

REASON WHY?

Patients are waiting longer for elective surgery, which can impact their comfort, wellbeing, and quality of life. This project aimed to improve access to care by increasing the number of patients treated safely within existing theatre capacity. By using high-flow robotic and HIT lists, we sought to treat more patients each day while supporting faster recovery and same-day discharge where possible. This approach helps ensure patients receive timely treatment and spend less time waiting for their surgery. Ultimately, the focus is on delivering safe, efficient care that improves both patient experience and outcomes.



To improve elective performance by increasing cases per list and achieving >85% theatre utilisation on 23 June 2026.

PLAN

Robotic and laparoscopic lists are typically limited by concerns around operative time, recovery capacity and delayed discharge.

Achieving five cholecystectomies in a single list with same-day discharge has not previously been possible with laparoscopic surgery.

Limited experience of:

- Running back-to-back robotic lists and combined HIT models.

Plan

To test a five-case robotic cholecystectomy list alongside a parallel 12 case non-robotic HIT list to assess whether robotic surgery enables increased list productivity alongside safe delivery of later-day cases and reliable same-day discharge.

DO

Prior to the operating list on 23/06/2026:

- Careful patient selection
- Full pre-operative preparation
- Coordinated scheduling and booking
- Lists were supported by: Anaesthetists, ODPs, theatre teams, and theatre coordinator, bookings, operational and sterile services teams
- Strong multidisciplinary coordination enabled efficient patient flow, on-time starts and minimal delays including smooth intra-day transitions
- All robotic cases were discharged on the same day, including a case that commenced at 4pm.

Delivered: 5 robotic cholecystectomies in a single list. Completed two consecutive days of robotic operating, delivering 9 cases.

Parallel non-robotic HIT list- 11 patients listed with one on the day cancellation.

STUDY

The table below demonstrates improvement across listed metrics. Comparison with baseline averages indicates that the high-flow lists deliver increased activity and aligns with GIRFT recommendations.

	Average SaTH cases	High Flow/ Robotic List (Actual)	Improvement (Actual vs Average)
Patients per list cholecystectomy/ hernia	4	5	1 Case- 25% improvement
Patients per list non-robotic	10	10	-



Key Achievements

First time:

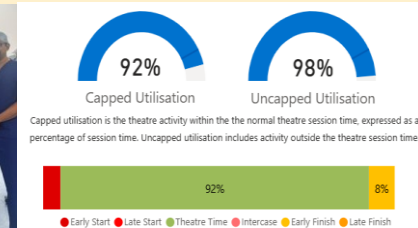
- 5 cholecystectomies completed on a single robotic list
- 5 cholecystectomies completed in one list at PRH (including comparison to laparoscopic practice)
- UGI delivered consecutive robotic lists, completing 9 cases across two days

Evidence of:

- Enhanced recovery benefits of robotic surgery
- Improved operational efficiency (additional case per cholecystectomy list). 42% increase in turn around time on non-robotic list (previous average 28 minutes- actual on the day 16 minutes)
- Increased productivity without compromising patient outcomes

Team Feedback:

- Strong multidisciplinary teamwork identified as a critical success factor
- Positive collaboration across booking and operational teams, theatre and anaesthetic teams, sterile services department.



ACT

ADOPT: Regular 5-case robotic lists
Repeat double HIT model

ADAPT: Optimise case mix and use of standby patients
Refine staffing and theatre templates

OPPORTUNITIES: Explore wider use of robotic capacity
Continue back-to-back robotic operating.

Planning is underway for future lists.