Inspection framework: Independent single specialty providers of Dialysis Units

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
All	All	The whole framework has been reviewed and updated to reflect the new single assessment framework for health.
All 5.02 Page 18.19 & 20 E1 Page 29 C2 Page 33 R1/2	All 18. 19. 20, 29. 33	Use of the term holiday dialysis changed to Dialysis away from base' (DAFB) and holiday changed so it also reads or necessary / essential event. Link to NICE guidance107 October 2018
All	All	CQC generic updates made in all inspection frameworks. October 2019

Single specialty: Dialysis Units

The core service includes providers of dialysis units which offer services which replicate the functions of the kidneys for patients with kidney failure (advanced chronic kidney disease (ACKD)). Dialysis is used to provide artificial replacement for lost kidney function due to kidney failure.

This document refers to dialysis services, including self-managed options provided by or contracted to independent (private sector) dialysis services. These services are inspected using the CQC IH acute single speciality methodology.

Notes:

Dialysis is delivered in the context of a comprehensive and integrated service for renal replacement therapies. The different renal replacement therapies include peritoneal dialysis (PD), haemodialysis (HD), kidney transplantation and conservative care (active supportive (palliative) care of patients with ACKD without dialysis). Haemodialysis is the most common form of renal replacement therapy.

Dialysis may be provided from a main (in-centre parent) renal unit, satellite based (HD) or home based (PD or HD).

Areas to inspect*

The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

- Unit reception
- Waiting area
- Renal dialysis bays/stations
- Isolation rooms
- Consulting room/s
- Pantry
- Clinical and general storage room
- Water treatment plant room
- Maintenance room (for cleaning and maintaining dialysis machines)
- Dirty utility
- Staff room/office
- Technician room
- Linen store

Interviews/focus groups/observations

You should conduct interviews of the following people at every inspection:

- People who use services and those close to them
- Clinical lead/ Consultant Nephrologist
- Registered Manager

You could gather information about the service from the following people, depending on the staffing structure:

- Registered nurse
- Healthcare assistant
- Renal pharmacist
- Dialysis technician
- Medical social worker
- Dietician

- Reception staff
- Counsellor
- Physiotherapist
- Transport staff
- Administration assistants

Safe

By safe, we mean people are protected from abuse* and avoidable harm.
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Key lines of enquiry: S1

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.5 Do staff receive effective training in safety systems, processes and practices?	• Renal Association haemodialysis guidelines Guideline 8.4 - HD: Prevention and detection of venous fistula needle or venous line disconnection • NICE guideline [NG51] Sepsis: recognition, diagnosis and early management	• Have all dialysis staff got a contemporaneous training record on following standard operating procedures to minimise the risk of infection, electrolyte imbalance, symptomatic dialysis-related hypotension and/or accidental venous needle/line disconnection? • Staff have undertaken basic life support training as a minimum and update every

	• Skills for Health: Statutory/Mandatory Core Skills Training Framework https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework	year in or to deal with emergencies • What policy is there for sepsis management and are staff using it? • Have staff had training in sepsis screening and application of a sepsis protocol? • Have all healthcare staff undertaken mandatory training?

Report sub-heading: Safeguarding

• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in	• Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf • Adult Safeguarding: Roles and Competencies for Health Care Staff: First edition: August 2018 https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf • A guide to inter-agency working to safeguard and promote the welfare of children July 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf	• If the service treats patients under the age of 18 years are there appropriate child safeguarding arrangements in place? • Are staff trained to recognise adults at risk and supported with effective safeguarding policies and procedures?

safety systems, processes and practices?		
• S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?	• Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2016 • CQC cross sector DBS guidance.	

Report sub-heading: **Cleanliness, infection control and hygiene**

• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?	• NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. • NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed. • NICE QS61 Statement 5: People who need a vascular access device have	• Are protocols in place in regard to appropriate infection practice, for example, MRSA/MSSA screening, blood borne viruses, no-touch aseptic technique and isolation rooms available with barrier nursing. • What arrangements are in place for those patients returning from holiday or an event in high risk of infection regions? • Are there procedures are in place to assess patients as carriers of blood borne viruses (BBV) such as Hepatitis B and C. What measures are in place if such a carrier is identified and what actions are undertaken to mitigate the risk of BBV cross infection?

their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.

- Code of Practice on the prevention and control of infections https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

- Renal Association Blood Borne Virus Infection guidelines https://renal.org/guidelines/

- Department of Health HSC 1998/063: Guidance for clinical health care workers - protection against infection with blood-borne viruses

- Decontamination of surgical instruments (HTM 01-01)

   o There should be an allocation of one to two isolation rooms per 12 stations.

   o The isolation room should be accessible from the main dialysis area, and a viewing window to that area should be

- What provision is in place to work with the local infection control team and that takes into account local and national guidelines on cross infection/isolation requirements (including those for hepatitis B, hepatitis C, HIV and MRSA)?

- Do staff know what are the latest hand hygiene results are and where to access them?

- Are staff trained and competent in an aseptic non-touch technique for the management of dialysis vascular access (AVF/AVG or tunnelled dialysis catheter)?

- Is there evidence of bacteriological surveillance of haemodialysis fluids, and standards in place for specification of the water treatment system and biocompatible membranes?

	provided.	
	See also [Health Building Note 04-01 Supplement A – 'Isolation facilities in acute settings'.](#)	
	• Refer to joint guideline on water treatment systems, dialysis water and dialysis fluid quality for haemodialysis and related therapies. [Clinical Practice Guideline January 2016](#)	
Report sub-heading: **Environment and equipment**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	• HSE Maintaining portable electrical equipment http://www.hse.gov.uk/pUbns/priced/hsg107.pdf • Managing Medical Devices Guidance for healthcare and social services organisations April 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf • [Renal Association haemodialysis guidelines](#) • [Decontamination of surgical instruments (HTM 01-01)](#)	• Where do staff access standard operating procedures, policies and protocols? When were they last updated? Do staff use them? • Do protocols have regard for the recommended use of concentrates, water specification treatment systems, chemical and microbiological contaminants, type and use of dialysis membranes and frequency of dialysis? • Are dialysis sets single use and CE marked? Does the provider keep a record of all lot and/or batch numbers of all the dialysis set components used in accordance with local quality systems? • Has up-to-date staff training been carried out on the use of specific medical devices?

		• Does the provider have regard to the manufacturers' instructions for the safe storage, use, cleaning and maintenance of the equipment used in dialysis and is this readily available for each type of machine? • What provision is in place for decontamination of equipment? What is the evidence to demonstrate compliance? • How do staff recognise and report any failures in equipment and medical devices? • Do staff have regard for alarm guards on the dialysis machines and ensure they alarm appropriately and not overridden? So that significant risks such as detection of dislodged needles can be identified at the earliest opportunity so that risk of significant blood loss or cardiac arrest can be avoided. • Is there a system in place to ensure that repairs are carried out if machines and other equipment breaks down, and that repairs are completed quickly so that patients don't experience delays? Is there a replacement programme for dialysis machines?
	• Renal Association Guideline 2. Suggests that machines should be replaced between seven and ten years' service or after completing between 25,000 and 40,000 hours of	• Have technical staff maintaining the equipment had appropriate training? If

use for haemodialysis, depending upon an assessment of machine condition. (2C) - See: http://www.renal.org/guidelines/modules/haemodialysis#s1 • Refer to Health Building Note (HBN) 07-01: Satellite dialysis units. Regarding partitions; *A balance must be maintained between privacy and the ability for staff to maintain eye contact with other patients and staff.* ***Treatment station/treatment station:*** *the layout of the multi-station dialysis area should enable patients to talk to one another, and nurses to call for assistance from one station to another, but care must be taken to allow sufficient space between dialysis stations to prevent the risk of cross-infection and for a degree of privacy (a preferred minimum of 900mm between stations is set out in* **Health Building Note 07-01 – Satellite dialysis unit** https://www.gov.uk/government/uploads/system/uploads/.../**HBN_07-01**_Final.pdf	technical staff are employed by the manufacturer rather than the provider, is there a service level agreement to reflect this? If in-house technicians, is there evidence of up to date training certificates? • How do staff ensure safety of patients receiving haemodialysis as well as their privacy? Is there sufficient space around dialysis chair to allow rapid staff access in case of an emergency? • Does every treatment station /patient have access to the nurse call system?

Key line of enquiry: S2

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Report sub-heading: **Assessing and responding to patient risk**

Prompts	Professional standard	Sector specific guidance
• S2.5 Are comprehensive risk assessments	• National Early Warning Score	• Procedures are in place to assess

carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?	(NEWS): Standardising the assessment of acute-illness severity in the NHS	patients with conditions such as tuberculosis or Hepatitis B, and measures are in place if such a condition is identified.
• S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?	• NICE guideline [NG51] Sepsis: recognition, diagnosis and early management	• What processes are in place to manage challenging behaviours e.g. worsening dementia? How are patients monitored throughout their dialysis session?
	• Sepsis: recognition, diagnosis and early management (NICE Guideline 51)	• Do staff record an assessment of the patients pre and post dialysis? (Rather than a reliance on technology with no visual assessment to validate care delivery).
	• Safer Practice Notice patient identification	• Is there an appropriate early warning system in place?
	• Clinical Practice Guideline Peritoneal Dialysis in Adults and Children June 2017	• Are there protocols for patients to wear a patient identity band or other agreed form of identity, for example, a name badge throughout dialysis and when they are to receive blood transfusions or any other intravenous therapy or medication each session?
		• Is there evidence of the sepsis toolkit being used /available in the unit?
		• If peritoneal dialysis is carried out, are guidelines followed in respect of prevention of infection?

Report sub-heading: **Nurse staffing**

• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff	• Haemodialysis facility should have sufficient specialist support staff to fulfil the criteria listed by the Renal	• Is guidance on staffing levels followed as set out in the listed by the Renal Workforce Planning Group 2002?

do not work excessive hours?	Workforce Planning Group 2002. (1C)	• Do staff have a qualification in renal nursing?
• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?	• HD therapy has been standardized by the Renal Workforce Planning Group Refer to page 16 for WTE nursing staff per bed.	
• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?		
• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?		
• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		

Report sub-heading: **Medical staffing**

• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?	• Renal Workforce Planning Group	• Has the number of medical, specialist nursing, technical and allied health professionals required to provide high quality haemodialysis and peritoneal dialysis been standardised by published guidance?
• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?		
• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?		• What provision is in place for cover of the dialysis patients in the absence of the usual medical practitioner?
• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?		
• S2.7 How is the impact on safety assessed and monitored when carrying out changes to		

the service or the staff?		

Key line of enquiry: S3

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Records		
• S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) • S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? • S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)	• Records management code of practice for health and social care • NICE QS15 statement 3; People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals	• How do staff ensure that the consultant nephrologists are able to access the patient record including blood results? • Are care plans regularly reviewed taking into account all aspects of welfare and safety? • Are the dialysis staff able to access the patients NHS clinic letters? • How are records monitored for patients that self-needle and dialyse? • Are medication changes, in particular those of older people with complex needs communicated promptly to the hospital team, GP, and others involved in the patients care if appropriate?

Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Medicines**		
• S4.1 How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) • S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? • S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence? • S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? • S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? • S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? • S4.7 Are people's medicines regularly reviewed including the use of 'when required'	• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. • Reference note: A Patient Group Direction is a mechanism that allows for the supply and or administration of defined medicines to a group of patients who are not known in advance by name for the treatment of specified clinical conditions. Within the information there will also be a list of exclusion criteria. This must be signed by a doctor (or dentist for dental treatment) and a pharmacist. It is good practice to also include signatures of the lead professional for other professions who will be operating under and delivering the PGD.	• Is there staff training on the safe administration of intravenous medicines? • How is the safe prescribing and review of medicines (this includes medical gases) undertaken for patients on dialysis; in particular those patients with other medical / long term conditions? • How do staff ensure that the medication procedure is checked against the prescription chart at the end of completion of dialysis treatment? • If Patient Group Direction (PGD) mechanism is in place, has the provider ensured that the PGD information criteria is signed and authorised by a medical practitioner and pharmacist? • How are changes to the patient's prescription communicated to the patient and to their GP?

medicines? • S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?		

Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Incidents**		

• S5.1 What is the safety performance over time?
 	
• S5.2 How does safety performance compare with other similar services?
 	
• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?
 	
• S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
 	
• S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and
	• A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
	  ○ Revised never events policy and framework (2015)
	  ○ Never events list 2015/16
	  ○ Never Events List 2015/15 - FAQ
	
	• Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.
	
	• (NICE QS66 Statement 4): For adults
		• How is a relevant safety alert acted on?
		
		• How is learning from incidents and/or complaints identified and disseminated?
		
		• How have staff used learning from an incident(s) to drive improvement in practice. What difference did it make to patient care?
		
		• What evidence is there for debriefing sessions, action plans, completion of action plans and learning post dialysis related incidents, blood transfusion incidents, medication errors and devices incidents and their learning?

investigations	who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.
• S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?	
• S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?	• Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.
• S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	http://www.cqc.org.uk/content/regulation-20-duty-candour

Report sub-heading: **Safety Thermometer**	
• S5.1 What is the safety performance over time?	• NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.
• S5.2 How does safety performance compare with other similar services?	
• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?	• NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.
	• Safety Thermometer

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Key line of enquiry: **E1**

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Evidence-based care and treatment**		
• E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? • E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?	• Renal replacement therapy and conservative management NICE guideline [NG107] Published date: October 2018 • NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. • (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. • NICE QS90 (2015) UTI in adults	• Are there measures in place for continued assessment of a patient's vascular access e.g. arteriovenous fistula and line rates, process for regular monitoring of vascular access function, timely access to interventional radiology and/or vascular access surgeons? • Is there availability of assistance with dialysis away from base? (DAFB) (home therapies or treatment while on holiday, attending work related business or other important or essential events or functions) • Are there protocols in place, and being implemented, for those patients on peritoneal dialysis? • Does the provider have protocols in

• E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?	• NICE QS72 statement 8: Adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.	place for managing differing needs of acute and chronic patients?
	• NICE QS72 statement 4: Adults with established kidney failure who are starting planned dialysis have a functioning arteriovenous fistula or peritoneal dialysis catheter.	• Does the provider take account of NICE guidance NG107 published in October 2018?
	• NICE NG 107 https://www.nice.org.uk/guidance/ng107/chapter/Recommendations#recognising-symptoms	
	• NICE QS72 statement 5: Adults who need long‑term dialysis are offered home‑based dialysis.	
	• The National Service Framework for Renal Services for renal services is a clinical strategy to improve the outcomes and experiences of people with kidney disease, and sets out standards for kidney care and good practice	
	• Renal Association haemodialysis guidelines.	
	• Renal Association peritoneal dialysis in CKD guidelines 2017	
	• Renal Association vascular access for	

	haemodialysis guidelines	
	• Kidney Health: delivering excellence https://renal.org/kidney-health-delivering-excellence/	

Report sub-heading: **Nutrition and hydration**		
• E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?	• https://www.nice.org.uk/guidance/ng107/chapter/Recommendations#diet-and-fluids sets out that a full dietary assessment by a specialist renal dietitian should be offered to people starting dialysis or conservative management. • During a haemodialysis session the provider should supply patients with a drink and an appropriate snack as directed by dietetic advice. See also point 5.3 of Health Building Note 07-01 – Satellite dialysis unit	• Is there evidence of nutritional assessment and appropriate care plans? • Does the patient have access to food and hydration while undergoing treatment? • Is there access to specialist dietary support and advice? Including written nutritional information for patients?

Report sub-heading: **Pain relief**		
• E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating?	• Core Standards for Pain Management Services in the UK	

Key line of enquiry: **E2**

E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?

Prompts	Professional standard	Sector specific guidance

Report sub heading: **Patient outcomes**		

• E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?
 	
• E2.2 Does this information show that the intended outcomes for people are being achieved?
 	
• E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?
 	
• E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?
	• UK Renal Registry provides independent audit and analysis of renal replacement therapy in the UK. The Registry acts as a source of comparative data, for audit/benchmarking, planning, clinical governance and research.
	
	• The Renal association recommend that every patient with end-stage chronic renal failure receiving thrice weekly HD should have consistently: either urea reduction ratio (URR) > 65%
	or
	equilibrated Kt/V of >1.2 (or sp Kt/V of > 1.3) calculated from pre- and post-dialysis urea values, duration of dialysis and weight loss during dialysis. Refer to: http://www.renal.org/guidelines/modules/haemodialysis#s1
	
	• Refer also to: NICE Renal replacement therapy services for adults Quality standard [QS72]
		• Is there participation in audits?
		
		• Does the unit participate in audit measures for example the following?
		
		  o Participation in UK Renal Registry
		  o Travel time
		  o The waiting time after arrival before starting dialysis and the waiting time for patient transport after the end of haemodialysis
		  o Cumulative frequency curves of urea reduction ratio measured using a standard method of post-dialysis sampling
		  o The proportion of patient non-attendances for haemodialysis sessions and the proportion of dialysis sessions shortened at the patient's request
		  o The proportion of thrice weekly haemodialysis sessions which have prescribed treatment times less than 4 hours
		  o Cumulative frequency curves of pre-dialysis serum potassium concentration
		  o Cumulative frequency curves of pre-dialysis serum calcium and phosphate concentrations
		  o Cumulative frequency curves of pre-dialysis haemoglobin concentration
		  o The incidence of symptomatic hypotensive episodes during dialysis

| | | sessions |
| | | o The proportion of haemodialysis patients who have ultrafiltration rates in excess of 10ml/kg/hour |

Key line of enquiry: **E3**

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Competent staff**		
• E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and	• Notes: Ordinarily comprehensive in-house staff training and competency assessments carried out in isolated / satellite units should include involvement of an external review of training and competency to ensure all staff are appropriately trained and re-assessed.	• Have staff been appropriately trained in procedures such as catheter dressing, vascular access techniques and safe injection practices? • Are there training records in place for the use of dialysis equipment and knowledge demonstrated to use this equipment to enhance care? • Are staff competent in the management of intravenous cannula, tunnelled and temporary central lines, AV fistulas and grafts and PD catheters and in transfusion of blood? • Do they have link nurses for falls, pressure ulcers or nutrition? • What evidence is there for continued assessment of competence? • Do staff have an understanding of the

	principles of the drugs used, such as erythropoietin, intravenous iron infusions and anticoagulants? Is there an on-going competency-based assessment to ensure staff are kept up to date?
supported for the role they undertake? [Royal College of Physicians - Acute care toolkit 9: Sepsis](#)	• Have all staff received basic life support training annually as a minimum? • Have all staff received up-to-date training on manual handling and fire safety? • Have all staff received training on the recognition and management of sepsis?

Key line of enquiry: **E4**

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Multidisciplinary working**		
• E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? • E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services?	• [PHSO: A report of investigations into unsafe discharge from hospital](#) • [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (NICE guideline 27) • [Royal College of Physicians –](#)	• Is there an escalation policy for a patient with sepsis who requires immediate review? • How is the consultant nephrologist from the local NHS trust/s involved in attending clinical reviews of the patients and being kept fully up to date with patient's conditions including their blood results? • How are dieticians/physiotherapists involved in the care of patients and

Prompts	Professional standard	Sector specific guidance
• E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place?	[Acute care toolkit 9: Sepsis](#)	linked to local trusts? • How does the service ensure that MDT meetings are held?
Report sub-heading: **Seven-day services**		
• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?		

Key line of enquiry: **E5**

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Health promotion**		

• E5.1 Are people identified who may need extra support? This includes:
  • people in the last 12 months of their lives
  • people at risk of developing a long-term condition
  • carers
 	
• E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary
• E5.3 Are people who use services empowered and supported to manage their		

- own health, care and wellbeing and to maximise their independence?
- E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?
- E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)

Key line of enquiry: **E6**

E6. Is consent to care and treatment always sought in line with legislation and guidance?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Consent, Mental Capacity Act and DOLs		
- E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? - E6.2 How are people supported to make decisions in line with relevant legislation and guidance? - E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?	- Consent: patients and doctors making decisions together (GMC) - Consent - The basics (Medical Protection) - Department of Health reference guide to consent for examination or treatment - BMA Consent Toolkit - BMA Children and young people tool	- Before patients receive any care or treatment (every dialysis episode), are they asked for their verbal consent and does the provider act in accordance with their wishes? - What arrangements are in place for those patients who do not have the capacity to make the particular decision in relation to which consent is required? - What arrangements are in place for those patients where there is a language

- E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?

- E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?

- E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?

- E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

kit

- [Gillick competence](#)

- [Department of Health, Reference guide to consent for examination or treatment](#)

- [Mental Capacity Act: making decisions](#)

barrier to informed consent?

- How do staff ensure that informed consent is given by speaking to patients about their understanding of their treatment (is there documented evidence of risk assessment and care plans)?

- What arrangements are in place to provide written relevant and up to date information for those patients where English is not the first language?

Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Key line of enquiry: **C1, C2 & C3**

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Compassionate care		
• C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and	• [NICE QS15 statement 1](#) People using adult NHS services are treated with empathy, dignity and respect. • [NICE QS15 statement 2](#) People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs.	• Is there provision for patient comfort, including availability of single sex toilet facilities, dialysis chairs, pressure relieving aids, and hospital beds where appropriate? • Where patients receive treatment in open or shared bays, are privacy screens provided in the event of an emergency to maintain the person's dignity during any emergency treatment or when required to maintain privacy at any other time? • Is there availability during a dialysis session of entertainment systems, TV, headphones or other activities, such as art therapy

examinations?		
• C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?		
Report sub-heading: Emotional support		
• C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?		• Is there access to renal social worker? • Is there an opportunity to discuss patient support and any concerns they may have? • How do staff ensure that patients are informed about how to access patient associations or other support groups? • Can patients access time to discuss issues with members of the team in a timely way and in privacy? • Is there a self-care programme or shared care programme? • Is there a minimal care unit?
Report sub-heading: Understanding and involvement of patients and those close to them		
• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics	• NICE guidance 107 https://www.nice.org.uk/guidance/ng107/chapter/Recommendations#information-education-and-support. This sets out guidance on providing information about treatments and how they may affect lifestyle.	• How do staff ensure that when patients first start dialysis that they have been given and understand information about the nature and purpose of the effects on them, how to prepare for it, the risks and benefits and any post procedure instructions?

make this necessary?

- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?

- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?

- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?

- C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?

- NICE QS15 statements 5 People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care.

- NICE QS15 statement 6, People using adult NHS services are supported in shared decision making.

- Is provision in place for those patients where English is not their first language?

- Does each have individual continuing education to enable them, and their families, to make an informed choice about the type of treatment and vascular access, and to address the physical, psychological and social consequences of being on dialysis?

- How are patients and relatives involved in care plans? Were they involved in developing it, is it current, and do they understand it?

- Is there evidence of on-going patient education, for example around transplant listing, vascular access, infection control, diet?

- Do patients understand their kidney condition, and how this relates to other medical problems they might have, in order to make the choices that are needed to live well with these conditions?

- Do patient feels informed about their blood results?

- Are patients given information is given about medication changes?

		• Are patients given opportunities to discuss treatment modality changes? • Is there evidence or how does the named nurse communicate with the patient about their treatment outcomes i.e. monthly blood results? • Are patients given sufficient notice of clinic appointments and given adequate time to ask questions during consultation?

Responsive

By responsive, we mean that services meet people's needs

Key line of enquiry: **R1 & R2**

R1. How do people receive personalised care that is responsive to their needs?		
R2. Do services take account of the particular needs and choices of different people?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Service delivery to meet the needs of local people**		
- R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? - R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed? - R1.3 Are the facilities and premises appropriate for the services that are delivered?	- NICE QS72 statement 6: Adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis. https://www.kidneycareuk.org/documents/296/KCUK_Patient_Transport_Report_2019_Web.pdf - NHS Estates guidance (HBN 07-02) - NHS Estates guidance (HBN 07-01) - http://www.nice.org.uk/guidance/qs72/chapter/quality-statement-6-patient-transport - The National Service Framework for Renal Services	- Evidence of a transport user group and/or transport surveys; Is there regular assessment of transport needs? - Do the premises meet the recommended practice for haemodialysis facilities to adhere to? - Are there adequate patient transport services and ideally designated parking and disabled parking adjacent to the dialysis area for patients who organise their own transport to and from dialysis? - Is there convenient and safe patient access to the dialysis unit for ambulant, disabled, self-driving or transport patients? - Are a full range of haemodialysis shifts available to maximise for patients i.e. working patients, religious and cultural needs, and family responsibilities?
Report sub-heading: **Meeting people's individual needs**		
R1.4 How does the service identify and meet	NICE QS15 statement 4 People using	Is there provision for patients attending for haemodialysis to be able

the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?

- R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?

- R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[1]

- R2.3 How are people, supported during referral, transfer between services and discharge?

- R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others?

- R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

adult NHS services experience care and treatment that is tailored to their needs and preferences

- Accessible Information Standard

- Clinical practice guideline: Planning, initiating and withdrawal of renal replacement therapy. The Renal Association (2014).

- https://www.nice.org.uk/guidance/ng107/chapter/Recommendations#coordinating-care

- NICE Renal replacement therapy services for adults.

  https://www.nice.org.uk/guidance/qs72/chapter/List-of-quality-statements

to visit the toilet before dialysis commences, as they will usually be unable to do so during the procedure?

- Are services planned so that patients may participate in their own care? For example, from measuring own weight to self-needling and managing end2end process – what training packages are in place to support this?

- What arrangements are in place to coordinate care to reduce its effect on day-to-day life and wellbeing (treatment burden?

- What arrangements are made, and support given for patients to go on holiday or attend essential events once they have booked their dialysis slots at their destinations in the UK and/or abroad?

- What evidence is there of medical advance planning and end of life care decisions and how these are implemented?

Key line of enquiry: R3

R3. Can people access care and treatment in a timely way?

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[1]. For example, people living with dementia or people with a learning disability or autism.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Access and flow**		
• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?		• How do staff ensure each dialysis treatment starts as soon as possible once people arrive at the unit? • Are session times and appointments for medical review etc. arranged as far as possible to suit the individual? • Does the unit have a standard where the patient has a first medical review in a timely way after commencing dialysis? • Are there protocols in place that have regard for timely access to the creation, monitoring and management of vascular access and its possible complications? • How are patients informed of any delays or disruption to service?

Key line of enquiry: **R4**

R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Learning from complaints and concerns**		
- R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? - R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? - R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? - R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? - R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?	- The NHS constitution gives people the right to - Have complaints dealt with efficiently and be investigated. - Know the outcome of the investigation. - Take their complaint to an independent Parliamentary and Health Service Ombudsman. - Receive compensation if they have been harmed. The Independent Sector Complaints Adjudication Service (ISCAS) is the patient complaints adjudication service for independent healthcare. Only applicable though if the provider subscribes to ISCAS	- Evidence of patient involvement at all levels of service, patient user groups and patient surveys. - Is patient experience and engagement, for example, by patient surveys, access to and use of patient experience? - Does the service monitor verbal and written complaints? Is there a user group and family/carer group etc.? - How is the learning from complaints disseminated and improvements made?

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key line of enquiry: W1

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Leadership**		
• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? • W1.3 Are leaders visible and approachable? • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	• [Fit and Proper Persons Guidance](#)	• Does the manager maintain links and a good working relationship with the NHS trust? • Evidence of regular unit performance review and appropriate actions taken and/or risks mitigated • Evidence of manager and staff appraisal

Key line of enquiry: W2

W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to

deliver?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Vision and strategy**		
• W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?	• Kidney Health: delivering excellence https://renal.org/kidney-health-delivering-excellence/	• Are staff able to direct to the provider values, vision and strategy • Where the location is working for / in partnership with an NHS Trust: Is there a renal vision and strategy that reflects that of the NHS Trust?

Key line of enquiry: **W3**

W3. Is there a culture of high-quality, sustainable care?		
Generic prompts	**Professional Standard**	**Sector specific guidance**

Report sub-heading: **Culture**		

• W3.1 Do staff feel supported, respected and valued?
 	
 • W3.2 Is the culture centred on the needs and experience of people who use services?
 	
 • W3.3 Do staff feel positive and proud to work in the organisation?
 	
 • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority?
 	
 • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?
 	
 • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?
 	
 • W3.7 Is there a strong emphasis on the safety and well-being of staff?
 	
 • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?
	• NMC Openness and honesty when things go wrong: the professional duty of candour
	
	 • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers
	
	 • Duty of Candour – CQC guidance
	
	 • Workforce Race Equality Standard and Independent Healthcare Providers – Statement http://intranetplus.cqc.local/Registration%20and%20Compliance/EDHRhome/WRES%20in%20hospitals%20files/IH%20Statement%20on%20WRES%20Final%20CLEAN%20Version.pdf
	
	 • https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
		• Where the provider has an NHS Standard Contract to provide dialysis:
		
		  o What work is being undertaken to address workforce equality at a provider level?
		  o How have you implemented any organisation-wide strategy or priorities on workforce race equality in your location?
		  o How are you ensuring at a location level that there is an inclusive workplace for staff, which welcomes diversity?
		  o What work has been undertaken to ensure that staff from different equality groups feel able to speak up about their experiences at work – either as an employee or in relation to patient care?
		  o Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

Generic prompts	Professional Standard	Sector specific guidance
• W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?		

Key line of enquiry: **W4**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Governance		
• W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?		• What exposure does this service get at Board meetings? • The provider must have effective operating systems to enable them to monitor quality and manage risk. • How is consultant medical representative from the local NHS trust/s involved in attending joint service review meetings as part of the overall strategic management of the commissioning arrangements? • What induction is given to staff working in the unit?

Key line of enquiry: **W5**

W5. Are there clear and effective processes for managing risks, issues and performance?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Managing risks, issues and performance**		
• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • NHS England Emergency Preparedness, Resilience and Response (EPRR) https://www.england.nhs.uk/ourwork/eprr/	• Has the provider ensured that appropriate emergency equipment is available on the premises and that staff know how to use the equipment? • Are there business continuity plans, and do staff know how to access them in the event of a power failure or disruption to water supply? • What are the business continuity plans for inclement weather preventing patients being able to attend the unit and/or IT failure and back-up paper systems in place in case of extended IT failure?

financial pressures have compromised care?		

Key line of enquiry: **W6**		
W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Managing information**		
• W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care?		

Generic prompts	Professional Standard	Sector specific guidance
• W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?		

Key line of enquiry: **W7**

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Engagement**		
• W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a	• [Regulation 19 of the Care Quality Registration Regulations 2009](#)	• Do patients feel welcomed and respected, do staff introduce themselves and act on questions, queries and suggestions? • Is there evidence of regular engagement of patients in their plan of care or treatment? • In cases where services users will be responsible for paying the cost of their dialysis treatment, is there a system in place to ensure people using the service are provided with

Prompts	Professional standard	Sector specific guidance
protected characteristic? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? • W7.5 Is there transparency and openness with all stakeholders about performance?		a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fee

Key line of enquiry: **W8**

W8. Are there robust systems and processes for learning, continuous improvement and innovation?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Learning, continuous improvement and innovation**		
• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? • W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? • W8.4 Do all staff regularly take time out to	• Example Green Nephrology resources, Centre for Sustainable Healthcare Link	• How does the leadership ensure / endeavour to adopt a programme of phased replacement of older HD machines? For example, when a particular model of a machine becomes obsolete? • What initiatives and succession planning are in place to ensure future availability of trained renal nurses? • What initiatives are in place for green nephrology and sustainability? • How does the leadership encourage

work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?		improvement/innovation – is there a renal course, do staff attend BRS conference or other national, international meetings?