Elective Hub High Flow List- Paediatric Urology

SaTH Improvement Hub

Theme | Planned Care

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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 number of cases on a theatre session by 1 on the 8th of August 2025.

PLAN

Paediatric surgery has a significant back log of referrals. Increasing theatre activity within a list would enable greater flexibility in job planning to meet referrals and waiting list demand. Circumcision is a procedure with a short highly predictable surgical time that is less than or equivalent to anaesthetic time.

Observations have previously been carried out upon the theatre process for paediatric urology lists identifying opportunities to improve efficiency from the ward pre-op process to the theatre processes and staffing. (13/06/2025)

A high flow list was planned, and initial processing of the patients took place within the Elective Hub.

A full review of the patients was planned to include engagement with the booking team, consultant and anaesthetist with a session being allocated as “High Flow” on the 8th of August 2025.

DO

Eight patients were listed from outpatient clinics over a 4-week period for the High Flow list on the 8th August 2025 morning list.

All patients received their pre-op assessment prior to being listed and consent documents filed in the notes. The flow of patients was changed such that medical staff were allocated individual pods to see patients from a common waiting area.

The Elective Hub was planned to be staffed to template with additional Anaesthetist and Operating Department Practitioner (ODP). All theatre team members were given designated roles.

STUDY

The number of patients treated increased from 5 to 8 within the session. The utilisation of the morning list on the day has increased by 60% when compared to baseline, and turnaround time reduced by 38%. The team managed a 60% increase on the high flow list- treating 8 patients on one list (achieving the sub aim of increasing the number of cases). Issues with pre- and post- op care were highlighted by one set of parents.

	Baseline	High Flow List	Improvement
Theatre Utilisation	68%	109%	60% Increase
Patients per session	5	8	60% Increase
Turnaround time	21 Minutes	13 Minutes	38% Reduction

Key learning:

- There was significant planning of outpatient activity undertaken to provide the volume of patients required for the high flow list.
- Communication of the list with theatres and anaesthetics department resulted in suboptimal anaesthetics team (1 OPD + ODP trainee and Consultant + CT (core training) anaesthetist vs 2 trained ODP, and 2 senior anaesthetists)
- Allocating surgeon/ anaesthetist a pod to call patients increased the efficiency of the pre-op consultation process enabling prompt start time for the team brief (all 8 morning patients seen within 20 minutes).
- Changing clothing prior to theatre needs to be consistent.
- Ensure post op analgesia is written up and provided as needed.
- Recovery nurse collecting patient from theatre frees up the scrub nurse (ODP) to assist anaesthetist
- Equipment unavailable- had to resort to blade for one procedure (increase in time taken for procedure)
- Despite issues with staffing the goal was achieved suggesting there are soft factors within the team enabling successful delivery of the goal beyond specific interventions

ACT

Planning for a high flow list starts with understanding outpatient demand and conversion rates to a specific procedure.

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

Standard work is required to ensure communication with theatres and Anaesthetic department and that patient changes for theatre in good time. Lists require two "senior" anaesthetists e.g. ST3 and above

The ability to deliver high levels of activity within a single list allows greater flexibility in meeting 18-week Referral to Treatment (RTT)

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