

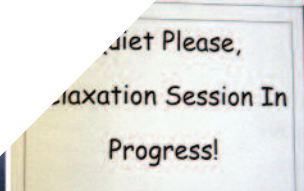
Releasing Time to Care

The Productive Mental Health Ward

Knowing How we are Doing

Version 1

This document is for ward leaders, lead nurses, matrons,
nursing directors and directors with responsibility for improvement



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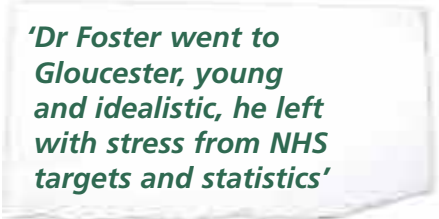


Introduction

Implementing Knowing How we are Doing will introduce measurement systems that are timely, accurate and most importantly, useful to you and your ward staff. The measures will help you understand your ward's performance and make decisions on what to do to improve performance. Decision-making will move away from being based on opinion or hearsay to being based on fact. This will ensure you only have to solve problems once and will make it easier to come to a unified decision with your team.

Implementing this module is probably the most powerful thing you can do to set your ward onto a course of long-term sustainable improvement.


Implementing this module will also, initially, create the most groans and resistance. Many staff are fed up with measures, because in some instances, measures have been badly designed and inappropriately used, as the following verse found on a ward suggests:



'Dr Foster went to Gloucester, young and idealistic, he left with stress from NHS targets and statistics'

This represents the 'old' way of viewing measurement. Knowing How we are Doing will change this. At the end of this module, the measures will be an asset to the way you run your ward.

Knowing How we are Doing will enable you to track how well your ward is performing. You will also see the impact of implementing the Productive Mental Health Ward on your patients and staff.



Helps move from hearsay and opinion to using facts

Contents

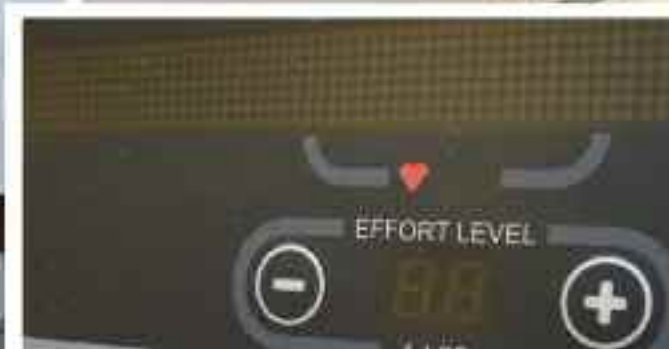
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What is the Knowing How we are Doing module?

What is it?

It is an approach to measure, track and help improve against the core objectives of the Productive Mental Health Ward. It will help you and your team see:

- that the changes made are helping the team achieve your vision for your ward
- how the care you and the team give contributes to your organisation's strategic goals

Why do it?

- to understand how you are doing against the overall ward objectives of improving patient safety, reliability, experience, staff wellbeing and efficiency of care
- to positively recognise the impact of changes made
- to promote the use of facts to drive continuous improvement
- to understand and resolve issues factually in a team environment
- to engage with local management to help you achieve your goals

What it covers

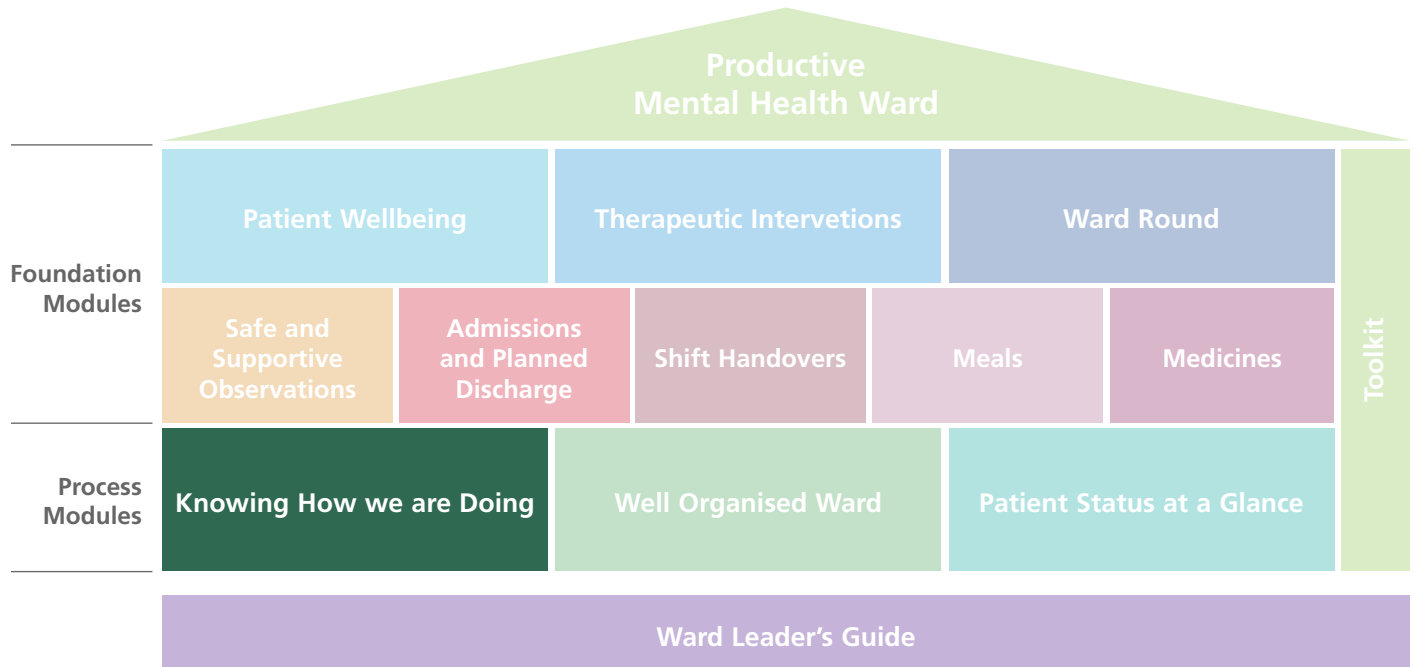
- the Productive Mental Health Ward measures
- generating the measures data
- displaying the measures
- using the measures in team meetings to drive improvement

What it does not cover

- measurement policy
- other measures dictated by your organisation's policies
- what should and should not be contained in ward-based measures

Support ward
teams to celebrate
success and
demonstrate
performance

These modules create a Productive Mental Health Ward



How will you do it?

- understand what happens now
 - collect the data to assess current ward performance against the key Productive Mental Health Ward measures
 - make an assessment of how the ward currently uses performance information
- display the measures on a display board which is visible to everyone
- use a regular review meeting to discuss ward performance and agree how to react to the data
- regularly update the measures and take action on what the data tells you
- review again how the ward is now using performance information

What it does not cover

This module will not recommend specific actions to improve the performance of a particular measure.

When the team has agreed measures and displayed them, the team can no longer hide from the results



Learning Objectives

The team will:

- understand how to use facts/data to demonstrate improvements
- understand the principle of outcome and process measures
- understand why a weekly ward review meeting is important
- understand what a SMART target is

Creating your module baseline and keeping track of progress

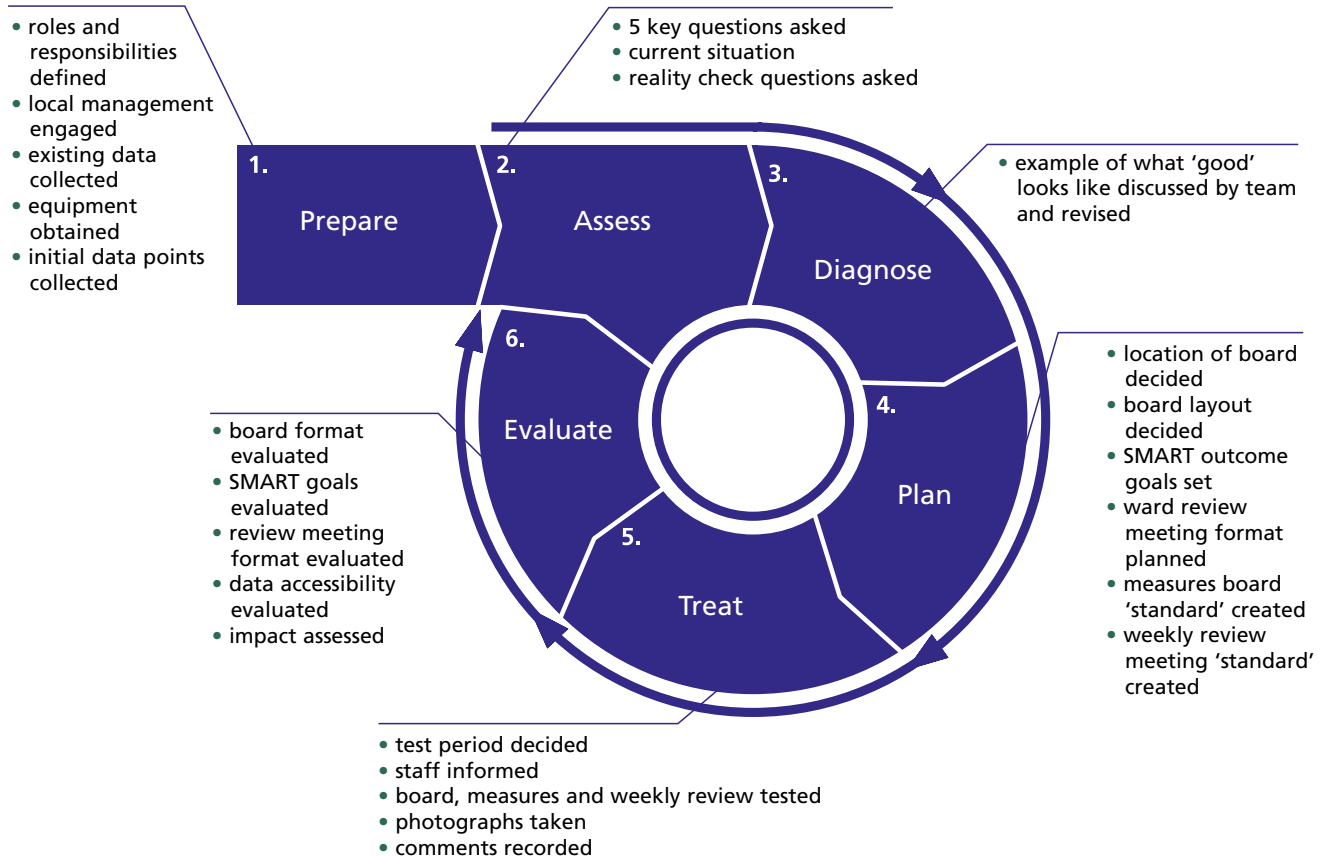
To help you know what your position before you begin the Productive Mental Health Ward, and then actually see the progress you are making and maintaining, this module has its own 10 point checklist. These are based on the characteristics of a Productive Mental Health Ward in the area of the module. You will have carried out a complete assessment during your start up, as part of the web-based Productive Ward healthcheck.

Remember... it is important to have your baseline measurement and the regular measurements over a period of time.

You can find an example of this module checklist, along with a blank one for your use, at the back of this booklet.

Assess your ward now.

How will we do this on our ward - the 6 phase process



Ward vision - measurable?

As part of the Ward Leader's Guide you will have created a vision for the ward. This vision, developed with your team, is your ultimate goal.

How do you know you have achieved your vision?

For a vision to be useful we need more than just words. We need numbers in the form of quick, simple and easy to understand measures to allow you and your ward team to track your ward's progress towards the specific elements of your ward vision. This could be improving patient experience, reducing incidence of self harm, increasing staff wellbeing or increasing time with the patient.

If you don't measure these areas, then you won't know, and you can't prove to others, that you have achieved your vision.

This module will help you structure simple measures so that you can track your ward's progress to achieving your team's vision.

Well Being

At Woodlands

Friday 11th July

1:30 p.m.

Millbrook conference room

Come along and find out -
What well being is about.
What we are doing.
How it affects you.
What you need to know.
How you can help.

Lunch will be provided!

G49 Court Liaison Team

Sit
TV

Outcomes, process and telling the story

Outcome targets tell you where you are, but not where and how to improve.

There may be a number of factors for each of the measures that need to happen reliably, 24/7, in order for a measure to move in the right direction. Often, these factors can be measured as well. These are called process measures. They will help you find out how your ward is doing on the factors that influence the main measure.

Ideally, when combined well, an outcome measure complemented by process measures should tell a story. This is where we are, this is where we want to get to, and these are the things that influence it.

An example of the relationship between a process measure and one of the main Productive Mental Health Ward measures is detailed below.

Process measures example

Productive Mental Health Ward measure:

- incidents of violence and aggression

Possible process measures:

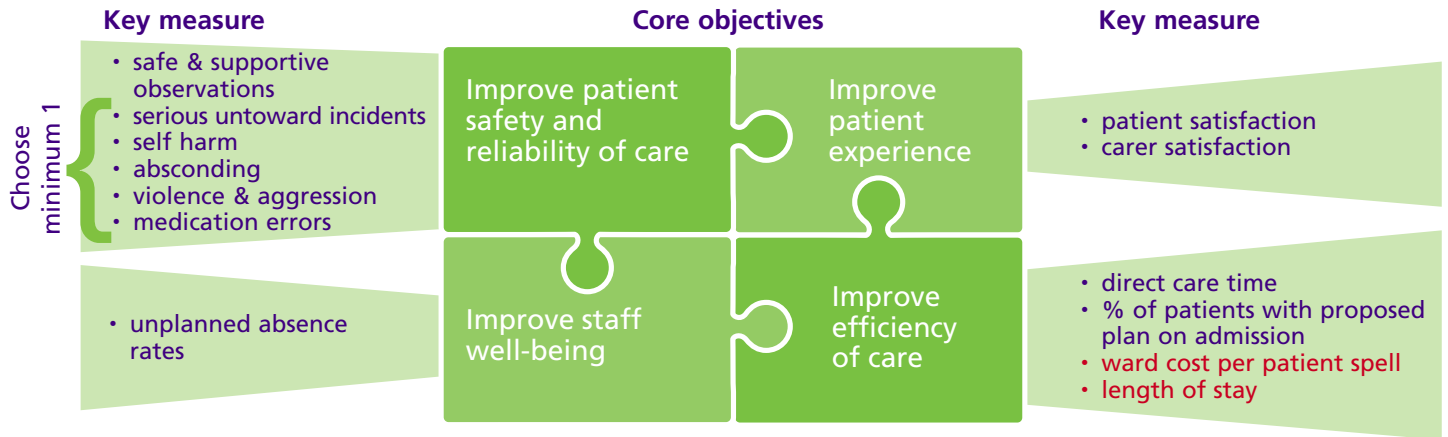
- staff education and training in safe and therapeutic management and management of aggression and violence
- ward environment for general risk assessment
- patient observations adherence
- uptake of therapeutic and diversional activities

By measuring the ward environment, training and patient care plans the focus is put on ensuring the safety of the clinical environment. Examine patient care plans for evidence of risk management plans for patients identified as being at risk.



The Productive Mental Health Ward measures:

Performance is tracked against the four basic objectives



Measures in **blue** = basic measures for improvement that need to be in place early on
 Measures in **red** = advanced measures to implement as and when available (ideal situation)



Begin to collect data about your ward

Using the definitions described in the appendices, begin to collect data about your ward.

Where will I find the data?

- some you will already collect
- some you need to find out

The measures are described, in summary detail, on the following pages. More detail can be found in appendix four and five.

They show different types of measurement that you will use to monitor your ward performance.



Measures summary

Improve patient safety and reliability of care

Measure	Why is it important?	Data source
Safe and supportive observation (process)	Relevant to patient safety and clear roles and responsibilities. Done correctly, the patient remains safe and the quality and reliability of care planning documentation improves	Ward, patient notes
Serious untoward incidents	To improve patient and staff safety	Ward
Self harm	To improve patient and staff safety	Ward
Absconding	To improve patient and staff safety	Ward
Violence & aggression	To improve patient and staff safety	Ward
Medication errors	To reduce errors and omissions	Ward



Measure	Why is it important?	Data source
Patient satisfaction	Reflection on the quality, safety and dignity of the care we deliver	Ward
Carer satisfaction	Reflection on the involvement of carers in the care and discharge planning of the patient	Ward



Direct care time	The more time that is available for direct patient care, the more likely it is that the quality of care will improve or remain at a high standard	Ward
% of patients with a proposed plan on admission	Indicates good use of beds for flow and planning. Gives patient and carer more certainty and builds confidence. Enables forward planning of community support	Ward
Ward cost per patient spell	Reflection on long term efficiency of the ward (only when used in conjunction with safety and reliability measures on the ward)	Central trust reporting
Length of stay	Direct reflection on patient flow and impacts on ward cost per spell	Central trust reporting

Improve staff well-being

Measure	Why is it important?	Data source
Unplanned absence rate	Reflects staff satisfaction. Happier, more satisfied staff tend to have lower unplanned absence	Central trust reporting



Display the measures on a display board

Why do this?

The ward board displays useful information for the ward team to help them improve their ward. It is also very interesting for patients, relatives, clinicians and managers.

It is a great way to showcase your ward's commitment to improving care and the plans that you have developed together.

Even if you feel that your results are below par, don't be tempted to hide them! Evidence that the team recognise issues and are taking actions will inspire greater confidence in you and your team.



Ward review meeting

What is it?	<ul style="list-style-type: none">• a regular, routine meeting to:<ul style="list-style-type: none">◦ discuss performance against goals◦ plan actions against issues• held around the display board
Why do it?	<ul style="list-style-type: none">• everyone has a stake in how the ward performs• promotes improved and consistent communication between ward staff• promotes cohesive team work to achieve ward objectives• encourages ownership and responsibility for problems and solutions





Prepare

Module roles and responsibilities

Work with the staff groups following, and discuss their responsibilities associated with the success of this module.

Ward staff:

- willing participants in the new techniques
- take an active part in discussing the ward's performance
- suggest new ideas and solutions to the issues that will be exposed
- take away improvement actions, investigate issues further, etc.

Ward leader:

- take the lead for implementing ward-based measures
- communicate clearly the goals and objectives to be achieved
- encourage and support the ward team throughout the implementation
- lead the ward performance review meetings
- keep the focus on positive opportunities for improvement

'Now the whole team knows what we are aiming for - and whether we are on track to get there' - staff nurse

measures are everyone's responsibility, not just the ward leader's



Matron/line manager:

- support and encourage the ward leader during implementation - time, space and coaching
- take an openly active interest in the team's progress
- review/audit the measures board on a regular basis (see Treat checklist)
- look for opportunities to take learning and quick wins to other wards
- monitor and assess any skill gaps made apparent through implementing the module or raised by performance issues

Director of nursing:

- take organisation-wide issues away from the pilot team to prevent them from getting bogged down
- benchmark the data coming from a number of wards - challenge variation in performance

Don't look at your performance against what other wards are doing. Just look at your own measures and concentrate on improving your own trend

Project implementation team:

- assist the ward leader and team by providing extra support in the early uncertain stages
- use wider experience to point (but not lead) the team in the right direction

'Our weekly meeting gets us talking about the reasons WHY things are the way they are - and how we can make it better' - staff nurse

Engagement with local management

Who are you trying to engage?

- matron/line manager
- divisional management
- director of nursing
- clinical leaders
- other users of the ward

What is 'engagement'?

- involvement
- participation
- interest
- commitment

Why spend time trying?

- a source of support throughout the project (and beyond?)
- they can be an advocate for your team's ambitions
- bring a different perspective to your challenges – new insights
- help to sustain the endeavour by following up with you
- demonstrate commitment of the organisation, and reinforce the importance of the project and the ward

Get engagement by:

- making your improvement activity a part of the routine management agenda
- making performance improvement and measures one of the things routinely talked about – both on the ward and in management meetings
- communicating the improvements you have planned - shout about it when you deliver them!
- inviting a manager to your next review meeting
- agreeing with a manager that they audit your team board

Obtain copies of the data the ward now collects:

- what is displayed?
- what is sent to the ward?
- how do you know you are doing well?

Equipment

You and your team will require:

- large notice board
- sticky tac
- sticky tape
- drawing pins
- marker pens

Getting the data

Most of the data is sourced from the ward.

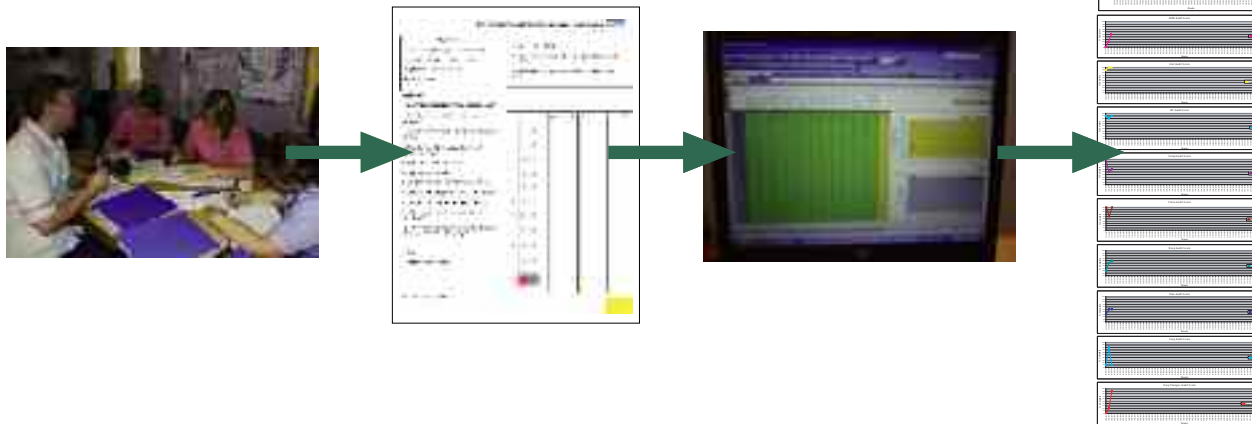
It is worth spending time, before you bring a team together to do this module, ensuring there will be no problems finding the data on your ward or using the measures spreadsheet.

Go to appendix 4 for a list of required data and work through the next eight guidance pages to produce at least one data point for each measure.

Turning your ward data into process and outcome measures

Safe and Supportive Observations (only after implementing the Safe and Supportive Observations module)

1. Create audit.
2. Collect data.
3. Put data into spreadsheet (see NHS Institute Productive Mental Health Ward web pages).
4. Spreadsheet automatically creates charts to display.



Incidence of self harm, violence and aggression, absconding and medication errors (choose minimum of one)

Measure a minimum of one of the following:

- self harm
- violence and aggression
- absconding
- medication errors

Whether you measure one or all will be dependent on your ward. You will know which are particularly prevalent on your ward, and which are not required. Ask your nursing director to get involved in this decision.

1. Put data onto safety crosses (as incidents happen).



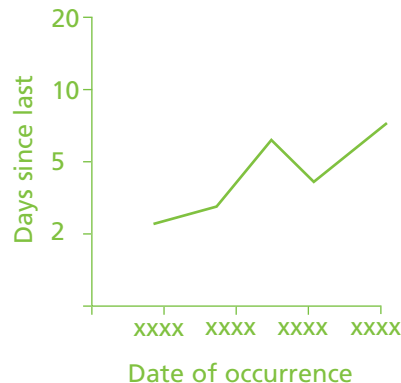
2a. Plot incident onto measles chart (to see if any clustering).



3. Spreadsheet automatically creates charts to display.



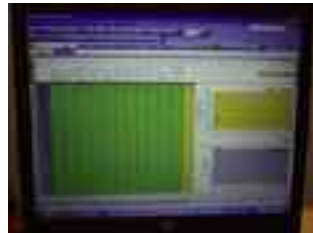
2b. Put data into spreadsheet (see NHS Institute - Productive Mental Health Ward web pages).



Unplanned absence

1. Collect data from organisation generated central report.
2. Put data into spreadsheet (see NHS Institute - Productive Mental Health Ward web pages).
3. Spreadsheet automatically creates chart to display.

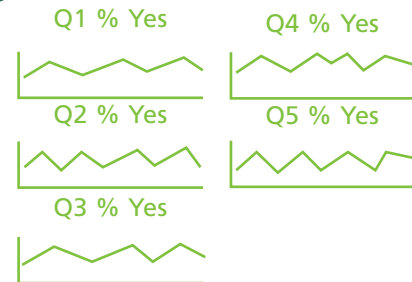
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Patient and carer satisfaction

1. Questionnaire to discharged patient and/or carer.
2. Put data into spreadsheet (see NHS Institute - Productive Mental Health Ward web pages).
3. Spreadsheet automatically creates charts to display.

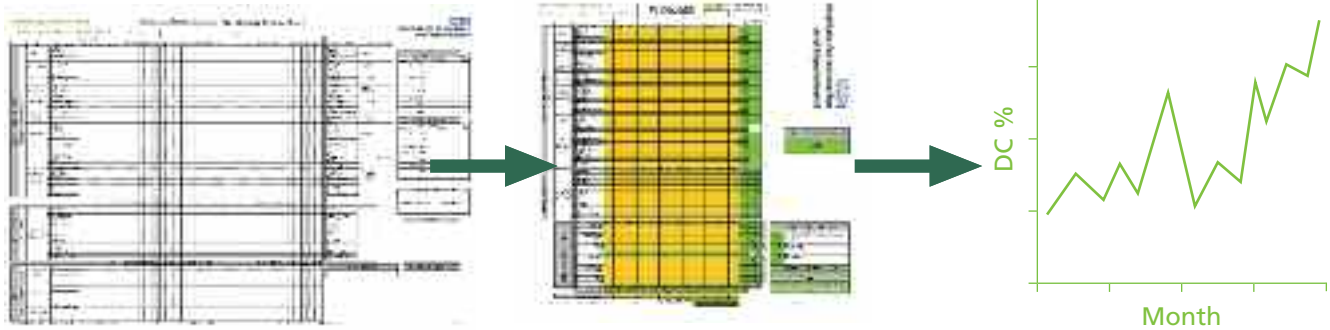
	Y	Sometimes	N	Not Rel
Q1	✓			
Q2		✓		
Q3				✓
Q4		✓		
Q5			✓	





Direct care time

1. Activity Follow analysis carried out.
2. Activity Follow sheet results entered into Totaliser spreadsheet.
3. Totaliser spreadsheet automatically creates charts to display.



Prepare - milestone checklist

Move on to 'Assess' only if you have completed ALL of the items on these checklists

	Completed <input checked="" type="checkbox"/>
1. Roles and responsibilities discussed with the appropriate staff groups.	<input type="checkbox"/>
2. Local management engaged.	<input type="checkbox"/>
3. If possible obtain a copy of your organisation's policy on ward-based measurement and/or the displaying of ward-based measurement.	<input type="checkbox"/>
4. Collect any existing ward displayed data.	<input type="checkbox"/>
5. Equipment obtained.	<input type="checkbox"/>
6. At least one Safe and Supportive Observations data point collected (only if Safe and Supportive Observations module has been carried out).	<input type="checkbox"/>
7. First data point for violence and aggression collected (if applicable).	<input type="checkbox"/>
8. First data point for medication errors collected (if applicable).	<input type="checkbox"/>
9. First data point for self harm data point collected (if applicable).	<input type="checkbox"/>
10. First data point for absconding collected (if applicable).	<input type="checkbox"/>
11. First data point for unplanned absence collected.	<input type="checkbox"/>

continued overleaf

	Completed <input checked="" type="checkbox"/>
12. First data point for patient satisfaction collected.	<input type="checkbox"/>
13. First data point for carer satisfaction collected.	<input type="checkbox"/>
14. First data point for direct care time collected.	<input type="checkbox"/>
15. First data point for % patients with proposed plan collected.	<input type="checkbox"/>
16. First data point for ward cost per patient spell collected.	<input type="checkbox"/>
17. First data point for length of stay collected.	<input type="checkbox"/>

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

Assess



Ask the following questions about what you do now

What do we currently measure?	<ul style="list-style-type: none">• is there any performance data displayed on the ward?• incidence rates, unplanned absence
Why do we measure it?	<ul style="list-style-type: none">• have we been asked to measure these?• was there a problem in this area?
Where does the data come from?	<ul style="list-style-type: none">• is it collected by the nursing staff?• is it collected by the organisation and handed to the ward leader?• other?
Who is responsible for it?	<ul style="list-style-type: none">• who collects it?• who displays it?• who is responsible for good or bad performance?
What do we do with it?	<ul style="list-style-type: none">• is the information displayed for all the ward staff to see?• do we use the data to help us figure out why something has gone wrong?• do we keep the old information?

The ward measures assessment sheet (see appendix 6) is designed to help you collect this information.

Reality checking the data you are collecting:

To check whether the data you are collecting is worth it, answer the following two questions:

- will the results mean the ward changes its practice?
- am I already collecting something that will give me the same answer?



What to do if...

... you have the data for a measure but it is not defined in quite the same way as your definition?

Use the data you have if you are happy that it is able to tell you what you need to know about your ward performance.

... you have no data for a measure and don't know where to start collecting it?

Talk with your project facilitator and senior leaders. You may have to enlist the support of the finance team or information department to help you.

... you can get the data but it does not come to you regularly?

Agree with the people concerned that the data must come to you in a timely way. You may need to enlist executive support to do this.

Also see appendices two and three for further hints and tips.

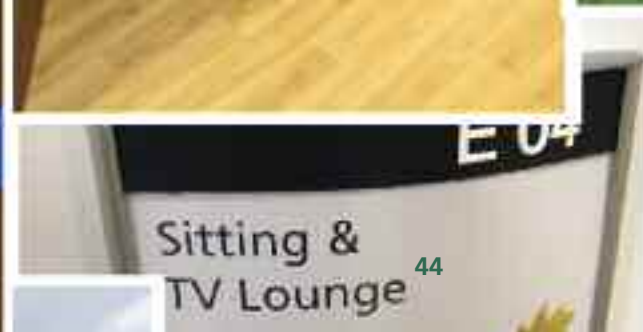
Assess - milestone checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

Checklist	Completed
1. 5 key questions have been asked.	<input type="checkbox"/>
2. Current situation reality check questions have been asked.	<input type="checkbox"/>


Make sure all shifts are aware of progress and discuss this as a part of the shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Diagnose





Before you move onto the 'Plan' stage, where you will discuss and agree the changes you want to make, think about what 'good' would look like.

Go through the following examples with your team. They give snapshots of how Productive Mental Health Ward test sites have chosen to display their process and outcome measures.

You can use them to trigger discussions within your team.



Ideas that have worked - example 1

Displaying the process and outcome measures on the same board

As mentioned previously, process measures complement outcome measures and make the task of improving much clearer and directed. Process measures in a different room leave the outcome measures on their own, leaving them difficult to understand by your team.

This example has both outcome and process measures on the same board.

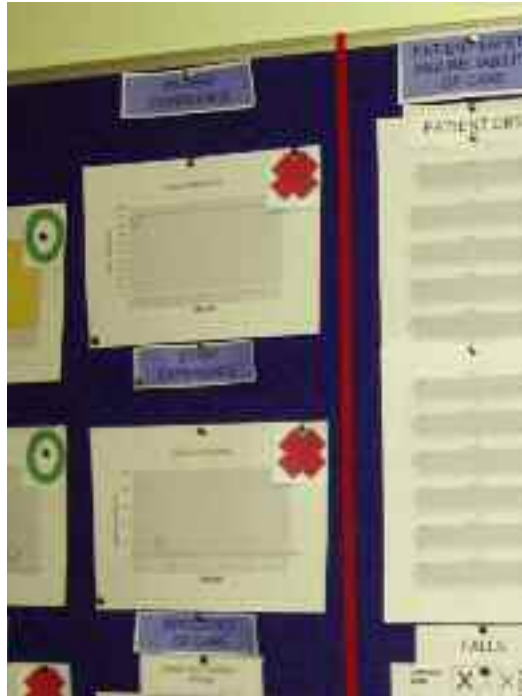


Ideas that have worked - example 2

Visualisation and the three-second rule

The Productive Mental Health Ward works towards the three-second rule. This is where visual management is used to communicate the status of an area or process within three seconds. Working towards this aim ensures any communications process is very clear and simple.

You can see in the example opposite, on the left (outcome) side of the board where the team has used red and green symbols to illustrate, in three seconds, whether the specific outcome measure is on or off target.

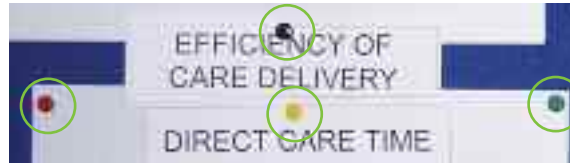


Ideas that have worked - example 3

Keep it temporary at first

Creating a measurement board that staff accept, trust and use is probably the greatest challenge in the Productive Mental Health Ward. It is also the challenge with the greatest gains.

It will take many attempts to get the board just right for your team, so use sticky tape, or pins, to keep things temporary until the whole team is happy.



Drawing pins used so the board layout can be modified.

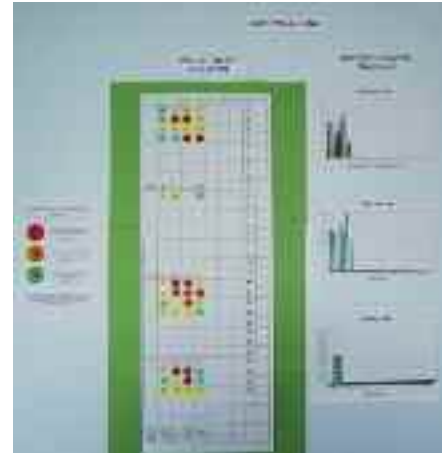
Ideas that have worked - example 4

Problem-solving board

Often having a third board can be beneficial to display information that the team is not comfortable to be displayed in an open area. This board is used as a problem-solving board, to visually break down any areas of concern.

1. In this example the chart shows a ward stress indicator score.
2. The second image shows the key for the staff stress measure visual board. Each member of staff has a number (eg, 16, 21, 16, 27).
3. Staff choose a coloured dot to indicate their individual score for the amount of stress they are experiencing and the end of the shift. This dot is added to the overall sheet.

4. The 'scores' from the board are entered into a spreadsheet to generate a trend by days of the week or for individual staff members. This gives the ward leader an easy-to-use visual representation of real time data which highlights potential problems. This can be used as one of the triggers for additional staff support, for example clinical supervision.



Diagnose - milestone checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

	Completed <input checked="" type="checkbox"/>
1. Carefully work through the examples with the team.	<input type="checkbox"/>
2. Openly discuss each example.	<input type="checkbox"/>
3. Consider the examples against your own environment.	<input type="checkbox"/>
4. Ask staff for new ideas, possibly building on the examples shown.	<input type="checkbox"/>

Make sure all shifts are aware of progress and discuss this as a part of the shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

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Come along and find out -
What well being is about.

What we are doing.

How it affects you.

What you need to know.

How you can help.

Lunch will be provided!

G49 Court Liaison Team



Plan



Plan

By working through the Plan stage of this module you will:

- decide where your ward measures board will be situated
- what it will look like
- what goals you will set on the outcome measures
- set up a ward review meeting based on the measures board



Display the measures on a display board

Where to locate the board?

Things to consider:

- open and transparent management of information
 - ie, in the general ward area and not in an office or other restricted area
 - having this 'out in the open' shows your commitment
- functional
 - eg, supports a ward meeting in terms of space
 - is it easy to view and is there space around it to have a team discussion?
- integrated with other ward data
 - no duplication/conflict with other ward data

- patient safety
 - avoid the use of pins in corridor environment; they should be behind glass

Share your concerns with others and get support. Data, and displaying it, is new to many nurses

Just take a leap of faith and make it visible!

How to make it easy to use

- plan out the likely dimensions of your board first by laying out the data you want to display on a large surface and measuring the perimeter
- select a main thoroughfare where everyone can view how you are performing
- remember to think about –
 - making it easy to update the information
 - can it be fixed to the wall that you have chosen?
- keep it visual – use easy to understand visual indicators to show when performance is good or bad – simple charts, traffic lights etc

What should I include on the display board?

- the agreed measures in chart or simple table format
- agenda and timetable for subsequent meetings
- action list – Module Action Planner sheet (refer to Toolkit module)
- flow chart to show where the data comes from (so that the team can keep the board updated when you are not available)



What are you aiming for?

What is the level of performance (goal) you want to achieve for each measure?

- set a goal – SMART
- there may already be some locally agreed goals



Setting a goal - SMART

Four steps to setting your goals:

1. Collect data for each measure to create a baseline.
2. Gather data from similar wards to see what they have achieved.
3. Look at the benchmark to see what is 'best' (see next page) or you may have some locally agreed goals or standards which go beyond these.
4. Set an aim for each measure according to SMART principles.

Simple	<ul style="list-style-type: none">• give the aim a clear definition• eg, reduce incidence of self harm
Measurable	<ul style="list-style-type: none">• ensure that data is available
Aspirational	<ul style="list-style-type: none">• set the aim high to provide a challenge to the team
Realistic	<ul style="list-style-type: none">• take into consideration factors beyond your control which may limit your impact
Time bound	<ul style="list-style-type: none">• set a deadline



Examples of SMART (and not so SMART) goals

✗	We'll eliminate incidents!
✓	We'll reduce incidents to two or less per month by 31st December
✗	All staff will receive clinical supervision
✓	Increase clinical supervision by 10% by 31st January

Baseline measurement

This is a measure of your ward performance before any changes are made. By repeating the measurement after you have made a change it allows you to measure the impact of any change.

All improvement requires change, but not all change is an improvement.

It's important to know where you started, so you can see how far you've come!

Benchmark

This is a measurement of your performance against others. This may be a measurement against national data or more locally within your trust. You should be aiming to achieve a performance level that is the best.

Ward review meeting

What is it?	<ul style="list-style-type: none">• a regular, routine meeting to<ul style="list-style-type: none">◦ discuss performance against goals◦ plan actions against issues• held around the display board
Agenda? (suggested)	<ul style="list-style-type: none">• welcome/update on actions from previous meeting• review charts and discuss changes• agree actions required• assign new actions and deadline• confirm next scheduled meeting
Why do it?	<ul style="list-style-type: none">• everyone has a stake in how the ward performs• promotes improved and consistent communication between ward staff• promotes cohesive team work to achieve ward objectives• encourages ownership and responsibility for problems and solutions

How to introduce a successful ward review

The review meeting needs **structure** to be successful.

Agree:

- who will attend?
- how often?
- set a time limit for the meeting
- use a visible agenda to keep the meeting on track
- create a system to communicate outputs with members who are not available

The review meeting needs **defined responsibilities** to be successful.

Agree who will:

- collect data
- update the charts
- be responsible for performance
- chair the meeting and keep it on time and to the agenda

Use the board



Habits of successful reviews

These six principles will help you get the most out of your ward review meeting:

Be on time	<ul style="list-style-type: none">• show respect for your colleagues
Be factual	<ul style="list-style-type: none">• base discussions on what we know to be true, not what might have happened• look at the measurements to determine whether we are improving
Be prepared	<ul style="list-style-type: none">• update the board prior to the meeting• let someone know beforehand if we can't get it done
Be concise	<ul style="list-style-type: none">• don't go into details – get to the point• keep the meeting short!
Drive to action	<ul style="list-style-type: none">• don't move on until we know what needs to be done and who will do it
Be prepared to go and see	<ul style="list-style-type: none">• if it is important enough to be discussed in the meeting, then it is important enough to go and see the problem!

Go to Toolkit tool no. 2 (Meetings) for more guidance for effective meetings

Communication before meeting

Before you hold your first meeting it is a good idea to let the team know what is going to happen and what you expect of them:

- it will help ensure that your first review is successful
- it will set the standard for how you want the meeting to run
- it will build enthusiasm

Why bother?

- preparation is key to success...
- negates the need for distracting questions ('why are we here?' etc.)
- reduces anxiety about what will happen so that you can concentrate on outputs

What are you trying to achieve?

- stimulate staff engagement and interest
- set the context – Knowing How we are Doing is the cornerstone of a well run ward
- smooth running of meeting by planning ahead
- focus on meeting outputs by setting your expectation of a participative 'action' meeting
- build the desire within the team to try and stick at it



Ideas on how to prepare staff for their first review meeting

What works best?

- face-to-face communication
 - at ward meeting/handover?
- get senior support - 'this really is important to me, to our organisation and its patients and carers and it should be to you'

What doesn't really work

- emailed invites
- lack of context - not setting the scene
- making it mandatory - try to generate enthusiasm rather than compulsion

Things to include in your briefing/ discussions (suggested)

- what you're trying to achieve
- what's in it for staff, patients etc?
- how this will move the ward forward?
- what staff need to do:
 - contribute, consider, come up with ideas, take on actions
- proposed agenda and timing
- provide take away material from the module - something that staff can digest and then respond to

How will you know if your team is ready?

Talk to your team after your communication.

Ask them how they feel and if they know what will happen at the meeting.

Everyone involved should know:

- what the objective of the meeting is
- what their role is
- what they need to do beforehand
- what will be covered in the meeting
- what they need to do afterwards
- who to contact if they can't make the meeting or finish the preparation
- where and when!
- a 'guidelines' notice captures all the information and can be posted on the display board

The image shows a document titled "Review Meeting Guidelines" with several callout boxes pointing to different parts of the document. The callout boxes contain the following text:

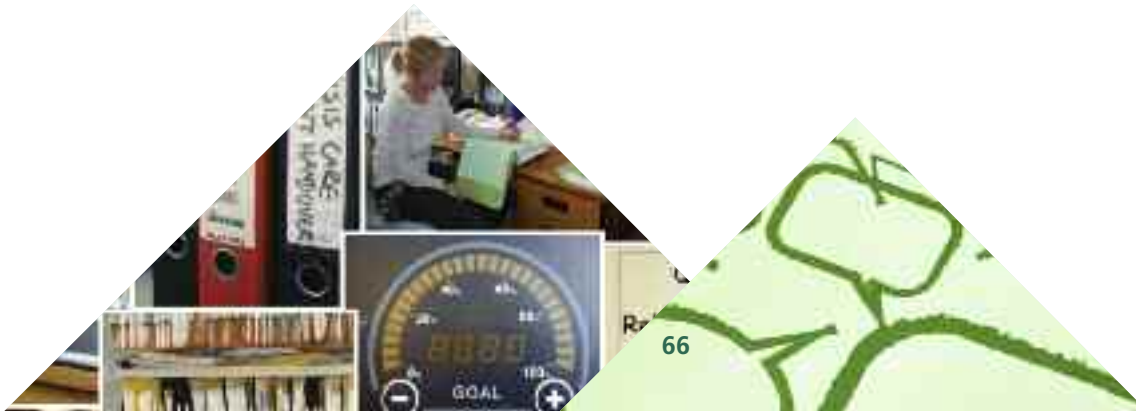
- Objective keeps the meeting focused on achieving the goal
- What do I put in? What do I take away?
- Agenda - use this to guide your meeting and keep it consistent every week
- Everyone needs to know this!
- Try to avoid disruption to the meeting by planning ahead

Review meeting guidelines document can be found in appendix 8

Create standard operating procedures

The last thing to do before moving on to the 'Treat' stage of this module is to document the planned changes in the form of a standard for both the newly designed measures board and the format for the weekly review meeting.

As with all Productive Mental Health Ward standards, the standards should be quick and simple and allow for auditing.



Plan - milestone checklist

Move on to 'Treat' only if you have completed ALL of the items on these checklists

Checklist	Completed	<input checked="" type="checkbox"/>
1. Location of board decided.	<input type="checkbox"/>	
2. Layout planned out.	<input type="checkbox"/>	
3. SMART goals for outcome measures set.	<input type="checkbox"/>	
4. Aim of ward review meeting communicated.	<input type="checkbox"/>	
5. Ward review meeting prepared and planned for.	<input type="checkbox"/>	
6. Measures board standard created.	<input type="checkbox"/>	
7. Weekly review meeting standard created.	<input type="checkbox"/>	

Make sure all shifts are aware of progress and discuss this as a part of the shift handover



Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Treat - go for it!

Treat

What are we testing:

- is the board in the right location?
- is the board laid out in the right way?
- are the measures useful?
- are the SMART goals appropriate?
- agenda and format of review meeting
- collection of data

Before the test starts ensure that:

- the test period has been decided on (at least two weeks so at least one review meeting is held)
- communicate aims to all staff
- the required data is obtainable

During the test:

- record comments on flipchart paper
- take photographs of the review meetings and measures board



Treat - milestone checklist

Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

	Completed	<input checked="" type="checkbox"/>
1. Test period decided.	<input type="checkbox"/>	
2. All staff informed.	<input type="checkbox"/>	
3. New board design up and tested.	<input type="checkbox"/>	
4. New ward review meeting structure tested.	<input type="checkbox"/>	
5. Photographs of board taken.	<input type="checkbox"/>	
6. Comments recorded on flipchart paper.	<input type="checkbox"/>	

Make sure all shifts are aware of progress and discuss this as a part of the shift handover



Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Evaluate

Evaluate the agreed changes

When you have installed a display board for your measures and held a couple of ward review meetings, it is a good time to reflect and check:

- that the change has been successful
- that your team is enthusiastic and going to sustain the meeting

What are we evaluating?

- has the board been completed?
- are the measures updated?
- is it being used – have review meetings begun?
- is there evidence of actions and improvements?

Before the evaluation starts

Ensure that:

- all data has been made available
- display board is complete
- charts are updated
- inform all staff personally at handover meetings across all shifts
- develop a checklist to monitor your success and decide:
 - who will fill out the checklist (eg, ward manager from another ward, matron, director of nursing)
 - how often to use the checklist
 - how often to discuss the checklist results

During the evaluation

- invite visitors from senior management as appropriate to view the board and participate in the review meeting
- maintain focus to keep the meeting within the set time
- use the checklist at every meeting

Consider using the template on the next page

Evaluate the agreed changes - checklist

If you get a 'no' answer to any of the questions try to find out why?

- follow up with your staff
- ask your team to use the '5 Whys' to get to the root cause (refer to Toolkit tool no. 13)
- return to your reasons for holding a review – if it was important then, it is still important now

You should link the weekly performance meeting to problem solving

Assess both the display board and the review meeting

Weekly review meeting checklist can be found in appendix 9

Weekly Review Meeting Checklist

Yes No

1. Did I attend the meeting?

2. Did we discuss the agenda for the meeting?

3. Were all agenda items covered? (Yes/No/Partly)

4. Were all decisions made?

5. Were all actions clearly defined?

6. Were all tasks clearly defined?

7. Was a person assigned to follow up on each item?

8. Was the meeting time on task?

9. _____

10. _____

11. _____

12. _____

13. _____

Total

Yes or no responses are informative and quick to complete

Assess the impact of introducing a display board and holding reviews

Collect information	Analyse
<ul style="list-style-type: none">• interview staff (see Toolkit):<ul style="list-style-type: none">◦ how appropriate was the meeting schedule and attendees list?◦ could the agenda be improved?◦ was the board updated?◦ were the charts easy to understand?• understand the checklist results	<ul style="list-style-type: none">• what did you expect?• what actually happened?• decide where there are still opportunities for improvement and where further training is required to make the changes work as designed• return to the checklist on the previous page to see whether the changes have had an impact

Use the feedback to improve your meetings.

Improve your meetings = Improve your ward

Evaluate - milestone checklist

	Completed	<input checked="" type="checkbox"/>
1. Display board format evaluated.	<input type="checkbox"/>	
2. Outcome measures SMART goals evaluated.	<input type="checkbox"/>	
3. Ward review meeting format evaluated.	<input type="checkbox"/>	
4. Data easily accessible.	<input type="checkbox"/>	
5. Impact has been assessed.	<input type="checkbox"/>	

Make sure all shifts are aware of progress and discuss this as a part of the shift handover



Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Appendices

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Appendix 1 - how can I make it stick?

Monitor and audit continually	<ul style="list-style-type: none">• create audits from the standards created and audit at least once a week• use the measures board in the weekly ward review
Ensure leadership attention	<ul style="list-style-type: none">• ensure your nursing director visits and reviews board• ensure visitors follow Visit Guidance Sheets (see Toolkit tool no.16) and visit the ward measures board
Do not stop improving	<ul style="list-style-type: none">• encourage ward staff to continue to find better ways of displaying data, using it and holding ward review meetings• consider compiling the ward's standard operating procedures into a ward manual• take on board comments from staff promptly and implement any suggestions that the wider team agree with swiftly• visit other wards who have implemented Knowing How we are Doing – consider standardising across multiple wards so that staff moving between wards have a standard to work to
Maintain the standard	<ul style="list-style-type: none">• keep updating and communicating the standard operating procedure as your measures board and meeting review format evolves

Appendix 2 - hints and tips - general

- to renew enthusiasm, visit another ward in the hospital to see how far you have come!
- once you have a system that works, look for more ways to improve it
- don't get stuck – ask for help from your support team or management
- for inspiration, visit a ward that has finished this module
- remember to celebrate your success!

Appendix 3 - hints and tips - problem solving

What if this happens?	Ideas on what you can do
<ul style="list-style-type: none">• data not available	<ul style="list-style-type: none">• look to build data collection into your daily routine
<ul style="list-style-type: none">• charts falling behind	<ul style="list-style-type: none">• update your board with latest charts weekly - this will build analysis into your weekly routine• check that availability of data is not hindering chart update• support to team to further develop competences• rotate responsibility for chart update - this will also encourage more staff involvement
<ul style="list-style-type: none">• meeting not taken seriously	<ul style="list-style-type: none">• make sure that you take decisions at this meeting and follow them up
<ul style="list-style-type: none">• issues causing measure to decline are outside ward control	<ul style="list-style-type: none">• talk to the other people or department influencing the performance of the measure• invite them to the review meeting to discuss ways to resolve the issue
<ul style="list-style-type: none">• your review meeting gets cancelled because...	<ul style="list-style-type: none">• plan ahead• seek resources to ensure adequate cover• share your concerns with management



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Appendix 4: The Productive Mental Health Ward measures (quick reference table):



Appendix 4: The Productive Mental Health Ward measures (quick reference table):

PW MH Measurement Definitions. The measures below have been created during the the initial phases of Productive Mental Health Ward testing. Let the Productive Mental Health Ward team know your thoughts and comments on this initial measures set by emailing productivementalhealthward@institute.nhs.uk Any comments you give will help advise further versions of the Productive Mental Health Ward.

Strategy	Measure	Reported as	Operational Definition	Operational Definition	Data Source	Who is the measure intended for?	Who collects?	Frequency?	Suggested Trend	Display as	
Improve patient safety and reliability of care	Choose at least one of these	Safe & supportive observations	% Score	Correctly completed, ontime and actioned patient observations can improve response to psychological distress and decrease risk to patients	Percentage of on time, fully completed and correct patient observations. Based on a case note review of 10 observation sets, from 10 different patients. Standard observation set defined by ward using organisational guidelines	Ward	Ward leader and Ward staff	Ward leader	Weekly sample	UP towards 10 out of 10	Score
		Serious untoward incidents	No. / 1000 OBD	Can have a significant impact on patients, staff and service delivery	A serious untoward incident is any unintended or unexpected which did, or may, cause harm or death to individuals or cause damage to property. Total number of incidents in a month divided by OBD for the month. Finally converted to a rate per 1000 OBD	Ward / trust incident reporting system	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	Initially UP then DOWN	Gap between events
		Self harm	No. / 1000 OBD	Self harm is often a manifestation of psychological distress or a result of poor coping skills. Incidents can have an adverse effect on patient safety and staff wellbeing	Self harm an act which did, or may have, caused injury to oneself with intent (eg, overdose of medication, cutting or self ligation). Total number of incidents of self harm in a month divided by the number of OBD in the month. Finally converted to rate / 1000 OBD	Ward / trust incident reporting system	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	Initially UP then DOWN	Gap between events
		Absconding	No. / 1000 OBD	Significant impact on patient and public safety	Absconding is the act of patients absenting themselves from the ward. This may be classified as 'missing persons' or 'absent without leave'. No. of absconding incidents in a month divided by the number of OBD in the month. Finally convert to rate / 1000 OBD	Ward / trust incident reporting system	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	DOWN	Gap between events
		Violence and aggression	No. / 1000 OBD	Violence and aggression has a significant impact on patients, staff and visitors to mental health settings	Violence is the act of inflicting physical harm on another, aggression can be verbal or physical in nature with the result of causing psychological harm to others. No. of incidents of violence and aggression divided by the number of OBD in the month. Finally converted to a rate per 1000 OBD	Ward / trust incident reporting system	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	Initially UP then DOWN	Gap between events
		Medication errors	No. / 1000 OBD	Medication errors have the potential to cause significant harm to patients	A medication error is an unintended or unexpected incident which did, or could have, lead to harm to one one or more patients during the administration of medicines: Total number of incidents in a month divided by the number of OBD in the month. Finally converted to a rate / 1000 OBD	Ward / trust incident reporting system	Ward leader, matron, ward staff, trust leadership	Ward leader	As each event happens	UP	Gap between events
Improve patient experience	Carer satisfaction	% Score	Reflection on the quality, safety and dignity of the care we deliver	Carer satisfaction questionnaire given all patients the day before discharge from ward (including move to another ward / area of hospital). Sum score for all patients discharged (from trust or to another ward) in a week. Questionnaire is a six question, quick to complete form. Based on Picker Institute questions	Ward	Ward leader and ward staff	Ward clerk	Weekly sample	UP towards 100% compliance	% score per week	
	Patient satisfaction	% Score	Reflection on the quality, safety and dignity of the care we deliver	Patient satisfaction questionnaire given all patients the day before discharge from ward (including move to another ward / area of hospital). Sum score for all patients discharged (from trust or to another ward) in a week. Questionnaire is a six question, quick to complete form. Based on Picker Institute questions	Ward	Ward leader and ward staff	Ward clerk	Weekly sample	UP towards 100% compliance	% score per week	
Improve efficiency of care	Direct care time	%	The more time that is available for direct patient care, the more likely it is that the quality of care will improve or remain at a high standard	1st Assessment: '12Hr observation of one trained nurse between 6am and 6pm on a weekday not featuring a ward round. 2nd to 6th assessment: monthly featuring 8hrs 7am to 3pm. Ongoing assessments: Quarterly 8 hour. Weekday to remain constant. (Count of direct care time minutes over the time period / total minutes in assessment period)*100. Ideally to feature the same nurse	Ward	Matron, ward leader and ward staff	Ward leader	Monthly moving to quarterly	Initially UP then stabilise	% direct care time	
	% patients with proposed plan on admission	%	Indicates good use of beds for flow and planning. Gives patient and carers more certainty and builds confidence. Enables forward planning of community support	Audit all admissions in the month. Divide number of patients that have care plan completed on same day as admission by the total no. OBD in the month. Finally convert to rate / 1000 OBD	Ward	Matron, ward leader and ward staff	Ward leader	Weekly sample	UP	%	
	Ward cost / patient spell	£	Reflection on long term efficiency of the ward (only when used in conjunction with safety and reliability measures on the ward)	Total pay and non pay costs for the month are divided by the number of patient spells. Included in ward cost: total establishment for the calendar month, overtime, bank and agency spend, all variable non pay costs such as consumables and meals. Excluded from ward costs: Fixed running costs, drug costs, transport costs, central cleaning	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Monthly, no sampling	DOWN	£	
	Length of stay	Days	Direct reflection on patient flow and impacts on ward cost per spell	Time in days of patient spell on ward. From admission to discharge. Total days LOS / no. patient spells	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Weekly, no sampling	DOWN	Days	
Improve staff well being	Unplanned absence rate	%	Reflects staff satisfaction	Total unplanned absence hours in the month / total available establishment hours in the month. Unplanned absence = all absence hours - absence episodes longer than 3 days in duration	Central trust reporting	Ward leader, matron, ward staff, trust leadership	Central trust analytical team	Weekly sample	DOWN	% Unplanned Absence	

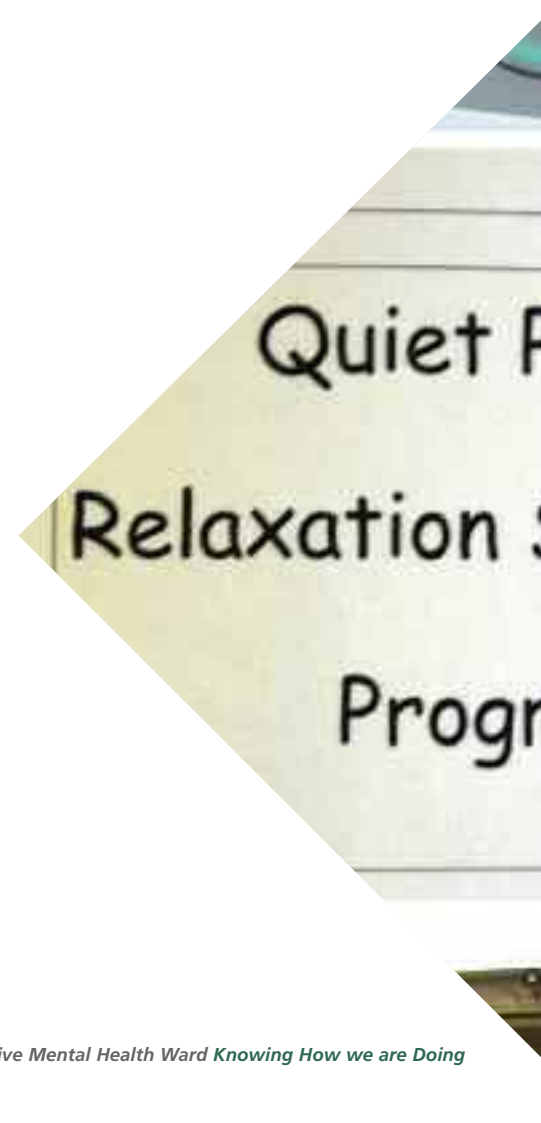
Measures in black text are basic measures
Measures in red text are advanced measures

Appendix 5 - patient satisfaction

The patient satisfaction tool is designed to allow the clinical area complete control over the questions asked, the sample size and the frequency.

It should be limited to five - six questions and should reflect the patient perspective of the care you are providing patients. Questions related to food or the physical environments do not need to be asked as they are captured in the PEAT survey process.

It is better to ask a few focused questions frequently than a long complex questionnaire once a year. You will be able to assess the impact of your improvements with real-time frequent surveys.



Patient satisfaction questionnaire example form

Patient Name

.....
.....

Purpose

We want to continually improve the services we offer to patients and would find it very helpful to have your feedback.

Instructions for completion

Please complete this questionnaire and return it to

.....

If you have any questions, please talk to the nurse in charge. All the information you give us will be treated as confidential and kept secure. It will only be seen by the trust undertaking the survey. No

one will be able to identify you or any answers you give in the report they produce.

Section one: privacy and dignity

Q1. During this hospital attendance / stay did you feel you were treated with dignity and respect?

- yes, always
- yes, sometimes
- no

Section two: involvement in and information about own care

Q2. Did you have good opportunity to participate in the decisions that applied to your care?

- yes, definitely
- yes, to some extent
- no

Q3. Did the doctors, nurses or other staff give your family or someone close to you all the information needed to help you during your stay or treatment?

- yes, definitely
- yes, to some extent
- no
- no family or friends were involved
- my family or friends did not want or need information



Section three: knowledge of discharge

Q4. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- yes, completely
- yes, to some extent
- no
- I did not need an explanation
- I had no medicines

Q5. Were you provided with the equipment you needed to go home with?

- yes, I received the equipment
- no, I did not receive the equipment
- I did not require any equipment

Section four: your experience here

Would you like to make a comment of your care and experience, below?

.....

.....

.....

.....

If you would like to help us improve our services by telling us more about your time with us, please see one of the staff.



Appendix 6 - ward measures self-assessment

Date:

Ward:

1. What data is recorded about ward performance?
Who do you send it to? How often do you provide the data? Do you ask for feedback?

Data	Who to	Frequency	Feedback
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No



2. What data about the ward's performance **is sent to you?**
Who sends it? How often?

Data	Who from	Frequency



3. Where is the data kept?

4. Is any of the performance data discussed with:

a. ward staff?

YES / NO

b. your line manager?

YES / NO

5. If data is discussed identify what it is, who it is discussed with and how frequently.

Data	Discussed with	Frequency





Before answering the next questions

TAKE A WALK ROUND THE WARD.

6. Is any performance data displayed on the ward for everyone to see?
YES / NO

7. If data is displayed identify what it is, where is it displayed and when it was last updated?

Data	Displayed	Last updated on



Appendix 7 - review meeting guidelines

Review Meeting Guidelines		
Where: _____	When: _____	
Objectives	Participants and Roles	
Follow up on actions from previous meeting	Chair: _____	
Understand changes in performance since last meeting	Others: _____	
Discuss issues, clarify next steps and assign responsibility	_____	

Who do I contact if I can't be here or can't update my chart?	_____	

Inputs	Outputs	
Agreed time	Agreed actions and responsibilities	
Updated measures done		
Actions from previous week		
Agenda		
1	Welcome	1 min
2	Update on actions from previous work	5 min
3	Review charts with RED and YELLOW status indicators. Discuss changes since last week	5 min
4	Agree what actions will be taken to improve the measures - Refer to Problem Plan for guidance	5 min
5	Decide who will take each action and by when - document this on the Problem and Course measures	5 min
6	Confirm attendance for next meeting	1 min
		22 min

Appendix 8 - weekly review meeting checklist

Weekly Review Meeting Checklist	
Date: _____	Yes = 1 No = 0
Did the meeting start on time?	<input type="checkbox"/>
Did everyone attend the meeting?	<input type="checkbox"/>
Was an agenda given or had each's subsequent actions?	<input type="checkbox"/>
Were all items on the agenda?	<input type="checkbox"/>
Were all status updates covered?	<input type="checkbox"/>
Were next steps identified?	<input type="checkbox"/>
Was a person assigned to follow-up each item?	<input type="checkbox"/>
Did the meeting finish on time?	<input type="checkbox"/>
Score	<input type="checkbox"/>

Learning objectives complete?

Four objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid opposite. Ask the questions in the first column and make an assessment against the answer guidelines in the second column.

The results of this assessment are for use in improving the facilitation of this module and are not a reflection on staff aptitude or performance.

If all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met.

Note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time so that the modules are fully met.

It sometimes helps to re-read the module and reflect on the experiences in implementing the module first time round.



Question (ask the team member)	Answers for outcome achieved
Why is ward-based measurement important?	<ul style="list-style-type: none"> • provides factual information about how you are doing now and what the team is aiming for in areas of importance to patient, staff and hospital • fact is more useful than opinion and hearsay • provides direction on how to improve important areas and solve problems • allows the measurable progress towards the ward's vision
What is an outcome measure?	<ul style="list-style-type: none"> • an outcome measure is how we know we have been successful against a SMART target
What is a process measure?	<ul style="list-style-type: none"> • a process measure is the measurement of something that contributes to an outcome measure
Describe a SMART target?	<ul style="list-style-type: none"> • SMART, MEASURABLE, ASPIRATIONAL, REALISITIC, TIME BOUND
Why have a weekly ward review?	<ul style="list-style-type: none"> • provides focus on the vision of the ward through the measures board • time to pause and reflect about ward performance towards the ward's vision • gives consistent, structured communication • structures improvements towards ward's vision • encourages ownership and responsibility

10 Point checklist

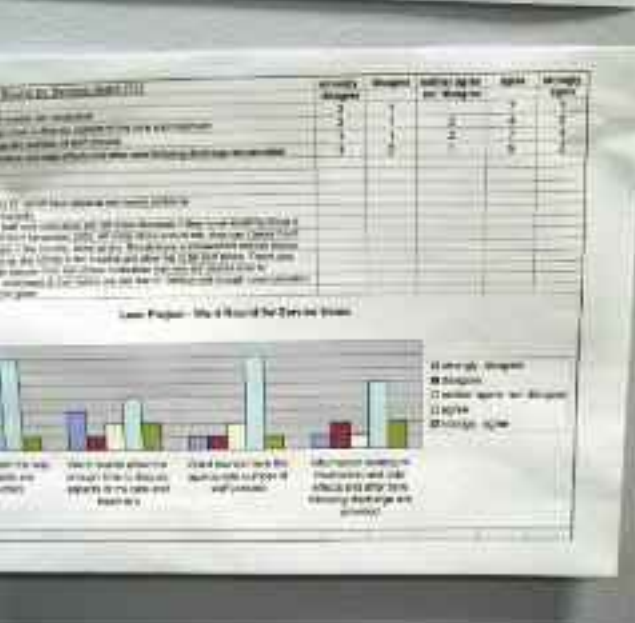
Example

The grid to follow allows you to measure your performance against the 10 point checklist for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.

You should continue to monitor monthly.

Before starting	After 2 weeks	After 4 weeks	After 8 weeks
			
			
			
			
			
			
			
			
			

11 (not 10!) point checklist Knowing How we are Doing	Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks
There is a measures board located in a (prominent) position on the ward				
The board displays the agreed measures, or as close as possible				
There are agreed measure definitions and measures				
There is a simple procedure to update each chart with a set frequency and person responsible				
Staff (and patients) can tell how the ward is doing based on the presentation of the data				
A weekly review meeting is held that follows a set agenda within set time frames				
It is easy to prioritise discussion items during the meeting				
Actions are quickly identified, recorded, and a person made responsible for completing the action by a specified date				
The 'team problem-solving area' is being used to understand the underlying measures in more detail, eg, unplanned absence, stress indicator				
Staff and stakeholders are showing an active interest in the board and its impact on performance progress				
Overall measures are showing improvement over a period six months				



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