



## **CLEAR Elective Recovery 2022**

# **Queen Elizabeth Hospital King's Lynn**

Increasing theatre productivity, reducing patient waiting times and improving staff satisfaction

## **AT A GLANCE**

### **CLEAR CHALLENGE**

Demand was outstripping capacity in trauma and orthopaedics with a rise in patient complexity resulting in longer waiting lists and times

### **KEY CHANGES**

A new elective care co-ordinator, reintroduction of perioperative care estates, trial of full day lists and nurse-led discharges

### **FORECAST BENEFITS**

A 12% theatre productivity gain, valued at £1.3m.  
Avoidable cancellations reduced by up to 800 a year, shorter waiting times for patients and improved staff satisfaction

## **THE CHALLENGE**

The CLEAR national faculty was asked to explore solutions to reduce the number of patients waiting more than 52 weeks for elective care in trauma and orthopaedics - which had among the longest waiting lists in the trust.

Despite strong clinical leadership and work culture, trauma demand was exceeding capacity. The trust was facing increasing patient complexity and challenges relating to their perioperative estates, admissions and discharge processes. The combined impact was avoidable cancellations, lost theatre time (up to 600 hours), longer lengths of stay, over-running lists and inefficient use of half day lists. The CLEAR team explored how to make 'a theatre day work the way a good theatres day should' to increase theatre productivity, reduce waiting times and improve staff wellbeing.

## **WHAT WE DID**

To understand the flow of patients, the national CLEAR team interviewed more than 50 staff from all disciplines involved in elective surgery. Their views were combined with detailed analysis of more than 100,000 booked operation records over a five year period from April 2017 to 6 July 2022. The data showed there was a 5% increase in demand post pandemic and, in the last year, 26% cancellations.

## CLEAR RECOMMENDATIONS

An elective care coordinator (ECC) could be appointed to reduce avoidable cancellations. They would be responsible for improving engagement with patients, assisting prioritisation and ensuring end-to-end care.

Reintroduction of perioperative care estates was recommended to reduce pre-op sending time and post-op length of stay (LoS). Nurses leading the discharge process could also reduce LoS and reduce avoidable cancellations.

Full day trauma lists - three days a week - could be trialled to optimise the use of trauma capacity and ensure lists are completed in the allotted time.

There could be greater training opportunities and career development for staff. Pay could be standardised, especially in the lower bands, to increase staff satisfaction and reduce the use of agency workers.

## FORECAST IMPACT

The recommendations have the potential to gain up to 12% of theatre productivity, valued at around £1.3m. Benefits would include a reduction in avoidable cancellations and delayed starts, increased theatre use, shorter waiting times, regained bed days and enhanced patient experience with shorter LoS.

Establishing a new elective care co-ordinator role with better patient coordination could reduce late cancellations by up to 67 operations per month (800 a year). A reduction in time spent taking patients to and from surgery could regain 600 hours of theatre time each year. A nurse-led proactive discharge process could reduce lengths of stay by 1,000 bed days. Staff satisfaction could improve from career development opportunities and standardisation of pay.



"The CLEAR team was refreshingly different... The CLEAR data enabled us to separate into themes the areas to focus on. We're now concentrating on things like getting our estates right so the patient journey is as smooth as possible."

Dr Alastair Steele  
Clinical Director  
The Queen Elizabeth Hospital King's  
Lynn NHS Foundation Trust