

Releasing Time to Care

The Productive Mental Health Ward

Patient Wellbeing

Version 1

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



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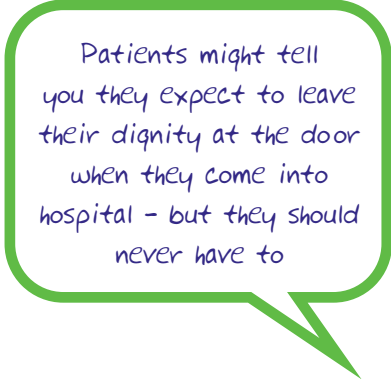
Introduction

Patients with mental health problems are also likely to suffer from poor physical health. In addition to their mental health issues, some patients have low incomes, poor housing and poor social networks; all of which are well known to contribute to physical ill health.

So it is vital when supporting and treating patients with mental health problems, we take a holistic view of their health. This module is designed to assist the ward team to take a comprehensive approach to patient wellbeing.

Assessment of physical health should be a fundamental element of assessing a patient and you should take the opportunity to engage your patients in developing a care plan that accounts for physical and mental health.

Patients with mental health problems may find it difficult to deal with everyday health maintenance issues, eg, screening and healthy living, so a holistic approach to wellness and recovery should be integrated into every patient's daily activities.



Patients might tell you they expect to leave their dignity at the door when they come into hospital - but they should never have to

Nurses in mental health are very well aware of the importance of treating patients as individuals, using a holistic approach. This module is not about driving that message home, but looking at it with a fresh pair of eyes. It is designed to be an empowering module that helps the whole team realise that they may be missing an opportunity.

This module is not about what constitutes a holistic approach to patient wellbeing but an opportunity to:

- make the patient feel equipped to deal with their symptoms
- ask important questions around what your ward processes are

An honest appraisal of ward culture will help the team to understand whether patient wellbeing is an integral part of the care process.



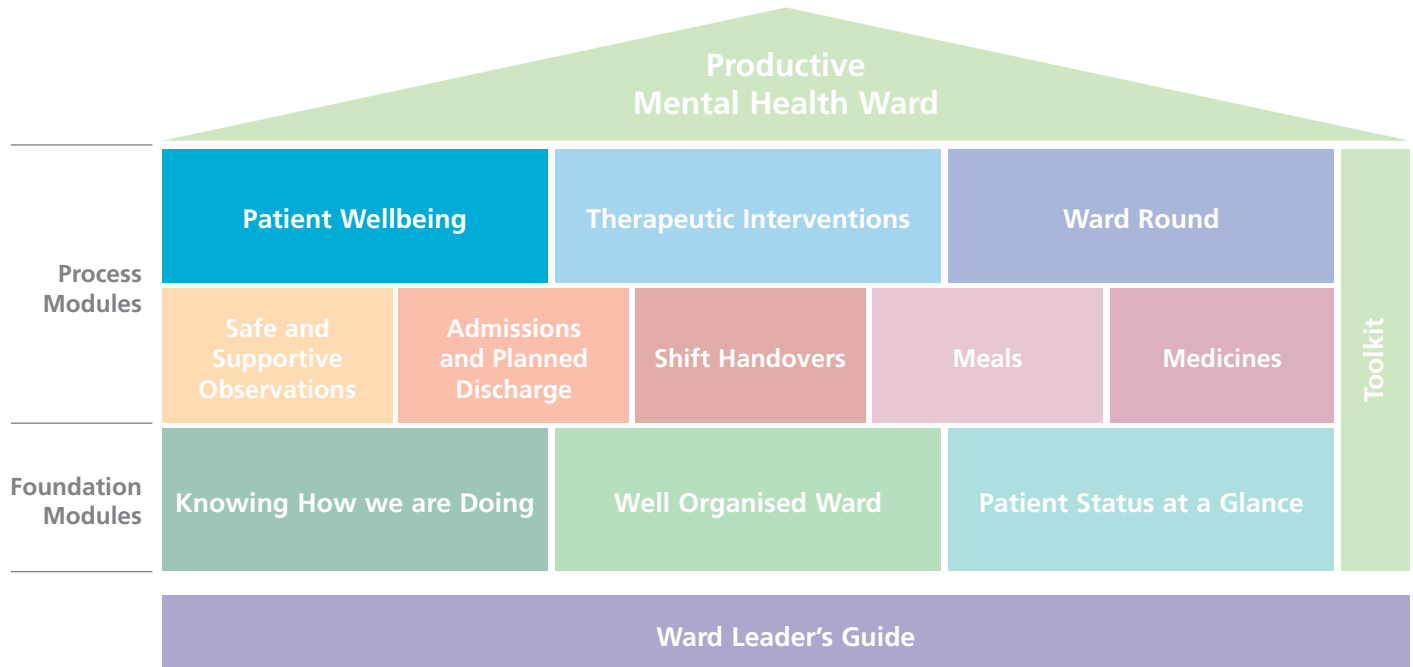
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11:00-11:30 Morning Meeting	11:30-12:00 Morning Meeting	12:00-12:30 Morning Meeting	12:30-1:00 Morning Meeting	1:00-1:30 Morning Meeting	1:30-2:00 Morning Meeting
LUNCHTIME					
2:00-2:30 Morning Meeting	2:30-3:00 Morning Meeting	3:00-3:30 Morning Meeting	3:30-4:00 Morning Meeting	4:00-4:30 Morning Meeting	4:30-5:00 Morning Meeting
5:00-5:30 Morning Meeting	5:30-6:00 Morning Meeting	6:00-6:30 Morning Meeting	6:30-7:00 Morning Meeting	7:00-7:30 Morning Meeting	7:30-8:00 Morning Meeting



These modules create a Productive Mental Health Ward



What is the Patient Wellbeing module?

What is it?

A practical way to support the ward team to take a holistic approach to patient recovery and wellness.

Why do it?

To give patients safe, reliable and dignified care by:

- establishing a consistent, coordinated approach
- seeing care through the patient's eyes
- engaging carers and family members

To improve the experience for staff by:

- empowering them to take responsibility for the whole patient
- putting the emphasis on quality
- give more role structure and clarity

To improve the experience for patients by:

- empowering them and encouraging them to self direct their recovery
- reducing length of stay
- reducing rates of readmission and delayed discharge

As a ward leader, you can become detached from direct care - this module highlights its importance. Even if processes are generally good, it gives you a chance to use your knowledge and experience to add a little bit more quality and consistency where it's needed

What it covers

This module will help you determine the best way to improve patient wellbeing:

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

While no explicit reference will be made to specific elements of patient wellbeing, these improvement methods can be applied to:

- roles and responsibilities of the ward team
- documentation
- ward environment/facilities
- interface with the community team, relatives and support services
- care programme approach (CPA)

What it does not cover

In essence, this module will not prescribe what your best practice should be. This module will help you decide what good patient wellbeing is, and support you and your team to deliver it.

Learning objectives

After completing this module, you will:

- define standardised processes and understand how they can increase quality
- understand the benefit of redesigning a regular ward process
- develop audit as a positive activity that helps sustain high quality care



Creating your module baseline and keeping track of progress

To help you know what your position is 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.

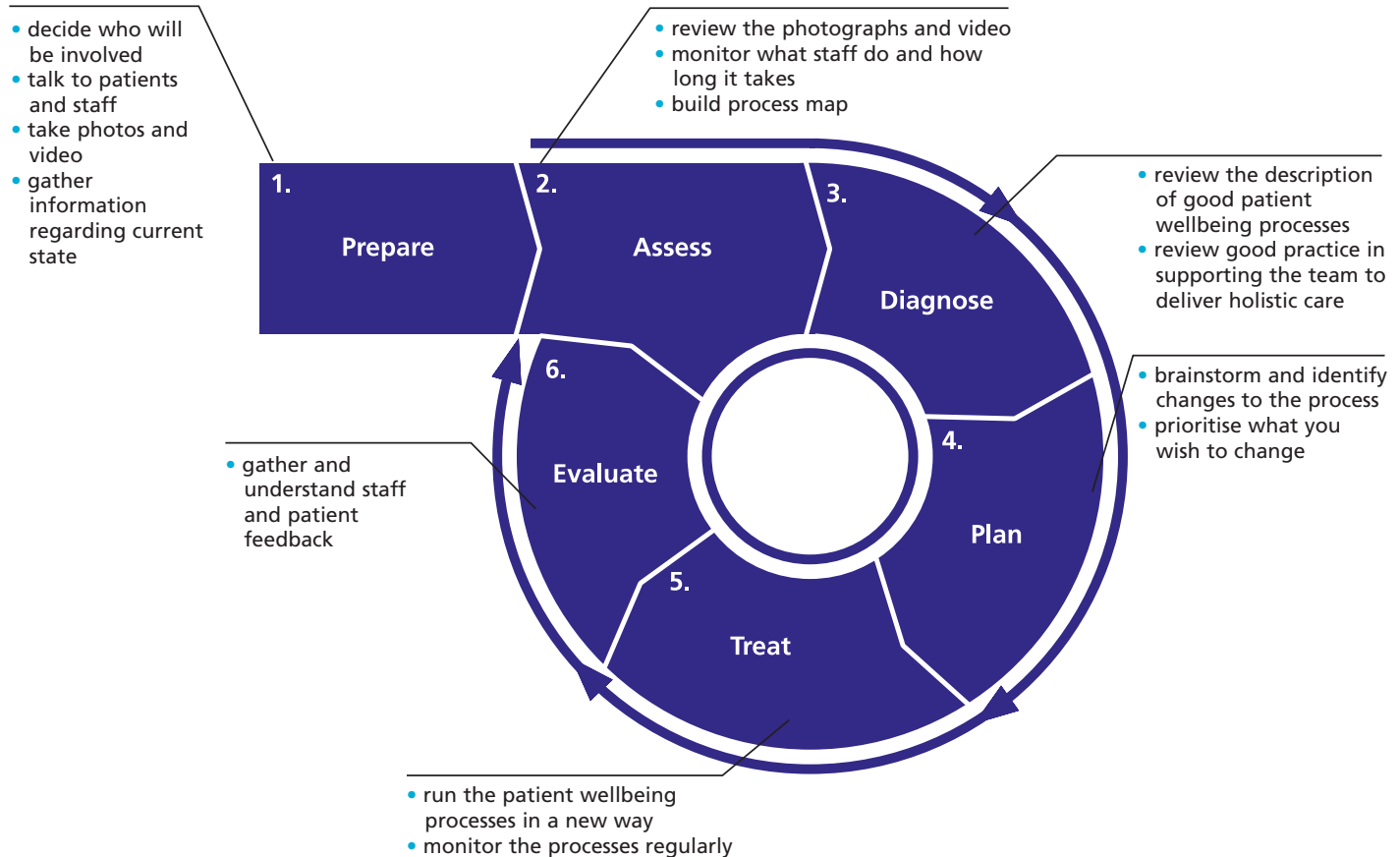
Remember... it is important to have your baseline measurement and the regular measurements over a period of time.

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

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
Module Action Planner	Tool no. 12

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





Prepare

Prepare

Step 1: Decide who will be involved

Consider the people you need to get involved. Core team:

- ward leader
- matron
- an experienced nurse (champion for change)

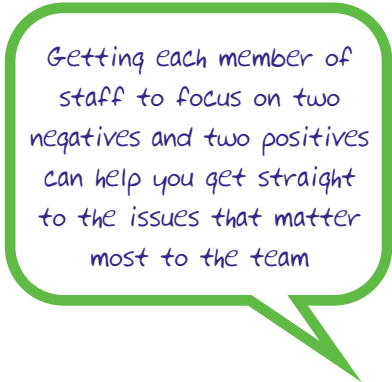
Others you may need to get involved at key points:

- senior nurses
- nurse practitioner
- consultant
- community mental health team (CMHT)
- patient
- carers
- patient advocates

Step 2: Talk to staff

Use Toolkit tool no. 5 (Interviews). Interviewing individual staff and asking them specific questions can be useful - but it can sometimes be leading. Get round this by giving each team member some blank sticky notes and asking them to write down:

- two positive things around how you currently support patient wellbeing
- two things that most frustrate them about how you currently support patient wellbeing




Getting each member of staff to focus on two negatives and two positives can help you get straight to the issues that matter most to the team

Step 3: Talk to patients

Use Toolkit tool no. 5 (Interviews). Keep things simple and think of three or four good questions to put to patients and carers. You may need to seek guidance from your director of nursing to ensure organisational policy is adhered to. Using the guidance in the Toolkit construct questions around:

- involvement, eg, have you been involved in writing your care plan?
- level of understanding, eg, do you know who your named nurse is?
- facilities, eg, are you aware of a private room for children visiting?
- consistency of approach
- you could also consider using a patient diary to record their experience

Involving support workers to help gather information from patients regarding their thoughts is a useful approach.

North Staffordshire Combined Healthcare 
NHS Trust

Name	Unit no.	Date

My Diary

Please Keep a Diary
To help us support your care we would like you to keep a diary of your thoughts and experiences over the period of a week.

Some basic themes we would ask you to consider are:

- Information you received
- Involvement in your care
- Support during your inpatient stay
- Choice in your care

Consider how your experience of the above themes affected your physical, emotional, social, and spiritual wellbeing.

Themes	Your thoughts and experience
Information:	

This is a good opportunity to engage patients and carers too

Example of a patient diary used in Productive Mental Health Ward testing

Step 4: Take photographs

Use Toolkit tool no. 6 (Photographs)

- you'll need to respect patients' privacy - so some parts of the process will be off limits
- walk around the ward with the camera
- explain to people what you are doing
- snap everyday, typical things as well as anything unusual
- take photos of facilities
 - multi faith room
 - interview rooms
 - visiting rooms
 - clinic rooms
 - shared/communal areas, eg, sitting rooms



Step 5: Film

Use Toolkit tool no. 7 (Video)

- you'll need to respect patients' privacy - so some parts of the process will be off limits
- film how different people do the same task
- only share this with relevant staff in a private area
- keep the film in secure storage due to confidentiality issues
- seek advice from director of nursing regarding consent

Consider videoing:

Use Toolkit tool no. 5 (Interviews)


- patient interview of their experience of the holistic approach
- carers interview of their experience of the holistic approach
- external stakeholders who interact with the ward

Step 6: Gather information from patient complaints/incidents

- look back over the last year and identify any trends relating to patient wellbeing

Step 7: Gather information from patients

Ask for feedback in the weekly community meeting and capture this. Ask patients to keep a diary of their experience - give them a mock-up to provide a template of how the diary might look



Remember, if you do not have informed consent, then do not video/photograph patients

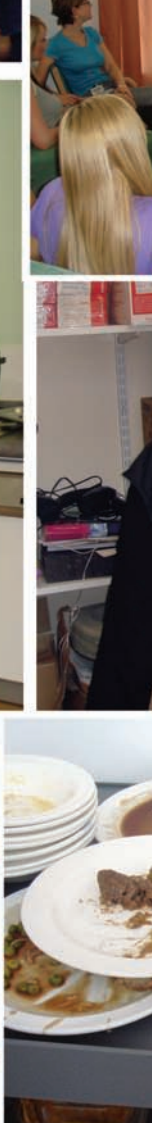
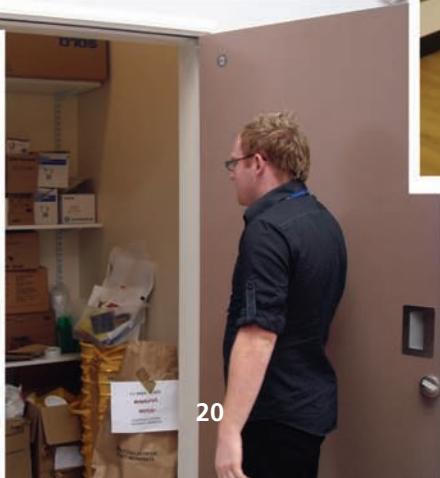


Step 9: Obtain your organisation's policy or guidelines

Gather information regarding organisational policy for processes relating to patient wellbeing, eg,

- named nurse
- physical health assessment
- screening tools

Ask your director of nursing for guidance on best practice.



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. Decide who will be involved.	<input type="checkbox"/>
2. Talk to staff.	<input type="checkbox"/>
3. Talk to patients and carers.	<input type="checkbox"/>
4. Take photographs.	<input type="checkbox"/>
5. Take video.	<input type="checkbox"/>
6. Gather information from patient complaints/incidents.	<input type="checkbox"/>
7. Gather information relating to patient wellbeing.	<input type="checkbox"/>
8. Understand how long it takes.	<input type="checkbox"/>
19. Obtain organisational policy/procedures.	<input type="checkbox"/>

Make sure all shifts are aware of progress and discuss this as 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"/>



Assess

Assess

In this section:

- gather the information
- watch the film
- map the processes
- review photographs
- look at trends in complaints and incidents
- understand how long things take

Holistic approach		steps	is it a part of the current state
1. MANDAS Ax	Yes		Day 1
2. Physical health Ax Screening Tool	Yes		Day 1
2b. Physical health Ax	Yes		1 day
3a. N.S. waterlow	Yes	when required	1 day - 3 days
4. a. Risk Ax + management	Yes/No		7 days
5. HONOS Ax - Scale	No		
6. Nursing Process Audit	Yes		Monthly
7. Named Nurse time (min 3 sessions per week)	No		Min 3 sessions per week
8. Care planning with Pt	No		
9. Reviews with ADT weekly	Yes		
10. Written information for Pt	Yes		
11. Discharge planning at point of admission	No		
12. WRAP - Pt held recovery plan	No		
13. Expectations of Pt	No		

There can be huge variation in how people carry out the same tasks. This part of the module will help you understand what you have observed - the good practices as well as the poor ones



Understand how long things take

How long are staff spending on each process? Your focus here needs to be on understanding areas of waste that are cutting into direct patient care time and compromising the patient's experience:

- use information from your Activity Follow Analysis (Toolkit tool no. 3)
- use the results from the intended task tally to find out how much time your staff spend on engaging and interventions (eg, bed baths, bed change). The total is measured as a percentage of total time on the shift
- add this information to your process map

Releasing Time to Care

The Productive Mental Health Ward

TOTALISER												Populate orange sections only								
												Green areas will self populate								
Total Observation Period =						12		Hrs (1hr = 1 Activity Follow Sheet)												
						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

						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
--	--	--	--	--	--	------	-------	-------	-------	--------	---------	---------	--------	-------	-------	-------	-------	-------	-------	------------------

Gather the information

Bring together all the information you have gathered during the 'Prepare' stage. This will include video, photos, feedback from staff and patients, information on ward procedures and organisational policy.

- display this on a wall where all the team can see it
- arrange a time when the team can come together to review and understand the information
- remember to invite key stakeholders, eg, community team, ward consultant and carers



Displaying the information you have gathered in communal areas means everyone (including patients and carers) gets a chance to see it and reflect on it

Understand the feedback

You will have gathered feedback from staff, patients and families in the earlier 'Prepare' stage. In this stage you need to share, discuss and understand the feedback.

- make sure that everyone has had a chance to see and reflect on the feedback - eg, stick the positive and negative comment sticky notes from staff on the wall (or at relevant points in the process map)
- summarise patient and carer feedback on a flipchart
- work with the team to categorise and prioritise all comments

- some possible categories might include:
 - documentation for patients and carers
 - training issues
 - roles and responsibilities
 - unclear role boundaries
 - time allocation for nurse/patient time



Watch the video

Your video is very important in helping you to understand and map the processes you are trying to improve.

While you watch, get the team to think about the following and note important points on sticky notes:

- the sequence in which things happen
- are staff following a standard procedure?
- or does everyone do things differently?
- what good and bad practice can they see?
- did everyone understand what was happening?
- look out for waste

explain to the team that this stage of the module is about understanding what happens now and what the problems are not rushing into solutions

make a note and park good ideas that are suggested at this stage

Decide which Patient Wellbeing processes to work on

You will have collected a lot of information on a great number of patient wellbeing processes such as:

- CPA
- roles and responsibilities of the ward team
- documentation
- ward environment and facilities
- ward and organisational policies
- interfaces with others
 - community team
 - relatives and carers

Do the team feel that any of these processes require priority considering the information you have gathered? Are there any elements of individual processes (such as lack of understanding of the named nurse role) that the team feels are a priority?

By prioritising the elements of patient wellbeing you can pick the top few areas to progress so that you are not swamped by a large number of processes.



Map the processes

This is where you capture the detail of the current processes. Use Toolkit tool no. 10 (Process Mapping) to help you.

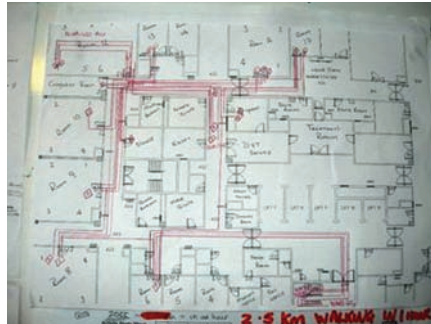
- work with your team to capture the full sequence of each process (sticky notes stuck onto long sheets of lining paper works well)
- remember to record any delays and interruptions and how long these took
- remember to add your staff and patient feedback to the map
- add any photographs to your process map - it can help trigger discussion and ideas and bring the whole process to life



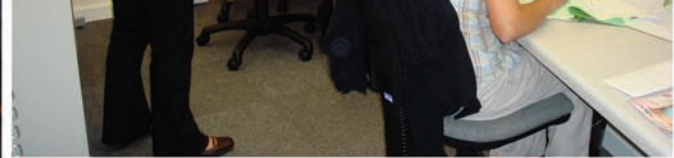
Try Spaghetti Diagrams

As well as process mapping, you could use simple Spaghetti Diagrams to capture your processes in a different way (use Toolkit tool no. 14 Spaghetti Diagrams):

- encourage staff to do their own Spaghetti Diagrams - this will help them understand their own habits and see waste for themselves
- Spaghetti Diagrams are like little process maps. Not only can they capture movement across a space, they can capture up and down movements to cupboards and shelves too



It's amazing to watch the sense of realisation wash over people's faces when they realise just how much time they spend going back and forth to the same places. Spaghetti Diagrams are great for this - they're fun, easy to do, and they're also very powerful tools for change



Assess - milestone checklist

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

Checklist	Completed <input checked="" type="checkbox"/>
1. Watch the video as a team, noting sequences, good practice and concerns (particularly relating to patient engagement and patient safety).	<input type="checkbox"/>
2. Analyse your organisation's data, eg, on delays in discharge.	<input type="checkbox"/>
3. Understand the patient experience of patient wellbeing.	<input type="checkbox"/>
4. Understand the staff experience of patient wellbeing.	<input type="checkbox"/>
5. Use process maps to identify good practice and waste.	<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"/>



Diagnose

Diagnose - what does 'good' look like?

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

Go through the following examples with your team. They give snapshots of patient wellbeing improvements made by organisations implementing The Productive Mental Health Ward.

You can use them to start discussions and trigger ideas in your own team.



Ideas that have worked - example 1: named nurse role

In their feedback, some staff voiced frustration that the named nurse role was not always clear to patients and staff.

To address this, a range of documents and resources have been put together:

- a competencies statement to follow named nurse training
- clarity on the elements of the named nurse role:
 - coordination
 - planning
 - engagement
 - assessment

North Staffordshire Combined Healthcare NHS Trust

Competency: the skills and ability to practice safely and effectively without the need for direct supervision
LUCC 2009

Competency Statement: nurse is aware of the named nurse role and his/her role and responsibility

Name: _____ Job Title: _____
Department: _____ SU Number: _____
Trained By: _____ Date: _____

Method of Assessment: Self-assessment of competency in the understanding of the named nurse role: key elements and counter-signed by appropriate member of staff (any Trustee, Manager, Clinician, Theatist etc).

Self-Assessment - Key statements/Elements. Competent Y/N. Date.

I understand the role of the named nurse in relation to what is my responsibility for co-ordinate care
I understand the importance of informing the patient of who is their named nurse
I understand that the patient should his/her named nurse written on the bed board
I understand that the patient should have been given all relevant documentation i.e. information booklet and that copies have been given on information and used containing the named phone etc.
I understand that the named nurse is spending regular time with the service
I understand that all care co-ordination paperwork is complete and that they have been registered for CCA.
I understand that the named nurse completes regular assessment such as risk assessment review care plans and assessments.
I understand that the named nurse ensures the admission completed
I understand that the named nurse attends a deputy in his/her absence
I understand that the named nurse should refer the patient to appropriate agencies
I understand the named nurse is responsible for liaison with carers and relatives

Disclaimer: (1) Having assessed YES to the above key statements and taken into account my personal assessment of my competency in the understanding of the named nurse role, I declare that I am competent to be a named nurse as per the Trust's guidelines.
First Name: _____ Date: _____

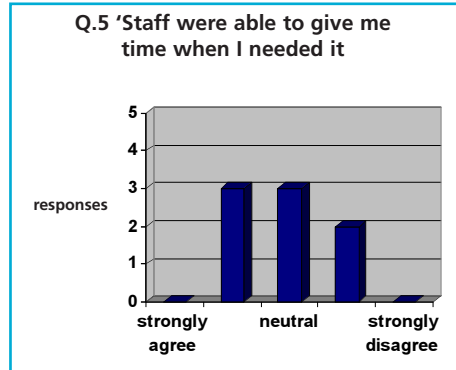
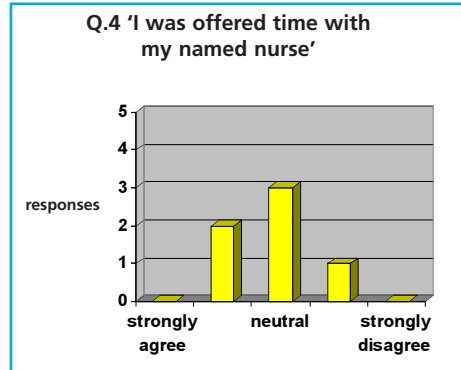
(2) I require further training in the under the named nurse role to reach a competent level of practice and will discuss these needs with
Signature: _____ First Name: _____ Date: _____

I certify that _____ is competent in the understanding of the named nurse role
Signed: _____ Position: _____ Date: _____

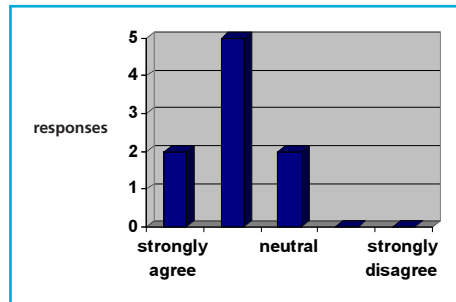
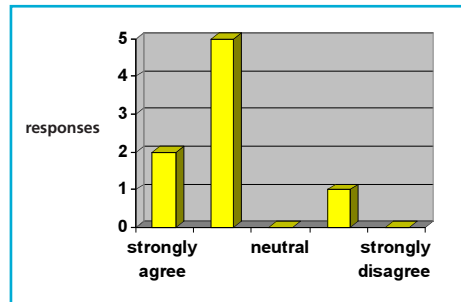
At first there was a bit of resentment that staff were being told how to do something that was second nature...but now everyone appreciates the update

Before and after implementation

Before



After



Ideas that have worked - example 2: skills matrix

This assists the ward leader with both identifying gaps in training and planning rotas. The skills matrix helps reflect on what training is required and in turns helps with the rota planning.

In The Productive Mental Health Ward testing, this tool is now being used to underpin conversation with staff on the knowledge and skills framework (KSF).

The image shows a 'SKILLS VERSATILITY CHART' for 'Named Nurse TRAINING'. The chart is a large grid where rows represent different skills and columns represent individual staff members. Each cell in the grid contains a colored square indicating the proficiency level: green for 'Competent', yellow for 'Developing', and red for 'Not Competent'. The chart is used to identify training needs and plan rotas based on staff skills.

Ideas that have worked - example 3: daily schedule sheet

To ensure that protected time is available for named nurses to carry out their role comprehensively, try using a daily schedule sheet. Not only will this enable you to plan the named nurse time, you will be able to schedule other activities too. At a glance you can identify which patients have received, or been provided with, the opportunity to have a supportive one-to-one session each day.

The schedule sheet should cover:

- planned named nurse interaction
- appointments
- things to do
- capacity assessment
- CPA review
- invite individuals to ward review
- bloods
- pharmacy
- urine testing

A test site used a simple diary as a daily scheduler, the pages were ruled out before each day



Ideas that have worked - example 4: named nurse visual board

A visual board showing which patients are allocated to which named nurse will help the team and visitors to the ward know who they need to speak to about a particular patient.

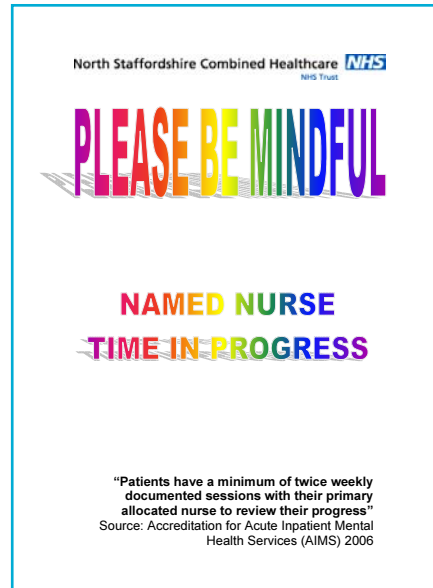
Don't forget to show how many patients each nurse has, this is needed at a glance to help with allocation.



Display the board next to (or as part of) your patient status at-a-glance board

Ideas that have worked - example 5: named nurse time signs

To minimise interruptions and help protect the time for named nurses to spend with patients, use a sign to let people know that the named nurse time is in progress.



Ensure this is removed after each use or it will lose its effect

Ideas that have worked - example 6: documentation

As part of the 'Assess' stage, the team decided to review the standard paperwork relating to patient wellbeing and say who they thought was responsible for filling each form out:

- no two people gave the same set of answers, highlighting widespread confusion about roles
- now the whole team is clear about who is responsible for each piece of paperwork

While gathering the information on one test site, the staff audited nurse documentation with respect to the named nurse role. This was used to gather initial information in the testing phase. The ward staff decided to continue using the audit to ensure the ward was maintaining their standard and that changes were sustained.

North Staffordshire Combined Healthcare NHS Trust										
Date		Documentation Audit (Patient Well Being)								
Minimum 10 Patient Case Notes										
Patient Initials	Admission Date	MANCAS Yes / No	Risk Assessment Yes / No	1st Meeting Date	Careplan Yes / No	Named Nurse Sessions	Carers Informed Yes / No	Other Professionals Yes/No		
GH	15/7	YES	YES	15/7	No		No	No		
AS	26/6	No	YES		YES		YES	YES		
T.B	11/6	YES	YES	29/6	YES		YES	YES		
S.B	21/5	No	YES	Not done	YES		YES	YES		
PC	3/4	YES	YES	15/4	YES		YES	No		
TC	10/10	No	YES	Not done	YES		YES	YES		
LW	26/3	YES	No	5/4	YES		YES	YES		
WS	20/2	YES	YES	21/2	YES		YES	YES		
L.B	21/12	YES	YES	24/12	YES		YES	YES		
J.B	28/6	YES	YES	29/6	YES		No	No		

Ideas that have worked - example 7: choose a champion

Nominating a champion with specific responsibility for cascading progress to other team members can be an important part of keeping everyone on board. This is especially valuable on a busy ward where staff can't always attend all the improvement sessions.

Bear in mind:

- champions don't need to be senior or qualified staff
- they can be anyone who is enthusiastic about improvement and who is a respected and knowledgeable member of the team
- you may want to use more than one person for the champion role, eg, having a different champion for each stream or process for patient wellbeing



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"/>



Plan

Step 1: create your new design

You have already process mapped your current state and discussed what the new processes might look like on your ward.

Now it's time to think about exactly what you want to change and how you'll go about making the improvements happen. Remember that you will probably be looking at several smaller processes in this module rather than one all-encompassing patient wellbeing process. So you may need to do the following steps for each element.

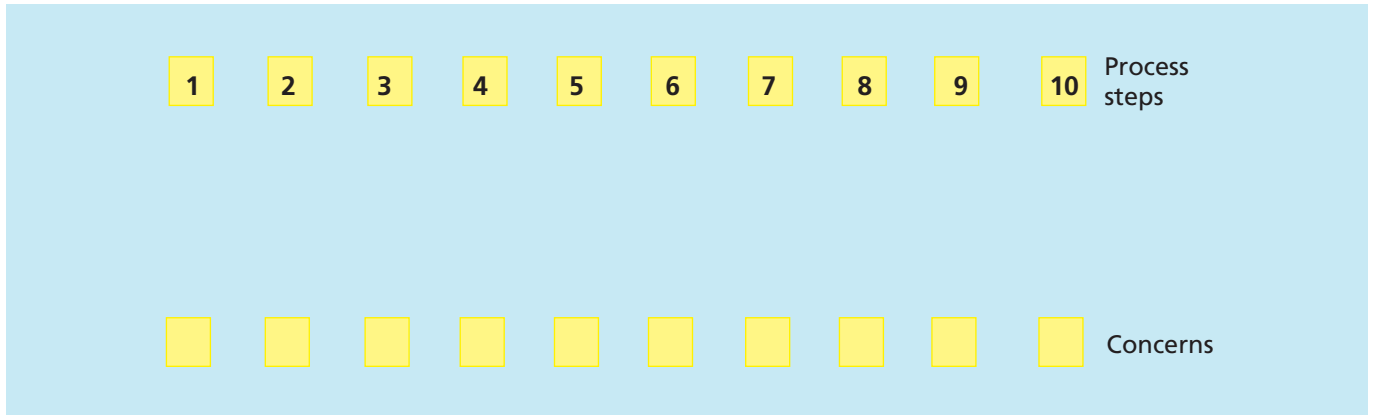
Step 1: Create your new design

- discuss and agree the process you want to achieve
- use Toolkit tool no.10 (Process Mapping) to capture this
- ask what needs to happen at each stage to achieve this improved process, eg,
 - standard operating procedure
 - signs for doors

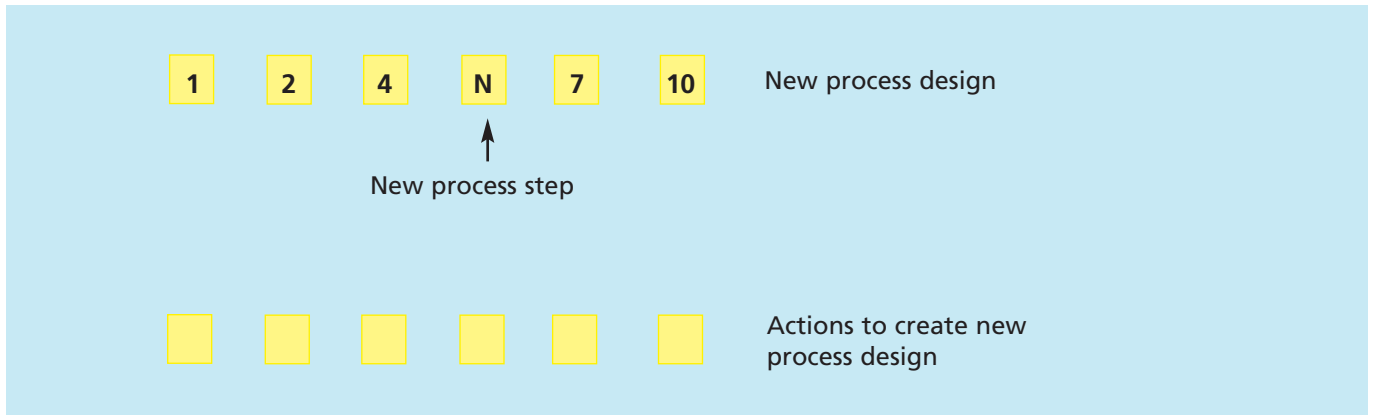


Current state and future state process maps are displayed together here - the arrows capture what needs to happen to achieve the new process

Current State:



Future State:



Step 2: agree the changes

As well as agreeing as a team what changes you want to implement, you may need to gain wider agreement from other stakeholders that your changes represent good practice.

Think about whether you need to consult and involve:

- estates management
- patient advice and liaison service (PALS)
- essence of care representatives
- CMHT
- advocacy team

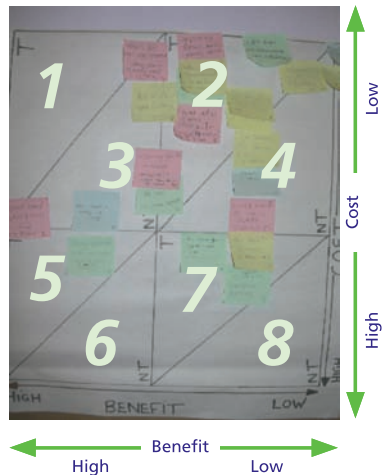
As well as helping you confirm that your intended changes do represent good practice, other stakeholders may be able to help you come up with new ideas.



Step 3: plan how you'll implement the new process

Use Toolkit tools 11 and 12 (Cost/Benefit Analysis, Module Action Planner) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheets in a prominent position on the ward.

Some teams have found that as well as the Module Action Planner sheets, more detailed ward-level implementation plans can help clarify exactly what is changing, when it's happening and who is responsible for the action



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

Releasing Time to Care
The Productive Mental Health Ward

Releasing Time to Care
The Productive Mental Health Ward

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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Step 4: create a standard operating procedure

A number of the improvements you are implementing may involve a change in working practice for your staff. For example, the named nurse role and their responsibilities.

It is important to summarise the new 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.

This standard is used as part of induction and training for new staff, and is used for updating current staff to maintain standards and sustain improvements.

<p>General Standard</p> <ul style="list-style-type: none"> If the Named Nurse needs to be changed due to: patient request, staff sickness, annual leave or there is strong evidence that clearly suggests that the Named Nurse cannot maintain a therapeutic rapport with the patient, this will be clearly recorded in the patient notes highlighting the reasons. In this event the Named Nurse will introduce the patient to the nominated replacement Named Nurse who will have received a thorough handover of the patient's care and recovery process to date. <p>Patient Experience</p> <p>By achieving the above standards the patient will receive the following contacts:</p> <ul style="list-style-type: none"> Engagement in therapeutic programme Involvement in completing the MANCAS Involvement in risk assessment and management process Sharing of assessment findings Active involvement in care planning Through purposeful plan of care Three individual named nurse sessions per week Involvement and awareness of information shared with MDT and carers Is fully involved in their care and well on the way to recovery <p>Ward Review</p> <p>14. Named Nurse attends ward review</p> <p>Standards</p> <ul style="list-style-type: none"> Named Nurse fully updates MDT re: current assessment, identified needs and proposed care plan <p>Interventions</p> <p>15. Named Nurse actions the care plan and therapeutic plan on a weekly basis with the patient, coordinating the input of other members of the team as required</p> <p>Standards</p> <ul style="list-style-type: none"> Patient receives a minimum of three named nurse contacts each week Patient has a thorough and purposeful plan of care <p>Liaison</p> <p>16. Named Nurse maintains contact with carers/ family, care coordinator or community professional on a weekly basis</p> <p>Standards</p> <ul style="list-style-type: none"> Patient is involved and aware that plan of care is discussed and reviewed weekly with MDT and carers <p>Discharge</p> <p>17. Named Nurse arranges discharge CPA</p> <p>18. Discharge plan is actioned</p> <p>Standards</p> <ul style="list-style-type: none"> Discharge CPA takes place prior to the day of discharge to allow time for plan to be actioned <p><small>SNP Named Nurse, Rev. 23rd July 2016</small></p> <p style="text-align: right;"><small>3</small></p>	<p>Mental Capacity</p> <p>8. Named Nurse completes MANCAS with the patient and considers actions for care planning</p> <p>9. Named Nurse completes risk assessment with the patient and considers action for risk management plan</p> <p>Standards</p> <ul style="list-style-type: none"> All the above steps will be completed within 72 hours of admission <p>Care Coordination</p> <p>10. Named Nurse arranges to meet care coordinator or nominated community professional</p> <p>11. Named Nurse arranges to meet carers/ family</p> <p>12. Named Nurse, care coordinator, patient and carers review findings and discuss management and care plan</p> <p>13. At the care planning stage the Named Nurse introduces WRAP plan to patient</p> <p>Standards</p> <ul style="list-style-type: none"> All staff will be aware of patient's plans of care and will refer to these to support the care process and decision making All staff are equipped to respond to patient requests and queries that are within role boundaries and limitations <p>Ward Review</p> <p>14. Named Nurse attends ward review</p> <p>Standards</p> <ul style="list-style-type: none"> Named Nurse fully updates MDT re: current assessment, identified needs and proposed care plan <p>Interventions</p> <p>15. Named Nurse actions the care plan and therapeutic plan on a weekly basis with the patient, coordinating the input of other members of the team as required</p> <p>Standards</p> <ul style="list-style-type: none"> Patient receives a minimum of three named nurse contacts each week Patient has a thorough and purposeful plan of care <p>Liaison</p> <p>16. 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An example of a standard operating procedure

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. Consider examples of ideas that have worked.	<input type="checkbox"/>
2. Consider results of the 'Assess' section.	<input type="checkbox"/>
3. Create new design process map.	<input type="checkbox"/>
4. Create prioritised schedule on Module Action Planner sheet.	<input type="checkbox"/>
5. Create process standard operating procedure.	<input type="checkbox"/>

Make sure all shifts are aware of progress - discuss as 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"/>



Treat

Treat

In this module - you are not implementing one continuous process, but rather several smaller changes. Some will take longer than others to achieve, especially when looking at new ways of working and changing roles.

It's important to test each improvement thoroughly, as they are implemented, rather than waiting for the whole set of improvements to be in place.

What sort of tests can we do?

Consider:

- snapshot audits (before and after the change):
 - ask how patients feel about holistic approach
 - are staff sticking to the new process?
 - is it more patient centred/focused?
 - do you have an improvement in staff experience?
 - repeat patient diary exercise
- audit documentation
 - is the team maintaining compliance?
 - is reliability for documentation improved?
- observation (watch and take photos)
 - have we reduced waste?
 - does it feel calmer and more organised?

Before the test starts:

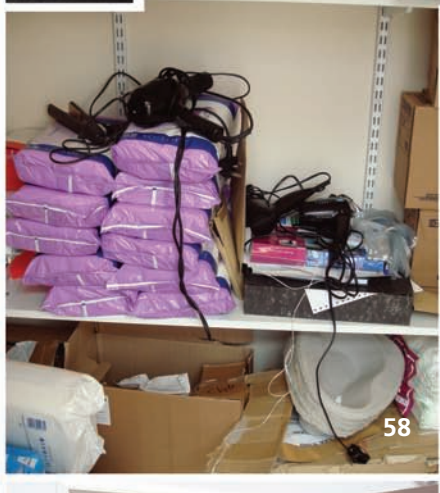
- determine period for the test
 - long enough to allow failures
 - short enough to change and retest
- identify additional temporary data collection methods, eg,
 - four to five questions to patients on the ward
- agree the time collection method, and who will do it, eg,
 - Toolkit tool no. 3 (Activity Follow)
- set the start and end dates - and communicate them
- update all staff on progress
- post large notices on the ward detailing the process you have gone through and the standard operating procedure

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 process and give their comments

LUNCHTIME

<p>1.00-1.30 Lunchtime Quiz</p>	<p>1.00-1.30 Reading Group</p>	<p>1.00-1.30 Lunchtime Quiz</p>	<p>1.00-1.30 Quiz</p>
<p>1.30-1.45 Reading Group</p>	<p>1.30-1.45 Lunchtime Quiz</p>	<p>1.30-1.45 Lunchtime Quiz</p>	<p>1.30-1.45 Quiz</p>
<p>1.45-2.00 Lunchtime Quiz</p>	<p>1.45-2.00 Lunchtime Quiz</p>	<p>1.45-2.00 Lunchtime Quiz</p>	<p>1.45-2.00 Quiz</p>
<p>2.00-2.15 Lunchtime Quiz</p>	<p>2.00-2.15 Lunchtime Quiz</p>	<p>2.00-2.15 Lunchtime Quiz</p>	<p>2.00-2.15 Quiz</p>



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 defined.	<input type="checkbox"/>
2. Test methods and roles defined.	<input type="checkbox"/>
3. All staff informed.	<input type="checkbox"/>
4. Try out the new process(es).	<input type="checkbox"/>
5. Get staff, patient and family feedback.	<input type="checkbox"/>
6. Video the new process.	<input type="checkbox"/>

Make sure all shifts are aware of progress - discuss as 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

This stage builds on the earlier 'Treat' phase and you can use all test methods suggested there.

The difference is you are likely to be focusing on the bigger picture - understanding and communicating the overall impact:

- has there been a significant improvement (safety/experience/time/cost)?
- are patients benefiting as expected (and are there other unplanned benefits)?
- are staff positive and engaged in the new processes?

You will need to seek:

- length of stay (LOS) data, eg,
 - has there been a decrease in LOS?
 - are physical assessments, and investigations started on time?
- continued patient and staff feedback
 - use patient survey questionnaires to assess whether patients feel their dignity and privacy has improved
- opportunities for further improvements



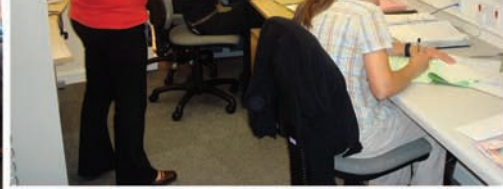
Communicate success

Don't forget to communicate your success - not just to the team but to patients and the wider organisation as well.

As well as sharing positive comments and feedback from patients, families and staff - think about the other evidence that has come out of your improvement activities.

Promote these through:

- wall displays in prominent areas
- newsletters
- emails to the team and key stakeholders
- short events and presentations (where you can showcase some of your processes and films too)
 - ensure you have informed consent from all involved



Evaluate - milestone checklist

Checklist	Completed <input checked="" type="checkbox"/>
1. Review incidents and complaints relevant to patient wellbeing.	<input type="checkbox"/>
2. Talk to staff, patients and carers about the new process, record comments.	<input type="checkbox"/>
3. Look at before and after process times/steps.	<input type="checkbox"/>
4. Communicate success.	<input type="checkbox"/>

Make sure all shifts are aware of progress - discuss as 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"/>
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How can I make it stick?

Monitor and audit continually	<ul style="list-style-type: none">• continue to monitor• get team members to do spot checks• put a review date on standard operating procedures - name someone as responsible for making sure this happens• conduct a process audit once a month (at least) to ensure basic changes made are being followed
Training and education	<ul style="list-style-type: none">• make a simple list of ALL ward staff - get them to sign their name against this once they have read and understood the new work processes• make sure new standard procedures are clearly displayed and physically pointed out for any new staff or bank/agency personnel
Ensure leadership attention	<ul style="list-style-type: none">• ask modern matron or equivalent to carry out the monthly process audit• ensure you (ward leader) discuss audit results with ward staff at least once a month (even if for five minutes in a 20 minute catch-up meeting)• ensure changes made and timings/reduced LOS achieved are brought to the attention of senior leadership
Link improvements to efforts	<ul style="list-style-type: none">• make sure the team know improvements are a result of their hard work
Keep improving	<ul style="list-style-type: none">• 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

Learning objectives complete?

Three 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 below. 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
Where do audits fit into this module that help sustain improvement?	<ul style="list-style-type: none"> • ensures people are carrying out the new process • should be quick • based on the standard created by team • never stop auditing
What are the benefits of redesigning a regular ward process?	<ul style="list-style-type: none"> • challenges habitual ways of doing things that may not be supporting good care • improves reliability and quality of care • reduces stress for all as roles and processes are defined • organises the work to achieve the desired outcomes
Define standardised patient handover and why it makes things better?	<ul style="list-style-type: none"> • important tool for communicating • key to sustaining new patient hygiene process • agreed by the team, not by an individual • ensures all of the information the team has decided is important is communicated • should include standards for rooms, cleaning equipment, route and timing of patient hygiene activities

1. 10:00 - 10:30 Morning Session	1. 10:30 - 11:00 Break Time	1. 11:00 - 11:30 Morning Session	1. 11:30 - 12:00 Lunch Time
2. 12:00 - 12:30 Lunch Time	2. 12:30 - 1:00 Afternoon Session	2. 1:00 - 1:30 Break Time	2. 1:30 - 2:00 Afternoon Session
3. 2:00 - 2:30 Afternoon Session	3. 2:30 - 3:00 Break Time	3. 3:00 - 3:30 Afternoon Session	3. 3:30 - 4:00 Break Time
4. 4:00 - 4:30 Afternoon Session	4. 4:30 - 5:00 Break Time	4. 5:00 - 5:30 Afternoon Session	4. 5:30 - 6:00 Break Time



10 point checklist

Example

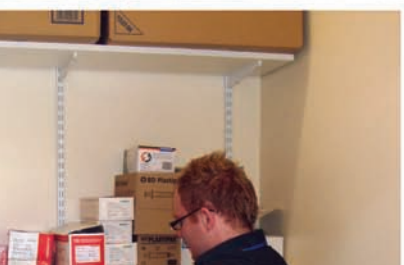
The grid to follow allows you to measure your performance against the 10 point checklist for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.

You should continue to monitor monthly.

Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks

10 Point (9 this time!) Checklist Patient Wellbeing	Before Starting	After 2 Weeks	After 4 Weeks	After 8 Weeks
The ward team knows who is responsible for each element of patient wellbeing.				
Patient wellbeing needs and what needs to be done during the shift for each patient is clearly documented.				
Patient wellbeing processes are standardised, documented and understood by all staff.				
Patients are aware who their named nurse is and this is visible to everyone.				
Patients have access to information relating to recovery.				
Patient wellbeing documentation is always up-to-date, consistent, clear and easily accessible.				
Staff skills are identified and advertised to enable patients to make choices about staff members who can give them support.				
The ward uses clinical outcome measures, this is promoted and supported, eg, Health of the Nation Outcome Scales (HoNOS), Manchester Care Assessment Schedule (MANCAS).				
Ward environment supports recovery and has facilities to deliver care holistically.				

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>8:00-10:00 Lecturer: [Image]</p> <p>10:00-11:00 Lecturer: [Image]</p> <p>11:00-12:00 Lecturer: [Image]</p>	<p>8:00-10:00 Lecturer: [Image]</p> <p>10:00-11:00 Lecturer: [Image]</p> <p>11:00-12:00 Lecturer: [Image]</p>	<p>8:00-10:00 Lecturer: [Image]</p> <p>10:00-11:00 Lecturer: [Image]</p> <p>11:00-12:00 Lecturer: [Image]</p>	<p>8:00-10:00 Lecturer: [Image]</p> <p>10:00-11:00 Lecturer: [Image]</p> <p>11:00-12:00 Lecturer: [Image]</p>	<p>8:00-10:00 Lecturer: [Image]</p> <p>10:00-11:00 Lecturer: [Image]</p> <p>11:00-12:00 Lecturer: [Image]</p>
LUNCHTIME				
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Acknowledgements

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This module has been developed by:

Liz Ward, Clinical Facilitator, NHS Institute for Innovation and Improvement
Nick Downham, Associate, NHS Institute for Innovation and Improvement
Helen Bevan, Director of Service Transformation, NHS Institute for Innovation and Improvement
Maggie Morgan-Cooke, Interim Head of Productive Ward, NHS Institute for Innovation and Improvement
Kate Jones, Head of Safer Care programme, NHS Institute for Innovation and Improvement
Sean Manning, Senior Associate, NHS Institute for Innovation and Improvement
Neil Westwood, Associate, NHS Institute for Innovation and Improvement
Cathy Adcock, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust
Bruce Gray, Improvement Manager, Luton and Dunstable Hospital NHS Foundation Trust
Lizzie Cunningham, Clinical Facilitator, NHS Institute for Innovation and Improvement
Cathie Blackwell, Clinical Facilitator, NHS Institute for Innovation and Improvement
Christine Wike, Clinical Facilitator, NHS Institute for Innovation and Improvement
Debbie Llewellyn-Sims, Clinical Facilitator, NHS Institute for Innovation and Improvement
Heather Palin, Clinical Facilitator, NHS Institute for Innovation and Improvement
Eileen Stonock, Clinical Facilitator, NHS Institute for Innovation and Improvement
Val Newton, Clinical Facilitator, NHS Institute for Innovation and Improvement



*Institute for Innovation
and Improvement*

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

*Contact the Productive Mental Health Ward team:
productivementalhealthward@institute.nhs.uk*

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