CASE STUDY

Cutting Wait Times, Boosting Efficiency.

Transforming Elective Theatres at a Hospital in the North West

PRISM IMPROVEMENT

FOUREYES INSIGHT

Tertiary Centre at an NHS Hospital, North West

Focus specialty: Gynaecology

Key target: Maximise available capacity in Gynaecology

Key result: A strategy was delivered to increase throughput by 28% (12 additional cases per week, equivalent to 600+ patients per year).

As of 2025, more than 763,000 women in England are waiting for gynaecological care, with delays affecting both physical and mental health.

At one North West NHS Trust, gynaecology has one of the largest waiting lists and handles highly complex cases as a tertiary centre.

In response to the waiting list challenge, the gynaecology team had already embedded three core actions before the programme launched;

1. **Moving non-complex work to other sites,**
2. **Investing in insourced lists,**
3. **Extended the theatre list durations.**

While these efforts have alleviated some of the pressures on waiting times, the combination of extended theatre list durations and moving non-complex work off site led to some unintended consequences on utilisation, with up to 75% of lists finishing an average of 88 minutes early.

Four Eyes Insight and Prism Improvement partnered with the Trust to deliver an elective theatre improvement programme.

Through analytics, piloting new models, and embedding governance, the programme delivered:

A strategy to increase throughput by 28% (12 additional cases per week, equivalent to 600+ patients per year).

Financial modelling showed this approach could reduce insourcing spend by £550k annually.

The model included High Performance Lists (HPLs), standby patients as business-as-usual, and strengthened planning and governance structures.

1

Target Operating Model

Following the Insight and Discovery phase which highlighted that the unit's current case mix offers limited scope to influence list productivity, the target operating model workstream was launched to evaluate the existing model of delivery at the hospital and explore alternative approaches to maximise the use of available theatre capacity.

The programme examined three key options aimed at optimising theatre utilisation:

1

Amending list duration
Exploring whether altering session lengths could better align with the complexity and duration of cases.

2

Reviewing the case mix
Assessing whether a more balanced or strategically selected case mix could improve throughput without compromising quality of care.

3

Reducing changeover time
Identifying opportunities to streamline theatre processes by overlapping key activities, such as anaesthetic preparation and recovery, to minimise downtime between cases.

These options were developed in close collaboration with clinical and operational teams, ensuring that proposed changes were both feasible and aligned with patient safety and service quality standards.

An options appraisal was developed to evaluate the costs and benefits of each of these three long-term strategies for improving theatre efficiency at the hospital. Pilots were launched to test key initiatives, including the introduction of standby patients and the implementation of superlist High Performance Lists (HPLs).

A recommended approach was agreed upon, focusing on filling one-hour gaps with standby patients and creating additional capacity for intermediate cases via HPLs. Reducing list durations (currently 1 hour and 45 minutes longer than the standard 8-hour day) was abandoned as a route to success, as the analytical work revealed that between 325 and 471 lists would overrun if the duration were reduced.

Cancellations emerged as a significant challenge throughout the programme. Since the end of the Insight and Discovery phase in September 2024, OTD cancellation rates increased by 5%, a trend that persisted throughout the programme. In response, additional analysis was conducted to examine the impact of service delivery changes aimed at reducing cancellations.

1

Target Operating Model

Key Achievements: Target Operating Model

Developed and piloted a new model to increase weekly case throughput by 28% (12 additional patients per week)

Launched standby patients to fill short-notice gaps

Delivered a full options appraisal, covering benefits, risks and cost of:

- Reducing current list durations
- Adjusting case mix with list fillers and standby patients (considering the impact to other sites where this work currently takes place)
- Overlapping activity using single or dual-theatre HPLs
- Improving cancellation rate

High Performance Lists Pilots (HPLs)

High-Performance Lists (HPLs) are one tool, from a suite of initiatives available to Acute Hospitals, that can be implemented to improve productivity and increase activity using existing resource within theatres.

Pilots demonstrated a **30–35% sustainable increase** in patients per list.

Identified **213 patients** waiting over 18 weeks suitable for HPLs.

Financial modelling showed potential to **reduce insourcing costs by up to £550k** annually.

Developed **full HPL infrastructure**, including SOPs, planning tools, and feedback mechanisms.

2

Firm Foundations

To prepare the team to achieve the results of the new target operating model, a firm foundations workstream ran in parallel that laid the groundwork for sustainable delivery, underpinned by a robust governance structure.

To improve planning and scheduling, in collaboration with the Trust we established:

A cancellation dashboard to support refreshed cancellation meeting with new terms of reference and SOP.

A daily review huddle, which supported the identification of opportunities for list fillers and/or stand by patients.

Training packages were developed to provide best practice advice on 642/scheduling and RTT rules.

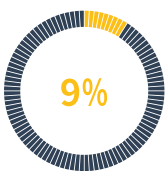
New governance meetings to bring the whole gynae team together from across different sites in a forum where productivity and opportunity through sharing resources were explored.

Overall Programme Impact

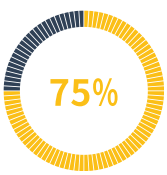
A robust governance and strong planning processes was put in place to support the hospital to embed and sustain delivery.

A strategy was agreed upon that will **increase weekly case throughput from 43 to 55 patients** - a 28% improvement in activity.

To be achieved through a combination of:



Reducing cancellations to 9%



Deploying standby patients with 75% success rate

Running 3 dual-theatre HPLs per week

Post programme check-in

Three months post-programme

Three months after the programme concluded, the Divisional Director of Operations – Gynaecology reported tangible early progress:

Cultural shift
Clinical teams are fully engaged in the High-Performance List (HPL) ambition and are preparing to embed this beyond the pilot stage into business-as-usual.

Standby patient adoption
Now established as proof of concept, with at least two clinicians in every subspecialty routinely adding standby patients to their lists.

Cancellation reduction
On-the-day cancellations have begun to reduce, supported by an injection of additional resources and strengthened planning processes.

Programme Conclusion

The programme delivered more than operational change — it redefined how complex gynaecological surgery can be managed at scale.

The redesigned operating model could increase weekly gynaecology throughput by 28%; a shift that would enable treatment of over 600 additional patients each year.

Key enablers are now in place:

- High-performance lists have been piloted.
- Standby processes established.
- Planning and governance infrastructure strengthened.

The challenge ahead is full implementation and change adoption—but the programme has provided a clear blueprint to move from underutilisation to maximised surgical capacity, all without compromising safety or care quality. As elective recovery continues across the NHS, this model offers an evidence-based, scalable approach for tackling complex speciality backlogs.