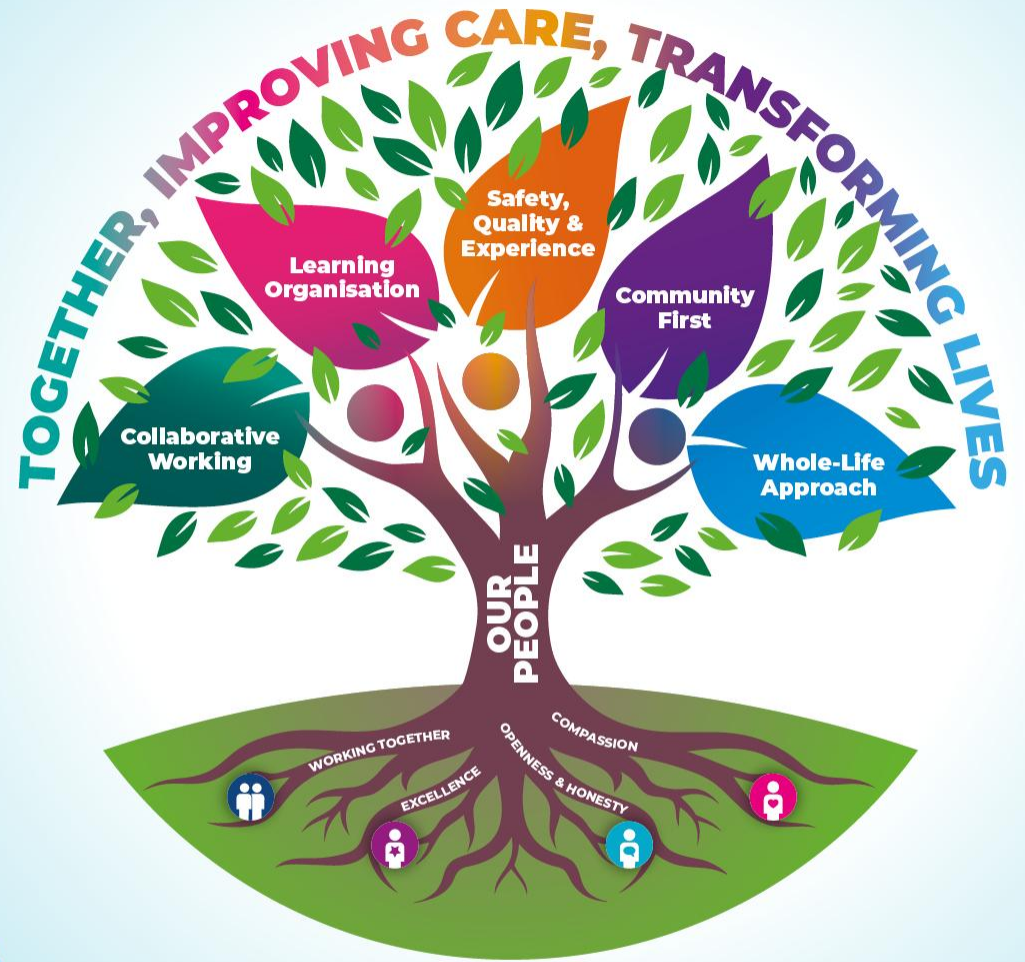


SHSCT Theatre Performance Update

December 2025

Mrs Blaitnid Hughes, Asst Director
for Surgery & ATICS (Interim)



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Elective Main Theatres @ SHSCT

Elective activity is commissioned for 42 x weeks per year; but theatres run 50 weeks of the year;

This supports the allowance of annual leave, study leave etc

Teams should take an annualised approach to ensure attainment of activity

CAH

- 7 elective Theatres
- 71 sessions available pw

DHH

- 4 elective Theatres + 1 bespoke Paediatric Theatre
- 25 Adult sessions + 10 Paed sessions pw = 35

Day Units @ SHSCT

CAH Day Surgical Unit (DSU)

- Elective and Endoscopy Activity
- 19 x sessions commissioned pw

DHH Day Procedure Unit (DPU)

- Endoscopy Only
- 18 x sessions commissioned pw

STH Day Surgical Unit (DSU)

- Elective and Endoscopy Activity
- 35.25 x sessions commissioned pw (inc Trust Bowel CA screening activity)

September 2024: Placement on the SPPG's *Support & Intervention Framework (SIF)*

DHH Elective & Paed =
SIF Level 3

Enhanced monitoring & Support

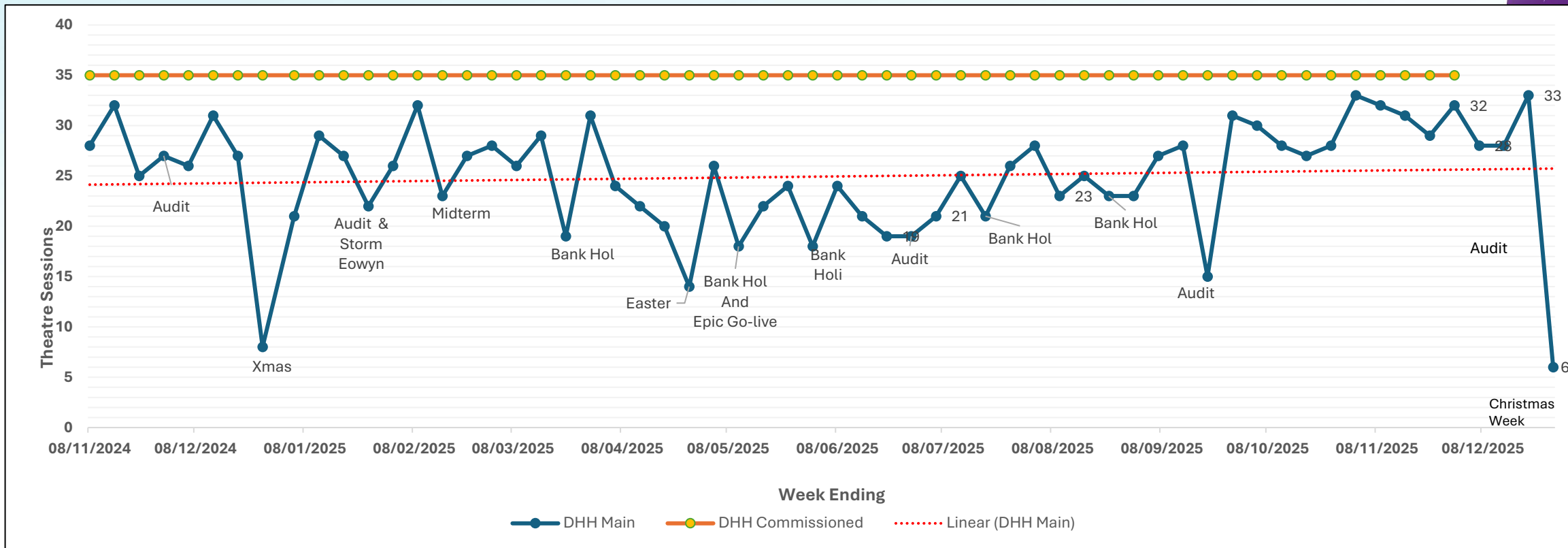
- On SIF (Sept 24) due to low utilisation of lists
- 25/35 (including 4/10 paed)

CAH Main Theatres
SIF Level 2

Enhanced monitoring area of concern

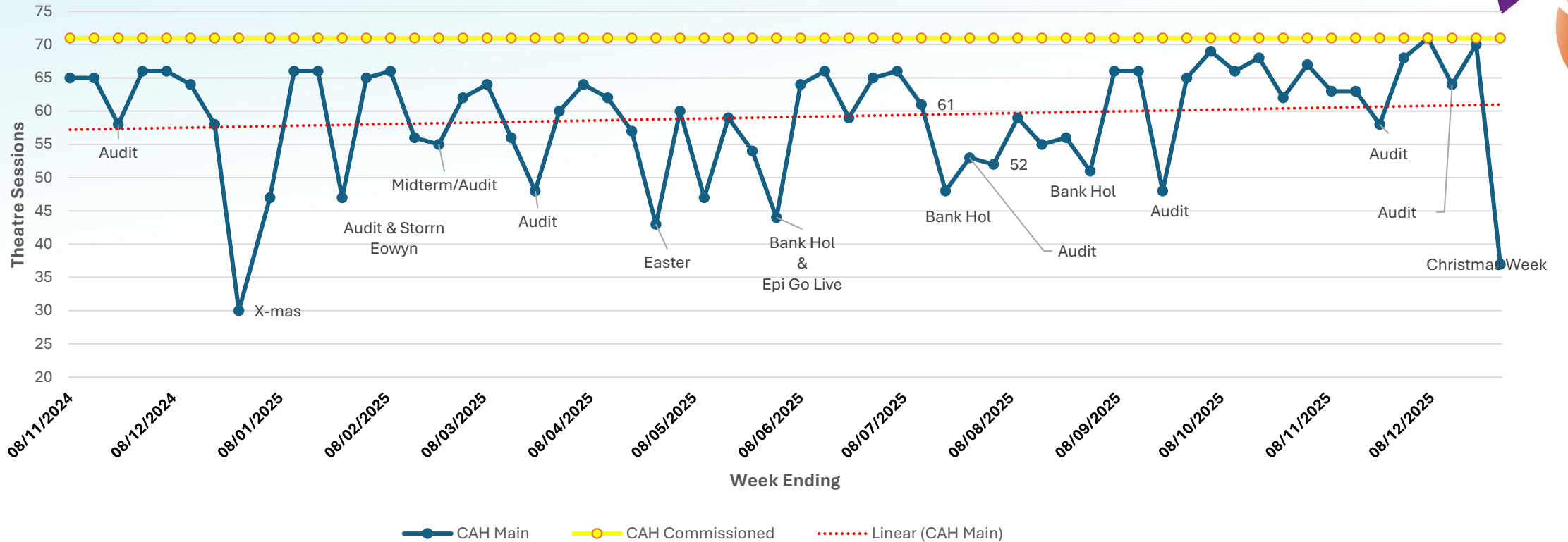
- On SIF (Sept 24) due to low utilisation of lists
- 62/71 with peaks and troughs

DHH Main Theatre Sessions Nov 2024 – Dec 2025



CAH Main Theatre Sessions Nov 2024 – Dec 2025

CAH - Main Theatre Sessions - inclu T&O & excl Emerg



Reasons for underutilisation:

DHH: November 2024 – Now = Predominantly Operator availability, however if 35/35 could be achieved by the operators, nursing in turn would struggle

CAH: November 2024 – July 2025 = an even split between lack of Operator availability and reduced theatre nursing availability

July 2025 – onwards = Predominantly theatre nursing availability

Nursing workforce issues

- Predominantly female workforce,
- Higher than average Maternity rates = difficult to backfill
- Bespoke Theatre Nurse Recruitment Drives:
 - April 2025; 94 applications > 51 shortlisted for interview > 26 attended for interview over 2 days > **25 DNAs** > 16 successful at interview > 12 accepted posts = approx. 10.0 WTE RN
 - January 2026; 212 applications > 112 shortlisted for interview > 53 slots booked for interview (applicants on this occasion were invited to book a date and time via Eventbrite to ensure attendance), 8 withdrawals/DNA to interview on the day > 29 successful at interview...
- +++ Positive +++
- Continue to Prioritise recruitment (Ereqs, vacant hours, Mat cover)
- DHH = Historically staffed for ½ day Lists (3+1) Vs Now scheduled for all day lists (4+1) + Paediatric component requires slightly more nursing due to paed recovery
- Assurance: positive culture evident and great place to work

Operator Workforce Issues

- Shortages / Unfilled vacancies in some specialties
- Specialty-specific Rota complexities Eg: On call, Site teams, Elective Vs Emergency split, Patient suitability for DHH

But an improving picture:

- New recruitment (2 x new ENT Cons)
- Commitment from specialties to prioritise Elective Theatres (SIF)
- Withdraw from LVH / SWAH agreements to prioritise internal capacity (if necessary)
- GSUR > Early 2026 plan to trial New Urgent Colorectal OP clinics, identifying colorectal issues prime for DHH
- Whole-team approach to elective attainment
- New Clinical Directors in post

Strong, visible and candid Leadership Required

Two currencies: Uptake & Utilisation

SHSCT Main Theatre Utilisation Apr – Nov 2025

Run time Target = 90%

Trust	Hospital	Values	25/26								25/26 Total
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Southern	Craigavon	% Run Time	90%	82%	86%	89%	88%	88%	86%	87%	87%
	Daisy Hill	% Run Time	85%	60%	69%	67%	72%	72%	77%	79%	73%

EPIC Data Confidence Levels

Epic data Confidence Levels as provided by Trusts as part of the System Oversight Measures SOMs

= "RELATES TO MAIN & DPU DATA FROM APRIL 2025 TO DECEMBER

Belfast	Medium
Northern	Medium
South Eastern	High
Southern	Low
Western	Low

Please note: Confidence levels will be updated when submitted by Trust after each SOMs round



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Pre-operative Assessment

- Key stakeholder in the drive for maximum utilisation of Lists
- Demand Vs Capacity
- Historically underfunded and often cut from IPTs
- Frequent receiver of redeployed staff but budgets not aligned
- Commissioned originally for Urgent / Routine Vs present day the major workload is RF (complex) patients
- Pre-op capacity impacts List scheduling
- pFit Pools = Very positive but a struggle with staffing
- ****Investment**** > Optimistic 26/27 year ahead

The Aim & The Plan

****To remove DHH and CAH from Levels 3 & 2 SIF respectively by FY end & maintain fully commissioned levels of elective theatre activity consistently****

How?

- Maintain Theatre Utilisation as a key metric of our Performance week to week > demonstrate success and need for improvement
- Rota rebuild: Jigsaw approach > Linking up Operator job plans / availability with Theatre sessions as opposed to vice versa
- Continuation of Nursing workforce rebuild
- Pre-op assessment reconfiguration Inc Fit Pools
- Accountability > Clinical & Managerial Partnerships



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