

Quality Improvement Project: Optimising Elective Caesarean Section (ELCS) Services

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Introduction

- ELCS should neither interfere with delivery unit work nor be interrupted by emergencies (*The Obstetric Anaesthetists’ Association (OAA) and Association of Anaesthetists of Great Britain & Ireland (AAGBI)*) ^[1]
- Total 37% of units frequently performing ELCS outside normal working hours if not done on the scheduled day list and 21% units cancelling one or more ELCS cases per week (*UK national survey of ELCS*) ^[2]
- Interventions:** risk-scoring systems such as ELECTIVIST, electronic booking forms with clinical prompts, categorisation of cases by complexity, and structured audit and feedback mechanisms ^[3,4]
- Merits:** improve efficiency, reduce overruns and cancellation; ensuring safer, evidence-based, and patient-centred care ^[5,6]

Problem Statement

- ELCS are widely performed, but their scheduling is often inefficient, with list overruns and unsafe case mixes posing risks to both elective and emergency obstetric care ^[4]
- Significant unwarranted variation in ELCS practice, reflecting a lack of standardised criteria for booking across hospitals and countries ^[7]

Standard € RCOG draft guidance on the provision of planned caesarean birth services (2025) ^[8]

- Booking should use validated *complexity scoring systems* (e.g., ELECTIVIST), so lists contain a balanced mix of simple and complex cases
- Planned CS lists should run within defined hours and not borrow staff/equipment from emergency services
- Units should audit and publish data on list overruns, cancellations, and patient experience to drive improvement

Has patient had previous pelvic or abdominal surgery (exc LSCS)?

☒ Yes ☐ No

MEDICAL HISTORY

Does the patient have any allergies?

☒ Yes ☐ No

Detail any known medical problems e.g. diabetes

Diabetes

Steroids?

☐ Yes ☒ No

CONTRACEPTION DETAILS

Does the patient require any of the following contraception?

None Sterilisation

PROCEDURE DETAILS

Anaesthetic clinic required?

☐ Yes ☒ No

Approved by consultant?

☒ Yes ☐ No

TCI (To Come In) date confirmed?

☒ Yes ☐ No

Do you need a double slot booked for this LSCS? Select indication below:

Not required
Previous midline laparotomy
Placenta previa
High risk abdominal adhesions
Large/ clinically significant fibroids
BMI > 50
4x LSCS or more
Patient declined blood product
Spinal injury patient
Other

Patient consent obtained?

☒ Yes ☐ No

Patient Information Leaflet /Animated Video Resource Provided?

☒ Yes ☐ No

Any constraints, comments or instructions?

Rules -- Webpage Dialog

Elective Caesarean Section (LSCS) Ref

You answered yes to previous LSCS, have you reviewed the notes, any comments/details to add?

Difficult previous C-section

OK

Rules -- Webpage Dialog

Elective Caesarean Section (LSCS) Ref

You answered yes to previous non-obstetric/pelvic surgery, provide details:

Gastric band

OK

Rules -- Webpage Dialog

Elective Caesarean Section (LSCS) Ref

Enter any allergies patient has

Latex

Pre Implementation Phase

- Multiple stakeholders’ meetings
- Ideas generated & discussed
- Support by digital Midwife and approval process
- Modified form presented at consultant meeting

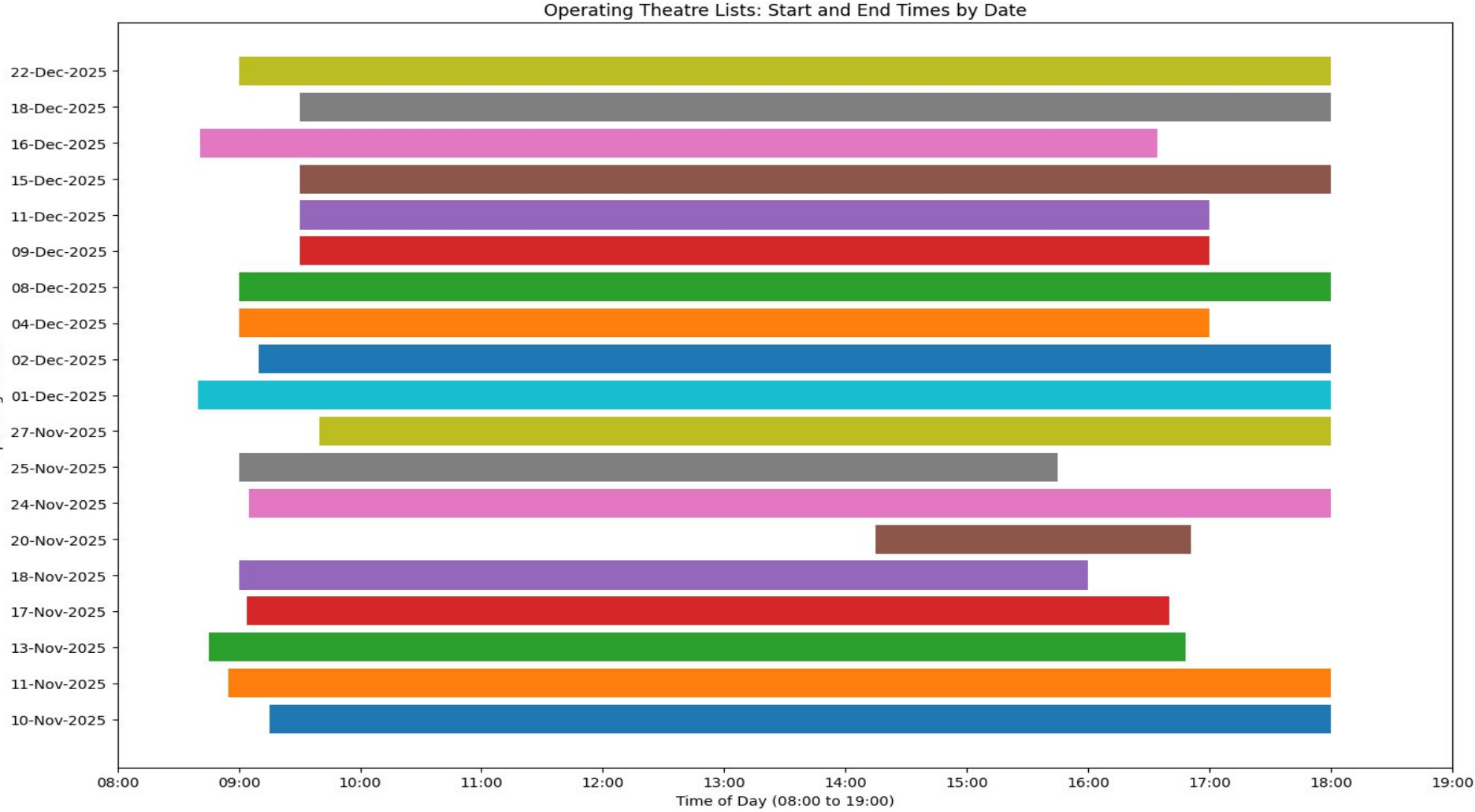
Implementation Phase

Updated version of elective c-section request form available on ICE (July 2025)

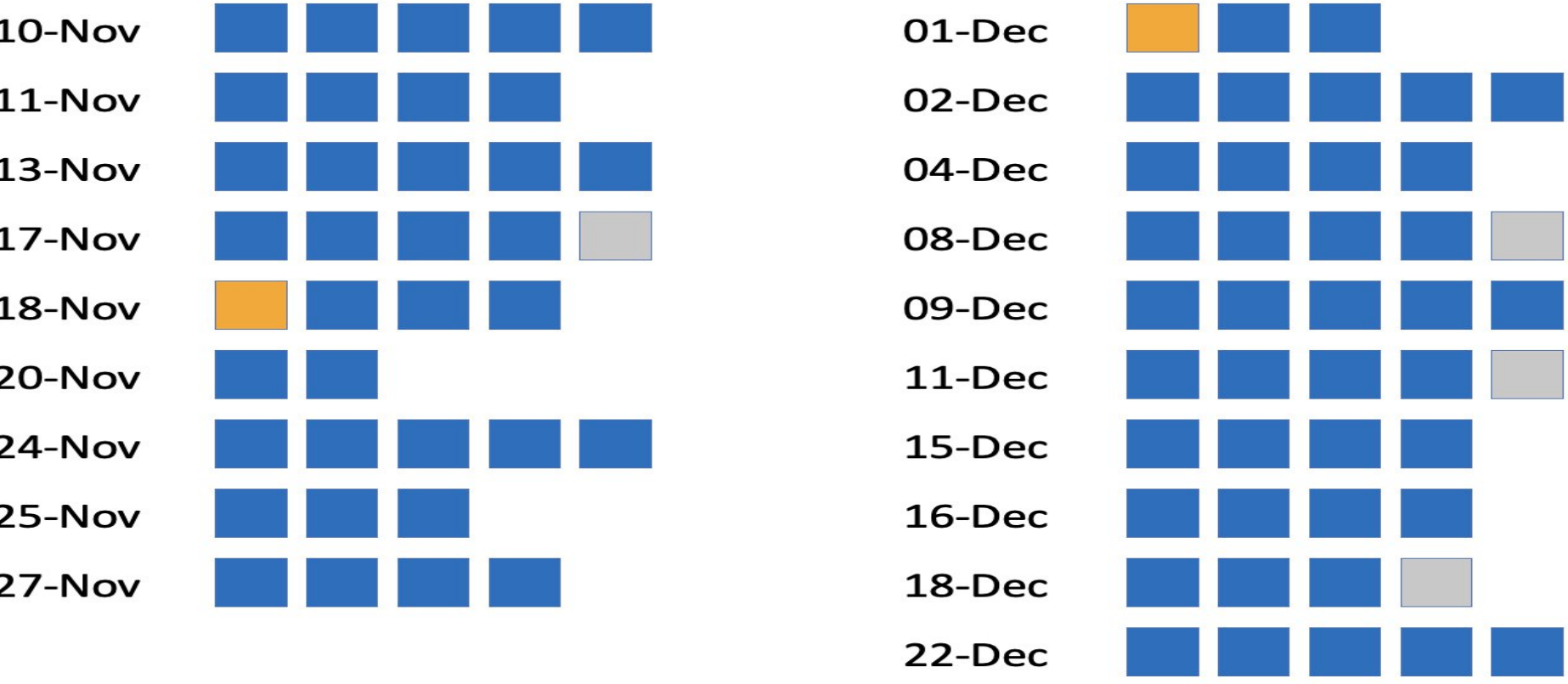
Post Implementation Phase

- To audit the efficiency of ELCS list services at Southend university hospital.

THEATRE TIME EFFICIENCY



DAILY CONVERSION OF SCHEDULED CASES INTO PERFORMED CASES



Legend: Blue = Performed | Grey = Not performed | Orange = Double slot case



Sustainability & Spread

Aligned with NHS Sustainability Model

Process

- Forms embedded into routine booking
- Debrief template on shared drive

Staff

- Teaching to rotating staff
- Replicable across units

Organisation

- Aligned with Royal College of Obstetricians and Gynaecologists planned CS service guidance (2025)

THEATRE LIST OVERRUN STATUS

Planned finish: 17:00 (accepted tolerance: +1 hour)

0% OVERRUNS

100% Lists Finished Within Allocated Session Time

THEATRE CASE CANCELLATIONS

19 Lists Reviewed — Only 4 Cancellations

17-Nov

Patient moved to next list

08-Dec

Patient declined cervical stitch

11-Dec

NNU unable to accommodate twins

18-Dec

Specific blood group not available

Cancellations were rare, scattered, and due to unrelated situational factors — no recurring system fault identified.

CONSENT PATHWAY COMPLIANCE

CLINIC

DAY OF SURGERY

64%

Consented in Clinic (Ideal pathway)

36%

Consented on Day of Surgery (Fallback pathway)

Why clinic consent not taken? “Missing consent” documented 13 times

System Impact

- Booking pathway redesign eliminated theatre overruns
- Emergency capacity protected
- Smarter case-mix, predictable operating lists
- Clinic consent strengthened governance



Why This Matters for Patient Safety

- Less staff fatigue, fewer errors
- No spillover into emergency activity
- Informed consent meets GMC standards



Key Learning

- Overruns are a booking problem, not a theatre problem
- Consent failures start upstream in the pathway

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