for rostering, and the shift patterns worked well. Reviewers were particularly impressed with the process for scenario training at the Farnborough satellite unit. Success stories were shared across all the Fresenius Units. At Kingston there was very little information about staff training available to reviewers at the time of the visit.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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)	Y	The vascular access nurse also assisted in theatres. The specialist nurse for conservative management also led on end of life care.
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	At the time of the visit there were two registered technologists and a technologist in training. Reviewers considered that the availability of technical support was slightly below the recommended levels for providing cover for haemodialysis and home services. The Trust was aware of this issue and had plans to recruit a fourth technologist. The Fresenius and Diaverum satellite units each had a nominated technologist.
RN-211	**On-call Clinical Technologist** A 24 hour clinical technologist on call service should be available.	Y	The technologists gave 1:2 on-call provision. This would improve once the trainee technologist was qualified and recruitment to the fourth technologist's post completed.
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	Reviewers were impressed with the holiday co-ordinator, who was extremely proactive in managing the co-ordination of holiday dialysis provision.
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	The social worker was part-time and also provided psychology support. Although this provision was excellent, the allocated time was insufficient to enable equity of provision for all patients. Three dieticians managed the wards and out-patient service. Renal pharmacist support was available for in-patients. Out-patient support was via the main pharmacy department. AHPs attended the daily virtual ward round but did not routinely attend any other renal unit meetings, and reviewers suggested that this may be an area for development. Support staff who were part of the renal team did have time allocated for work with the renal service.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	The team had been proactive in improving the pathways for access surgery. There were also good links and communication with the St George's University Hospital surgical team.
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	
RN-306	**Expert advice on antibody incompatible transplantation** The Transplant Centre should have arrangements for access to expert advice on antibody incompatible transplantation.	N/A	
RN-307	**Histocompatibility service** The Transplant Centre should have access within a two hour travel time to a consultant led, accredited histocompatibility service.	N/A	
RN-308	**Histopathology service** The Transplant Centre should have access to a histopathology service with expertise in the interpretation of renal transplant biopsies.	N/A	
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.	N/A	
RN-310	**Plasmapheresis** The Transplant Centre should have 7 days a week access to plasmapheresis.	N/A	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	N/A	
RN-401	**Haemodialysis facilities** Appropriate facilities for the provision of haemodialysis should be available. All new facilities should meet the requirements of the latest HBN requirements and other services should be working towards these standards. In-patient services should ensure reasonable separation of patients receiving in-patient and out-patient care.	N	Facilities at St Helier were cramped, although reviewers were told that plans for the development of a new unit in 2017 were being drawn up. The unit at Kingston would benefit from some renovation.
RN-402	**Equipment** All equipment used in the delivery and monitoring of haemodialysis and peritoneal dialysis therapy should comply with the relevant standards for medical electrical equipment.	Y	
RN-403	**Haemodialysis: Equipment replacement** Each unit should have a programme of equipment replacement.	Y	All equipment was replaced when it was between seven and ten years old.
RN-404	**Haemodialysis: Concentrates** All haemodialysis concentrates should comply with European quality standards.	Y	
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	It was not clear from discussions with staff or from the evidence available whether technologists had oversight of the test results from satellite unit providers as part of the Service Level Agreement or other agreements.
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	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-408	**Isolation facilities** Appropriate facilities for isolation of patients should be available.	Y	
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	Home therapy training was provided at St Helier but not at any of the satellite units.
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	An operational policy as defined in the Quality Standard was not yet in place. Arrangements were in place for 'a', 'b', 'd', and 'g'. A policy was in place for 'i'. 'c': see comments at RN-102. Patients, except for those attending the Crawley satellite unit, were accessing up to date information on their blood results via Renal Patient View.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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)	N	Trust guidelines were in place for smoking cessation, and renal unit guidelines covering dietary advice and dialysis away from home. The junior doctors' handbook contained useful information but this was not specifically for use by other professionals. In practice, patients would be referred to their GP for programmes of physical activity and weight management.
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	
RN-504	**Referral for psychological support** Clinical guidelines should be in use covering indications and arrangements for referral for psychological support.	N	A flow chart defined the process, but guidelines covering indications and arrangements were not yet in place.
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	
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 Standards	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	A policy covering all the requirements of the Quality Standard was not yet in place.
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	The policy was comprehensive. Hepatitis C management and monitoring was included in the policy for blood borne viruses.

Ref	Quality Standards	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.	N	Guidelines for 'tunnelled' lines and prolonged bleeding from fistulas were in place but not other guidelines as defined in the Quality Standard.
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	

Ref	Quality Standards	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	Y	
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	The guidelines covered people going on holiday, but not other clinical indications.

Ref	Quality Standards	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	A written protocol was not yet in place. In practice, reviews were undertaken every three months and annually.
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	A protocol was not yet in place covering all aspects of the Quality Standard. In practice, arrangements were 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	
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	Y	Patients were able to participate in some or all of their own care. There was a competency framework for patients and carers to complete. Training on self-care and home therapies was provided by the renal team with support from nurses in the satellite units. Reviewers were impressed with the self-care support available at the Crawley and Purley satellite units. The local Kidney Patients Association had been involved in the development of an information DVD for patients.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	A policy on blood borne viruses was in place but not other guidelines as defined by the Quality Standard.
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	No formal guidelines were in place. In practice, all patients were reviewed at three to four monthly intervals at all sites.
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	N	A brief protocol was in place, but this was not explicit about undertaking an annual nutritional assessment. The St George's University Hospital iNUT (Renal Inpatient Nutritional Screening Tool) was being piloted.
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Y	
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)	Y	Work was also being undertaken to identify and manage the care of patients living with frailty and renal disease. Reviewers were surprised that the staff at the Crawley unit did not have a policy in place for managing patients who needed to withdraw from dialysis.
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	Guidelines for 'e' were in place. Renal Association guidelines were used but these had not been localised to support local implementation.
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	'b' was not yet in place. Although guidelines were available on the G drive, reviewers were told that not all Epsom and St Helier satellite units could access the drive.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	N	Guidelines for 'c' and 'e' were available, but not guidelines on fistula care. In practice, access management was co-ordinated between the satellite units and the access team within the Trust. Fresenius had a policy on managing access on a day to day basis and this was used within the clinics. A 'CVC Locking Urokinase' policy was available on the 'Achiever' system.
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	
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	
RN-527	**Peritoneal dialysis: Management of complications** Clinical guidelines should be in use covering management of: a. Peritonitis b. Hernias c. Encapsulating peritoneal sclerosis	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Y	
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 preparationg. Contraception and sexual health h. Care of mother and baby during pregnancy (adults only) i. Monitoring of growth (children and young people only)	N	Guidelines covering 'd', 'g' and 'h' were not yet in place. All other guidance was in place, and in practice processes were in place covering the follow-up of patients following transplantation.
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	
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)	N/A	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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.	N/A	
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	Y	Patients were transferred back to the care of the Epsom and St Helier University Hospitals NHS Trust team. 'a' was not applicable.
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/A	
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	
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	
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Clinics for adolescents and transition care took place with a named lead consultant, but written guidelines were not yet in place.
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.	N	Arrangements were in place on the St Helier site but not at the satellite 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	Quality monitoring audits were undertaken by the various units. The St Helier team also undertook comparison audits across all units.
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	N	Two diabetes Clinical Nurse Specialist undertook joint reviews with a diabetologist but the number of patients was not monitored as defined in the Quality Standard ('d').
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	A concerns register 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	
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.	Y	Staff from the St Helier team attended the weekly meetings held at the transplant centre.
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.	N/A	
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.	N/A	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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.	N/A	
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	Y	Audit data showed that 99.18% patients were kept waiting for less than 90 minutes. The percentage of patients collected within 30 minutes of finishing dialysis was not clear.
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.	N/A	
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-707	**Transplant surgeon minimum activity** Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.	N/A	
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.	N/A	
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	Monthly Renal Service Group meetings were held and other uni-dicisplinary meetings. Shared learning meetings were held at the Fresenius satellite units.
RN-799	**Document Control** All policies, procedures and guidelines should comply with the Trust (or equivalent host organisation's) document control procedures.	Y	

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