

The Advanced Theatre Support Worker Project Leeds Teaching Hospitals NHS Trust & Bradford Teaching Hospitals NHS Foundation Trust

The project

This project was part of a program of Leeds Teaching Hospitals workforce development following a local review in 2006/7. Bradford NHS Foundation Trust, who were exploring similar options at the time, joined us in working collaboratively on this project. Funded by Skills for Health it achieved 11 Advanced Theatre Support Workers, together with training at Level 3 and relevant backfill.

The aim of this project was to develop the support worker to undertake a limited scrub and recovery role. This was underpinned by the competency framework inherent in the NVQ Level 3 Health Perioperative Care (Surgical Support Award). Upon completion it was anticipated that the NVQ qualified support workers would have Band 3 (Agenda for Change pay scale) roles, if created.

The project represented considerable change in established working practices because of the need to work differently and also in light of issues such as the European Working Directive. Changing demographics and historical difficulties in recruitment and retention also had to be addressed. The project was focused at specific areas acting as pilot sites across two NHS Trusts.

The project template was based on work undertaken in the Assistant Theatre Practitioner Project (2006). Central to this was the development of a framework of appropriate delegation and supervision for the Advanced Theatre Support Worker role. It was essential that the project was established in compliance with the Perioperative Care Collaborative Position Statement of 2004.

Critical to the progression of the project was the management of the risks associated with the nature of activities undertaken by the Advanced Theatre Support Worker. The range of cases for which the Advanced Theatre Support Worker (ATSW) can perform in the scrub role was prescribed by local policy and based on a risk assessment linked to the complexity of the case, patient morbidity, registered/non-registered staffing ratios for supervision, and the experience of the ATSW.

The Advanced Theatre Support Workers were located in 4 hospitals;

Leeds General Infirmary: 1 scrub role in Plastics/Hand Unit (day surgery), 1 in Orthopaedics/ENT, 2 in Post Anaesthetic Care role in the main theatre complex.

St James's University Hospital: 1 scrub role in Day Surgery, 1 scrub role in Urology, 2 in Post Anaesthetic Care role in the main theatre complex.

Wharfedale Hospital: 1 scrub role in Day Surgery.

Bradford Royal Infirmary: 2 scrub role in main theatre complex. The Advanced Theatre Support Workers were supported by assessors co-ordinated from the NVQ Centre in the Leeds Teaching Hospitals NHS Trust.



Results & Benefits

The project was evaluated via the Return on Investment methodology centred on Kirkpatrick's 4 levels of evaluation, (Phillips 2003). From all of the Advanced Theatre Support Workers who completed the survey a large majority reported that they were satisfied with the help the NVQ centre provided. There was a significant increase in job satisfaction for those working in the ATSW role. Participants reported increases in working to their full potential and were also supported in their new role by most of the team.

The surgeons were surveyed and reported that this new role had no detrimental effects on their surgical role and all agreed that there were significant improvements in team working, motivation and better use of resources.

The efficiency savings were identified via a quantitative survey and identified the following benefits;

Leeds Teaching Hospitals business impact of the Advanced Theatre Support Worker in the scrubbed role over 1 year

Efficiency savings identified by the Advanced Perioperative Assistant role	Annual hours saved	Hourly Rate	Saving in £
Time freed up for the registered practitioner to undertake other tasks	2704	3.6	£9,743
Time freed up for management tasks	1291	9.61	£12,407
Cost saving of using Band 3 over Band 5 practitioner	1800	£3.60	£45,360
Savings in overtime/agency workers	2736	24	£65,664
Reduction in delays in getting patients through the theatre list in hours by the introduction of the APA role	260	£900	£234,000
		Total	£367,174

The main gain from this project was seen in one theatre in LTHT where the introduction of the Advanced Theatre Support Worker role led to the reduction of delay in the patient journey through the theatre by 5 hours per week. Research currently shows the cost of using one operating theatre at £15 per minute (Fordyce, 2007) and the more efficient use of theatres accounted, for the greatest efficiency saving. All managers reported better throughput and uses of resources as benefits of this new role. Therefore, it is arguable that this efficiency saving is substantiated, if not under represented. Considerable efficiencies made in the Post Anaesthetic Care area are not included, due to the fact that this is a dependent variable in the patient's journey through the theatre episode.



Conclusion

This project has demonstrated a development model that has wider implications for the organisation. This is an opportunity to define the support workforce requirement which should be done in tandem with the assistant and registered practitioner roles for the medium term. Newly devised roles need to work in line with the organisational values and not by traditional demarcation of roles. The role of the individual theatre team leader/manager was of critical success to the project and those who engaged fully and supported the development of the Theatre Support Workers roles gained the most benefit.

The project has succeeded in meeting its aims by demonstrating the benefits with efficiency improvements beyond expectation. It has also demonstrated the value of the initial investment from the funding body.

The Advanced Theatre Support Worker role goes some way to ensure that the workforce has the flexibility to meet demand in a way that draws on the commitment and strengths of its entire people. Crucial to this are the management skills of the registered practitioner in preparation for the demands of the future and working effectively within the available resources.

Return on Investment

£367174 + £7959 (savings) - £50000 (cost of project) x100

ROI = 650%

£50000 (cost of project)

The major productivity gain occurred in one theatre in Leeds Teaching Hospitals Trust where the introduction of the Advanced Theatre Support Worker role led to the reported reduction of delay in the patient journey through the theatre by 5 hours per week. Research currently quantifies the cost of using 1 operating theatre at £15 per minute (Fordyce, 2007) and more efficient use of theatres accounted by far for the greatest efficiency saving. Whilst no

other theatres reported this as a quantitative issue, all managers reported better throughput and uses of resources as benefits of this new role and it is therefore arguable that this efficiency saving is substantiated, if not under represented. Not included in this are considerable efficiencies made in the Post Anaesthetic Care area. This is due to the fact that this is a dependent variable in the patient's journey through the theatre episode.

Future Action

- Review of theatre roles, including support workers within the Theatre Directorate with the ability to identify new roles designed with the maximisation of productivity as a priority.
- Theatre Support Worker roles to be underpinned by theatre policy clearly defining roles and responsibilities governing the use of support workers in advanced roles and applied uniformly.

- Work with higher and further education providers in the delivery of a Foundation Degree to support the development of the non-registered theatre workforce up to assistant practitioner level.
- Further the development of a range of routes for support workers to enable progression to assistant practitioner and have a commonly understood development pathway for bands 3 and 4 roles for existing and prospective support workers.
- Ensure that upon appointment support workers have functional levels of literacy and numeracy to Level 2 in the National Qualifications Framework or will undertake the development necessary to achieve this as a prerequisite of the role. Those with the potential to undertake advanced roles should be identified early and encouraged to undertake NVQ Level 3 Health (Perioperative Support) as a prerequisite of consideration for advanced support worker roles.
- Dedicated time for an NVQ Assessor from within theatres to support the development of the support workers funded by the efficiency savings inherent in the new model.
- Use the well defined management knowledge and skills required of a team leader in the KSF role outline/job description and match this to development opportunities to prepare registered practitioners for a management role.

References

Assistant Theatre Practitioner Project (2006) *Introducing assistant Theatre Practitioners: A Best practice Guide* http://www.healthcareworkforce.nhs.uk/newandextendedroles/option,com_docman/task,cat_view/gid,196/dir,ASC/order,name/limit,5/limitstart,5/

Perioperative Care Collaborative (2004) *Optimising the contribution of the Perioperative Support Worker* <http://www.aodp.org/Files/Support-worker.pdf>

Phillips, J. (2003) *Return on Investment in Training and Performance Improvement Programs, 2nd Ed.* Butterworth-Heinemann.

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