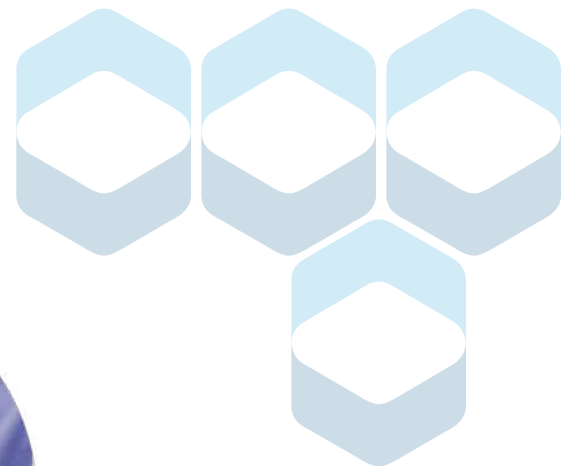


Optimising Surgical Hubs for Staff:

Case Studies on Training, Wellbeing & Retention



Foreword

By Sir David Behan CBE, Chair of Health Education England

The impact of the COVID-19 pandemic is being felt across the surgical community, with national figures highlighting that the number of lost training opportunities runs into the millions. Surgical hubs provide an elective patient care environment that is insulated from the effects of emergency work, offering opportunities for protected provision of learning and more predictable work patterns for staff. Consideration of the needs of staff and trainees in the location, structure and organisation of hub facilities can both mitigate the lost opportunities for training and support the development and wellbeing of our staff now and in the future. Given the urgent need to recruit, retain and develop healthcare staff, these innovations are paramount. This article gives a clear overview of the impact of the pandemic on surgical training, with useful examples of how surgical hubs can improve the working and learning environment, which we can learn from and adapt for broader use. The paper makes clear that if we do not use surgical hubs as an effective training resource, to adapt a phrase often heard in the surgical community, we will have a case of ‘no training today = no workforce tomorrow’. Surgical hubs are not just good for staff, they are also good for patients.

MA Healthcare

MA Healthcare, St Jude's Church, Dulwich Road, London SE24 0PB, UK Tel: +44 (0)20 7501 6726.
Web: www.markallengroup.com

© 2022 MA Healthcare

All rights reserved. No reproduction, transmission or copying of this publication is allowed without written permission. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, mechanical, electronic, photocopying, recording, or otherwise, without the prior written permission of MA Healthcare or in accordance with the relevant copyright legislation.

Managing director: Anthony Kerr

Editor and project manager: Isobel Clough

Designer: Chris Blick

Optimising surgical hubs for staff: case studies on training, wellbeing and retention

Tim Briggs^{1,2}

Peter Kay³

Stella Vig⁴

Alvin Magallanes⁵

Haroon Rehman⁶

Mary Fleming³

Isobel Clough⁷

Author details can be found at the end of this article

Correspondence to:

Isobel Clough;
isobel.clough@
markallengroup.com

Abstract

Surgical hubs are protected facilities dedicated entirely to elective care, with ringfenced resources that allow them to stay active even when emergency pressures rise. These hubs are now seen as a key resource for more robust and sustainable elective services, backed by bodies such as NHS England and the Royal College of Surgeons of England. The importance of a well-trained workforce to staff these hubs cannot be overstated. While evidence for the benefits of surgical hubs for patient care continues to come out, this article will focus instead on the potential benefits for staff. Four case studies will be examined, looking at the experiences of the people who work in these hubs to explore how they can be harnessed as a tool to improve training, retention and overall staff experience.

Key words: Elective recovery; Retention; Surgical hubs; Surgical staff; Training

Submitted: 24 October 2022; **accepted following double-blind peer review:** 1 November 2022

Introduction

The concept of separating emergency and elective care has existed for many years in the UK at specialist surgical hospitals. However, there is now a drive to implement this model of surgical care more widely in the form of surgical hubs—sites where only elective (planned) care takes place. This is largely a result of the mounting pressures facing elective care, including growing patient waiting lists, which were exacerbated by the COVID-19 pandemic. In summer 2022, the Royal College of Surgeons of England (RCSE) (2022) released *The case for surgical hubs* report, with an accompanying webinar, to lay out the benefits of separating emergency and elective care for patients and the wider health service.

A central principle of surgical hubs is the ‘ring fencing’ of beds, staff and facilities for elective care so that these resources cannot be used for emergency patients. They also bring different healthcare professionals with skills and expertise in a particular surgical area under one roof to provide high-quality care. Surgical hubs can vary significantly in terms of their location, how they operate and the type of procedures they perform, but they can be broadly grouped into three main categories:

- **Integrated:** based within a hospital, but with beds and resources ‘ringfenced’ for elective care
- **Standalone:** usually based close to the main hospital but in a separate building, commonly undertaking high-volume, low-complexity procedures (**Figure 1**)
- **Specialist:** a whole hospital or site dedicated to providing elective surgical care (RCSE, 2022).

With the support of local trusts and the RCSE, NHS England and its Getting It Right First Time (GIRFT) programme are establishing surgical hubs as a regional resource to improve the efficiency of elective care. At the time of writing, there are 91 hub sites across the UK, of which 74% include more than one surgical specialty and 61% undertake cancer surgery. As a result of the drive for more hubs, including the £1.5 billion of government funding granted in 2021 to support elective recovery (RCSE, 2022), over 50 additional sites are now being planned.

Why do we need surgical hubs?

Surgical hubs are now a vital part of NHS England’s COVID-19 recovery plan to increase capacity and give patients faster access to elective care, particularly for common procedures

How to cite this article:

Briggs T, Kay P, Vig S et al. Optimising surgical hubs for staff: case studies on training wellbeing and retention. *British Journal of Healthcare Management*. 2022. <https://doi.org/10.12968/bjhc.2022.0126>



© 2022 Vanguard Healthcare Solutions Ltd

Figure 1. A standalone surgical hub, based in the car park of Queen Mary's Hospital, Roehampton.

such as cataract surgeries and hip replacements. They are also seen as essential to maintaining consistent levels of elective activity, particularly during times of increased demand (RCSE, 2022). In 2022, emergency departments experienced their busiest summer ever, increasing the need for additional capacity away from the main acute site. Additionally, the suspension of elective care at the beginning of the COVID-19 pandemic created the largest surgical backlog ever experienced in the NHS. Many trusts are still struggling to work through this backlog, with around 377 689 patients waiting over 1 year for elective care (British Medical Association, 2022). Meanwhile, many surgical trainees missed out on training opportunities and were unable to progress to the next stage of their training on time (General Medical Council, 2021). To allow elective activity to resume safely during the pandemic, a large emphasis was placed on creating 'green sites' with minimal risk of transmitting the virus, which further strengthened the argument for separating emergency and elective care.

Even before 2020, it was common for elective care to be suspended during the winter to accommodate increased demand for emergency beds. For patients, this can mean repeated cancellations and long waiting times for procedures that may be key to their quality of life. Although the challenges faced by planned care are multi-faceted, surgical hubs offer an opportunity to make substantial improvements and 'future proof' elective capacity. Improving efficiency with a dedicated elective site that is relatively unaffected by emergency activity can help to prevent short-notice cancellations, reduce patient waiting times and improve infection control (RCSE, 2022). Back in 2015, long waits for elective orthopaedic surgery led to the GIRFT team piloting this way of working, splitting elective orthopaedics from trauma care in several trusts. This had a number of benefits, including increased elective activity, reduced length of stay, improved theatre productivity and trauma care, and more opportunities for training (GIRFT, 2020).

The RCSE (2022) report has focused on the potential of surgical hubs to improve elective patient care. It is vital that the long-term implications of these hubs are considered, particularly those relating to staff, without whom these facilities cannot run. Cancellations of elective surgery can be a source of frustration and low morale for staff; this is a significant problem, particularly in the current NHS staffing crisis (Campbell, 2022). Protecting elective beds and facilities could help to mitigate these issues and improve the working environment. This article will explore the ways in which surgical hubs can benefit staff, looking specifically at training, development and wellbeing. This will include four case studies provided by the contributing authors, with insights from lived experiences of working in surgical hubs.

© 2022 MA Healthcare Ltd

Training in surgical hubs

During the COVID-19 pandemic, the suspension of elective activity meant that many opportunities for surgical training were lost. In a review of trainee logbooks (a record of operative experience that trainees are required to keep), Clements et al (2021) found a significant reduction in elective operative experience in 2020 compared to 2019, with trauma and orthopaedics being the most affected. This has created a barrier to progression, with a survey by the General Medical Council (2021) finding that 25% of surgical trainees did not feel they were on track with their learning. Yet surgical trainees often struggled to access training opportunities before the pandemic, while many took a break from training after their foundation years because of burnout (Ashmore, 2019). This suggests that surgical training not only needs to be restored to pre-pandemic levels, it also needs to be expanded and improved. Therefore, efforts to maximise patient throughput in surgical hubs must not come at the expense of training and development. Instead, these hubs should be viewed as a tool to invest in future surgical staff.

Case study: Wrightington Hospital

Wrightington Hospital is a specialist surgical hub in Lancashire, based 4 miles away from the trust's district general hospital, performing large volumes of both low- and high-complexity elective procedures across different specialties. To ensure patient safety, Wrightington Hospital has an increased dependency unit, which is being expanded using government funding for surgical hub sites. Surgical lists are carefully planned to ensure that particularly complex procedures can be performed by two consultant surgeons working together.

Opportunities for experience

Throughout the COVID-19 pandemic, the hospital was largely able to maintain significant volumes of surgical activity, which ensured that surgical trainees were not negatively affected by lack of exposure during this period. It is important to remember that surgery is a craft, so if the skills are not used, they can be gradually lost.

For trainees, there are both technical and professional benefits to learning in a hub environment. The high volume of procedures performed at Wrightington Hospital means that even major surgeries become routine; this makes teaching and learning easier, as the stress of having a major case is largely removed. The volume of procedures that the trainee is exposed to also allows them to become confident very quickly. From a professional perspective, the planned and routine nature of the work performed in the hub has allowed a culture of teaching and learning to be established at the Wrightington Hospital that is not necessarily available in other centres. Trainees can then take both the technical and non-technical skills learnt at the hub with them into other centres, which benefits the region as a whole.

Balancing training and efficiency

Trainees are likely to be slower than more experienced staff and may not be able to have as many patients on their list. Yet, the experience at the Wrightington Hospital suggests that this does not have to reduce overall efficiency. More senior trainees can cover lists when consultants are on leave; that way, rather than cancelling the list, the trainee can operate in the theatre next to another consultant, who can provide supervision and assist if needed. Although on an individual basis a trainee may be slower, using surgical hubs as a centre of training can thus support efficiency in the long term. At the Wrightington Hospital, there is a sense of responsibility and pride in being able to provide a protected learning environment for trainees, including surgeons, nurses, anaesthetists and allied professionals. Having the hub available for elective care also reduces the number of procedures being performed in the independent sector, where trainees are not permitted, and prevents the loss of these learning opportunities.

Case study: Croydon and Purley Elective Centres

Croydon Elective Centre is a multispecialty integrated hub that can be described as a 'hospital within a hospital'—although it is part of Croydon University Hospital's building, it has a separate entrance. To protect the elective activity in the hub, only a chief executive-level decision could lead to the beds being used for emergency care. To create further capacity

in Croydon Elective Centre, appropriate cases that can be carried out safely under a local anaesthetic have been moved to enhanced procedure rooms at the Purley Elective Centre, a community hospital. This is part of the national GIRFT and National Theatre Programme initiative to ensure that the right procedure is performed in the right place.

Making time for training

Staff training and development are key advantages of these surgical hubs, largely because of the high volume of patients being operated on. This is not always the case in acute hospitals, some of which are still struggling to regain theatre capacity following the pandemic; in this kind of environment, every list is precious, causing a reluctance to make time for training as this may slow the list down. Conversely, surgical hubs have a high throughput of elective activity, which means they can become academies of training and increase the efficiency of learning, as the trainee can perform the same type of case every day.

Protecting the learning environment

It is important to ensure that the philosophy of ‘treat and train’ is established in surgical hubs, so that patient lists can be optimised without sacrificing teaching. Previously, it has been acceptable for trainees to be called away to acute wards, but surgical hubs offer the opportunity to change this ethos and allow trainees to use their training days to concentrate on learning. In both the Croydon and Purley hubs, the separation between elective and emergency care has helped to embed a learning culture that is popular among anaesthetic and surgical trainees, as well as student nurses and operating department practitioners. The entire theatre family has benefited from this operational rigour to ensure that elective activity is protected.

Improving satisfaction

When planned care restarted following the first wave of the COVID-19 pandemic, Croydon Elective Centre was a key factor that allowed the trust to return to baseline elective surgical activity within just 7 weeks. This has resulted in patients being treated in a timely manner, allowing them to continue with their lives rather than being ‘on hold’ as a result of a condition that could be treated or improved with surgery. The trust has also been able to offer mutual aid to other hospitals where waiting times are much longer—patients have been willing to travel for this care, with high rates of satisfaction. Being able to provide this service also helps staff and trainees to see the positive impact that their work has on their patients.

Staff satisfaction and wellbeing

In most professional industries, opportunities for development and progression are an important requisite for job satisfaction and retention (Biro, 2018), but it is also vital to support staff members’ professional and personal wellbeing. Surgical hubs alone cannot solve the staffing crisis, or remove every barrier to wellbeing, but they can provide an environment that staff are happy and proud to work in.

Case study: Surgical Treatment Centre, Roehampton

The Surgical Treatment Centre is a standalone, modular facility that was built bespoke in the car park of Queen Mary’s Hospital, a ‘cold’ site located about 5 miles from the main hospital, in June 2021. The hub has provided four additional theatres that have helped St George’s University Hospitals NHS Foundation Trust to address their elective backlog, while also providing mutual aid to other hospitals in south west London. The hub is multispecialty, performing high-volume, low-complexity procedures in general surgery, urology, dermatology, ophthalmology, plastics, orthopaedics, pain, vascular and gynaecology.

Appealing to staff: hours and structure

The COVID-19 pandemic put the NHS workforce under enormous pressure, which seriously impacted their psychological wellbeing. A major challenge was the uncertainty that staff faced regarding potential redeployment to intensive care, as well as exposure to the virus and the additional pressures caused by staff sickness. The standalone nature



Figure 2. The staff wellbeing area in the Surgical Treatment Centre, Roehampton.

© 2022 Vanguard Healthcare Solutions Ltd

of the Surgical Treatment Centre was a major factor considered by the nursing staff who decided to move from the main hospital to the hub. Working in the hub has helped staff to get back to doing what they know best, which has helped them to recover from feelings of fatigue or burnout. Testing measures for staff and patients also provides reassurance about safety from COVID-19.

Another benefit of the hub is the predictable workload each day. This contrasts with working in an acute site, where the ‘fusing’ together of elective and emergency surgical work often means that staff have to deal with last-minute changes and cancellations. This often leads to frustration and makes it almost impossible to catch up the work that has been paused because of lack of capacity. Therefore, working in the surgical hub has brought staff a sense of relief. Additionally, the working hours of the hub are set at 8:00–18:00, which is seen as an important benefit for team members for whom evening or night shifts are not feasible, such as those with family commitments.

Building a positive environment

There is a strong sense of camaraderie among staff in the hub, with management using the philosophy of ‘you cannot pour from an empty cup’ to emphasise the importance of wellbeing. As the facility was built bespoke, it includes a large staff room (**Figure 2**) so the team can take breaks away from the clinical area. The staff room is valued highly among staff as an area that contributes to everyone’s wellbeing and is considered a big strength of the hub. Overall, staff are often happier to work in the hub than the acute site, with a strong sense of commitment to the work carried out there. Patients and medical colleagues have also noted the positive interactions they have had with staff, which positively influenced their own experience of using the hub. Although managing the unit can be complex, there is a sense that the support of staff is inspired, rather than asked for.

Case study: Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital in Stanmore is a specialist orthopaedic surgical hub that has been elective-only for many years, and was where the idea for the GIRFT programme began in 2010. The ability of the Royal National Orthopaedic Hospital to continue elective surgery all year round, while many other trusts had to pause these procedures to cope with winter pressures, has been a major advantage of the hub site.

Boosting morale

A major advantage of the surgical hub is the ability to ringfence resources and allow staff to complete their theatre lists without excessive cancellations, which has a positive effect on the morale of surgical teams and supporting staff, providing an environment that they

© 2022 MA Healthcare Ltd

feel proud to work in. Another key benefit is that the surgical teams regularly work together on similar cases. Not only does this improve efficiency, it also engenders goodwill and excellent care, so that staff go home at the end of their shift feeling that they have done a good day's work. This is supported by data from the NHS (2021) staff survey, in which the Royal National Orthopaedic Hospital was ranked best in London for wellbeing and morale, and best in England for staff engagement.

Recovering the workforce

Surgical hubs may also hold an advantage for staff who are (or are thinking of) retiring early or leaving the NHS, as they can offer more regular daytime working hours. This could help to bring back some of the workforce and prevent others from leaving. There is also the possibility of rotating shifts between hub sites and their associated acute hospital so that staff can gain experience of both, which can help to support their development.

Discussion

Surgical hubs as a tool for training

The volume of activity that takes place in a surgical hub can be an asset to training, as described in the Wrightington Hospital and Croydon and Purley Elective Centres case studies. This was also highlighted in the RCSE report (2022), which cited an example from the hub at the Surgical Treatment Centre in Roehampton, where a urology trainee had been able to perform 297 surgeries in just 5 months. This is particularly important during the winter months, as hubs are not affected by increased emergency pressures so activity can continue all year round. Not only does this increase efficiency and productivity, it also means that trainees can continue to work on cases and add them to their logbooks, helping them to progress.

The case studies also indicate that surgical hubs can provide an environment that is more conducive to learning than an acute hospital. Particularly in standalone sites, registrars, fellows and other trainee staff can be ringfenced so they can focus on learning without the possibility of being called away. As mentioned in the Wrightington Hospital case study, this creates an environment in which trainees can flourish and lists can be planned in a way that balances efficiency with opportunities for learning.

Rather than detracting from training, surgical hubs offer an opportunity to expand and improve opportunities for development. It is important that training is embedded into the management and philosophy of the hub, as has been done at the Wrightington Hospital and Croydon and Purley Elective Centres. This is also crucial for experienced surgeons who may have been redeployed or missed out on further training during the pandemic—for these individuals, working in a hub can be an opportunity to regain confidence, hone their skills and further their professional development in a focused environment with high volumes of planned surgery. From a GIRFT perspective, the goal is to ensure that every operation performed in a hub is a training opportunity, as has been called for by the RCSE (2021).

Wellbeing, retention and recruitment

As highlighted in both the Surgical Treatment Centre (Roehampton) and Royal National Orthopaedic Hospital case studies, surgical hubs can give staff the stability of knowing where they are going to work and what they will be doing each day. As they are ringfenced for elective care, staff can be reassured that their lists will not be cancelled and they will not be redeployed to the emergency department or intensive care unit; they will be doing what they are trained to do. In the surgical hubs described in this article, this was found to be attractive to staff.

An additional benefit of this predictability is that staff are more able to plan their time outside of work. This is crucial, as the number of staff leaving the NHS because of poor work–life balance has roughly quadrupled in recent years (Palmer and Rolewicz, 2022). One of the contributing authors (HR), who recently completed a fellowship at Wrightington Hospital, noted how working in a surgical hub environment made shift times far more predictable and made planning leave easier. This was beneficial for staff members' lives outside of work, as well as their professional performance. As surgical hub activity is

planned, some of the stress is removed, which both enhances the quality of the work and allows staff more space to look after themselves and focus. At Wrightington Hospital, this has a positive impact on staff's overall health, which has been reflected in their staff sickness absence rates: in January 2022, the staff sickness rates in the services division (which is mainly orthopaedics) was 11%, but by focusing on staff wellbeing, this was reduced to 6.8% by July 2022.

Part of the drive for staff wellbeing at Wrightington Hospital has been the collection of staff feedback. This indicated a need for a dedicated staff break area, which is now being developed. As noted in the Surgical Treatment Centre (Roehampton) case study, these spaces are valued highly by staff, giving them somewhere to take a break away from the clinical environment, but they are often not available (Unison, 2022). In a surgical hub environment with a high volume of activity, it is particularly important to invest in these spaces, especially if the hub is on a relatively remote site. Similarly, the availability of hot food and parking spaces can make a considerable difference to an individual's day.

Taking these opportunities to improve staff wellbeing could also improve recruitment and retention rates. As mentioned above, providing staff with opportunities for training and development may help to keep them in the NHS, but the value of building a positive working environment should not be underestimated; the Wrightington Hospital trainee programmes are in high demand, with many trainees wanting to extend their time there. Moreover, it was highlighted in both the Surgical Treatment Centre (Roehampton) and the Royal National Orthopaedic Hospital case studies that the shift patterns and predictability of the hubs were attractive to staff with family commitments, with the possibility of appealing to those who were close to retiring (or recently retired). This could have positive implications for both recruitment and retention, possibly mitigating the impact of increased retirement rates in the NHS (Torjesen, 2022). In terms of attracting new staff, Wrightington Hospital has recently had a very successful recruitment drive, filling the majority of their surgical vacancies. Meanwhile, Croydon Elective Centre saw their recruitment rate improve even during the pandemic, with theatre staff vacancies reducing from 30% to 6%.

A common concern about staffing in surgical hubs is the need for staff members to travel to the site. This may depend on how remote the hub site is—in this article, two of the four hubs discussed are situated on the same site as the acute hospital. However, in United Lincolnshire Hospitals NHS Trust (covering Grantham, Lincoln, Boston and Louth), Grantham and District Hospital is the dedicated hub site, situated between 25 and 50 miles from the other hospitals in the trust. Despite the distance, the opening of the hub site has led to a significant morale boost among both patients and staff, with no one wanting to go back to the old way of working. The RCSE (2022) found that 73% of UK adults would be happy to travel to a surgical hub for an operation; equivalent data on staff preferences are not available, but would be a useful topic for research going forwards. What seems clear is that staff satisfaction is not just about logistics, it also relates to the concept of 'why I go to work'; staff must feel valued and know that they are part of something that is achieving its purpose.

Next steps for surgical hubs

We need to move away from the 'start-pause-restart' model of responding to crises or other operational pressures. Surgical hubs can be used as COVID-19-secure units to protect elective recovery from surges, so that the NHS can continue to address the care backlog and improve both patient and staff experiences. Standalone hubs can be particularly useful for this because of their separation from the main hospital site, although this may not be appropriate for high-risk procedures or patients with significant comorbidities. From a political perspective, the authors hope that the government will continue to support surgical hubs—it is important that the healthcare service comes out of the pandemic period stronger and more resilient, and hubs are a good way to achieve this. The long-term implications of any solution to current problems need to be considered: must the NHS keep outsourcing services, or could some truly sustainable capacity be created within the system?

From a training perspective, it is worth noting the highly competitive nature of access to sites such as Wrightington Hospital, which is over-subscribed for training and fellowship places. Many trainees wish to extend their time at Wrightington Hospital, but the training opportunities have to be spread among cohorts. Given the quality of training and trainee

Key points

- It is crucial that issues relating to staff training, wellbeing, recruitment and retention are a central consideration as surgical hubs are developed.
- Surgical hubs can offer an opportunity to expand and improve training for surgical staff by providing a focused learning environment and a high volume of cases.
- Staff wellbeing is multi-faceted, but the atmosphere of a surgical hub can help them to feel a sense of pride and purpose in their work, while removing some of the frustrations associated with combining elective and acute care.
- Patients can benefit substantially from the ringfenced elective capacity and cross-site mutual aid that hubs can provide, which can further boost staff morale.
- Going forward, it is important that surgical hubs are protected and embedded as a truly regional resource for elective care.

experience at this site, expanding opportunities across the country for training in similar surgical hubs would arguably have benefits for individual trainees and for the wider surgical workforce.

There are also further steps that could be taken to ensure that hubs provide a positive working environment for staff. Part of this includes acknowledging the value of finishing on time—this is particularly the case for staff with children, as finishing work late can disrupt family life and lead to extra childcare costs. Given the nature of surgery, it is often not possible to ensure that staff always finish on time, even for planned care, but there are opportunities to troubleshoot problems and improve working hours for staff. For example, it may be possible to standardise aspects of the preparation process to ensure that lists start on time wherever possible. This is often not easy, but it must be aimed for.

Investing in areas for staff is another key step towards improving staff wellbeing and retention. This can be about the provision of facilities such as break areas and access to good-quality food, along with the promotion of a workplace culture in which staff feel able to take these breaks. Asking staff what would be helpful for them can be a useful and collaborative way of improving the working environment, as staff will have the best knowledge about what would make their day easier, and these ideas may vary considerably between sites and teams.

Conclusions

The drive for the development of surgical hubs indicates that the separation of elective and emergency care is on the road to becoming the norm for NHS surgical specialties. For many, this will come as a welcome change, and it is hoped that this way of managing services will continue to benefit patients in need of planned care. As these developments continue, it is crucial that the workforce is kept at the centre of conversations about surgical hubs.

The case studies discussed here have demonstrated how surgical hubs could provide an opportunity to both expand and improve surgical training, as well as building a positive working environment for staff. Across these four sites, the authors have seen excellent results in terms of staff morale, recruitment drives and training outcomes, but further steps are needed to protect and optimise this model of surgical care. As surgical hubs continue to develop across the UK, factors relating to training opportunities and staff experience must remain at the forefront of these efforts.

Author details

¹Royal National Orthopaedic Hospital, Stanmore, UK

²Getting It Right First Time, UK

³Wrightington, Wigan and Leigh NHS Foundation Trust, Lancashire, UK

⁴Croydon and Purley Elective Centres, Croydon University Hospital, Croydon, UK

⁵Surgical Treatment Centre, Queen Mary's Hospital, St George's University Hospitals NHS Foundation Trust, Roehampton, London, UK

⁶Victoria Hospital, Kirkcaldy, NHS Fife, Scotland, UK

⁷British Journal of Healthcare Management, MA Healthcare Ltd, London, UK

Acknowledgement

The images used in this article were supplied by and published with the permission of Vanguard Healthcare Solutions Ltd.

Conflicts of interest

This article was sponsored by Vanguard Healthcare Solutions Ltd, who supplied the modular facility used for the Surgical Treatment Centre at Queen Mary's Hospital, Roehampton. All discussions and correspondence with the contributing authors were carried out by the editor of the British Journal of Healthcare Management, with no input from Vanguard Healthcare Solutions Ltd.

Declaration of funding

This article was sponsored by Vanguard Healthcare Solutions Ltd.

References

- Ashmore DL. Strategic thinking to improve surgical training in the United Kingdom. *Cureus*. 2019; 11(5):e4683. <https://doi.org/10.7759/cureus.4683>
- Biro MM. Developing your employees is the key to retention. 2018. <https://tinyurl.com/tuasbtmh> (accessed 7 October 2022)
- British Medical Association. NHS backlog data analysis. 2022. <https://tinyurl.com/ys4juncn> (accessed 10 October 2022)
- Campbell D. NHS vacancies in England at 'staggering' new high as almost 10% posts empty. 2022. <https://tinyurl.com/28pzweek> (accessed 10 October 2022)
- Clements JM, Burke JR, Hope C et al. The quantitative impact of COVID-19 on surgical training in the United Kingdom. *BJS Open*. 2021;5(3):zrab051. <https://doi.org/10.1093/bjsopen/zrab051>
- General Medical Council. The state of medical education and practice in the UK. 2021. <https://tinyurl.com/4vbb7ccf> (accessed 6 October 2022)
- Getting It Right First Time. Getting it right in orthopaedics: reflecting on success and reinforcing improvement. 2020. <https://tinyurl.com/yck97bys> (accessed 1 November 2022)
- NHS. NHS staff survey national results. 2021. <https://tinyurl.com/4d5zjd5d> (accessed 11 October 2022)
- Palmer B, Rolewicz L. The long goodbye? Exploring rates of staff leaving the NHS and social care. 2022. <https://tinyurl.com/2pun84sm> (accessed 7 October 2022)
- Royal College of Surgeons of England. Every operation should include a surgical trainee. 2021. <https://tinyurl.com/bdzj5fzt> (accessed 6 October 2022)
- Royal College of Surgeons of England. The case for surgical hubs. 2022. <https://tinyurl.com/362uw48n> (accessed 6 October 2022)
- Torjesen I. Number of NHS staff taking pension benefits hits record high. *BMJ*. 2022;377:01390. <https://doi.org/10.1136/bmj.o1390>
- Unison. 'No breaks, no food' culture leaving NHS staff hungry and affecting care, says Unison. 2022. <https://tinyurl.com/2d62uz2x> (accessed 7 October 2022)



MA Healthcare

www.markallengroup.com