

# GETTING IT RIGHT FIRST TIME

**Elective Optimisation Programme - Review of Theatre data**

**Swansea Bay University Health Board**

**Data from January 2023 to April 2024**

**Latest date available: Mar 22 2024**

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## 1. About this datapack

This data pack has been prepared as part of the Elective Optimisation Programme commissioned by NHS Wales and delivered by the GIRFT Project Directorate at the Royal National Orthopaedic Hospital (RNOH) .

GIRFT is a clinically led, data driven programme of healthcare quality improvement, led by Professor Briggs. The GIRFT programme uses clinical data to look at variation and where variation exists, this is discussed with two way clinician to clinician conversations with the goal of understanding the reasons for data variation and with emphasis on delivery of improved better quality of care and outcomes for your patients. The underlying core principle of the programme is that it is a clinically led, peer-to-peer, data-driven approach to healthcare improvement. For further information on GIRFT, please visit our website at Getting It Right First Time – GIRFT <https://www.gettingitrightfirsttime.co.uk/>

This datapack summarises data related to theatre activity by your site. The data is principally drawn on information theatres data collected from January 2023.

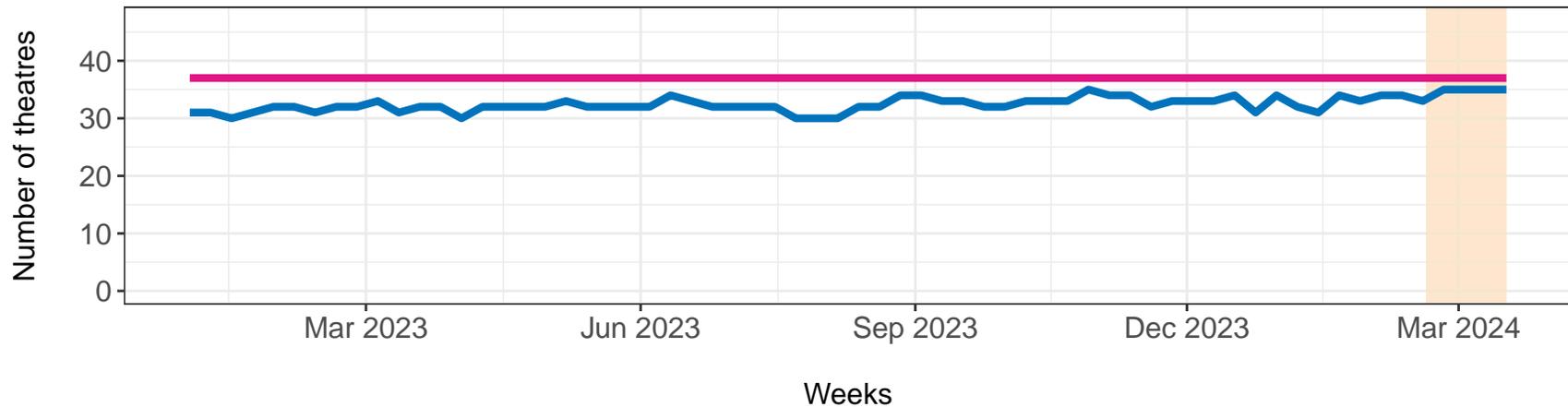
## 2. Volumes

### 2.1 Theatre usage over time

This chart tracks the number of theatres used weekly throughout the period of January 2023 - March 2024. The weekly average number of theatres in use for this period is **32**, and the total number of theatres available is **37**.

The most recent four weeks have been shaded on the chart. Please note these figures include ALL sites and ALL theatres at the Health Board. This metric has been calculated by taking the count of theatres used for at least one session per week.

### Number of theatres per week



— Total Available — Weekly in Use

Swansea Bay University Health Board January 2023 – March 2024

## 2.2 Theatre, session and activity use

This table looks at metric related to theatre usage, session activity and procedure activity. Please note these figures include ALL sites and ALL theatres at the Health Board. The Percent difference has been coloured green where activity has increased in the last four full weeks of data compared to the Jan 2023 to Feb 2024 overall average.

Please note the majority of maternity cases are coded under emergency and/or obstetrics.

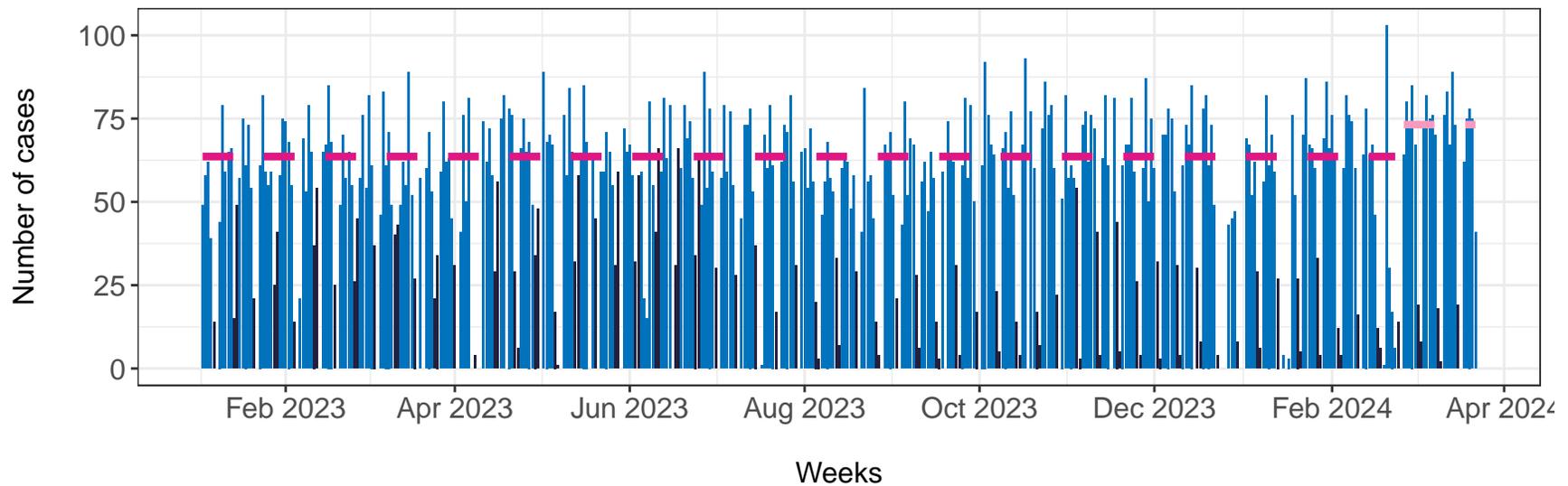
Metric	From Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
<b>Theatre Usage</b>			
Average number of theatres in use per week	32.3	34.5	6.8
<b>Session Level Activity</b>			
Average number of: Emergency sessions per week	24.5	28.8	17.1
Average number of: Private sessions per week	1.2	1.5	29.7
Average number of: Standard sessions per week	105.6	108.2	2.5
Average number of: Trauma sessions per week	27	26.5	-2
<b>Procedure Level Activity</b>			
Average number of cases per: Emergency session	2.8	2.7	-4
Average number of cases per: Private session	2.8	2.5	-10
Average number of cases per: Standard session	3.2	3.1	-3
Average number of cases per: Trauma session	3.3	3.5	4.2
<b>Overall average number of cases per week</b>	<b>428.2</b>	<b>453.8</b>	<b>6</b>

### 2.3 Number of cases per day

This chart tracks the daily total number of elective cases throughout the period of January 2023 - March 2024. Please note these figures include ALL sites and ALL theatres at the Health Board. Only cancelled procedures have been excluded from this calculation. Please note elective admission type for all metrics in this pack includes cases coded as: 'Standard', 'Inpatient'/'IP', 'Elective'/'EL' and 'Day Case'/'DC'.

Please note the reference lines are based on the average of all **weekday** activity over this time period. Weekends have been excluded from this calculation. The orange line represents the daily weekday average from Jan 2023 to Feb 2024 and the green figure shows the last four weeks average.

Number of elective, day case and inpatient cases per day

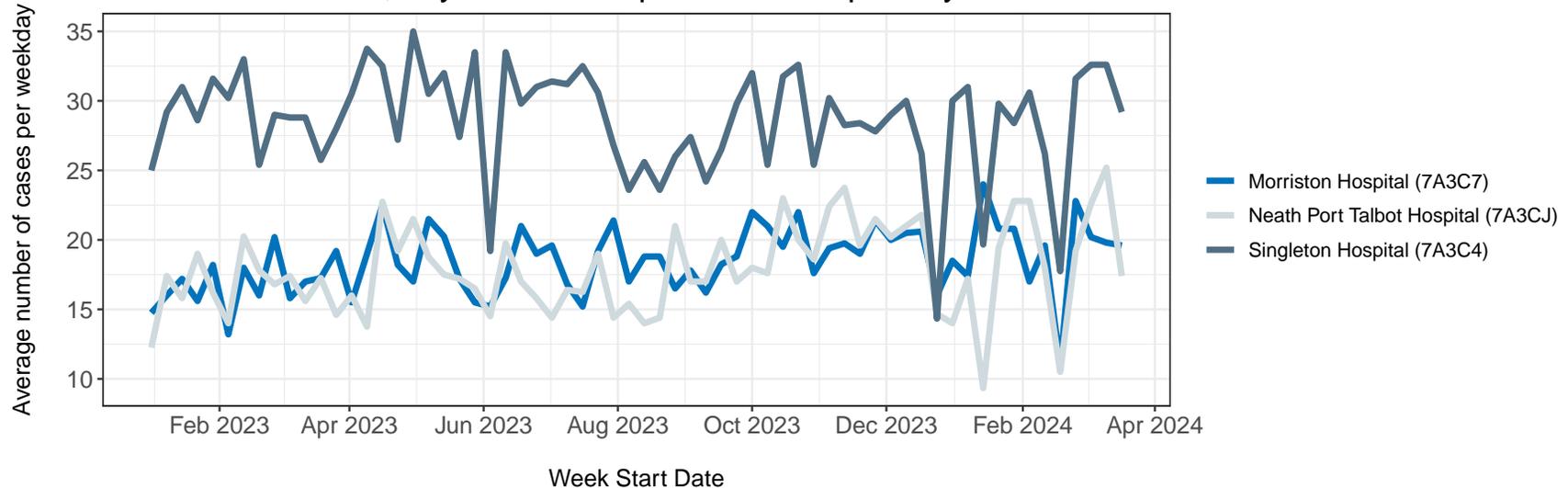


— Jan 2023 to Feb 2024 average — Last four weeks average ■ Weekday ■ Weekend

Swansea Bay University Health Board January 2023 – March 2024

This chart tracks the daily average number of elective cases throughout the period of January 2023 - March 2024. Please note these figures include ALL sites and ALL theatres at the Health Board. Only cancelled procedures have been excluded from this calculation. Please note elective admission type for all metrics in this pack includes cases coded as: 'Standard', 'Inpatient'/'IP', 'Elective'/'EL' and 'Day Case'/'DC'. This is a weekday average - weekends have been excluded from analysis.

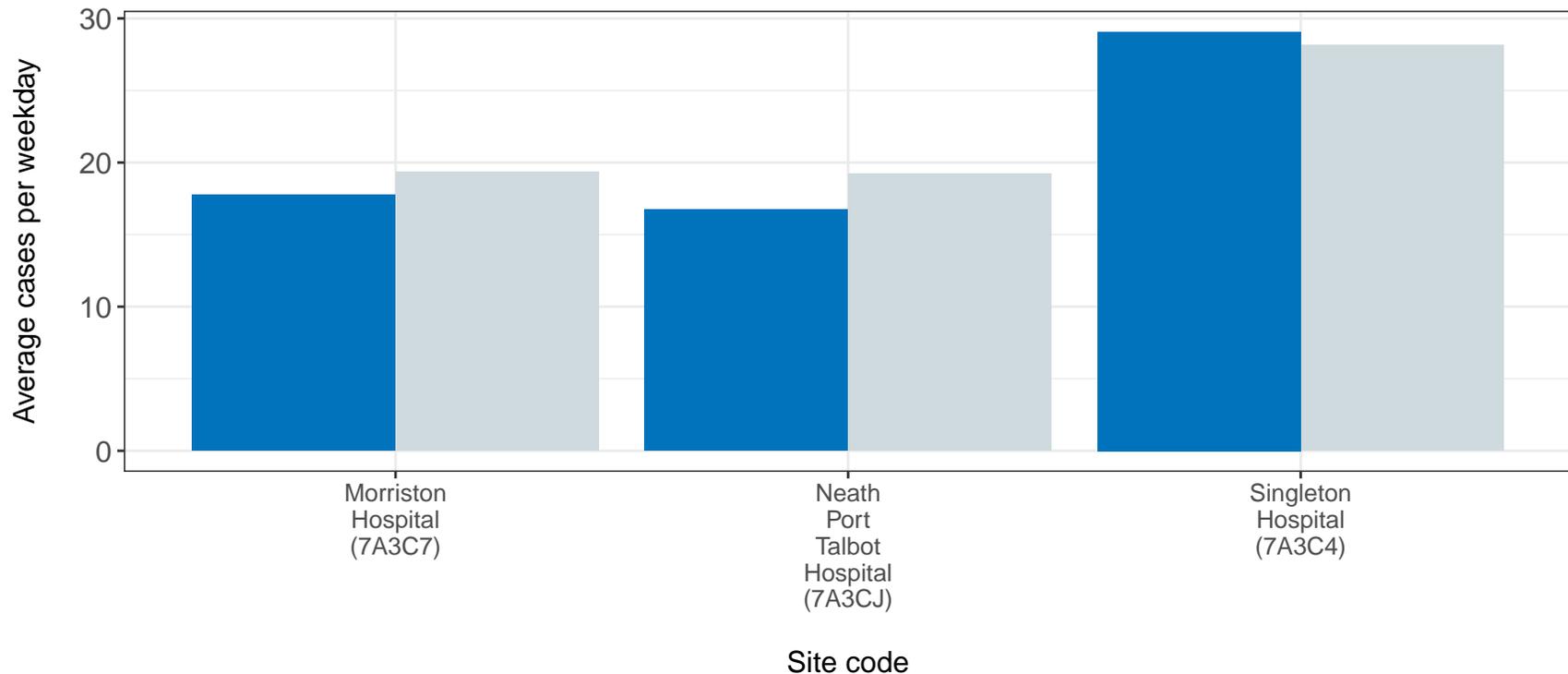
Number of elective, day case and inpatient cases per day – site level



Swansea Bay University Health Board January 2023 – March 2024

This chart tracks the daily total number of elective cases throughout the period of January 2023 - March 2024. The last four weeks are separated from the overall average. Please note these figures include ALL sites and ALL theatres at the Health Board. Only cancelled procedures have been excluded from this calculation. Please note elective admission type for all metrics in this pack includes cases coded as: 'Standard', 'Inpatient'/'IP', 'Elective'/'EL' and 'Day Case'/'DC'. This is a weekday average - weekends have been excluded from analysis.

Average number of elective, day case and inpatient cases per day – site level



■ Jan 2023 to Feb 2024 average ■ Last four weeks average

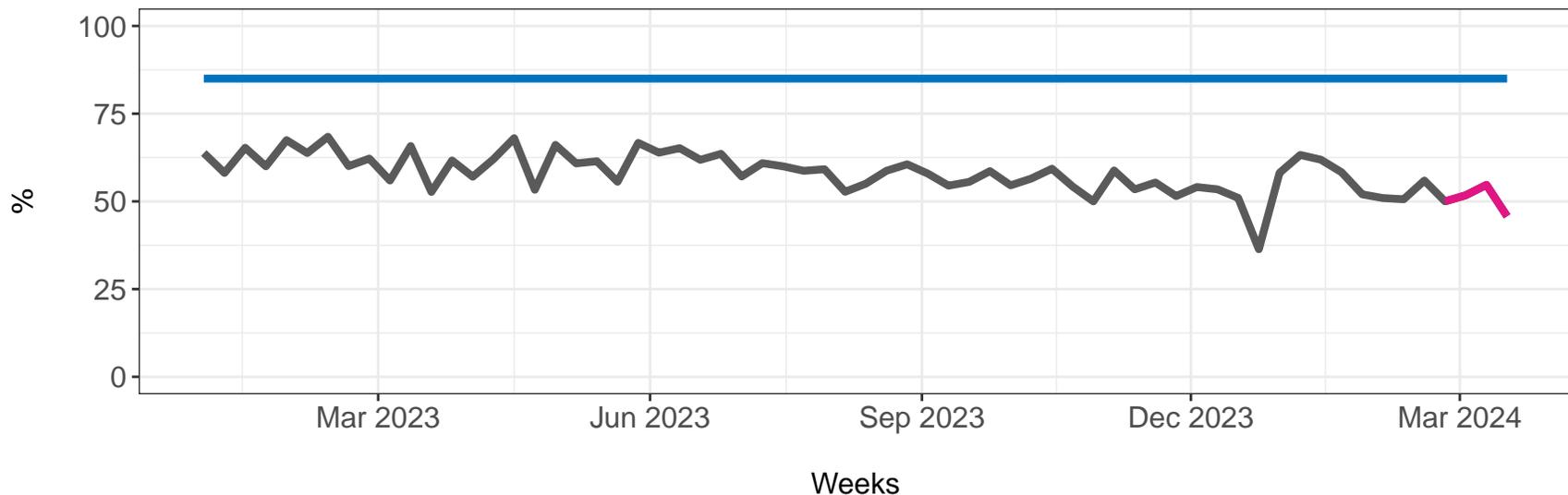
Swansea Bay University Health Board January 2023 – March 2024

### 3. Day case activity

This chart tracks day case activity as a proportion of elective activity (admission type: elective, day case and inpatient) throughout the period of January 2023 - March 2024. The GIRFT standard of 85% has been included as a reference point.

Please note from this point on, site, theatre and case exclusions (emergencies, cancellations, private patients and cases with NA start and/or end time) have been applied to the data. For a full list of exclusions please see **section 15** (Methodology). The last four weeks of activity are highlighted in red.

Proportion of elective activity which is day cases



— GIRFT Standard — Health Board Value

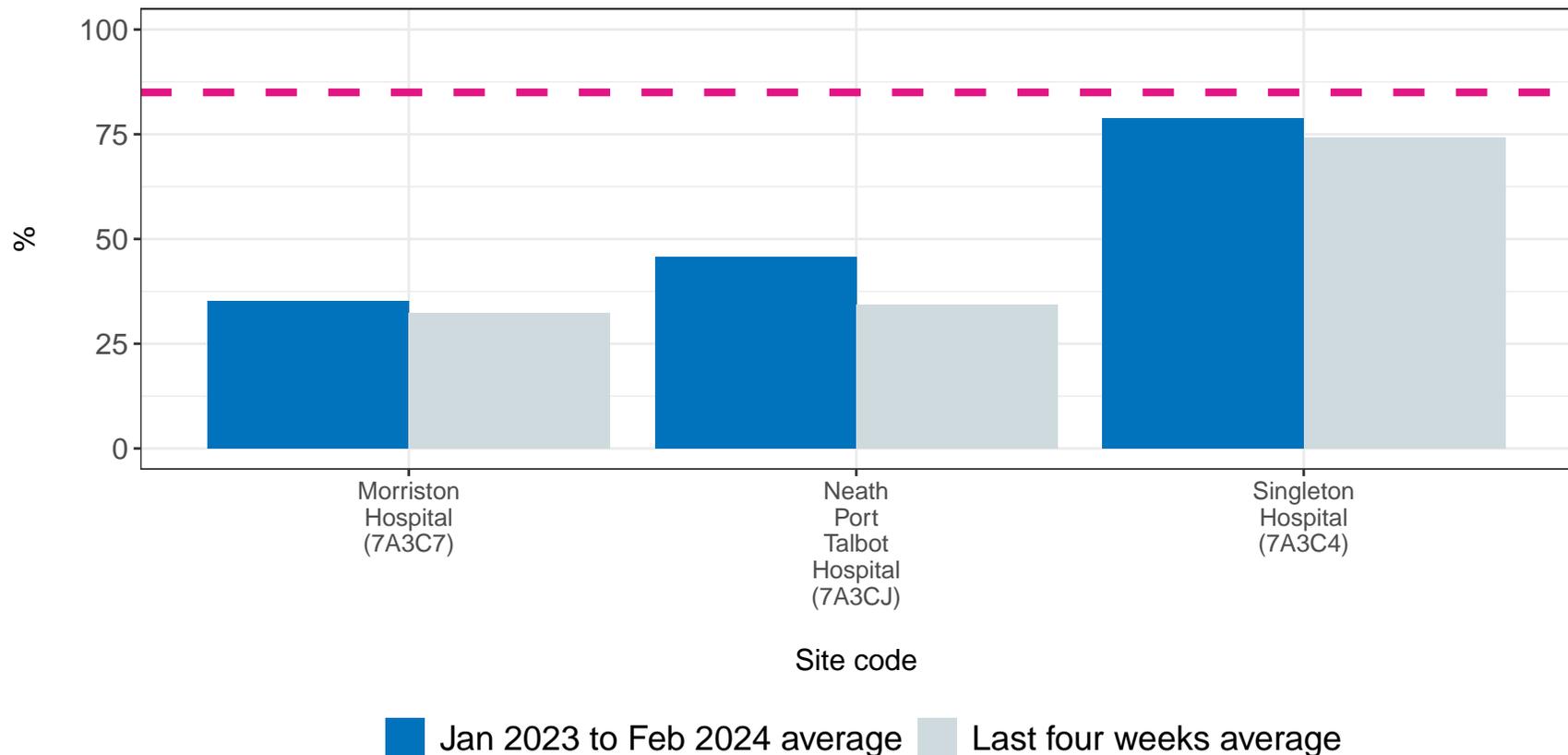
Swansea Bay University Health Board January 2023 – March 2024

Please note, the 85% GIRFT standard for day case activity is based off of English **HES (hospital admission)** data and is therefore not perfectly comparable to the Welsh **theatres** data collection but is still recognised as a useful benchmark.

The following chart examines the site level average day case rate across the Jan 2023 to Feb 2024 period compared to the most recent four weeks of data. A day case is considered a procedure with admission type 'Day case' or 'DC', and an elective procedure is admission type: elective, day case, standard and inpatient. Exclusions made include: private patients, cancelled procedures, emergency cases and cases with NA start and/or end times.

The 85% GIRFT standard has been included as a benchmark as the red dashed line.

### Proportion of elective activity which is day cases – site level



Swansea Bay University Health Board January 2023 – March 2024

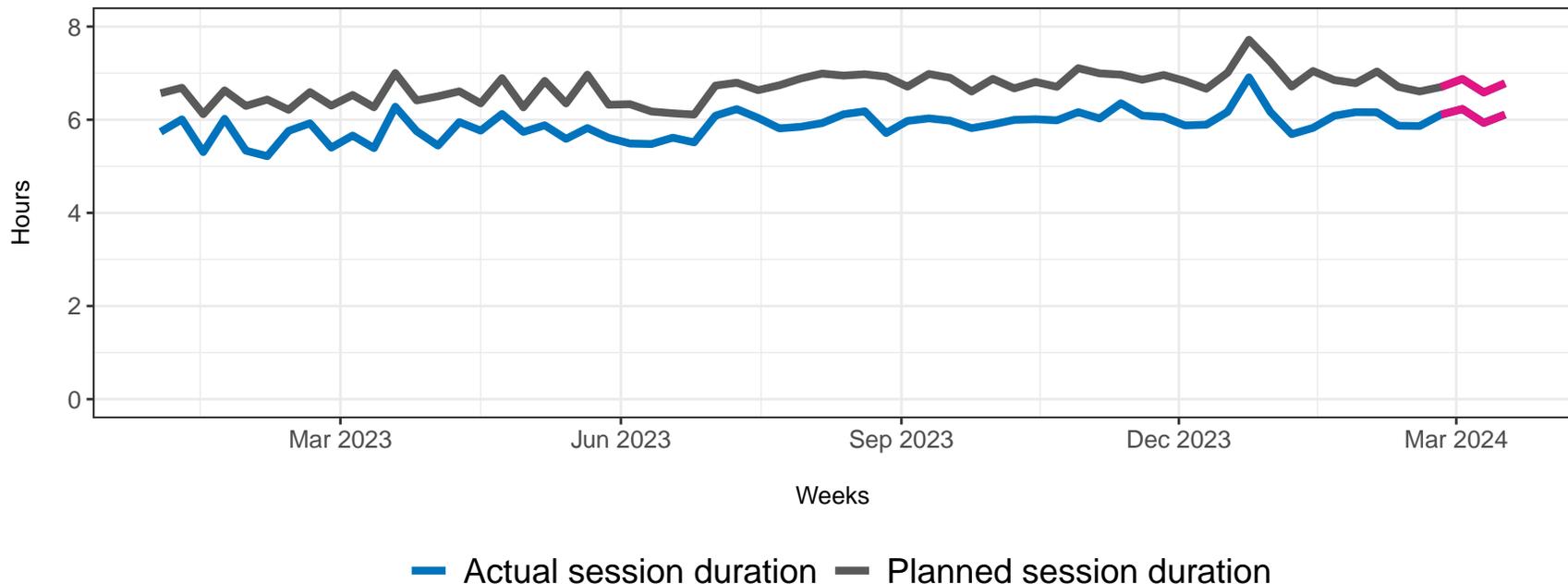
## 4. Elective session planning

This chart shows the average actual session duration for standard sessions by week throughout the time period of January 2023 - March 2024. It is benchmarked against the average planned session duration during this same period.

The site level actual duration average is **5.9** hours, and the average planned duration is **6.7** hours.

Planned session duration is defined as the average planned session end time - planned session start time, and actual session duration is defined as the actual session end time - actual session start time. The last four weeks of data are highlighted in red. Standard sessions are defined as 'Standard', 'Elective', or 'Day Surgery' sessions.

Average actual session duration vs. planned session duration (hours)



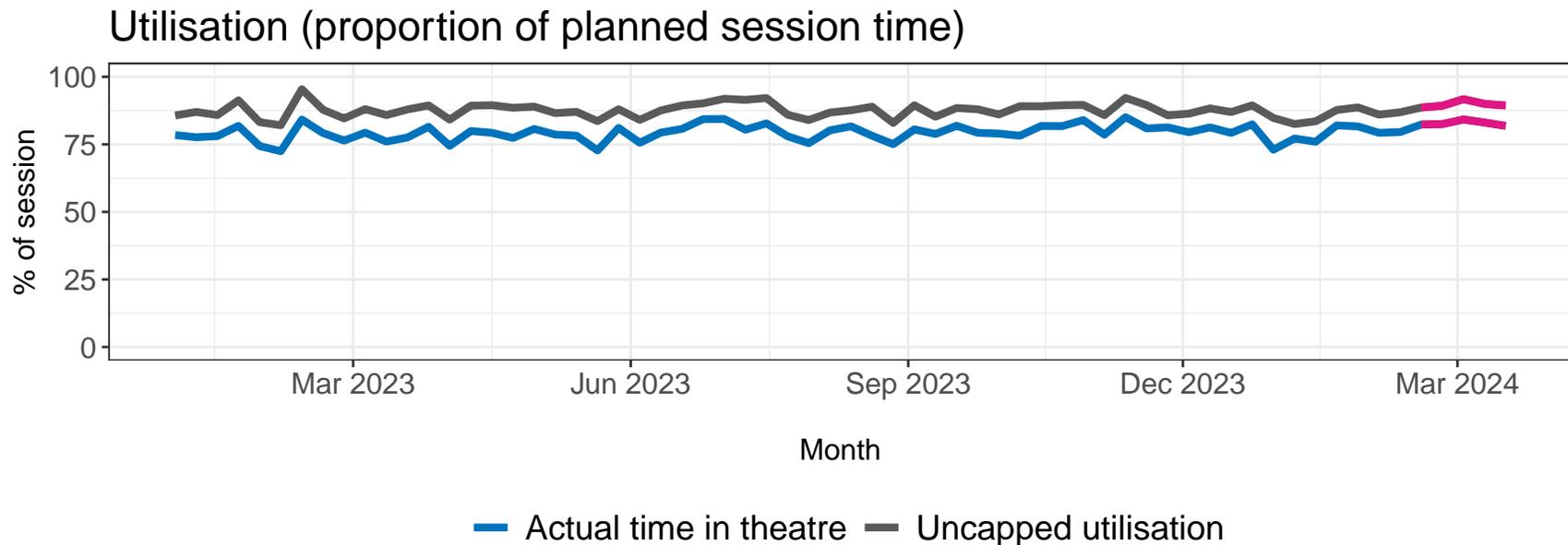
Swansea Bay University Health Board January 2023 – March 2024

## 5. Touchtime utilisation

### 5.1 Uncapped vs. touchtime utilisation

This chart tracks the average theatre uncapped utilisation vs the “actual time in theatre” by week throughout the period of January 2023 - March 2024.

Uncapped utilisation is defined as the actual session start - actual session end time over the planned session start - planned session end time. The actual time in theatre (touchtime) of each case is calculated as the difference from “into anaesthetics” to “out of theatre”. Please note only standard sessions have been included in this calculation. A standard session includes ‘standard’, ‘elective’ and ‘day surgery’ session types.



Swansea Bay University Health Board January 2023 – March 2024

## 5.2 Theatre procedure timings

These charts show the mean time taken at each step of the procedure for the last four weeks and the overall mean from January 2023 to February 2024.

Last four weeks



Swansea Bay University Health Board January 2023 – March 2024

Jan 2023 to Feb 2024



Swansea Bay University Health Board January 2023 – March 2024

## 6. Median turnaround time between cases

This chart examines the turnaround times, or median time (minutes) between cases by specialty at the site level. The time period considered is January 2023 - March 2024.

Only standard sessions are considered in this analysis (session type: Elective, Standard) and the following exclusions have been made at the case level: private patients, emergency cases and cancellations. Turnaround time is defined as the time between the start of a case and the end of the previous case on the list within a session. The start of the case is defined as: time event into anaes, if that is unavailable time of induction is taken, then into theatre if both induction and into anaes are unavailable. The end of the case is defined as: time event into recovery. If that is unavailable, time event out of theatre is taken, and if both of those are unavailable time event closure + 10 minutes is taken. This methodology is standard across NHS England.

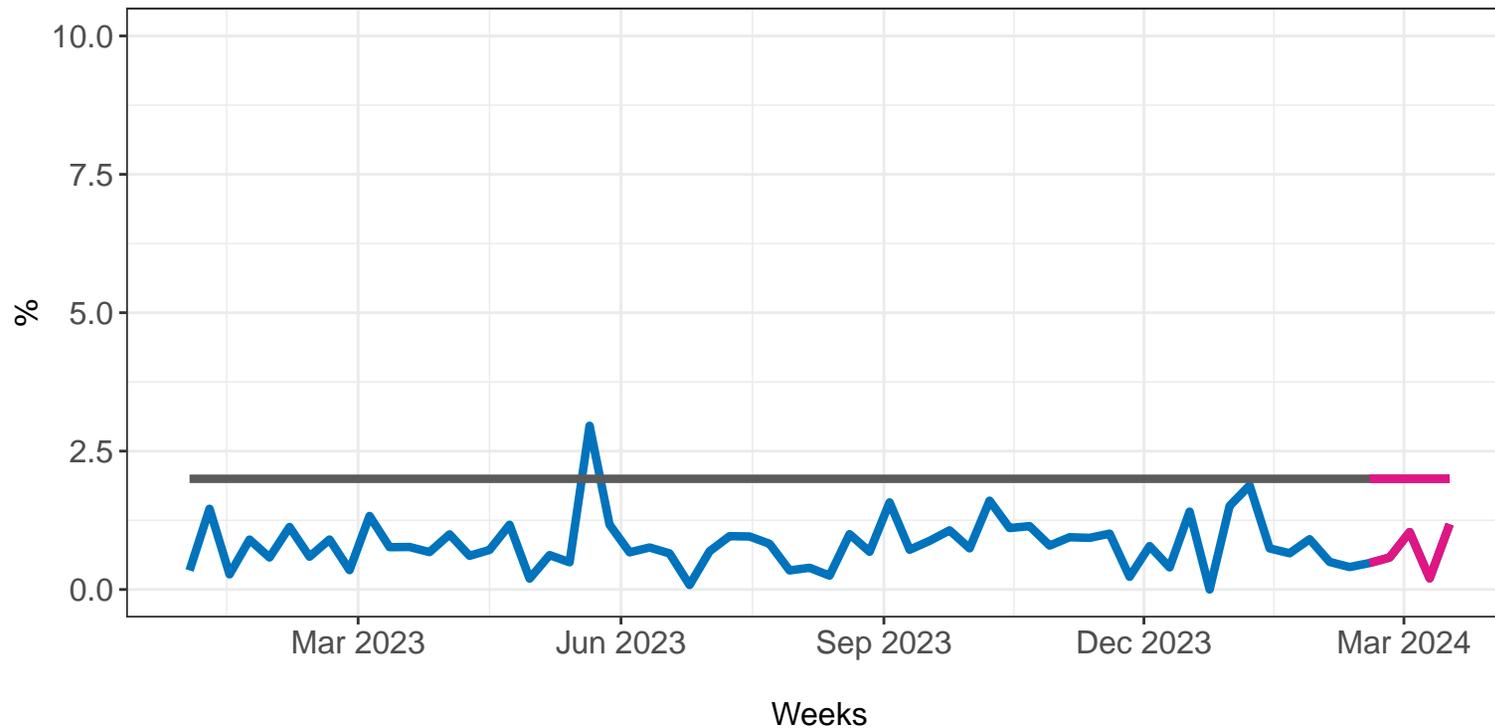
Turnaround times of less than 0 minutes and greater than 400 minutes are treated as data quality issues and removed from analysis.

Specialty	From Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)	10th Decile England Benchmark	Volume: Jan 2023 to Feb 2024	Volume: Last four weeks
Cardiology	3 mins	NA mins	NA	NA	38	0
Cardiothoracic Surgery	28 mins	27 mins	-4	NA	180	16
Ear, Nose And Throat	16 mins	16 mins	0	8.1	862	94
General Surgery	16 mins	16 mins	0	9.4	2,260	171
Gynaecology	16 mins	14 mins	-12	7.3	706	64
Ophthalmology	6 mins	6 mins	0	6.3	2,209	163
Oral/Maxillo Facial Surgery	17 mins	24 mins	41	NA	439	34
Paediatric Surgery	11 mins	8 mins	-27	NA	44	6
Plastic Surgery	15 mins	14 mins	-7	NA	1,157	92
Trauma And Orthopaedic	13 mins	10 mins	-23	NA	2,105	196
Urology	15 mins	13 mins	-13	9.0	916	93

## 7. Emergency surgery conducted in standard sessions

This chart examines the proportion of standard sessions (session type Elective/Standard) in which at least one emergency case was performed throughout the time period of January 2023 - March 2024. A weekly average of **2.1%** of cases conducted in standard sessions are emergency cases. The last four weeks of data are highlighted in red.

Proportion of standard sessions with emergency surgery



— Health Board Value — National England Average

Swansea Bay University Health Board January 2023 – March 2024

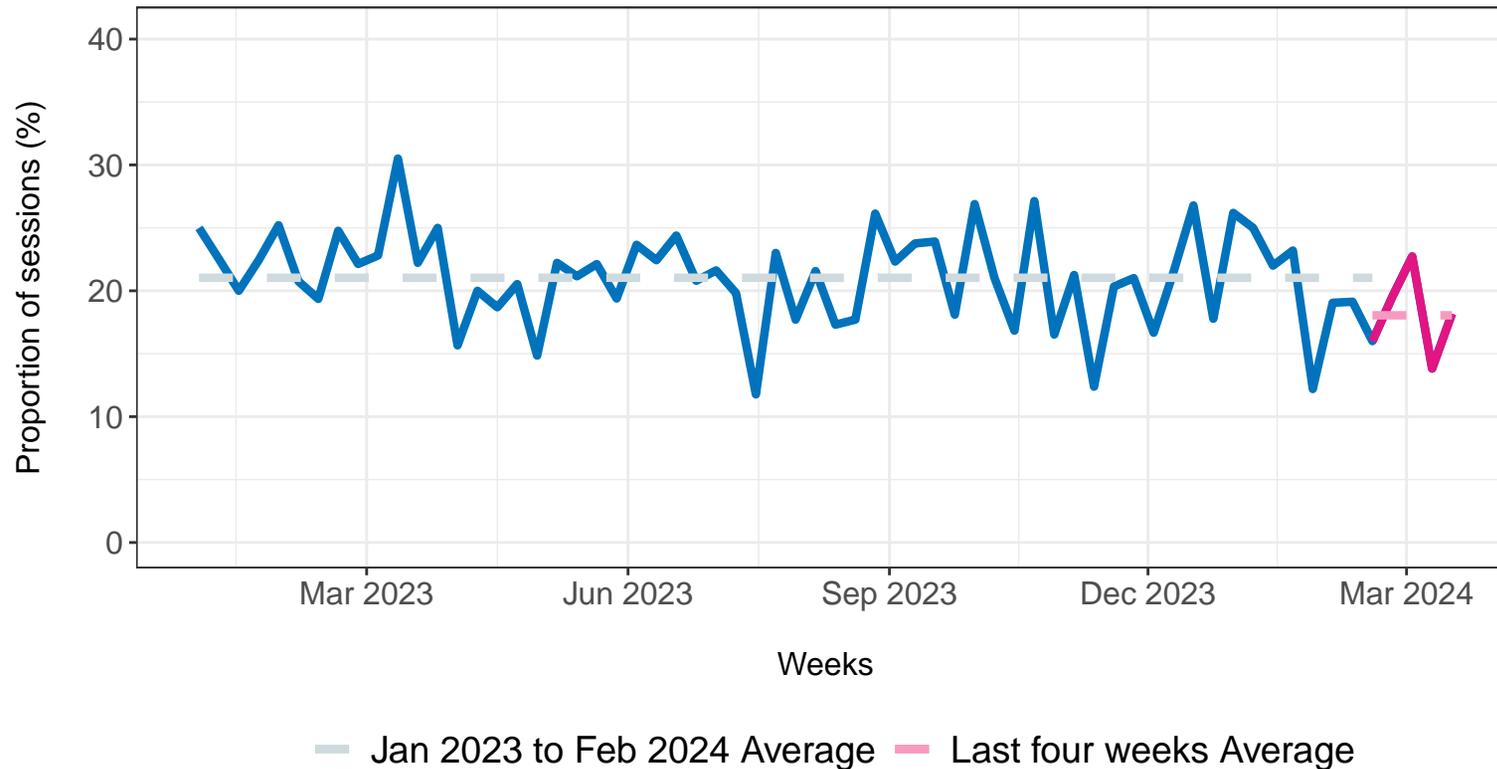
## 8. Cancellations

### 8.1 Same day cancellations over time

These charts look at the proportion of same day cancellations over time. The proportion of standard sessions (session type Elective/Standard) with at least one same day cancellation was **21%** over the period January 2023 to February 2024, and **18.4%** in the last four weeks.

Please note that this chart includes only standard sessions.

## Proportion of standard sessions per week with at least one same day cancellation

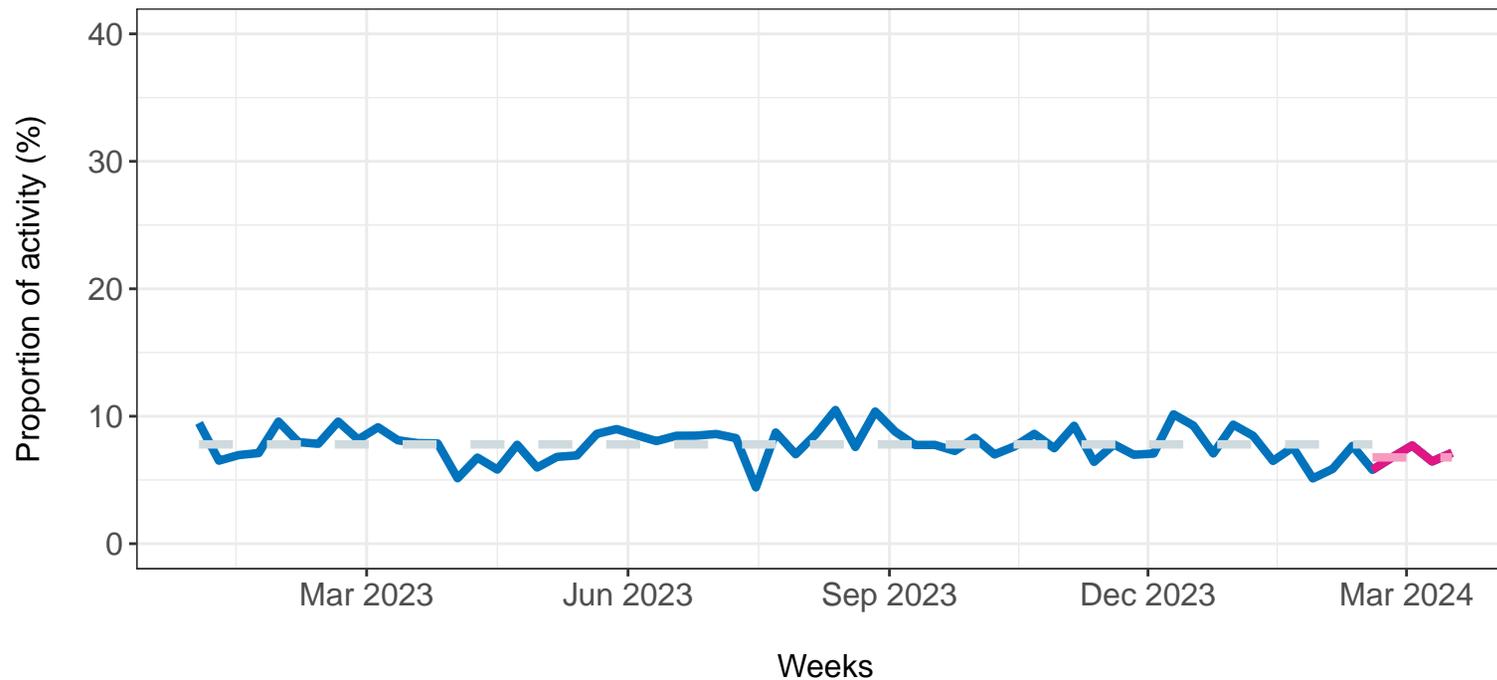


Swansea Bay University Health Board January 2023 – March 2024

## 8.2 Same day cancellations

This chart looks at same day cancellations as a proportion of total elective activity (admission type: elective, day case and inpatient). In the last four weeks, **191** elective cases have been cancelled on the day of the operation. Private patients have been excluded from analysis.

### Number of same day cancellations as a % of total elective activity



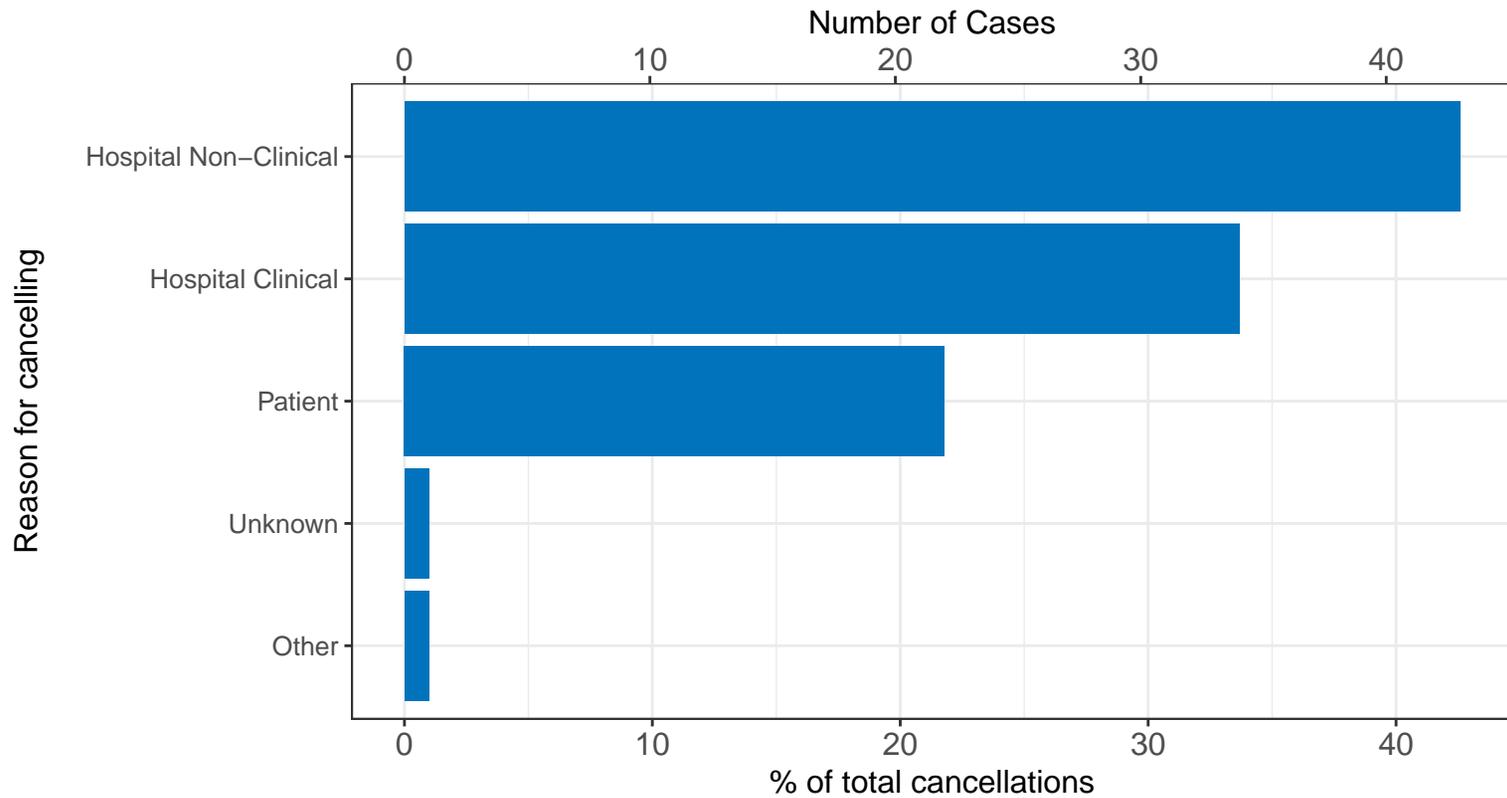
— Jan 2023 to Feb 2024 average — Last four weeks average

Swansea Bay University Health Board January 2023 – March 2024

## 9. Same day cancellation by reason

This chart looks at the proportion of same day cancellations by reason out of total number of same day cancellations. Private patients have been excluded from analysis.

Proportion of total cancellations by reason  
in the last four weeks



Swansea Bay University Health Board January 2023 – March 2024

The following table looks at the top 3 reasons for cancellation by site and their volume of cases for the last four weeks of data. Private patients have been excluded from analysis.

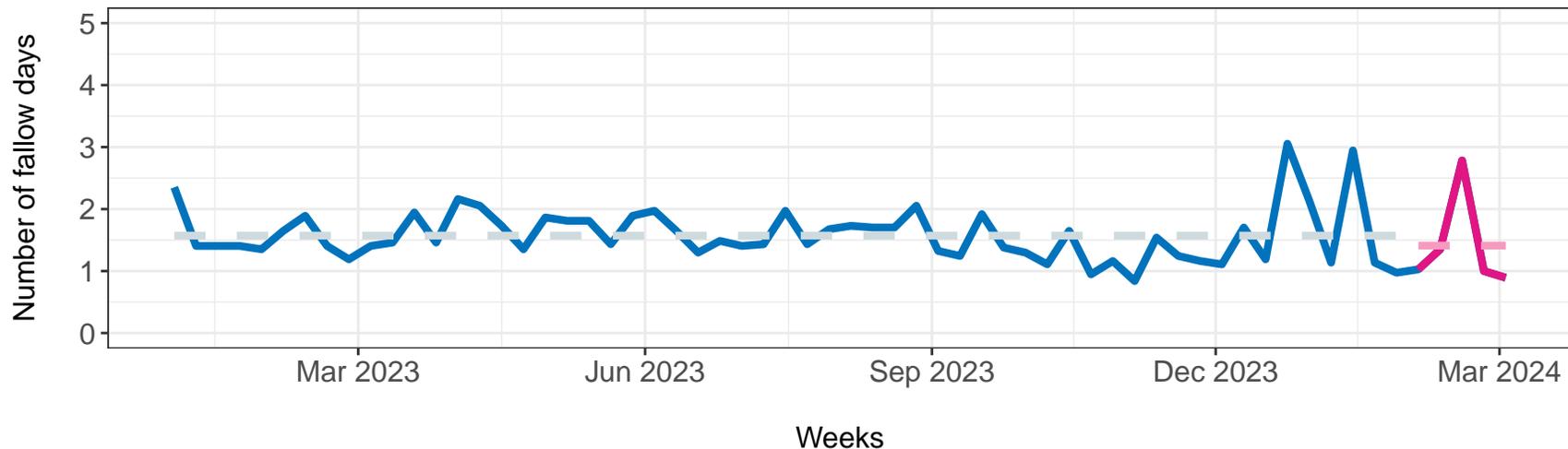
Site	Cancellation Reason	Number of same day cancellations
Singleton Hospital (7A3C4)	Hospital Clinical	15
Singleton Hospital (7A3C4)	Hospital Non-Clinical	14
Singleton Hospital (7A3C4)	Patient	7
Morrison Hospital (7A3C7)	Hospital Non-Clinical	17
Morrison Hospital (7A3C7)	Patient	10
Morrison Hospital (7A3C7)	Hospital Clinical	6
Neath Port Talbot Hospital (7A3CJ)	Hospital Clinical	13
Neath Port Talbot Hospital (7A3CJ)	Hospital Non-Clinical	12
Neath Port Talbot Hospital (7A3CJ)	Patient	5

## 10. Fallow Days

These charts examine the total number of fallow days across all theatres by the day of week, and the average number of fallow days per week. The average is **1.6** fallow day(s) per theatre per week.

Fallow days are days in which no surgeries take place, irrespective of reason (including unavoidable closures like maintenance etc., though these are a minority and excluding fallow days that occur on weekends). Please note the most recent two weeks of data are excluded from this calculation for data quality reasons.

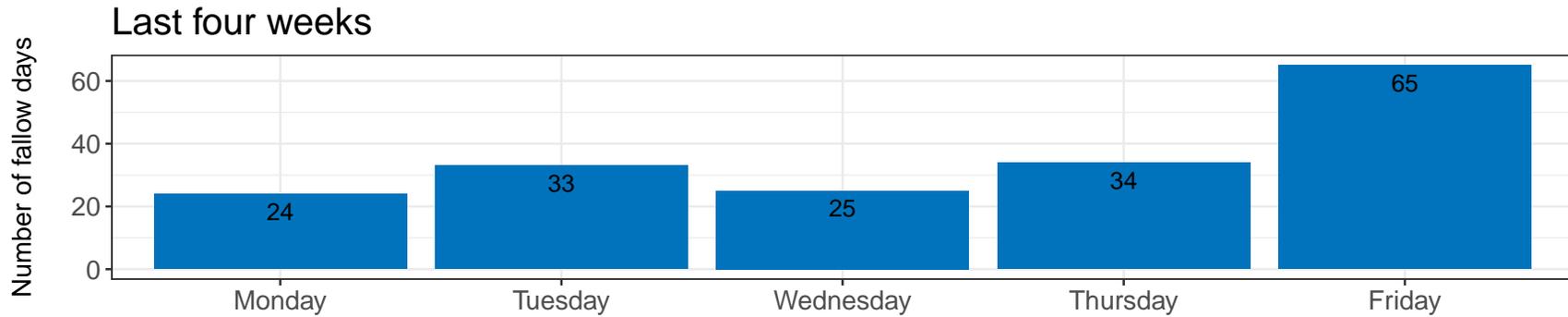
### Average number of days per theatre in which no activity takes place



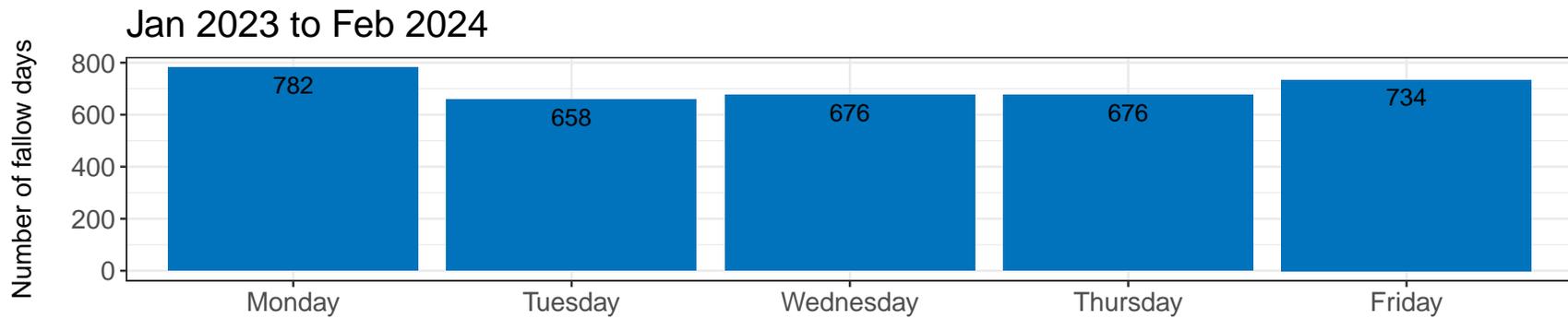
— Jan 2023 to Feb 2024 average — Last four weeks average

Swansea Bay University Health Board January 2023 – March 2024

The following charts show the total number of fallow days by day of week.



Swansea Bay University Health Board January 2023 – March 2024



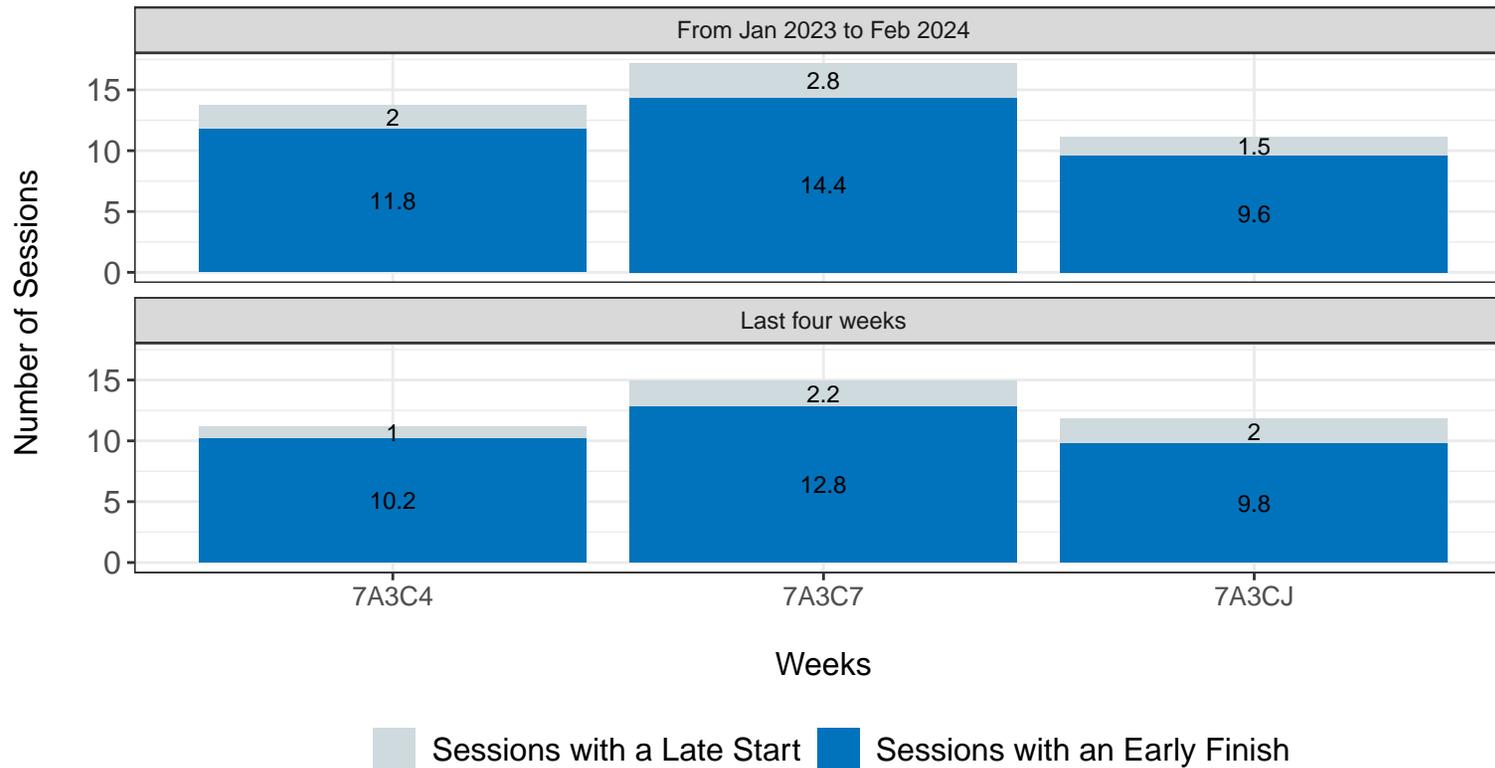
Swansea Bay University Health Board January 2023 – March 2024

## 11. Late starts and early finishes

Across the health board, there is an average of **41** sessions with an early start or late finish >1 hour per week. With an average elective (admission type: elective, day case and inpatient) case length of **53** minutes from incision to closure, this equates to lost cases of around **100** per week using the average late start time (**94** minutes) and average early finish time (**134** minutes).

Please note only standard (Elective/Standard) sessions have been included in analysis. The following exclusions were made at the case level: cancelled procedures, emergency cases, private patients and NA procedure timings.

## Average number of sessions with a late start or early finish (>1 hour) per week



Swansea Bay University Health Board January 2023 – March 2024

Monthly average number of sessions with late starts greater than or equal to one hour by month and site.

Site	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Singleton Hospital (7A3C4)	7	3	-57
Morrison Hospital (7A3C7)	9	10	11
Neath Port Talbot Hospital (7A3CJ)	4	5	25

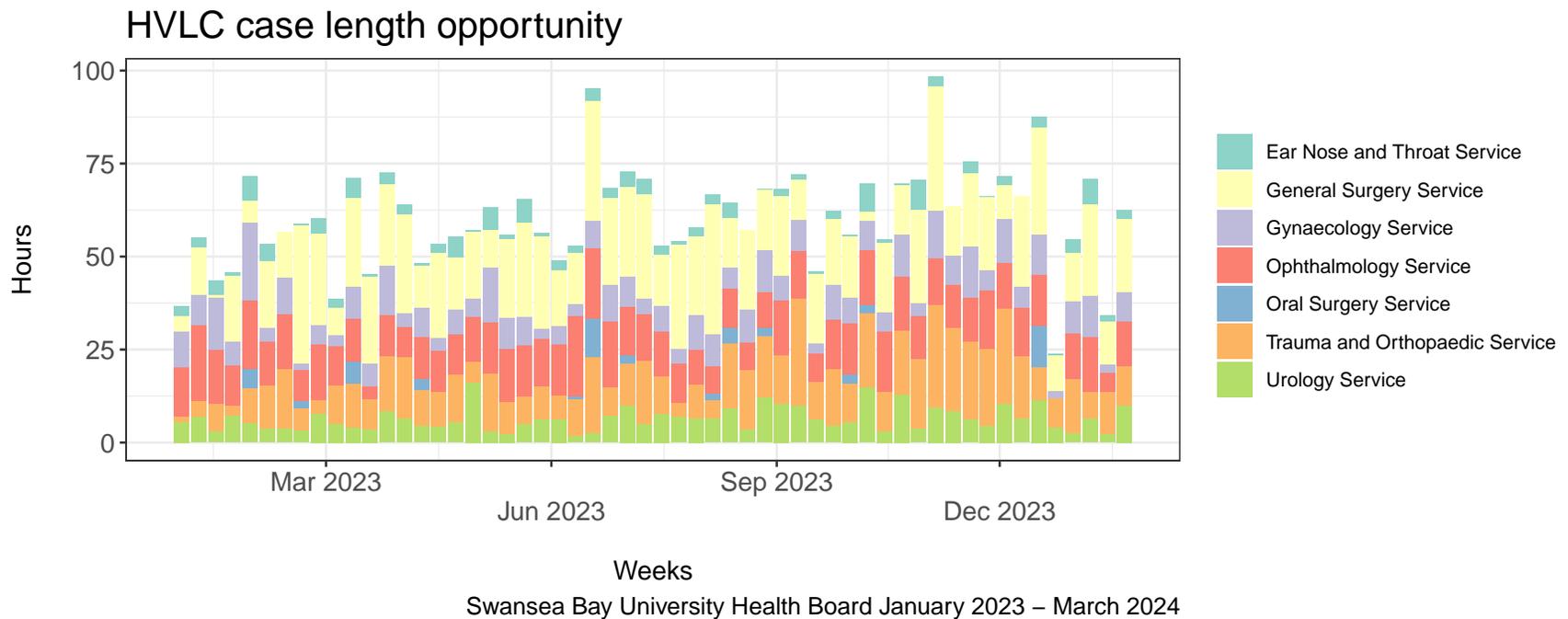
Monthly average number of sessions with early finishes greater than or equal to one hour by month and site.

Site	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Singleton Hospital (7A3C4)	52	46	-12
Morrison Hospital (7A3C7)	61	57	-7
Neath Port Talbot Hospital (7A3CJ)	39	46	18

## 12. HVLC Opportunity

### 12.1 Case length opportunity by speciality

This chart looks at the weekly HVLC case length opportunity throughout the time period January 2023 - March 2024. The available time per session is estimated by calculating unused space in each session (downtime, early finishes and late starts) and the time saved by delivering HVLC procedures at GIRFT standards per session. The most recent 2 months of data have been excluded from this calculation to account for the data validation period.



This table looks at the HVLC case length opportunity by month. HVLC case length opportunity is defined as the number of hours that would be available if HVLC procedures were delivered in line with GIRFT standards.

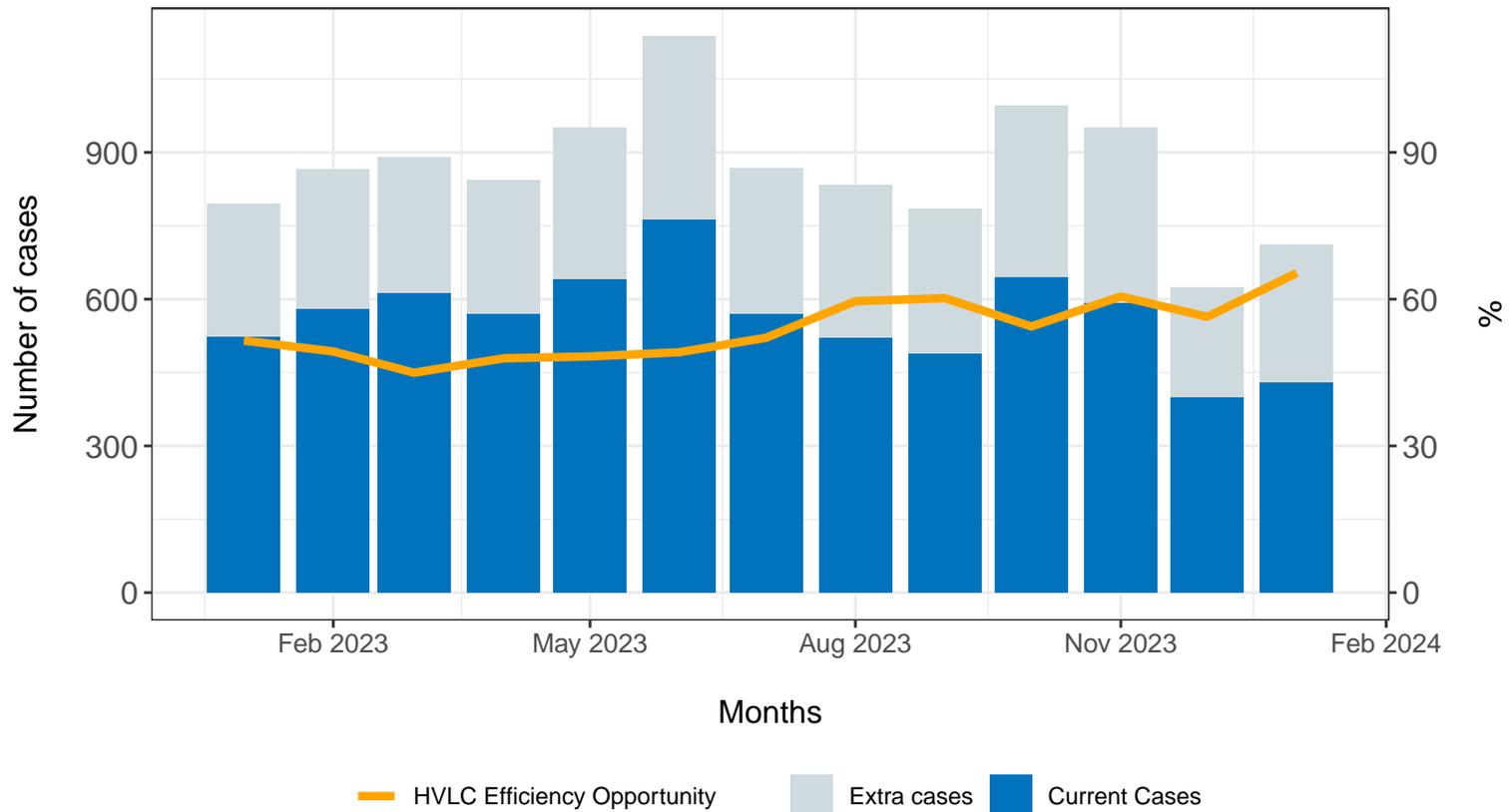
Specialty	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023
Ear Nose and Throat Service	12	15	11	14	7	6	17
General Surgery Service	93	82	84	116	86	69	77
Gynaecology Service	26	33	25	32	35	27	34
Ophthalmology Service	54	55	72	58	35	48	71
Oral Surgery Service	3	NA	11	2	8	NA	5
Trauma and Orthopaedic Service	54	40	45	51	55	68	76
Urology Service	36	16	17	36	31	31	40

## 12.2 Extra cases opportunity

This chart looks at the weekly HVLC case number opportunity throughout the time period January 2023 - March 2024. Case opportunity is calculated using the total opportunity by session (including early finishes, late starts, time between cases and HVLC case length opportunity), and dividing by the HVLC GIRFT standard procedure time. The most recent 2 months of data have been excluded from this calculation to account for the data validation period.

Please note that procedures highlighted is where there is an opportunity for improvement.

### HVLC extra cases opportunity



Swansea Bay University Health Board January 2023 – March 2024

### 12.3 Summary opportunity

This table summarises the potential total case opportunities outlined in this data pack. For the sessions that went ahead, it sums the total opportunity from late starts, early finishes, time between cases and HVLC case length. It expresses this as the total opportunity available in terms of additional HVLC cases per month for the relevant specialties. The calculation does not include activity available from reducing fallow lists as we are unable to say whether funding is available for all sessions that are currently identified as fallow.

Specialty	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023
ENT	4	11	12	17	3	3	10
General Surgery	70	66	70	79	83	67	61
Gynaecology	19	40	23	21	36	32	34
Ophthalmology	128	150	227	149	131	138	174
Orthopaedic Surgery	10	3	1	1	10	21	25
Spinal Surgery	13	4	11	10	10	11	9
Urology	29	36	31	20	38	23	38

### 13. HVLC timings

The following table shows the average HVLC timing at the health board and the GIRFT standard benchmark. Cells have been shaded red where the difference between the health board value and the GIRFT standard is greater than 15 minutes.

Procedure	Adjusted GIRFT HVLC standard (hours)	Median case length for health board (hours)	Difference (minutes)
Bladder outflow obstruction surgery	1.2	1.5	18
Bunions	0.9	1.8	54
Cataract surgery	0.4	0.5	6
Cervical spine decompression/fusion	2.0	3.2	72
Cystoscopy plus	0.6	0.8	12
Diagnostic laparoscopy	1.2	2.2	60
Endo sinus surgery	2.0	2.1	6
Endometrial ablation	0.6	1.0	24
Hysteroscopy	0.5	0.8	18
Inguinal hernia	0.9	1.8	54
Laparoscopic cholecystectomy	1.2	2.0	48
Lumbar medical branch block/facet joint injections	0.3	0.4	6
Lumbar nerve root block/epidural	0.3	0.4	6
Minor penoscrotal surgery	0.9	1.1	12
Myringoplasty	2.0	2.3	18
Nasal airway surgery	1.2	3.2	120
One or two level posterior fusion surgery	4.2	4.5	18
Paraumbilical hernia	0.9	1.4	30
Posterior lumbar decompression / Discectomy	2.0	2.8	48
TURBT	0.9	1.0	6
Tonsillectomy	1.2	1.0	-12
Total Hip Replacement	2.0	2.1	6
Total Knee Replacement	2.0	2.1	6
Ureteroscopy and stent management	1.2	1.4	12
Vaginal hysterectomy	2.0	2.4	24

## 14. Appendix: Site and Theatre Level Metrics

This table looks at metric related to theatre usage, session activity and procedure activity at the site level within the health board. Please note these figures include ALL sites and ALL theatres at the Health Board. The percent difference has been coloured green where activity has increased in the last four weeks compared to the Jan 2023 to Feb 2024 overall average.

Please note the majority of maternity cases are coded under emergency and/or obstetrics.

Site	Metric	From Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
<b>Theatre Usage</b>				
Singleton Hospital	Average number of theatres in use per week	9	9	0
Morrison Hospital	Average number of theatres in use per week	17.6	17.8	1.1
Neath Port Talbot Hospital	Average number of theatres in use per week	5.7	7.8	34.9
<b>Session Level Activity</b>				
Singleton Hospital	Average number of: Emergency sessions per week	6.1	7.2	19.5
Singleton Hospital	Average number of: Private sessions per week	1.2	1.5	29.7
Singleton Hospital	Average number of: Standard sessions per week	42.6	40	-6
Singleton Hospital	Average number of: Trauma sessions per week	4.8	4.2	-10
Morrison Hospital	Average number of: Emergency sessions per week	18.3	21.2	15.9
Morrison Hospital	Average number of: Standard sessions per week	39.3	42.5	8
Morrison Hospital	Average number of: Trauma sessions per week	22.2	22.2	0.3
Neath Port Talbot Hospital	Average number of: Emergency sessions per week	1.1	1	-10
Neath Port Talbot Hospital	Average number of: Standard sessions per week	23.7	25.8	8.7
Neath Port Talbot Hospital	Average number of: Trauma sessions per week	1	NA	NA
<b>Procedure Level Activity</b>				
Singleton Hospital	Average number of cases per: Emergency session	1.6	1.6	1.7
Singleton Hospital	Average number of cases per: Private session	2.8	2.5	-10
Singleton Hospital	Average number of cases per: Standard session	3.6	3.4	-6
Singleton Hospital	Average number of cases per: Trauma session	4.5	5.3	17.2
Morrison Hospital	Average number of cases per: Emergency session	3.2	3	-5

(continued)

Site	Metric	From Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Morrison Hospital	Average number of cases per: Standard session	2.5	2.5	-0.1
Morrison Hospital	Average number of cases per: Trauma session	3.1	3.1	1.6
Neath Port Talbot Hospital	Average number of cases per: Emergency session	1	1	0
<b>Neath Port Talbot Hospital</b>	<b>Average number of cases per: Standard session</b>	<b>3.7</b>	<b>3.7</b>	<b>0.8</b>
Neath Port Talbot Hospital	Average number of cases per: Trauma session	3	NA	NA
Singleton Hospital	Overall average number of cases per week	188.5	172.8	-8
Morrison Hospital	Overall average number of cases per week	222.9	237.8	6.7
Neath Port Talbot Hospital	Overall average number of cases per week	86.7	95.5	10.1

### 14.1 Theatre level median turnaround time between cases

This chart examines the turnaround times, or median time (minutes) between cases by specialty at the theatre level. The time period considered is January 2023 - March 2024.

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Average turnaround time between cases				
Singleton Hospital	DAY THEATRE A	6	5	-17
Singleton Hospital	DAY THEATRE B	6	6	0
Singleton Hospital	DAY THEATRE C	5	6	20
Singleton Hospital	THEATRE 1	16	14	-12
Singleton Hospital	THEATRE 2	16	17	6
Singleton Hospital	THEATRE 3	16	15	-6
Singleton Hospital	THEATRE 4	17	21	24
Singleton Hospital	THEATRE 5	20	19	-5
Singleton Hospital	THEATRE 6	16	14	-12

(continued)

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Morrison Hospital	CARDIAC 1	16	19	19
Morrison Hospital	THEATRE 10	21	14	-33
Morrison Hospital	THEATRE 11	14	11	-21
Morrison Hospital	THEATRE 12	16	15	-6
Morrison Hospital	THEATRE 14	21	16	-24
Morrison Hospital	THEATRE 15	20	106	430
Morrison Hospital	THEATRE 16	20	20	0
Morrison Hospital	THEATRE 17	20	15	-25
Morrison Hospital	THEATRE 18	25	22	-12
Morrison Hospital	THEATRE 19	19	14	-26
Morrison Hospital	THEATRE 20	28	28	0
Morrison Hospital	THEATRE 4	19	NA	NA
Morrison Hospital	THEATRE 8	18	20	11
Morrison Hospital	THEATRE 9	22	15	-32
Neath Port Talbot Hospital	THEATRE 1	11	9	-18
Neath Port Talbot Hospital	THEATRE 2	13	10	-23
Neath Port Talbot Hospital	THEATRE 3	14	15	7
Neath Port Talbot Hospital	THEATRE 4	13	13	0
Neath Port Talbot Hospital	THEATRE 5	13	12	-8
Neath Port Talbot Hospital	THEATRE 6	12	9	-25
Neath Port Talbot Hospital	THEATRE 7	10	8	-20
Neath Port Talbot Hospital	THEATRE 8	14	10	-29

## 14.2 Theatre level fallow days per week

This table shows the total number of fallow days by site and theatre. The most recent two weeks of data are excluded from this calculation due to data quality reasons.

Site	Theatre Code	Average from Jan 2023 to Feb 2024	Average in last four weeks
Singleton Hospital	DAY THEATRE A	0.7	0.4
Singleton Hospital	THEATRE 1	0.7	0.4
Singleton Hospital	THEATRE 3	0.6	0.6
Singleton Hospital	DAY THEATRE C	0.9	0.8
Singleton Hospital	THEATRE 4	0.5	0.8
Singleton Hospital	DAY THEATRE B	0.9	1.0
Singleton Hospital	THEATRE 2	0.7	1.2
Singleton Hospital	THEATRE 6	1.5	1.2
Singleton Hospital	THEATRE 5	0.8	1.4
Morrison Hospital	THEATRE 2	0.4	0.0
Morrison Hospital	THEATRE 5	0.4	0.0
Morrison Hospital	THEATRE 1	0.2	0.2
Morrison Hospital	THEATRE 6	0.3	0.2
Morrison Hospital	THEATRE 14	1.4	0.4
Morrison Hospital	THEATRE 19	1.4	0.4
Morrison Hospital	THEATRE 3	0.1	0.4
Morrison Hospital	THEATRE 18	1.6	0.6
Morrison Hospital	CARDIAC 1	1.1	0.8
Morrison Hospital	THEATRE 10	0.6	0.8
Morrison Hospital	THEATRE 16	1.6	0.8
Morrison Hospital	THEATRE 17	1.0	1.0
Morrison Hospital	THEATRE 20	1.3	1.0
Morrison Hospital	THEATRE 12	2.2	1.4
Morrison Hospital	THEATRE 11	2.6	1.8
Morrison Hospital	THEATRE 8	4.6	1.8
Morrison Hospital	THEATRE 9	0.8	2.2

(continued)

Site	Theatre Code	Average from Jan 2023 to Feb 2024	Average in last four weeks
Morrison Hospital	THEATRE 15	3.2	2.8
Morrison Hospital	THEATRE 4	2.7	4.2
Morrison Hospital	THEATRE 7	4.9	4.2
Neath Port Talbot Hospital	THEATRE 1	0.8	0.6
Neath Port Talbot Hospital	THEATRE 4	0.9	1.0
Neath Port Talbot Hospital	THEATRE 7	3.3	1.0
Neath Port Talbot Hospital	THEATRE 3	1.0	1.4
Neath Port Talbot Hospital	THEATRE 2	1.8	1.6
Neath Port Talbot Hospital	THEATRE 6	2.8	2.2
Neath Port Talbot Hospital	THEATRE 8	4.1	2.2
Neath Port Talbot Hospital	THEATRE 5	3.7	3.6

### 14.3 Theatre level breakdown: Late starts

The following table displays late starts at theatre level.

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Average number of sessions with late starts per week				
Morrison Hospital	CARDIAC 1	2	3	50
Singleton Hospital	DAY THEATRE A	1	NA	NA
Singleton Hospital	DAY THEATRE B	1	NA	NA
Singleton Hospital	DAY THEATRE C	1	NA	NA
Singleton Hospital	THEATRE 1	1	NA	NA
Neath Port Talbot Hospital	THEATRE 1	2	2	0
Morrison Hospital	THEATRE 10	1	NA	NA
Morrison Hospital	THEATRE 12	2	1	-50
Morrison Hospital	THEATRE 14	1	1	0
Morrison Hospital	THEATRE 15	1	2	100
Morrison Hospital	THEATRE 16	1	1	0
Morrison Hospital	THEATRE 17	1	NA	NA
Morrison Hospital	THEATRE 18	1	NA	NA
Morrison Hospital	THEATRE 19	1	1	0
Singleton Hospital	THEATRE 2	1	1	0
Neath Port Talbot Hospital	THEATRE 2	1	1	0
Morrison Hospital	THEATRE 20	1	NA	NA
Singleton Hospital	THEATRE 3	2	NA	NA
Neath Port Talbot Hospital	THEATRE 3	2	NA	NA
Singleton Hospital	THEATRE 4	2	NA	NA
Morrison Hospital	THEATRE 4	1	NA	NA
Neath Port Talbot Hospital	THEATRE 4	1	NA	NA
Singleton Hospital	THEATRE 5	2	1	-50
Neath Port Talbot Hospital	THEATRE 5	1	NA	NA
Singleton Hospital	THEATRE 6	1	1	0
Neath Port Talbot Hospital	THEATRE 6	1	2	100

(continued)

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Morrison Hospital	THEATRE 9	2	NA	NA

### 14.4 Theatre level breakdown: Early finishes

The following table displays early finishes at theatre level.

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Average number of sessions with early finishes per week				
Morrison Hospital	CARDIAC 1	9	5	-44
Singleton Hospital	DAY THEATRE A	5	4	-20
Singleton Hospital	DAY THEATRE B	7	4	-43
Singleton Hospital	DAY THEATRE C	4	6	50
Singleton Hospital	THEATRE 1	1	NA	NA
Neath Port Talbot Hospital	THEATRE 1	9	9	0
Morrison Hospital	THEATRE 10	7	8	14
Morrison Hospital	THEATRE 11	7	2	-71
Morrison Hospital	THEATRE 12	6	4	-33
Morrison Hospital	THEATRE 14	2	8	300
Morrison Hospital	THEATRE 15	3	2	-33
Morrison Hospital	THEATRE 16	3	6	100
Morrison Hospital	THEATRE 17	4	2	-50
Morrison Hospital	THEATRE 18	3	2	-33
Morrison Hospital	THEATRE 19	3	4	33
Singleton Hospital	THEATRE 2	6	5	-17
Neath Port Talbot Hospital	THEATRE 2	5	3	-40
Morrison Hospital	THEATRE 20	6	5	-17
Singleton Hospital	THEATRE 3	8	4	-50
Neath Port Talbot Hospital	THEATRE 3	11	6	-45
Singleton Hospital	THEATRE 4	8	7	-12
Morrison Hospital	THEATRE 4	2	NA	NA
Neath Port Talbot Hospital	THEATRE 4	8	9	12
Singleton Hospital	THEATRE 5	7	6	-14
Neath Port Talbot Hospital	THEATRE 5	3	NA	NA
Singleton Hospital	THEATRE 6	7	10	43

(continued)

Site	Theatre Code	Jan 2023 to Feb 2024	Last four weeks	Percent Difference (%)
Neath Port Talbot Hospital	THEATRE 6	4	8	100
Neath Port Talbot Hospital	THEATRE 7	8	4	-50
Morrison Hospital	THEATRE 9	11	7	-36

### 14.5 HVLC Site Level Analysis: Time Opportunity

The following table displays the total amount of time (hours) available for HVLC cases based off GIRFT HVLC standards by specialty per month. Sessions with case length opportunity >0 have been included in this calculations, and only the main HVLC specialties have been included. The most recent three months of data have been excluded from the calculation due to the data validation period for OPCS coding. No other exclusions have been made to the data.

Site	Specialty	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Percent Difference Jun to Jul(%)
HVLC Time Opportunity at Site									
Singleton Hospital	Ear Nose and Throat Service	4	7	8	8	8	9	6	-33
Singleton Hospital	General Surgery Service	5	10	17	21	26	27	24	-11
Singleton Hospital	Gynaecology Service	48	19	29	22	30	22	29	32
Singleton Hospital	Ophthalmology Service	77	50	37	54	55	72	58	-19
Singleton Hospital	Oral Surgery Service	2	0	6	3	0	0	2	Inf
Morrison Hospital	Ear Nose and Throat Service	12	2	4	4	7	2	8	300
Morrison Hospital	General Surgery Service	23	66	54	54	42	45	79	76
Morrison Hospital	Gynaecology Service	7	0	0	2	0	0	0	NA
Morrison Hospital	Oral Surgery Service	3	2	0	0	0	11	0	-100
Morrison Hospital	Trauma and Orthopaedic Service	10	19	23	37	28	26	28	8
Morrison Hospital	Urology Service	19	11	11	27	9	11	21	91
Neath Port Talbot Hospital	General Surgery Service	13	17	5	18	14	13	12	-8
Neath Port Talbot Hospital	Gynaecology Service	4	1	2	2	3	3	2	-33
Neath Port Talbot Hospital	Trauma and Orthopaedic Service	15	18	22	17	13	18	23	28

(continued)

Site	Specialty	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Percent Difference Jun to Jul(%)
Neath Port Talbot Hospital	Urology Service	9	7	10	9	7	6	15	150

## 14.6 HVLC Site Level Analysis: Extra Case Opportunity

The following table displays the total number of additional cases possible for HVLC procedures based off GIRFT HVLC standards by specialty per month considering the total amount of extra time opportunity per session (late starts, early finishes, HVLC case length opportunity and time between cases). Only the main HVLC specialties have been included and the most recent three months of data have been excluded from the calculation due to the data validation period for OPCS coding. No other exclusions have been made to the data.

Site	Specialty	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Percent Difference Jun to Jul(%)
Singleton Hospital	ENT	2	3	8	2	2	5	4	-20
Singleton Hospital	General Surgery	2	8	14	21	23	16	31	94
Singleton Hospital	Gynaecology	19	12	21	10	33	17	15	-12
Singleton Hospital	Ophthalmology	171	164	136	128	150	234	149	-36
Singleton Hospital	Urology	4	2	1	4	7	1	NA	NA
Morrison Hospital	ENT	0	4	7	2	9	7	13	86
Morrison Hospital	General Surgery	29	58	57	47	33	46	54	17
Morrison Hospital	Orthopaedic Surgery	1	NA	NA	3	1	0	1	NA
Morrison Hospital	Spinal Surgery	5	3	5	3	2	11	3	-73
Morrison Hospital	Urology	33	16	12	13	21	28	15	-46
Neath Port Talbot Hospital	General Surgery	6	12	7	14	16	13	11	-15
Neath Port Talbot Hospital	Gynaecology	16	NA	2	9	12	6	6	0
Neath Port Talbot Hospital	Orthopaedic Surgery	3	6	7	7	2	1	0	-100
Neath Port Talbot Hospital	Spinal Surgery	2	18	6	10	2	NA	7	NA
Neath Port Talbot Hospital	Urology	5	4	8	12	8	6	8	33

## 15. Methodology

### 15.1 Theatre data assumptions

Actual start time uses the following time stamps in order of availability:

- Time event: induction
- Time event: into theatre
- Time event: incision

Actual end time uses the following time stamps in order of availability:

- Time event: out of theatre
- Time event: into recovery
- Time event: out of recovery
- Time event: closure

Time stamps such as “00:00:00” are interpreted as data entry errors and treated as missing values.

Cases within a session are ordered based on the actual start and end time, where available. As such, the first (last) case in the session will be the case with the earliest (latest) actual start and end time.

If there are no time stamps available for actual start (end) time and the case is the first (last), then the session start (end) time will be used instead.

Case length is calculated as the difference between the actual end and start time. Cases with a negative case length are interpreted as data entry errors and treated as missing values.

Where the session starts and finishes earlier than planned, the early start is deducted from the early finish opportunity. This ensures opportunity is not assigned to sessions that are not efficiently planned. For example, if a session started and finished 1 hour early, no opportunity is assigned to the session. If instead the session started 30 mins early and finished 1 hour early, a 30 min opportunity is assigned to the session. Similarly, where the session starts and finishes later than planned, the late finish is deducted from the late start opportunity.

tbc

## 15.2 HVLC opportunity methodology

HVLC procedures are identified using the coding recipes developed by GIRFT clinical leads and analysts. Coding recipes are available for download in the 'Methodology' section of the Model Health System. Standard intercase downtime is 10 mins for cataracts and 15 minutes for other HVLC procedures

The available time per session is estimated by:

- Calculating unused space in each session by summing the late starts, early finishes and intercase downtime
- Calculating time saved by delivering HVLC procedures at GIRFT standard per session

Assign an HVLC procedure to the available time per session by choosing the most frequent procedure in the session

- If procedures are equally frequent, select the quickest (based on GIRFT standard cases per session)
- If procedures have the same GIRFT standard, select randomly between the HVLC procedures in the session

Round down the additional cases per session using a threshold of 0.85

- For example, if 1.85 additional cataracts can fit into a session by working more efficiently, 2 additional procedures are assigned to the session
- However, if 1.75 cataracts can fit into a session, only 1 additional procedure is assigned to the session

Sum up the additional cases per session

The following cases were excluded from this calculation:

- Elective sessions where more than 50% of cases are emergency admissions [Emergency Flag = Y]
- Emergency sessions where specialty contains 'Emergency' or the [session code] contains 'CEPOD'
- Other exclusions to [session code] or [specialty] where they contain 'Trauma', 'obstetrics'
- Planned session duration of < 0 minutes or > 1000 minutes
- Cancellation Flag = "Y"