

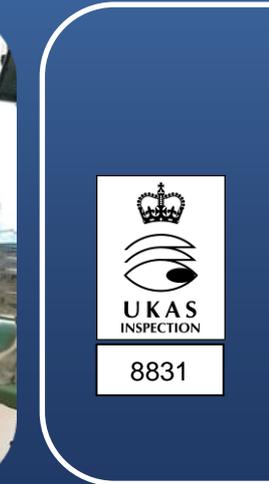
# Renal Services Peer Review Visit

King's College Hospital NHS Foundation Trust

Visit Date: 24<sup>th</sup> & 25<sup>th</sup> May 2016

Report Date: September 2016

*Images courtesy of NHS Photo Library*



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## INTRODUCTION

This report presents the findings of the review of renal services at King's College Hospital NHS Foundation Trust that took place on 24<sup>th</sup> and 25<sup>th</sup> May 2016. The purpose of the visit was to review compliance with the West Midlands Quality Review Service (WMQRS) Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease (Version 3).

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

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services at King's College Hospital 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:

- King's College Hospital 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 King's College Hospital 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](http://www.wmqrs.nhs.uk)

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## BACKGROUND

The King's College Hospital NHS Foundation Trust (KCH) Renal Service provided adult nephrology, dialysis and renal transplant clinic services to a diverse patient population, estimated at 1.4 million, based both locally in south east London and in areas of east Kent, Woolwich, Greenwich and Bromley. Transplant surgery was undertaken at Guy's and St Thomas' NHS Foundation Trust (GSTT), and follow up was provided by the KCH renal service. Surgical vascular access was provided by consultant vascular surgeons from the South East Vascular Network based at KCH and visiting transplant surgical colleagues from GSTT. The renal service also provided support to haemodialysis satellite units.

Service (as at May 2016 )	No. Patients	No. Stations
<b>Haemodialysis (HD)</b>		
<b>King's College Hospital NHS Foundation Trust</b>		
Main Unit	120	20
- Satellite Units:		
o Bromley	98	17
o Dartford	72	12
o Dulwich Community Hospital	69	12
o Dulwich Mobile Unit	43	8
o Queen Elizabeth Hospital, Woolwich	60	10
o Sydenham	95	16
- Home HD	14	
<b>Total haemodialysis – long term programme</b>	<b>571</b>	
<b>Peritoneal dialysis</b>		
o CAPD	31	
o APD	41	
o aAPD	9	
<b>Total peritoneal dialysis</b>	<b>81</b>	
Transplant follow up (local care)	450	
Number of transplants (previous 12 months)	69	
Permanent dialysis access	Approx. 64%	
<b>In-patients</b>	<b>No. Beds</b>	
King's College Hospital - The Victor Parsons Renal Unit	29 beds + 4 HDU beds	
o Fisk and Cheere Wards	and 2 beds blocked to provide dialysis capacity	

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## VISIT FINDINGS

This report describes the findings relating to the renal services provided across King's College Hospital NHS Foundation Trust. The visiting team met patients and carers, and viewed facilities and talked to staff at the King's College Hospital renal unit and five of its satellite renal units, two at Dulwich, and one each in Woolwich, Bromley and Sydenham. The 'renal services' findings are likely to apply to all satellite units managed by the King's College Hospital 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, clinically-led service with energetic, motivated and dedicated medical and nursing leaders.

Outstanding nurse leadership activities included conservative management and palliative care, a nurse-led peritoneal dialysis (PD) service including a catheter insertion and removal service, and a very successful peer support programme.

Some unusual and highly-rated services were in place, including a renal rehabilitation programme, a weight management programme and an outstanding advanced renal care (ARC) service.

A locally-built data management platform, Renalware, was in place, which had evolved and improved over 20 years and was an excellent source of information. It incorporated an active 'worry board' or concerns register which focussed discussion on complex or frail patients.

Patients were very positive about all aspects of the service, and those seen at the satellite services especially valued the nursing care they received.

Multi-professional research was in evidence and embedded in many of the clinical services.

Completeness of data submission to the Renal Registry was exceptional.

It was acknowledged that the team was working against a backdrop of a financially-challenged Trust and that service manager support was variable. Over the last four years there had been an exceptionally high turnover of management staff, especially at service manager level. Often this had happened with very short notice of change. The review team specifically asked about this, as some services that had been piloted or started (for example, clinics for patients presenting late to renal services with educational input and educational seminars for patients with CKD stages 2 to 3) had subsequently dwindled. A Care Quality Commission (CQC) visit had highlighted that the renal in-patient area and the hepatology out-patient area were not fit for purpose. The latter had since been refurbished but the renal ward facilities remained unchanged.

### Good Practice

- 1 The satellite units had a named 'link nurse' for each part of the service.
- 2 There was a facility for patients to have funded haemodialysis (HD) overseas (outside the European Union) for up to two weeks every year.
- 3 Clinic letters were addressed to the patient and copied to the GP or other providers, leading to a focus on comprehensibility and avoidance of technical jargon.
- 4 Management meetings routinely began with a 'patient story' to set the tone and focus of the discussions.
- 5 Patients starting on renal replacement were all seen by a social worker or a psychologist, who worked closely together as a team. This ensured that issues of concern were addressed early and that benefits and entitlements were reviewed and explained.
- 6 There was a focus on patients with end-stage renal disease and mental health co-morbidities. A psychiatrist joined the team as needed.

- 7 A cohort of frail elderly patients was supported at home with assisted peritoneal dialysis. This included some on minimal PD protocols before final withdrawal of dialysis.
- 8 Some documents were considered to be outstanding, including guidelines on PD access and management of complications, patient and staff information regarding PD, and the booklet 'Your kidney, your choice'.

### Immediate Risks

#### 1 Infection Control<sup>1</sup>

A written policy was in place stating the requirement to use two isolators on the extracorporeal lines when dialysing patients with blood borne virus infections. Following discussion with several members of staff, the review team was not assured that this always happened in practice. Several staff who met reviewers were not aware of the requirement to use an additional isolator for patients with blood borne viruses. This could allow transmission of blood borne viruses from one patient to the next on haemodialysis.

Furthermore, robust arrangements for labelling machines that were not in use were not evident. It appeared to be possible for a machine that had not been decontaminated following dialysis of a patient with a blood borne virus to be mixed in with the other spare machines, as they were not labelled or marked to allow them to be differentiated. There was no consistent process of labelling machines that were decontaminated and ready for use by another patient.

### Concerns

#### 1 Length of dialysis

For a number of reasons, including problems with transport, some patient choice and clinical decisions based on patients' frailty, the service had not always been able to deliver full dialysis sessions. A change in the working patterns of staff at the satellite units had reduced both lunchtime handover time and the length of the working day so that it lasted from 7 am to 10 pm. It was therefore nearly impossible to offer three full four-hour dialysis sessions at each station. Also, working patients had either to leave work early or to have a reduced length session. Overall, haemodialysis sessions of less than four hours' duration were not 'exception reported' and were far from exceptional.

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<sup>1</sup> **Trust Response:** a. immediate re-education of all dialysis nurses on the need for strict adherence to the policy of using two isolators for patients with blood borne viruses. Unit managers have been tasked with ensuring all staff are aware of the policy and have fed back to the Divisional Head of Nursing for Liver and Renal. It will be emphasised in handovers. b. There will be ongoing, regular spot checks – at least weekly – by all dialysis unit managers to ensure compliance with the policy of using two isolators. These will be documented and reviewed monthly for the first three months and then every three months by the Divisional Head of Nursing for Liver and Renal or Deputy Head of Nursing.

After every dialysis session all dialysis machines will be decontaminated as per protocol. Protocol for patients with potential or proven blood borne viruses is as follows:

- i. The machine will not be used for another patient unless the decontamination log is appropriately signed and dated.
  - ii. All dialysis for people with known blood borne viruses takes place in side rooms. No machine is to be moved from a side room without appropriate decontamination and an 'I am clean' sticker, in addition to completion of the decontamination log.
  - iii. People with uncertain virological status (e.g. return from holiday) are dialysed only in side rooms or on the twilight shift or on the ward, following which there is always a citric acid and external clean. Again, all machines used in this way will be labelled with an 'I am clean' sticker and decontamination log completed.
- b. A decontamination log will be kept so that this process can be audited. Audits will be reviewed weekly for first 3 months and then monthly.
  - c. The unit managers will ensure adherence to this policy.
  - d. Our decontamination protocol has been rewritten to reflect this change.
  - e. Review of adherence to decontamination protocols and use of isolators will be a standing item at performance meetings.

**WMQRS Response:** The actions once fully implemented mitigate the immediate risk identified at the visit.

## 2 Use of dialysis capacity

Capacity for haemodialysis was limited, although this was to be helped when a planned new unit at Belvedere opened, with an extra 14 stations. The new unit would also have the flexibility to increase the number of available stations to 22 depending on need. Reviewers considered that, in the meantime, considerably better use could be made of the available stations. There appeared to be a lack of flexibility, and re-booking for other patients did not take place quickly when sessions became free because a regular patient was sick in hospital or away on holiday. The Trust team considered that this was due to issues with existing capacity and the challenges the service faced in being able to move patients to other locations at short notice. Reviewers calculated that in the preceding month 106 HD sessions (6%) had been unused, which was higher than the rate expected. Reviewers also identified some inflexibility and over-stringency of criteria for patients being referred to the satellite units, with all new starters being dialysed at the King's site, even if this meant they were sitting with sick in-patients for these early sessions.

## 3 Facilities

Facilities on the King's site were poor. The in-patient ward area was old and had not been refurbished for a long time, and the layout was not really fit for purpose. Ward-based HD stations were in a poorly lit space which a patient described as 'a dungeon'. In the main dialysis unit, HD stations were used to treat a mixture of in- and out-patients, and men and women were dialysed in the same space.

Two other clinical areas gave some cause for concern: one room containing three reclining chairs was used for patients receiving iron infusions and transfusions. This room was cramped such that it would be extremely difficult for a resuscitation team to get into it if required. The other area had three beds used for patients who had undergone a renal biopsy or a PD catheter insertion. This area was also poor, and staffing appeared to be rather variable, with regular nursing staff not always used. Finally, the satellite units did not have sluice areas. This was a problem as some higher dependency and bed-bound patients were dialysed at these sites.

## 4 Low fistula access rates

Difficulties with getting timely vascular access meant that only 40% of patients on haemodialysis had long-term access when they started dialysis. The cause of the problem with getting timely access was not clear.

## 5 Isolation facilities

Isolation facilities were limited and lacked flexibility. There were none at the Dulwich main site or Woolwich, and only one dedicated dialysis isolation space at each of the Dulwich 'temporary' site and Bromley. Patients who required these facilities had to travel to inconvenient and more distant facilities for their treatment.

## 6 Communication from Transplant Centre

Post-transport discharge summary proforma received from Guy's and St Thomas' Hospital were often not sufficiently completed to guide on-going care, and they sometimes contained only the most basic information. It was also not always made clear how or where a patient should make contact if they had a problem when discharged home.

### Further Consideration

- 1 Storage facilities at the satellite units were limited, with over-full cupboards, and boxes in corridors. At Bromley, space was better organised, but at Dulwich there was a sense that materials could be stored more effectively, and reviewers considered that deliveries could be better arranged so as to avoid large bulk deliveries having to be stored in the limited spaces.
- 2 Home training facilities were only offered at the Sydenham unit and the training room was small and was used at the same time for patients being taught haemodialysis techniques and patients being taught peritoneal dialysis techniques.

- 3 Some of the water treatment plants at the satellite units were over ten years old and were due for replacement.
- 4 Patients requiring blood transfusions were brought to the King's site for this, as transfusions were not permitted at the satellite units. Reviewers suggested that a review of this arrangement may be helpful as it is common practice elsewhere to carry out transfusions at satellite units.
- 5 Although a 'named nurse' system was used, in practice several of the patients who met the visiting team were not sure who their named nurse was.
- 6 A reduction in training budgets meant that nurses were only granted funded study leave to cover one-eighth of the renal course, and had to undertake the majority of the training in their own time. Even when team members were giving presentations at conferences, this was often expected to be in their own time or taken as annual leave. Reviewers suggested that the impact of this on sickness, vacancies, recruitment and retention should be considered.
- 7 Following a reduction in administrative and clerical (A&C) staff numbers, clinical members of the team were spending time which could have been used for clinical care on tasks more appropriately or previously undertaken by clerical staff. For example, the transplant co-ordinator was managing live donor expenses claims.
- 8 Patients' names were displayed on white boards on the ward, the out-patient haemodialysis area and the satellite units, and could easily be seen by other patients or visitors.
- 9 Document control was lacking for some of the written guidelines and protocols.
- 10 It may be helpful to display transplant success rates and stories of transplant successes at the satellite units.
- 11 Measures were in place to meet the requirements of the great majority of the standards in practice, but some written guidelines, protocols and policies were not yet in place (see Appendix 2 for details).

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## APPENDIX 1 MEMBERSHIP OF VISITING TEAM

### Visiting Team

Dr Jennifer Cross	Consultant Nephrologist	Royal Free London NHS Foundation Trust
Katie Durman	Clinical Lead Dietician	Barts Health NHS Trust
Claire Edwards	Senior Nurse Haemodialysis	Imperial College Healthcare NHS Trust
Katy Gordon	Programme Consultant, Cardio-Vascular Disease Strategic Clinical Networks [London]	NHS England
Brian Gracey	Patient Representative	
Karen Maclure	Manager: Renal Services	Epsom and St Helier University Hospitals NHS Trust
Iain MacPhee	Consultant Nephrologist	St George's University Hospitals NHS Foundation Trust
Sarah Milne	Lead Nurse Specialist Practice – Chronic Kidney Disease	Royal Free Hospital NHS Foundation Trust
Nicholas Palmer	Head of Patient Support Services	British Kidney Patient Association
Cyril Prince	Renal Technician	Barts Health NHS Trust
Janice Ward	Senior Matron – Dialysis	Royal Free London NHS Foundation Trust
Clare Whittaker	Senior Nurse	Barts Health NHS Trust

### WMQRS Team

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

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## APPENDIX 2 GUIDELINES NOT YET IN PLACE

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

Ref	Quality Standards	Comment
RN-501	<b>Operational Policy</b>	No operational policy was seen.
RN-502	<b>Guidelines: Lifestyle advice</b>	The renal rehabilitation and weight management reduction programmes were notable examples of attention to lifestyle in practice, but written guidelines covering advice, actions, and referral to other services were not in place.
RN-504	<b>Referral for psychological support</b>	Information about counselling and psychotherapy support was seen, but reviewers did not see any guidelines covering indications and arrangements for referral.
RN-507	<b>Access surgery protocol</b>	The vascular access surgery pathway did not have criteria for referral or include indications for antibiotic prophylaxis or for ensuring patients were given information about their dialysis access.
RN-508 & 509	<b>Referral for consideration of suitability for transplantation Acceptance on transplant list</b>	Guidelines for referral for consideration of transplant, and acceptance on the transplant list, were being drafted in conjunction with the transplant team at Guy's Hospital.
RN-511, 512 & 513	<b>Suspension and reinstatement on transplant list Annual review of patients on transplant list Removal from transplant list</b>	A protocol for suspension and reinstatement on the transplant list, guidelines for annual review of patients on the list, and a protocol covering removal from the transplant list, were not seen.
RN-516	<b>Monitoring</b>	Monitoring guidelines were not seen, although the team was impressed by the processes in place using Renalware.
RN-517	<b>Six monthly holistic review</b>	A protocol ensuring a six-monthly holistic review of patients by the named nurse was not yet in place, although it was being finalised and was expected to be in use soon after the review.
RN-518	<b>Nutrition while on dialysis (adults)</b>	No protocol governing dietician input while on dialysis was seen. The staff induction booklet included some information for staff about six-monthly nutritional reviews and referral to a dietician at other times.
RN-520	<b>Dialysis away from 'base'</b>	Guidelines did not cover the use of dedicated machines, suspension from and re-instatement to the transplant list or informing the Transplant Centre of the suspension from and re-instatement to the transplant list. Guidance on holiday dialysis was in place.
RN-521	<b>Withdrawal of dialysis</b>	No protocol was in place governing withdrawal from dialysis, although practice in this respect was noted to be very good, as part of Advanced Renal Care.
RN-604	<b>Liaison with diabetes services</b>	Guidelines for liaison with diabetic services were not seen.

## 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	85	51	60
<b>Health Economy</b>	87	53	61

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## PRIMARY CARE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RA-298	<p><b>Primary care training and development</b></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><b>Primary care guidelines</b></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"> <li>Information and advice for patients and their carers, including lifestyle advice in order to slow down the rate of kidney damage</li> <li>Indications for referral to the renal service</li> </ol>	Y	Good primary care guidelines were in use, including indications for referral.

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## RENAL SERVICES

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-101	<p><b>General Support for Service Users and Carers</b></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"> <li>Interpreter services, including access to British Sign Language</li> <li>Independent advocacy services</li> <li>PALS</li> <li>Social workers</li> <li>Benefits advice</li> <li>Spiritual support</li> <li>HealthWatch or equivalent organisation</li> </ol>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-102	<p><b>Information: All patients</b></p> <p>Information should be offered to all patients and, where appropriate, their carers covering:</p> <ul style="list-style-type: none"> <li>a. Chronic kidney disease, including its causation, and physical, psychological, social and financial impact</li> <li>b. Treatment options available</li> <li>c. Pharmaceutical treatments and their side effects</li> <li>d. Promoting good health, including diet, fluid intake, exercise, smoking cessation and avoiding infections</li> <li>e. Symptoms and action to take if become unwell</li> <li>f. Support groups available, for example, Kidney Patients Association</li> <li>g. Expert Patients Programme (if available)</li> <li>h. Staff and facilities available, including facilities for relatives</li> <li>i. Who to contact with queries or for advice</li> <li>j. Where to go for further information, including useful websites</li> </ul>	Y	<p>Information was generally good and was displayed in clinical areas at King's. There was a functioning Patients' Forum, and minutes of a meeting at Woolwich were seen. However, the Kidney Patients Association was not functioning and some patients were unaware of any patient group meetings.</p>
RN-103	<p><b>Information: Pre-dialysis</b></p> <p>Information should be offered to all patients receiving pre-dialysis care covering at least:</p> <ul style="list-style-type: none"> <li>a. What are the reasons for starting dialysis</li> <li>b. Conservative management</li> <li>c. Types of dialysis available and locations of these services</li> <li>d. Changing dialysis modality and possible consequences</li> <li>e. Self-care options</li> <li>f. Potential complications of each type of dialysis</li> <li>g. Access types and access surgery</li> <li>h. Transport options and eligibility for free transport</li> <li>i. Availability of, and eligibility for, temporary dialysis away from home</li> <li>j. Arrangements for six monthly holistic review with named nurse</li> <li>k. Who to contact with queries or for advice</li> <li>l. Where to go for further information, including useful websites</li> </ul>	N	<p>Specific information covering 'h' (transport options and eligibility for free transport) was not seen.</p>

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

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-107	<p><b>Information: Post-transplant patients</b></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"> <li>a. Anti-rejection medication</li> <li>b. Symptoms and action to take if these occur, including what to do in an emergency</li> <li>c. Pregnancy and contraception</li> </ul>	Y	
RN-108	<p><b>Information: Transition to adult care</b></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	In practice this was seldom needed as it was exceptional for the King's services to take young people transferred from paediatric services.
RN-109	<p><b>Education and awareness: All patients</b></p> <p>An education and awareness programme should be offered to all patients with progressive and advanced chronic kidney disease and, where appropriate, their carers. In addition to a general programme appropriate to all patients and covering all points in QS RN-102, specific programmes for particular groups of patients should cover:</p> <ul style="list-style-type: none"> <li>a. Patients being considered for dialysis (QS RN-103) (Not applicable to Satellite Units)</li> <li>b. Patients needing immediate dialysis at presentation</li> <li>c. Patients with dialysis access (QS RN-104)</li> <li>d. Patients on the transplant list (QS RN-105)</li> <li>e. Education and training in the competences needed for self-care (for patients opting for self-care)</li> </ul>	Y	Some aspects, for example, pre-transplant education clinics and clinics for patients presenting late to renal services had been in place previously but appeared to have lapsed.
RN-110	<p><b>Care plans and 'key worker'</b></p> <p>All patients and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ul style="list-style-type: none"> <li>a. A written individual care plan</li> <li>b. A permanent record of consultations at which changes to their care plan are discussed</li> <li>c. Access to clinical results and relevant clinical information through Renal Patient View (or an equivalent system)</li> <li>d. A key worker / named contact</li> </ul>	Y	A written 'care plan' was not in use, but clinic letters were addressed to the patients, copied to the GP, and were comprehensive and met the need for patients to have written updates on their care and planned treatment.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-111	<b>Food</b> Food should be offered to all patients who are away from home for more than six hours to attend clinic or receive dialysis.	N	Self-assessment recorded 'no' against this quality standard. Food was not offered to patients who were away from home for more than six hours.
RN-112	<b>Car parking</b> Free or reduced price car parking should be available close to the dialysis unit for haemodialysis patients attending for dialysis.	N	Dedicated parking spaces were not available.
RN-113	<b>Patient Transport</b> 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	This was being monitored, but the expected transport times could not be met by the transport provider being used at the time of the review visit.
RN-199	<b>Involving Patients and Carers</b> 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	Patient surveys were undertaken using iPad questionnaires and the results were displayed. The Kidney Patients Association was inactive, although with a newly appointed chair may become more active. A peer support and education programme was excellent. Individual patient successes, such as becoming self-caring, were celebrated. Further development of mechanisms for patient involvement may be helpful.
RN-201	<b>Lead Consultant and Nurse</b> 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	<b>Leads for particular aspects of care</b> 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	It was rare for young people to transition to this service from paediatrics. Occasionally, new young patients with recent onset end stage kidney disease used the service, but not those who had previously been managed by children's services.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-203	<p><b>Consultant Nephrologists</b></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><b>Transplant Surgeons</b></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>	N/A	
RN-205	<p><b>Lead Consultant: Transition</b></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>	N/A	See Quality Standard RN-202.
RN-206	<p><b>Lead Surgeon and Urologist</b></p> <p>The service should have:</p> <ul style="list-style-type: none"> <li>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</li> <li>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</li> </ul>	N/A	
RN-207	<p><b>Staffing: In-patient wards</b></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	Reviewers noted that training budgets had been reduced so that nurses were having to undertake the renal course largely in their own time.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-208	<p><b>Staffing: Dialysis services</b></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	Changes in working patterns had led to a reduced working day, lasting from 7 am to 10 pm, making three 4 hour dialysis sessions per station nearly impossible. Adequate 'out of hours' facilities for people in work were also not available.
RN-209	<p><b>Specialist Nurses</b></p> <p>The service should have an identified lead nurse with specialist expertise in each of the following areas:</p> <ol style="list-style-type: none"> <li>Vascular access</li> <li>Anaemia management</li> <li>Home therapies</li> <li>Conservative management (Not applicable to Satellite Units)</li> </ol>	Y	Satellite units also had a named linked nurse for each clinical service. The conservative management specialist nurse was leading an exemplary service.
RN-210	<p><b>Clinical Technologists</b></p> <p>Sufficient clinical technologist staff with appropriate competences should be available to support equipment maintenance, breakdown and replacement, including water treatment equipment. All clinical technologists should have regular assessment of competence in the maintenance of equipment appropriate to their role.</p>	N	Although not low compared to some other centres, the number in post was lower than the recommended level and a further two wte would be needed to meet expected levels.
RN-211	<p><b>On-call Clinical Technologist</b></p> <p>A 24 hour clinical technologist on call service should be available.</p>	Y	A rota of between 1:4 and 1:5 was in place. This because there were at least two trainee technicians who did not have enough experience to be on call. The lead technician/technical manager was not on the on-call rota.
RN-212	<p><b>Support Staff</b></p> <p>The service should have:</p> <ol style="list-style-type: none"> <li>A nominated lead for coordinating holiday haemodialysis</li> <li>Sufficient staff to ensure data collection as required for relevant QS RN-700s</li> <li>Administrative and clerical support</li> </ol>	N	Provision of holiday co-ordinators was patchy, with two at Sydenham and Bromley and apparently none at some other sites. A reduction in administrative and clerical posts had led to clinical staff undertaking some inappropriate additional tasks.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-301	<p><b>Support Services</b></p> <p>The following services should be available to provide support to patients with renal diseases:</p> <ul style="list-style-type: none"> <li>a. Dietetics</li> <li>b. Pharmacy (Not applicable to Satellite Units)</li> <li>c. Psychological support</li> <li>d. Social worker</li> <li>e. Play specialist and youth worker (CRS only)</li> </ul> <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	The pharmacy team was small and could only undertake quarterly visits to the satellite units, where their work consisted mostly of stock checks. Social work provision was stretched, with one of two posts vacant, and patients reported long delays in seeing a social worker. The contact telephone number had an answerphone message saying that waiting times to be contacted and seen were likely to be long.
RN-302	<p><b>Access surgery</b></p> <p>Emergency and elective surgical services should be available to provide:</p> <ul style="list-style-type: none"> <li>a. Elective access surgery</li> <li>b. Emergency surgery for failed vascular access and removal of infected peritoneal dialysis catheters</li> </ul>	N	There were two different vascular access services, and they did not seem to work in a co-ordinated manner. It was not possible for most patients requiring access surgery to have this prior to starting dialysis.
RN-303	<p><b>Dermatology services</b></p> <p>Access to dermatology services with expertise in the management of patients on long-term immunosuppressive therapy should be available.</p>	Y	
RN-304	<p><b>Transplant Coordinator: live kidney donors</b></p> <p>There should be a nominated transplant coordinator with lead responsibility for live kidney donors.</p>	Y	
RN-305	<p><b>Transplant Coordinator</b></p> <p>A renal recipient transplant coordinator should be available at all times.</p>	N/A	
RN-306	<p><b>Expert advice on antibody incompatible transplantation</b></p> <p>The Transplant Centre should have arrangements for access to expert advice on antibody incompatible transplantation.</p>	N/A	
RN-307	<p><b>Histocompatibility service</b></p> <p>The Transplant Centre should have access within a two hour travel time to a consultant led, accredited histocompatibility service.</p>	N/A	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-308	<b>Histopathology service</b> The Transplant Centre should have access to a histopathology service with expertise in the interpretation of renal transplant biopsies.	N/A	
RN-309	<b>Theatres for transplantation</b> The Transplant Centre should have 24 hour a day, 7 days a week access to operating theatres for renal transplantation.	N/A	
RN-310	<b>Plasmapheresis</b> The Transplant Centre should have 7 days a week access to plasmapheresis.	N/A	
RN-311	<b>Support Services: Transition</b> 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	<b>Haemodialysis facilities</b> 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	The ward space for haemodialysis provision at King's was inadequate. It was not possible to separate in-patient and out-patient haemodialysis undertaken in the clinic area at King's. Storage facilities at some of the satellite units were insufficient.
RN-402	<b>Equipment</b> 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	Appropriate equipment was available, but see the main report (immediate risk section) in relation to the use of this equipment.
RN-403	<b>Haemodialysis: Equipment replacement</b> Each unit should have a programme of equipment replacement.	Y	A rolling programme of replacement was in place through a lease arrangement. A few machines in use were nearing the end of their serviceable life.
RN-404	<b>Haemodialysis: Concentrates</b> All haemodialysis concentrates should comply with European quality standards.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-405	<p><b>Haemodialysis: Water</b></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	Some of the water plants were noted to be over ten years old and in need of replacement.
RN-406	<p><b>Haemodialysis: Membranes</b></p> <p>A protocol on haemodialysis membranes should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Use of low flux synthetic and modified cellulose membranes</li> <li>b. Membranes for patients at risk of developing symptoms of dialysis-related amyloidosis</li> <li>c. Membranes for patients with increased bleeding risk</li> <li>d. Membranes in patients on ACE inhibitor drugs</li> </ul>	Y	This was covered within the haemodialysis treatment guidelines.
RN-408	<p><b>Isolation facilities</b></p> <p>Appropriate facilities for isolation of patients should be available.</p>	N	Isolation facilities were not available at all satellite units and were few in number, leading to inflexibility and inconvenience for patients.
RN-409	<p><b>Weighing scales</b></p> <p>All weighing scales should comply with Non-Automatic Weighing Instrument (NAWI) Regulations 2000, part III, section 38.</p>	Y	
RN-410	<p><b>Home therapy training facility</b></p> <p>Facilities for training patients in home therapies should be available.</p>	Y	This facility was only in place at Sydenham, where the training room was small and rather cramped, and was used for both haemodialysis and peritoneal dialysis training.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-501	<p><b>Operational Policy</b></p> <p>The unit's operational policy should ensure:</p> <ul style="list-style-type: none"> <li>a. Allocation of a key worker / named contact at each stage of the patient's care</li> <li>b. Arrangements for handover of key worker / named contact between stages of the patient's care</li> <li>c. Ensuring all patients and, where appropriate, their carers are offered information (QS RN-102) and education programmes (QS RN-109)</li> <li>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"> <li>- following significant changes in circumstances</li> <li>- at least once a year</li> </ul> </li> <li>e. Offering patients a copy of their care plan</li> <li>f. Offering patients a permanent record of consultations at which changes to their care plan are discussed</li> <li>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</li> <li>h. Arrangements for ensuring patients have up to date information on their blood results</li> <li>i. Arrangements for dealing with violent or aggressive patients</li> <li>j. Arrangements for providing care for prisoners</li> </ul>	N	Most elements were covered in practice, but they were not formalised into a written Operational Policy.
RN-502	<p><b>Guidelines: Lifestyle advice</b></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"> <li>a. Lifestyle advice and information, including: <ul style="list-style-type: none"> <li>- Support for smoking cessation</li> <li>- Dietary advice, including salt reduction and alcohol</li> <li>- Programmes of physical activity and weight management</li> <li>- Sexual health, contraception and pregnancy</li> <li>- Travel and holidays</li> <li>- Risks and implications of having haemodialysis abroad</li> </ul> </li> <li>b. Monitoring of growth and development (children and young people only)</li> </ul>	N	The renal rehabilitation and weight management reduction programmes were notable examples of attention to lifestyle in practice, but written guidelines covering advice, actions, and referral to other services were not in place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-503	<p><b>Clinical guidelines: Management of CHD risk factors, anaemia and diabetes</b></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"> <li>- Anti-platelet therapy (where indicated)</li> <li>- Lipid reduction therapy</li> <li>- Control of hypertension</li> <li>- Calcium and phosphate control</li> </ul> <p>b. Management of diabetes mellitus (adults only)</p> <p>c. Management of anaemia</p>	N	Clinical guidelines in local use covering 'a' and 'b' were not seen.
RN-504	<p><b>Referral for psychological support</b></p> <p>Clinical guidelines should be in use covering indications and arrangements for referral for psychological support.</p>	N	Information about the service was seen, but there did not appear to be any guidelines indicating when and how to refer to a psychologist.
RN-598	<p><b>Referral to specialist palliative care</b></p> <p>Guidelines, agreed with the specialist palliative care services serving the local population, should be in use covering, at least:</p> <p>a. Arrangements for accessing advice and support from the specialist palliative care team</p> <p>b. Arrangements for shared care between the renal service and palliative care services</p> <p>c. Indications for referral of patients to the specialist palliative care team for advice</p>	Y	Excellent guidelines and an excellent service were in place.
RN-599	<p><b>End of life care guidelines</b></p> <p>The renal service should be aware of local guidelines for the end of life care of patients.</p>	Y	Guidelines could be clearer about withdrawal of dialysis.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-505	<p><b>Operational Policy: Pre-dialysis care</b></p> <p>A policy should be in use cover pre-dialysis care. This policy should ensure:</p> <ul style="list-style-type: none"> <li>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</li> <li>b. Assessment of suitability for dialysis</li> <li>c. Assessment of home environment for those patients considering home dialysis (HD &amp; CAPD)</li> <li>d. Assessment of the economic impact of dialysis and possible sources of financial support</li> <li>e. Discussion of transport arrangements with each patient</li> <li>f. Recording of the agreed transport arrangements in the patient's care plan</li> <li>g. The patient's preferred choice of dialysis modality is recorded in the patient's notes / electronic patient record and care plan</li> </ul> <p>The policy should cover arrangements for patients:</p> <ul style="list-style-type: none"> <li>i. With 12 months or more preparation</li> <li>ii. Presenting less than 12 months before starting treatment</li> <li>iii. Needing immediate dialysis at presentation</li> <li>iv. With failing transplants</li> </ul>	Y	A written policy was seen that adequately covered the elements of this Quality Standard.
RN-506	<p><b>Control of infection</b></p> <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Screening for blood born viruses</li> <li>b. Hepatitis vaccination if required</li> <li>c. Monitoring of hepatitis B and C antibodies</li> <li>d. Screening for staphylococcus aureus and MRSA carriage and treatment of carriers</li> </ul> <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>	N	There was a Trust-wide infection control policy and a guideline covering management of line infection, but no guidelines meeting the other parts of this standard, although in practice Renalware allowed this monitoring to take place. See also Quality Standard RN-523.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-507	<p><b>Access surgery protocol</b></p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Referral for assessment and investigation of suitability for access surgery</li> <li>b. Referral for surgery</li> <li>c. Indications for antibiotic prophylaxis</li> <li>d. Ensuring patients are given information about their dialysis access (QS RN-104)</li> </ul> <p>The guidelines should ensure that, whenever possible, access is established and functioning three months before haemodialysis and two weeks before peritoneal dialysis.</p>	N	An e-referral document and vascular access pathway flow chart were seen, but did not have criteria for referral or include indications for 'c' or address 'd'.
RN-508	<p><b>Referral for consideration of suitability for transplantation</b></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"> <li>a. A discussion with the patient, where appropriate their carer, and nephrologist takes place about their interest in and fitness for transplantation</li> <li>b. The patient is considered against agreed criteria for each type of transplantation (QS RY-502)</li> <li>c. The resulting decision is recorded in the patient's notes / electronic patient record and care plan</li> <li>d. Clinically appropriate patients are normally placed on the transplant list six months prior to the predicted start of dialysis</li> </ul>	N	Shared guidelines with Guy's and St Thomas' (GSTT) were in draft form.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-509	<p><b>Acceptance on transplant list</b></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"> <li>- Antibody incompatible transplantation</li> <li>- Combined kidney / pancreas transplantation (adults only)</li> <li>- Deceased donor transplantation</li> </ul> <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>	N	As Quality Standard RN-508.
RN-510	<p><b>Referral for combined kidney and pancreas transplantation</b></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	GSTT guidelines were in place which covered this standard.
RN-511	<p><b>Suspension and reinstatement on transplant list</b></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>	N	Measures were in place to meet these requirements in practice, but no written protocol was seen.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-512	<p><b>Annual review of patients on transplant list</b></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"> <li>a. Current fitness for transplantation</li> <li>b. Risk factors for coronary heart disease</li> <li>c. Anaesthetic risk</li> <li>d. Co-morbidity</li> <li>e. Availability of potential living related donors</li> <li>f. Consent for virology and storage for tissue typing</li> </ul>	N	Measures were in place to meet these requirements in practice, but no written protocol was in place.
RN-513	<p><b>Removal from transplant list</b></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"> <li>a. A discussion takes place with the patient and, where appropriate, their family or carers about the reason for removal</li> <li>b. A decision to remove the patient from the transplant list temporarily or permanently is recorded in the patient's notes / electronic patient record</li> <li>c. The Transplant Centre is informed of the decision to remove the patient from the transplant list temporarily or permanently</li> </ul>	N	Measures were in place to meet these requirements in practice, but no written protocol was seen.
RN-514	<p><b>Cardiovascular work up pre-transplantation</b></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	A written checklist covered this standard.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-515	<p><b>Operational Policy: Self-care and home therapies</b></p> <p>A policy should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Self-care options offered by the service, including home haemodialysis, CAPD, self-care within a dialysis unit, APD and assisted PD</li> <li>b. Assessment of patient suitability for self-care and home therapies</li> <li>c. Training for self-care and home therapies</li> <li>d. Arrangements for assessing and monitoring competence of patients opting for self-care</li> <li>e. Assessment of home environment for patients choosing a home therapy</li> <li>f. Arrangements for water testing for patients on home haemodialysis</li> </ul>	N	A policy covering self-care and home care was not seen.
RN-516	<p><b>Monitoring</b></p> <p>Guidelines should be in use which ensures:</p> <ul style="list-style-type: none"> <li>a. Arrangements for multi-disciplinary review of blood results</li> <li>b. Monitoring of hepatitis B and C antibodies</li> <li>c. Frequency of out-patient review</li> <li>d. Arrangements for six monthly holistic review with named nurse</li> <li>e. Indications for change of dialysis modality</li> <li>f. Arrangements for changing dialysis modality</li> </ul>	N	No written monitoring guidelines appeared to be in place.
RN-517	<p><b>Six monthly holistic review</b></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"> <li>a. Review of biochemistry and referral to members of the multi-professional team if required</li> <li>b. Current medication, compliance and referral to the renal pharmacist if required</li> <li>c. Consideration of nutritional status and indications for referral to the dietician for assessment (QS RN-518 &amp; RN-519)</li> <li>d. Psychological well-being and indications for referral for psychological support (QS RN-504)</li> <li>e. Lifestyle advice (QS RN-502)</li> <li>f. Transport arrangements</li> <li>g. Need for temporary dialysis away from home</li> </ul> <p>the outcome of the holistic review should be documented in the patient's care plan</p>	N	A draft document was in the process of being developed.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-518	<p><b>Nutrition while on dialysis (adults)</b></p> <p>A protocol should be in use which ensures that:</p> <ul style="list-style-type: none"> <li>a. An interview with the dietician takes place within one month of starting dialysis</li> <li>b. An annual nutritional assessment is undertaken</li> <li>c. Indications for referral to the dietician at other times</li> </ul>	N	No protocol governing dietician input while on dialysis was seen. The staff induction booklet included some information for staff about six-monthly nutritional reviews and referral to a dietician at other times. Renaware included a prompt to refer to a dietician within a month of starting dialysis.
RN-519	<p><b>Nutrition while on dialysis (children and young people)</b></p> <p>A protocol should be in use which ensures that:</p> <ul style="list-style-type: none"> <li>a. An interview with the dietician takes place within one week of starting dialysis</li> <li>b. A nutritional assessment is undertaken every three months</li> <li>c. Indications for referral to the dietician at other times</li> </ul>	N/A	
RN-520	<p><b>Dialysis away from 'base'</b></p> <p>A protocol on 'dialysis away from base' should be in use covering at least:</p> <ul style="list-style-type: none"> <li>a. Isolation dialysis</li> <li>b. Use of dedicated machines</li> <li>c. Suspension from and re-instatement to the transplant list</li> <li>d. Informing the Transplant Centre of suspension from and re-instatement to the transplant list</li> </ul>	N	Guidelines did not cover the use of dedicated machines, suspension from and re-instatement to the transplant list or informing the Transplant Centre of the suspension from and re-instatement to the transplant list. Guidance on holiday dialysis was in place.
RN-521	<p><b>Withdrawal of dialysis</b></p> <p>A protocol should be in use covering withdrawal of dialysis. This protocol should ensure that:</p> <ul style="list-style-type: none"> <li>a. A discussion takes place with the patient and, where appropriate, their family or carers about the reason for withdrawal</li> <li>b. A decision to withdraw dialysis is recorded in the patient's notes / electronic patient record / care plan</li> <li>c. Referral to palliative care services is made if appropriate (QS RN-598 &amp; RN-599)</li> </ul>	N	A good process was in place, as part of Advanced Renal Care, but there was no written protocol or guideline.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-522	<p><b>Haemodialysis: Regimes</b></p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Frequency of haemodialysis</li> <li>b. Duration of haemodialysis</li> <li>c. Measurement of adequacy of haemodialysis</li> <li>d. Pre- and post-dialysis blood sampling</li> <li>e. Exception reporting arrangements for haemodialysis patients dialysing for less than four hours, three times a week</li> </ul>	N	Exception reporting arrangements for shorter dialysis times were not in place. Sessions of fewer than four hours' duration were frequent.
RN-523	<p><b>Haemodialysis: Control of infection</b></p> <p>Guidelines should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Care of temporary and cuffed dialysis lines and arterio-venous fistulae, including locking solutions and dressings</li> <li>b. Preparing vascular access for haemodialysis</li> <li>c. Decontamination of equipment after each treatment session</li> <li>d. Decontamination of equipment after use by patients with blood born viruses</li> </ul>	N	Guidelines were in place but these did not appear to be being followed in routine practice. See 'immediate risk' section of main report.
RN-524	<p><b>Haemodialysis: Access management</b></p> <p>Guidelines should be in use covering access care and performance. This should cover at least:</p> <ul style="list-style-type: none"> <li>a. Arrangements for monitoring access performance</li> <li>b. Management of access infections</li> <li>c. Management of dysfunctional access</li> <li>d. Investigation of AV fistulae or grafts for evidence of stenosis</li> <li>e. Indications for secondary AV access after each episode of access failure</li> <li>f. Management of anxiety and pain</li> </ul>	Y	
RN-525	<p><b>Peritoneal dialysis: Regimes</b></p> <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none"> <li>a. Modality of dialysis used (CAPD, APD)</li> <li>b. Disconnect systems</li> <li>c. Type of fluid used including: <ul style="list-style-type: none"> <li>- Solutions for patients experiencing infusion pain</li> <li>- Solutions for patients likely to remain on peritoneal dialysis for more than four years</li> <li>- Indications for use of specialist fluids</li> </ul> </li> <li>d. Dialysis dose</li> <li>e. Monitoring dialysis adequacy, peritoneal dialysis function, residual urine and peritoneal ultra-filtration volume</li> </ul>	N	'c': 2nd and 3rd bullet points were not covered.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-526	<p><b>Peritoneal dialysis: Access management</b></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"> <li>a. Peri-operative catheter care</li> <li>b. Care of peritoneal dialysis catheters</li> <li>c. Management of exit site and tunnel infections</li> <li>d. Management of catheter complications (leaks, obstruction)</li> <li>e. Management of anxiety and pain</li> </ul>	Y	These guidelines were very good.
RN-527	<p><b>Peritoneal dialysis: Management of complications</b></p> <p>Clinical guidelines should be in use covering management of:</p> <ul style="list-style-type: none"> <li>a. Peritonitis</li> <li>b. Hernias</li> <li>c. Encapsulating peritoneal sclerosis</li> </ul>	N	National guidance was in place but this had not been localised.
RN-528	<p><b>Post-transplant clinical guidelines</b></p> <p>Clinical guidelines should be in use for patients who have had renal transplantation covering:</p> <ul style="list-style-type: none"> <li>a. Treatment of acute rejection episodes</li> <li>b. Management of chronic allograft damage, including chronic rejection</li> </ul>	Y	Guidelines were seen that covered all elements of the Quality Standard.
RN-529	<p><b>Post-transplant follow up</b></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"> <li>a. Monitoring transplant function using eGFR</li> <li>b. Monitoring blood pressure</li> <li>c. Monitoring other CHD risk factors</li> <li>d. Skin surveillance</li> <li>e. Consideration of need for referral to pre-dialysis / pre-ESRF programmes</li> <li>f. Switching to a generic preparation</li> <li>g. Contraception and sexual health</li> <li>h. Care of mother and baby during pregnancy (adults only)</li> <li>i. Monitoring of growth (children and young people only)</li> </ul>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-530	<p><b>Live donor work-up</b></p> <p>A protocol should be in use covering:</p> <ol style="list-style-type: none"> <li>Live donor work-up</li> <li>Arrangements for organising the transplant</li> <li>Communication with Renal Units about their patients</li> </ol> <p>This protocol should ensure that transplantation takes place within three months of completion of the work-up.</p>	Y	The pathway adequately covered the requirements of the Quality Standard.
RN-531	<p><b>Pre-operative protocol</b></p> <p>Clinical guidelines should be in use covering pre-operative care of patients undergoing transplantation covering at least:</p> <ol style="list-style-type: none"> <li>Psychological preparation</li> <li>Blood and tissue matching</li> <li>Antibody screening</li> <li>Pre-transplant vaccination</li> <li>Management of patients with blood born viruses</li> <li>Use of immunosuppressive therapy</li> <li>Counselling and advice for patients called for transplantation but where the operation does not take place (for whatever reason)</li> </ol>	Y	Reviewers considered that this Quality Standard was applicable as the pre-operative work-up took place at King's. The protocol from Guy's and St Thomas' NHS Foundation Trust was used.
RN-532	<p><b>Pre and peri-operative care: antibody incompatible transplantation</b></p> <p>Clinical guidelines should be in use covering pre- and peri- operative care of patients undergoing antibody incompatible transplantation.</p>	N/A	
RN-533	<p><b>Post-operative care</b></p> <p>Clinical guidelines should be in use covering post-operative care of patients covering at least:</p> <ol style="list-style-type: none"> <li>Pain control , including donor pain control</li> <li>Prevention of post-transplant CMV infection</li> <li>Use of immunosuppressive therapy</li> <li>Post-transplant vaccination</li> <li>Treatment of acute rejection episodes</li> <li>Antibody screening</li> </ol>	Y	As with RN-531; this Quality Standard was considered to be important, as patients were transferred back to the care of the King's team within approximately one week of surgery. The Guy's and St Thomas' NHS Foundation Trust clinical guideline was used. 'a' was not applicable.
RN-534	<p><b>Discharge following transplantation</b></p> <p>A protocol should be in use covering discharge of patients following transplantation. This protocol should ensure that, immediately following discharge, the patient's GP has information on:</p> <ol style="list-style-type: none"> <li>The type of transplantation undertaken</li> <li>The patient's medication and likely side effects</li> <li>Action to take should problems occur</li> </ol>	N/A	This was not the responsibility of the King's team, but the discharge summary from Guy's Hospital for discharge after transplantation was inadequate, and this was of concern to reviewers.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-535	<p><b>Post-transplantation referral back to Renal Units</b></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"> <li>a. All patients have been offered a copy of their care plan</li> <li>b. All patients have a named contact for advice and support</li> <li>c. The Renal Unit and the patient's GP have received a copy of the patient's care plan</li> </ul>	N/A	
RN-536	<p><b>Live donor follow up</b></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><b>Payment of live donor expenses</b></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	This work was undertaken by the live donor co-ordinator, and reviewers suggested that it could more appropriately be undertaken by a member of the administrative and clerical staff.
RN-538	<p><b>Transfer to adult care</b></p> <p>The network-agreed guidelines for transition to adult care should be in use, covering:</p> <ul style="list-style-type: none"> <li>a. Age guidelines for timing of the transfer</li> <li>b. Involvement of the young person in the decision about transfer</li> <li>c. Involvement of primary health care, social care and adult services in planning the transfer</li> <li>d. Joint meeting with the young person's paediatric and adult nephrologist and nursing representative</li> <li>e. Allocation of a named coordinator for the transfer of care</li> <li>f. A preparation period and education programme relating to transfer to adult care</li> <li>g. Arrangements for monitoring during the time immediately after transfer to adult care</li> </ul>	N	This service seldom managed young people as they transferred over into adult care.

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

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-605	<p><b>'Concerns Register'</b></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	The way in which the 'worry board' facility on Renalware was used in practice was exemplary.
RN-606	<p><b>Publicity of transplant successes</b></p> <p>The unit should have arrangements for taking advantage of local opportunities for publicising 'transplant successes'.</p>	Y	Notices were seen in out-patients but they might usefully also be displayed at the satellite units.
RN-607	<p><b>Unit / Transplant Centre liaison 1</b></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>	Y	
RN-608	<p><b>Unit / Transplant Centre liaison 2</b></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>	N/A	
RN-609	<p><b>Transplant Centre coordination</b></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>	N/A	
RN-610	<p><b>Transition: Joint clinic</b></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/A	
RN-701	<p><b>Renal Registry data submission</b></p> <p>The service should be submitting data to the Renal Registry and UK Transplant.</p>	Y	An outstanding record of completeness of data collection and submission was noted.
RN-702	<p><b>Audit</b></p> <p>The service should have a rolling programme of audit, including:</p> <ol style="list-style-type: none"> <li>Audit of implementation of evidence based guidelines (QS RN-500s)</li> <li>Participate in agreed network-wide audits</li> </ol>	Y	Plentiful audits against guidelines were seen.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-703	<p><b>Unit audit: dialysis</b></p> <p>The unit should have undertaken regular audit of:</p> <p>a. Travel times for dialysis patients, including waiting times for return journeys</p> <p>b. Relationship between timing of access surgery and start of dialysis</p>	Y	The audit demonstrated that only 40% of patients had vascular access in place before starting haemodialysis.
RN-704	<p><b>Unit audit: transplantation</b></p> <p>The unit should have a programme of audit of compliance with its protocols for acceptance, suspension, annual review and removal of patients on the transplant list, including at least annual audit of:</p> <p>a. Relationship between timing of dialysis and listing for transplantation</p> <p>b. Proportion of patients who have had an annual review</p> <p>c. Time from work-up to the transplantation for living related donors</p>	Y	These audits were presented at both King's and the transplant centre at Guy's.& St Thomas' NHS Trust
RN-705	<p><b>Transplant Centre audit 1</b></p> <p>Transplant Centres should have undertaken an audit of the timeliness of communication of decisions about acceptance onto the transplant list to the patient and the referring Renal Unit.</p>	N/A	
RN-706	<p><b>Transplant Centre audit 2</b></p> <p>Transplant Centres providing an antibody incompatible transplantation service should participate in the national AiT Registry Audit (when established)</p>	N/A	
RN-707	<p><b>Transplant surgeon minimum activity</b></p> <p>Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.</p>	N/A	
RN-708	<p><b>Antibody incompatible transplantation service minimum activity</b></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><b>Review and learning</b></p> <p>The service should have appropriate arrangements for multidisciplinary review of positive feedback, complaints, morbidity, mortality, serious incidents and 'near misses'.</p>	Y	Morbidity and mortality meetings were held every three months, and service meetings included discussions about quality improvement.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
RN-799	<p><b>Document Control</b></p> <p>All policies, procedures and guidelines should comply with the Trust (or equivalent host organisation's) document control procedures.</p>	N	A Trust-wide protocol for document control was seen, but in practice it was not applied to several of the documents seen.

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