



Surgical Hub's 'Empty Recovery' system using mobile surgical stretchers drives patient throughput

Northallerton's Friarage Hospital demonstrates the effectiveness of having two members of anaesthetic staff per theatre, each dedicated to a single patient journey, saving hand-over time and providing continuity of care

BACKGROUND

One of the bottlenecks that can hamper patient throughput is the stage immediately after their surgical procedure, i.e. post-anaesthesia care: however, the 'empty recovery' model, where the same member of anaesthetic staff stays with the patient pre, peri and post operatively can streamline the process removing the need for hand-overs and providing continuity of care.

The Surgical Hub at Northallerton's Friarage Hospital has not only embraced this concept – for which it won a Health Service Journal award in 2020 – but has added another dimension by having two anaesthetic practitioners per theatre for each session. These means the list can be staggered: patient two receives anaesthesia as soon as patient one in theatre is deemed 'safe', thus maximising theatre time.



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DEVELOPMENT OF THE SURGICAL HUB

The Friarage Hospital is part of University Hospitals Tees.

It is a busy, acute hospital serving a rural population of around 135,000, and the new, purpose-built surgical facility has been designed specifically for elective procedures. It comprises six operating theatres with 12 recovery bays, two minor operating theatres with four recovery bays, a regional block room and dedicated admissions and discharge areas.

When it came to equipping the Hub, the team was keen to use the tried and tested QA4 Mobile Surgery Systems, designed and built by UK company Anetic Aid, which had been used in the hospital's old theatres (whose work has now been moved to the new facility).



Anaesthetic Operating Department Practitioner Sam Giblin and Senior Operating Department Practitioner, Anaesthetic and Recovery Team Leader Catriona Stevenson of the Friarage Hospital

Catriona Stevenson, Senior Operating Department Practitioner, Anaesthetic and Recovery Team Leader explained:

'We don't use operating tables now – our surgeons prefer the QA4s – we brought four of them across from the old building and have added another 14 at the centre, so we have 18 in total.'

'We like them because they are more efficient – no need for transfers – and the patient comes into theatre, positioned and ready for their procedure which makes everything quicker. The least movement is always better for patients once they are asleep, and there is reduced risk of pressure sores. It's better for staff too – much less lifting and handling.'

COMPATIBILITY WITH OPERATING TABLE ACCESSORIES FOR A WIDE RANGE OF PROCEDURES

The team members also like the versatility of the QA4, as the variety of traditional Operating Table Accessories that can be used with it can accommodate most procedures.

Surgeries regularly carried out in the centre include: Gynae, Urology, Plastics, Breast and General Surgery as well as Blocks and Orthopaedics (including knee and ankle replacement and scopes / hand and wrist procedures).

Said Anaesthetic Operating Department Practitioner Sam Giblin: 'It really is more of an op table than a trolley – the flexibility comes because there are so many things you can do with different attachments. But more than that, it is easy to manoeuvre and use – even simple things like the drip stand holder is well positioned. We think it is very comfortable for patients too – we never have any complaints.'

And Catriona added: 'We get less repairs too – and they are in constant use!'

AN INSPIRED DESIGN – INSIDE AND OUT

The new centre is very light and airy with plenty of windows.

As Catriona explained: 'It's a massive improvement. The internal layout has helped us too: having surgical admissions, theatres all in one place and the surgical ward two minutes down the corridor is perfect.

'But it is the new system – *empty recovery / two anaesthetic staff per list* - which has delivered the real improvement: our Associate Director of Nursing Sarah Baker introduced the concept, and it is the mindset of our staff which has made it work in practice: as a team, everyone is really good and always receptive to new ideas.'

OUTCOME

The Hub, which opened in June 2025, is now operating a regular six-day programme of inpatients / day cases.

There is no Emergency Department at the Friarage, so all cases are elective.

Said Catriona:

'Our efficiency has gone up – and that is the whole point of a surgical hub.'

'We are already thinking about what else we could do and are planning to trial Anetic Aid's new shoulder attachment when it becomes available.'



Reviewing a QA4 with Anetic Aid's Richard Lill



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