

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%.

PLAN

Observations have previously been carried out upon the theatre process for High Intensity and High Flow lists with the aim of understanding the theatre process and increasing the number of theatre cases through the elective hub. The focus for this improvement was for Trauma and Orthopaedic 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 Trauma and Orthopaedic (T&O) 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 9 upper limb patients being listed on the 29th 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. Although the patient cancelled in advance, there was an inability to backfill due to the timescales associated and not having a standby patient available.

8 patients were operated on on the 29th July 2025.



To increase utilisation on an all-day theatre list on the 29th of July 2025.

Sub aim: To increase number of cases on an all-day theatre list by 1 on the 29th of July 2025.

STUDY

The below table demonstrates the improvement across all three metrics listed. The utilisation of the list on the day increased by 9%, and turnaround time reduced by 12% making the session more productive. Session utilisation was also higher and above the recommended 85%. Average patients treated per full day list was previously 7. The team managed a 15% improvement with one extra patient being added to the all-day list.

	Baseline	High Flow List	Improvement
Theatre Utilisation	79%	88%	9% Improvement
Patients per list	7 (full day)	8 (full day)	15% Improvement
Turn around time	32 Minutes	28 Minutes	12% Improvement

Key learning:

- Allocation of roles prior to high flow list is beneficial
- Requires a pool of standby patients for short notice cancellations
- List felt under booked- suggestion to add a further three hand cases
- Additional equipment purchased to support the list following the trail of high flow
- Use of high flow list helped to heighten awareness of theatre team to work on improving turn around times

ACT

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

To increase patient access and improve throughput, additional High Flow lists are being introduced. This expansion will be carefully managed to ensure it supports safe, high-quality care. Ongoing monitoring of clinical outcomes, safety metrics, and patient feedback will be integral to evaluating the impact and ensuring no unintended harm arises from the increased activity.