Elective Hub High Flow List- Gynae

Theme | Planned Care

Produced by | Martyn Underwood

Case Study Date | 18/07/2025

SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

In order to aid the recovery of elective surgery, the Getting It Right First-Time programme (GIRFT) suggests that trusts should focus on increasing elective activity. Central to this is a focus on High Volume Low Complexity (HVLC) cases in order to maximise theatre efficiency utilising a High Flow list. The High flow lists involve minimising the turnaround time between cases, making more time available for the surgeon to operate. The target for theatre productivity is to be above 85%.

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

To increase utilisation on an all day theatre list on the 16th of July 2025.

Sub aim: To increase number of cases on an all day theatre list by 1 on the 16th of July 2025.

PLAN

Observations have been carried out upon the upper gastrointestinal (GI) theatre process for High Intensity and High Flow lists with the aim of increasing the number of theatre cases through the elective hub. The plan included a review of the process to identify areas of opportunity for gynaecological patients.

It was agreed that the focus was to ensure that a list was allocated as high flow and that colleagues were allocated to support the reduction in turnaround time and initial processing of the patients within the Elective Hub.

A full review of the patients was planned to include engagement with the booking team, consultant and anaesthetist.

DO

Patients were selected and allocated to the High Flow list with 13 patients being listed on the 16th July 2025.

All patients received their pre-op assessment prior to being listed. An anaesthetist was allocated to the list and both surgeon and anaesthetist reviewed the patients in advance.

The Elective Hub was staffed to template. All theatre team members were given designated roles during the session which helped with the flow of patients.

One patient was cancelled prior to the high flow list due to findings from the pre-operative assessment. This change was not known until the day before list which then resulted in the inability to backfill due to the timescales associated.

12 patients were operated on on the 16th July 2025.

STUDY

The below table demonstrates the improvement across all three metrics listed. The utilisation of the list on the day has reduced by 3%. This is largely due to a short notice cancellation. Whilst patients per list has increased by 100% with turn around time reducing by 37.5%.

	Baseline	High Flow List	Improvement
Theatre Utilisation	91%	88%	3% Reduction
Patients per list	3 (half day)	12 (full day)	100% Increase
Turn around time	32 Minutes	20 Minutes	37.5% Reduction

Key learning:

- Team worked well together although noted with a physically demanding list that it may be beneficial to have an additional operating department practitioner and runner.
- Select patients for list from the “good to go” pre-op pool.
- Additional stirrups required if more than one gynae list is being carried out at the same time.
- Add in a local anaesthetic case in the middle of the day to allow anaesthetist to see afternoon patients.
- Ward patients ready on time.
- Foundation doctor cannulated all morning patients in pods while they were waiting, saves time at induction and increases patient experience.

ACT

The teams plan on ADOPTING the process followed during the high flow list session, including staffing templates and pre-op/ booking optimisation.

Additional High Flow lists are being planned for gynae patients with the aim of having all lists carried out in the elective hub identified as High Flow.

ACKNOWLEDGEMENTS & REFERENCES | Pre-op, Natasha Little, bookings, Maj Kaur, Clare Marsh, Rosie Smith and the theatre team, Martyn Underwood, Sai Annadurai, and all others working behind the scenes.