**Productive Operating Theatre**

**Programme Specification**

<table>
<thead>
<tr>
<th><strong>Investment</strong> (ie. plan requiring financial investment)</th>
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<tbody>
<tr>
<td><strong>Savings</strong> (ie. plan to deliver financial savings but not requiring financial investment)</td>
<td></td>
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<tr>
<td><strong>Invest to Save</strong> (ie. plan requiring financial investment in order to deliver financial savings)</td>
<td>✓</td>
</tr>
<tr>
<td><strong>No Investment/Savings</strong> (ie. plan requiring no financial investment and not making financial savings)</td>
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*Please Tick Relevant Box to Indicate Type of Plan*

<table>
<thead>
<tr>
<th><strong>NAME of PLAN</strong></th>
<th><strong>Productive Operating Theatre programme</strong></th>
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<td><strong>Key contacts</strong></td>
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<tr>
<td>Improvement Programme lead</td>
<td>Alex Bennett</td>
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<tr>
<td>Clinical programme lead</td>
<td>Jacqueline Humphreys</td>
</tr>
<tr>
<td>General Manager</td>
<td>Pauline Lodwick</td>
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<tr>
<td>Clinical Leads</td>
<td>TBC</td>
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<tr>
<th><strong>Directorate/Workstream Area</strong></th>
<th><strong>Theatres</strong></th>
<th><strong>Project ID</strong></th>
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**Project Background**

The National Institute for Innovation and Improvement have developed the Productive Operating Theatre programme which is built on the learning from the wider Productive Series and best practice from within healthcare and other industries. The programme which was launched nationally in September 2009, is designed to give front line staff the knowledge and practical tools they need to transform theatres across the four key aims of the programme:

- to improve patient experience and the outcomes. by
- Increasing the safety and reliability of care
- Improving team performance and staff well being
- Adding value and improve efficiency

This Productive Operating Theatre programme is aligned to the principles and methodologies outlined in the national quality, innovation, productivity and prevention (QIPP) agenda. It also addresses some key isssus outlined in *High Quality Care for all*

- The value of multidisciplinary teams
- Accelerated change and continuous improvement
- Enabling staff to manage their own work

The Productive Operating Theatre programme consists of modules which are structured in a format to illustrate how it should improve sequentially by implementing

- Foundation modules (which are derived from Lean thinking methodologies)
- Enabler modules which have been released in November 2009
- the Process module which will be available in early 2010.

Operating theatres are one of the most critical resources within the Trust performing over 23,000 operations a year. With the continued reduction of both National and local access targets there will be an increasing amount of focuss on ensuring that the Trust is using theatre capacity and clinical staff to the best advantage

Completion and success of this programme will enable and contribute to specialties being able to increase their productivity.

**Description of Plan**

To improve productivity, efficiencies and utilisation of theatres within the Trust through the adoption and implementation of the Productive Operating Theatre programme. The programme will be delivered in a phased approach starting with 2 theatres and rolling out to others.

**Expected Outcome, e.g.**

To deliver a vital sign, national target, local target (please

- Improved patient experience
- Reduction in patient complications
- Improved team performance and staff well being
- Improved access – 18 wk performance targets
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Patients eg. patient experience</th>
<th>Service, eg. quality</th>
<th>Other – please specify</th>
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<tr>
<td></td>
<td>• Patient centred pathway</td>
<td>• Improved levels of safety, efficiency and capacity in theatres. The programme must meet the standards set within the service specification and ensure regular performance measures and KPI reporting</td>
<td>• Financial – cost effective service which offers value for money</td>
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<td>• Reduced cancellations</td>
<td>• The pathway will comply with clinical governance and local &amp; national guidelines such as NICE</td>
<td>• Potential financial savings in line with Trusts CIPs and the Transformation programme</td>
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<td>• Reduced delays</td>
<td>• Reduction in post-operative complications</td>
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<td>• Reduction in re-admissions</td>
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<td>• Improved staff experience – high motivation, empowerment and skill mix</td>
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**Expected Delivery Date of Plan**

- **Stage 1**: Introduction and implementation of three modules:
  1. Knowing how we are doing
  2. Well organised ward
  3. Operational status at a glance
  Completion date: end August 2010

- **Stage 2**: Introduction and implementation of six process modules
  1. Session start-up
  2. Patient preparation
  3. Patient turnaround
  4. Handover
  5. Consumables and equipment
  6. Recovery
  Completion date: end February 2011

The programme will then be rolled out across the rest of theatres based on learning and successes with pilot.

**Engagement.**

Include current involvement of patient / public

- Trust Board & EMT
- Clinicians, Nursing staff, theatre staff, anaesthetists and Allied Health Professionals (AHP)
- IM & T
- Human resources & Communications
- Estates & facilities
- Finance
- Surgical wards
- Booking office & secretaries
- Pharmacy
- Procurement and supplies

The programme will link in with the productive ward, enhanced recovery programme and pre-operative projects.

**Measurable Outcome(s), eg. KPIs, performance change. Include key assumptions**

- Increased theatre utilisation
- Reduced in cancellations particularly due to scheduling
- Reduction in SUI’s
- Improved scheduling – start/finish times
- Reduction in post-operative complications
- Reduction in re-admission within 28 days
- Improved team working, recruitment & retention
- Robust theatre data collection and KPI’s
### Organisations Affected
- RNOH
- External suppliers

### Programme Board /steering group members
- Jon Scott
- Alex Bennett
- Jackie Humphreys
- Pauline Lodwick

### Project Team Members
- Project manager
- Clinical lead - TBC
- Anaesthetist – TBC
- IM analyst – TBC
- General Manager
- Matron
Other members will be co-opted on as appropriate

### Finance.
Include key investment and savings assumptions.

#### Investment Required.
Staff costs –
- 0.5 WTE project manager (from SI Team)
- 0.5 WTE clinical programme lead (backfill or secondment)

#### Savings Expected:
- Reduction in cancelled operations – improved theatre utilisation (income)
- Improved stock and prosthetic control

### Resources Required to Deliver Plan
Project team to include:
- Programme Lead – provided within current SI Programme
- 0.5 WTE service improvement manager
- IM & T support – 1-2 per week (initially to set identify data sources and collection)
- Clinical leads – 1 session per week each

Service Requirements
- Set up and workforce costs
- Pilot – pump priming costs for equipment etc

### Critical Milestones for Delivery.
Include proposed date for procurement phase.

- Programme set up
- Visioning workshop
- Trust Board workshop
- Foundation modules - start
- Process modules start
- Roll out to other theatres

### Risks and Mitigating Action
#### Stakeholder Risks – Lack engagement and buy in from key stakeholders
Engagement with stakeholders – new ways of working represents a change in current working practice. Full engagement and MDT approach adopted from outset of project

#### Service Delivery Risks – Competing organisational priorities resulting in programme slippage

#### Resource Risks, e.g. skills gaps, recruitment. Ensure education and training are provided

#### Financial risks – No or insignificant financial savings – financial modelling and forecasting

Other Risks and Mitigating Action, (please specify)
- External changes in market forces

### Review Process.
Include meetings etc. attended and
- Internal approval via Trust Board, EMT and Steering group
- Procurement
- Contracting
<table>
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<tr>
<th>date of review</th>
<th>Incorporated in Organisational Strategic development and transformation plans</th>
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| Approval Process | Approval and sign off by Trust Board, EMT and Steering group  
Risk Management Strategy process  
Finance |