

# The Productive Operating Theatre

*Building teams for safer care™*

## ***Executive Leader's Guide***

Version 1

This document is for the executive director with responsibility for leading The Productive Operating Theatre



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Preparation

**Gelofusine Ecobag**

Plasma substitute for intravenous  
Compatible with blood and blood

Each 500 ml of Gelofusine Ecobag contains:

Gelofusine (6)	20.00 g
Average molecular weight	30,000
Number average molecular weight	23,200
Sodium Chloride	3.85 g
Water for Injection	to 500 ml
NaOH (1% for pH adjustment)	
Electrolytes	50/500 m

Cautions:  
Sterile, pyrogen free  
Do not use unless clear and colourless  
Use only under supervision  
Read instructions before use  
Discard any unused portion  
Store 4 °C to 25 °C  
Shake out of refrigerator before use

Executive Leaders Guide

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The Productive Operating Theatre

## ***Executive Leader's Guide***

### **Purpose of this guide**

This guide helps you, as the executive leader, to mobilise executive and trust board support and ongoing commitment for The Productive Operating Theatre programme.

It will help you consider and put in place key elements to ensure you, your organisation and your patients gain maximum benefit from the programme.

The guide outlines factors critical to successful implementation which should be combined with your own experience and knowledge of your organisation.

This guide will help you to understand the important role you have as the executive leader for The Productive Operating Theatre, and support you in carrying out your role. The guide highlights aspects of programme governance and other important factors that will help ensure the programme is a success. It will help you assess whether your trust is ready to implement this complex programme and suggest methods to gain trust board support and commitment. By leading a trust board workshop, it will help you to identify crucial actions to initiate and sustain the programme in your organisation.

*'The executive leader guide helped me to understand my role as executive lead for The Productive Operating Theatre. It particularly focuses on the role of the board and was useful in relation to my role in engaging the directors with the objectives and desired outcomes of the project.'*

**Jacqueline McKenna – director of nursing and strategic planning, Medway NHS Foundation Trust**





Dear Colleague

We had tried other improvement approaches in theatres, but most were seen as management constructs to beat the staff into performing faster and working harder. None before The Productive Operating Theatre actually succeeded in getting under the skin of the staff, involving and engaging them properly in the service redesign, so they owned the new systems.

Most importantly, none before have had such an impact on the culture of the service, which ultimately is the key to longevity and sustainability. So, for me, The Productive Operating Theatre is not just another improvement process, it is a cultural change management programme which happens to have theatres as its focus.

So why is The Productive Operating Theatre so successful?

- It doesn't focus on finance, but on quality, something to which NHS staff are really committed.
- It engages staff in innovation – they are involved, and drive the changes. The process is prescribed, the outcome isn't.
- It results in greater productivity; staff are more productive with the time they have, not simply worked harder.

***However, do not embark on this unless you really want to do it. It requires dedication and commitment.***

The chief executive must really commit him or herself to this programme, which I recognise is not easy.

To create this cultural change you need five things:

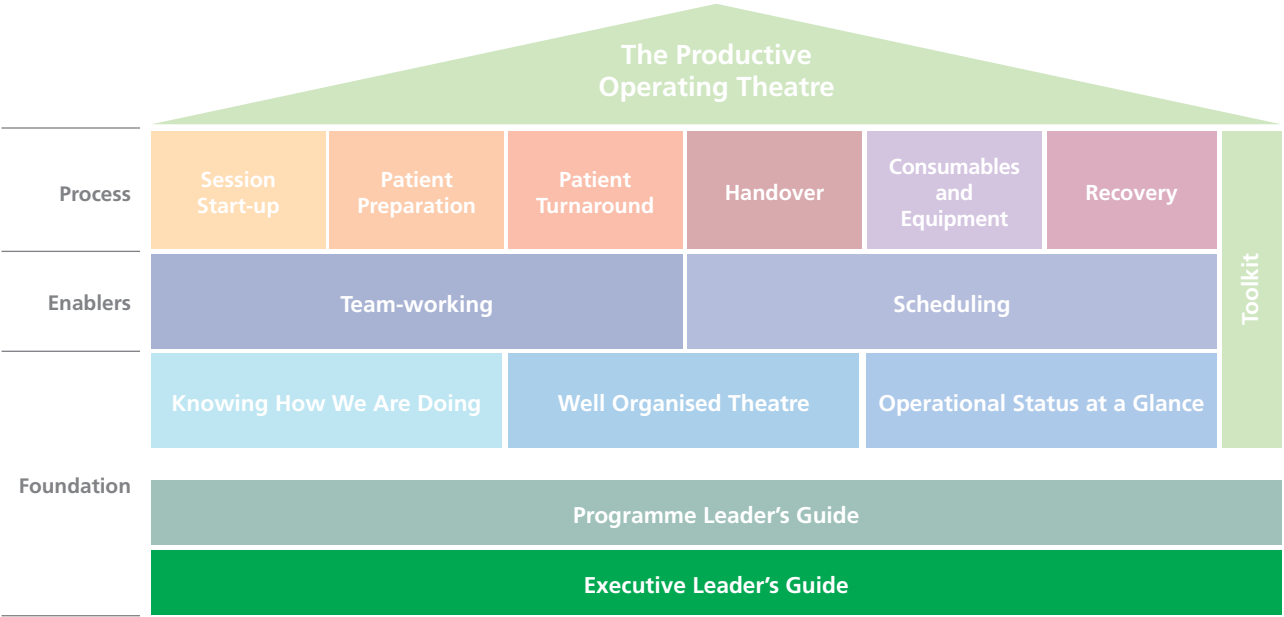
- a reason to do it – there needs to be a problem and an acceptance that the problem needs fixing
- chief executive commitment, supported by the executive and the board
- seriously good leadership, with time to deliver
- a commitment to investment albeit with the expectation of a return on investment
- good project management, supporting and engaging staff fully in the programme.

If you can get all those things right, then you may just achieve something very special indeed.



Brian James, chief executive  
The Rotherham General NHS Foundation Trust

These modules create The Productive Operating Theatre





# Contents

1. What is The Productive Operating Theatre?	09
2. The role of the executive leader	17
3. Creating the programme team	29
4. Establish the steering group	33
5. The trust board workshop	37
Appendix – module summaries	49



# 1. What is The Productive Operating Theatre?

The Productive Operating Theatre is a comprehensive package of support designed to enable your trust to improve the patient experience and the outcomes of care by pursuing three main goals:

- increase the safety and reliability of care
- improve team performance and staff wellbeing
- add value and improve efficiency.



Implementing this programme will provide your organisation with an opportunity to dramatically improve the quality and safety of surgical services through the use of lean methodology and effective team-working. It is an approach to support teams to create **the perfect operating list**.





## Why you should do The Productive Operating Theatre

Implementing The Productive Operating Theatre provides you with a systematic way of delivering high quality, safe, reliable care to patients across your organisation. This programme:

- helps staff to understand the value of measurement, and how this can be a real motivator for improvement
- empowers staff to identify and resolve day-to-day frustrations which, put together with a shared vision, contributes towards *the perfect operating list*
- puts frontline staff in the driving seat of improvement, which engages clinicians and can lead to improvements that make sense to all
- delivers significant efficiency benefits required in the current challenging financial climate.

The Productive Operating Theatre is completely aligned to the principles and methodology outlined in the national quality, innovation, productivity and prevention (QIPP) agenda. The programme also addresses some key issues outlined in *High Quality Care for All*:

- the value of multidisciplinary teams
- accelerated change and continuous improvement
- enabling staff to manage their own work.

Initial estimates of opportunities to improve efficiency through implementing The Productive Operating Theatre suggests that the gains through reduced cancellations, improved scheduling and utilisation, avoiding the costs of harm through error, and improved stock control will deliver an annual saving of £1.6 million (for an average trust with 16 theatres). In addition stock savings in the first year should add up to at least £80,000 – more than enough to finance the project team. See [www.institute.nhs.uk/theatres](http://www.institute.nhs.uk/theatres) for full details of return on investment.

*'What is great about The Productive Operating Theatre is that it generates tremendous enthusiasm and puts the staff back in control of what they do.'*

Vernon Hull – chairman, Medway NHS Foundation Trust

## What's in it for you?

The Productive Operating Theatre will help you and your trust to:

- reduce errors and incidents of harm in theatres
- improve staff morale and team-working
- achieve substantial gains in efficiency and productivity
- improve the quality of the patient's experience and clinical outcomes.

These aims should be aligned with your trust's ambitions to improve quality and safety, and to become a provider of choice for elective care.



*'I see The Productive Operating Theatre as a key part of our improvement journey towards a productive hospital. Implementing this programme will help to engage your staff in improving quality and safety. Standardising processes and reducing variation will reduce costs and you can still personalise the patient's experience.'*

**Angela Pedder – chief executive,  
Royal Devon and Exeter NHS Foundation Trust**

## What you need to do to get started

Before you begin The Productive Operating Theatre you will need to:

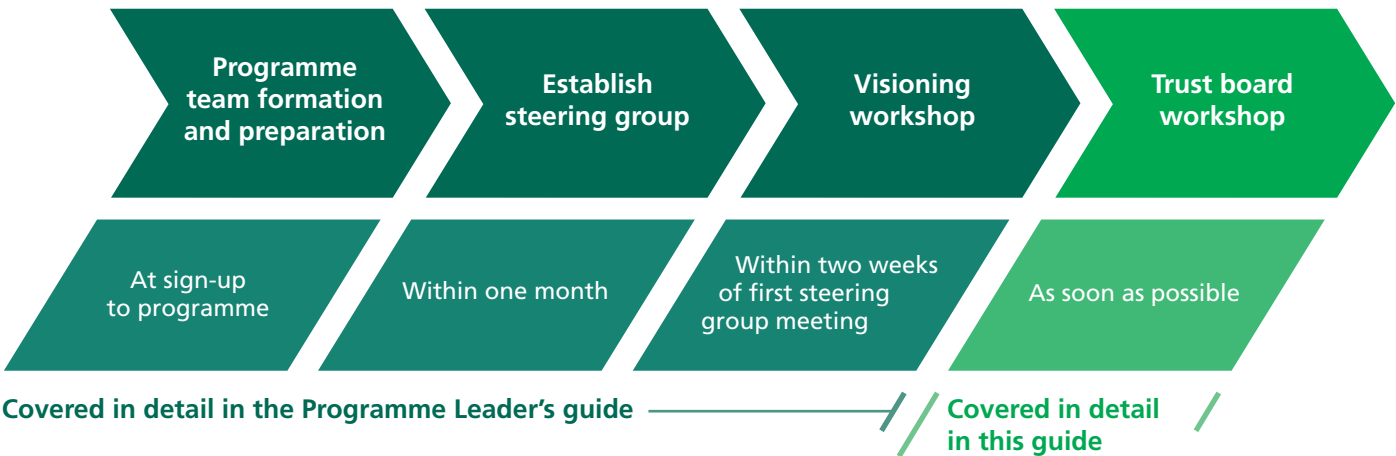
- work with executive colleagues to gain support and commitment from your colleagues to proceed with the programme
- recruit an experienced full-time programme leader to work with you
- select a programme team  
(see the Programme Leader's Guide, for more information)
- establish a robust governance structure  
(see the Programme Leader's Guide, for more information)
- set up a steering group
- set a date for the trust board workshop
- set a date for the visioning workshop
- get started on the Knowing How We Are Doing module.

# Timeline of key events and milestones

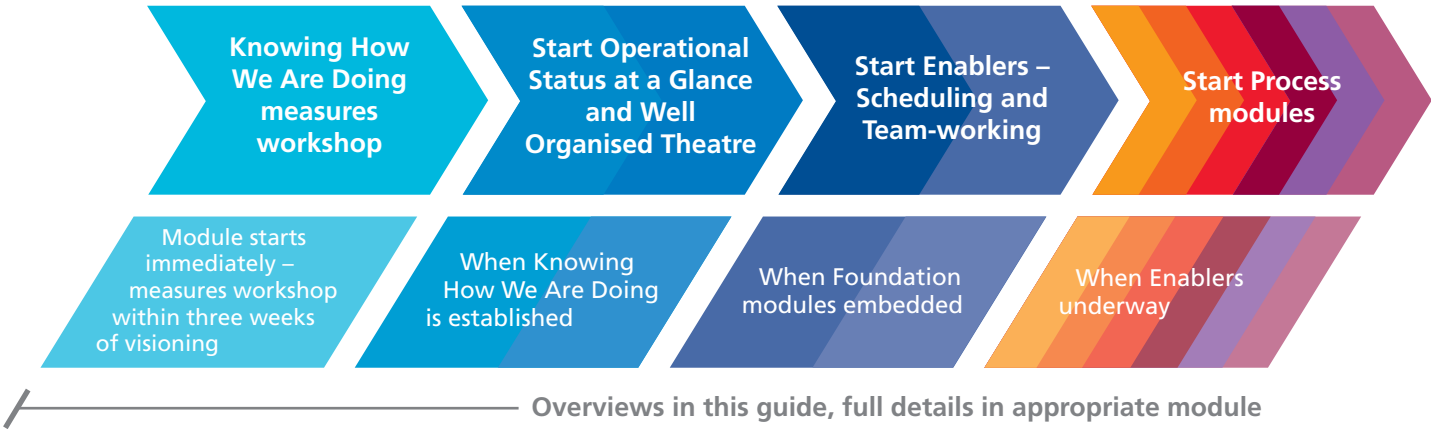
The following timeline provides an overview of key events and milestones in the programme and a suggested order in which they should take place.

At the start there are three workshops: *visioning*, *trust board* and *measures* that are vital to starting your programme. Work with your programme leader to initiate these. The workshops will take time to arrange so we suggest you get the dates in diaries as soon as possible.

## Key events and milestones









## 2. Role of the executive leader

The executive leader is vital to the success of the programme. As executive leader of The Productive Operating Theatre you should be:

- a member of the trust board
- able to challenge and influence other executives on the board
- in a role where performance in the operating theatres is aligned to your own objectives
- able to gain buy-in, and to offer practical solutions to barriers and insights into the organisation, its culture and key individuals.

*'The Executive Leader's role is not hard; it is primarily to offer counselling and guidance and releasing resources. My role is to help put theatres in charge of their own destiny.'*

Matthew Lowry – deputy chief executive and chief finance officer, The Rotherham NHS Foundation Trust

# What the executive leader needs to do to ensure success

## 10 key activities for the executive leader

- 1. Align The Productive Operating Theatre to your organisational objectives** by establishing a clear link between the strategic objectives of the trust and the goals of the programme. Encourage all levels of staff to drive relevant changes which support and deliver the trust's objectives. The approach must become an integral part of the theatre culture and cultivate a desire for continuous improvement to maximise its impact.
- 2. Establish a clear robust governance mechanism** by setting up the programme team and steering group. This will ensure clear visibility of the progress and outcomes of the programme, and ensure the means to respond rapidly and flexibly to resolve issues when required. Begin by appointing the programme leader.
- 3. Demonstrate visible leadership of the programme.** Provide visible leadership and coaching for your key team members, particularly the programme leader, who will need ongoing advice and support. Work with champions, opinion leaders and clinical managers. Engage staff from all clinical groups to work together towards shared goals for improving performance.
- 4. Secure the necessary resources to ensure the programme is supported.** Ensure sufficient resources are allocated, including the necessary funds, improvement capability and IT support.
- 5. Support your teams in overcoming problems and barriers as the programme progresses.** You will need resilience and creative solutions in the face of difficult issues, resistance to change and navigating through historical processes that present barriers.
- 6. Ensure staff have time released for attending workshops and training.** This will be an ongoing challenge. Encourage the management team to release sufficient staff time for the workshops and necessary training. This particularly applies for team-working training and for improvement workshops. Planning this time is crucial to gain the most from the programme.
- 7. Demonstrate commitment to the project by spending time in theatres, attending meetings and listening to staff.** Being visible in theatres demonstrates the commitment of the organisation to the staff and their issues. Involving staff in steering group meetings and the trust board workshop will also help communication between the layers of the organisation.



8. **Measure and monitor performance to keep the project on track.** Engage staff in collecting, analysing and reviewing their data to ensure improvements continue at the desired level and pace. Monitor progress regularly at steering group meetings – demonstrating improvements for staff and patients is the best way to motivate and encourage further change for the better.
9. **Champion the programme** with fellow trust board members. The board's understanding of the programme will be crucial for their involvement, endorsement and continued support. Facilitate the trust board workshop. Work beforehand to ensure maximum attendance and agreed outcomes. Involve your colleagues in preparation of the trust board workshop, particularly the presentation. Identify who will gather the information. More details can be found in Section 5 of this guide, the trust board workshop.
10. **Build in sustainability from the outset.** Develop the staff knowledge and skills to change work processes and coach others; grow a culture of shared knowledge across the organisation. Also, see the extracts from the NHS Institute's Sustainability Guide in the Programme Leader's Guide. The two most important factors influencing sustainability are senior leadership commitment and clinical leadership commitment. Further information on the Sustainability Model and Guide can be found at [www.institute.nhs.uk/sustainability](http://www.institute.nhs.uk/sustainability)

This list of activities has been produced through development of The Productive Operating Theatre, learning and evaluation of previous Productive programmes and experience from other large-scale change programmes. They highlight critical success factors linked to successful implementation, spread and sustainability.

*'I spent last Thursday in theatres and it was a great experience. You have to get into theatres to understand their processes and build up a rapport with staff.'*

Jacqueline McKenna – director of nursing and strategic planning, Medway NHS Foundation Trust

## Three key workshops

There are three key workshops early in The Productive Operating Theatre: visioning workshop; measures workshop; trust board workshop. The order in which they take place will be determined by your knowledge and experience of your organisation. The trust board workshop can benefit from having the outputs from the visioning workshop, although this is not crucial.

### Visioning workshop

The purpose of the visioning workshop is to enable a large group of multidisciplinary theatre staff to come together to visualise a perfect list.

It starts by asking them to describe what that would be like, then to identify the barriers and everyday frustrations that normally stop it from happening. Expect some of these issues to be out of scope for the programme, eg car parking, though you may have to say how these will be dealt with.

It is an important turning point for staff to realise their views will be listened to and addressed through this programme.

The impact of this workshop is greater if the executive leader introduces the event and is present throughout the session.

The visioning workshop should be followed fairly soon by the measures workshop – ideally within three weeks to ensure the ideas are fresh. Details on how to organise and run the visioning workshop can be found in the Programme Leader's Guide, Section 7.



## Measures workshop

This is a smaller session focused on setting up measurement systems to determine how effective the improvement interventions have been. It also helps staff to see how their lists are actually performing.

It is important to have information or analyst staff at this workshop as well as key theatre staff, clinicians and managers.

Strong emphasis is placed on displaying, reviewing and regularly updating the measures in the theatre department to communicate progress and successes to the wider theatre team. Details of how to organise and run the measures workshop are in the Knowing How We Are Doing module.



*'Without data it is just a change; with data you can prove it is an improvement.'*

Julie Brough – clinical link facilitator, Central Manchester University Hospitals NHS Foundation Trust

## Trust board workshop

The trust board workshop will help you to demonstrate alignment between the board priorities and the theatre team's desires – particularly if you have previously held the visioning workshop. It will enhance participants' understanding of their role in improving quality and safety in theatres. It will help you to reposition theatres as essential to the overall strategic goals of the organisation.

Include representatives of the theatre team at the event.

This is an important event for the programme. The agenda falls into three sections:

**Scan** – A series of short presentations covering quantitative and qualitative information, which provides an overall picture of the theatres, this includes:

- an assessment of staff culture
- information on productivity and finance
- safety information including reports from a structured executive walk round
- improvement capability of the trust
- a patient story of harm (this is helpful but not essential)
- feedback from the visioning workshop (ideally from the theatre team)

**Focus** – An opportunity to discuss:

- key issues from the information presented
- alignment of The Productive Operating Theatre with organisational strategy
- readiness to proceed
- the role of the board in supporting the programme
- set of balanced measures required to monitor progress.

**Action** – Identify specific actions. Develop an action plan based on the outputs from your Scan and Focus sessions. Key actions should include:

- board actions to support the programme
- engaging the clinical staff and identifying champions for the programme
- governance arrangements to support the programme
- individual actions, eg walk rounds
- executive with responsibility for supporting measurement (see Knowing How We Are Doing module)
- communication.

See Section 5 of this guide for more detailed information on the trust board workshop.






## Understanding the main enablers and pitfalls

To deliver maximum benefit from the programme it is very important to follow the correct sequence. Start with the foundation modules for the first phase of the programme. Once they are fully in place work on the enablers, and then move on to the process modules.

The sequencing is deliberate and you should ensure that the programme team work through in the correct order. Experience has shown that 'cherry-picking' process modules before the foundations are fully in place will lead to disappointment. See The Productive Operating Theatre House in the appendix at the end of this guide.

The first module to start working on is Knowing How We Are Doing. This module describes how to set up measurement systems to identify which interventions are actually delivering quality improvements.



*'Engagement is crucial. It is the key determinant factor to the success of The Productive Operating Theatre. Without it, it is like pushing at a closed door.'*

**Matthew Lowry – deputy chief executive and chief finance officer, The Rotherham NHS Foundation Trust**



*'The Productive Theatres is all about empowering people and engagement is the critical factor.'*

**Vernon Hull – chairman, Medway NHS Foundation Trust**

## Resources and start-up costs

The Productive Operating Theatre is a complex programme and will not achieve its full potential if under-resourced.

### The core programme team should consist of the following roles

Role	Commitment
Programme leader	full time
Improvement facilitator	full time
Executive leader	two hours a week
Clinical leads – surgical and anaesthetic	four hours / one session a week
Information analyst	two days a week (initially)

Champions from within your department may lead on individual modules or specific areas of work within the programme – include them as part of the programme team as appropriate.

A major hidden cost will be releasing staff time for improvement activities. This will include involving theatre teams workshops and training.

As well as the salary costs of the programme team and theatre down time for training and improvement activities you will need to find resources from facilities department to move shelves and cupboards as part of the Well Organised Theatre module. You may have to deal with various other costs as they arise.


The programme has the potential to make substantial recurring savings for the organisation through safer care and through efficiency, but it will only deliver these later in the implementation. You must be prepared to invest staff time and resources from the outset of the programme if you are to realise the benefits later.

## Rolling out the programme

It is important not to be too ambitious at the start of the programme, so choose two theatres initially to become showcase theatres for the rest of the organisation. It is better to start with theatres which have a high desire to be showcase theatres and are eager to implement change.

Once the changes are well embedded in the showcase theatres, decide with the programme team and the steering group, how you will spread the change incrementally to the rest of theatres.

For more advice on choosing the right theatres see the Programme Leader's Guide, Section 4, Showcase theatres.



*'The Productive Operating Theatre programme has helped us make significant improvements in the three key challenges currently facing the NHS; patient safety, staff morale and productivity. I would highly recommend implementing this programme to support you in your journey of improvement'*

**Beccy Fenton – deputy chief executive, director of transformation, Heart of England NHS Foundation Trust**

# Promoting The Productive Operating Theatre

Clear communication of The Productive Operating Theatre is crucial to gaining the buy-in of all staff. This will reduce suspicion and resistance, and help foster and maintain enthusiasm of all staff including leaders. This will help keep momentum going and help you and your theatre team to achieve better results.

Use all possible communication channels to promote your work, including:

- articles on the trust's website
- stories created for the intranet news pages
- information and interviews in the staff magazine
- use of photography on the notice boards
- briefings provided for team meetings
- local media for good news stories
- induction procedures for new staff
- programme newsletters
- posters.

Engage your communications team as much as possible to help you in these activities.

But remember that the most effective means of communication is face-to-face, whether by chance conversations in the corridor, one-to-one meetings, larger groups and workshops, or more formal meetings such as directorate meetings or the medical staff committee (or equivalent).

**NHS Institute for Innovation & Improvement:  
Warwick Workshop - Update**

Focus: Refining & delivering the programme to the NHS  
Success stories from other Pilot Trust sites:

1. Traffic light system on Operational Status at a Glance boards outside theatres. This enables anticipation for when a session may overrun so staff can be proactive in arranging additional cover.
2. Theatre Quality rounds. Following a patient around once a month to see the service from the patient's perspective.
3. Would you be happy if you were told your train arrives on time 40% of the time? Using other real world examples can help staff understand what the statistics mean for the patients. In this example, the importance of starting on time.

The next Warwick Workshop will take place on September 10th 2009.

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**Clinical Excellence Committee: 23rd July 2009**

Janet Henry presented an overview of The Productive Operating Theatre (TPOT) pilot work that has been undertaken at West Middlesex Hospital NHS Trust, to the Clinical Excellence Committee on June 26th 2009.

The presentation included:

- TPOT Objectives being aligned to Trust Objectives
- Areas where changes have been made
- The importance of data collection
- Blockages to progress

It was agreed that members of the Clinical Excellence Committee will be visiting Theatres to see the difference that TPOT has made to how things work in the department, on 23rd July 2009.

This will be a great opportunity to show off all the fantastic work that you have done!

**The Productive Operating Theatre**

**Issue 4 Improving care, improving value**

**It's the final countdown...**

**National Launch 21st September 2009**

Staff at West Mid have been assisting the NHS Institute for Innovation and Improvement with writing the following modules in preparation for roll out of the Productive Operating Theatre programme across the NHS:

**The Productive Operating Theatre**

1. Patient Preparation
2. Patient Turnaround
3. Team working
4. Scheduling

**We need your feedback & tips!**

Within the published modules, it is invaluable to include real world tips & examples from those who have experienced the benefits of implementing changes through the Productive Operating Theatre....

Therefore please contact Janet, Farah, Chris, Vicky or Lynn with practical advice. What simple change has made the biggest improvement to the way you work?

**For example:**

1. Holding meetings to solve glitches is more effective on a Monday than a Friday
2. Champions for the Operational Status at a Glance boards outside each theatre need to ensure that these boards have enough space for free comments.

The team can pass your tips on to the Institute, who may choose to include them in the published module manuals. THANK YOU!

Example of a Productive Operating Theatre newsletter from West Middlesex University Hospital.



### *3. Creating the programme team*

Structures vary between organisations, however, our experience suggests that to implement The Productive Operating Theatre successfully you should have a core programme team with these roles:

- programme leader
- improvement facilitator
- executive leader
- clinical leads – surgical and anaesthetic
- information analyst.

All the key roles for the team are outlined in more detail in the Programme Leader's Guide. You will have views on who can fulfil these roles. Your team might include others, eg champions for modules or specific pieces of work.



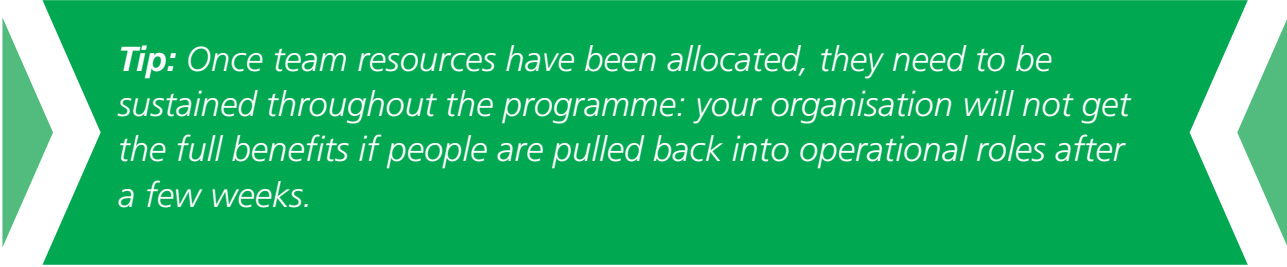
## Choosing the programme leader

A crucial first step is to appoint the right programme leader. The programme leader should be a full-time position. Experience has shown that part-time secondments will not be effective because the individual will become overloaded.

Choose someone who already has a senior role in theatres, such as a theatre matron or senior operating department practitioner with a passion for improvement. Avoid using the theatre manager unless you can backfill the role full-time.

The programme leader should be respected in the theatres by their peers and have an approachable manner. If they have project management skills this is an advantage, if not then some training and coaching may be needed.

As an alternative, choose a programme leader with a background in service improvement supported by an improvement facilitator with a clinical background in theatres, eg a theatre matron or senior operating department practitioner.



**Tip:** *Once team resources have been allocated, they need to be sustained throughout the programme: your organisation will not get the full benefits if people are pulled back into operational roles after a few weeks.*

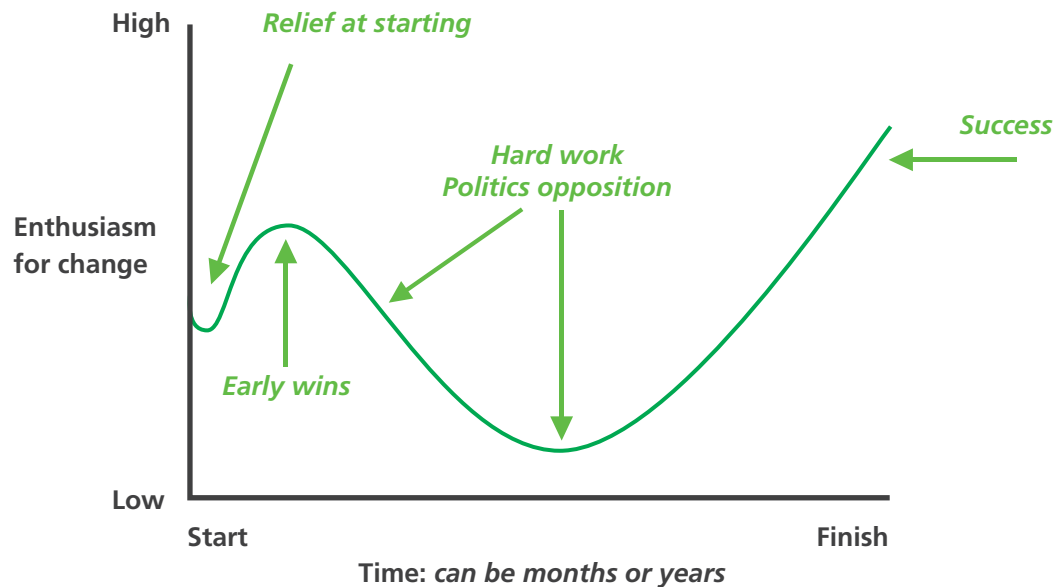
## Identifying clinical leaders and champions

At the visioning workshop, you should see enthusiasm building among staff as they realise their issues will be addressed. At this stage some people will volunteer to become champions for either specific elements of the programme, or specific modules. Other less bold staff may come forward privately after the event – this should be encouraged.

The roles of clinical leaders and champions are described in The Programme Leader's Guide, Sections 3 and 5.

## Supporting the team and maintaining momentum

It is natural for staff to go through phases of enthusiasm for The Productive Operating Theatre. Your leadership and support is key, particularly when the team feel their hard work is not being rewarded with results. Measurable improvement may take longer than expected to materialise. There will be unforeseen obstacles that the team will not be able to overcome on their own. Keep a close eye on the programme so you can respond when the team need your help.





## 4. *Establish the steering group*

The Productive Operating Theatre programme is complex and requires robust support and governance structures to be in place. To ensure success and help you deliver The Productive Operating Theatre to your organisation more rapidly and more effectively, it is important to create a group to support you and the programme.

### **Sending the message**

To see that executives, managers and clinical leaders are visibly working together sends a strong message to the workforce that implementing The Productive Operating Theatre is a high priority for your organisation.

### **Helping to manage the complexity of the groups involved**

By having senior representatives from key areas within the organisation, each will bring specific expertise that will help you gain early insight into what needs to be done and ultimately ensure its success. This group can give the programme leader access to expertise and parts of the organisation they may otherwise find hard to reach.

### **The ‘wisdom of crowds’**

An important role for the group is to help recognise and manage barriers and pitfalls across the organisation before they become serious problems. Collecting a group of experienced and wise people around you can ensure you anticipate unintended consequences and help you to stay on track.

### **Dissemination**

This group will help you embed and sustain the gains and benefits in your theatres. You may also find members of the group, who have experience in service transformation, can support the spread of ideas to the wider hospital community.

## The role of the steering group

The steering group plays a key role in supporting the programme. This role is different at each stage.

You need to oversee the setting up of the steering group. The Programme Leader's Guide provides more detailed guidance. The role of this group will evolve once the trust board workshop has taken place and will continue to develop from the start-up phase into programme implementation.

## The steering group meeting fulfills these roles:

### Start-up phase

Initially the role of the steering group will be to prepare the trust board workshop by:

- identify a suitable date
- inviting board members
- planning the agenda
- gathering, collating, and interpreting the information.

Facilitating the event with the trust board as a group, rather than individually, is much easier. Particularly if informing boards of uncomfortable truths or asking for major changes in strategic direction.

### Implementation phase

Once the programme has been initiated and the trust board workshop held, the steering group takes on a more traditional role in supporting the programme by:


- monitoring implementation pace and quality, ensuring key milestones are met
- reviewing the measures for improvement
- supporting the programme team to think through any difficult decisions
- helping 'unblock' challenges faced by the implementation team
- bridging the gap between frontline staff and senior leadership
- making sure the programme continues to align with strategic objectives of the organisation.

### Raising the importance of quality and safety in surgical service

To achieve this change in culture will require many senior figures to carry and spread the message. It needs to be seen to have come from the top of the organisation. This group should be ambassadors for the programme and help drive the message through the organisation from the board to the workforce.

### Suggested steering group membership:

- executive leader (chair)
- programme leader
- non-executive director
- head of nursing
- director with responsibility for service improvement
- divisional general manager
- clinical director
- clinical leads for surgery and anaesthetics
- finance director
- theatre manager
- improvement facilitator
- communication lead
- representation from the theatre team.



*'Strategic alignment between boards and theatres is vital to survival as an organisation.'*

Jacqueline McKenna – director of nursing and strategic planning, Medway NHS Foundation Trust





## 5. The trust board workshop

### Aims of the workshop

- To explain The Productive Series, the aims and purpose of The Productive Operating Theatre and the benefits implementation can bring to your trust.
- To achieve strategic alignment between the trust board, theatres and surgical services and hear from the theatre staff their priorities for improvement using the outputs from the visioning workshop.
- To understand the importance of safety and quality in improving surgical services and how The Productive Operating Theatre can support your organisation to transform these.
- To understand theatres as one of the financial ‘powerhouses’ of the organisation; to realise the potential gains that can be made through greater efficiency of theatre services and the improvement in theatre productivity that can be obtained through successful implementation of The Productive Operating Theatre.
- To understand the importance of staff wellbeing in improving productivity, sickness rates and staff retention.
- To understand the current position across four domains of quality measures and agree a vision of the future state (See Section 1 of this guide for more details).
- To understand your organisation’s capacity and readiness to implement The Productive Operating Theatre in order to realise the maximum benefits.
- To understand the importance of trust board leadership for the programme; to understand the costs involved and the need to allocate sufficient resources to roll out The Productive Operating Theatre.

*‘The most important thing to come out of the board session was the recognition around the table of the huge overlap between the board and the theatre’s aims.’*

**Matthew Lowry – deputy chief executive and chief finance officer, The Rotherham NHS Foundation Trust**



## Preparing for the trust board workshop

You will need to work with the programme leader and the steering group to prepare the trust board workshop.

- Book a time-slot for the trust board workshop. This will probably be about two months in advance. The session is likely to be at least two hours. Experience shows that a shorter time allocation will probably over-run.
- Identify which information you need to collect and made available in the period leading up to the trust board workshop.
- Decide if you need external facilitation to help run the trust board workshop.
- Arrange for an executive and non-executive to undertake a structured safety walk round in theatres before the workshop. For further information on safety walk rounds please visit [www.institute.nhs.uk/theatres\\_resources](http://www.institute.nhs.uk/theatres_resources)
- You will need the help of your steering group to analyse the information that you would like to present at the trust board, and offer suggestions as to how it could be presented.
- Draft the agenda for the trust board workshop with the programme team for approval by the steering group.
- Distribute relevant information to board members prior to the workshop to allow time for reading and assimilation.
- Arrange to bring the programme team to the trust board workshop to present outputs from the visioning workshop.

The programme leader should take responsibility for coordinating the information analysis. The executive leader should organise and lead the presentation of this information to the board.

*'You need to decide the best balance between spending time gathering lots of data and scheduling the workshop early enough to let you proceed with the programme.'*

**Cheryl Hudson – associate director of service transformation, Heart of England NHS Foundation Trust**

# The Productive Operating Theatre self-assessment exercise

In order to get the best out of the trust board workshop there is some important information which you will need to collect, analyse and present. The objective of collecting, analysing and presenting information is to give the board several key pieces of information which, put together, creates a 'picture' of theatres using qualitative and quantitative information, in relation to the four aims of The Productive Operating Theatre. We suggest you select two measures from each domain. The following are suggestions of what has proved possible and informative. You may have additional local information which you would like to include.

## Suggestions for information required

### 1. Staff culture

- **The medical engagement scale** from the NHS Institute, is designed to assess medical engagement in management and leadership. [www.institute.nhs.uk/leadership](http://www.institute.nhs.uk/leadership)
- **NHS staff survey results** (Care Quality Commission): these questions can be used to assess differences between particular groups of staff, eg consultants, theatre nurses, operating department practitioners, healthcare assistants. [www.cqc.org.uk](http://www.cqc.org.uk)
- **Safety attitudes questionnaire**: Texas University safety attitudes questionnaire (SAQ) modified for the UK and for staff in theatres (including surgeons and anaesthetists). [www.institute.nhs.uk/theatres\\_resources](http://www.institute.nhs.uk/theatres_resources)
- **Theatre staff turnover and sickness absence reports.**

### 2. Productivity and finance

- **Theatre utilisation** – key measures are:
  - scheduled operating time available in hours per week
  - unused sessions per week out of the routinely scheduled sessions
  - how much of the available time is contact time for used sessions, ie aggregate of times from anaesthetic start (needle to skin) to completion. Report for specified theatres for particular days of the week
  - how much over-run time occurs.
- **Service line reporting** will help illustrate key cost drivers within theatre and the financial contribution (+ / -) of your specialities eg, show service line reporting financial data for a high volume Healthcare Resource Group such as hip replacements.
- **Use a 'bubble diagram'** for the trust to review volume and financial input for surgical specialities (used for the foundation trust application process).



### 3. Patient safety information

- **Mortality rates** in surgical specialties, eg Hospital standardised mortality ratio (HSMR), input from Dr Foster, CHKS or equivalent).
- **Serious untoward incidents** (type, location) and **CNST** (clinical negligence scheme for trusts) data.
- **The global trigger tool** – case notes review using: for details see [www.institute.nhs.uk/ram](http://www.institute.nhs.uk/ram)
- **A patient's story of harm** – this is a powerful tool for gaining emotional engagement into the importance of improving safety in theatres and can be achieved using several different tools:
  - reading a transcript of a patient's experience
  - watching a film of a patient interview, eg *Just a routine operation*, [www.institute.nhs.uk/theatres](http://www.institute.nhs.uk/theatres)
  - board members telling stories of being involved in harm to a patient, eg relatives and friends, formal investigations etc.
- Feedback from **executive safety walk round**. An outline of this structured walk round is available from the Patient Safety First website [www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk) under leadership for safety.

*'After our walk rounds when we go back to the Board it is very real for everyone...the stories we tell.'*

Vernon Hull – chairman, Medway NHS Foundation Trust

### 4. Improvement capability

This element assesses the trust board's engagement with clinical safety and quality improvement. For example:

- have you sent a team on the NHS Institute's **Leading Improvement in Patient Safety programme** (LIPS) or any similar programme?
- is quality and safety an important item on your **trust board's agenda**, eg first item, more than a third of the total time?
- has your trust signed up for the **Patient Safety First campaign**?
- do you use **statistical process control** (SPC) charts and/or time series to present quality and other data to your trust board?
- how big is your **service improvement team** and is it capable of supporting this programme?

Other issues to consider are:

- current improvement focus of the trust
- impact of trust strategy on improvement
- structure of service improvement in the trust, training and skills in improvement
- the number and types of successful service improvement projects implemented in the trust
- clinical systems improvement tools and techniques used by the trust
- management style: transformational or transactional?



# Agenda for the trust board workshop

A suggested agenda for the trust board workshop could be:

- introduction and objectives for the workshop
- outline of The Productive Operating Theatre
- discussion on the results of the self-assessment exercise:
  - staff culture
  - productivity and finance
  - patient safety information, including discussion on the observation from the walk around
  - improvement capability
- the role of the trust board in quality and safety in theatres
- visioning workshop feedback
- focus on key issues for the programme
- action plan
- next steps.



# Suggested trust board workshop timeline

Its important to allow sufficient time to collect the data for the self-assessment and to prepare for the trust board workshop. Below is a suggested timeline for this.

Key Criteria	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
• Appoint Exec Lead												
• Undertake self- assessment exercise												
• Staff culture												
• Productivity and finance												
• Patient safety information												
• Improvement capability												
• Prepare trust board workshop												
• Set agenda												
• Distribute summary diagnostic results												
• Run trust board workshop												
• Communicate to organisation												
• Monitor progress												

  
Quarterly  
review





## What we have learned

- The board workshop is an important part of The Productive Operating Theatre.
- Boards find the emphasis on safety and quality informative.
- Boards appreciated hearing directly from theatre staff about the daily frustrations they encountered, their vision for theatre improvement and support they needed from the trust board.
- Theatre staff found meeting the board a powerful and motivating experience.
- Many members of the board had not fully understood the financial importance of theatres and the untapped potential for improved productivity.

*'It is the task of the board to create an environment which supports staff to improve quality and we need to allow staff to take time out, to plan and reflect. If you are not prepared to invest this time this is not the programme for you.'*

*'It's also important for the board to recognise that they cannot lead in a vacuum. You need to get out into theatres and engage with clinical staff, and show your vulnerability as a non-technician in a technical area.'*

**Angela Pedder – chief executive, Royal Devon and Exeter NHS Foundation Trust**

*'We were so impressed by the board workshop that we are now going to run similar workshops to better connect to other clinical services.'*

**Matthew Lowry – deputy chief executive and chief finance officer, The Rotherham NHS Foundation Trust**





## Executive leader – milestone checklist

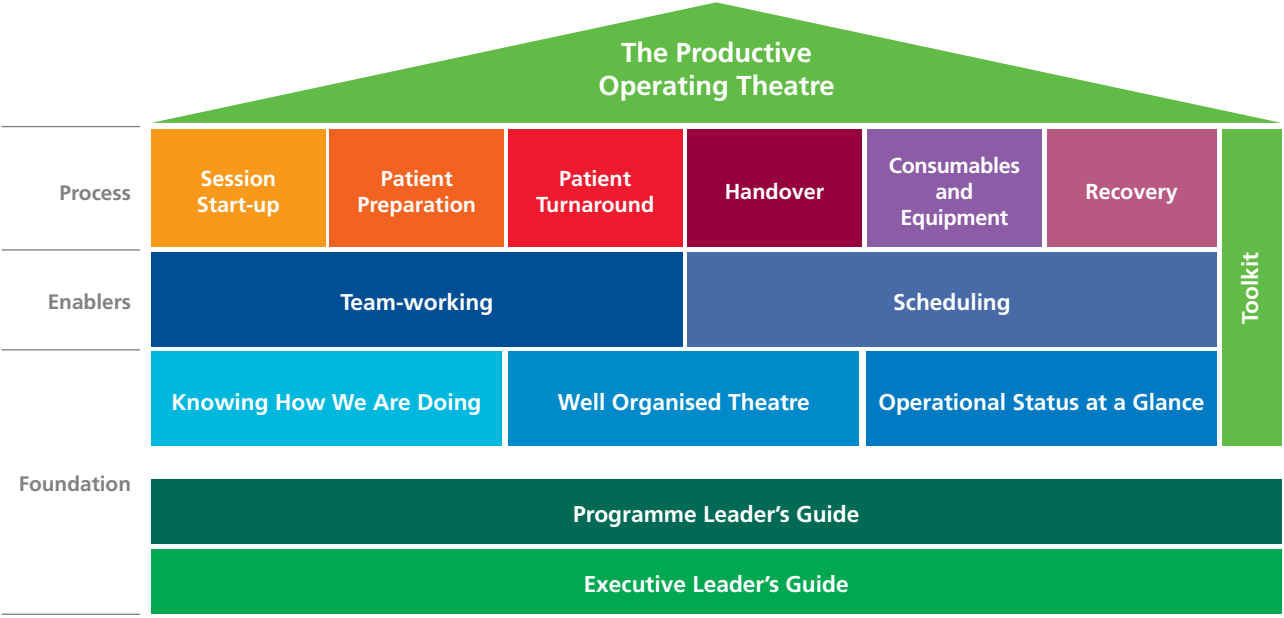
Checklist	Completed?
Create action plan from 10 key activities of the executive leader	
Steering group membership identified and invited to join	
First steering group meeting completed with key objectives identified	
Roles and responsibilities of steering group team clearly identified and agreed	
Dates set for future steering group meetings	
Dates set for key events and venues / equipment / catering booked	
Terms of reference for the steering group agreed	
Scope of programme has been agreed – theatre area / speciality / team for programme	
Contact the NHS Institute if implementation support and training package is required	
Communication strategy agreed	
Communication and marketing of launch across organisation is planned for release after visioning session	
Trust board workshop planned	
Trust board workshop achieved, actions identified	
Actions implemented	



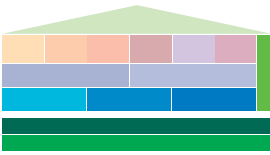


## ***Appendix - Module summaries***

# The Productive Operating Theatre House



For more detailed summaries of the modules please see the Programme Leader's Guide, or go directly to the modules.



## Foundation modules

### Executive Leader's Guide

This guide.

### Programme Leader's Guide

Initiating and managing the programme; developing your local vision; governance; ensuring high quality implementation and planning for spread.

### Knowing How We Are Doing

Developing measures to help theatre teams understand how you are doing against the overall objectives of the programme. The measures that the team develop will be aligned to your local theatre vision and your organisation's strategic aims. This module promotes the use of facts and data to drive continuous improvement.

### Well Organised Theatre

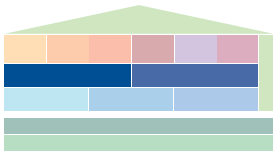
Involving staff in activities that make immediate visible changes and organising the workplace to better support the processes being carried out in theatres.

### Operational Status at a Glance

How to create and use visual management that shows real time operational status to support coordination of theatre resources during the day.

### Toolkit

A step-by-step guide to all of The Productive Operating Theatre tools for teams to use with the modules.



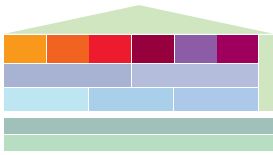
## Enabler modules

### Team-working

This module improves effective team-working by improving non-technical skills and an appreciation of human factors. It improves safety and effectiveness but also has a positive effect on staff wellbeing and productivity.

### Scheduling

Looking at the fundamental parts of the scheduling process through fresh eyes, involving the whole team to improve the flow of information to reduce errors and delays and eliminate unnecessary duplication to produce reliable, achievable theatre lists that utilise all slots available and reduce cancellations.



## Process modules

### Session Start-up

Starting on time is always a challenge for theatre teams; improving the reliability of planned starts will increase efficiency.

### Patient Preparation

A practical and structured way to improve the preparation of patients for surgery. The patient is admitted, prepared for surgery and confident they have all the information they need.

### Patient Turnaround

Covers the process of managing the transition between patients in the theatre, resulting in improved theatre efficiency and fewer delays during theatre sessions.

### Handover

A way to help teams focus on the safe and efficient transfer of patients from one function to another right across the surgical pathway.

### Consumables and Equipment

Focuses on effectively planning the levels and timing of top-ups in theatres, including stock usage, stock levels, storage and replenishment systems for both surgical kit and consumables. This delivers substantial financial gains early on.

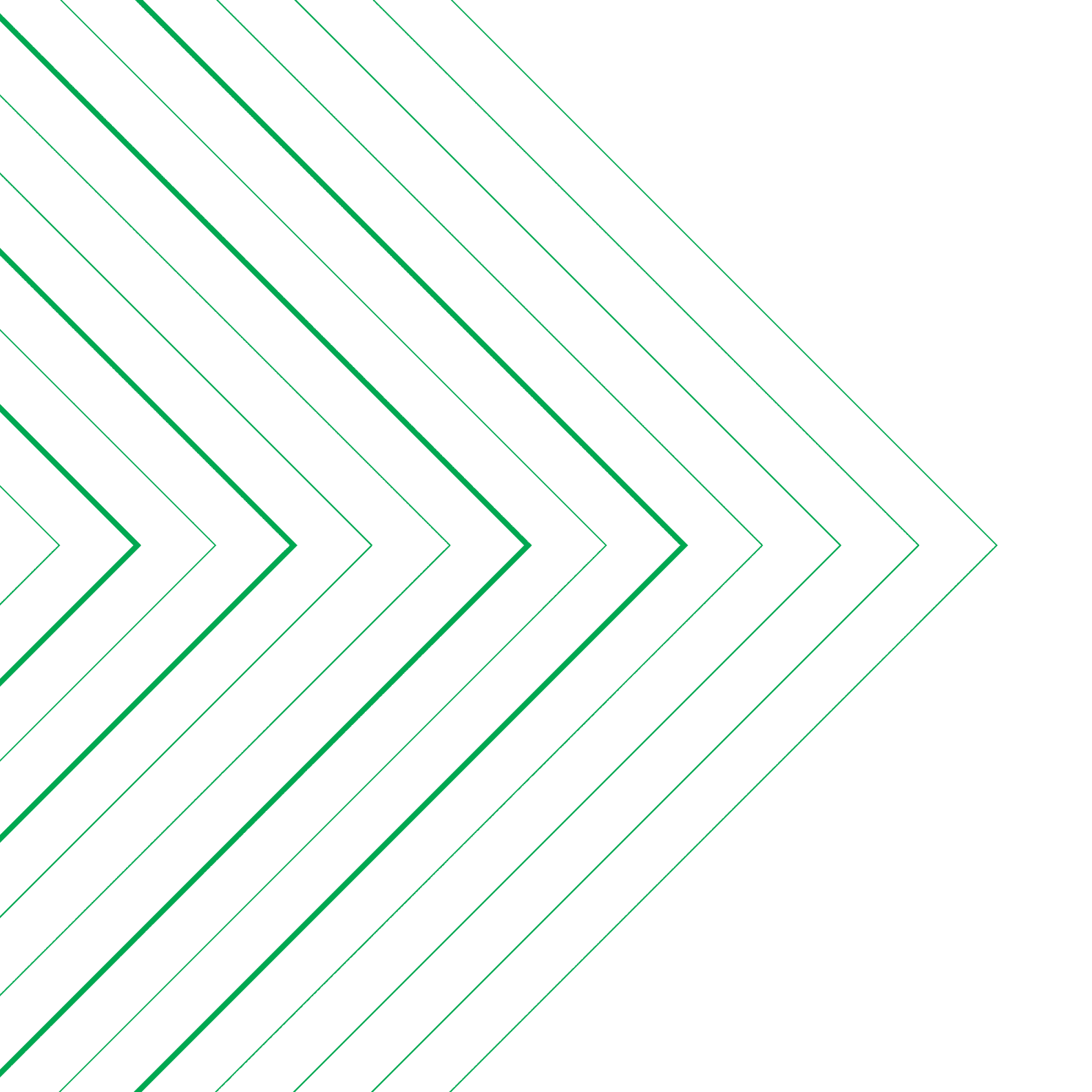
### Recovery

Managing the patient through the process of recovery after surgery, efficiently and without delay, improving both patient experience and clinical outcomes.

# Acknowledgement

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Heart of England NHS Foundation Trust  
Royal Devon and Exeter NHS Foundation Trust  
West Middlesex University Hospital NHS Trust  
Central Manchester University Hospitals NHS Foundation Trust  
Medway NHS Foundation Trust  
The Rotherham NHS Foundation Trust







For further information and to download the modules please visit [www.institute.nhs.uk/theatres](http://www.institute.nhs.uk/theatres)  
Contact The Productive Operating Theatre team [theatres@institute.nhs.uk](mailto:theatres@institute.nhs.uk)

For further information about The Productive Series visit: [www.institute.nhs.uk/productives](http://www.institute.nhs.uk/productives)

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