Operating Department Practitioner Apprenticeships

Business Case

Ref:

Diagnostics Anaesthetics and Surgery

Theatres Cross Site

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**Business Case Process**



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# Executive Summary

* **Aims -** The Trust seeks to deliver cost effective surgical services. To support this the service needs to deliver the training of Operating Department Practitioners via an apprenticeship route, providing adequate new staff to the field to replace those leaving for any reason and to expand the depleted levels.
* **Case for change –** Current direct entry routes for the Operating Department Degree with student loans is not producing enough students locally with the University based in the South East. This prevents staff from progressing and registered staffing levels are falling in this field. This proposal will futureproof the surgical service. Failing to proactively prepare means the Trust risks increasing dependence on expensive agency staff, if available. The training of students requires a competent mentoring / supervising workforce with substantive accountable staff, not too heavily weighted with agency staff.
* **Principle recommendations –** to support the wages of three apprentices each year
* **Investment costs** £211,686 per annum

# Introduction and Background

## Existing arrangements

Operating Department Practitioners (ODP) are registered with the Health and Care Professions Council (HCPC) as Allied Health Professionals (AHP). They are trained to work in the three areas of perioperative care, Anaesthetics, Surgery and Post Anaesthetic Care (PACU), formerly referred to as Recovery.

The two main hospital theatre suites at ANON and the ANON hospitals support the entire programme in Operating Department Practice as a degree. Students apply directly via UCAS to INSERT UNIVERSITY based in the South East and apply for student loans.

Application is limited due to the location of the university and low income; attrition is high. In the last two years the trust has successfully introduced the implementation of an Apprenticeship programme with a local cohort, *with nearby Trusts,* being delivered by university staff in the area, which has proved hugely successful.

The apprenticeship programme in Operating Department Practice has proved very popular and permits the service to support upward mobility of staff with the right qualifications. We are keen to support three (or more) students each year to maintain a total of nine to twelve ODP students at any one time across the three years, with a focus on numbers completing the course rather than just starting. We are currently supporting three direct entry students over the entire three years and seven apprentices across the first two years as apprentices (February 2022). We support experienced theatre nurses to take an anaesthetic module at INSERT UNIVERSITY to permit flexibility of staff (typically two per year) and regularly advertise for Return to Practice/ Adaptation ODP’s to support them to gain or regain UK HCPC registration with limited success.

To support the apprenticeship in Operating Department Practice we have secured university fees from the apprenticeship levy and wages have been found from the department’s budget. INSERT UNIVERSITY are providing theoretical support for this degree for a local cohort with adjoining Trusts’ to ensure apprentices do not have to travel up to two hours to University. Direct entry students must still travel to INSERT UNIVERSITY as this pathway has a different schedule. *Up to four hours travel per day for direct entry students disadvantages their studies as well as costing them heavily.* Attrition rates from the apprenticeship pathway have been very low, making this a very attractive and affordable pathway for students and for us to address our future workforce needs.

## Problem statement

Surgical and anaesthetic registered care has historically been challenging to recruit into. Up until the early 1990’s our organisation at ANON paid an additional £1,000 a year to registered staff to aid retention, indicating this has been a longstanding problem. The responsibility held is high within the patient safety critical perioperative care, quick turnaround and complex safety critical tasks. Short staffing and high levels of junior staffing in this arena increase the patient safety risk.

It is vital that we support the ODP degree from both pathways in the climate we find ourselves. National NHS staffing shortages across health and social care are announced to be at 100,000 and set to rise to 250,000 with no action taken by 2030 (House of Commons 2020). Nursing is said to be the hardest area hit with one in eight nursing positions unfilled. Operating Department Practitioners we know are in short supply but crossover into nursing in the perioperative field make figures difficult to clarify. ODP’s however are a huge part of the perioperative workforce, largely working in anaesthetics in our Trust as the area of shortfall. Theatre staffing shortages are currently on the Trust risk register (see attached). Agency staff are regularly deployed at ANON and the ANON hospitals, particularly in the specialised area of anaesthetics. Due to COVID- 19 and reduced recent activity, we need to review agency spend further back, over the last five years. This will allow us to estimate the true cost of hiring agency staff and to anticipate this moving forward with spiralling waiting lists and staff retirement, promotion, leaving or secondment. A further impact of the lack of substantive staff will be the inability to support students well, as agency staff cannot be held accountable for assessment decisions. We are monitored and assessed to be able to take students from the universities directly and from Ofsted for the apprenticeship. The Care Quality Commission (CQC) may further review education as part of their inspection process. Adequate staffing numbers (Francis Report 2013) are needed to meet safe staffing levels for patient care in this critically acute area, support students as the future work force, and in addition contribute to current staff wellbeing and retention.

This proposal seeks additional funding support towards apprentice wages for the Operating Department Practice degree reviewed annually, so that department budget can be used to provide for current and future service needs. In principle, the request is to ultimately move extra funding sourced for agency staff to support the training of new staff to our departments and so a levelling and reduction of costs would ultimately be achieved which would safeguard future patient care.

Supporting our own staff development will aid retention and increase job satisfaction as people are able to achieve their potential and feel suitably challenged but supported as is one aim of the NHS Long term plan (2018).

*“4.37. One of the top reasons for people leaving is that they do not receive the development and career progression that they need. CPD − or more specifically workforce development – has the potential to deliver a high return on investment”.*

Reference <https://www.longtermplan.nhs.uk/online-version/chapter-4-nhs-staff-will-get-the-backing-they-need/5-supporting-our-current-nhs-staff/>

The Royal college of Anaesthetist’s have stated that there is a national shortage of 1,400 Anaesthetists. Further, they claim that one in four anaesthetists are set to retire in the next five years. It is highly likely that the Trust will follow other Trusts in the support of training Anaesthesia Associate’s (AA) to permit one Consultant to look after two patients at a time with a Masters level trained AA’s giving anaesthesia. This training will typically be undertaken by ODP’s with at least three years’ experience in anaesthetics once qualified. This and other pathways of progression mean that we must continue to supply new staff to the operating department to support progression and service delivery. Having this pathway will also attract ODP’s to our Trust.

## Vision

Perioperative staff will be able to meet local demand and provide surgery and emergency airway management in the support of an anaesthetist anywhere in the hospital, including the resuscitation team. Adequate numbers of trained Operating Department Practice staff will allow a flexible workforce with the ability to support the gaps created within the medical field with appropriate and suitably educated staff.

Staff will feel happy in their work with adequate numbers of suitable trained and qualified professionals.

## Organisational objectives

Organisational objectives include meeting the demands for surgery for the community it serves which is increasing and ageing. Additionally, it needs to address the large backlog of surgery as waiting lists have increased. This business case supports the organisation to provide permanent qualified.

## Business case sponsor

tbc

# The Strategic Case

## Investment objectives

|  |  |
| --- | --- |
| **Investment objectives** | |
| **Objective** | **Description** |
| 1 | To ensure adequate numbers of students are trained to meet future service delivery and address mobility of staff. |
| 2 | To reduce expensive agency spend by training new staff to take substantive positions. |
| 3 | To permit progression and retention of our staff in all levels. |
| 4 | To aid staff wellbeing with adequate substantive staffing numbers to deliver care. |

## Main benefits

|  |  |  |  |
| --- | --- | --- | --- |
| **Main benefits criteria by investment objective** | | | |
| **Objective** | **Benefit type** | **Stakeholder** | **Description** |
| 1 | Safe service provision |  | Mobility of staff presents a risk to establishment figures and must be addressed. |
| 2 | Financial savings |  | Reduction or elimination in agency fees |
| 3 | Staff morale |  | Substantive staff will have less out of hours cover if adequate numbers are available, thus releasing them to other tasks |
| 4 | A better learning environment for students |  | Substantive staff are needed to assess students in the workplace. Over stretched staff will struggle to take on teaching roles. |
| 5 | Reduction in risk |  | Staff familiar with the environment and availability and position and use of the equipment in the department. |

## Main risks

|  |  |  |  |
| --- | --- | --- | --- |
| **Main risks** | | | |
| **Risk type** | **Risk description** | **Risk score = Severity x Likelihood** | **Countermeasures** |
| Patient safety | Adequate numbers of suitably trained staff to provide a safe service with reduced risk of error or never event. | 5 x 5 | Apprenticeship in Operating Department practice |
| Financial | Increased agency cost. | 5 x 5 | As above plus staff development |
| Staff leaving | Pressurised staff leaving to take positions with other organisations who have addressed staffing shortages early and that support progression. | 5 x 5 | As above for points one and two |

## Assumptions and constraints AMEND AS NEEDED

The departments across site train our apprentice Operating Department Practitioners. Students are trained in anaesthetics, surgery and PACU to look after patients in Obstetrics, Gynaecology, Urology, Orthopaedics, Trauma, General Surgery, Ear Nose and Throat and Dental surgery. This is a specialist area and competency takes years to achieve.

## Dependencies

This proposal aims to address the current situation of staffing shortages. A clear measure of unfilled posts and agency spend needs to be considered each year ahead of releasing numbers for advertising each February or earlier.

# Economic Case

The preferred option is for us to progress with the apprenticeship in Operating Department practice as the only current viable and affordable pathway for our staff to progress and meet shortfalls in perioperative service delivery having presented the considerations.

An alternative option would be to support direct entry students with travel costs. To do this would mean employing them which has the same cost implication. University fees are found separately from the apprenticeship levy funds via the Trust education team led by INSERT APPRENTICESHIP LEAD.

## Critical success factors

**Business needs** – the organisation cannot offer general anaesthetic and anaesthetic services without anaesthetic staff to support anaesthetists by law so plans must be undertaken to address current and future challenges.

**Affordability** – this proposal would be supported by some investment from the department as the apprenticeship is a “work as you learn” process. Staff have identified one clinical day per week of clinical placements where they support service delivery. This element would be supported by the department to enhance affordability of this proposal.

**Achievability** – this process is achievable and in place currently but is utilising finances that need to be released to permit substantive staff to be appointed to provide a service as waiting lists are increasing.

## Identification of options

### Option 1 – Do nothing

If nothing is done staff will continue to naturally leave with agency staffing and costs rising. Agency staff may not be available and needs reviewing. Students will be unhappy in the workplace without support so attrition will rise. Ultimately universities will not support student placements further increasing the need for agency staff. A high complement of agency staff is expensive and poses increased risk to patient safety as partnerships are formed with surgeons and anaesthetists to work together in a safe manner.

*Figures below demonstrate the cost in agency spend over the last five years to December 2021. Investment in developing pathways for upward mobility of our staff will reduce agency spend and increase retention.* ***Please note – 2020 to 2021 are a part financial year to December.***

*Please note that activity has, and remains, reduced due to beds being occupied by COVID-19 positive patients since March 2020. A return to full activity with increased capacity being created to address long waiting lists will not be achieved without anaesthetic staff and will further increase the spend to pre pandemic figures. Further the need to support the anaesthetic shortfalls across the country with Anaesthesia Associates requires progression planning*.

Insert financial information

### Option 2 – We support the implementation of an apprenticeship in Operating Department Practice

Ensure the safe delivery of surgical care for our community, meeting the many services as described in 3.4**.**

*This investment will permit us to support the surgical demands moving forward of an increasing and ageing population, addressing the surgical backlog and permitting upward mobility to fill gaps created.*

*Please see 5.1 below, the investment summary. This is the recommended option.*

**4.2.3 Option 3 – Compromise**

A compromise would be reducing the number of students supported. This may be an option if staffing figures increase in the future, but we need to increase student throughout as meeting the focus of Health Education England in doubling student placements and our service needs.

## Options comparison

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference to:** | **Option 1 – Do nothing** | **Option 2 – Do it all** | **Option 3 – Compromise** |
| **Investment objectives** | | | |
| Service provision is met | 🗶 | ✓ | 🗶 |
| Agency staffing cost is reduced | 🗶 | ✓ | 🗶 |
| Staff moral and wellbeing is improved and ultimately staff retention | 🗶 | ✓ | 🗶 |
| **Critical success factors** | | | |
| Business needs | x | ✓ | 🗶 |
| Strategic fit | 🗶 | ✓ | 🗶 |
| Benefits optimisation | 🗶 | ✓ | 🗶 |
| Achievability | ✓ | ✓ | ✓ |
| Suppliers (University) | 🗶 | ✓ | ✓ |
| Affordability | ✓ | ✓ | ✓ |
| **Summary** | **Discounted** | **Preferred** | **Cheaper alternative** |

# The Financial Case

## Investment summary

Each student will support service delivery by spending 9.5 hours a week / one shift (equivalent to 20% FTE) when not in university or on annual leave, a cost which will be met out of the existing service budget.

The required finding is 80% annual funding support required per student at a mid-point band 2 plus a discretionary 15% as per business case application.

Recurrent costs per year:

|  |  |  |  |
| --- | --- | --- | --- |
| FTE | Gross Investment | Savings / Income | Net Investment |
| 9 x band 2 staff @ 80% over three years. This equates to 7.2 FTE / band 2 | 1.0 WTE Band 2: £25,566  0.8 WTE Band 2: £20,452.8‬0  £20,452.8‬0 x 9 =  £184,075.20 | *Reduction in agency spend to be calculated* | (including a 15% overhead)=  £211,686.48 |

# Management Case

## Implementation plan

|  |  |
| --- | --- |
| **Description of phases and tasks** | **Timescale** |
| **1. Pre-project initiation** | |
| Advertise and interview early to ensure staff are in post and applications are in place for the student to start. Allow time for concerns to be addressed such as the need for dyslexia assessment. Formulate three-year planner around all apprentices in clinical placements. |  |
|  |  |
| **2. Project initiation** | |
| Mentors/ Supervisors to be advised of the placements and their role and input. |  |
|  |  |
| **3. Training** | |
| Students attend university weeks or placements as planned. Documentation is maintained of progress and assessment. Assignments, assessments such as OSCE’s and exams are undertaken in a timely fashion. |  |
|  |  |
| **4. Pilot** | |
| Already undertaken. Programme running well. Challenges with staffing shortages and lists being cancelled requiring close support from Theatre Education leads to ensure student wellbeing. |  |
|  |  |
| **5. Go live** | |
| Annually – advertise in February for early move to post in preparation for a September University start. |  |
|  |  |
| **6. Sign off** | |
| Annually in September for the following February advertisement |  |
|  |  |
| **7. Monitoring and evaluation** | |
| Monitoring will be in two formats. Staff completing the course and student feedback. Both will contribute to evaluating the success of the programme and addressing any areas of concern should they occur. |  |
|  |  |

## Governance arrangements

Students will be directly managed as a member of staff by the Theatre Education Management team and will follow all relevant Trust policy. They will participate in clinical activities under the direct supervision of a registered practitioner and supervisor. They will be supported via the trust vicarious liability if they keep to the constraints and boundaries of their role.

The Education team will review progress of students with the management team monthly to address any concerns. The course in entirety needs reviewing annually against staffing levels and current capacity for re-advertising.

# Appendices

## Appendix A – Risk scoring

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood Score** | **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| Frequency (How often might it / does it happen) | This will probably never happen / recur | Do not expect it to happen / recur because it is possible it may do so | Might happen or recur occasionally | Will probably happen / recur, but it is not a persisting issue / circumstances | Will undoubtedly happen / recur, possibly frequently |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **Severity scores** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| 5 Catastrophic | 5 | 10 | 15 | 20 | 25 |
| 4 Major | 4 | 8 | 12 | 16 | 20 |
| 3 Moderate | 3 | 6 | 9 | 12 | 15 |
| 2 Minor | 2 | 4 | 6 | 8 | 10 |
| 1 Negligible | 1 | 2 | 3 | 4 | 5 |

All risks are allocated a risk score of between 1 and 25. The scores are divided into one of four categories:

|  |  |
| --- | --- |
| **Risk score** | **Category** |
| 1 – 3 | Low risk |
| 4 – 6 | Moderate risk |
| 8 – 12 | High risk |
| 15 – 25 | Extreme risk |

## 

Calculate the risk score for each risk by multiplying the severity score by the likelihood score, e.g.:

**Severity** (Major) = 4 x **Likelihood** (Unlikely) = 2

= **Risk score** of 8 (Amber)