Elective Hub High Flow List- Upper GI

Theme | Planned Care

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SaTH Improvement Hub

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.

SMART AIM

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

To increase theatre utilisation by 10% for Upper GI patients by 18th June 2025.

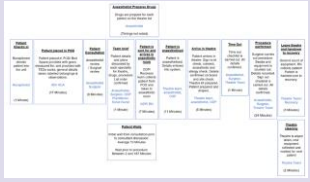
To reduce theatre turnaround time by 50% by 18th June 2025.

PLAN

Direct observations were carried out on the 5th March 2025 and 19th March 2025 to understand the current process. The plan included a review of the process to identify areas of opportunity for Upper Gastrointestinal (GI) patients.

Colleagues reviewed the GIRFT recommendations and direct observation information and generated ideas on how to improve turn around time.

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.



DO

Patients were selected and allocated to the High Flow list with 7 patients being listed on the 18th June 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. This change was not known by the surgeon until the morning of the list which then resulted in the list defaulting to a “normal” list. This list was then utilised to provide training.

STUDY

The below table demonstrates the improvement across all three metrics listed. The utilisation of the list on the day has improved by 13.5%. Whilst patients per list and turn around time remained the same.

	Baseline	High Flow List	Improvement
Theatre Utilisation	83%	95%	13.5%
Patients per list	3 (half day)	6 (full day)	-
Turn around time	28 Minutes	28 Minutes	-

Key learning:

- Review current process for short notice cancellations
- Increase pool of patients available to attend in the event of short notice cancellations
- Ensure a standby patient is available

ACT

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

Recommendations for further improvement:

- Next patient called 10 minutes prior to end of procedure
- Review of lists being booked in to elective hub
- Standby Patient to be made available

Additional High Flow lists are being planned across specialities.

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