

Theatre Improvement Programme: Elective Surgical Hub

**FOUREYES INSIGHT**

NHS Trust, North West Region

Key target: Deliver an additional 476 cases full year (in-session productivity only).

Key result: On a trajectory to achieve the delivery of 476 additional cases for the full year.
Delivered 115 additional cases in the programme (10 week delivery period).

An NHS Surgical Hub in North West England collaborated with Prism Improvement and Four Eyes Insight over 20 weeks to implement a successful Theatre Improvement Programme, resulting in key outcomes, including:

**115**

additional cases (in comparison to the baseline period)

**10**

Test of Change High-Performance lists delivering a 30% increase in productivity

The hub is equipped with a senior leadership team that is dedicated and effective in its operational planning processes. Through the programme, the site's ambition to become a "best-in-class" Surgical Hub has been improved.

Programme overview

The program combined advanced data analytics and subject matter expertise. Sustainable solutions were developed with the Hub team to improve theatre performance.

The Hub's theatre infrastructure is "mature," with well-established fundamental processes and robust governance structures to manage improvement, change, and transformation. To meet the planned activity for the Hub, there is a need to go beyond the realms of firm foundation support and instead focus on embedding more dynamic ways of achieving higher levels of productivity as BAU.

The Programme of work focussed on two key areas:

1

Introduction of High-Performance Listing (HPLs): An innovative and scalable theatre efficiency model designed to optimise surgical productivity by refining workflows to overlap processes therefore minimising operational inefficiencies.

2

Firm Foundations: Maximising BAU opportunities – Addressing systems, processes and cultural challenges that are impacting theatre productivity.

High Performance Lists (HPLs)

As part of the programme, we supported the Hub in enhancing productivity through High-Performance Listing (HPL). HPL is an innovative and scalable theatre efficiency model designed to optimise surgical productivity. The underpinning methodology focuses on refining workflows and minimising operational inefficiencies, enabling significant increases in surgical activity, even within highly productive theatre environments.

The onboarding of consultants saw a monthly increase, with specialties progressively aligning with the HPL model. During the programme, 10 HPL lists were delivered with more planned.

HPLs were introduced gradually to build confidence with the clinical teams and get them used to new ways of working, laying the foundations for embedding as a standard business-as-usual (BAU) practice.



"For me as a clinician, it's important to mention that this has been a clinically safe program. With HPLs we've undoubtedly gotten through a significant number of more cases, and the main benefit for us is that it's allowed us to make an impact on our RTT performance, helping us to get nearer to our target for the year."

Dr Greg Cook, Clinical Director

IMPACT



Increase in activity compared to standard business-as-usual (BAU) practice, helping to maintain patient safety and reduce wait times.



To date, 16 additional cases have been performed across 10 lists as a direct result of HPL implementation, helping to improve patient safety and reduce wait times.

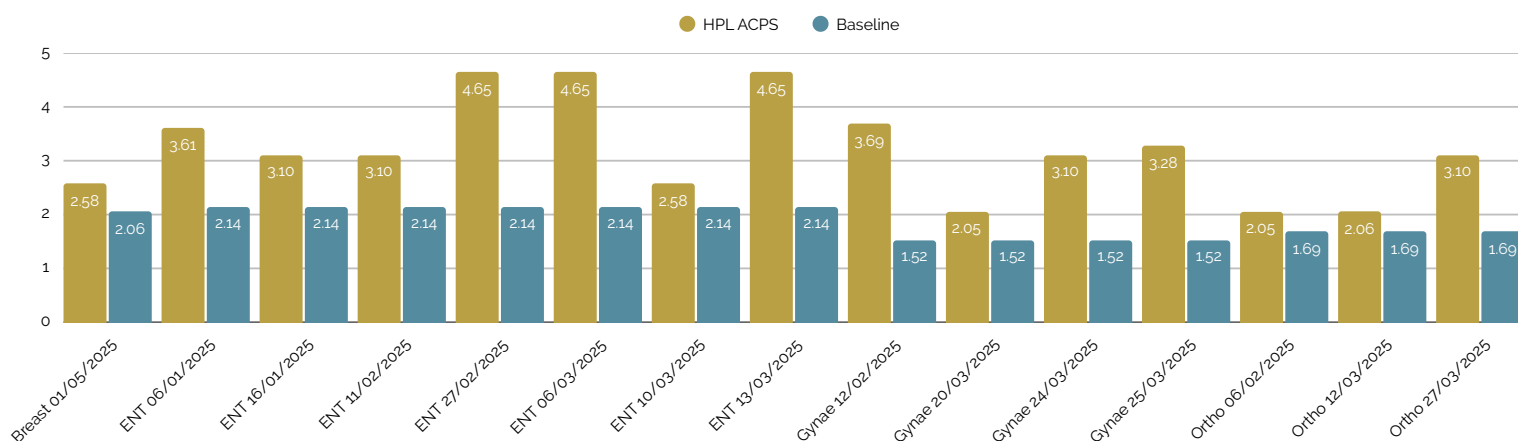


Based on the Hub's average tariff of £2285, this will **generate £1,551,515 additional income per year.**

The cost associated with running 1 HPL list every day over a 50-week year is £603,046. Therefore, there is a net benefit of £948,469.

Improvement in Average Case Per Session (ACPS)

This is taken from a mix of lists from the Elective Hub and other Trust locations.



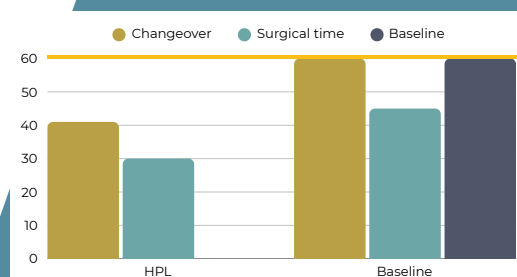
High Performance Lists (HPLs)

IMPACT by specialty

ENT

Changeover and surgical time HPL Q3-4 2024

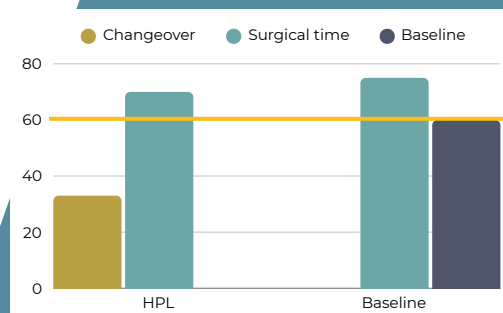
When comparing the HPL lists for ENT to the baseline for surgeons performing HPLs, the changeover time for all involved surgeons has significantly reduced by at least 20 minutes.



Orthopaedics

Changeover and surgical time HPL Q3-4 2024

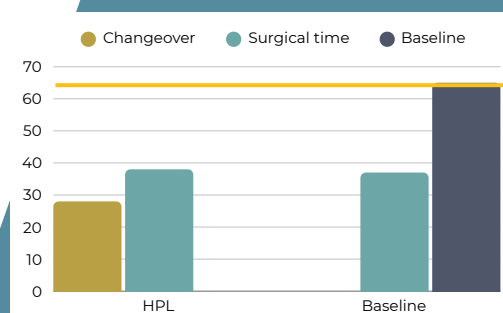
Changeover times in orthopaedics have seen a 58% reduction in the HPL session in comparison to the baseline.



Gynaecology

Changeover and surgical time HPL Q3-4 2024

In gynaecology, the changeover time has decreased to 27 minutes, compared to a baseline of 66 minutes.



Creating sustainable HPLs

By completing an all-day HPL list every day (50 weeks) and maintaining the same level of productivity achieved during the programme, the Hub will create the capacity to see an additional 679 patients over 12 months – 203 above the target, generating over £1.5m additional income per annum.

Expanding this approach could support the reduction of long waits while enhancing both patient and staff experience.

"This was my second HPL. I must say, it is a brilliant initiative. The list went very well, and we finished on time."

Firm Foundations

Daily Situation Report (Sit Rep)

As part of the programme, we developed a Daily Situation Report (Sit Rep), to provide real-time operational oversight of theatre bookings. This was used at a Daily Bookings Huddle with the Scheduling and Booking Operational Manager, to monitor key performance indicators, including;

- > Session utilisation
- > Booking performance
- > ACPS performance against targets

The SitRep also provided an additional area of focus, enabling increased booking focus, actions to be expedited promptly and issues to be escalated.

Benefits: Daily Situation Report (Sit Rep)



Ensures accurate and consistent data entry for theatre scheduling and utilisation



Identifies issues such as underutilisation, cancellations, or operational bottlenecks



Support decision-making and escalation by providing clear insights into theatre performance and capacity



By embedding this model within the Trust's operational framework, significant and sustained improvements can be made in theatre utilisation, improving patient access to timely surgical care.

This tool will continue to support the onsite team to maintain a data-driven focus on booking and scheduling activities.

Firm Foundations

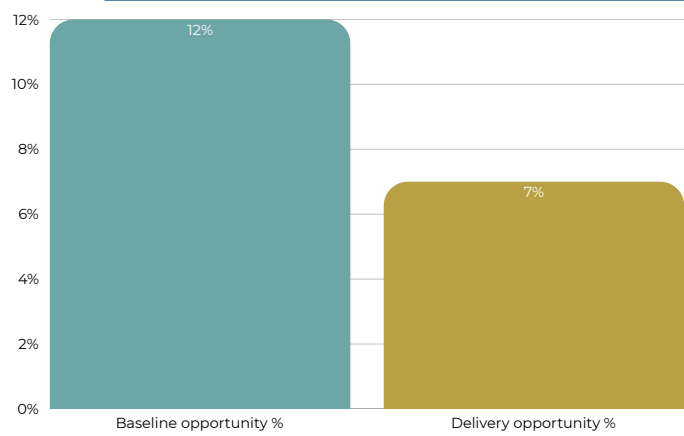
IMPACT

Daily Situation Report (Sit Rep)

During the baseline period, for all specialties, the Hub completed, on average, 185 cases per week. During the delivery period for the programme this has **increased to an average of 191 cases per week**. A breakdown of impact by specialty is listed below.

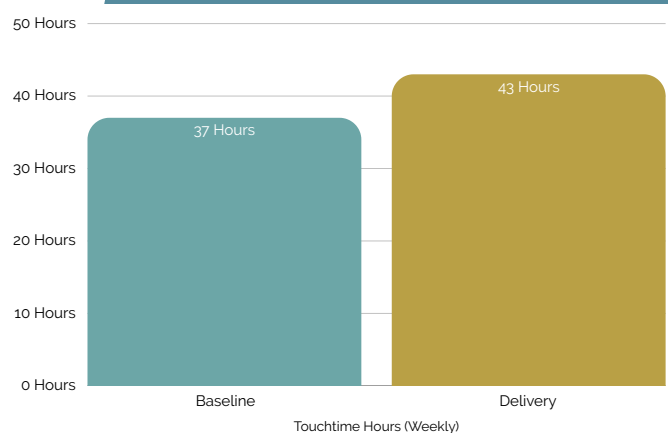
Breast Surgery Performance

In comparison to the baseline period, the opportunity to complete additional cases has reduced by 42%, alongside an increase in the number of completed cases per week by 40% above the baseline.



ENT Performance

ENT demonstrated improvement, and the opportunity to complete additional cases has reduced, alongside increases in the number of cases completed from a baseline of 20 to 24, with surgical time increasing from 37 hours per week to 43 hours per week. Touch time utilisation has also increased by 4%.



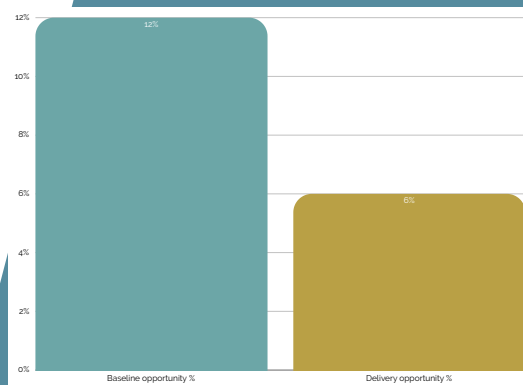
Firm Foundations

IMPACT

Daily Situation Report (Sit Rep)

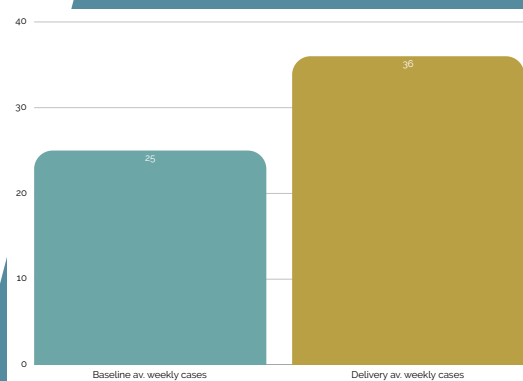
General Surgery Performance

The opportunity to complete additional cases was reduced by 50% during the delivery period of the programme, with an increase of 13% in the number of cases delivered per week.



Gynaecology Performance

Gynaecology demonstrated improvement across all three metrics monitored. The opportunity to complete additional cases was reduced by 9%, with weekly cases up 44% above baseline and touchtime utilisation up by 5%.



Oral Surgery Performance

The opportunity to treat additional cases was reduced by 13% during the delivery of the programme. Weekly cases increased 25% above baseline and touchtime utilisation up 11%.

