Releasing Time to Care

The Productive Mental Health Ward

Meals

Version 1

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

Introduction

For patients, mealtimes provide rhythm and routine to the day. In addition to the management of food, fluid and nutritional care, mealtimes break up the day and provide vital interactions with staff and other patients.

Mealtimes can often be a source of frustration for ward staff. Little problems that occur during the delivery of meals can cause wasted time and make processes less effective than they could be.

Frustrations with mealtimes are often due to:
• confusion in identifying meals for patients
• unprepared work areas and staff
• lack of food storage facilities
• meals delivered to ward at varying times

All of this has an impact on the experience for both patients and staff.

going and when you
espect to return. This is an important part of keeping
safe.

Expectations
It is expected that you are up and dressed by breakfast
time and that you look after your personal care, unless
you need nursing support to do so.

Meal Times
- Breakfast 8.30 am
- Lunch - 12.30 pm
- Evening Meal - 5.00 pm

CLARK WARD

Contents

The Productive Mental Health Ward Meals

DAILY JOBS **EARLY**

ROTA

These modules create a Productive Mental Health Ward

Productive
Mental Health Ward

Process Modules

Patient Wellbeing	Therapeutic Interventions	Ward Round

Safe and Supportive Observations	Admissions and Planned Discharge	Shift Handovers	Meals	Medicines

Toolkit

Foundation Modules

Knowing How we are Doing	Well Organised Ward	Patient Status at a Glance

Ward Leader's Guide
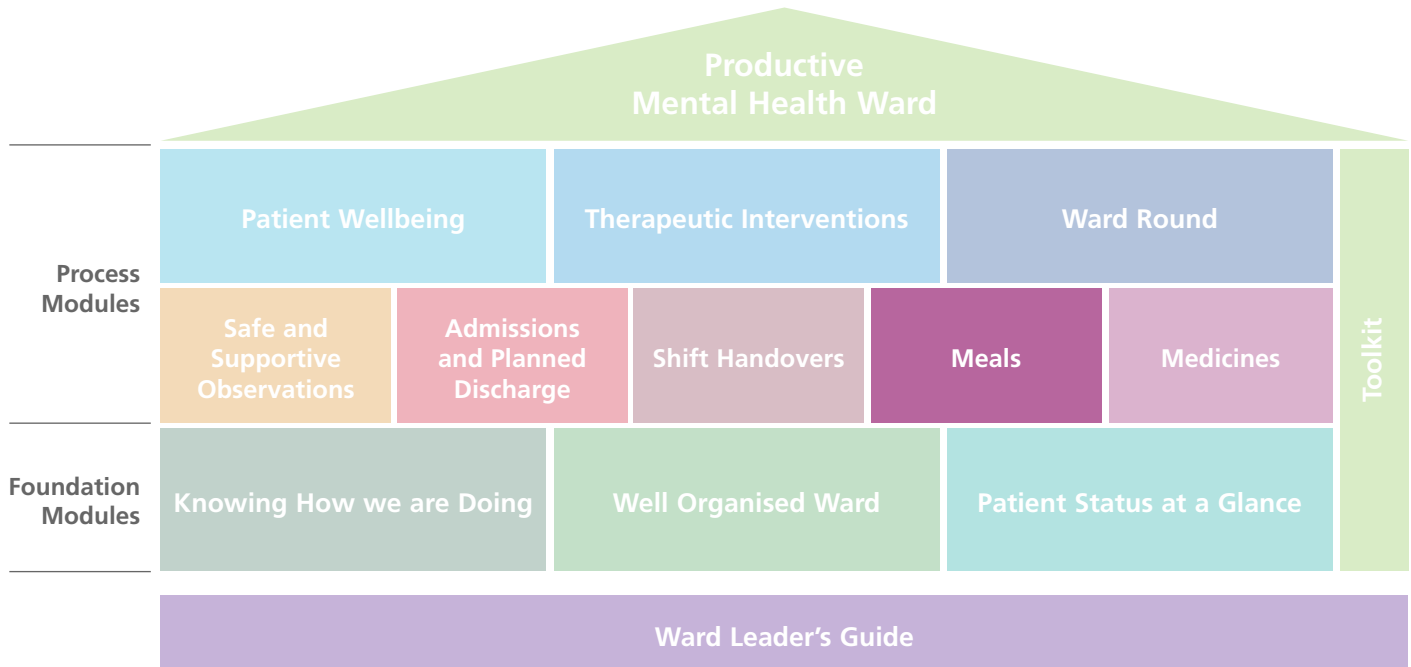
What is the Meals module?

What is it?

- it is a way to deliver meals on your ward in a calm, unhurried way with minimal errors and taking less time

Why do it?

- to improve patient and staff experience
  - meals have a direct impact on both patient and staff experience in the ward - a calmer, unhurried meal delivery without interruptions benefits all
- to improve patient safety
  - meals are a source of both incidents as well as errors (dietary requirements)
  - unhurried and well thought out meals processes can reduce this
- to save time increase nutritional wellbeing
  - meals and the associated nutritional management tends to occupy around 30% of support workers' nursing time during a day - reducing time spent here, means more time is available for direct patient care

What it covers

- delivery of all meals on the ward - from the point the trolley arrives on the ward

What it does not cover

- post delivery activities such as observing while the patient eats, and clearing away the plates after patients have completed their meal
- canteen/catering procurement and processes

Learning objectives

The team will:

- understand what good preparation for a module is
- understand the basic stages of Process Mapping
- understand the basics of Cost/Benefit Analysis
- define standardised work and how it increases quality
- develop audits as a positive activity that helps sustain the new meal delivery

What tools will I need?

Tool	Toolkit reference number
Photographs	Tool no. 6
Video	Tool no. 7
Interviews	Tool no. 5
Timing Processes	Tool no. 8
Process Mapping	Tool no. 10
Cost/Benefit Analysis	Tool no. 11
Activity Follow	Tool no. 3

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

• decide who will be involved
• talk to staff and catering
• take pictures and video

• review the pictures and video
• time the meal deliveries
• gather errors data
• build process map

• review the description of a good meal delivery

• brainstorm and identify changes to the process
• prioritise what you wish to change

• understand staff feedback
• look at timing and error rates

• determine the test period
• run the process in the 'new way'
• time the meal delivery regularly

1. Prepare
2. Assess
3. Diagnose
4. Plan
5. Treat
6. Evaluate

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Prepare

The Productive Mental Health Ward Meals

Prepare

Step 1: Decide who will be involved
- one ward leader
- one senior nurse
- as many staff who are involved in meals as possible
- catering staff
- domestics, support workers, auxiliaries and volunteers

Step 2: Talk to staff
Use Toolkit tool 5 (Interviews)
- what is the general feeling towards mealtimes on the ward?

Step 3: Talk to patients
Use Toolkit tool 5 and seek guidance from your nursing director
- what is the patient experience of meals?
- this is a good opportunity to engage patients' families

Step 4: Take photographs
Use Toolkit tool 6
- equipment needed
- staff working position

Step 5: Shoot video
Use Toolkit tool 7
- film the entire meal delivery from start to finish

Choose a meal delivery at the time of day that is the most problematic

Step 6: Gather information from patient complaints:
- look back over the past year and identify any complaints resulting from food delivery

Step 7: Gather information from patient survey:
- if your organisation has an annual patient survey gather any results relating to questions about food

Step 8: Gather information from incident reports:
- look back over the last 50 incident reports and gather any relating to food delivery
- ask your patient advice and liaison services (PALS) representative for any feedback they have received about food and nutrition from patients and carers

Step 9: Understand how long it takes
Use Toolkit tool 8
(Timing Processes)
- time every meal delivery for a week (from the time meals arrive on the ward to the time all of the meals have been given out)

Step 10: Understand how many food activities there are on the ward
- in addition to standard mealtimes, are items such as snacks or nutritional drinks given out at other times?
- access to other drinks all day

Step 11: Understand what the food wastage rate is
- this is usually measured as a percentage of meals delivered to the ward

Step 12: Understand best practice guidance on food, fluid and nutrition
- organisation policy
- Department of Health, Essence of Care - Food and Nutrition Standard
- Water for Health - National Patient Safety Agency

"We do throw lots away every day, they send us too much." Staff are unaware of food wastage

Prepare - milestone checklist

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

Checklist	Completed ✓
1. Decide who will be involved.	☐
2. Talk to staff.	☐
3. Talk to patients and family members.	☐
4. Take photographs.	☐
5. Take video.	☐
6. Gather information from patient complaints.	☐
7. Gather information from patient survey.	☐
8. Gather information from incident reports.	☐
9. Understand how long it takes.	☐
10. Understand other food delivery activities.	☐
11. Understand your ward's food wastage rate.	☐
12. Understand best practice.	☐

Make sure all shifts are aware of progress - discuss the initiative as a part of shift handover

The Productive Mental Health Ward Meals

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

Assess

Assess

Information from your Activity Follow analysis (Toolkit tool no. 3)

Releasing Time to Care
The Productive Mental Health Ward

			Hour	6-7am	7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	2-3pm	3-4pm	4-5pm	5-6pm	Total	Subsection Total
		Cat	Code & Reason														

TOTALISER

Populate orange sections only
Green areas will self populate

Total Observation Period = 12 Hrs (1hr = 1 Activity Follow Sheet)

Use the results from the intended task tally to find out how much time your staff spend on mealtimes*. The total is measured as a % of total time on the shift.

*If your trained nursing staff do not give out meals, and you have carried out your Activity Follow on trained nursing staff only, then this does not apply.

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Process
- watch the video you have made and create your current state process map (Toolkit tools 7 & 10 - Video and Process Mapping)
- also use any information gained from talking to staff/patients/carers
- on your map include the results you have from timing the meal delivery

Don't look at individual practice, look at the process. Unless there is a safety issue to address

- you should have at least 21 readings (three per day)
- try to see if there are any which are too high or too low (these are referred to as special cause) - remove these
- take the average of those that are left - this is the average time taken before the changes
- resist the urge to come up with solutions to problems and issues you have identified from examining the current way you manage meals - stick to making an accurate map of what is currently happening and recording issues (not solutions) on sticky notes

Accidents and errors
- from the last 50 incidents draw-out meal related incidents
  - understand the time involved
  - if there were five meal-related incidents, and this period is over the last month, that is roughly one per week (use Toolkit tool no. 9)
- speak with staff to understand errors or near misses which may not be reported - try to estimate a number per week for
- add the two - that is your error rate before the changes

Watch video as a closed team first, before watching with outside teams (like catering) in case the video unearths any practice that team members are not proud of

Patient experience
Summarise the information you obtained from your organisation's patient survey on a flipchart.

Summarise the information into the following areas:
• quality of food (taste)
• quality of food (temperature)
• experience of mealtime

If you do not have any organisation information on patient satisfaction of meals, do a snapshot audit/questionnaire after one meal delivery

Staff experience
From talking to your staff, summarise their experiences of the meal delivery and associated nutritional management on a flipchart.
• are there any factors of meals that frustrate staff?

Assess - milestone checklist

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

Checklist	Completed ✓
1. Create current state map of the meal delivery.	☐
2. Analyse accidents and errors related to meals.	☐
3. Understand the patient experience of meal deliveries.	☐
4. Understand the staff experience of meal deliveries.	☐

Make sure all shifts are aware of progress - discuss as a part of shift handover

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

Diagnose

Diagnose - consider what 'good' looks like

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 patient status improvements made by hospitals implementing the Productive Mental Health Ward/Productive Ward.

You can use them to trigger discussions within your team.

If there are a lot of changes you cannot implement together, consider doing a few at a time

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Ideas that have worked - example 1

Clear responsibility
The team members who are responsible for meal deliveries are defined in advance. A daily roster is used. Most importantly the responsibility for the meal delivery is confirmed at shift handover and displayed visually.

Clear responsibilities mean staff know who is doing what. If a new member of staff, or bank/agency staff, is to contribute to the meal delivery then they are taken through the meal delivery standard (see create a standard operating procedure later in this section) by a senior member of the team.
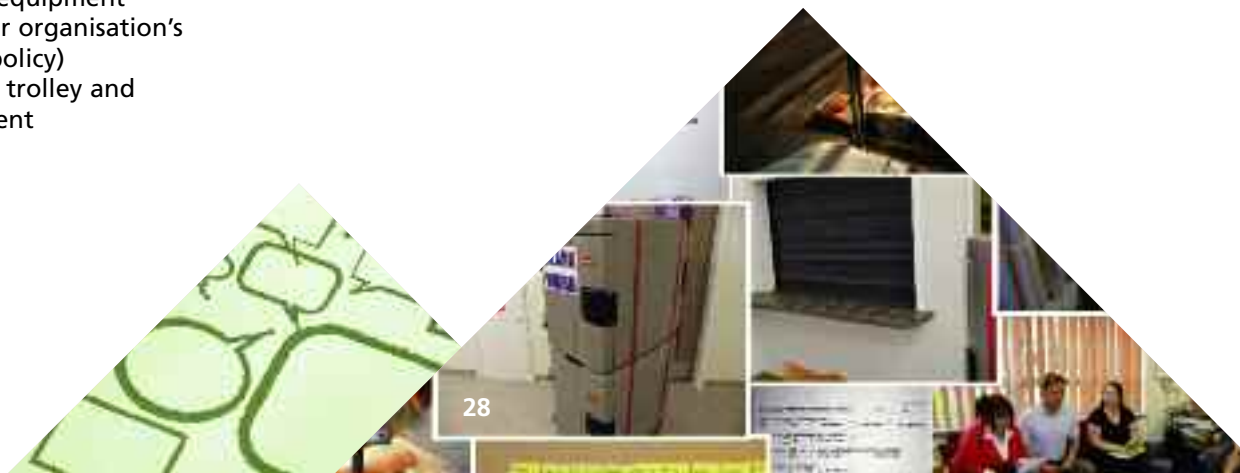
Ideas that have worked - example 2

All staff required are ready to go!
During the handover the meal delivery responsibility is confirmed along with the meal delivery time and the expectation that all required staff are ready for the meal delivery a minute or two before the meal delivery begins (normally when the trolley arrives).

This includes being ready with:
• correct protective equipment (as defined by your organisation's infection control policy)
• turning on hostess trolley and any other equipment

Ideas that have worked - example 3

Create a parking space for the meal delivery trolley
If your ward receives plated meals then it is likely that the meal delivery trolleys are brought to the ward by staff from outside the ward or the catering team.

Using visual management to make the required location for the trolley clear, will avoid uncertainty about delivery.

By watching the video of your meal delivery, the team may decide that the existing drop-off point is not ideal for the meal delivery. A clue to this is if staff move the trolley from where it was dropped off to another location before the trolley is opened and the first meal removed. Having a drop-off point is also a good indicator that the

trolley has arrived, if left where noone can find it the staff will not be aware. This will mean staff are not prepared for meal delivery.

If your ward does not use a plated meal service, but instead plates meals up on the ward, then creating a parking space for the trolley may still be helpful. For example, if your staff dish the meals out, or space is very tight.

The last consideration for defining trolley parking spaces is the safety of people moving around the ward. A trolley parking space can be a good way of ensuring the meal trolley is not left in a place that could present a risk to others.

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Ideas that have worked - example 4

Plated meals arrive ready to go
By watching your video, your team may identify that they spend time doing further preparation to the food before it is handed out, ie, cutlery.

Discuss this with your catering department. What would be the implications of them providing the food 'ready to go'?

It is important to consider the job your catering staff do and don't expect a change to happen straight away. It is often the case that catering departments have to prepare upwards of 500 meals in less than one hour. It is often as much of a challenge to improve the meal preparation process as it is to improve the process on a ward. It requires as much thought as your team is putting into its Productive Mental Health Ward implementation. Ensure your staff understand this.

You might consider a quick visit by members of your staff to the kitchen to watch a meal process.

Ideas that have worked - example 5

Label meal trolley with room or bay numbers
Meals are arranged in the meal delivery trolley in the same order as they are required on the ward. This avoids time being wasted trying to identify meals in the trolley. To make this clear, room or bay numbers can be labelled inside the trolley.

Alternatively the meals trolley could be labelled and arranged in alphabetical order if meals are served in a communal area.

The same considerations about requirements of the catering department need to be made as detailed in example 4.

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Ideas that have worked - example 6

Use a simple patient diet communications board
Patient dietary status is displayed clearly on a dedicated board*. The board should be located in the ward kitchen and should not visible to the public.

Staff members are responsible for keeping the board up-to-date.

*Use the guidance on creating information boards detailed in the Patient Status at a Glance module.

Ideas that have worked - example 7

**Make protected mealtimes
a reality, not a distant policy**
If your organisation has a protected mealtime policy, pay particular attention to the activities of other staff not involved in the meal delivery, while watching the before video.

Protected mealtimes have a positive impact on patients' experience, so if you do find other staff are not adhering to policy then you need to plan how to set the standard and engage those staff.

This case review, involving a patient, is being held outside of patient mealtimes. Don't be tempted to let activities such as case reviews extend into protected mealtimes.

The Productive Mental Health Ward Meals

Ideas that have worked - example 6

Encourage engagement
Actively and frequently encourage your patients to use your ward dining area or common facilities during mealtimes. This will engage patients and help patients to learn from the experience, discover new coping strategies and gain insight. Eating in the dining room can help towards recovery.

Make expectations clear about dining arrangements when patients are admitted eg, provide visible signs displaying times meals are served. Provide written information for what the ward expects from the patient ie, that you are up and dressed by breakfast time - unless you need nursing support to do so.

Ideas that have worked - example 7

By watching your video back, your team may identify that they spend time waiting to see if any more patients require meals. You may also notice that while staff are in the kitchen, they can have difficulty keeping aware of which patients are around and requiring meals.

Discuss this with your team. A simple process could be put in place to avoid this. Use visual management to display this information, it will avoid uncertainty and reduce omissions and errors.

Staff will be clear about when meal delivery time is finished and this removes the wasted time.

Ideas that have worked - example 8

Work with the catering department/supplier to make sure you have everything in place. There is no point having great, healthy, warm dinners arriving on the ward when there is not enough cutlery for the patients.

Work with your catering supplier, or department to ensure the small details (like teaspoons) are in place so that the patients experience is not compromised. Ensure the status of cutlery is checked before the meal delivery begins.

You could also look at menus and menu times at this stage:
• sometimes patients are ordering meals far too much in advance, this contributes to food wastage

The same considerations about requirements of the catering department need to be made as have been detailed in example 4.

The completion of menus may require you to look at them as a separate process

Diagnose - milestone checklist

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

Checklist	Completed ✓
1. Carefully work through the examples with the team.	☐
2. Openly discuss each example.	☐
3. Consider the examples against your own environment.	☐
4. Ask staff for new ideas, possibly building on the examples shown.	☐

Make sure all shifts are aware of progress - discuss as a part of shift handover

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

The Productive Mental Health Ward Meals

Plan

Plan - it's all about the preparation…

You will probably have noticed that the majority of the previous examples of meal delivery improvements are based on preparation before the meal delivery starts. Your emphasis, when creating your new meal delivery should be clarity of roles, good time-keeping and well-prepared patients and staff.
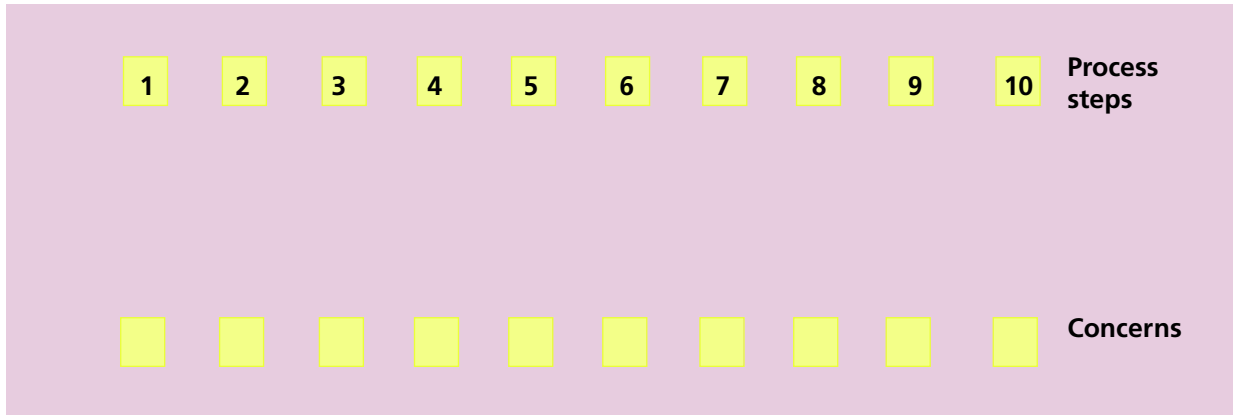
Plan - create your new design

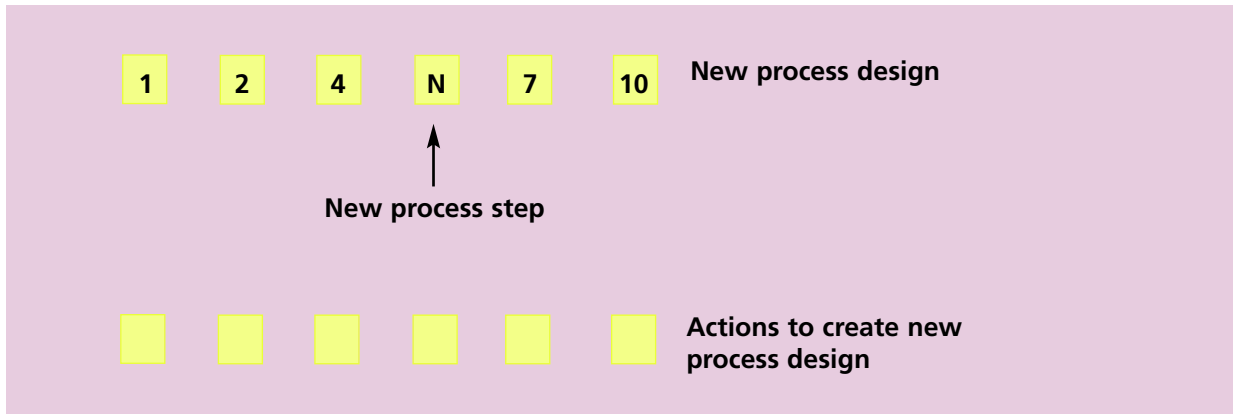Complete your new design process map by continuing to use Toolkit tool no. 10. Using your team's expertise and the discussion around the examples, you will generate a number of exercises that will need to be completed to implement your new design for the meal delivery.

Current state:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **Process steps** |

| | | | | | | | | | | **Concerns** |

Future state:

| 1 | 2 | 4 | N | 7 | 10 | **New process design** |

↑
New process step

| | | | | | | **Actions to create new process design** |

Create your plan for the implementation of your newly designed observation process

Use Toolkit tools 3 & 11 (Activity Follow and Cost/Benefit Analysis) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheet in a prominent position on the ward.

Use your judgement to prioritise within each triangle and then list the problems.

Assess impact against cost, ie, setting up costs little, but has major impact

Module Action Planner

⊕ = Understood   ⊕ = Underway   ⊕ = Complete   ⊕ = Sustained

	Action	Who	When	Progress	Initial
1				⊕	
2				⊕	
3				⊕	
4				⊕	
5				⊕	
6				⊕	
7				⊕	
8				⊕	
9				⊕	
10				⊕	
11				⊕	
12				⊕	
13				⊕	
14				⊕	

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and Improvement

Create a standard operating procedure

The Module Action Planner sheet you have created contains a prioritised list of all of the things that need to be done to create your newly designed meal delivery.

A number of these things may involve a change in working practice for your staff - for example, ensuring staff are prepared beforehand, or where the trolley should be placed.

It is important to summarise the new meal delivery working practices in a standard operating procedure. This can be on a flipchart or an A4 document.

This is a simple exercise that clearly communicates the new way of working. It has the added benefit of helping to set the standard for new staff.

An example standard is featured on the next page.

Example meal delivery standard operating procedure

From a Productive Mental Health Ward test site

Meal delivery

To be carried out by staff member designated during handover.

- switch on the hostess trolley 30 minutes before meals delivered
- switch on the timer for 30 minutes
- inform patients that meals are due
- prepare yourself, eg, wash hands and put on gloves and apron
- prepare second trolley and put outside kitchen
- encourage patients to dining room
- trolley is then delivered to agreed position in patients dining area
- ensure second staff get prepared, eg, washing hands and putting on gloves and apron
- unload trolley and put food onto hostess trolley
- open shutters
- using menus, serve meals to patients

On completion of delivering meals, check patients' dietary intake, inform relevant staff and document care plans where required.
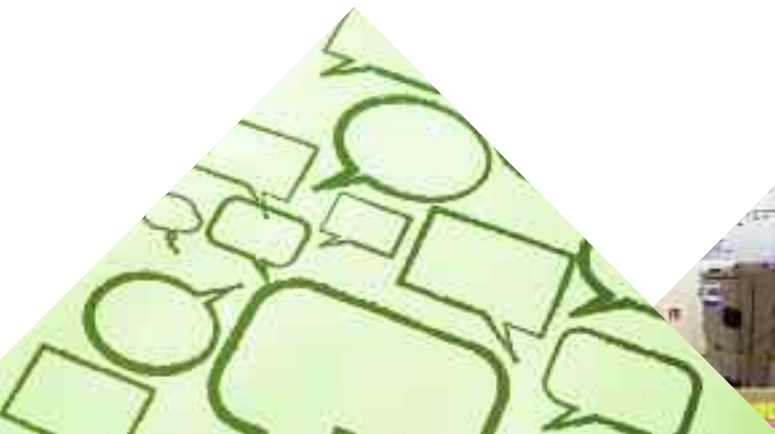
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Plan - milestone checklist

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

Checklist	Completed ✓
1. Consider examples of ideas that have worked.	☐
2. Create new design map.	☐
3. Create prioritised schedule on Activity Follow sheet.	☐
4. Create process standard operating procedure.	☐

Make sure all shifts are aware of progress - discuss as a part of shift handover

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

Treat - go do it!

Treat

What are we testing?
- are we sticking to the new process?
- have we saved time on the round?
- are we now making fewer errors?
- does it feel calmer at mealtimes on the ward?

Before the test starts
- determine period for the test, it should be:
  - long enough to allow failures
  - short enough to change and retest

- identify additional temporary data collection methods as required (eg, add five mins at the end of the round to get feedback)
- set the start and end dates - and communicate them
- inform all staff personally at handover meetings across all shifts, and also post large notices on the ward detailing the process you have gone through and the standard operating procedure
- agree the time collection method, and who will do it
- agree the way to collect error data and who will do it

During the test
- get daily feedback from staff and patients on how they feel the new process is working
- take after photos and video during the test period
- invite visitors from senior management to view the new process and ask for their comments on a suggestion board
- time the process rigorously

Treat - milestone checklist

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

Checklist	Completed ✓
1. Test period defined.	☐
2. All staff informed.	☐
3. Try out the new meals process.	☐
4. Time the new process.	☐
5. Get staff, patient and carers feedback on the new food and nutrition process.	☐
6. Film the new process.	☐

Make sure all shifts are aware of progress - discuss as a part of shift handover

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

Evaluate

Step 1 - collect information

A) Gather the data:
- how long did it take?
- were there any incidents?
- what was the food wastage rate?

B) Talk to staff:
- was the team chosen to do the meal delivery appropriate?
- were the meal trays ready to go?
- were patients prepared?
- what interruptions were there for staff?

C) Patient satisfaction:
- if you have taken a patient satisfaction snapshot, then repeat the exercise

Which changes have had the most impact?

Step 2 - analyse information - 1

A) Did the changes make an improvement?
- was there more time to spend with patients?
- was the meal delivery shorter?

Step 2 - analyse information - 2

A) Did the changes make the meal delivery quicker?
- how much time was saved?
- how much time was added back to achieve the objectives of improved patient safety and improved patient experience?

A chart like the one below can assist in understanding where time was spent or saved on different activities - post the chart up in the ward to show staff and patients what has changed since you started

Time saved might be due to fewer interruptions, faster route etc.

Time difference

Before

After

Time added might be due to additional safety - related steps etc.
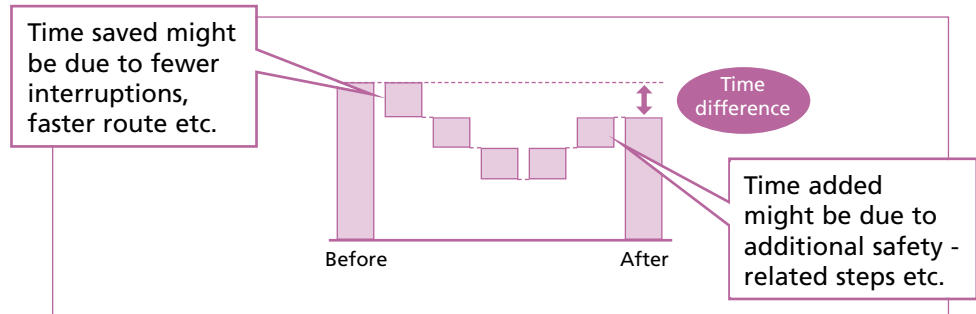
Step 3

Decide where there are still
opportunities for improvement and
if there are additional changes that
can be made to the area, eg,
• a piece of equipment kept
  in the area that wasn't
  used after all

| Go back to process map and repeat the process | ← Yes | Opportunities for improvement? | No → | Continue to monitor progress and stabilise changes |

Evaluate - milestone checklist

Checklist	Completed ✓
1. Talk to staff, patients and carers about the new meal delivery process, record comments.	☐
2. Look at before and after process times.	☐
3. Look at before and after food wastage.	☐
4. Communicate success.	☐

Make sure all shifts are aware of progress - discuss as a part of shift handover

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

How can I make it stick?

Monitor and audit continually	• continue to monitor time taken, at least once a day - discuss this if required, but review it monthly • conduct a process audit once a month (at least) - to ensure basic changes made are being followed
Ensure leadership attention	• ensure the monthly process audit is carried out by head of nursing or equivalent • ensure you (ward leader) discuss audit results with ward staff at least once a month (even if only for five minutes in a 20 minute catch-up meeting) • ensure changes made and timings and reduced errors achieved are brought to the attention of senior leaders in your organisation
Do not stop improving	• encourage ward staff to continue to find new and better ways of doing things - it is not about doing this once and then applying standard operating procedures, but about improving them continually

Audits are for life, not just for Christmas!

Learning objectives complete?

Five learning 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 to follow. Ask the questions in the first column and make an assessment against the answer guidelines in the second column.

- 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

Remember: the results of this assessment are for use in implementing this module and are not in any way a reflection on staff aptitude or performance.

Question (ask the team member)	Answers for outcome achieved
Describe the things you need to do in the prepare stage of the module?	• find out organisation policy • find out patient satisfaction • talk to staff • find out accident information • video the process • time the process
Explain the idea around process mapping?	• team creates a picture of what the process looks like now (current state) • team agrees on current state • team creates picture of their vision of what the process should look like (future state)
Why use a cost/benefit analysis and how does it work?	• helps the team prioritise improvements • grid, where you put ideas in boxes relating to cost and benefit • do the low cost, high benefit ideas first
Define standard work and how it is used in the meals module to increase quality?	• important tool for communicating • key to sustaining new meals process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for meals process
Where do audits fit into the meal module and how are they used?	• ensures people are carrying out the new meals process • should be quick • based on the standard created by the team • never stop using audits

10 point checklist

Example

Before starting	After 2 weeks	After 4 weeks	After 8 weeks

The following grid 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.

10 point checklist Meals	Before Starting	After 2 weeks	After 4 weeks	After 8 weeks
Patients have clear expectations at mealtimes				
The trolley arrives at the expected time in right location				
Catering ensures that trays are ready to go and put in order on the trolley by room (if appropriate)				
There are no missing meals				
A patient diet board is used to communicate any issues				
The menu process is done outside of mealtimes				
The new process has been documented in a standard operating procedure and displayed prominently in a staff area				
Random process audits are conducted every month against the standard operating procedure to ensure the process is followed correctly				
Staff feel mealtimes are organised and there are no interruptions				
Patients feel mealtimes are a relaxing and enjoyable time				

Acknowledgements

Website: For more information please visit www.institute.nhs.uk/productivementalhealthward

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