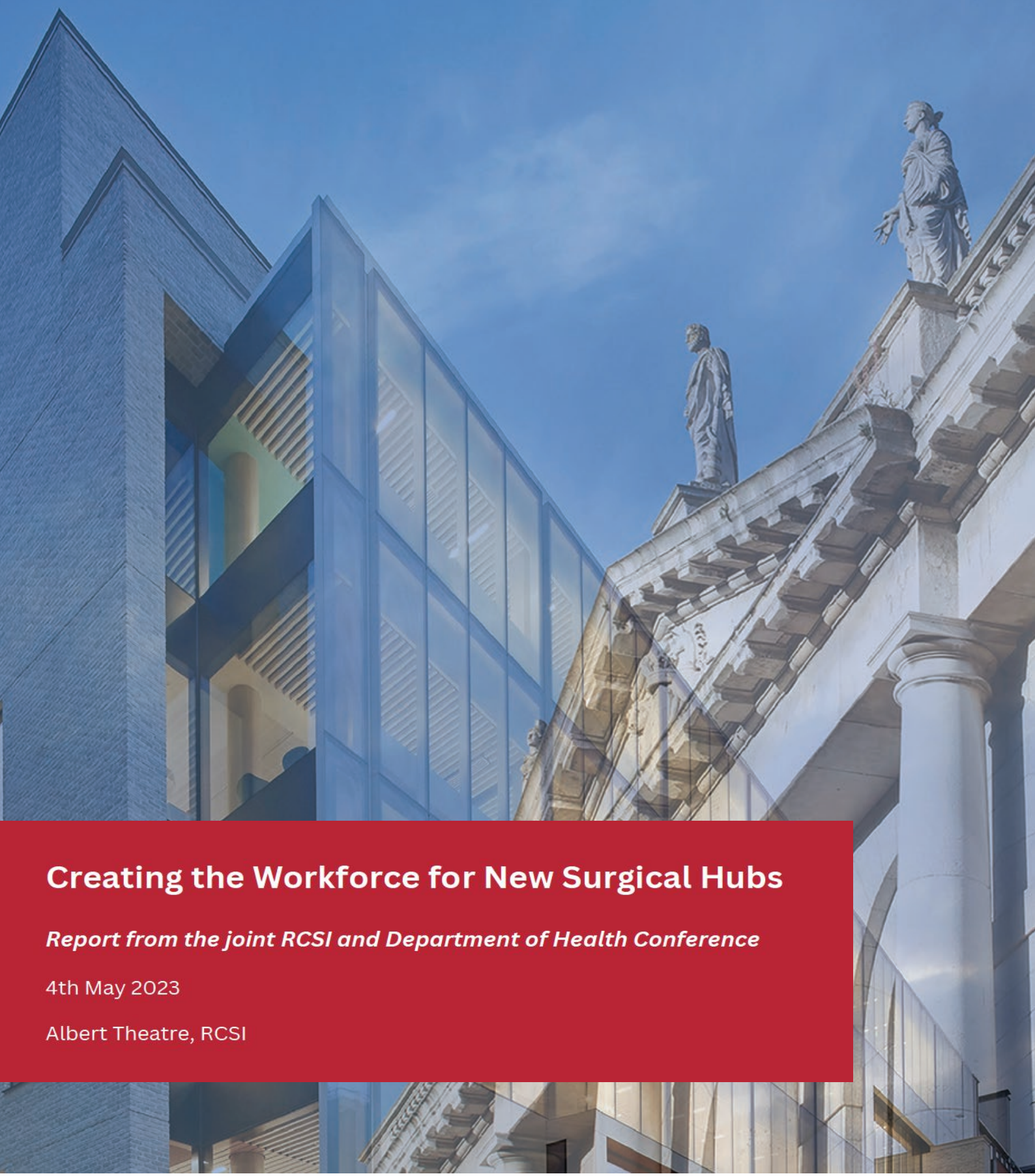


Creating the Workforce for New Surgical Hubs

Report from the joint RCSI and Department of Health Conference

4th May 2023

Albert Theatre, RCSI

HSE

An Roinn Sláinte
Department of Health

RCSI

Introduction

On 4th May 2023, RCSI collaborated with the Department of Health (DoH) to host an event entitled ***Creating the Workforce for New Surgical Hubs***, in response to the government's planned investment in new surgical infrastructure, to include five surgical hubs and three elective hospitals, all to be fully operational by 2027-2028. Policy, clinical and implementation aspects of the proposed innovations were discussed from an Irish perspective. Other speakers were from Northern Ireland, England, Australia and Canada, with a central focus on the recognised global shortage of healthcare staff. International evidence shows that a variety of solutions have been effective in tackling global workforce shortages in healthcare. It is acknowledged by all that innovative solutions must be explored as part of Ireland's drive to create a surgical service for the future.

Surgical hub planning: the Irish context

The Department of Health has developed an ambitious strategy to improve access to elective surgical care in Ireland. The strategy for elective ambulatory care represents a step-change in the ability of the national public hospital network to deliver high quality and timely elective care services that will provide resources to address the known demographic changes expected up to 2035, with projections of a 40% increase in the requirement for day case surgery.

The development of elective hospitals in Cork, Galway and Dublin will provide coverage to more than 80% of the overall population within a travel distance of 120km (approximately 90 minutes). In addition to the elective hospitals, there are plans for five surgical hubs in the following locations: Cork, Galway, Limerick, Waterford and Dublin. The timeline for delivery of surgical hubs is ambitious. The first hub is expected to be operational by the end of 2023, with all in service by the end of 2024. They are intended to focus on day cases and ambulatory care exclusively, with prioritisation of patients currently waiting for care. The focus on high volume, low acuity care on the agreed time schedule requires a series of actions to be completed promptly (Table 1).

Table 1. Actions to support the timeline for National Surgical Hub Development Plan

- Site selection and design to be completed in May 2023.
- Clinical guidance for surgical hubs to be developed.
- Surgical hubs to have locally agreed governance structures, administrative and clinical pathways, and equitable access routes.
- The purpose of the surgical hub remains to be defined, differentiating between different types of surgical care service provided.
- New services must be integrated into existing structures, with clarity about the relationships between the new elective hospitals, new surgical hubs and the existing services in elective and other HSE hospitals.
- A workforce model for surgical hubs to be agreed.
- Workforce business cases to be submitted in Quarter 2, 2023, and workforce expansion to commence.
- Clinical, operational and financial performance metrics to be agreed and embedded.
- Training opportunities to be identified and defined.

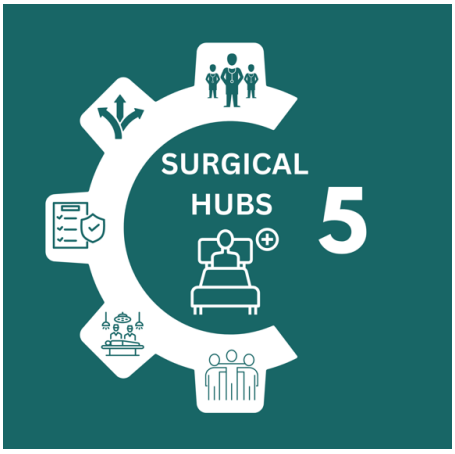
The Clinical Context

The introduction of the proposed surgical hubs is the most recent step in reforming surgical services to meet the needs of todays' population and projected future demand. This change is proposed in the context of *Sláintecare* and broader health service reform in Ireland. It aims to separate emergency surgery from elective care, providing protected services to deliver scheduled and elective procedures in the most effective and efficient manner possible, in the expectation of freeing theatre capacity in acute hospitals to manage urgent and more complex cases. International evidence further supports the use of protected surgical hubs to reduce patient waiting times for elective procedures across multiple specialties.

The National Clinical Programme in Surgery (NCPS) has advocated for many years for the separation of scheduled and unscheduled care and has been working to support and promote day-of-surgery admissions and increased utilization of day case surgery. The introduction of surgical hubs is the most recent step in reforming surgical services to meet the needs of the population. The recognized benefits of surgical hubs for both patients and the health system are outlined in Table 2.

Table 2. Recognised Benefits of Surgical Hubs

Health System	Patients
• Ring-fenced capacity for low complexity, planned surgery • Increased capacity for elective care • Dedicated operating theatres and associated beds • Greater standardisation of service (clinical and administrative) • Inclusion of multiple specialties to increase utilisation of infrastructure and optimise service delivery • Training opportunities for surgical staff e.g. surgical trainees, anaesthesia, nursing, other theatre support roles	• Shorter waiting times for surgery • Reduced risk of short notice cancellation • Better quality assurance and standardisation of care • Reduced geographic variation in access to treatment • Knock-on improvements in access to higher complexity surgical services in acute care



Strategic Planning & Clinical Integration

From a clinical perspective, it is important that the surgical hub is integrated into the overall surgical care ecosystem, as in future there will be a range of overlapping surgical services available to Irish patients. It is important to avoid any negative impact on existing services, if the expected increase in overall capacity is to be realised.

Key elements essential to the successful integration of the proposed new services were a discussed (Table 3).

Table 3. Elements essential to successful Surgical Hub integration

- Established and standardised governance structures
- Defined clinical pathways for surgical hubs
- Patient flow pathways and access points to support equitable access
- Standardised clinical and administrative functions across all surgical hubs, to enable quality-assured care
- Embedded standardised performance metrics to measure clinical and cost-effectiveness outputs
- Expanded, defined and protected training opportunities to ensure a sustainable, skilled workforce
- Expanded clinical workforce to deliver proposed services and meet future needs
- Defined relationship between surgical hubs and the planned elective hospitals
- Clarification of the anticipated roles of existing HSE hospitals in the delivery of future surgical care, and their relationships to the proposed new surgical services

The clinical and logistic impact of the introduction of the proposed surgical hubs on surgical activity within acute hospital settings was discussed. For example, managing less complex cases at surgical hubs will increase the number of surgically complex cases at the associated acute hospitals, with an associated rise in the pre-operative workload, a longer average theatre time per case and a need for increased skill levels among surgeons and the perioperative team.

Some unexpected practical issues experienced at Irish standalone surgical hubs were also described:

- Bottlenecks in process flow, such as at pre-assessment, booking or radiology, when all elements of service are not developed in tandem with the necessary capacity.
- Longer delivery times for essential items such as medicines, instruments or equipment, coming from the main hospital site.
- Significant increases in the cost of consumables, sterilisation services and imaging associated with the rise of the number of procedures performed.
- Additional cleaning and security costs associated with standalone status.

Timeline for Delivery of Proposed Surgical Hubs

The successful delivery of the proposed surgical hubs to the agreed time schedule is dependent on the prompt completion of a series of actions as outlined in Table 3. The proposed timeline is ambitious, but the achievement of the listed milestones will result in the first surgical hub being operational by the end of 2023, with all five hubs in service by the end of 2024.

Table 3. Actions necessary to Support the Timeline for the Surgical Hub Development Plan

- Site selection and design to be completed in May 2023.
- Clinical guidance for surgical hubs to be developed, including practice standards similar to the UK *GIRFT (Getting It Right First Time)* programme.*
- Surgical hubs to have locally agreed governance structures, administrative and clinical pathways.
- Equitable access routes need to be established.
- The purpose of the surgical hub should be defined, differentiating between the different types of surgical services provided in each of the proposed new hubs.
- New services to be integrated into existing structures, with clarity of the relationships between the new elective hospitals, new surgical hubs and existing services.
- A workforce model for surgical hubs to be agreed.
- Workforce business cases to be submitted in Quarter 2, 2023, and workforce expansion to commence.
- Clinical, operational and financial performance metrics to be agreed and embedded.
- Training opportunities to be identified and defined.

**NHS (2022) Getting it Right First Time: Establishing an effective and Resilient workforce to elective surgical hubs.*
https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2022/08/Workforce-guidance-for-surgical-hubs-Aug22h.pdf

Planning for the Peri-Operative Workforce for Surgical Hubs

The conference heard several contributions from speakers and participants on their shared experiences of difficulties associated with the global shortage of healthcare staff in general, some of which are listed in Table 4.

Table 4. Global Workforce Challenges in Healthcare

- Shortage of healthcare staff and associated recruitment difficulties.
- Poor public perception of healthcare as an attractive work environment.
- Prolonged time required to train skilled staff and current inadequate workforce planning.
- Problems retaining skilled staff.
- The creation of a new job or role within the HSE is a complex and time-consuming process.
- The pace of change in healthcare is slow and culturally difficult.
- Issues with integrating new work practices into existing staff contracts.
- Pre-existing staff may be reluctant to integrate with evolved or innovative roles.
- Repetitive duties being undertaken by staff nurses with level 8 qualifications leading to job dissatisfaction.
- Lack of nursing career framework within the peri-operative space means skilled nurses are leaving to take up non-clinical, management or administrative roles elsewhere.

This was followed by a more focussed discussion to identify challenges in the recruitment and retention of members of the peri-operative team, which led to a conversation around some of the workforce-related problems specifically associated with the proposed Surgical Hubs. Some of the challenges identified by this dialogue are summarised in Tables 5a and 5b. Delegates expressed concern that current investment in surgical infrastructure could result in unstaffed theatres, if workforce planning and recruitment does not keep pace, particularly given the ten-year training cycle for surgeons.

Tables 5a and 5b. Workforce Challenges specific to Surgery in Ireland

5a – Challenges for staffing the peri-operative team
• Ambiguity in the roles and responsibilities of the evolving peri-operative team. • New roles such as physician associate (PA) and advanced nurse practitioner (ANP) may adversely impact morale amongst other staff, if not clearly defined. • No current structures to support the development of the Operating Department Practitioner (ODP) role. • Multiple disciplines already work within the peri-operative space with established unions. The introduction of additional roles was considered challenging, and there was uncertainty about whether introducing entirely new roles such as the ODP was a viable solution. • Delays to the regulation of the PA role in the peri-operative setting is a barrier to more widespread use. • Nurses with Level 8 qualifications may experience dissatisfaction in performing many routine and often repetitive peri-operative tasks, resulting in poor retention in theatre staff nurse roles. • Inadequate support staff can result in process delays and/or time wasted by other peri-operative team members (e.g. laboratory, cleaning and portering staff). • Other health and social care professionals are often required to support some specialist surgical services, and these need to be integrated during service design. • The recruitment of overseas and junior level staff requires a commitment to the ongoing provision of basic and specialist training, to ensure quality of service.

5b - Challenges specific to staffing the surgical hub
• Possible income-related implications for staff accustomed to shift allowances or overtime payments in acute services due to the fixed working hours of surgical hubs without on call or out-of-hours payments. • The low level of case complexity may result in fears of deskilling and lack of job satisfaction. • Recruiting staff to surgical hubs may deplete staffing levels at pre-existing surgical services. • It can be difficult to retain junior doctors on-site in surgical hubs for the full post-operative period prior to discharge, especially when they also have responsibilities or on-call rotas shared with co-located acute services. • Lack of confidence in relationships between existing surgical services and the proposed new surgical hubs. • Difficulties in deciding whether or not to integrate the proposed new teams within the existing local workforce.

Conference participants identified many opportunities for staff working within the peri-operative team, and specifically, for those working in the proposed surgical hubs, within the broader context of healthcare in Ireland (Table 6a and b). Surgical hubs offer protected learning opportunities, less complex and stressful work, better team morale, and an improvement in work-life balance, often resulting in good retention. In addition, creating dedicated low acuity services will protect capacity for higher level surgical complexity in acute hospitals, thereby ensuring competence amongst highly skilled staff.

Tables 6a and 6b. Workforce Opportunities specific to Surgery in Ireland

6a – Opportunities in staffing the peri-operative team
• Potential for upskilling and/or role expansion or reconfiguration to maximise contribution of team members to the service, and to cover deficits identified in the traditional surgical teams, for example physician associates (PAs), ANPs, anaesthesiology assistants, pre-registration nurses and Enhanced Health Care Assistants. • Where new roles are introduced, their impact could be measured using standard indicators such as task transfer, reduction in waiting lists, reduced staffing deficits and gaps, and increased use of high functioning skill sets among other team members. • Potential to explore a competency-based career structure for peri-operative nurses, to support recruitment and retention, and ensure each element of surgical care is delivered appropriately. Examples are available from NHS Scotland and Northern Ireland. • The HSE and the DoH are working with RCSI to increase capacity for training surgeons, through a collaborative engagement process. Recent initiatives have resulted in a significant recruitment of surgical trainers. • Protected time for training and education should be provided to all disciplines in surgery, to support continuing education throughout the career journey, thereby promoting recruitment and retention in this specialist field and ensuring the highest skill set in the peri-operative surgical team.

6b Opportunities in staffing the surgical hubs
• Funding is available to recruit the additional workforce for surgical hubs. • There is political support for the development of new roles within surgical services; planners should think strategically about what task needs to be done, identify a workforce deficit, and design a role to perform it. • Creating dedicated low acuity services will protect capacity for higher level surgical complexity in acute hospitals, thereby ensuring competence amongst highly skilled staff. • Surgical hubs can be configured to support surgical trainers, who in turn support junior doctors and nurses. • Surgical hubs will create additional training opportunities for junior doctors. • Junior doctors should be included in strategic planning to improve their experience in surgical hubs. • Surgical hubs offer protected learning opportunities, less complex and stressful work, better team morale, and an improvement in work-life balance, often resulting in good retention.

Conclusion

International evidence shows that a variety of solutions have been considered to address global workforce shortages in nursing and in medicine. These shortages have a direct impact on the ability of the health service to meet the needs of patients who require surgery.

The nursing workforce shortage has been exacerbated by the lack of well-defined career pathways in perioperative nursing. In addition to an expansion in numbers, parallel development of an education and training strategy is essential to ensure appropriate skill-mix, especially in the complex theatre environment. A well-defined perioperative nursing career pathway will support the career development of nurses, in addition to improving recruitment and retention. Expansion of the scope of practice of existing health care assistants, or the addition of new grades in the perioperative environment, is required to support and supplement the nursing workforce. Enhancing access to support for less complex responsibilities will create capacity in the system to enable nurses to pursue expanded roles in diverse areas, such as pre-assessment and recovery, and in delivering more high value contributions in the perioperative environment itself.

The medical workforce shortage requires innovative solutions to reduce reliance on non-consultant hospital doctors (NCHDs) who are not on formal training programmes, and to enable anaesthesia and surgical trainees to meet their training milestones in a way that complies with working-time restrictions. Due to their somewhat isolated and ambulatory nature, patients attending services at a surgical hub need careful selection and pre-assessment. This will substantially increase physician workload as at present a minority of patients undergo formal pre-assessment. This service is currently being provided by ANPs in some clinical areas with a well-defined scope of practice. However, as a substantial body of low complexity work remains, this could be delivered by an alternative workforce. The addition of the PA role to the peri-operative workforce could support the medical workforce in a flexible way, leading to greater productivity in areas such as pre-assessment, surgery, recovery and follow-up.

International evidence shows that a variety of solutions have been effective in tackling global workforce shortages in healthcare. At this event it was acknowledged by all that innovative solutions must be explored, as part of Ireland's drive to create a surgical workforce for the future. Ongoing collaboration between policymakers and those responsible for service delivery, supported by academic partners like RCSI, is essential to deliver this ambitious programme that will improve patient experiences and outcomes. The strong level of engagement and willingness to collaborate across the professions was evident during the event and is a good basis for the future.

Acknowledgements

RCSI and the Department of Health are very grateful to our speakers who generously gave their time and expertise to attend in person or remotely. We also acknowledge the strong support for this meeting from senior leaders across the Department of Health, the HSE and RCSI. There was very valuable and constructive discussion from the audience that has informed a significant proportion of this report. Thanks also to Sam Henson from RCSI Surgical Affairs who coordinated this event, supported by the Programme Managers of NCPS and NCPTOS, Ciara Hughes and Ruth Kiely. We are grateful to Dr Sile O'Connor of the National Clinical Programme in Surgery and the NCPS administrative team for drafting this report.

Additional Resources

Recommended policy templates, tools and formulas for calculating staffing ratios in peri-operative units in **Staffing for Patients in the Perioperative Setting** Fourth Edition (2022) Association for Perioperative Practice (afpp.org.uk). ISBN: 978-1-904290-35-3 https://www.afpp.org.uk/books-journals/books/book-156

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