

REASON WHY?

A national programme ran by the Getting it Right First Time (GIRFT) aimed to deliver a hub optimisation week (HOW). GIRFT optimisation weeks aim to increase elective activity and improve theatre efficiency, particularly through high-volume, low-complexity cases. This approach helps reduce waiting lists and maximise use of surgical capacity. For patients, this means being treated sooner, spending less time waiting in uncertainty, and receiving timely care that can improve outcomes, reduce anxiety and support a better overall experience.



Improve elective theatre performance during GIRFT Optimisation Week (11–15 May 2026) by increasing cases per list, reducing cancellations to <4%, minimising delays in start times, and achieving >85% utilisation, while measuring additional patients treated.

PLAN

- Improve theatre productivity during GIRFT Optimisation Week through targeted additional staffing to support flow between cases
- Establish a floating team (anaesthetist, operating department practitioner (ODP), scrub nurse and healthcare assistant (HCA) where possible) to reduce turnaround times and minimise delays
- Enable smoother transitions between lists to maximise available operating time
- Aim to deliver at least one additional patient per list per day through improved efficiency and better use of capacity
- Provide additional ward and theatre support aligned to patient flow
- GIRFT guidelines highlighted key practice which was used to inform the “Do”
- Baseline 80 patients per week.

DO

Implemented additional staffing during week of 11–15 May 2026 where available over 38 sessions:

1. Floating anaesthetist 5/5 days
 2. Floating ODP 3/5 days
 3. Additional scrub 2/5 days
- Maintained activity through team flexibility, including staying late to prevent cancellations (x2 days)
 - Consultants and booking teams reviewed every list and patient together, enabling more confident booking outside usual rules.
 - Early theatre briefings (08:30) and strong engagement from consultants ensured lists started on time.
- The additional staffing provided greater resilience and flexibility across theatre sessions, supporting smoother patient flow, reducing delays between cases, and enabling teams to sustain activity throughout the day. This helped maximise the number of procedures completed, minimise cancellations, and ensure lists ran efficiently and on time. As a result, more patients were treated during the week, contributing to reduced waiting times and a more reliable, timely experience of care.

STUDY

The week demonstrated improved productivity, but highlighted variation in list planning, utilisation, and workforce alignment.

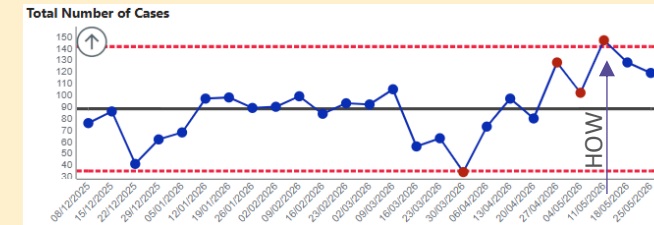
Key Outcomes

Elective Patients increased: 80 → 102

Cases per list: 2.5 → 2.68

Cancellations reduced: 8.7% → 4.67%

Theatre utilisation: 83% (approaching 85% target)



Key Learnings

Increased activity and productivity across the week

Variation in start-time delays, particularly in afternoon sessions

Some lists finished early despite full booking

On-the-day cancellations impacted performance in specific cases
Two patient cancellations were prevented due to availability of floating anaesthetist. Feedback from colleagues and patients was positive, with teams expressing that patient cancellations had reduced as a result of the interventions. The increased costs were offset by the additional income generated with the additional cases.

ACT

ADOPT

- Structured team briefs and strong clinical engagement prior to session
- Use of targeted additional staffing to improve flow
- All-day and high-flow list approaches

ADAPT

- Workforce alignment to match demand
- List planning using accurate procedure durations
- Consistent optimisation of theatre utilisation

ABANDON

- Reliance on planned list times alone, as some lists finished early

Further optimisation weeks are planned over the coming months.