The Surgical Care Group at Royal Bournemouth Hospital has 15 operating theatres. There are 220 people in our staff team—160 in the main staff team and 60 in Recovery. Our corporate aim was to be the most improved hospital by 2017. In line with this, we wanted to change our culture of staffing in theatres to “grow our own theatre staff” and invest in peoples’ skills.

In 2015 we were faced with various challenges which are common to many Trusts. We had many vacancies which were covered by agency staff. Of our team, many could only do major procedures within their own specialty. This affected safety and made us unattractive as a place to work. There was a vicious circle where anxiety about not having staff meant that agency staff were overbooked, which led to less money for permanent staff, and holding vacancies open.

**Background**

- **Staff recruitment and co-ordination**
  - Changes to our practice including offering informal visits, telling people the interview dates well in advance, and keeping in touch with newly qualified so they do not lose interest in us. There is now a band 7 with overall responsibility for recruitment.
  - Daily staff co-ordination (band 7) to ensure safe staffing and smooth running of lists (co-ordinator rotates every week).

- **Investment in Practice Education Team**
  - We increased the team from one Band 7 nurse to five Whole Time Equivalents, and gave them dedicated shifts to deliver training.

- **Skills list**
  - In 2015 the skills were not mapped, and it was not clear within theatres on a day-to-day basis who was agency and who was substantive. We developed a list of all staff, what their hours were, and what their skills were.

- **Managed process to improve competencies**
  - Standardised and clear process involving 5 different workbooks.
  - Every 4 weeks, Practice Education meet with each Clinical Leader to discuss how to move staff on in their competencies within their specialty.

- **Clear expectations**
  - We set a clear expectation that all staff should be dual skilled—either anaesthetic/scrub or anaesthetic/recovery.

- **Better organised training**
  - Better organised and fuller Audit Afternoons (protected Clinical Governance time) to provide time for training which aids staff engagement and retention.
  - Regular SIM training as multidisciplinary teams, led by Consultant Anaesthetists and including the Juniors.
  - Bespoke training on pieces of theatre equipment and machinery, supported by industry reps.

**Improvements**

**Measurements**

**Student Satisfaction (Nurses and Operating Department Practitioners)**

- "I received constructive feedback" average over the year:
  - Oct: 3.1, Mar: 3.9
  - Oct: 2.9, Mar: 3.8
  - Oct: 2.6, Mar: 3.9

- "I felt supported by the Mentor / Educator / Supervisor to make improvements in the care I deliver" average over the year:
  - Oct: 3.1, Mar: 3.7
  - Oct: 3.4, Mar: 3.9
  - Oct: 2.6, Mar: 3.5

**Agency spend in Theatres nursing**

**Outcomes & Lessons Learnt**

- We have broken the vicious cycle of under-recruitment, agency spending, and lack of investment in practice education. Our number of supernumerary staff hours is down. It sounds counterintuitive, but the longer you keep staff then the longer you can afford to train them and it is a virtuous cycle.
- Our staff are becoming dual skilled—for example we now have a rotation of 7 Anaesthetic staff who rotate into Recovery, and 7 who are released from Recovery on a 1-1 basis; compared to none before. This dual skillling has had additional benefits where, as our ODPs have rotated into recovery, they have informally shared their practice.
- Student surveys show that we are an attractive place to train. We are attracting more students, as well as having the capacity to accommodate them.
- We learnt that staff recruitment was the absolute key and, without establishing this firm base, we would not have been able to undertake the rest of the project.

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