WM QRS West Midlands Quality Review Service

NHS London Clinical Networks

Renal Services Peer Review Visit

Imperial College Healthcare NHS Trust

Visit Date: 21st and 22nd June 2016 Report Date: September 2016

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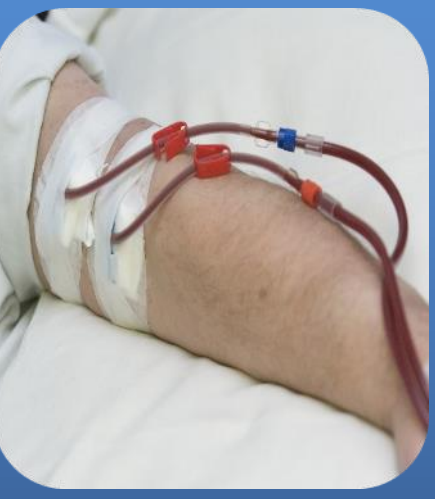

UKAS INSPECTION 8831

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INTRODUCTION

This report presents the findings of the review of renal services at Imperial College Healthcare NHS Trust that took place on 21st and 22nd 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 Imperial College Healthcare 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:

- Imperial College Healthcare 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 Imperial College Healthcare 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

The Imperial College Renal & Transplant Centre (ICRTC) provided comprehensive nephrology, dialysis and transplant services to a population of approximately two million people in west London and the north west London region.

The service provided care for patients with chronic kidney disease, including general nephrology, specialist nephrology, transplantation including deceased donor, living donor, antibody incompatible transplantation and participation in the national sharing scheme, home peritoneal dialysis, home and in-centre haemodialysis, vascular access and a range of support services.

The main ICRTC hub was at the Hammersmith Hospital. The Renal Building (F Block) was purpose-built and had opened in 2005; renal services were located over four floors. Outreach services included nine satellite dialysis units and 13 nephrology and nine pre-dialysis clinics.

Service (as at June 2016)	No. Patients	No. Stations
Haemodialysis (HD)		
Imperial College Healthcare NHS Trust		
- Hammersmith Hospital	138	23
- Satellite Units:		
○ Central Middlesex	130	26
○ Northwick Park	297	62
○ Ealing	125	25
○ St Charles (Hammersmith)	140	33
○ St Charles	142	33
○ West Middlesex	60	12
○ Hayes	144	24
○ Watford	109	24
○ Charing Cross	147	30
- Home HD	20	
Total Haemodialysis	**1,452**	
Peritoneal Dialysis		
○ CAPD	55	
○ aCAPD	-	
○ APD	26	
○ aAPD	9	
Total Peritoneal dialysis	90	
Transplant follow-up (local care)	1857	
Number of transplants (previous 12 months)	168	
Permanent dialysis access	19.7%	
In-patients	**No. Beds**	
Hammersmith Hospital		
De Wardener Ward	12 level 2 renal HDU beds	
Handfield Jones Ward	21 beds and 5 outpatient dialysis stations	
Peter's Ward – Acute Nephrology	16 beds	
Kerr Ward – Acute Nephrology	22 beds	
Pam Sassoa Programmed Investigation Unit (PIU) – Procedures and Day Cases	18 beds	

VISIT FINDINGS

This report describes the findings relating to renal services provided by Imperial College Healthcare NHS Trust. The visiting team met patients and carers, viewed facilities and talked to staff at the Hammersmith Hospital renal unit and the satellite units at Charing Cross, Northwick Park and West Middlesex. The 'renal services' findings are likely to apply to all satellite units managed by Imperial College Healthcare 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 very large and complex service, with committed and engaged staff of all disciplines. Nursing leadership was strong, and experienced senior nursing and allied health professional staff across all the units were key to the success of the service. Staff retention was good, with low vacancy rates. The Northwick Park Hospital and West Middlesex University Hospital units were very well run, with excellent multi-disciplinary working and holistic care. The services were a credit to all the staff and, especially, to the lead nurses at each unit.

Consultant nephrology support across the large in-patient ward base at the Hammersmith Hospital site was very good, with twice-daily input to the care of in-patients, exemplary bed-side handover, and continuity of care assured by groups of consultants working in 'pods'.

Patient feedback, from a large and diverse patient group who were using or had used most parts of the service, was universally very complimentary and they were most satisfied with their care.

A wide range of specialty clinics was in place, including on site lupus glomerulonephritis and vasculitis clinics at Hammersmith Hospital, and HIV and nephro-oncology clinics at other hospitals in the group. These were multi-disciplinary and multi-professional. Patients saw staff from several different specialists, as required, and had investigations and / or treatment administered on the same day.

The research portfolio was extensive and staff were positive about patients being offered the opportunity to take part in clinical studies. The centre led on a number of major national and international clinical trials.

The transplant programme was large and successful and there was a very active living donor programme. Support from the Lesley Brent laboratory was outstanding.

Overall, the review team found that the team ran the large and multi-site service very well. Reviewers were encouraged by suggestions that additional resources to appoint to some important vacant posts, and to improve the fabric of some of the facilities, were planned.

Good Practice

1 Links with primary care, through a Chronic Kidney Disease and Diabetes Nurse Specialist based at Northwick Park, had led to greater integration and improved knowledge and standards in primary care services.

2 An elderly care nurse based at Charing Cross focussed on falls, frailty and memory loss. This was an innovative and useful addition to the renal service.

3 Patients were able to access a good range of educational seminars, covering treatment options, transplant and home care. The large 'Expo'-style conference gave an excellent opportunity for communication between patients and staff.

4 Much of the patient information, including the welcome pack for haemodialysis patients seen at Northwick Park, was very good, and there was an excellent range of illustrated dietetic leaflets. Many of the leaflets were available in a range of languages.

5 Several of the guidelines and protocols, including the haemodialysis protocol, the immunosuppressant drug protocol, the peritoneal dialysis guidelines and the post-transplant guidelines, were good. The nursing competency framework was also comprehensive.

6 A good range of Patient Group Directives was in place, covering many of the routine prescriptions required for patients on the haemodialysis units.

7 Post-transplant patients spent an hour with a pharmacist before discharge to ensure they had a full understanding of their medication.

8 Waiting time to see a dermatologist was no longer than a week, with a 'walk-in' or urgent referrals clinic being held each Monday.

9 A wide range of haemodialysis concentrates were in use.

10 Each satellite unit had a named linked surgeon who visited the site to address access issues and discuss suitability for transplantation.

11 Dialysis patients, together with family or friends, could use the West London Hospitals Dialysis Trust 'St Ann's Holiday Dialysis Centre', a beautiful residential facility with haemodialysis facilities on site. This was much used and appreciated.

Immediate Risks: No immediate risks were identified.

Concerns

1 **Facilities**

Facilities at the Charing Cross Unit were inadequate. The stations were very close together, so that it would be difficult or impossible to get equipment and adequate staff to the bedside to undertake resuscitation if a patient suffered a cardiac arrest while on dialysis. Some of the stations were in 'blind spots' where patients could not be seen unless a nurse was standing directly beside the station. The state of the facilities was included on the Trust Risk Register. The fabric at the West Middlesex unit was better, although there were also stations in 'blind spots' and there was no wheelchair access. The Northwick Park facility was good, with lovely clinic rooms and waiting areas, but the number of haemodialysis stations was high for the space available.

2 **Acutely unwell in-patients dialysing at satellite units**

Out-patients and in-patients, including in-patients who were acutely unwell, were dialysing together. These patients were being managed without on-site renal consultant cover. Staff were not familiar with guidance or processes for managing those from the ward who might have infections, for example, patients with C. difficile.

3 **Low staffing on High Dependency Unit (HDU)**

Staffing levels on the high dependency unit were low for the number of beds and the acuity of patients (one registered nurse to two patients). On the day of the visit the ratio of patients requiring level two care was 10 patients (including one patient who required one to one care) to three registered nurses on the early shift and four registered nurses on the late shift. Some support was available from two other haemodialysis nurses. Patients on the HDU sometimes dialysed in side rooms, out of sight of nursing staff, as extra haemodialysis nurses were not brought in to cover these episodes.

4 **Low numbers of patients on haemodialysis with arteriovenous fistula**

The proportion of haemodialysis patients dialysing through arteriovenous fistula or graft (19.7%) was low, both for both patients starting on dialysis and for those who had become used to line access and were reported to be reluctant to change. This was of concern because it did not meet the Renal Association guideline of 80% of patients with arteriovenous fistula or graft. Most patients were being dialysed through

central lines. The rate of dialysis through a fistula or graft was improving and was described as a focus for the team.

5 **Low uptake of peritoneal dialysis as a mode of treatment**

The number of patients on peritoneal dialysis had increased in the last three years from 34 to 100, but reviewers considered that numbers were still comparatively low for the size of the service. A strategy to increase the number of patients on peritoneal dialysis had been implemented in 2012. Low clearance clinics took place in the haemodialysis units, and some patient information had more detail about haemodialysis than about peritoneal dialysis. It was not clear to reviewers that those self-managing with peritoneal dialysis would be able to access sufficient support.

6 **Low self-care and home care dialysis numbers**

The number of patients undertaking self-care or home care was low, with only 20 out of 1,378 haemodialysis patients on home care. There was no dedicated training area, and when patients were asked about the option, some said that it had been mentioned some years ago but that there had then been no further discussion or encouragement.

7 **Delays in emergency theatre access**

Delays in access to emergency theatres occurred during the four sessions of the week when there was no dedicated renal emergency theatre, and out of hours when emergency theatre space was shared with other specialties. This had led to long 'cold ischaemia' times for donor kidneys. Length of stay post-transplant was long, at approximately 10 days for live donor transplants and 20 days for deceased donor kidney transplants. Delays in accessing emergency theatre may contribute to the long post-transplant length of stay.

8 **Equipment replacement**

a. Haemodialysis machines

Twenty-five per cent of the haemodialysis machines in use were beyond their recommended life span and hours of use, with the risk of breakdown and increased parts and maintenance cost in the meantime.

b. **Water treatment plants**

Twenty per cent of the water treatment plants were older than the recommended lifespan of 10 years, with no explicit plan to replace them. They were performing adequately but there was a risk of breakdown.

Further Consideration

1 A concerns register was in place but was not fully used, and some staff were not aware of it.

2 Reviewers commented on two areas where care for patients could be improved:

a. At Charing Cross, because there was no clinic room, patients sometimes had to attend for clinic review on non-dialysis days, thus having to be there on three consecutive days.

b. There was little movement of patients between the units, with many patients dialysing at a centre further away from home than was necessary. The waiting list for dialysis site allocation did not appear to be managed centrally, and oversight of potential re-allocation of patients to more convenient sites was not evident.

3 There was no written guidance for senior nurses concerning which in-patients should be accepted for dialysis at the outlying units. Senior nurses were able to accept or decline patients on the basis of safety, but clear written exclusion criteria could make them feel more supported when making these decisions.

4 Some patient information used a number of technical terms and could be difficult to understand.

5 The service commissioned from Imperial Healthcare NHS Trust for Hillingdon Hospital did not include access to a low clearance nurse, which made services there somewhat disjointed compared to practice at other sites. There were 2.7 wte live donor coordinators but no recipient or general transplant coordinator.

6 Dieticians had no routine input in the management of low clearance patients, either at MDTs or in clinics, although support for in-patients was good.

7 The reviewers considered that further work on implementing cross-site review and learning would be beneficial. Cross-site audits and key performance indicators were not yet available, and arrangements for the dissemination of review and learning from incidents, involving all sites, were not robust. Some efforts were being made to improve communication, but there was the potential for practice to vary between units. The audit programme was limited and audit meetings did take place, but minutes seen by reviewers lacked detail.

8 Patients needing immediate dialysis on presentation were not offered the same range of educational facilities and subsequent treatment choices as those who presented earlier with declining renal function.

9 Renal Patient View was not used. Care Information Exchange, the facility through which patients could view their own results / targets, was also not yet in use and it was not clear that this was going to be able to communicate with RADAR.

10 Reviewers suggested that a plan to ensure the future development of technical support to the service, including succession planning, should be considered.

11 Document control was inconsistent. Some guidelines had been through the Trust's ratification process and were of high quality. Others seen by reviewers were in draft form, beyond their review date, undated or lacking author identification. Copies of some old guidance were still accessible on the intranet. 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

Sinead Burke	Clinical Lead Renal Dietician	Royal Free London NHS Foundation Trust
Dr Conor Byrne	Consultant Nephrologist	Barts Health NHS Trust
Paul Connolly	Patient Representative	
Lucy Galloway	Pharmacist	Barts Health NHS Trust
Katy Gordon	Programme Consultant, Cardiovascular Disease Strategic Clinical Networks [London]	NHS England
Dr Nicola Kumar	Consultant Nephrologist	Guy's and St Thomas' NHS Foundation Trust
Susie Mallinder	Senior Nurse	Epsom and St Helier University Hospitals NHS Trust
Mr Carmelo Puliatti	Consultant Transplant Surgeon	Barts Health NHS Trust
Sally Punzalan	Senior Nurse	Barts Health NHS Trust
Peter Rann	Renal Technician	St George's University Hospitals NHS Foundation Trust
Ros Tibbles	Senior Nurse	Guy's and St Thomas' NHS Foundation Trust
Voltaire Ugto	Deputy Manager	Guy's and St Thomas' NHS Foundation Trust

WMQRS Team

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

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APPENDIX 2 GUIDELINES NOT YET IN PLACE

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

Ref	Quality Standards	Comment
RN-501	Operational Policy	Managing patients on dialysis was not included in the Trust policy.
RN-503	Guidelines: Management of CHD risk factors, anaemia and diabetes	Written guidance was in the process of being agreed.
RN-505	Operational Policy: Pre- dialysis care	A policy covering all the requirements of the QS was in the process of being agreed.
RN- 507	Access Surgery Protocol	Guidelines were not available
RN-508	Referral for consideration of suitability for transplantation	Guidelines were in draft.
RN-509	Acceptance on transplant list	Guidelines were not yet in place
RN-511	Suspension and reinstatement on transplant list	A written protocol 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-518	Nutrition while on dialysis (adults)	A written protocol was not yet in place.
RN-521	Withdrawal from dialysis	A written protocol was not yet in place.
RN-524	Haemodialysis: Access management	Guidelines did not cover all the requirements of the Quality Standard
RN-527	Peritoneal Dialysis: Management of complications	Guidelines were not yet in place
RN-529	Post-transplant follow up	Guidelines did not cover all the requirements of the Quality Standard
RN-538	Transfer to adult care	Guidelines were not yet available
RN-598	Referral to specialist palliative care	Guidelines were not available
RN-604	Liaison with diabetes services	Some aspects of the QS were not yet met

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APPENDIX 3 COMPLIANCE WITH THE QUALITY STANDARDS

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

Table 1 - Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Primary Care	2	2	100
Renal Services	101	58	57
Total	**103**	**60**	**58**

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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.	Y	An excellent project was in place covering training and development, which operated from the Northwick Park Hospital site.
RA-501	**Primary care guidelines** Guidelines on the primary care management of patients with chronic kidney disease should be in use, covering at least: a. Information and advice for patients and their carers, including lifestyle advice in order to slow down the rate of kidney damage b. Indications for referral to the renal service	Y	

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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	Lots of information was displayed on pin-boards at the units, but these were rather cluttered and information was quite hard to find. Not all patients were aware that information they might be seeking was displayed there.

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	Y	
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	However, information was available in a range of documents rather than a single information pack. Little information covering the complications of Peritoneal Dialysis (PD) was in place. Some patient information had not been through the Trust's ratification process. Those leaflets which had been ratified were of higher quality and were better presented. Some of the information included technical terms that might not easily be understood by patients. Reviewers considered that some information included a slight bias away from PD as an option for patients.

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	
RN-105	**Information: Patients considering transplantation** Information should be offered to all patients being considered for transplantation covering at least: a. Different types of transplantation available and locations of these services b. Potential complications of each type of transplantation, including the risks of infection and malignant disease c. Likely outcomes of each type of transplantation d. Tests and investigations that will be carried out e. What will happen if they are accepted for inclusion on the transplant list f. Annual review while on the transplant list g. What will happen if they are not accepted onto the transplant list h. Who to contact with queries or for advice. i. Where to go for further information, including useful websites	Y	This information was contained chiefly in a seminar, open to patients and relatives / carers. It was comprehensive, although patient feedback had indicated that the content was quite technical, including many graphs which they did not fully understand.
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	The information seen would benefit from review as it had not been through the Trust's ratification process, and information for donors and for recipients was mixed together. Information was also provided at the live donation seminar.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-107	**Information: Post-transplant patients** In addition to the information in QS RN-105, information should be offered to all patients following transplantation covering at least: a. Anti-rejection medication b. Symptoms and action to take if these occur, including what to do in an emergency c. Pregnancy and contraception	Y	Information about pregnancy and contraception was very brief and could usefully be expanded. Good information about medications given by the pharmacist was available.
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 covering transition to adult care was not yet in place.
RN-109	**Education and awareness: All patients** An education and awareness programme should be offered to all patients with progressive and advanced chronic kidney disease and, where appropriate, their carers. In addition to a general programme appropriate to all patients and covering all points in QS RN-102, specific programmes for particular groups of patients should cover: a. Patients being considered for dialysis (QS RN-103) (Not applicable to Satellite Units) b. Patients needing immediate dialysis at presentation c. Patients with dialysis access (QS RN-104) d. Patients on the transplant list (QS RN-105) e. Education and training in the competences needed for self-care (for patients opting for self-care)	N	Seminars were in place for several aspects of care. 'b': patients needing immediate dialysis at presentation and 'e': education and training in the competences needed for self-care did not appear to be met for PD. PD information was limited and implied that a patient opting for self-care PD at home would need to manage without support.
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	N	Renal Patient View was not in use, and a planned alternative programme, Care Information Exchange, was not yet in place. The team heard some conflicting views on whether this was going to link with RADAR. Written information was held by patients in the form of clinic letters, and a named nurse 'team' system, rather than individual named nurses, was in place.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-111	**Food** Food should be offered to all patients who are away from home for more than six hours to attend clinic or receive dialysis.	Y	
RN-112	**Car parking** Free or reduced price car parking should be available close to the dialysis unit for haemodialysis patients attending for dialysis.	Y	This was available for dialysis patients although not offered to transplant patients attending for clinics.
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	The West Middlesex unit used a 'named driver' system, which was appreciated, and there was a great deal of information available to the team showing where 'hot spots' for longer times on vehicles were occurring.
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	
RN-201	**Lead Consultant and Nurse** The service should have a nominated lead consultant nephrologist and nominated lead nurse with responsibility for ensuring implementation of the Quality Standards for the Care of Patients with End Stage Renal Failure.	Y	
RN-202	**Leads for particular aspects of care** The service should have a nominated lead consultant and lead nurse / coordinator for: a. Pre-dialysis care (Not applicable to Satellite Units) b. Dialysis care c. Transplant-related issues, including live kidney donation and Renal Unit / Transplant Centre liaison d. Transition to adult care (Not applicable to Satellite Units) e. End of life care	N	The band 8 nurse at each unit was responsible for leading on 'a' – 'c' at that unit. There was no transition lead in place, and no end of life care lead. Although there were links with hospices, this did not cover all the aspects of palliative and supportive care an end of life lead would offer.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-203	**Consultant Nephrologists** A consultant nephrologist should be on call at all times and available to attend to care for patients within 30 minutes.	Y	Good practice was evident on the in-patient wards, with groups of consultants working in 'pods' to ensure continuity.
RN-204	**Transplant Surgeons** A consultant transplant surgeon should be available at all times for the care of patients in the Transplant Centre and for advice to Renal Units.	Y	
RN-205	**Lead Consultant: Transition** Transplant Centres with lead responsibility for the care of young people aged up to 25 years (QS RZ-601) should have a nominated lead nephrologist with responsibility for liaison with the network's Renal Service for Children (CRSs) in relation to transfer to adult care.	N	The number of young people joining the service was low, but some young people did transition and services were not coordinated to address their needs.
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.	N	On the High Dependency Unit the skill mix for the patient acuity was low, with gaps in the rota. Staffing levels on the wards were appropriate for the number and dependency of patients, with some bank and agency cover. Reviewers were told that there were good staff retention rates. Staff were also able to access the renal course.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-208	**Staffing: Dialysis services** The dialysis service should have sufficient renal nurse and HCA staff with appropriate competences. Staffing levels should be based on a competence framework covering the skill mix, staffing levels and competences expected for the usual number and dependency of patients. The competence framework should cover, at least, care of patients with renal disease, procedures staff are expected to undertake and equipment they are expected to use.	N	Staffing numbers at the Northwick Park and West Middlesex sites were good, at approximately 1:4 with a 66%/33% ratio of registered to non-registered nurses. However, at Charing Cross acutely unwell in-patients were frequently being dialysed, and the skill mix of staff did not match their acuity.
RN-209	**Specialist Nurses** The service should have an identified lead nurse with specialist expertise in each of the following areas: a. Vascular access b. Anaemia management c. Home therapies d. Conservative management (Not applicable to Satellite Units)	N	The staffing model appeared to work, and may be necessary given the spread of the many units managed by the service. It was not, however, possible to establish whether practice across the units was uniform or equitable. There was no vascular access lead nurse.
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.	Y	Nine technologists were in post providing cover to a geographically spread renal service with 400 machines. This consisted of 1,378 unit based haemodialysis patients. 20 home haemodialysis patients, 26 patients on APD and nine patients on aAPD.
RN-211	**On-call Clinical Technologist** A 24 hour clinical technologist on call service should be available.	Y	
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	N	'a' and 'c' were met – there was a holiday coordinator for each team. Administrative and clerical support at Northwick Park was good, and this support was adequate at the other sites visited. However, there were insufficient data management staff, and clinical staff were spending too much time on data input.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-301	**Support Services** The following services should be available to provide support to patients with renal diseases: a. Dietetics b. Pharmacy (Not applicable to Satellite Units) c. Psychological support d. Social worker e. Play specialist and youth worker (CRS only) Staff providing these services should have specific time allocated in their weekly job plan to their work with the renal service and specific training or experience in caring for people with renal diseases.	Y	Although there was no clinical psychologist, well-qualified and experienced counsellors filled this role and could refer patients to clinical psychology if and when needed. However, only 1.8 wte counsellors were available, which reviewers considered was insufficient for the size of the service.
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	Six sessions per week were available. However, during the day, emergency surgery frequently led to the cancellation of booked elective cases, and after 5 pm the service competed with other demands on emergency theatre time. It was observed that the drive to increase fistula access, and to build up the PD programme, will lead to additional pressure on theatre time.
RN-303	**Dermatology services** Access to dermatology services with expertise in the management of patients on long-term immunosuppressive therapy should be available.	Y	A 'walk-in' clinic every Monday allowed patients to be seen with very little delay.
RN-304	**Transplant Coordinator: live kidney donors** There should be a nominated transplant coordinator with lead responsibility for live kidney donors.	Y	2.7 wte staff undertook this role and also provided an outreach service to the satellite units.
RN-305	**Transplant Coordinator** A renal recipient transplant coordinator should be available at all times.	N	The service had no recipient or general transplant coordinator.
RN-306	**Expert advice on antibody incompatible transplantation** The Transplant Centre should have arrangements for access to expert advice on antibody incompatible transplantation.	Y	
RN-307	**Histocompatibility service** The Transplant Centre should have access within a two hour travel time to a consultant led, accredited histocompatibility service.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-308	**Histopathology service** The Transplant Centre should have access to a histopathology service with expertise in the interpretation of renal transplant biopsies.	Y	
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	See main report.
RN-310	**Plasmapheresis** The Transplant Centre should have 7 days a week access to plasmapheresis.	Y	
RN-311	**Support Services: Transition** Transplant Centres with lead responsibility for the care of young people aged up to 25 years (QS RN-601) should have the following services available: a. Youth worker service b. Psychological support service with expertise in the care of young people with renal disease	N	A service focussing on the needs of this age group was not yet in place.
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	At the Charing Cross site, stations were so close together that it was observed that, had a patient suffered a cardiac arrest while on dialysis, it would have been difficult for resuscitation equipment and staff to reach them. There were 'blind spots' where patients on dialysis could not be observed by any staff unless the staff were standing directly at the station. There were no windows. Facilities at West Middlesex were better, although there were still some stations where patients could not easily be seen. At Northwick Park, although the facility was extensive, there were many more stations in the space than would have been ideal. On the Charing Cross site, in-patients and out-patients were dialysing in the same areas, with no clear protocol for managing in-patients with possible infections.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Maintenance guidelines were up to date and appeared to be applied in practice. It was noted that dialysis options for patients were restricted, with 97% of machines only able to deliver basic haemodialysis.
RN-403	**Haemodialysis: Equipment replacement** Each unit should have a programme of equipment replacement.	N	There was a renal replacement process in place in the Trust, but 25% of the machines in use were older than the recommended seven to 10 years.
RN-404	**Haemodialysis: Concentrates** All haemodialysis concentrates should comply with European quality standards.	Y	A good range of concentrates was in use.
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	Twenty per cent of the water treatment plants were older than the recommended lifespan of 10 years. In the Hammersmith Hospital, water from a borehole was used.
RN-406	**Haemodialysis: Membranes** A protocol on haemodialysis membranes should be in use covering: a. Use of low flux synthetic and modified cellulose membranes b. Membranes for patients at risk of developing symptoms of dialysis-related amyloidosis c. Membranes for patients with increased bleeding risk d. Membranes in patients on ACE inhibitor drugs	N/A	
RN-408	**Isolation facilities** Appropriate facilities for isolation of patients should be available.	N	Patients with hepatitis B could only be treated on the Hammersmith Hospital or Charing Cross sites, and there were no side rooms at the satellite units. There were seventeen side rooms on the in-patient wards, but patients dialysing there could not be observed by ward staff.
RN-409	**Weighing scales** All weighing scales should comply with Non-Automatic Weighing Instrument (NAWI) Regulations 2000, part III, section 38.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-410	**Home therapy training facility** Facilities for training patients in home therapies should be available.	N	There was no dedicated training facility; HD training was undertaken within the general HD area. New PD patients were trained in the Pam Sassoa Programmed Investigation Unit (PIU), the Brec Centre or at home.
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	'i': a Trust policy was seen, but the guidance did not include specific reference to managing patients on dialysis. Guidance covering 'j' did not appear to be ratified and also staff were not aware of its existence.

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)	Y	Guidelines were seen within various documents.
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	N	Generic NICE guidelines (June 2014) were seen, addressing cardiovascular risk assessment and lipids modification. Other elements were seen in a document on management of CKD 4/5 but this had not yet been agreed for use.
RN-504	**Referral for psychological support** Clinical guidelines should be in use covering indications and arrangements for referral for psychological support.	Y	A document covering the counselling service, indications for referral and practical guidance on how to refer was seen.
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	N	Guidelines were not seen covering referral to specialist palliative care.
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	The operational policy 'v2 April 16' was still in draft but would cover many aspects of the Quality Standard once agreed.
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	

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	The guidelines seen were out of date and it was confirmed that they were no longer in use.
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	N	Guidelines for recipients were still in draft form.

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	N	No written protocol or guideline was seen.
RN-510	**Referral for combined kidney and pancreas transplantation** Guidelines should be in use covering criteria and arrangements for referral of patients with diabetes for combined kidney and pancreas transplantation.	Y	
RN-511	**Suspension and reinstatement on transplant list** A protocol should be in use covering suspension and reinstatement of patients on the transplant list. This protocol should cover at least: a. Regular review of patients suspended from the list b. Informing the Transplant Centre that a patient has been suspended c. Reinstatement of patients onto the list as soon as clinically appropriate d. Informing the Transplant Centre when a patient is to be reinstated onto the list	N	A protocol was not yet in place.

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 guideline was not yet in place. Annual reviews were not routinely undertaken, although reviewers did see evidence of reviews in care records when visiting the Charing Cross satellite unit.
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.
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	There were clear checklists for donor and recipient, and a standardised referral letter.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-515	**Operational Policy: Self-care and home therapies** A policy should be in use covering: a. Self-care options offered by the service, including home haemodialysis, CAPD, self-care within a dialysis unit, APD and assisted PD b. Assessment of patient suitability for self-care and home therapies c. Training for self-care and home therapies d. Arrangements for assessing and monitoring competence of patients opting for self-care e. Assessment of home environment for patients choosing a home therapy f. Arrangements for water testing for patients on home haemodialysis	Y	The policies for self-care and home therapies were comprehensive.
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	Y	
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	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-518	**Nutrition while on dialysis (adults)** A protocol should be in use which ensures that: a. An interview with the dietician takes place within one month of starting dialysis b. An annual nutritional assessment is undertaken c. Indications for referral to the dietician at other times	N	Dietician involvement was good, with nearly all patients being seen within a month of starting dialysis. The annual assessments could often not be undertaken because of lack of time. It was also noted that dieticians were not routinely present in low clearance clinics although input to the in-patient wards was good.
RN-519	**Nutrition while on dialysis (children and young people)** A protocol should be in use which ensures that: a. An interview with the dietician takes place within one week of starting dialysis b. A nutritional assessment is undertaken every three months c. Indications for referral to the dietician at other times	N/A	
RN-520	**Dialysis away from 'base'** A protocol on 'dialysis away from base' should be in use covering at least: a. Isolation dialysis b. Use of dedicated machines c. Suspension from and re-instatement to the transplant list d. Informing the Transplant Centre of suspension from and re-instatement to the transplant list	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)	N	A protocol guiding withdrawal from dialysis was not yet in place. In practice, arrangements covering the requirements of the Quality Standard were in place.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-522	**Haemodialysis: Regimes** Guidelines should be in use covering: a. Frequency of haemodialysis b. Duration of haemodialysis c. Measurement of adequacy of haemodialysis d. Pre- and post-dialysis blood sampling e. Exception reporting arrangements for haemodialysis patients dialysing for less than four hours, three times a week	Y	Guidelines were very comprehensive and clearly written.
RN-523	**Haemodialysis: Control of infection** Guidelines should be in use covering: a. Care of temporary and cuffed dialysis lines and arterio-venous fistulae, including locking solutions and dressings b. Preparing vascular access for haemodialysis c. Decontamination of equipment after each treatment session d. Decontamination of equipment after use by patients with blood born viruses	Y	
RN-524	**Haemodialysis: Access management** Guidelines should be in use covering access care and performance. This should cover at least: a. Arrangements for monitoring access performance b. Management of access infections c. Management of dysfunctional access d. Investigation of AV fistulae or grafts for evidence of stenosis e. Indications for secondary AV access after each episode of access failure f. Management of anxiety and pain	N	'c' was covered as part of another guideline, but guidance was not seen for elements 'a', 'b', 'd', 'e' or 'f'.
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	The written guidelines for PD were excellent.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-526	**Peritoneal dialysis: Access management** Clinical guidelines should be in use covering access care and performance. This should cover at least: a. Peri-operative catheter care b. Care of peritoneal dialysis catheters c. Management of exit site and tunnel infections d. Management of catheter complications (leaks, obstruction) e. Management of anxiety and pain	Y	The written guidelines were clear, with a robust troubleshooting guide for non-PD staff to refer to the PD service including out of hours.
RN-527	**Peritoneal dialysis: Management of complications** Clinical guidelines should be in use covering management of: a. Peritonitis b. Hernias c. Encapsulating peritoneal sclerosis	N	No guideline covering 'c' was in place.
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 preparation g. Contraception and sexual health h. Care of mother and baby during pregnancy (adults only) i. Monitoring of growth (children and young people only)	N	National guidance had not yet been adapted for use locally, apart from 'e' and 'f'.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-530	**Live donor work-up** A protocol should be in use covering: a. Live donor work-up b. Arrangements for organising the transplant c. Communication with Renal Units about their patients This protocol should ensure that transplantation takes place within three months of completion of the work-up.	Y	
RN-531	**Pre-operative protocol** Clinical guidelines should be in use covering pre-operative care of patients undergoing transplantation covering at least: a. Psychological preparation b. Blood and tissue matching c. Antibody screening d. Pre-transplant vaccination e. Management of patients with blood born viruses f. Use of immunosuppressive therapy g. Counselling and advice for patients called for transplantation but where the operation does not take place (for whatever reason)	Y	However guidance covering 'g' was not clear in the documents seen by reviewers.
RN-532	**Pre and peri-operative care: antibody incompatible transplantation** Clinical guidelines should be in use covering pre- and peri- operative care of patients undergoing antibody incompatible transplantation.	Y	
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	A good and comprehensive guideline was in place.
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	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-535	**Post-transplantation referral back to Renal Units** A protocol should be in use for referral of patients back to Renal Units. This protocol should ensure that before the transfer of care takes place: a. All patients have been offered a copy of their care plan b. All patients have a named contact for advice and support c. The Renal Unit and the patient's GP have received a copy of the patient's care plan	N/A	The service did not refer patients back post-transplantation.
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	The protocol was comprehensive and clearly written.
RN-537	**Payment of live donor expenses** The network-agreed protocol (QS RY-509) for payment of expenses to living donors should be easily available within the Transplant Centre.	Y	
RN-538	**Transfer to adult care** The network-agreed guidelines for transition to adult care should be in use, covering: a. Age guidelines for timing of the transfer b. Involvement of the young person in the decision about transfer c. Involvement of primary health care, social care and adult services in planning the transfer d. Joint meeting with the young person's paediatric and adult nephrologist and nursing representative e. Allocation of a named coordinator for the transfer of care f. A preparation period and education programme relating to transfer to adult care g. Arrangements for monitoring during the time immediately after transfer to adult care	N	See main report.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-601	**Multi-professional pre-dialysis care** Arrangements should be in place to ensure effective communication and regular multi-disciplinary discussion to review the care of pre-dialysis patients. These arrangements should cover the involvement of, at least, consultant nephrologists, lead nurse for pre-dialysis care, dietician, renal pharmacist, clinical technologist (for home dialysis patients), renal social worker and vascular access surgeon.	Y	At Hillingdon Hospital, there was limited pre-dialysis support available. Good arrangements were in place at the other units.
RN-602	**Dialysis quality monitoring** Multi-disciplinary dialysis quality monitoring meetings should take place at an agreed frequency. These meetings should cover, at least: a. Adequacy of dialysis b. Clinical parameters c. Dialysis access d. Water quality e. Significant events f. Patients on 'concerns register' (QS RN-605) g. Patients on the transplant list	Y	
RN-603	**Eligibility for free transport and temporary dialysis away from home** Guidelines should be in use covering: a. Eligibility for free transport b. Eligibility for temporary dialysis away from home	Y	
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	Written guidance was not seen, although the liaison arrangements worked well in practice.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-605	**'Concerns Register'** The renal service should have arrangements for identifying and regularly reviewing patients approaching the end of life and those where there are concerns about their ability to cope with the expected dialysis regime.	N	A register was in place, but it was not always utilised. Not all staff who met with the reviewing team were aware of the register.
RN-606	**Publicity of transplant successes** The unit should have arrangements for taking advantage of local opportunities for publicising 'transplant successes'.	Y	This was published in patient information and presented at the 'Expo' meetings. Reviewers suggested that this information could also be displayed in the satellite units.
RN-607	**Unit / Transplant Centre liaison 1** Staff from the unit should meet with a representative of the team at the main Transplant Centre/s to which patients are referred at least three times a year in order to review transplant-related patients and issues.	N/A	
RN-608	**Unit / Transplant Centre liaison 2** A representative of the Transplant Centre team should meet with the renal team from each of its main referring units at least three times a year in order to review transplant-related patients and issues.	Y	Meetings with the team at Lister Hospital, Stevenage, were in place.
RN-609	**Transplant Centre coordination** Representatives of the Transplant Centre should attend the twice yearly network transplantation meeting (QS RY-601) and contribute details of patients for discussion.	Y	
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 joint clinic was not yet in place.
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	N	Some audits were seen, but no planned programme was in place. Given the potential for different practices and outcomes across the units, reviewers considered that a programme of systematic audits would be useful.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-703	**Unit audit: dialysis** The unit should have undertaken regular audit of: a. Travel times for dialysis patients, including waiting times for return journeys b. Relationship between timing of access surgery and start of dialysis	N	'a': travel times were audited, but no audit relating to 'b' (time between access surgery and start of dialysis) was seen.
RN-704	**Unit audit: transplantation** The unit should have a programme of audit of compliance with its protocols for acceptance, suspension, annual review and removal of patients on the transplant list, including at least annual audit of: a. Relationship between timing of dialysis and listing for transplantation b. Proportion of patients who have had an annual review c. Time from work-up to the transplantation for living related donors	N	An audit covering the requirements of the Quality Standard had not yet been undertaken.
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	An audit covering the requirements of the Quality Standard had not yet been undertaken.
RN-706	**Transplant Centre audit 2** Transplant Centres providing an antibody incompatible transplantation service should participate in the national AiT Registry Audit (when established)	Y	
RN-707	**Transplant surgeon minimum activity** Transplant surgeons should normally undertake a minimum of 15 renal transplants each year.	Y	
RN-708	**Antibody incompatible transplantation service minimum activity** Transplant Centres providing an antibody incompatible transplantation service should normally treat at least five patients per year.	N	Activity on the minimum number of antibody incompatible transplants had not been undertaken in recent years.
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'.	N	Multi-disciplinary review and learning did not yet include all members of the Multi-disciplinary Team. An annual renal department governance report was seen, and some review and learning activity occurred at directorate and Trust levels.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
RN-799	**Document Control** All policies, procedures and guidelines should comply with the Trust (or equivalent host organisation's) document control procedures.	N	Document control was variable, with some guidelines having been through the Trust's ratification process; these were of higher quality than those that had not. Some documents were in draft form, and some had no dates or were past their review date. Some old versions of guidelines remained visible on the intranet and need to be taken down.

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