

## The Productive Operating Theatre

*Building teams for safer care™*

# ***Programme Leader's Guide***

**Version 1**

This document is for programme, improvement and executive leaders

A photograph of a surgical team in an operating theatre, wearing blue scrubs and masks, focused on a procedure. The image is partially obscured by a green geometric shape.

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A close-up photograph of surgical instruments, including forceps and scissors, with a green tint. The image is partially obscured by a green geometric shape.

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The Productive Operating Theatre

# *Programme Leader's Guide*

## **Purpose of this guide**

This guide will help you put together a practical, open and realistic plan for starting, spreading and sustaining The Productive Operating Theatre.

It is not a 'how to' guide for programme management, rather it's a simple and quick reference of key points to combine with your experience, knowledge and existing programme leadership.

Your role as programme leader is crucial to the success of The Productive Operating Theatre. This guide will set out how your role can manage and influence at each stage of the programme and how you can ensure its success.



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Dear programme leads,

I wanted to share my experience as programme leader in a field test site for The Productive Operating Theatre with you. Through this role I have gained deep insights into programme management; clinician engagement and motivating staff.

We have had highs and lows. Some of the programme was implemented quite quickly given the time and resources we were working with, Well Organised Theatre really got the staff involved and they could immediately see and feel the benefits, while Knowing How We Are Doing has taken longer to implement. We had challenges with data collection, so I suggest you look at this early on in case you are in the same situation as baseline information is essential. We have learnt many lessons which have resulted in the materials for the modules.

My key learning has been:

- time has been the most precious commodity
- availability of staff has been a major issue, not lack of enthusiasm
- staff learn to become creative with their time to complete tasks
- you do need a clear and concise programme plan that has realistic time scales and can be supported by the necessary resources
- learn to appreciate timely meaningful data to drive improvements
- even complete cynics can make a valuable contribution to this work; I have seen a complete cynic of the programme develop into one of the most active members of The Productive Operating Theatre team  
If you have any cynics working with you, engage them in the work as much as you can
- communication – you can never do enough
- keep positive!
- work in partnership with The Productive Ward programme
- multidisciplinary team and executive collaboration **has to** occur if this programme is to be successful.

I hope this helps and enjoy this incredible service transformation journey.



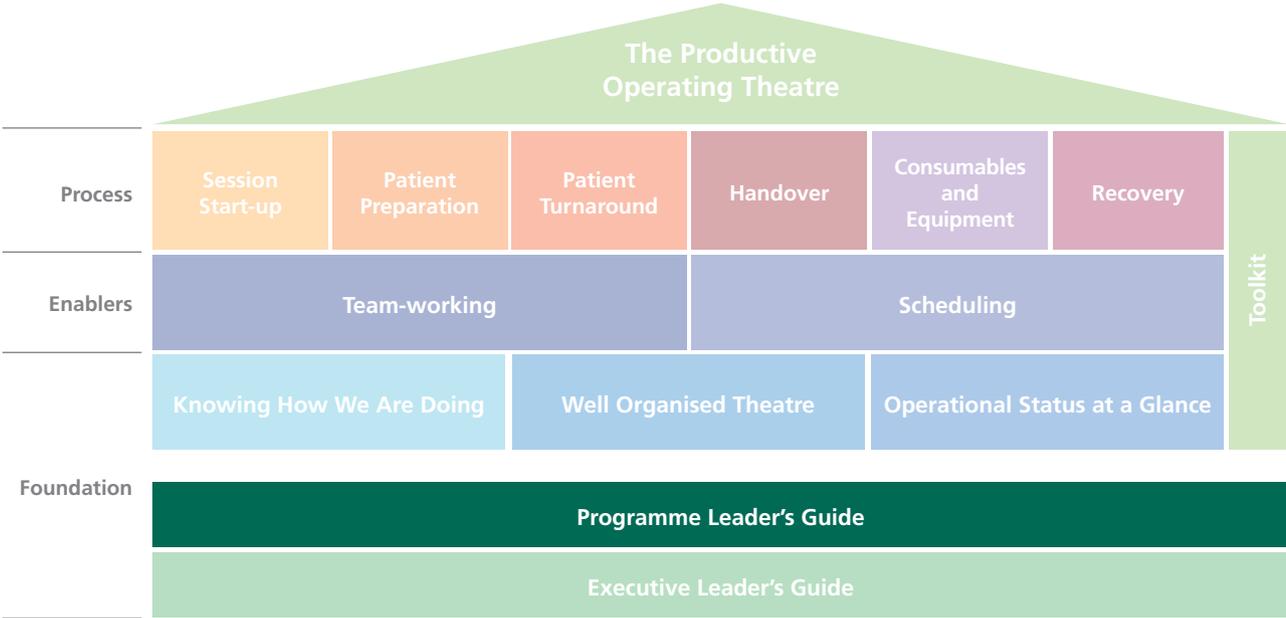
Janet Henry

Theatre manager/matron, programme leader, West Middlesex University Hospital NHS Trust

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# These modules create The Productive Operating Theatre



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# 1. What is The Productive Operating Theatre?

## Programme overview

The Productive Operating Theatre builds on learning from the wider Productive Series and best practice from within healthcare and other industries, it is an important and exciting programme of work that gives frontline NHS staff the knowledge and practical tools they need to transform your theatres across the four key aims of the programme:

- patient's experience and outcomes
- safety and reliability of care
- team performance and staff wellbeing
- value and efficiency.



There are many unique components to The Productive Operating Theatre. These include the explicit engagement of trust boards, with a view to increasing their understanding of, and engagement with the operating theatre environment. The programme also recognises the importance and impact of team working on safety, reliability and staff wellbeing in particular, the purpose of the Team-working module is to create high performing teams.

The programme addresses key issues raised in 'High Quality Care for All'. Key themes include the value of multidisciplinary teams, accelerated change, continuous improvement and enabling staff to manage their own work.



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# Why you should do The Productive Operating Theatre

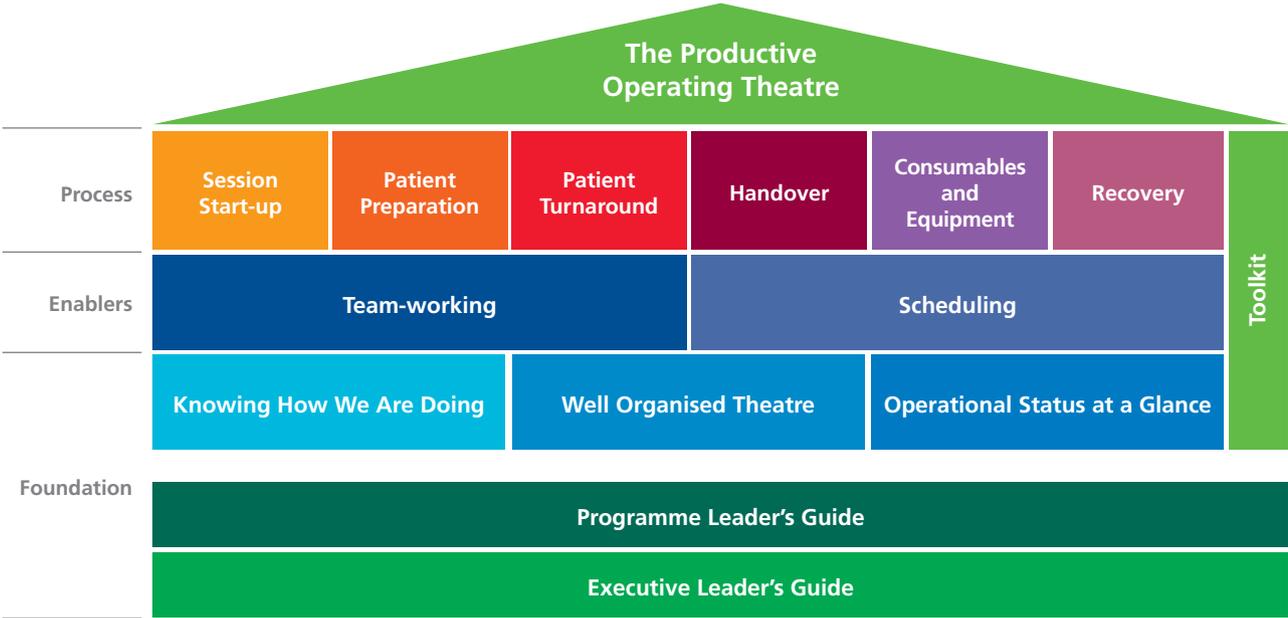
## The Productive Operating Theatre:

- offers you a systematic way of delivering high quality, safe, reliable care to patients across your organisation
- 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 towards a shared vision, contributes towards 'the perfect operating list'
- focusing on quality improvement will deliver efficiency benefits required in a challenging financial climate.

*'The Productive Operating Theatre encourages staff to be involved in finding creative and ingenious solutions to their problems.'*

Vernon Hull – chairman, Medway NHS Foundation Trust

# The Productive Operating Theatre House



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These modules are designed to provide a structure for implementing The Productive Operating Theatre and achieving the programme's aims.

As Programme Leader you will start with the Programme Leader's Guide, at the same time the Executive Leader will begin working through the Executive Leader's Guide with the board to ensure executive level support and commitment for the programme. We suggest you sit down with the executive lead and review the content of the two guides together so you are both familiar with what is expected of each other.

It is important for you to understand the modular structure of the programme. The sequencing is deliberate and you should ensure that the programme team work through in the correct order.

Start with the **Foundation modules** for the first phase of the programme.



Once they are fully in place work on the **Enablers modules**,



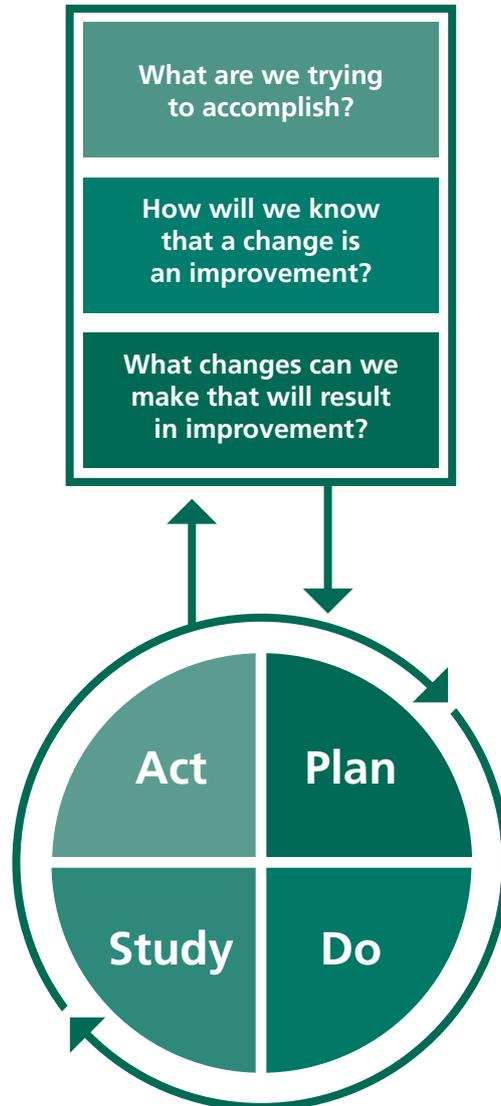
and then move on to the **Process modules**.



Experience has shown that 'cherry-picking' process modules before the foundations and enablers are fully in place will lead to disappointment. To deliver maximum benefit from the programme it is very important to follow the correct sequence. 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 of your interventions are actually delivering quality improvements.

# Module structure

Each module will take you through the model for improvement, giving the team a structured approach to improving their theatre processes.



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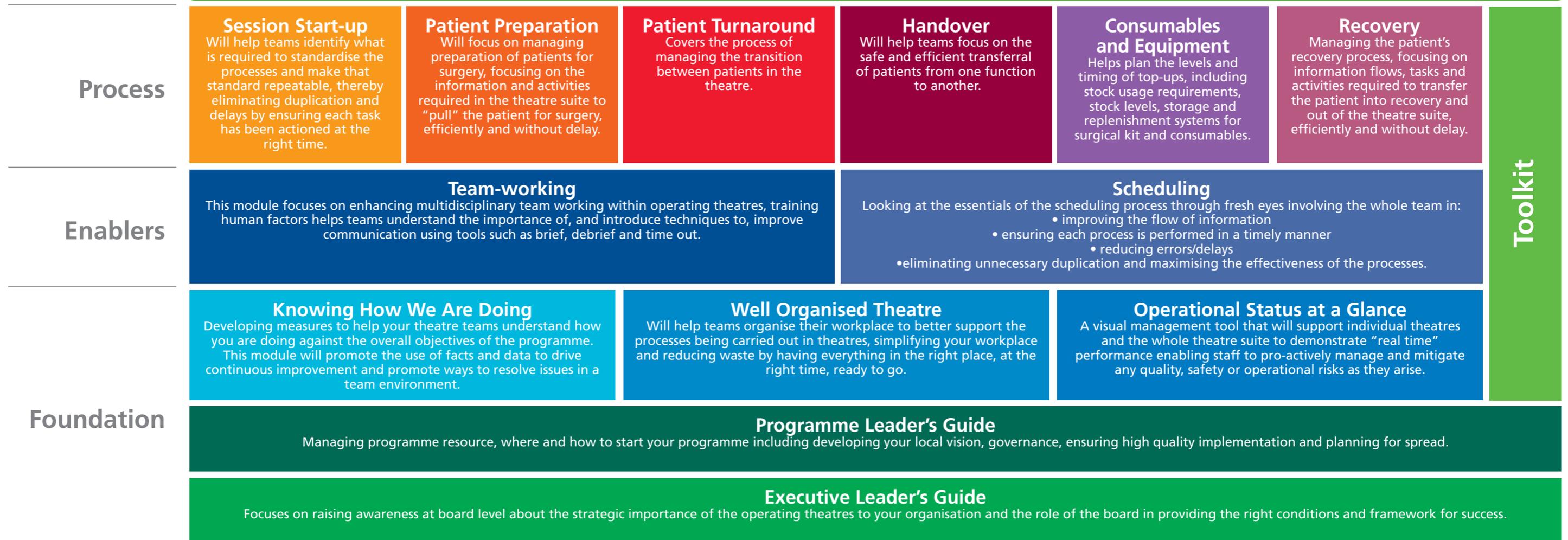
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## Module summaries

# The Productive Operating Theatre





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## 2. Programme start-up

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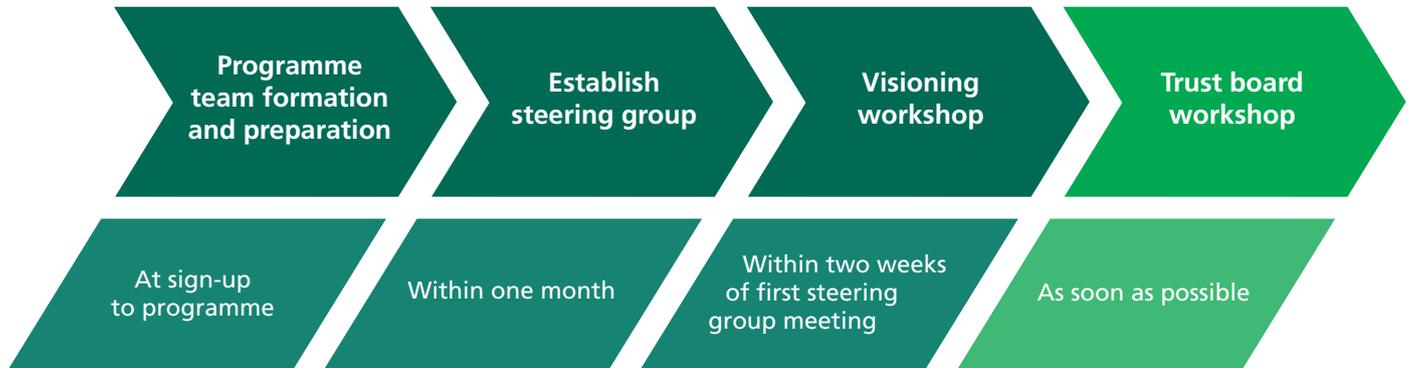
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# Timeline of key events and milestones

The following timeline provides an overview of key events and milestones in the programme and a suggested order in which they should take place. This guide takes you through the programme in a chronological order, covering the first three milestones in detail and providing an overview of the others with signposts to the modules which contain the full information.

There are three workshops that are vital in starting your programme, *visioning*, *trust board* and *measures*, as programme leader you will need to initiate them. The workshops will take time to arrange so get the dates in diaries as soon as possible.

## Key events and milestones



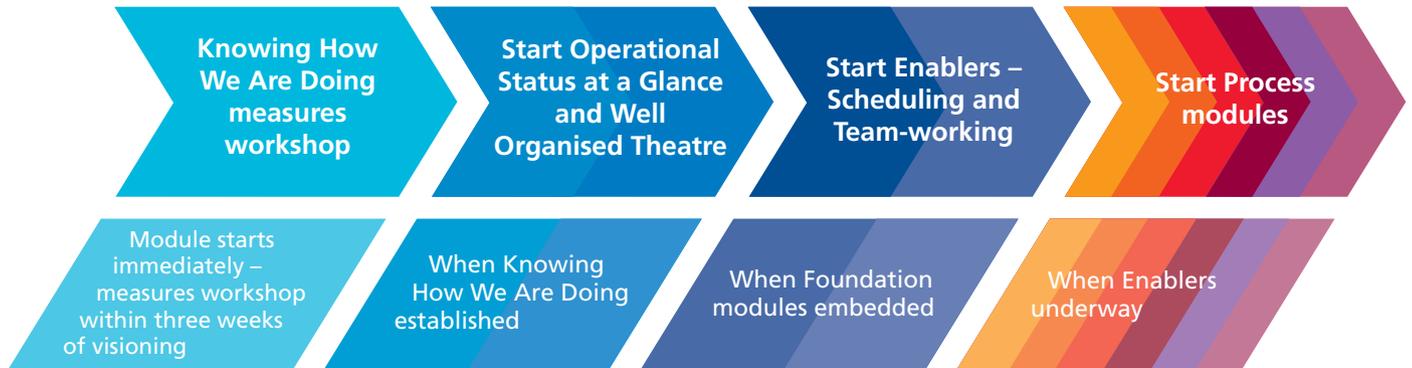
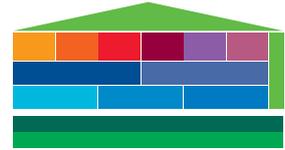
Events and milestones covered in detail in this guide

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Overviews in this guide, full details in appropriate module

**Tip:** Start involving the staff by engaging them in videoing, taking photographs of your department and waste walks as soon as possible: this will really encourage staff to view their department in a different light. Start showing these at audit mornings or weekly update meetings.

## Timeline of key events and milestones continued

Milestone / Event	Aim	Prerequisites	Key outputs
<b>Programme team formation and preparation</b>	<p>Recruitment of programme lead and form programme team</p> <p>Establish programme infrastructure to begin programme</p> <p>(Refer to the programme team section of this module)</p>	<ul style="list-style-type: none"> <li>• Business plan or programme initiation document signed off</li> <li>• Clear agreement to proceed with programme from the executive board</li> </ul>	<ul style="list-style-type: none"> <li>• Programme lead recruited</li> <li>• Programme team established</li> <li>• Clear roles and responsibilities</li> <li>• First programme team meeting date set</li> <li>• Draft programme plan</li> <li>• Showcase theatres selected</li> </ul>
<b>Establish the steering group</b>	<p>Steering group established and first meeting held</p> <p>(Refer to Executive Leader's Guide for suggested membership and role, Section 4)</p>	<ul style="list-style-type: none"> <li>• Steering group engaged</li> <li>• Draft programme plan and timescales</li> <li>• Key resources identified</li> </ul>	<ul style="list-style-type: none"> <li>• Clear structure of steering group</li> <li>• Terms of reference</li> <li>• Agree plans and timescales</li> <li>• Agree resources</li> <li>• Agree funding</li> <li>• Set meeting dates</li> <li>• Provisional dates agreed for workshops</li> </ul>
<b>Visioning workshop</b>	<p>To create a local shared vision for your operating theatre suite that will underpin the work of the programme</p> <p>(Refer to visioning section in this guide)</p>	<ul style="list-style-type: none"> <li>• Identification of date when multidisciplinary team can attend</li> <li>• Engagement of skilled facilitator</li> </ul>	<ul style="list-style-type: none"> <li>• Clear shared vision created and understood by all</li> <li>• Engagement of the team</li> <li>• What are the barriers to the vision?</li> <li>• Identify champions to actively support the programme</li> </ul>
<b>Trust board workshop</b>	<p>Engagement and ongoing support and commitment from the trust board</p> <p>Refer to the Executive Leader's Guide</p>	<ul style="list-style-type: none"> <li>• Preparation of data and information required</li> <li>• Executive sponsor preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Clear vision</li> <li>• Active support for programme</li> <li>• Commitment to resource</li> <li>• Commitment to participate in theatres visioning session</li> <li>• Commitment to visits / walkabouts</li> </ul>

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Milestone / Event	Aim	Prerequisites	Key outputs
<b>Knowing How We Are Doing and Measures workshop</b>	<p>To understand current state and measure progress of improvements during the programme</p> <p>Identification of core measures for use during the programme</p> <p>(Refer to the Knowing How We Are Doing module)</p>	<ul style="list-style-type: none"> <li>Shared vision created and understood by all</li> <li>Understanding of your information system and what it can deliver</li> <li>Clarity of what you are already measuring</li> <li>Actively seek support from the information department</li> <li>Ongoing active support from information and IT departments</li> </ul>	<ul style="list-style-type: none"> <li>Identified and agreed programme measures</li> <li>How measures will be collected analysed and reviewed</li> <li>Engagement of multidisciplinary team in Knowing How We Are Doing</li> <li>Training for team in purpose of measures</li> <li>Understanding how measurement drives behaviour and how to use facts / data to drive improvement</li> <li>How to set up a visual Knowing How We Are Doing board and review system</li> <li>Understanding of how you are doing in relation to the overall programme measures</li> </ul>
<b>Commencement of Well Organised Theatre and Operational Status at a Glance</b>	<p>To provide a solid foundation on which to base further improvement</p> <p>Refer to Well Organised Theatre and Operational Status at a Glance modules</p>	<ul style="list-style-type: none"> <li>Knowing How We Are Doing established and its importance to the programme as a whole and each module understood by all</li> </ul>	<p><b>Well Organised Theatre</b></p> <ul style="list-style-type: none"> <li>Improve workplace organisation</li> <li>Understand of the 5S methodology</li> <li>Design their areas to support their processes</li> </ul> <p><b>Operational Status at a Glance</b></p> <ul style="list-style-type: none"> <li>Introduce visual management to theatres</li> <li>Understand why real time measurement is important</li> <li>Develop an Operational Status at a Glance system</li> <li>Identify measures</li> </ul>
<b>Commencement of enabler modules - Team-working and Scheduling</b>	<p><b>Team-working</b> Improved safety by reducing errors and create a better working atmosphere for the theatre team</p> <p><b>Scheduling</b> Work with those involved in scheduling theatre lists to create a reliable and efficient scheduling process</p>	<ul style="list-style-type: none"> <li>For foundation modules to be embedded</li> </ul>	<p><b>Team-working</b></p> <ul style="list-style-type: none"> <li>Teams conducting brief, debrief and the checklist</li> <li>Teams using tools such as SBAR and PACE</li> </ul> <p><b>Scheduling</b></p> <ul style="list-style-type: none"> <li>improved scheduling process that produces reliable, achievable lists in a timely manner</li> </ul>
<b>Process modules</b>	<p>Understand, improve and standardise six key processes, the combined results will have a high impact on achieving the programme aims</p>	<ul style="list-style-type: none"> <li>All foundation modules and enablers to be embedded into daily practice</li> </ul>	<ul style="list-style-type: none"> <li>Safe, reliable processes that have eliminated unnecessary delays and waste, improving the experience of both patients and staff</li> </ul>



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# 3. Programme team formation

## Roles and responsibilities

Although structures vary between organisations our experience suggests that to successfully implement The Productive Operating Theatre you should have a core programme team that consists 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 work within the programme – include them as part of the programme team as appropriate.

The programme team should meet regularly. We suggest meeting weekly, to keep up the momentum.

**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.*

## Programme leader – your role...

Is	Is not
<ul style="list-style-type: none"><li>• Programme planning</li><li>• Communications plan</li><li>• Training and coaching</li><li>• Managing expectations</li><li>• Setting board meeting</li><li>• Arranging and leading key events</li><li>• Presenting</li><li>• Identifying resource requirements</li><li>• Leading programme team</li><li>• Tracking progress</li><li>• Tracking quality</li><li>• Enabling theatre teams</li><li>• Reflection and strategic learning</li><li>• Ensuring executive leader is up to date</li><li>• Escalating issues and challenges</li><li>• Engaging the multidisciplinary team</li><li>• Lead the planning and measurement phase of each module</li></ul>	<ul style="list-style-type: none"><li>• To work outside the scope of the programme plan</li><li>• Micro-managing theatres</li></ul>

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## Programme leader skills:

It is likely that you will already possess many of the skills required to be a programme leader. To highlight if any gaps might exist, consider the short list below:

- leading teams
- influencing skills
- resource and process planning
- communications plan
- knowledge of theatres and the teams working in them
- knowledge of the modules
- lean improvement knowledge
- presentation skills
- facilitation skills.

As you make the journey through the programme, discuss how to bridge the gaps through personal development with your executive leader and / or line manager.

***Tip:** Role clarity is important especially for individuals who have just changed from a purely clinical role.*

## Improvement facilitator – their role...

Is	Is not
<ul style="list-style-type: none"><li>• Organising and doing</li><li>• Contributing to the planning and measurement phase of each module</li><li>• Thinking creatively to get the best out of staff</li><li>• Working independently when required</li><li>• Working as part of the team and helping to motivate them</li><li>• Supporting champions in their work</li><li>• Recording progress</li><li>• Collecting and sharing data</li><li>• Develop skills in the use of improvement tools and spread this knowledge throughout the department</li><li>• Help to develop a culture for continuous improvement within theatres</li></ul>	<ul style="list-style-type: none"><li>• Securing resources</li><li>• Managing the areas of change</li><li>• Directing change without the knowledge of the programme leader</li></ul>

***Tip:** Between the programme leader and the improvement facilitator it is important to have a combination of theatre knowledge and improvement skills. There can be flexibility about the combination of these skills. Suggested models that work are:*

- *theatre matron as programme leader with an improvement facilitator who has knowledge of service improvement*
- *a programme leader with a background in service improvement and the improvement facilitator with a theatre background and detailed knowledge of the processes and individuals involved in the department.*

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## Executive leader – their role...

Is	Is not
<ul style="list-style-type: none"> <li>• Being accountable for programme delivery</li> <li>• Aligning The Productive Operating Theatre to your organisational objectives</li> <li>• Establishing a clear robust governance mechanism</li> <li>• Demonstrating visible leadership of the programme</li> <li>• Securing the necessary resources to ensure the programme team is supported</li> <li>• Supporting your teams in overcoming problems and barriers as the programme progresses</li> <li>• Ensuring staff have time released for attending workshops and training</li> <li>• Demonstrating commitment to the project by spending time in theatres, attending meetings and listening to staff</li> <li>• Measuring and monitor performance to keep the project on track</li> <li>• Championing the programme</li> <li>• Building in sustainability from the outset</li> </ul>	<ul style="list-style-type: none"> <li>• Micro-managing operating theatres</li> </ul>

## Clinical lead – their role...

Is	Is not
<ul style="list-style-type: none"> <li>• Committing time to the programme</li> <li>• Attending steering group and programme team meetings when required</li> <li>• Actively promoting the programme to other clinicians</li> <li>• Supporting the implementation of the programme in their own practice, eg team briefings, testing PDSA cycles</li> </ul>	<ul style="list-style-type: none"> <li>• To be an inactive clinical lead</li> </ul>

## Information analyst – their role...

Being able to measure how you are doing in relation to your programme aims and use of facts and data to drive continuous improvement is a fundamental part of the programme and it is important to have dedicated analytical support.

Is	Is not
<ul style="list-style-type: none"><li>• Identifying what information is already routinely collected</li><li>• Working with the theatre teams to develop ways to measure the programme aims</li><li>• Identifying how the measures will be collected on an ongoing basis</li><li>• Developing ways to analyse and present the data</li><li>• Educating the team around the use of information</li></ul>	<ul style="list-style-type: none"><li>• Being responsible for the data collection</li></ul>

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## Champions – their role...

Is	Is not
<ul style="list-style-type: none"> <li>• To be ambassadors of the programme</li> <li>• To show commitment and enthusiasm</li> <li>• To promote the work the programme is doing</li> <li>• Completing specific tasks</li> <li>• Engaging other staff in the programme</li> <li>• To show visibility in theatres as part of the programme</li> <li>• Being on the ground helping to implement changes</li> <li>• Being able to deal with challenging behaviour about the programme from peers</li> <li>• Developing skills in the use of improvement tools</li> </ul>	<ul style="list-style-type: none"> <li>• To be an inactive champion</li> </ul>

Although not necessarily part of the core programme team, the role of champion is vital to the success and sustainability of the programme: they will lead on specific modules or work streams within the programme.

Volunteers are recruited to become champions at the vision workshop, but keep your eyes and ears open for staff that show an interest in becoming champions throughout the programme.

Recruit champions from across the multidisciplinary team to ensure an even balance of champions to spread the programme.

Make sure you give a clear profile of the role of a champion, describing their key responsibilities. This will enable you to identify any training or support they may need.

As programme leader, you will find it helpful to promote the role of champion. They will be a great support to you in engaging people resistant to particular changes.

### What they expect from you:

- support, guidance and the freedom to explore, test new ideas
- keep them informed about the programme
- understand their qualities and strengths and what they can individually bring to the programme
- an open door policy.



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## *4. Preparation and planning*

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## Important enablers

The programme has an emphasis on doing what you can to improve the operating theatre without the need to wait for other departments to improve. However due to the interdependent nature of theatres some of the modules will require you to work closely with colleagues from other departments.

Discuss with your executive leader which departments you need to work with – the executive leader can help you identify the appropriate people to approach.

Spend time with the relevant individuals to explain the aims and strategic importance of the programme and how important their role is in its success. This will enable them to understand what you are trying to do and how they can enable the improvements to be made

*Tip: Minor works are vital for the Well Organised Theatre module, which is one of the most important modules for engagement of your staff. Involving facilities at the beginning of the programme is crucial to ensure no delays in implementing changes, for example cupboards and shelves needing to be moved and replaced.*

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Departments you should involve		
Department	Module	Likely activity
Facilities	Knowing How We Are Doing Operational Status at a Glance Well Organised Theatre	Painting, floor marking, shelves, display boards, cleaning
Information	Executive Leader's Guide Knowing How We Are Doing Measures for all modules	Support developing, collecting, analysing and reviewing measures
Sterile services (including off-site teams)	Consumables and Equipment	Stocking, labelling, developing and agreeing to new ways of working
Procurement and supplies	Well Organised Theatre Consumables and Equipment	Stocking levels
Pharmacy	Consumables and Equipment	Stocking, labelling, developing and agreeing to new ways of working
Surgical wards	Scheduling Patient Preparation Handover Recovery	Engagement with developing and putting into practice new procedures
Finance	Executive Leader's Guide Knowing How We Are Doing Return on Investment	Providing information and costs
Medical secretaries / central admissions	Scheduling	To understand current state and develop and implement new processes
Governance	Knowing How We Are Doing Process modules	Guidance on governance issues regarding filming, taking photos or use of data
Communication	Executive Leader's Guide Programme Leader's Guide	Help to develop and implement a communications plan

*'Because we had taken time to brief the estates department, when we put up the whiteboards outside theatre it took just one phone call and the boards were put up that afternoon.'*

**Janet Henry – theatre matron, programme leader, West Middlesex University Hospital NHS Trust**



Email Management  
The Productive Leader  
Releasing time to lead™

The Productive Mental Health Ward  
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The Productive Mental Health Ward  
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The Productive Mental Health Ward  
Releasing Time to Care™  
Ward Leader's Guide

Ward Round

Therapeutic Interventions

Patient Wellbeing

Patient Status at a Glance

Well Organised Ward

Knowing How we are Doing

The Productive Leader

Sustaining Improvement

Leadership Team Meeting

Email Management

Workload Management

Meetings Management

Executive Leader Guide

Start-up Guide

Self-development Modules

Communicating & Influencing

Information Processing

Emotional Intelligence & Stress Management

Problem Solving

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Releasing Time to Care  
The Productive Ward

## Linking in with other Productive programmes

The Productive Operating Theatre is part of a series of Productive programmes that are all based on the same principles and follow a similar format. Although they use similar methods and approaches, the nature of the work varies due to the differences between the settings, eg ward and operating theatre. Your organisation may already be implementing some of these programmes and it would be helpful to join up with other programme leaders to share learning, experiences and even resources.

If your organisation is implementing The Productive Ward make contact with the programme lead as soon as possible. Arrange an initial meeting and meet regularly to discuss progress and exchange ideas.

Although complementary, be aware the programmes are different and have different challenges, the multidisciplinary and cross speciality nature of theatres adds additional complexity to implementing The Productive Operating Theatre.

To find out more about the wider Productive Series visit the website, [www.institute.nhs.uk/productives](http://www.institute.nhs.uk/productives)

*'The Productive Ward facilitators have been invaluable in sharing their knowledge, frustrations and lessons learnt.'*

Claire Bradford – programme leader and theatre matron, Royal Devon and Exeter NHS Foundation Trust

# Resources

The table below identifies the different types of resources to consider at the beginning of your programme.

Item	Subject
1	<p><b>Programme start-up</b></p> <ul style="list-style-type: none"> <li>• <b>What do staff need / want to know?</b> <ul style="list-style-type: none"> <li>– Communication plan</li> </ul> </li> <li>• <b>How can staff participate?</b> <ul style="list-style-type: none"> <li>– Identify champions - multidisciplinary</li> </ul> </li> </ul>
2	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <b>What do we need before we start?</b></li> <li>• <b>Programme materials</b> <ul style="list-style-type: none"> <li>– Camera, video camera, with appropriate accessories, flipchart paper, sticky notes and marker pens</li> </ul> </li> <li>• <b>Improvement materials</b> <ul style="list-style-type: none"> <li>– Whiteboards, floor tape, magnets, laminating sleeves, etc</li> </ul> </li> <li>• <b>Funding for minor improvements or equipment</b> <ul style="list-style-type: none"> <li>– Removing adding shelving / cupboards / notice boards</li> <li>– Boxes / rack systems to assist Well Organised Theatre 5S process</li> </ul> </li> <li>• <b>Other</b> <ul style="list-style-type: none"> <li>– Regular meeting room</li> <li>– Desk for programme lead and facilitator</li> </ul> </li> </ul>
3	<p><b>Staff (in addition to programme team)</b></p> <ul style="list-style-type: none"> <li>• <b>Theatre staff availability</b></li> <li>• <b>Programme administrative support</b></li> <li>• <b>Analytical support – information / IT</b></li> </ul>
4	<p><b>Commitment</b></p> <ul style="list-style-type: none"> <li>• <b>Do we have commitment and buy-in from:</b> <ul style="list-style-type: none"> <li>– executives</li> <li>– clinicians</li> <li>– theatre management</li> <li>– theatre staff</li> </ul> </li> </ul>

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## Managing upwards

A key element to sustaining The Productive Operating Theatre implementation is your trust's senior leadership teams (executive and non-executive). They need to provide:

- consistent messages
- approachability
- visibility
- support to theatre staff
- efforts to quickly remove barriers.

Think carefully about how you communicate, manage and influence senior leaders in order to deliver the above outcomes. The board workshop plays a key role in this.

Talk these challenges over with your executive leader and make sure everyone is giving a consistent message. Involve all disciplines, encourage suggestions and engage people in the work by sharing updates at meetings such as audit meetings.

STANDBY GENERATOR  
SUPPLY ON

FIRE ALARM

VENTILATION PLANT

SETBACK

EXTENSION  
TIMER

FINAL FILTER  
DIRTY

FINAL FILTER  
FAILED

LOW AIR FLOW

HOWORTH  
airtech  
EXFLOW

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TO SET FOR  
RANGES

## Governance

Your trust will have a governance policy which has to be adhered to. Ensure that you as programme leader notify your governance lead and department of the aims / outline of the programme, start date and potential duration of the programme. Spend time with your governance lead to explain the aims and how they can support the programme.

## Data protection

You will be collecting a large amount of data to capture the present status of your theatre suite / department.

Engage and involve the analysts who deal with theatre information. Early interrogation of your IT system is strongly recommended to understand what information is currently being captured and what could be easily extracted into meaningful data.

Ensure you are aware of local data protection policy and that you comply with it.

## Consent for filming and photographs

We encourage you to use photographs and film to capture and learn from the work you do in The Productive Operating Theatre. You must gain consent from any patients, staff and visitors captured on film. Your communications team will have template consent forms for you to use with patients.

Give time to each person to explain the purpose of the filming or photography. This will enable them to give informed consent and has the benefit of building their confidence.

# Developing a programme plan

Once the practicalities of The Productive Operating Theatre are understood, you and your team will need to develop a programme plan to guide the implementation. A good plan will help you achieve a number of objectives:

- it is a mechanism for communicating with the team and its stakeholders
- it can help to set expectations around timescales and implementation phases
- it should help highlight risks
- it will allow the team to track and assure progress towards implementation.

## Approaches to creating your programme plan

There are many ways to create a programme plan, using software packages, local tools / project templates and some people prefer to plan it all on paper flipcharts. These are all good techniques as long as they capture the following:

- process and activity planning, eg a task list with dates
- resource planning – people and tangible items
- outcome planning
- gateways to the next phase.

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## Programme planning

Gantt charts determine what needs to be done by when. Break the modules into sections and create task lists. Combine modular tasks with tasks such as briefings, networking events and preparation. The plan can be very high level or very detailed.

Module	Who	Week					
		1	2	3	4	5	6
<b>Programme Leader's Guide</b>							
create programme team	Jodie	■	■	■			
team meeting	All		■		■		■
meet with executive lead	Jodie	■		■		■	
communication strategy	Anna	■	■	■			
steering group	Jodie		■				■
visioning workshop	Jodie				■		
<b>Executive Leader's Guide</b>							
trust board - pre work	Amanda		■	■	■		
trust board workshop	Amanda				■		
<b>Knowing How We Are Doing</b>							
identify what is already available	Helen		■	■	■	■	
measures workshop	Jodie				■		
create measures set	Helen				■	■	■
start collecting measures	Helen					■	■
develop measures board	Helen					■	■
start review meetings	Anna						■
<b>Well Organised Theatre</b>							

# Selecting showcase theatres

Interest in The Productive Operating Theatre will be created and maintained using showcase theatres. We suggest working initially with two theatres, choosing the right theatres to showcase the work you are doing is crucial.

Choosing the right showcase will mean...	Choosing the wrong showcase will mean...
<ul style="list-style-type: none"><li>• Visible evidence that the programme works and a comparison for subsequent theatres</li><li>• Engaged and enthused staff who will welcome the programme in their theatre / speciality</li><li>• Early rewards in terms of generating a return on investment</li><li>• Creating a good reputation within the organisation for improvement and change</li></ul>	<ul style="list-style-type: none"><li>• Visible evidence that the programme can fail and no good comparison for subsequent theatres</li><li>• Disengaged and unenthused staff who will not want to get involved with the programme</li><li>• No or little return on investment put into the programme</li><li>• Creating a bad reputation within the organisation for improvement and change</li></ul>

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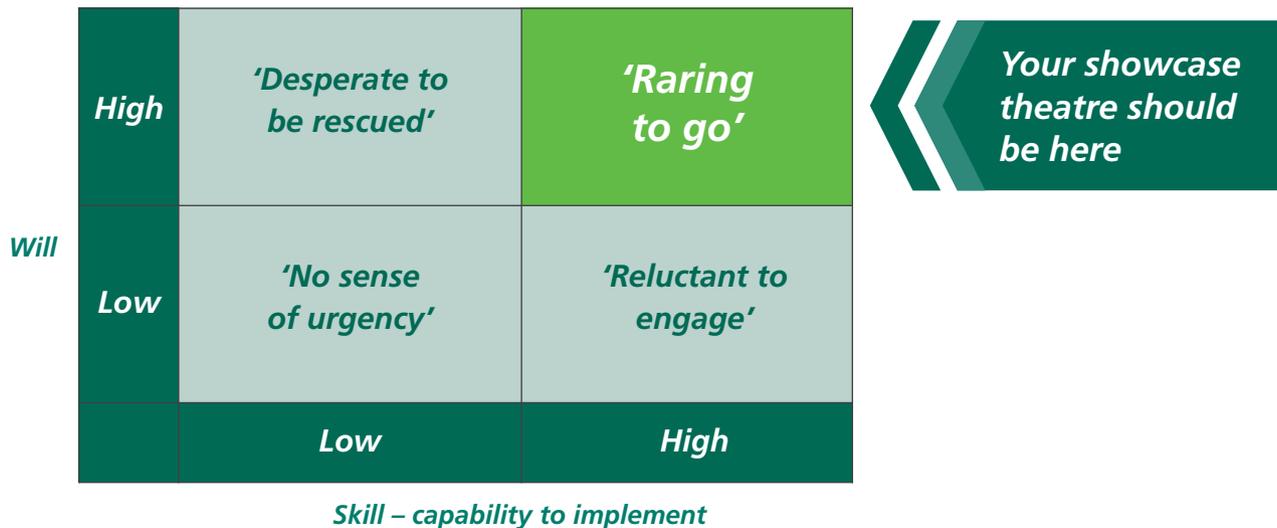
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## Showcase theatres

This matrix illustrates the characteristic that your showcase theatres should have.

Previous history of service improvement is a good indicator of a team’s capability to be successful – but it is not enough. The team have to have the will at this moment in time to implement this programme. Some organisations find it helpful to have a competitive bidding process.

It is not recommended that you choose a challenged theatre as the showcase. This will take extra valuable time to overcome issues unrelated to the programme and will slow down the establishment of the showcase. These theatres can be included in the roll-out when you have a good example to build on and the programme team are proficient with the programme.



## How to select your showcase theatres

It is important your potential showcase theatres want to be involved right at the beginning of implementation. To ensure you select the right theatres, follow the selection process and complete the selection template below.



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## Showcase theatre selection template

Theatre number	1	2	3	4	5
Has a history of service improvement and innovation					
There is a strong culture of multidisciplinary working					
The team leader and multidisciplinary team want to be the showcase theatre					
It is not going to have major changes in the next year, ie theatre move, renovation					
The team leader is collaborative not autocratic in leadership style					
The team leader and lead surgeon and anaesthetist once trained in The Productive Operating Theatre methods, are willing and able to coach and advise other theatres on implementation					
<b>Number of ticks</b>					

Select the theatre/s with the most ticks

# Sustainability

## Making sure your work is sustained

You need to consider the sustainability of your work needs from the beginning of your programme. The NHS Institute for Innovation and Improvement has developed an easy to use sustainability model.

It is a diagnostic tool that is used to predict the likelihood of sustainability for your improvement project. It will help you to identify areas of strength and opportunities for improvement by recognising and understanding the key barriers for sustainability relating to your specific local context. It will provide practical advice on how to increase the likelihood of sustainability for your programme.

The model will not take long to complete, it consists of ten multiple choice questions relating to ten factors that reflect process, staff and organisational issues. Your communications plan will underpin all the identified actions to ensure sustainability. Refer to it, and build in any additional communication activities into the plan.

Use the sustainability model before you start, during and at the end of your programme to baseline and track the development of an improvement culture. The sustainability model and guide is available at: [www.institute.nhs.uk/sustainability](http://www.institute.nhs.uk/sustainability)

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# Preparation

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## Preparation and planning – milestone checklist

Move onto **communication and engagement** only if you have completed all of the items on this checklist

Checklist	Completed?
Programme leader appointed	
Detailed understanding of programme and modules by programme lead	
Programme lead has met with executive sponsor – preliminary planning	
Programme team established	
Resources required confirmed and put in place – people, time, equipment, office space, etc	
Key influential champions particularly clinicians external to the programme team and steering group have been identified	
Essential equipment required (eg cameras, video recorder and appropriate accessories, flip charts, colour printers, laminator DVD player, whiteboards for formation modules) has been ordered / loaned	
Need for NHS Institute programme implementation support has been discussed (human factors / lean / facilitation / measures) if required this has been costed and funding identified	
Information departments have been engaged and have started to examine theatre data systems (critical at this point)	
Important enablers have been briefed on programme aims and their potential involvement (estates, procurement, pharmacy, etc)	
Proposed scope of programme and broad timeframe agreed	
Draft high level schedule – milestone events and key tasks (basic gantt chart) is in place	
Task list is in place – ongoing from this point	
Provisional dates for key milestone events have been proposed for agreement at steering group meeting	
Have linked into any other of The Productive Series programmes that are active within the trust	
Selected showcase theatres	
Completed the sustainability model	



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## 5. Communication and engagement

Communication is key to successfully implementing The Productive Operating Theatre. There are many ways to reach your stakeholders, but giving staff a clear, concise message about the strategic importance of the programme is vital to staff understanding and wanting to work with you on the programme. Work with your communications lead who will help with some of this. They will be a valuable resource and offer lots of ideas.

- Keeping a visible record of your 'change story' and how it links to the organisation's strategic goals is a good idea. Ensure the 'story' is grounded in the core objectives of improving patient experience and outcomes, safety and reliability of care, team-working and staff wellbeing, value and efficiency.
- Invest in the launch. It is not always possible to get all staff who will be involved in The Productive Operating Theatre together due to demands on their time – however it is important to engage everyone at an early stage so they understand what the programme is and is not about.
- Try to get as many as possible to the visioning session, meet with those who can not attend in small groups – think about using audit sessions to get your key message across.
- Book slots at meetings to brief and regularly update the team.
- Visual displays are also very effective. Place a board outside the break out area in your theatres with key information on it.
- Use regular communication tools including department newsletters, your trust newsletter and your intranet site to raise awareness and celebrate success.
- Use appropriate language to engage different staff groups, recognise their different perspectives and involvement within theatres.

*'Communication is the key to a successful programme: you can never do too much!'*

Lisa Elliott – service improvement lead, Central Manchester University Hospitals NHS Foundation Trust

# Clinical engagement

The Productive Operating Theatre builds teams for safer care. To gain the full benefits of the programme it is essential to engage the full multidisciplinary team. It is often more difficult to get commitment from the surgeons and anaesthetists than it is from other staff groups. However their involvement is vital to the success of the programme.

The programme aims were developed to reflect the common values of the whole multidisciplinary team. It will resonate with everyone – as long as everyone knows about the programme and how they can get involved.

## Tips for engaging clinicians

- Communicate and explain the aims of the programme in terms and language they will relate to and understand
- Encourage clinicians to attend the early events so they can help create the shared vision for your department and participate in shaping the programme (this may take more effort than you expect but it will save time later)
- Talk to individuals rather than just groups – this will enable detailed discussions of the programme and allow you to answer any questions
- Listen to clinicians – they have knowledge and experience and the majority wish for improvement
- Seek the opinion leaders of each group
- Treat clinicians as partners not customers
- Address any opposition
- Identify and activate champions
- Make clinician involvement in the programme visible
- Be well informed with accurate facts and figures
- Communicate progress regularly

For more detailed information about engaging clinicians see:

Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. *Engaging Physicians in a Shared Quality Agenda*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. (Available at [www.IHI.org](http://www.IHI.org)).

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## Developing a communications plan

When preparing communications it is important to think about the following:

- who is your audience? Staff across the trust will want to know what is going on
- what do you tell them? People will want to know whether / how it is going to affect them
- why are you communicating with them? Do you need their help or just want to let them know what will be happening around them
- tell them why you are involved with the programme – how will it improve their working environment and the service you offer patients; how will it help achieve the trust's objectives.

*'I have come to realise that it's how you convey the aims of the programme, which are crucial to engaging patients and staff to gain their confidence to agree to consent. You as programme lead will need to find the time and privacy to explain.'*

**Claire Bradford – programme leader and theatre matron, Royal Devon and Exeter NHS Foundation Trust**

### External communication will also become a key role

- People may contact you to find out what the programme is doing – local press, local commissioning organisations, other trusts interested in the programme and health publications which may want to publish an article on your work.
- To manage these requests effectively it will help if you plan. Try to get a named representative from your communications department to be responsible for The Productive Operating Theatre. Use this as an exciting opportunity to publicise the innovative work you are doing.

### Take time to coach your improvement facilitator in the importance of good communication

- Nothing beats face-to-face communication.
- This is a real opportunity to bridge the gap between senior leaders and the shop floor.

With an effective communications plan you should never have to consider mandating The Productive Operating Theatre. Communication will create the *pull* so you have a steady stream of interest.

## A building block for your communication plan

Who	What	When	How	Why
<b>Internal</b>				
Trust board	Progress	Three monthly	Board workshop and then reports	Keep them updated of progress and engaged
<b>Internal communications example</b>				
Trust staff	Progress and good news article	Monthly	Trust wide newsletter	Generate enthusiasm for programme and the approach to improvement, highlight teams and individuals

**Tip:** *It's never too early to start communicating to the multidisciplinary team as long as a defined start time of the programme has been established. A large part of your daily work will be promoting the programme, engaging and seeking the opinion leader of each group who may be resistant to change.*

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# Communication and engagement – milestone checklist

Move onto **establish the steering group** only if you have completed all of the items on this checklist

Checklist	Completed?
Initiated a visible record of your change story	
Considered methods for engaging your clinicians	
Developed a communications plan	
Have communicated to all relevant parties a) The programme is to go ahead b) Basic outline of programme	



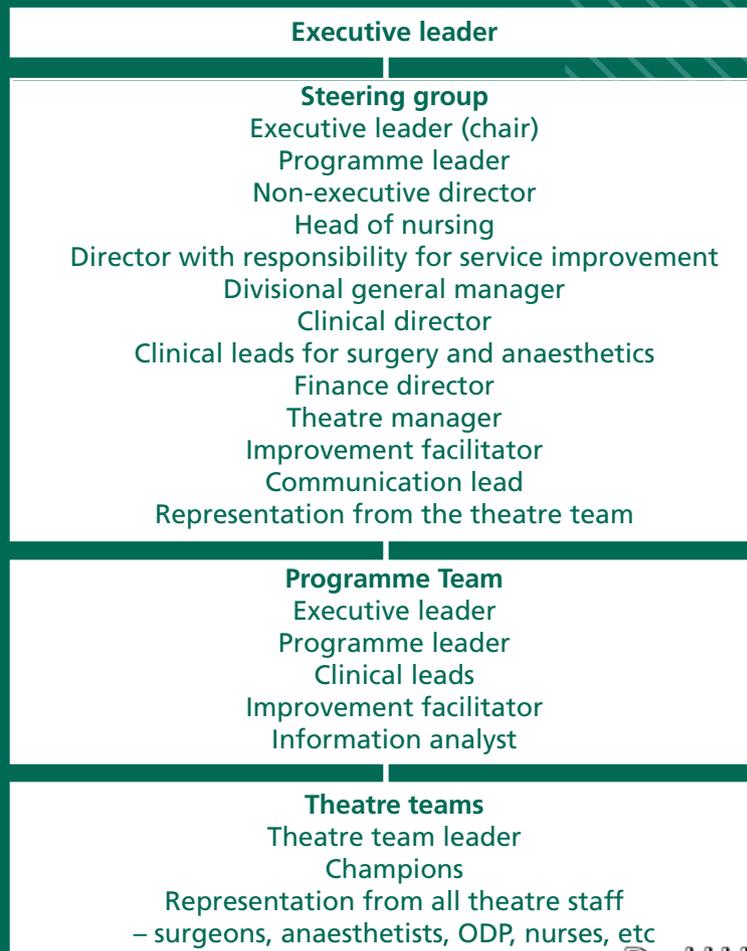
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## 6. Establish the steering group

As implementing The Productive Operating Theatre is a significant programme of work, you will find it helpful to have a number of structures in place to support the work of the programme team.

Although structures vary between organisations we suggest that to successfully implement The Productive Operating Theatre programme you should have a core programme team, steering group and wider theatres team that consist of the following roles.



## Role of the steering group

The steering group meeting fulfills these roles:

- supporting the trust board workshop
- monitoring implementation pace and quality, ensuring key milestones are met
- supporting the programme team to think through any difficult decisions
- helping 'unblock' challenges faced by the programme team
- bridging the gap between frontline staff and senior leadership
- making sure the programme continues to align with organisational aims.

Below is the suggested steering group membership:

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

In your first meeting you will need to agree:

- terms of reference
- plans and timescales
- resources
- frequency and dates of future meetings (suggested every four to six weeks)
- provisional dates agreed key events:
  - visioning workshop
  - trust board workshop
  - Knowing How We Are Doing – measures workshop
- assurance that all start-up activities have been successfully completed.

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Below is a suggested ongoing agenda:

- review of minutes from the last meeting
- progress plan – resource, process and output
- trust-wide issues influencing implementation
- review of Knowing How We Are Doing measures
- risks and challenges
- any other business.

## Gateway reviews

Gateway reviews are used to ensure each section of the programme is completed correctly before proceeding to the next stage. Gateway reviews are usually held in the steering group meeting. They ensure that each stage is carried out fully, with all of the issues addressed and in the right order. Use the checklists at the end of each section within the modules to help you create the criteria for your gateway reviews.

## Gateway 1

Criteria for your first gateway review:

- all factors in start-up checklist are complete
- held first steering group meeting
- roles and responsibilities agreed by the steering group
- dates set for key milestone events set.



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# Establish the steering group – milestone checklist

Move onto **visioning workshop** only if you have completed all of the items on this checklist

Checklist	Completed?
Steering group membership identified and invited to join	
First steering group meeting completed with key objectives achieved	
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 agreed	
Scope of programme has been agreed – theatre area / speciality / team for programme	
Have communicated with 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	
Board workshop planned – see Executive Leader’s Guide	



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## 7. *Visioning workshop*

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# Visioning workshop

This is the first group event and will formally launch the programme. The session is key to engaging the teams and is therefore an important event in the programme. This should be an enjoyable session that will allow all participants to meet, network, discuss issues and produce a shared vision.

## Aim

- To create a local shared vision for your operating theatres to underpin the work of the programme.

## Objectives

- To identify factors that will contribute to the shared vision for your theatres.
- To identify potential barriers to the vision.
- To identify champions to actively support the programme.

## Organising the workshop

- Book the date well in advance at least six to seven weeks ahead so that clinicians can be available to attend.
- Ideally schedule a half-day session. Audit sessions are a suitable time for this as all teams could be available without losing operating sessions.
- Some organisations could use their audit sessions.
- Invitations can be via email, flyers, posters and speaking to key participants.
- Ideally book a venue that is off-site, with sufficient capacity to allow attendees to move around for the interactive elements.
- Think about the layout and seating and have the room for breakouts. Cabaret style, where attendees sit around tables in group of six to eight, is an ideal layout to encourage your teams to interact with each other.
- Provide food and beverages – this will be a rare opportunity for theatre teams to have a group event. The informal parts of the day will contribute to engagement and creation of a multidisciplinary team culture. Aim to have coffee and snacks available on arrival, breaks and closure – allow time for people to network at the end of event.
- Encourage different groups of staff to break up and mix with others.
- Closing the event in time for a buffet lunch will allow participants to continue discussions and network.
- Designate somebody to be the photographer – take lots of photos of the day as these can be used for story boards and newsletters following the event.

## Resources

- Provide laptop, projector and screen for power point presentations, flipcharts and pens, sticky dots and sticky notes.
- Blank name badges / name labels.
- Display The Productive Operating Theatre posters.
- Camera / video to capture the events (and consent forms to be able to use the footage later).

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## Identify speakers / facilitators

### Speakers

- Introduction by senior executive, preferably the chief executive. Ask him / her to articulate the board vision and what he/she hopes The Productive Operating Theatre will achieve and linking this to the organisation's strategic aims.
- Executive leader – to provide overview of The Productive Operating Theatre.

### Facilitator

- Skills in facilitation are essential as this is an interactive workshop that relies on active participation from the group. It can be useful to have a neutral facilitator who is not part of the theatre or surgical structure, who can be seen as impartial and help the team to open up and express issues freely. Skilled facilitation may be needed to ensure that less vocal and junior staff feel able to speak up and articulate barriers and frustrations as well as their vision.

### Invite participants

- 50 to 100 stakeholders including:
  - nurses
  - operating department practitioners
  - support staff – orderlies, health care assistants, clerical staff
  - anaesthetics – all grades
  - surgeons – all grades
  - theatre managers
  - key members of related departments, eg radiology, pharmacy, other clinical directorates, ward reps.

This event is focused on creating a shared vision about *what the perfect list / day feels like* and identifying what the barriers to achieving it are.

Some stakeholders may not feel this is good use of their time at this stage of the programme, eg pharmacy, wards so make sure the invitation clearly explains the aims of the workshop so colleagues from different areas can decide whether to come.

**Tip:** *It is important to manage staff expectations and to stay within the scope of the project plan.*



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## Running the visioning workshop

Below is a suggested plan for how you could run your half-day visioning workshop. Adapt it to suit your local situation. However you choose to run the session the important point is that you achieve the aim of creating a local shared vision for your operating theatre services to set the aims of the programme.

Part 1:

Approx time	Who	Process	Notes
10 mins	Chief executive	<p><b>Welcome</b></p> <p>Presentation to include:</p> <ul style="list-style-type: none"> <li>• board vision and the importance of theatres to the organisation</li> <li>• organisational support for The Productive Operating Theatre.</li> </ul> <p><b>Questions and answers</b></p>	For your presenters check if you will need a laptop, projector and screen.
25 mins	Executive leader	<p><b>Introduction to programme</b></p> <p>Presentation to include:</p> <ul style="list-style-type: none"> <li>• overview of the aims of The Productive Operating Theatre</li> <li>• introduce the house and modules</li> <li>• importance of starting with the foundation modules and in particular Knowing How We Are Doing, then progressing to the enablers and then the process modules</li> <li>• importance of The Productive Operating Theatre to the organisation</li> <li>• importance of the teams and individuals involved in the programme</li> <li>• the programme team will provide the framework and support the work but the improvements have to be owned and implemented by the theatre teams</li> <li>• we will be asking for champions to put themselves forward to get involved and lead on particular elements of the programme, think about how you want to be involved</li> <li>• why the showcase theatres have been identified and how the wider department will be involved and when</li> <li>• outline your expectations of the showcase theatre, that what they learn will be spread across the whole organisation</li> <li>• acknowledge the amount of work that will be ahead and that it will not always be easy, there will be frustrations and that it takes a lot of organisational support for The Productive Operating Theatre.</li> </ul> <p><b>Questions and answers</b></p>	Encourage staff to ask questions so they have a clear understanding of the programme.



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①	29	
②	24	
	10	
	14	
③	25	
	9	
⑤	18	
④	22	
	15	
	1	
	1	

STAFF WELL BEING

STAFF

## Part 2:

Approx time	Who	Process	Notes
15 mins	Facilitator	<p><b>Building your vision</b></p> <p>The aim of the session is to develop your vision. A great outcome would be a compelling statement that describes the team's ambition for the department. You should also begin to think about what you can start to work on to achieve this. You may do this in the session or gather ideas to put together later.</p> <p><b>Group work</b></p> <p>The aims of the programme will have already been talked about but remind the group of what they are:</p> <ul style="list-style-type: none"> <li>• patient experience and outcomes</li> <li>• safety and reliability of care</li> <li>• effective team-working and staff wellbeing</li> <li>• efficiency and value.</li> </ul> <p>With these aims in mind work in small multidisciplinary groups (five to seven people) around their tables and discuss <i>what does a perfect list look and feel like and what makes it happen?</i>:</p> <ul style="list-style-type: none"> <li>• ask the groups to record all their ideas on sticky notes, one idea per note, no limit to number of notes</li> <li>• groups will then feedback their ideas into a whole group discussion.</li> </ul> <p>If people do not know each other suggest a round of introductions in the smaller group before starting discussions.</p>	<p>Working in small groups allows more people to contribute to the discussion in a given period of time and provides an opportunity for individuals who do not like to speak up in large groups to participate.</p> <p>Print out large copies of the programme aims, to act as a prompt about the context of the programme during the group work.</p> <p>Give each person some sticky notes and a pen to record their ideas.</p>
30 mins	Facilitator and scribe	<p><b>Building your vision – feedback and group discussion</b></p> <p>Get each of the groups to feedback from their discussions and put their sticky notes on a large board at the front. Group similar points together as it will highlight the importance of some key themes.</p> <p>After the feedback and discussion, recap the main points so that you have a list of criteria that your department agree would contribute to making the perfect list.</p> <p>Write the list up clearly on a separate flipchart, this will be used for the voting.</p> <p>It may be helpful to have a scribe to help theme the sticky notes and write up the final list throughout the discussion.</p>	

HEALTH & SAFETY

STAFF WELL BEING

PATIENT EXPERIENCE

SAFETY + RELIABILITY



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## Part 3:

Approx time	Who	Process	Notes
15 mins	Facilitator	<p><b>Voting on priorities and comfort break</b></p> <ul style="list-style-type: none"> <li>• Ask each participant to vote for the ideas that they think are most important by putting a dot next to it.</li> <li>• Decide on how many votes each participant will have (three to five).</li> <li>• Participants can split their votes as they wish, voting for different criteria or put all their votes on one.</li> </ul> <p>The voting will help you to identify the issues that are most important to the department as a whole and which should be incorporated in your vision.</p> <p>If you have a large group have more than one voting station.</p>	Give each person sticky dots alternatively you can ask people to draw a dot with a pen.
5 mins	Executive leader	<p><b>Voting feedback</b></p> <ul style="list-style-type: none"> <li>• After the break feedback the top results from the voting session.</li> <li>• These criteria will be used to create your theatre vision.</li> </ul>	
15 mins	Facilitator	<p><b>Identifying barriers – group work</b></p> <p>You have now agreed what makes a perfect list now ask the group to discuss <i>what are the barriers to the perfect list in theatres? What problems affect the day?:</i></p> <ul style="list-style-type: none"> <li>• work in small multidisciplinary groups (five to seven people)</li> <li>• get the groups to record all their ideas on sticky notes, one idea per note</li> <li>• groups will feedback their ideas into a whole group discussion at the end.</li> </ul>	
30 mins	Facilitator	<p><b>Identifying barriers – feedback and group discussion</b></p> <p>Get each of the groups to feedback from their discussions and put their sticky notes on a board at the front. Group similar points together as it will show it is an important to many of the group.</p> <p>After the feedback and discussion, recap the main points so that you have list of the barriers that prevent your department from having the perfect list everyday.</p> <p>Write the list up clearly on a separate flipchart, this will be used for the voting.</p>	

START/FINISH H <sup>①</sup> 29

TEAM WORKING <sup>⑤</sup> 24

BREAKS 10

SAFETY 14

FLOW / SCHEDULING <sup>②</sup> 25

DOCUMENTATION 9

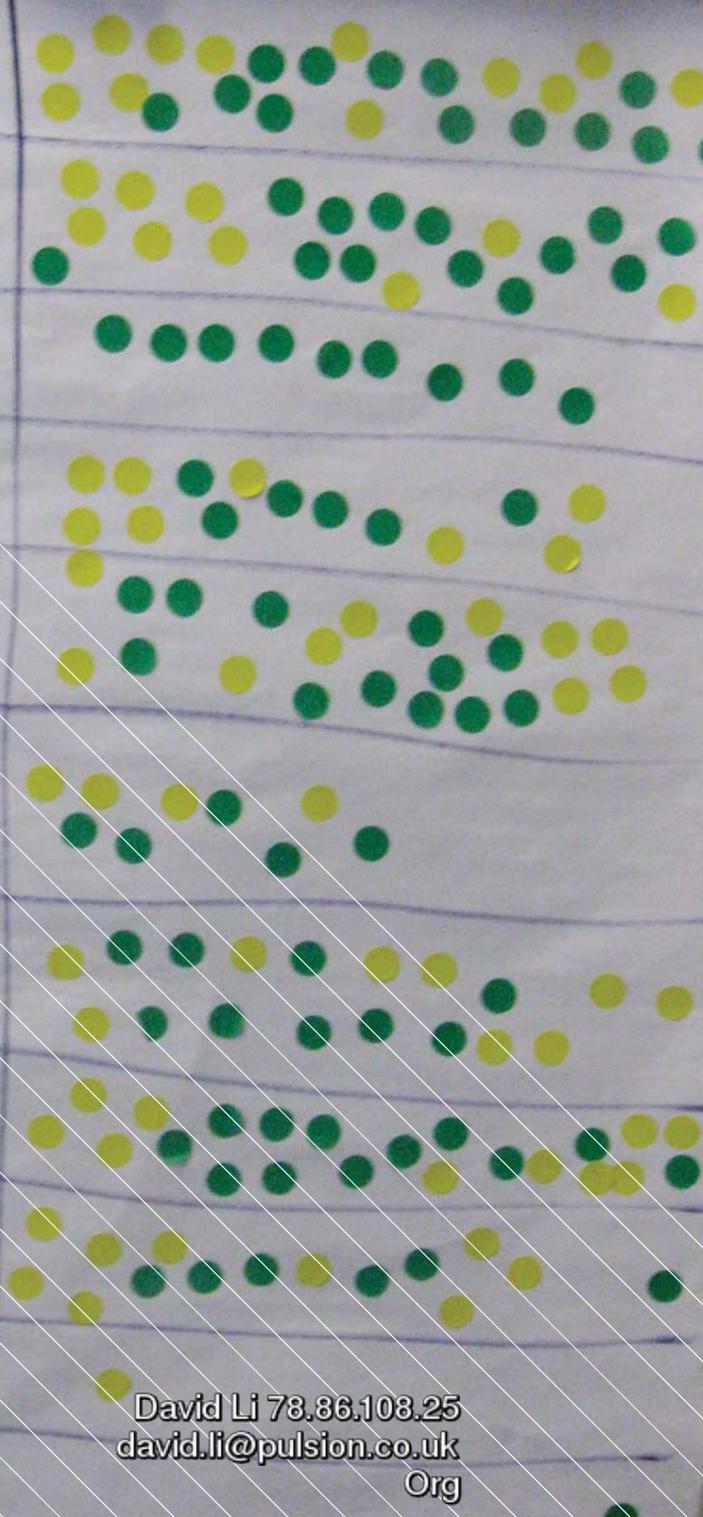
EQUIPMENT <sup>③</sup> 18

COMMUNICATION <sup>④</sup> 22

PATIENT EXPERIENCE 15

COSTS 11

PROFIT 11



Part 4:

Approx time	Who	Process	Notes
10 mins	All	<b>Voting on barriers</b> <ul style="list-style-type: none"> <li>As before, ask participants to vote on the barriers they consider to be most important.</li> </ul>	
10 mins	Executive leader	<b>Voting feedback</b> <ul style="list-style-type: none"> <li>Feedback the result from the voting.</li> <li>If any of the barriers are out of scope of The Productive Operating Theatre flag these up to the group. Agree to take them to the most appropriate forum for them to take them forward.</li> <li>Identify modules that will start to address the barriers.</li> </ul>	
	Executive leader	<b>Next steps and close</b> <ul style="list-style-type: none"> <li>Have identified what a perfect list would be and the barriers to achieving it.</li> <li>Using this information the team will create a vision – a compelling statement that tells everyone about your ambition for the department.</li> <li>The barriers have identified areas where we can focus our attention throughout the programme.</li> <li>Ask the group if they would like to participate in the programme by becoming champions for particular modules or specific pieces of work. People can volunteer on the spot or talk to the programme team later.</li> </ul>	

**Tip:** Some staff will volunteer as champions at the workshop and this helps to build enthusiasm, other will want to reflect and talk to the programme team before committing themselves. You must allow for both possibilities.

## Engaging those who could not attend

If there are members of the team who were not able to attend consider putting the *perfect list* and *barrier* voting sheets up within the department and invite those people to add their comments to votes so that their thoughts can also be incorporated.

## Creating your vision statement

As a result of this session, either during it or by using the outputs from the day, produce a clear vision statement stating what you want to achieve as a result of The Productive Operating Theatre.

### Examples of vision statements developed in test sites

#### St Mary's Theatre Vision

St Mary's theatre vision will ensure:

- **Good communication**
- **Strong leadership** and
- **Efficient well-planned lists**

Resulting in **the best possible theatre experience** for patients and staff alike, in terms of:

Safety and reliability of care,  
Patient experience,  
Effective team working, and  
Efficiency and value

#### Productive Operating Theatre *Vision Statement*

### “Care”

**C**lean, tidy, organised environment

**A**ccurate timely care

**R**ight first time

**E**xperience improvements for both staff & patients

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# Communicate your vision

Communicate your vision to everyone by displaying it on your Productive Operating Theatre notice boards and in other prominent places.

You can also communicate how the barriers raised at the visioning session will be addressed through the different modules. You could do this with all the barriers or just the barriers that were voted as top priorities. Some barriers, eg car parking, may be out of the programme scope. Show which forum these issues are being taken to so attendees can see they are being taken forward and not just forgotten.

As a result of the visioning session you will also have raised awareness of the programme and recruited some champions to support the work.

HOW OUR ISSUES LINK WITH THE PROPOSED MODEL

**Staffing Issues**

Issue	Staff priority ranking
Need improvements in staff morale – look after staff well being	41
Staff breaks – need to bring back availability of food in theatres	45
Staff reception door – why are they leaving?	32
Need for coffee room (overhead in terms of furniture etc) in ITU	12
Staff moved between theatres – don't become experts – something	21
Skill mix – higher percentage of less skilled staff	28
COOP need to work on team lifting lift	42
More skilled practitioners in theatre	6
Regular members of theatre teams	9
Off duty/relieving – 1 person responsible for juggling rostering & allocation for COOP staff to produce sound side note – need better solution	1
Lack of coordination of medical consultant teams	1
Lack of Theatre staff means patients having long anaesthetic procedures cannot be seen for early	2
Team building – eg. come Monday does every morning at A&M; also done in Theatre	5
Defeat needed	2
Burgers accessible	2
<b>TOTAL</b>	<b>207</b>

**Communication Issues**

Issue	Staff priority ranking
Need designated line between wards & theatres – IMR, P&CC	5
Communication – all – All departments acting together – no more them and us barriers between staff groups	30
Reception & theatre need to work more as a team – communication	11
(when patients have patients under local & no anaesthetist – no one gets recovery at theatre or medical history)	
Sending for patients – let change and wards don't know	33
Communication with wards – patient nearly asleep, pre-booking	14
Patient delay – communication at the end of surgery – calling systems	1
Communication from suppliers	1
Phones – not answered on ward, don't know who answers	18
Poor telephone skills	2
Urgent bookings – not informed communication	8
Writing on notes often unreadable	4
Abbreviations used on lists – poor practice	17
Wrong procedures on list – often written by Med Staff	1
Poor documentation	1
TTU's not completed in theatre causing delay in recovery	1
Communication with COOPs	16
Latter lock from staff mail	6
<b>TOTAL</b>	<b>116</b>

**Equipment Issues**

Issue	Staff priority ranking
Need money for essential equipment (eg LMA's, & COOP prep tables and tourniquets + affixant in P&CC)	22
Need equipment lists to know what theatres have, how much and where	12
Replace heavy equipment	6
ITOU – shortage of equipment	14
Centre equipments – shortage of theatre gowns	3
Need to manage procedures rather than just buying more equipment (scheduling in advance)	2
Oxygen cylinders & holders are too heavy – manual handling issue, need plastic ones or on wheels	2
Essentials with heavy (need more)	1
Tables to take heavy patients	1
<b>TOTAL</b>	<b>66</b>

**Storage Issues**

Issue	Staff priority ranking
New storage system planned in HSOU to increase storage 30%	6
Storage – need to sort and standardise – waiting time looking for equipment	8
Prep room issues – need to standardise as far as possible	6
<b>TOTAL</b>	<b>20</b>

**Training Issues**

Issue	Staff priority ranking
Training – type of equipment and procedure	2
A set of learning/induction booklets for each speciality to include personnel abbreviations, learning objectives & basic common procedures. Can be used for CPD/Prep and incorporated into PDFs (D&I already has some)	1
More learning resources – PCs, books etc.	2
<b>TOTAL</b>	<b>5</b>

**Scheduling Issues**

Issue	Staff priority ranking
Log jams in the morning – need to start list on time – turns gets patient	17
Lists over training	15
<b>TOTAL</b>	<b>32</b>

**The Productive Operating Theatre (Proposed Model)**

The diagram shows a central model with three main levels:

- FOUNDATIONAL:** TEAM DYNAMICS - Leadership and Roles & Responsibilities; THEATRE START-UP - Engagement & Expectations; TRUST START-UP - Strategic alignment.
- ENABLERS:** KNOWING HOW WE ARE DOING; PRE-OP ASSESSMENT; SAFE AND WELL ORGANISED THEATRE; SCHEDULING; OPERATIONAL STATUS & AIMS (Patient/Equip/Staff).
- SYSTEMS:** Safety and reliability; Patient turnaround; Patient preparation; Morning start up; Supply chain; Occasional capacity.

Red arrows indicate the following linkages:

- Staffing Issues (e.g., morale, breaks, skill mix) link to FOUNDATIONAL and ENABLERS.
- Communication Issues (e.g., designated lines, phone skills) link to ENABLERS and SYSTEMS.
- Equipment Issues (e.g., money, storage, heavy equipment) link to ENABLERS and SYSTEMS.
- Storage Issues link to ENABLERS.
- Training Issues link to FOUNDATIONAL.
- Scheduling Issues link to ENABLERS.



to harvest new ideas from your department as well as feed into the national programme

Please enter your suggestions in an ideas bubble – and enter your name & role (legibly) so that we can get back to you. Alternatively, email: Ann with details  
(Nothing that could be personal, hurtful or negative towards a colleague please)

**“Positioning Our Theatres for the Future”**

Ann Abbassi, Lead for Productive Theatre Programme  
Ann.abbassi@heartofengland.nhs.uk or 07770703984

**Ideas and Suggestions Please!!** Please remember to add your name (legibly) so that we can discuss with you

Consider post-graduate

Day care pathways

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# Visioning – milestone checklist

Move onto the **Knowing How We Are Doing** module only if you have completed all of the items on this checklist

Checklist	Completed?
Visioning workshop held	
Team asked if they would like to get involved further and become a champion for the programme	
Opportunity for staff who could not attend the workshop to contribute to vision	
Clear vision statement created	
Vision communicated to all	
Vision displayed in a prominent place	



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## 8. Rolling out your programme

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# Return on investment

One of questions that will be asked of the executive leader and also the programme leader of The Productive Operating Theatre is what will be the return on investment to the trust from the impact of the programme.

Outlined below is a guide by which you can estimate the potential return on investment for your trust. This guide does not factor in the potential impact that the patient safety initiatives may have such as decreased infection rates and adverse events.

The Productive Operating Theatre has also been scheduled so that two theatres come on line in year one, four in year two and the remaining 12 in year three. In working the model the following assumptions have been made.

## Consumables - Impact of Well Organised Theatre on consumables within the operating theatre

The consumables module is primarily about bringing lean thinking to the operating theatre. The assumption is that this model will be rolled out to all the trust theatres within a 12 month period. Should that occur it is estimated that each trust will be able to decrease the stock holding within the operating theatres by a *minimum* of 10%.

It is estimated that for an average trust with 16 operating theatres the stock holding will be £800,000. A 10% decrease in stock holding will result in £80,000 being freed up for **reinvestment into the running costs of the programme.**

## Recurrent consumables savings

It is estimated through the introduction of good practices associated with consumable management there will be a 3% reduction in spend on current activity. Examples of where this occurs will be from decreased waste associated with stock expiry dates, improved purchasing practices and standardisation.

On average each operating theatre spends £300,000 per year. A 3% saving equates to releasing £9,000 per theatre per annum.

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## Efficiency

It is difficult to measure the impact each of the individual modules will have on the efficiency of the operating theatre. However, what is known is that by implementing the process and enabler modules of the programme this will free up time within the operating theatre to allow increased throughput of patients. This can be assessed by measuring the theatre contact hours per patient as determined by the start of anaesthesia to the time the patient left the operating theatre.

From observations it is estimated that, at a minimum, an operating theatre will have 1,400 contact hours per annum. It has also been estimated that by commencing the Process and Enabler modules you will be able to generate an improvement in efficiency from your baseline of 2.5 % by end of year one of the programme, a 7.5% gain in year two and a 10% gain in year three.

For an operating theatre with 1,400 contact hours per annum, this translates into an additional 35 hours operating time in year one of the programme, 105 hours in year two and 140 year three. We have also estimated that operating theatres on average excluding consumable costs, will earn £780 per hour.

## Reducing the cost of errors

In addition to these efficiency measures there will be savings for the organisation in reducing the costs of complications such as returns to theatre, admissions to ITU and extended length of stay. There could even be savings in reduced litigation.

The tables below summarise the potential return on investment The Productive Operating Theatre over a five year period for an average trust with 16 operating theatres. For a Trust it is estimated that two theatres will be involved in year one, a further two in year two and all 16 by year three.

It is estimated that the 5S exercise relating to stock management for operating theatres will be completed in year one\*.

### Impact of The Productive Operating Theatre on consumable expenditure over a five year period

		Impact of 5S*	
Year 1	Operating theatres – all	£80,000	
			<b>Recurrent consumable expenditure savings (3% per annum)</b>
Year 1	Operating theatres (2)		£18,000
Year 2	Operating theatres (4)		£36,000
Year 3	Operating theatres (16)		£144,000
Year 4	Operating theatres (16)		£144,000
Year 5	Operating theatres (16)		£144,000
	<b>Total for five years</b>	<b>£80,000</b>	<b>£486,000</b>

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### Potential impact of The Productive Operating Theatre on income through efficiency gains over a five year period

		2.5% Efficiency hours	7.5% Efficiency hours	10% Efficiency hours	Additional income @£780 per hour
Year 1	Operating theatres (2)	70			£54,600
Year 2	Operating theatres (4)	70	210		£218,400
Year 3	Operating theatres (16)	420	210	280	£709,800
Year 4	Operating theatres (16)		1,260	560	£1,419,600
Year 5	Operating theatres (16)			2,240	£1,747,200
	<b>Total for five years</b>				£4,149,600

In looking at the assumptions it is important that you validate the return on investment from your perspective. The executive leader and programme leader as well as representatives from finance and supplies should be involved. It should be noted that it may not be possible to convert hours gained through efficiency directly to operating hours.



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# *Appendix – module overviews*

The following sections provide an overview of the other key events, their full details and implementation checklists can be found in the appropriate module. The trust board workshop is provided in the Executive Leader's Guide and the measures workshop in the Knowing How We Are Doing module.

# Executive Leader's Guide

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

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.

## Trust board workshop

### What is it?

Trust boards will play a key role in sponsoring and supporting the implementation of The Productive Operating Theatre.

This workshop is focused on raising awareness at board level about the strategic importance of the operating theatres to your organisation and the role of the board in providing the right environment for success.

### Why do it?

We have learned from previous Productive programmes and best practice that board sponsorship is essential for successful implementation and sustainability of change.

The purpose of the trust board workshop is to generate mutual understanding between theatre staff and the board members. Experience has shown that there is considerable value in the sharing of common ideas during the workshop, and we recommend that a small number of frontline theatre staff should attend. Another important outcome is to establish the importance of quality and safety in surgery, and show how this is underpinned by effective team working.

### What it covers

**Self-assessment exercise** – a short self-assessment exercise in preparation for the trust board workshop to help create a picture of theatres using qualitative and quantitative information. This will prepare your organisation appropriately and help you decide how much support you will need to implement The Productive Operating Theatre successfully.

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### Trust board workshop

The outputs from the self-assessment exercise will form the basis of discussion at the trust board workshop.

The trust board workshop provides an ideal opportunity to:

- analyse and discuss the results from the diagnostic review (including outputs from the vision workshop)
- discuss the theatre information pack
- discuss patient related stories within your organisation that reveal your safety culture
- agree next steps as a board to ensure The Productive Operating Theatre is a success.

It is highly desirable to have non-executive directors at the workshop: encourage the executive sponsor to allow for this.

### Find out more

The full description and guidance can be found in the Executive Leader's Guide.

It is likely that the programme leader will be asked to help to gather information for the trust board workshop and help with the presentation. As it is difficult to get time with the board it is vital that a date is set for the workshop as soon as possible. You may be able to influence the executive leader in making this happen.

# Knowing How We Are Doing – measures workshop

## What is Knowing How We Are Doing?

It is an approach to measure and track how the theatre suite is doing against the core objectives of The Productive Operating Theatre. It will help you and your team see:

- the changes you are making are helping you to achieve your vision
- how the service and care you give in theatres contributes to your trust's strategic goals.

Your set of measures is developed and agreed at the measures workshop. This workshop needs to take place right at the beginning of the programme before any of the other modules are started. You will continue to collect your information throughout the duration of the programme and beyond. At the beginning of each module you will need to revisit your measures to make sure you are able to monitor your progress at a module level. This may mean adding additional module level measures.

## Why do it?

To understand how you are doing against the overall objectives of improving patient safety and reliability, patient experience, efficiency and value of care delivery and staff wellbeing in the theatre environment.

- To recognise the impact of changes made.
- To promote the use of facts and data to drive continuous improvement.
- To understand and resolve issues in a team environment.
- To engage with local management to help you achieve your goals.

## What it covers

- Determining and planning The Productive Operating Theatre measures.
- Holding a measures workshop to gain team consensus.
- Collecting, analysing and displaying the measures data.
- The approach for setting up systematic review systems.
- Using measures to drive improvement.

## Find out more

The full description and guidance for the measures workshop can be found in the Knowing How We Are Doing module.

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# Well Organised Theatre

## What is it?

It is an approach to simplify your workplace and reduce waste by having everything in the right place, at the right time, ready to go.

It will help you and your team see:

- immediate changes can be made to the workplace showing rapid improvement
- areas should be designed to support people and processes
- commitment is required to maintain the agreed standards.

## Why do it?

You will save time on a daily basis by decreasing the time spent looking for things, asking questions and moving things out of the way. Day-to-day repetitive tasks will be supported by the environments in which they are carried out, rather than staff developing work arounds to fit the existing environment but take each member of staff more time.

Mistakes and errors will decrease and some clinical risks will be eliminated by knowing where the right equipment and consumables are when needed. Items will not be mistakenly stored or labelled, enabling safer delivery of care and more efficient use of staff time.

The theatre will look and feel better which increases staff satisfaction and creates a more reassuring environment for patients through the impression of well organised, clutter-free and chaos-free environment.

## What it covers

This module describes how to create a Well Organised Theatre using the 5S approach. 5S is a methodology involving the structured implementation of five key steps that help create an ideal workplace by reducing time and effort required to perform the processes in that area through organising, cleaning, and removing the seven wastes.

## Find out more

The full description and guidance can be found in the Well Organised Theatre module.

# Operational Status at a Glance

## What is it?

The use of visual management to show the operational status of the theatre suite, in order that it can be updated in real time and status can be seen at a glance so that support can be provided where necessary.

## Why do it?

Preparing theatre in the morning is a key time for all members of staff, various processes have to be completed:

- theatre readiness
- consumables checked
- surgical trays picked and prepped
- anaesthetic equipment and room check
- theatre list order check
- cancellations
- patient ready.

Many actions are being done simultaneously, so it is very difficult to understand if all tasks are complete, if all this information was recorded in one location interruptions could be reduced.

During the day glitches will occur that could delay the list. Displaying this for all to see helps the floor coordinator to understand what is going on throughout the theatre suite in real time. They can manage staff and resources to help prevent delays and over-runs.

## Why use Operating Status at a Glance boards?

- Identify the exceptions which cause delays, overruns, cancellation or delayed discharges.
- Support can be provided in a timely manner.
- Clearly define each person's role within theatre.
- Displaying where members of staff are working.
- Eliminate interruptions by making information readily available.

## What it covers

This module will help you to understand where operational information will be of best use by asking you to think about the following:

- what information should be used and how
- who should update the information and how often.

## Find out more

The full description and guidance can be found in the Operational Status at a Glance module.

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# Enablers – Team-working and Scheduling

The enabler modules, Team-working and Scheduling, are essential in providing your teams with the ability to pull together the different parts of the programme to help your teams achieve their vision of the perfect operating list every day.

## Team-working

### What it is?

A module is set up to improve patient safety by reducing the incidences of error and create a better working atmosphere for the theatre team through the introduction of non-technical skills.

### Why do it?

- Improve patient safety.
- To create a better working atmosphere.
- To understand yourself and your colleagues better, how you impact on them and how they impact on you.
- To make your lists run smoother and more efficiently, reducing waste particularly in terms of time.
- Create a real energy for change among your theatre team.

### What it covers

- Introduction to some aspects of non-technical skills and human factors
- How to implement processes that enable and facilitate effective team work such as:
  - briefing, debriefing and re-briefing
  - safer surgery checklist
  - escalation tools such as PACE
  - communication and handover tools such as SBAR.

### Find out more

The full description and guidance can be found in the Team-working module.

# Scheduling

## What is it?

It is a practical way to improve the theatre scheduling process with the goal of delivering a reliable achievable list in a timely manner.

## Why do it?

To give patients safe, reliable and efficient care by:

- reducing delays
- improving the patient experience (no cancellations before or on the day)
- providing patients with the information required in a timely manner
- improving clarity of information
- enabling better planning of bed utilisation.

To improve the experience of the staff by:

- improving provision of information to theatres to enable timely and appropriate preparation of equipment and instrumentation and proactively identify and prepare for challenges / resolve issues
- minimising the time spent reworking
- reducing delays and eliminating wasted time
- clearly identifying roles and responsibilities
- accurate and proven information available
- improving utilisation while reducing overruns.

## What it covers

This module will help you determine the best way to improve theatre scheduling by looking at:

- who should be involved
- what steps to take and tools to use
- what ideas have worked for others
- how to evaluate your improvements
- how to make them stick.

## Find out more

The full description and guidance can be found in the Scheduling module.

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# Process modules

## What are the process modules?

There are six process based modules that have been identified through our testing as have a significant contribution to make in achieving a Productive Operating Theatre. They are:

- **Session Start-up**
- **Patient Preparation**
- **Patient Turnaround**
- **Handover**
- **Consumables and Equipment**
- **Recovery.**

Work on the process modules starts after you have successfully implemented and embedded the foundation and enabler modules. There is not a specified order to the process modules, however you should use the knowledge you have gained from the data and experience of implementing the foundation modules and your prior knowledge of theatres to select the modules that will have the biggest impact in your department. Refer back to the outputs from the visioning workshop.

Some of the process modules involve different groups of staff, eg Recovery and Patient Preparation and can be implemented simultaneously without overloading the teams involved.

## Why do them?

Together the process modules will play a significant part in helping you achieve the overall objectives of improving patient safety and reliability, patient experience, efficiency and value of care delivery and staff wellbeing in the theatre environment.

## What they cover

They provide a practical and structured way to improve or completely redesign your current process.

Each process module begins by helping teams to understand how they currently work and to identify how they can improve their current practice in line with the aims of The Productive Operating Theatre and your own local vision. The modules provide examples of what has worked well in other organisations that will provide you with inspiration. However, the emphasis is very much on your teams generating their own solutions for their own environment.

By developing ways of measuring progress for each module, your teams can monitor whether the changes they are making are having the impact they intended.

## Find out more

The full description and guidance for each module can be found in the six individual process modules.

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For further information and to download the modules please visit [www.institute.nhs.uk/theatres](http://www.institute.nhs.uk/theatres)  
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