

Freedom of Information Request

Ref: 21-216

7 May 2021

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we do hold the information you are requesting

1) How many registered theatre staff do you employ? (Anaesthetics / Scrub / Recovery)

As most of our staff are multi-skilled in scrub and anaesthetic, it is hard to split this for you into the 3 areas and recovery is a separate unit, so I have broken this down to theatre staff we employee plus recovery staff:

Registered staff: 66.56 WTE

Recovery staff: 20.97 WTE

2) What is your current vacancy % for registered theatres staff (Anaesthetics / Scrub / Recovery)?

As most of our staff are multi-skilled in scrub and anaesthetic, it is hard to split this for you into the 3 areas and recovery is a separate unit, so I have broken this down to vacancies in both theatre and recovery:

Registered staff: 2.86 WTE

Recovery staff: 3.55 WTE (due to relocation and retirement)

3) Are you currently regularly using theatre agency staff?

We don't use agency regularly. We have a few vacancies within our cardiac theatres which we have asked for agency but only had one for a few weeks able to cover.

4) If yes, then what is your average weekly agency use in hours for Anaesthetics / Scrub /

Recovery over the last 12 weeks?

5) What is the ODP / RN % split between your staff?

Theatre – 58% RN, 42% ODP

Recovery – all RNs

6) Do your theatre teams work across different specialist skill areas (Anaesthetics / Scrub / Recovery) or do they remain focused on a single area?

The ODPs who are trained in recovery will support if required and skills up to date to allow. The registered nurses who join theatres are initially trained in scrub and are able to apply for an anaesthetic module if they want too and we have one available. This is normally after 12 months.

7) How many different elective scrub specialties are registered scrub staff expected to cover? and how do you facilitate this so that the staff are competent in each specialty?

On average our scrub practitioners have 1 – 2 specialties that they are “experts” within; however, we cover all specialties within the staff induction (3 – 6 months depending on experience).

8) How many different emergency scrub specialties are registered scrub staff expected to cover?

We have to be able to scrub for any out of hour emergencies; the majority of our emergencies are general surgery such as appendix. We don't have any head trauma or AAA, these go to a different trust.

9) Is your Trauma scrub team solely focused on Trauma scrub or do they cover multiple specialties?

We have key staff that are in our trauma theatres which run 7 days a week, however, the staff within trauma also need to be part of the rota within theatres that includes nights, so they still have to have the skills to scrub/anaesthetic for emergencies that may present out of hours. Staff are allocated to CEPOD emergency theatres to ensure their skills are maintained.

10) If applicable, do your Anaesthetic staff work across different theatre units or hospital sites within your trust?

If staffing allows anaesthetic staff do work in other theatres/hospital sites. They will be moved to another area/theatre that suits their skill set and won't be expected to undertake a procedure they are not competent to do. They are orientated into the department/hospital they are working in and are always with another substantive person from that department. A lot of staff from across all our theatre department/hospital sites often do extra shifts as bank/overtime as well. We also cover out of department areas that require anaesthetic support such as radiology, brachytherapy, Out of hospital cardiac arrests. The staff are trained in these outer areas and deemed competent before they are able to be allocated for these, and also before being rostered onto nights and weekends

11) If applicable, do your Scrub staff work across different theatre units or hospital sites within your trust?

If staffing allows scrub staff do work in other theatres/hospital sites. They will be moved to another area/theatre that suits their skill set and won't be expected to undertake a procedure

they are not competent to do. They are orientated into the department/hospital they are working in and are always with another substantive person from that department. A lot of staff from across all our theatre department/hospital sites often do extra shifts as bank/overtime as well.

12) If applicable, do your Recovery staff work across different theatre units or hospital sites within your trust?

The staff in recovery do help in other areas if staffing allows or as bank/overtime. They are orientated into the department/hospital they are working in and are always with another substantive person from that department

13) What staffing model do you use for scrub staff in theatres? (e.g. 2RN+1HCA / 2RN+2HCA)

Our establishment is set according to AfPP guidance of 3 registered and 1 NA and this is what we staff too. We may start or finish a 3 session day with 2 registered and 1 NA to finish a procedure, but the majority of the day there are 3 register and 1 NA. This is to ensure staff have protected breaks, a share in scrubbing for lots of procedures or a scrub practitioner to relieve someone for a long procedure such as a liver resection, Whipples, Oesophagus.

14) What staffing model do you use for your recovery staffing?

We use guidance from "Safety Guidelines for Immediate post Anaesthesia Recovery ", published by the Association of Anaesthetists of Great Britain and Ireland in 2013. 1. Staffing numbers allow one-to-one observation of every patient by registered PACU practitioner until they have regained airway control, respiratory and cardiovascular systems and are awake and able to communicative. All patients on admission to Recovery have 1:1 nursing With 6, 7 or 8 Theatres running daily on week days all bays may be full during the peak times and so between the hours of 10.30 – 20.30 there are 8 staff on duty to allow one nurse per bay. Our staffing numbers allow for transfers back to the ward and staff breaks

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Director of Corporate Governance
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

**Freedom of Information Team
University Hospitals Bristol and Weston NHS Foundation Trust**