Scottish Renal Association
Survey of renal unit staffing and facilities on 31 August 2015
please read the notes below before completing the form

1. Unit Details

1.1) Name of parent or satellite renal unit:		
1.2) Who contributed to the completion of this form:	Names	Designation
1.3) Date this form was completed (dd/mm/yyyy)		

1. About your unit (please complete a **separate** form for each main or satellite unit**)**

1.4) a. Number of people in the general population served by your unit. b. Please tell us where this information was sourced ie. lead consultant, NHS board or the office of the General Register Office for Scotland c. On what date was the population counted? **Only parent renal units fill this in** – but include the population served by parent and satellites units if you provide general renal services to their area	
1.5) Is your catchment area shared with any other main renal unit? Y/N	
1.6) If "Y" please name the other main renal units with whom you share a catchment area or population.	

2.Resources –
(include facilities detailed in question 3), parent and satellite units fill in applicable questions

	Reply
2.1) Number of in-patient **nephrology** beds (*see definition*) (do not include dedicated transplant surgery beds)	
2.2) Number of dedicated surgical (eg transplant) beds	
2.3) Number of other inpatient beds available for planned admissions/ ongoing care (do not include “boarders”)	
2.4) How many of the beds reported above are plumbed for HD or HDF	
2.5) Do you ever use out patient HD or HDF facilities for in patient dialysis Y/N (If yes please give details)	
2.6) Number of out-patient HD stations	
2.7) Do you run a twilight HD shift Y/N	
2.8) Do you run an overnight HD shift Y/N	
2.9) Total number of staffed & funded HD **sessions** that can be provided per week in your unit (*see example calculation*)	
2.10) What is the longest duration of HD you can normally offer on a regular and prescribed basis (hours)	
2.11) What is the maximum number of HD session you can normally offer to a patient per week	
2.12) Do you routinely provide haemodiafiltration Y/N	
2.13) Do you train patients for Home dialysis in your out patient unit	
2.14 Do you have a designated self care area for patients training or for established HD patients	
2.15) Do you ever accept holiday/visitor HD patients Y/N	
2.16) If the answer to 2.15 was Y, do you have dedicated staff and HD sessions for holiday/visitor HD Y/N	
2.17) How many holiday dialysis requests received 01/09/2014 – 31/08/15 ?	
2.18) How many holiday/visitor dialysis request accepted 01/09/2014 – 31/08/2015?	
2.18) *If the data is available please tell us:* How many of your regular dialysis patients have received holiday dialysis elsewhere between 01/09/2014– 31/08/2015?	

3. Segregated dialysis stations or beds for infection control

Include these in the totals above. Parent and satellite units fill this in

Infection	Number of dialysis stations in an area separate from the main HD area	Number of dialysis stations in a side room or area entered from the main HD area
MRSA		
Hepatitis B		
Hepatitis C		
HIV		
C Difficile		
CPE*		
Other (please give details)		
Comments if necessary to clarify eg facilities available to you but provided by another renal unit – in which case they will report this or an area that can be used for a number of different infections * *carbapenemase producing enterobacteriaceae*		

4. Medical & surgical staff

permanently established and funded in the renal unit. Please include vacant posts. Usually only parent units will need to fill this in.

	Number of people	WTE clinical nephrology/ transplantation	
		Clinical	Non Clinical
Consultant Nephrologist (12 sessions = 1.2WTE)			
Consultant (Transplant) Surgeon			
Other surgical staff – please specify			
Associate Specialist in nephrology			
Staff Grade in nephrology			
Specialist Registrar in nephrology (ST3-7/SpR)			
LAT/FTSTA			
ST2			
ST1			
Research Fellow			
FY2			
FY1			
Consultant Renal Pathologist			
If you have Consultant Renal Pathologist where are they based?			
Other (Please give details)			
	Number of People	WTE Academic / WTE Clinical	
Substantive University appointments			
Comments from Medical Staff & additional details as required:			

5. Renal Dialysis Unit (RDU) Medical Cover

	Yes	No	Grade
Do you have dedicated medical staff based in RDU between the hours of 09.00 and 17.00?			
If No, who provides your daily medical cover? *E.g. Inpatient nephrology trainee, Consultant nephrologist, On-call general medical doctor*			
Do you think your medical cover is sufficient?			

6. Nursing staff

If staff work between areas, please try to give indicative numbers. Parent and satellite units **should** fill this in. Specialist Nurse details **should not** be included in this section, please record details in section 9.

	Renal Ward				Haemodialysis				Peritoneal Dialysis				Total			
	Number		WTE		No		WTE		No		WTE		No	WTE		
Nurse Manager	No Band		Clin Non Clin		No Band		Clin Non Clin		No Band		clin Non Clin			Clin Non Clin		
Snr Charge Nurse Band 7																
Charge Nurse Band 6																
Snr Staff Nurse Band 6																
Staff Nurse - Band 5																
Enrolled Nurse																
Nurse assistant/ auxiliary																
AKA/Dialysis orderly give band																
Other Staff Specify																
Comments from Nurse Manager:																

Please give numbers of staff and patients dialysing in the Haemodialysis unit for each shift on 31/08/2015

	AM	PM	Twilight	Overnight
Trained				
Untrained				
CRF Out patients				
CRF In patients				
AKI in patients				

Please give numbers of staff and in patients in Renal ward for each shift on the day of census

	Day	Overnight
Trained		
Untrained		
Patients		

7. Does your unit provide an out of hours nurse on call service for HD
Please tick in one row only.

	Tick one box	Band	WTE
Yes			
No – because a 24 hour service is provided at this unit			
No – but a service is available elsewhere (eg at a main unit)			
No – a HD service is not available for our HD patients out of hours			
Other – give details here or on a separate sheet			
On average, how many times a month does an in-patient nurse leave regular ward duties to provide HD/CVVH/PD in another ward? E.g. ITU / medical HDU			

8. Assisted Automated Peritoneal Dialysis

	Yes	No
Does your unit provide assisted APD?		
If yes, who provides this service? *E.g. designated renal unit staff / outside company*		
How many patients were on AAPD on 31/08/2015?		

9. Specialist nurses
These posts should not have been declared in the sections above.

Post	Renal Staff	Provided by other	Band	WTE
Vascular access nurse coordinator				
Nurse led central venous catheter insertion				
Anaemia coordinator				
Pre dialysis nurse/ CKD Nurse Specialist who introduces patients to RRT or palliative/conservative care				
Clinical nurse educator – who teaches nurses				
Acute renal failure nurses eg who can go to other clinical units to perform HD or HF.				
Home HD nurses who may work in hospital and or visit home HD patients at home				
Research nurse				
Nurse Transplant coordinator				
Nurse Consultant				
Nurse Practitioner				
Palliative/Conservative care nurse				
Other – please specify				

Conservative/Palliative Care
With regards to staff declared in 9.12:

Is conservative care their primary role?	
What is the professional background? e.g. Dialysis nurse/ In-patient nurse	
Which dept employs this person? E.g. Renal Unit or Palliative care	
What salary band is this post?	
In which medical areas do they work? *In-patient (IP) / Out-patient (OP) / Both (B)*	
Is the hospital palliative department viewed as supportive of this individual?	

10. Support Staff employed by the renal unit
If the post is shared with other units, include the WTE contribution to your renal unit.
Only Parent Units should complete this section, including satellite details

Post	Number of people	WTE
Transplant coordinator		
Dialysis technician		
Dietician		
Social worker		
Physiotherapist		
Administrator		
Computer manager / data management staff		
Secretary		
Ward clerk		
Receptionist		
Pharmacist		
Psychologist		
Occupational therapist		
Teacher (Paed. unit)		
Play leader (Paed. unit)		
Other employed staff (give No here & details on sep sheet)		
Voluntary workers		

11. Renal IT Staff

What is the professional background? e.g. IT professional	
Which dept employs this person? Eg Renal Unit or IT Dept	
What salary band is this post?	
How is professional development provided?	
Is the hospital IT department viewed as supportive of this individual?	
Is there a Succession Policy?	

12. Haemodialysis water

Is reverse osmosis treated water available for all HD sessions for ERF for which your unit is responsible for home and hospital HD, IP & OP location Y/N	
Do you use a central water supply for some or all of your HD treatments Y/N	
Do you use ultra pure water for preparation of haemodialysate fluid? Y/N (it is assumed that UP water is used if you offer HDF)	

13. Approval/Consent

I confirm that the data in this report are accurate. I agree that summary data derived from this report can be attributed to this renal unit and published by the SRA or SRR.	
Name	
Signed	
Date signed	
	If different from the above
Name of SRR SG rep	
Signature of SG rep	
Date signed	

Notes on the SRR survey of renal unit staffing and facilities

Abbreviations:

AKA	artificial kidney assistant
ERF	established renal failure ie excluding acute renal failure.
HD	haemodialysis
HDF	haemodiafiltration
HF	haemofiltration
IP	in patient
MWF	monday wednesday friday
OP	out patient
PD	peritoneal dialysis
UP	ultrapure (water)
RRT	renal replacement therapy
SRR	Scottish Renal Registry
ST	Specialty Trainee
TTS	tuesday thursday saturday
Tx	transplant
WTE	whole time equivalent. For a part time member of staff or somebody who's duties are shared with another organisation (eg an academic nephrologist) report the proportion of a whole time person that is dedicated to the clinical renal service.

General:

This questionnaire has been issued by the Scottish Renal Association.
The results will be collated and published by the SRR.
It is asking for information about staffing and services for patients using RRT for ERF.
It is not about acute renal failure or outpatient clinics.
There will inevitably be some differences in the type of work done by different units at their various clinics and where necessary we will contact you to clarify things.

The term "unit" refers to a main renal unit or a satellite unless otherwise specified.

You can make comments on a separate sheet if required. In that case please just write "see attached comments" on this form.
On the additional paper note the name of your unit and the question number and staple the extra sheets to your questionnaire.

Make and retain a copy of the questionnaire and any additional sheets before you send it back to the SRR. Its amazing how often things go astray and the information may be of use to your unit.

Please make an entry in all the boxes even if the answer is zero.

Notes on specific questions:

1.1) Return a separate form for your parent (main) unit and each of the satellite or outreach sites from which you run a dialysis service. Satellite units will probably complete their own forms and return to the SRR steering group rep in the main unit who should then check that nothing has been counted twice or omitted, sign and then forward the forms to the SRR office.
Do not make a return for outreach clinics if you do not offer a dialysis service there.

1.4) This is the number of people of all ages living in the catchment area of your main renal unit. eg for RIE, this would include the population of Lothian, Borders and any part of Forth Valley from where patients are regularly referred. It may be necessary to discuss with other units what proportion of the population is served by your unit and what by them. RIE would not include the population in the north and east for whom they provide a supra regional transplant service. The total for all the returns received should be the population of Scotland on 30 June 2006 ie about 5.12 million.

Ignore the fact that you may not provide services for children or young people. We will sort these numbers with the staff at the RHSC.
Ignore cross boundary referrals for transplantation or home HD.

2.1) Inpatient nephrology beds means beds into which your unit can admit patients without seeking permission from another clinical unit, which are staffed by specialist renal nurses and run by the renal unit.
Satellite units that have free access to beds in their main renal unit should not report these because they will be reported by the main unit.
Do not include here beds that you share with other clinical units. They should be reported under (2.3). These beds are available to the patient for an unlimited period of time, ie not day case beds.

2.3) Under “other inpatient beds available to you”, report the number of beds that are regarded as primarily for your use, even if they are shared with other specialties. These would normally include, for example, patients who are primarily cared for by renal unit medical or surgical staff in a general medical ward setting rather than a renal ward and excludes patients under the care of other specialties but with an input from the renal unit.

2.4) Report the total number of beds at which you have plumbing installed and trained staff available to undertake HD or HDF if required for AKI or ERF. Do not include HF for AKI. The beds reported here should already have been reported in reply to either Q 2.1, 2.2 or 2.3.

2.5) Report “Y” here if you ever use out patient dialysis facilities for in patients.

2.6) An “outpatient HD dialysis station” is a fully staffed and funded chair or bed that is in use or could be used at short notice. Do not include decommissioned spaces.
It is not a count of dialysis machines. It does not matter how often the station is used per week. It does not include inpatient beds which are used for OP HD. It is not a measure of your work load. It may be possible to gauge under provision and hard pressed units by comparing the number of patients on HD with the number of stations.

2.7) A twilight HD shift starts in the evening, may run past midnight but the patients go home after their HD.

2.8) An overnight shift runs overnight or may start after midnight but the patients stay in the unit until the next morning.

2.9) **In order that there is no misunderstanding between HD shifts, HD sessions, HD slots and HD patients, please give the total number of staffed and funded HD sessions available at your unit**. One patient on HD 3 x a week will use 3 of these sessions. The total number of staffed and funded HD sessions might be eg 20 stations, 2 sessions per day, MWF or TTS = 20 x 2 x 6 = 240.
We are not asking here which shift these slots are on or the duration of HD sessions.

2.10) The longest duration of planned HD might be 8 or 12 hours. Do not include very occasional prolonged treatments to treat an unusual condition.

2.11) The maximum number of HD session per patient per week will normally be 3 but could be up to 7.

3) Isolation facilities for infection control are organised in a number of ways. Please give a reasonable account of how you do it. We are trying to record the number of staffed and plumbed stations (not sessions) which can be made available using HD or HDF for the treatment of ERF. The stations and staff will already have been declared in your totals above. If you have unusual local arrangements that can not be understood easily from the replies to the questions, please add a note on a separate sheet. eg if your facilities are run and staffed entirely by an infectious diseases unit.

4,6,7,9 & 10

Staff are organised in a variety of ways. Make sure that the total number of whole time equivalent sessions attributed to your unit is reported. If junior staff are employed by the medical unit rather than the renal unit please include WTE.
In some cases the distribution of staff at your sites may vary week by week. The important point is that the totals are correct and can be matched with the total workload and number of patients which you have already reported to the SRR. If staff spend varying times in a number of locations, please enter a reasonable proportion of the time in the return from each location but make sure that the total WTEs are correct when the returns from all the units are added. If your main and satellite units have not already discussed this and agreed on the proportion of time to be allocated to each site for peripatetic staff, you will need to do this now. The answer may be defined in a contract. If so, report that figure even if the distribution of time is not correct (this survey may help to highlight that point). If it has not previously been agreed, make a sensible estimate now eg a WTE nephrologist spending 1.5 days per week in a satellite unit might report 0.3 WTEs for their time in the satellite unit or 0.4 if another half day was spend doing admin and letters for that unit while located in the main unit. In any case the complement would be reported in the return from the parent unit ie 0.7 or 0.6 WTEs.

Where staff employed by a renal unit spend a regular part of their working week in areas that are not recorded in this survey – (eg an outreach clinic that does not have dialysis facilities) include the time spent there by renal unit staff in the return from the main unit. Ignore any contribution to these services that is made by staff who are primarily employed by that site (eg nursing or secretarial staff employed primarily by the outreach clinic).

Staff on full time NHS contracts should be regarded as providing one WTE to the service. Ignore any additional contracted hours. For Consultants, 10 sessions is 1 WTE, and 12 sessions considered 1.2 WTE, please give the proportion of WTE devoted to clinical nephrology. WTEs for academic staff should reflect the proportion of their contracted working week devoted to clinical work. It is recognised that most staff including part time and academic staff spend much longer than their contracted hours working for the NHS. Do not include these extra hours in your return. The total amount of work done in the contract hours will speak for itself.

There is a huge range of jobs and job titles in the NHS. If any of your staff can not be described properly in the headings given, please explain this in an additional note. The term "nurse" refers to a trained nurse who is registered with the NMC.

"Number" or "Number of people" means the number of individuals contributing to the total. This might be 4 full time staff who would provide 4 WTE, or 1 full time, 2 half time, and 5 working one day a week would be reported as 8 people and 3 WTEs.
Where an individual makes a contribution to more than one area (eg both HD & PD) please mention this in the free text but enter them as 1 person on each area and include the WTE contribution for each.

A nephrology on call rota means a published list of medical staff who have contracted duties to provide nephrology services outwith "office hours". Many units that do not have this facility provide an excellent service all the time but it is done in their own time and should not be reported here.

10) Please check this section carefully. If you have any staff who are not included anywhere else, add them here eg you may have a dedicated renal unit scientist who works on clinical reports and not primarily on research.
Under lay workers, include anybody who makes a long term regular contribution to the unit eg one day a week would be 0.2 WTE, half a day a fortnight would be 0.05 WTE.

Many other people contribute to the running of a renal unit but are managed by other organisations eg transport, domestic services, porters, labs. Do not include them here.

Satellite units should keep a copy and return to the SRR steering group representative in time for all the replies to be received at the SRR office by 08.01.2016.
SRR steering group representatives, please collect the questionnaires from your main and satellite units, check that the total WTEs tally, keep copies, complete section 13 of each questionnaire and send electronically to:

Email: NSS.isdsrr@nhs.net

Or return to:

Jackie McDonald
Data Manager
Scottish Renal Registry
Scottish Health Audits
Meridian Court
5 Cadogan Street
GLASGOW G2 6QE

File srr_staffing_facilities_survey_auditform.doc

ver	Date	author	comment
8	18 Sept 2007	AA DJ KS	Final
9	12 Aug 2008	SM	2008 redraft
10	10 Feb 2009	SM	redraft
11	19 June 2009	SM	redraft
12	29 August 2009	SM	reformatting
13	07 October 2013	FG	redraft
14	18 November 2013	JMcD	2015 final