

Releasing Time to Care

The Productive Mental Health Ward

Patient Status at a Glance

Version 1

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



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Introduction

Our studies have found that nurses can be interrupted 10 times per hour.* That's once every six minutes....

Your staff get interrupted for a number of reasons. People often ask where something is, where a member of staff is, how to do something and finally, people frequently ask about the status of a patient.

Visiting multidisciplinary staff, bank and agency staff and the ward team need patient status information in order to carry out their roles. They need easy access to the answers to questions such as:

- where is the patient?
- what is next for the patient?
- which member of staff is looking after the patient?
- which consultant is looking after the patient?
- has the patient had their required assessments?

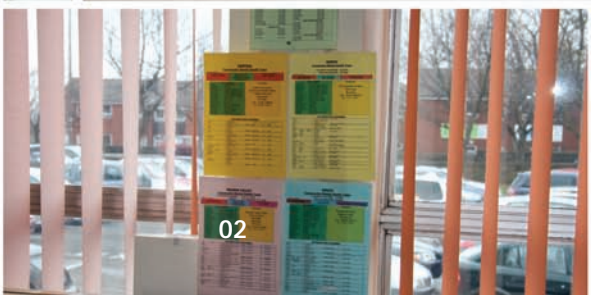
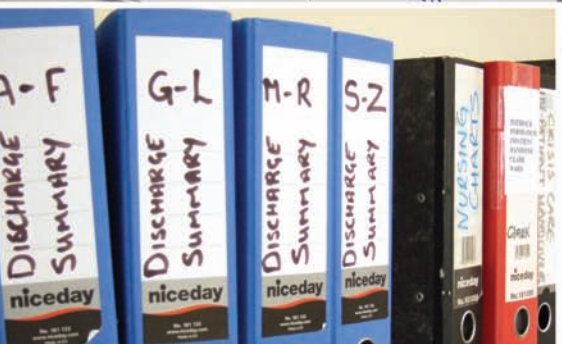
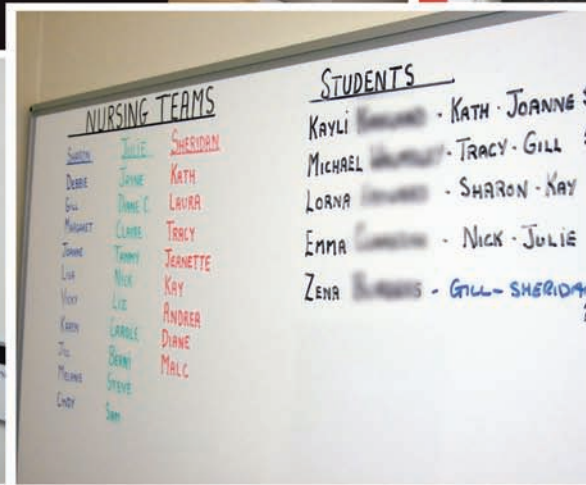
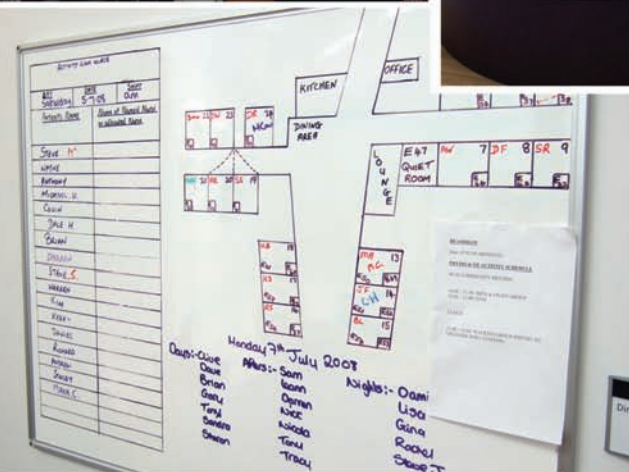
- have risk assessments been carried out?
- is the patient ready for the next step in their journey?
- when is the patient due to go home?
- when is their next therapeutic intervention?

If this information is not easily to hand then staff may have to interrupt someone, or spend time hunting for information in order to find out. This wastes valuable time and interrupts staff concentrating on care delivery.

This situation often results in the patients spending longer in hospital than required. Patients should be on our wards because they are receiving care. Not because they are waiting for something to happen.

Patient Status at a Glance seeks to make information on patient status clear to those who need it. It seeks to help plan the patient journey visibly and to reduce the number of times your staff are interrupted, and so *Releasing Time to Care*.

* based on a 12 hour observation of qualified nurses during Productive Ward testing



Contents

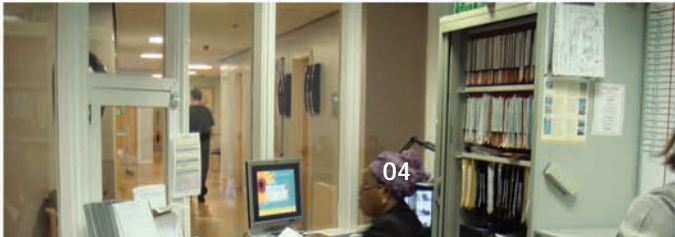
Page	Contents
06	What is Patient Status at a Glance?
12	What tools will I need?
15	Prepare
21	Assess
29	Diagnose
41	Plan
53	Treat
59	Evaluate
64	How can I make it stick?



Ward Area	Shared Area	Activity Area	Cal Area
ky			
dy			
el			

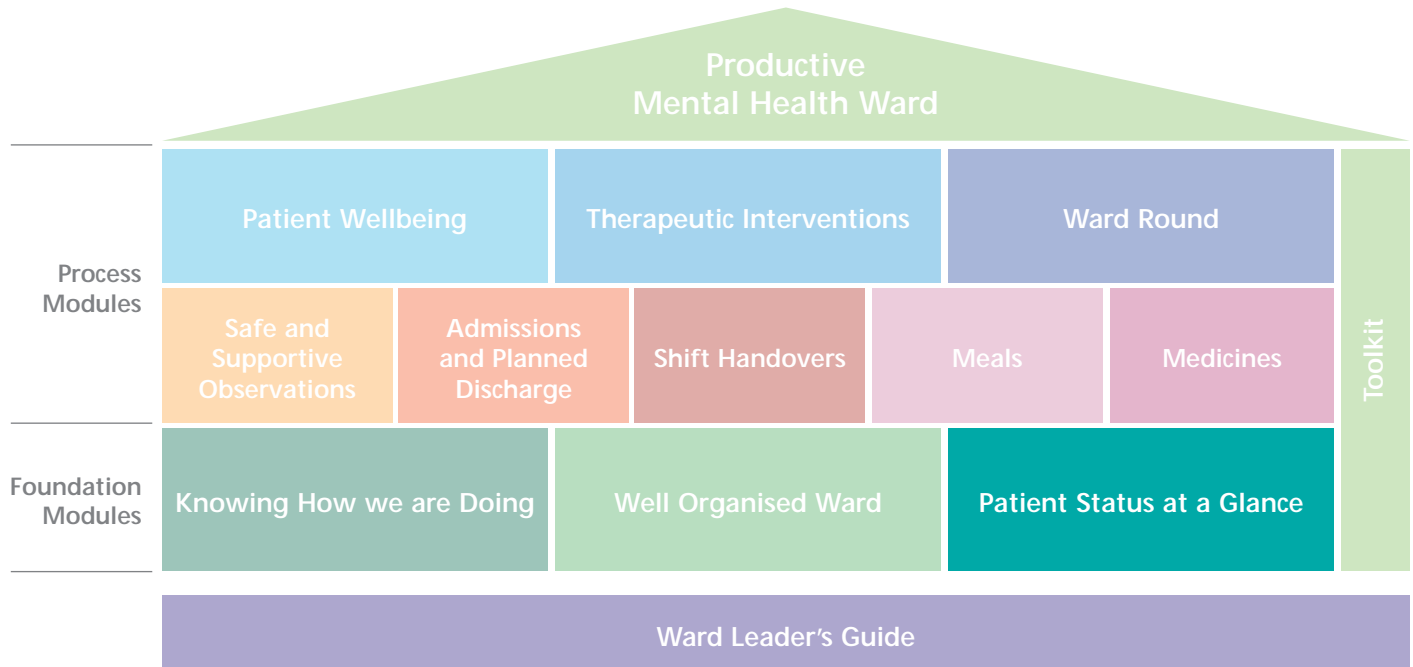


Col	1st Name	2nd Name	3rd Name	4th Name	5th Name	6th Name	7th Name	8th Name	9th Name	10th Name
1	1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42	43
44	45	46	47	48	49	50	51	52	53	54
55	56	57	58	59	60	61	62	63	64	65
66	67	68	69	70	71	72	73	74	75	76
77	78	79	80	81	82	83	84	85	86	87
88	89	90	91	92	93	94	95	96	97	98
99	100	101	102	103	104	105	106	107	108	109
110	111	112	113	114	115	116	117	118	119	120



Non urgent work to be reported via 2451 voicemail
OUT OF HOURS EMERGENCIES

These modules create a Productive Mental Health Ward



What is Patient Status at a Glance?

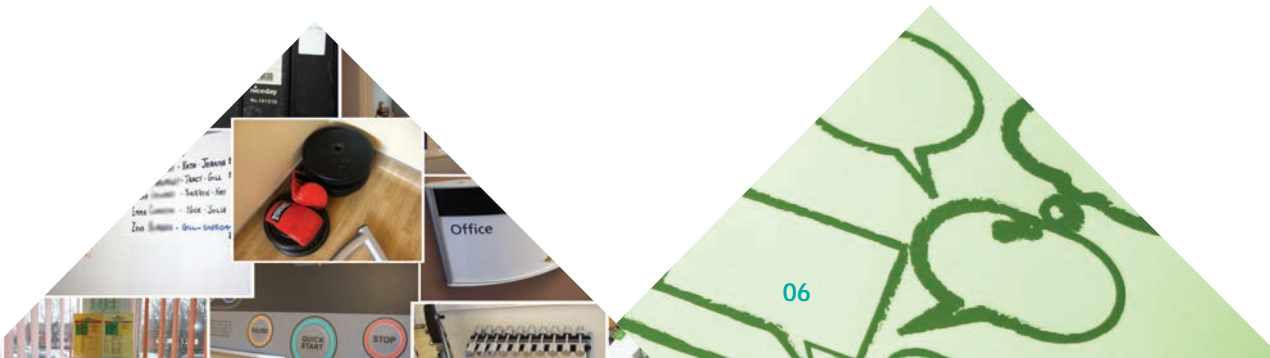
What is it?

The use of visual management to show important patient information so that it can be updated regularly, seen 'at a glance' and used effectively.

Why do it?

To ensure safe, reliable and efficient patient care by:

- making shift handovers quicker and safer for the patient
- making sure the patient journey from admission to discharge runs smoothly without delays
- save time looking for patient information



What it covers

This module will help you to determine the best use of patient boards on your ward by asking you to think about the following:

- what should they be used for and what type of information should be on it?
- who should update the information and how often?
- how should confidentiality issues be dealt with?

What it does not cover

- this module will not recommend specific actions on how to respond to information on the patient status board
- this module does not provide detailed information on shift handovers or admissions and discharge - this is provided in the relevant modules (Shift Handovers, Admissions and Planned Discharge)

Learning objectives:

The team will:

- understand what causes interruptions
- understand how the principle of visualisation works and why it is important to all staff
- understand how to communicate changes in patient status
- understand how to make audits a positive activity that help sustain the team's improvements



Creating your module baseline and keeping track of progress

To help you know 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 Mental Health Ward healthcheck.

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

To find the template for this module, go to the back pages of the booklet. There you will find an example template and a blank one for your use.

PSAG is having the right information, ready to go, easily accessible and understood at a glance



Visualisation - 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.

This means information for the whole team! nurses, domestics, junior staff, therapists, junior doctors, consultants....

The aim of PSAG is to make patient information clear and easily understandable for all relevant disciplines. Working through this module, aim to make the most frequently used information clearly accessible so that it is understandable in three seconds.



Why use it?

- it makes shift handovers quicker and safer for the patient
- increases proportion of direct care time

"I can plan the day for the ward staff, using the colour codes to indicate which patients are going home or delayed." Discharge co ordinator, Productive Ward test site

- it makes sure that the patient journey moves smoothly from admission to discharge
- involves patients and families in the planning of care
- affects patient satisfaction

"It is very useful as a quick reference and easy to use with the symbols and colours."
Auxiliary nurse, Productive Ward test site

- it saves time looking for patient information
- affects proportion of direct care time

"It really does make a difference and I feel I am not interrupting nurses to ask which patients need referral, as it is there in black and white... in the form of a blue square!!"
Physiotherapist, Productive Ward test site

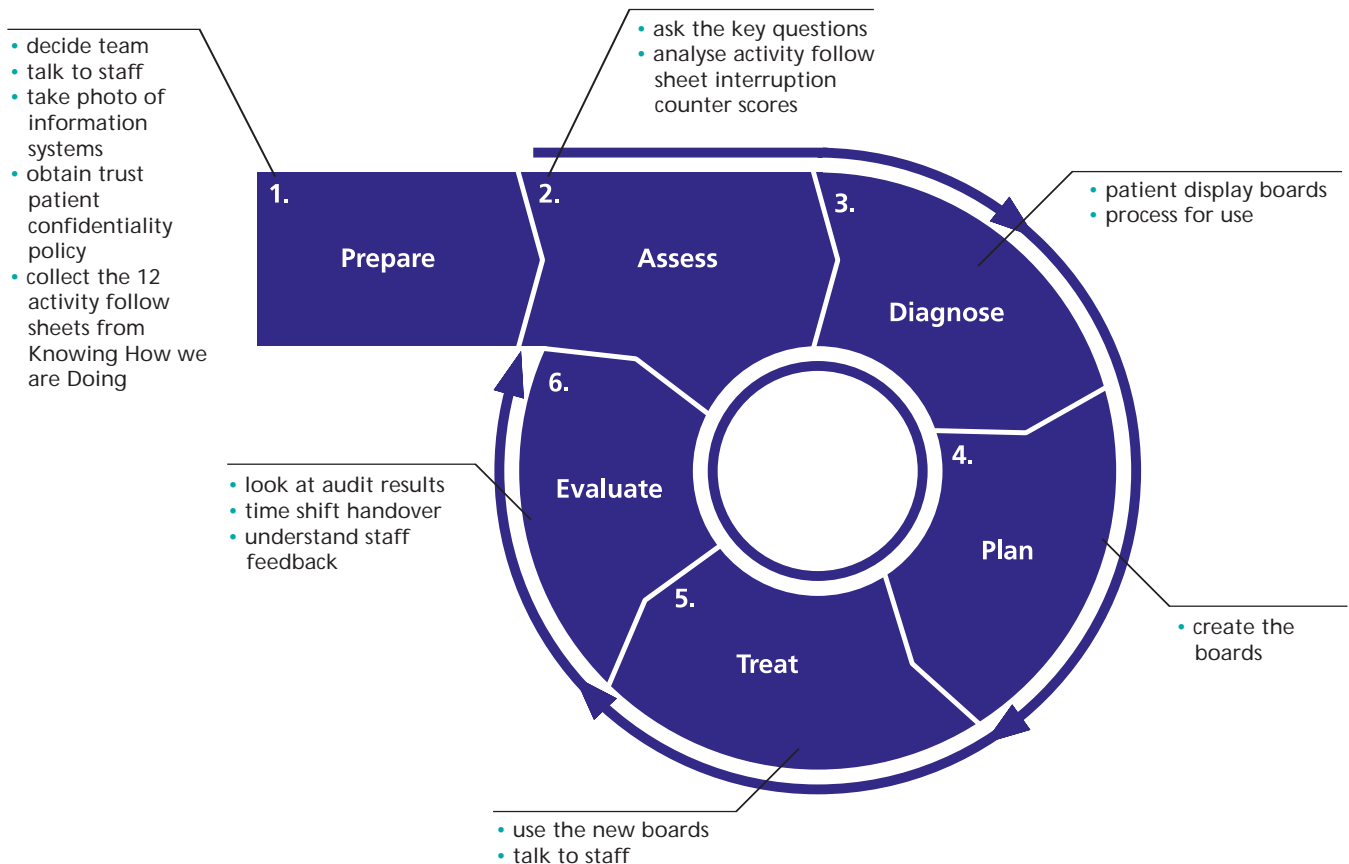
"Having a central, clear and simple place for information stops deliberation and reduces chances of the information not being correct." Nurse, Productive Ward test site

What tools will I need?

Tool	Toolkit reference number
Photographs	Tool no. 6
Interviews	Tool no. 5



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





20 NEEDS Done & Our Goals & COMPLETE

Category	Done	Target	Actual	Notes
BP				
BP, P, BD				

Wellness in motion

Staff Name	Ward Area	Shared Area	Activity Area	Call Area
Vicky				
Jiu				
Mel				
Endy				
Adel				



G49 Court Liaison Team



E 26
ary



Non urgent work to be reported via 2451 voicemail

OUT OF HOURS EMERGENCIES
Call switchboard and ask them to contact the on-call engineer

IS

BP

BP, BD

FOOD + FLUID CHART

BP, P, BD

T 17.30

CO-ORDINATOR

LEAVE

CL

G

T 17.30

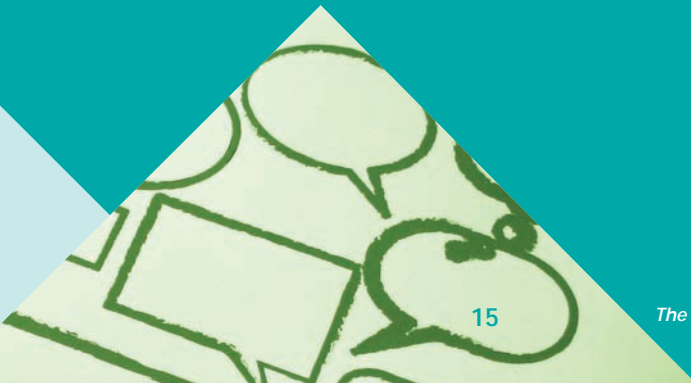
Nursing Assistant	Status	Exp Date	OBS	LEAVE	CARE - LO - UNPHYS	Integrated Net wid21 notes
Danella Senior			II	WD 21		
Janelle Hawkins			R			
Mel	3		R			
Mel	2		R			
Andrew	3		R			BP
David	W		R	7/7/08	14	

DOCTORS' ROTA

07.07.08 - 11.07.08

DAY	a.m.	p.m.
MONDAY		
TUESDAY		
WEDNESDAY		

Prepare



Prepare

These are the things you need to have done or get ready before you start the section on Assess.

Step 1: Decide who will be involved

- one ward leader
- one ward sister
- one improvement leader (if there is one)
- any other staff members who use the board

Step 2: Talk to staff

(Refer to Toolkit tool no. 5, Interviews)

- what is the general feeling about display boards on the ward?
- how helpful are they?
- what kind of board would be helpful?

Step 3: Take photographs

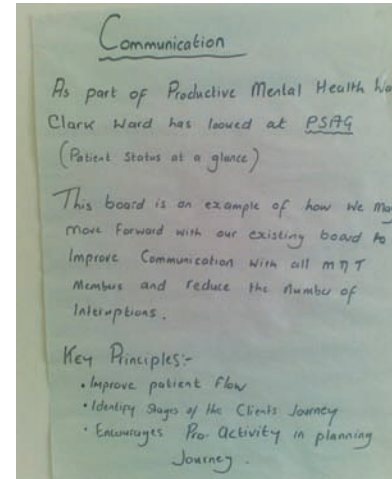
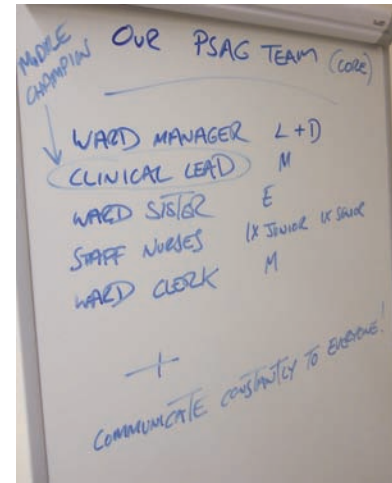
- try to capture all areas where patient information is kept, even if not on display (eg, patient notes and ward diary)

Step 4: Understand your organisation's policies

- patient confidentiality
- consent

Step 5: Information governance

- find out organisational priorities and strategy for information management



Prepare - milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Team decided (record team members).	<input type="checkbox"/>
2. Time made available to discuss key questions with staff.	<input type="checkbox"/>
3. Photographs of current information boards and display methods taken.	<input type="checkbox"/>
4. Understand organisation's policy.	<input type="checkbox"/>

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





NURSING TEAMS		STUDENTS	
Scotty	Julie	SHERIDAN	
Debbie	Janet	KATH	JOANNE S
Pauline	Therese C	LAURA	
Janine	Tracy	TRACY	GILL
Lisa	TERRY	JEANETTE	
Yvonne	Michelle	KAY	SHARON - KAY
Karen	Liz	ANDREA	NICK - JULIE
The Practice	LAUREL	DIANE	
Center	SHARON	MALC	
	SHARON		
	SHARON		



NAME	Ward	Shared Area	Activity Area	Call Area
JOANNE	5	5	5	5
LAURA	5	5	5	5
TRACY	5	5	5	5
ANGIE	5	5	5	5
ALLAN	5	5	5	5

Staff Name	Ward Area	Shared Area	Activity Area	Call Area
Vicky				
Jill				
Mel				



NAME	Ward	Shared Area	Activity Area	Call Area
JOANNE	5	5	5	5
LAURA	5	5	5	5
TRACY	5	5	5	5
ANGIE	5	5	5	5
ALLAN	5	5	5	5



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?

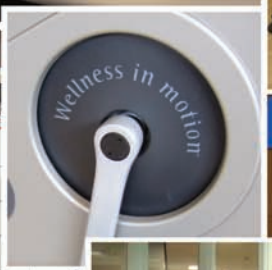


Handwritten notes on a whiteboard, including names like 'Lisa', 'Gina', 'Rachel', and 'Shawna'.



A large grid calendar with various colored squares (red, green, yellow) indicating different days or shifts.

A whiteboard with a staff list. The list includes names: Vicky, Jill, Mal, Cindy, and Adel. There are columns for 'Staff Name', 'Home Area', 'Special Area', 'Activity Area', and 'Call Area'.



G49 Court Liaison Team



Handwritten notes on a whiteboard, including 'MANAGER L+D', 'AL LEAD M', 'SIBER E', 'JONES 1X JUNIOR 1X SENIOR', and 'CERK M'. At the bottom, it says 'EFFORT LEVEL'.



A small grid with handwritten text, including 'LEAVE CO-ORDINATOR' and 'G'.



A calendar grid showing days of the week: DAY, MONDAY, TUESDAY, WEDNESDAY. There are handwritten notes in some cells, including 'OUT Call switchboard' and 'Integrated with bid21 notes hrs'.

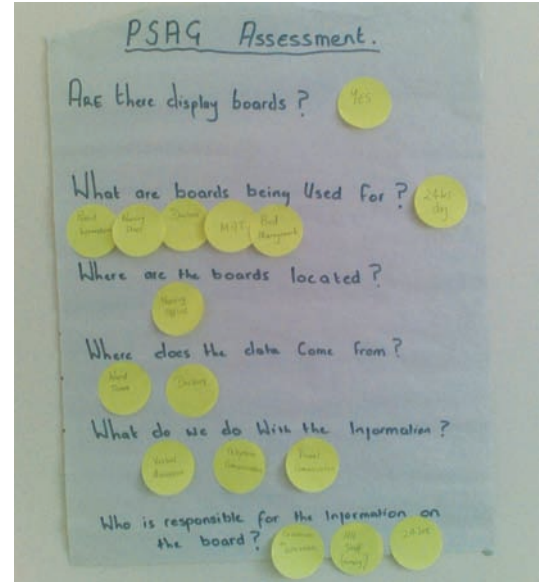
A table with columns: NURSING ASSISTANT, START, EXP DATE, OBS, LEAVE, CARE-LO-UNITS. It contains handwritten entries for staff members like 'Dionella Senior' and 'Janette Houdas'.

Handwritten notes at the bottom left, including 'EFFORT LEVEL' and a red heart icon.

Assess

Assess - the key questions

Are there display boards?	<ul style="list-style-type: none">• existing display boards?• any other patient information on display? (If there are no patient boards, look to the next few pages for ideas)
What are boards being used for?	<ul style="list-style-type: none">• risk status, discharge status?• who uses the boards?• for what purpose?• how often are they used?
Where are the boards located?	<ul style="list-style-type: none">• are they in a place where they can be easily seen by all staff?• are they in a place where patient confidentiality is maintained? ie, not seen by the public?
Where does the data come from?	<ul style="list-style-type: none">• is the information from a patient's chart?• is the information from a therapist's report?• is it verbal information?• does it come from the nurse team?• does it come from the medical team?
What do we do with the information?	<ul style="list-style-type: none">• are the boards used as the basis for any formal discussion?• are there people responsible for actions based on information on the boards?
Who is responsible for the information on the board?	<ul style="list-style-type: none">• when is a patient first added to the boards?• who puts information on the boards and how often?• who checks the boards and how often?• who checks for accuracy?

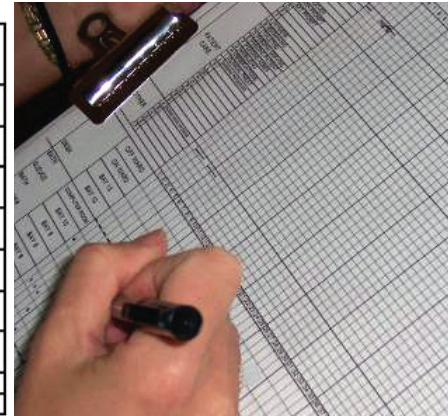


Assess

Information from your Activity Follow analysis

Interruption Counter		Sub Totals
Interrupted by someone else		
Interruption Type	Tally	
Patient Status		
Advice		
Location of equipment		
Location of information		
Relatives		
General Staff Query		
Patient		
Other		
Total:		

Interruption Counter		Sub Totals
Interrupted someone else		
Interruption Type	Tally	
Patient Status		
Advice		
Location of equipment		
Location of information		
Relatives		
General Staff Query		
Patient		
Other		
Total:		



The Activity Follow analysis your ward carried out, in order to set up your team board during the *Knowing How we are Doing* module, gave you the amount of direct care time your ward staff currently have.

Your Activity Follow analysis also gave you important information on the level of interruptions your staff deal with during their working day. This information was captured in the 'interruption counter' section of the Activity Follow sheets.

Once you have the total number of interruptions, which are automatically summarised in the Totaliser, display them on your team board. It will form the baseline for your work on Patient Status at a Glance. The number of interruptions should go down after you have implemented the module.

Assess

Once you know how you communicate patient status now, then ask questions around particular activities related to patient status eg, shift handover.

Shift handover	Planned discharge	Information for visiting staff
<ul style="list-style-type: none">• does the board help handover or slow it down?• is the board in the right location for the handover?• does the board include all the information needed for handover?	<ul style="list-style-type: none">• does the board show planned date of discharge?• does the board show the steps needed for discharge?	<ul style="list-style-type: none">• do you know where the board is?• does it give you the information you require?• does it give you an overview of the basic status of the patients in the ward?• does it tell you who is looking after particular patients?• can you find the patient?• do you know who is responsible for updating the board?

Ask the team, who uses the info, how is it collected, why is it used, why is it liked...?

A 'good' board is an important part of shift handovers and discharge management.

Please see the modules Shift Handovers and Admissions and Planned Discharge for additional detail.



ACTIVITY LINK MAPS

Staff	DATE	Shift	Notes
Steve M*	11	12	13
WYME			
Anthony			
Michael U			
Colin			
Dale H			
Dylan			
Debbie			
Steve S			
Wade			
Rita			
Kea			
Daniel			
Rosalee			
Andrew			
James			
Mark C			

Monday 7th July 2008

Days: Clive, Clive, Brian, Gary, Tony, Sandra, Simon

APERS: Sam, Leann, Opren, Nicole, Nicola, Tony, Tracy

Nights: Dami, Lisa, Gina, Rachel, Steve T

REMARKS:
 (Time of other incidents)
 (Relevant activities schedule)
 (If no change to meeting)
 (Room - 11 has a craft library)
 (11:00 - 11:30 AM)
 (11:30 - 12:00 PM)
 (12:00 - 12:30 PM)
 (12:30 - 1:00 PM)
 (1:00 - 1:30 PM)
 (1:30 - 2:00 PM)
 (2:00 - 2:30 PM)
 (2:30 - 3:00 PM)
 (3:00 - 3:30 PM)
 (3:30 - 4:00 PM)
 (4:00 - 4:30 PM)
 (4:30 - 5:00 PM)
 (5:00 - 5:30 PM)
 (5:30 - 6:00 PM)
 (6:00 - 6:30 PM)
 (6:30 - 7:00 PM)
 (7:00 - 7:30 PM)
 (7:30 - 8:00 PM)
 (8:00 - 8:30 PM)
 (8:30 - 9:00 PM)

NURSING TEAMS

Sueann	JULIE	SHERIDAN
DEBBIE	JAYNE	KATH
GILL	DIANE L	LAURA
MARGARET	CLAYCE	TRACY
JONNE	TAMMY	JEANNETTE
LISA	NICK	KAY
VICKY	LIZ	ANDREA
KAREN	CAROLE	DIANE
JILL	BERNI	MALC
MELANIE	STEVE	
LINDY	SAM	

STUDENTS

KAYLI ~~XXXXXX~~ - KATH - JOANNE

MICHAEL ~~XXXXXX~~ - TRACY - GILL

LORNA ~~XXXXXX~~ - SHARON - KAY

EMMA ~~XXXXXX~~ - NICK - JULIE

ZENA ~~XXXXXX~~ - GILL - SHERIDAN

Assess - milestone checklist

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

	Completed <input checked="" type="checkbox"/>
1. Key questions asked, answers recorded.	<input type="checkbox"/>
2. Photographs viewed, comments recorded.	<input type="checkbox"/>
3. Confidentiality issues considered and how the ward will be addressing them documented.	<input type="checkbox"/>
4. Number of interruptions taken from Activity Follow sheets.	<input type="checkbox"/>

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.

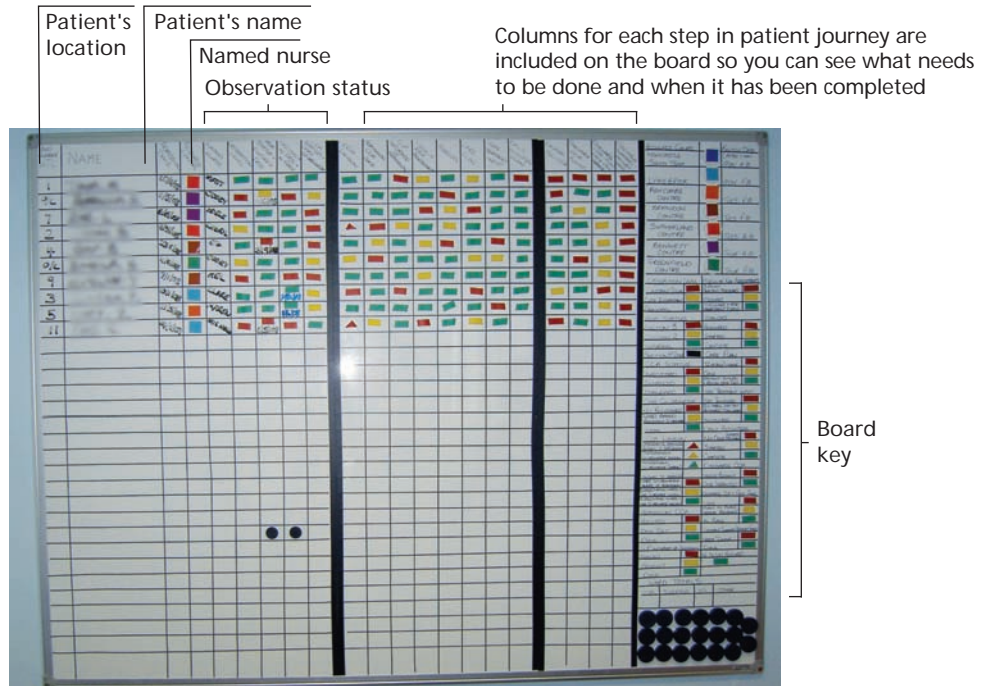


Ideas that have worked - example 1

Location: office

Main objective of the board decided by the team - making patient journey planning more visible.

A 'good' board should have all the patient information needed for **both** patient handover and discharge management.



Ideas that have worked - example 2

Location: office

Main objective of the board decided by the team - making patient status clearer.

Patient's name	Consultant responsible		MHA	Obs	Colour-coded observation status	Leave status	Next action for patient
	Con	N. Nurse					
1	PJ	CHARLINE			ESC	Regular 1:1	
2	PJ	STEVE			NAO	72HR con 15/7	
3	PW	NICKY			NAO	72HR con 16/7 am	
4	SC	MOJI	2		NAO		
5	PJ	JOANNE			NAO		
6	AH	RAY			NAO		
7	PJ	STEVE	3		ESC STAFF		
8	PJ	MOJI			U/E		
9	PW	GEMMA	3		SEC 17		
10	PJ	STEVE			ESC STAFF	UDS/Hr collaborative	
11	PW	JOANNE	3		NAO		
12	PJ	JOANNE			ESC		
13	PW	RAY	3		NAO		
14	PW	MOJI	3		NAO		
15	PJ	NICKY	3		SEC 17		
16	PW	MOJI	3		NAO		
17	PW	ARTHUR	3		NAO		
18	PJ	ANDY	3		SEC 17		
19	PW	PLUS	3		SEC 17		
20	PJ	NICKY			NAO		
21	PJ	CHARLINE	-			OL	
22	PW	GEMMA	3		SEC 17	EXT. LEAVE 8/7	
23	PJ	CHARLINE			U/E	} sleeping Layton.	
24	PJ	STEVE			U/E		



Ideas that have worked - example 3

Location: office

Main objective of the board decided by the team - making crisis care pathway progress more visible.

Area for patient name

Columns for each step in patient journey and risk status, are included on the board so you can see what needs to be done and when it has been completed

Red = NEEDS DOING
Yellow = ON GOING
Green = COMPLETE

HTT PUT	CCP DAYS 1-3	CCP DAYS 3-7	PATIENT APPOINTMENTS

Red = HIGH Risk/NEED
Blue = MED Risk/NEED
Green = LOW Risk/NEED

Red = NEEDS DOING
Yellow = ON GOING
Green = COMPLETE

NUMBER	NAME	D.O.A	SECTOR TEAM	NAMED NURSE COVER NURSE ASSISTANT	STATUS	LEVEL OF OBS	SPECIAL INSTRUCTIONS	CARE CO-ORDINATOR	LEAVE	CENT INPUT	CCP DAYS 1-3	CCP DAYS 3-7	PATIENT APPOINTMENTS	DISCHARGE PLAN
1	KK	14-04-08	DEARNE	NICK TAMMY SAM	3	III	BP P QDS	DANIELA SONTA					BP DATES 08-05-08	
2	LE	25-06-08	NORTH	JAYNE KATH MALL	2	R	BP OD SLEEP CHART	PAUL BARKER	G					
3														
4	CS	28-04-08	CENTRAL	LAURA KATH ANDREA	3	R	BP	VICKY HENWOOD						
5	DA	25-04-08	SOUTH	CLAIRE JAYNE BEAHM	INF	R	BP OD FOOD + FLUID CHART	T.B.A						
6	JD	27-05-08	NORTH	VICKY TERRY LINDY	INF	R	BP, P, OD	TOM BROWN	+11.30	YES			CA 11-30 23-07-08	
7	LW	19-05-08	CENTRAL	JAYNE DIANE C STEVE	3	III	BP P OD WEEKLY NIGHTS	STEVE SWANSON						
8	LO	20-06-08	SOUTH	JONETTE KAT DIANE H	INF	R		JOE MASON	23-07-08				DISCHARGE CAP 23-07-08 13-08-08	
9														
10	JM	19-04-08	NORTH	DIANE C KATH BEAHM	2	R	SEE CARE PLAN	LESLIE ROBINSON	4				MST 27-08-08 19-08	
11	JC	09-07-08	SOUTH	LAURA KATH MALL	INF	R		BARBARA	21.9.08	YES				
12	MW	8-07-08	SOUTH	DEBBE GILL MELANIE	INF	R	BP OD	MELANIE MALL						
13														
14	SH	4-07-08	DEARNE	VICKY JOHNNIE CINDY	2	II	SLEEP CHART + FOOD CHART	T.B.A	G					
15														
16														
17														

Visual representation of patient's crisis care pathway

Ideas that have worked - example 4

Location: office

Main objective of the board decided by the team - making patient location easier to find and making patient journey planning visible.

The board is a map of the ward so you can see the physical location of the patient

The consultants are colour-coded so you can see who is caring for which patient

The nurses on each team are listed on the board



Magnets are used to 'traffic light' patient status so they can be easily added and changed

The ward team areas are clearly marked

Ideas that have worked - example 5

Location: office

Main objective of the board decided by the team - making patient journey status very clear.

Bed No	Patient's Name	DOB	Admission Date	Discharge Date	Investigation	Medication	Other	Shift
1	David Cameron	10 MAR '60	16	7/11				USA
2	David Cameron	10 MAR '60	16	7/11				USA
3	David Cameron	10 MAR '60	16	7/11				USA
4	David Cameron	10 MAR '60	16	7/11				USA
5	David Cameron	10 MAR '60	16	7/11				USA
6	David Cameron	10 MAR '60	16	7/11				USA
7	David Cameron	10 MAR '60	16	7/11				USA
8	David Cameron	10 MAR '60	16	7/11				USA
9	David Cameron	10 MAR '60	16	7/11				USA
10	David Cameron	10 MAR '60	16	7/11				USA
11	David Cameron	10 MAR '60	16	7/11				USA
12	David Cameron	10 MAR '60	16	7/11				USA
13	David Cameron	10 MAR '60	16	7/11				USA
14	David Cameron	10 MAR '60	16	7/11				USA
15	David Cameron	10 MAR '60	16	7/11				USA
16	David Cameron	10 MAR '60	16	7/11				USA
17	David Cameron	10 MAR '60	16	7/11				USA
18	David Cameron	10 MAR '60	16	7/11				USA
19	David Cameron	10 MAR '60	16	7/11				USA
20	David Cameron	10 MAR '60	16	7/11				USA

Today's Date 5/11/08

Key

- E.R.P. - Emergency Room Patient
- T.O. - Transfer of Patient
- O.P.A. - Outpatient Appointment
- A.O.T. - Any Other Information
- Health Doing
- H.O. Health Monitoring Done
- Not Required
- Screen req.
- Discharge req.
- Community Health req. del.
- E.H.S.
- Osteopathic
- ENT
- Endocrinology
- Hepatology
- Rheumatology

Different shaped magnets replace sentences, making communication instant and updating very quick.



Ideas that have worked - example 6

Location: just outside office

Main objective of the board decided by the team - basic patient status but adhere to trust confidentiality policy in busy through area.



Half of board (with confidential information) is covered by hinged panel



Ideas that have worked - example 7

Location: office

Main objective of the board decided by the team - reduce the number of interruptions due to queries about staff location.

Staff name

Location of staff member

Staff Name	Ward Area	Shared Area	Activity Area	Cafe Area	Gym
Vicky					
Jill			●	●	
Mel	●				
Cindy		●			
Adel		●			

Key:-
 Red: Observation levels
 Black: Client engagement



Ideas that have worked - example 8

Location: in main entrance to the ward

Main objective of the board decided by the team - basic visitor information clear, so that interruptions can be reduced.



Diagnose - milestone checklist

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

Checklist	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 – discuss as a part of 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"/>

G49 Court Liaison Team

A man in a red and white checkered shirt is pointing at a whiteboard. The whiteboard contains a table with columns for 'G49', 'Leave', 'Next Action', 'By When', 'Date', and 'Done'. The table lists various staff members and their schedules.

G49	Leave	Next Action	By When	Date	Done			
G	PS	CHRISTINE	MHA	ESC				
ZH	PS	STEVE		ESC	Regulate 1.1.	EW	PAULINE	
F	PS	MILKY		MAG	17th Oct 11			
S	SC	MGTI	3	MAG	17th Oct 11			
A	PS	JONNIE		MAG				
H	PH	RAY		MAG				
M	PS	DEE		MAG				
K	PS	MGTI		MAG				
G	FW	GENIA		ESC 17				
AG	PS	STEVE		ESC 17				
FH	FW	JONNIE	3	ESC 17				
CA	PS	JONNIE		ESC 17				
JB	FW	RAY	3	ESC 17				
GJ	FW	MGTI	3	ESC 17				
HW	PS	NIGEL	3	ESC 17				
FM	FW	MGTI	3	ESC 17				
CL	PS	ARND	3	ESC 17				
BN	PS	ARND	3	ESC 17				
CB	FW	PIRS	3	ESC 17				
MG	PS	NIGEL	3	ESC 17				
LB	PS	CAROLINE		ESC 17				
TD	PS	GENIA	3	ESC 17				
PD	PS	CAROLINE		ESC 17				
OL	PS	STEVE		ESC 17				



Non urgent work to be reported via 2451 voicemail

OUT OF HOURS EMERGENCIES

Call switchboard and ask them to contact the on-call engineer

DOCTORS' ROTA

07.07.08 - 11.07.08

DAY	a.m.	p.m.
-----	------	------

CARE - LO...
Integrated Not...

Plan

Board size

The aim of any information board is to enable the transfer of information quickly. The size of the board has an impact on this. Too small and the board is very hard to read and information is cluttered. Too big and the board becomes overwhelming and it is tempting to over-populate with information.

Your decision on the size of board will involve factors such as the availability of space, the information you need to show and the availability of materials.

During Productive Mental Health Ward testing a popular choice was the traditional 120cm x 90cm office whiteboard. This was because it allows plenty of space, they are easy to hang, many are magnetic and with a bit of luck, you can normally find an unused one somewhere in the organisation!

Magnetic boards can also be engraved to make marking permanent for a finished look



Board location

Your team's decision on the location of your patient board is vital to the success of your board. You and your team should consider the following:

Consider putting the board near the main ward phone so that it is easy to access when queries are phoned in

- how much accessibility is required by visiting staff members?
- how much accessibility do the ward team require?
- do visitors need to see it?
- where do we have the space we need?
- where do people congregate, enter and exit the ward?
- where do we hold our handovers?

It is a good idea to involve your nursing director and matron in this discussion. You will need to consider very carefully the balance between accessibility of vital information, for the safe running of your ward, and the level of patient information that is visible to outsiders visiting the ward.

Board materials

The creation of your board need not be an expensive exercise.

- if you have a metal backed white board then magnets are ideal as markers - magnets are available in all shapes and sizes from stationery superstores

- large stationery suppliers also stock magnetic tape which is great to help divide up areas of the board, and modify those divisions as time goes on
- coloured tape is also ideal for dividing up sections of your board - a good way of getting hold of some coloured tape is by talking to your estates department and asking for electrical 'insulation' tape



Board

The board itself

- choose the board type, location and hanging height
- consider the design of the board
- what do you want on it?
- how do you want to lay it out?

How to use the board

- decide who will update the board and how to let people know this person is responsible
- decide how often the board will be updated and when eg, before every morning handover meeting
- decide where information on the board will come from
- consider any patient confidentiality issues



Use a mock-up first

You should use a mock-up of your new board so that you can easily alter your board design after people give feedback as they use it. It also allows people who were on holiday, or off shift, when the board was being designed to understand and influence the design of the board. This will help to engage everyone.

As you can see from the pictures following, it is a good idea to also summarise the process you have gone through to design the board and the objectives you are trying to achieve. Summarise this on a flip chart and display near the board.

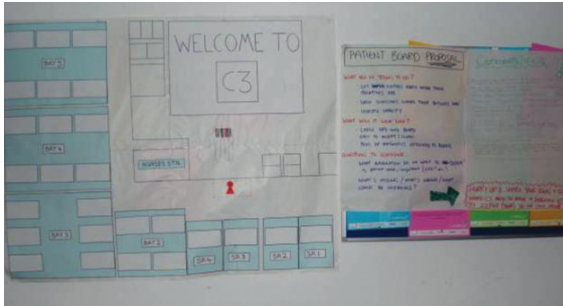
Prototype



Finished board after testing



Prototype



Prototype



Finished board after testing



Finished board after testing

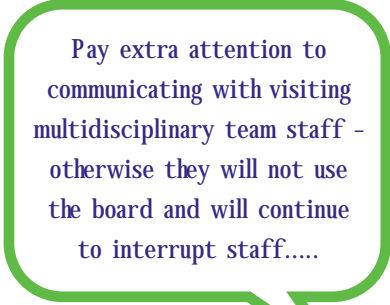
	NAMES	MRN	DOB	NBM	ALLERGIES	FOLLOW UP	E	L	N	COMMENTS
1	Stephen Arnold	101	10/1	45+	None	None	None	None	None	Wagon
2	Thomas Brown	102	10/2	45+	None	None	None	None	None	Wagon
3	Reda Khatib	103	10/3	45+	None	None	None	None	None	Wagon
4	Saba Car	104	10/4	45+	None	None	None	None	None	Wagon
5										
6										
7	Henry Brown	107	10/7	45+	None	None	None	None	None	Wagon
8	Lee Ryan	108	10/8	45+	None	None	None	None	None	Wagon
9	George Brown	109	10/9	45+	None	None	None	None	None	Wagon
10	John Brown	110	10/10	45+	None	None	None	None	None	Wagon
11	Thomas Brown	111	10/11	45+	None	None	None	None	None	Wagon
12	Thomas Brown	112	10/12	45+	None	None	None	None	None	Wagon



Implement in stages

Patient boards can be used very effectively to provide a large amount of information clearly and quickly. If your ward does not currently use boards effectively then a new board can be a little overwhelming if it has a lot of different colour coding and symbols.

The trick is to start slowly and gradually implement the change and develop the board in stages. Start with something simple like patient location and then, each week, add a little more information, such as consultant, ward team, or designated nurse. If you do things gradually you can get a lot of information onto the board without putting people off.



Pay extra attention to communicating with visiting multidisciplinary team staff - otherwise they will not use the board and will continue to interrupt staff.....

“At first we did not add the dieticians as a symbol, but it did not take them too long to ask for their own colour and symbol.” Ward sister, Productive Ward test site

Communicate, communicate and communicate some more

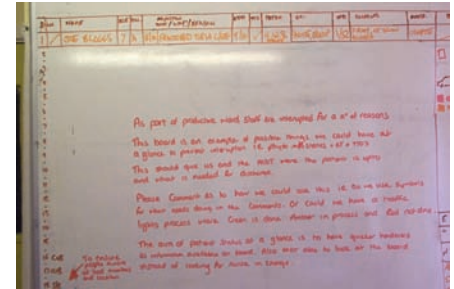
Despite the fact you will have developed the ideas for the new PSAG board with a team, many team members will not have been involved.

This needs much more than a memo; if possible communicate the planned changes in person. If this is not possible leave messages detailing the aims, methods and thinking behind the planned changes.

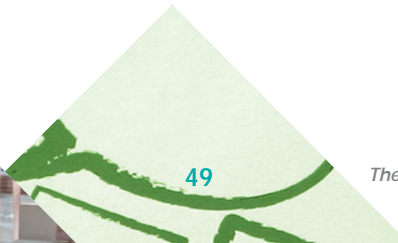
Take any feedback seriously and feed into the planned changes.

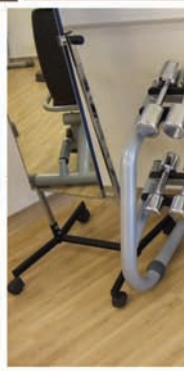


Team working through the PSAG module and documenting the planned changes



Example of one type of team communication on planned changes





Checklist

Unit	Ward	Staff	Room	Task	Status	Notes
1	24	Jane	101	Check vitals	Done	
2	24	John	102	Administer meds	In Progress	
3	24	John	103	Check vitals	Done	
4	24	Jane	104	Administer meds	In Progress	
5	24	John	105	Check vitals	Done	
6	24	Jane	106	Administer meds	In Progress	
7	24	John	107	Check vitals	Done	
8	24	Jane	108	Administer meds	In Progress	
9	24	John	109	Check vitals	Done	
10	24	Jane	110	Administer meds	In Progress	
11	24	John	111	Check vitals	Done	
12	24	Jane	112	Administer meds	In Progress	
13	24	John	113	Check vitals	Done	
14	24	Jane	114	Administer meds	In Progress	
15	24	John	115	Check vitals	Done	
16	24	Jane	116	Administer meds	In Progress	
17	24	John	117	Check vitals	Done	
18	24	Jane	118	Administer meds	In Progress	

Staff Name	Ward Area	Shared Area	Activity Area	Call Area
Vicky				
Jill				
Mel				
Cindy				
Abel				



G49 Court L

ER L+D
 D M
 E
 IX JUNIOR IX SENIOR
 M



15	LEAVE CO-ORDINATOR	LEAVE	CALL
50			
EP		G	



STATUS	EXP DATE	OBS	LEAVE	CARE CO-ORDINATOR	Integrated
NURSING ASSISTANT					

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. Layout of the patient board and bed boards decided.	<input type="checkbox"/>
2. Responsibilities and deadlines agreed.	<input type="checkbox"/>
3. Planned implementation communicated clearly.	<input type="checkbox"/>

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?	<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"/>



(not 101) Point Check List Patient Status at a Glance
 board is in a location central to staff
 board is used in shift handovers and discharge
 on the bed boards feeds easily into the patient board
 have information helpful to the patient (e.g. name, EDD)
 confidentiality issues have been considered
 understand where information on the board is coming from
 accuracy of updates and the person responsible is agreed
 is always up-to-date
 quickly understand patient status by reviewing the
 random audits are conducted on how complete and whether it is being used for its purpose
 less time spent on information

Before Starting After 2 Weeks After 4 Weeks After 8 Weeks

Persons

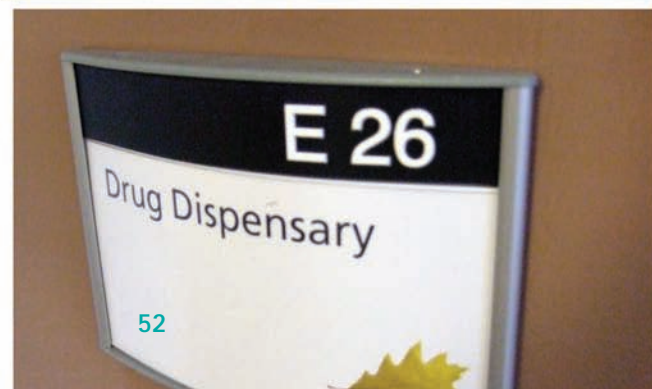
59

Blue = MED RISK/NEED
 Green = Low Risk/NEED
 = NEEDS DOING
 = ON GOING
 = COMPLETE

W/NER	NAME	D.O.A	SECTOR TEAM	NAMED COVER NURSE	INVEST NURSING ASSISTANT	STATUS	LEVEL OF OBS	SPECIAL INSTRUCTIONS	CARE PLAN	LEAVE	CMT INITI	CCP DYES 1-3	CCP DYES 3-7	PATIENT APPOINTMENT	DISCH PLAN
1	4-04-08	DEBORAH	NICK	TRACY SMITH	3	III	BAP GDS								
2	28-08-08	NORTH	JAYNE	KATH MALL	2	R	BP OD SLEEP CHART								
3															
4	28-08-08	CENTRAL	LAURA	KATH ANDREA	3	R	BP								
5	25-08-08	SOUTH	CLAIRE	JAYNE BEANI TRACY CHRY	INF	R	BP OD PAIN CHART								
6	27-08-08	NORTH	NICKY	JAYNE CHRY	INF	R	BP, P, OD			7-17-30	Yes			UPL 18-30 23-01-08	
7	9-08-08	CENTRAL	JAYNE	DIANE C STEVE	3	III	BP P OD WEEKLY WEIGHT								
8	20-08-08	SOUTH	JONETTE	DIANE M	INF	R				23-07-08				DISCHG CAN 22-07-08 18-30-08	
9															
10	19-08-08	NORTH	DIANE C	KATH BEANI	2	R	SEE CARE PLAN								UPL 19-08 18-30
11	19-08-08	SOUTH	LAURA	KATH MALL	INF	R				21-7-08	Yes				
12	9-07-08	SOUTH	DEBBE	GILL MELANIE	INF	R	BP OD								
13															
14	4-07-08	DEBORAH	NICKY	JOSHINE GUDY	2	II	SLEEP CHART P PAIN CHART	T.B.A	G						
15															
16															
17															
18															

Staff Name	Ward Area
Vicky	
Jill	
Mel	
Cindy	
Adel	

WARD MANAGER L + D
 NURSICAL LEAD M
 REGISTERED NURSE E
 REGISTERED NURSES 1X JUNIOR 1X SENIOR



15
 15
 CO-ORDINATOR
 LE

Treat

Treat

What are we testing?

- do the changes make any difference?
- are staff following the changes?
- are the changes affecting the time the board is used for?

Before the test starts:

- determine period for the test, eg, 'we will test the new board for one week'
 - long enough to allow failures
 - short enough to change and retest
- inform all staff personally at handover meetings across all shifts, and also post notices in the ward

make sure that:

- a person(s) is responsible for completing the information on the board
- the information is pulled from the same source

During the test:

- create an audit checklist for your board (see next page for a template) and audit it everyday during the test period
- invite visitors from your senior management team to view the board and watch its use during a shift handover
 - make sure they fill audits during these visits
- get daily feedback from staff, ensure you know whether the boards are working or not

- provide a suggestion box and immediately implement any easy changes
- take 'after' photos and video during the test period

This is a good opportunity to test the impact of shift handover. Use a stopwatch to time the handover both before and during the test.

**Are staff duplicating information?
If so, why?**

Treat

Audit checklist

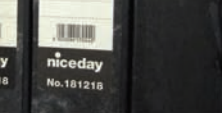
Decide:

- who will fill out the checklist (eg, ward leader from another ward, matron, director of nursing)
- how often to use the checklist
- how often to discuss the checklist results

Assess both the patient board and the named nurse board

Patient Board Checklist	
Date: _____	Yes = 1 No = 0
Were patients on the board up-to-date?	<input type="checkbox"/>
Were investigations needed up-to-date?	<input type="checkbox"/>
Were all status indicators updated?	<input type="checkbox"/>
Was the patient board used for shift handover?	<input type="checkbox"/>
Was the named board up-to-date?	<input type="checkbox"/>

Yes or no responses are informative and quick to complete

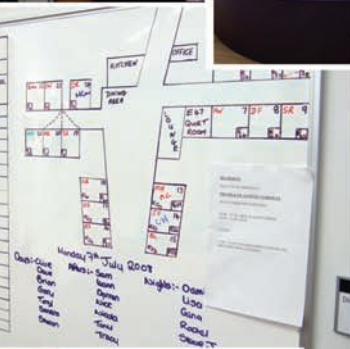


Planning
Book 1
Then OFF
10:30-11

MAN

ANC

ALL



NURSING TEAMS

Sharon	Julie	SHERIDAN
Michael	Tracy	KATH
Lorna	Sharon	LAVIA
Emma	Tracy	TREY
Zena	Julie	JONETTE
	Tracy	KAY
	Julie	ANDREW
	Julie	DIANE
	Julie	MALC

STUDENTS

KAYLI - KATH - JOANNE S
MICHAEL - TRACY - GILL S
LORNA - SHARON - KAY
EMMA - TRACY - NICK - JULIE
ZENA - JULIE - GILL - SHERIDAN



Staff List

Staff Name	Ward Area	Shared Area	Activity Area	Call Area
Vicky				
Jill				
Mel				
Lindy				
Adel				

Staff List

Staff Name	Ward Area	Shared Area	Activity Area	Call Area
Vicky				
Jill				
Mel				
Lindy				
Adel				

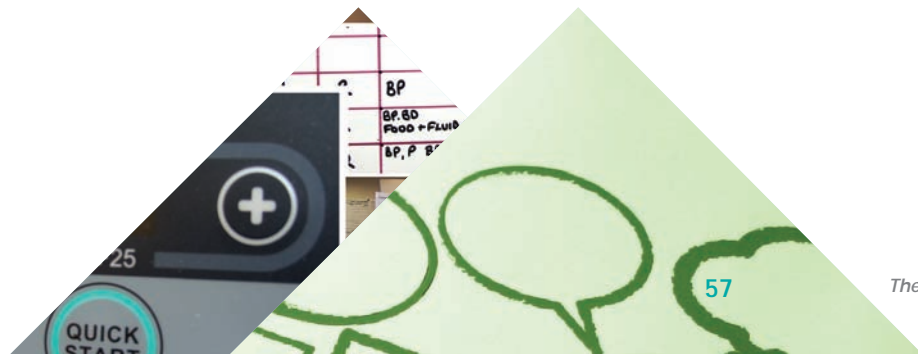


Treat - milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Test period decided.	<input type="checkbox"/>
2. All staff informed - and document this.	<input type="checkbox"/>
3. Decide when patients should be added to the board - and document this.	<input type="checkbox"/>
4. Person responsible for adding information identified.	<input type="checkbox"/>
5. Information sources identified.	<input type="checkbox"/>

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?	<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

Collect information:

- understand audit results to establish whether the test is complete
- talk to staff:
 - have changes to the board helped shift handover and patient discharge?
 - was the board updated regularly as planned?
 - was information easier to find?
 - did it save time?
 - were people clear about whose responsibility it is to update the information?

Analyse:

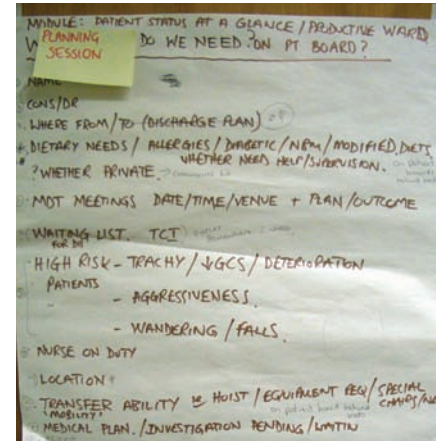
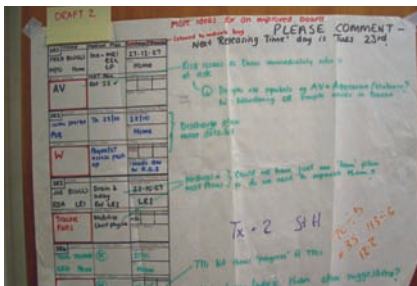
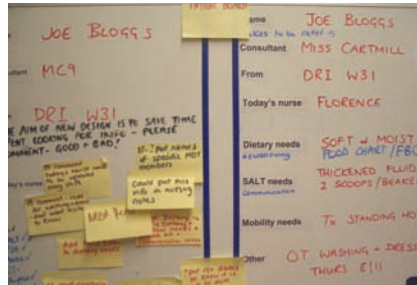
- decide whether the boards can still be improved and if additional training is required to make the changes work
- return to the key questions (see page 22) to determine whether any other changes can be made



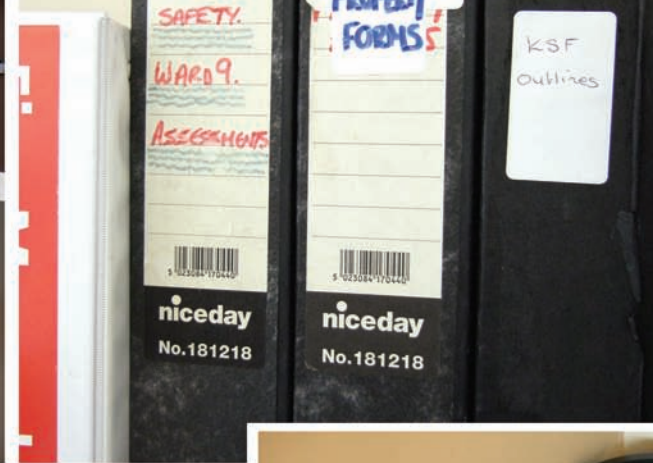
Evaluate - experience from testing

The experience from Productive Mental Health Ward testing is that it is very hard to get the patient status board correct first time. It takes a lot of trial and error.

Evaluating the effectiveness of each attempt is vital. Even when the entire team agrees on a solution, in practice things don't always work. Quickly and repeatedly going through the Diagnose, Plan, Treat, Evaluate cycle will help you make the most of your staff's feedback.



"I don't think you can sit down with the team and come up with a solution. It needs lots of practical attempts" Ward leader, Productive Ward test site



NURSING TEAMS		
SHARON	JULIE	SHERIDAN
DEBBIE	JAYNE	KATH
GILL	DANIEL C	LAURA
MARGARET	CLAIRE	TRACY
JOHNE	TAMMY	JEANNETTE
LISA	MILK	KAY
VOCKY	LIZ	ANDREA
KAREN	CAROLE	DIANE
JILL	BERNI	MALC
MELANIE	STEVE	
CODY	SAM	

STUDENTS	
KAYLI	KATH · JOANNE S
MICHAEL	TRACY · GILL S
LORNA	SHARON · KAY
EMMA	NICK · JULIE
ZENA	GILL · SHERIDAN



Evaluate - milestone checklist

Checklist	Completed
1. Talked to staff about the new board, comments recorded.	<input type="checkbox"/>
2. Decided whether additional improvements can be made.	<input type="checkbox"/>

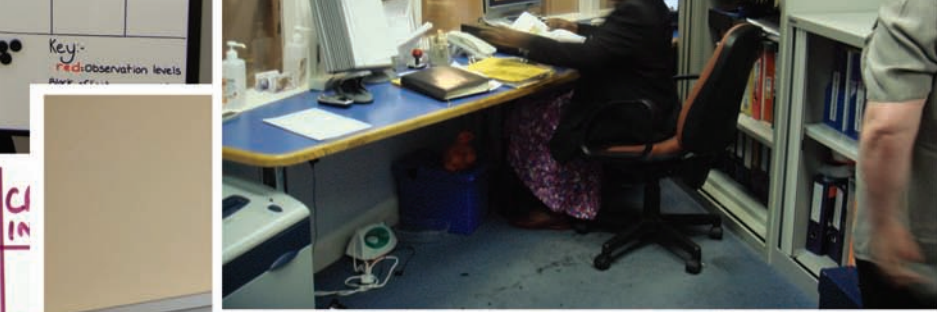
Make sure all shifts are aware of progress – discuss as a part of shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<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"/>

How can I make it stick?

Monitor and audit continually	<ul style="list-style-type: none">• continue to audit the board at least once a day – discuss this if required, but it should be checked weekly at minimum
Ensure leadership attention	<ul style="list-style-type: none">• get your head of nursing or equivalent to participate in audits of the board• ensure you (ward leader) discuss audit results with ward staff at least once a month during the weekly meeting (refer to Knowing How you are Doing) module• ensure changes made are brought to the attention of senior leadership
Do not stop improving	<ul style="list-style-type: none">• encourage ward staff to continue to find newer and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about improving them continually• standard operating procedures can be used to make sure the changes are maintained and to create a ward manual

**Audits are
for life, not
just for Xmas!**



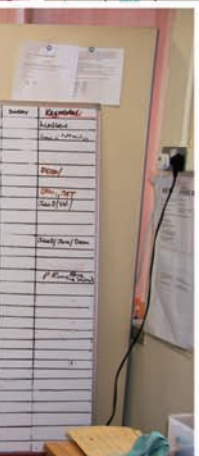
OUT OF HOURS EMERGENCIES
Call switchboard and ask them to contact the on-call engineer

DOCTORS' ROTA

07.07.08 - 11.07.08

DAY	a.m.	p.m.
MONDAY		
TUESDAY		
WEDNESDAY		

NURSING ASSISTANT	STATUS	EXP DATE	OBS	LEAVE	CARE-LO-ORVINE	Integrated Notes
Sumantha	3		II	WD 21	Danella Senior	Wd21 notes m...
Karen	3		R		Janette Hawkins	
Malc	2		R			
Andrea	3		R			B.P
Bernie	WF		R	7/7/08		
Andy	WF					





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 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 so that the responses are fully met.

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

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.



Office



Question (ask the team member)	Answers for outcome achieved
<p>What causes interruptions and what can we do about it?</p>	<ul style="list-style-type: none"> • people looking for things • people looking for information • by making information easier to find we can reduce interruptions
<p>What is the principle of visualisation?</p>	<ul style="list-style-type: none"> • making information so easy to understand people can get information they want in three seconds • use symbols and pictures instead of words
<p>How should changes be communicated?</p>	<ul style="list-style-type: none"> • in person if possible • should include: <ul style="list-style-type: none"> ◦ objectives ◦ method ◦ reasoning behind planned changes
<p>Where do audits fit into the PSAG module and how are they used?</p>	<ul style="list-style-type: none"> • ensure people are updated about the new team designed PSAG board • should be quick • based on the standard created by the team • never stop using audits

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 Patient Status at a Glance	Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks
The patient board is in a location central to staff				
The patient board is used in shift handovers and discharge management				
Information on the bed boards feeds easily into the patient board				
Bed boards have information helpful to the patient (eg, consultant name, planned date of discharge)				
Patient confidentiality issues have been considered				
Staff understand where information on the board is coming from				
The frequency of updates and the person responsible is agreed				
The board is always up-to-date				
Staff can quickly understand patient status by reviewing the board				
Regular and random audits are conducted on how complete and up-to-date the board is and whether it is being used for its designated purpose				
Staff spend less time searching for information				



G49 Court Liaison Team



Con	N. Name	MHA	Obs	Leave	Next Action	By/Who	Date	Done
PJ	DAVID			ESC	Regular 11			
JH	STEVE			MAD	12:00 on 4/1			
TW	NICKY			MAD	12:00 on 4/1			
SC	MGTI	3		MAD	12:00 on 4/1			
JN	JENNIE			MAD				
PH	KAY			MAD				
PJ	DEE			ESC	12:00			
R	MARY			MAD				
PH	LEONA			SEL 17				
PJ	DEE			ESC	12:00			
PH	JENNIE	3		MAD				
CA	JENNIE							
PH	KEE	3						
PH	MGTI	3						
PH	MARY	3						
PH	MGTI	3						
CL	ADRIAN	3						
PH	ADRIAN	3						
CL	PIET	3						
PH	SHAY							
LB	SABINE							
PH	LEONA	3			SEE 17			
PH	LEONA				SEE 17			
PL	STEVE							



Non urgent work to be reported via 2451 voicemail

OUT OF HOURS EMERGENCIES
Call switchboard and ask them to contact the on-call engineer

DOCTORS' ROTA
07.07.08 – 11.07.08

LEAVE CARE-LO-DRUGS Interested Now

DAY	a.m.	p.m.
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Acknowledgements

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Nottingham University Hospitals NHS Trust
Central Manchester and Manchester Children's University Hospitals NHS Trust
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