Releasing Time to Care

The Productive Mental Health Ward

Project Leader's Guide

Version 1
This document is for project leaders and executive leaders

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Aim of this guide

This guide will help you consider
and put together a practical,
open, and realistic plan for
starting, spreading and sustaining
the Productive Mental Health Ward.
It is not a 'how to' guide for project
management, rather it's a simple
and quick reference of key points
to combine with your experience,
knowledge and existing project
leadership guidance.

The project leader should also
read the Executive Leader's Guide.

Through 2006 to 2008, 16 NHS England hospitals have been testing the Productive Ward concept. In addition during 2008 three organisations had been testing the Productive Mental Health concept. Following are two short notes from project leaders, one from a hospital and one from a mental health setting, detailing their view on the Productive Ward and guidance they would give to others following their experiences.

Note 1

Dear project lead,

I would like to share some of the experiences I have gathered whilst project managing the implementation of the Productive Mental Health Ward in my trust. I hope the following points help:

Team empowerment
It does not matter how much experience you have in project management, the Productive Mental Health Ward is different in a significant way. When we say it is a 'bottom-up' approach that is lead by ward teams themselves this is not just lip service. Unless this is owned by ward teams who truly feel empowered to find their own solutions, the hard work you will put in will come drastically unstuck when changes fail to embed and sustain themselves. One of the most difficult things for me (and I actually considered myself pretty good at facilitation) was to keep my mouth closed and allow the ward leaders and their teams to find their own solutions.

Developing 'productive' thinking
As significant as improving productivity and reinvesting time into direct patient contact is, the development of the ward team's critical thinking and analysis skills is just as important. Once embedded into the daily activity of the ward team the 'productive' thinking process will create a culture of ongoing improvement owned by staff that will sustain itself.

Communication
It is important to get yourself out there. Particularly in the early stages when no-one knows what this 'Productive Mental Health Ward lark' is all about, it is important to be clear to people that it is not just another external project that is done to the team and moves, on letting them settle back into their old ways. Your early contact with teams is an opportunity to prove that they really do have control of their own solutions. This may make or break the success of the project as the damage may be extremely hard to undo.

Project plan
Your project plan is crucial to ensure the smooth roll out of the project in a number of ways. Aligning the roll-out to the project team resource will ensure that you are not spread too thin as more wards come on line. Planning which wards start when will

ensure that you have a strong 'showcase' that creates the interest to pull others in. Also be sure not to leave the most difficult until last as the healthy competition created when several wards come on-line together will do some of your work for you. A realistic project plan will ensure that you keep the executive and management team on board. It is important not to sacrifice thoroughness and sustainability for quick wins and managing expectation is a key role of the project lead.

The steering group
Good communication with the steering group is the key to ensuring wider support and the swift escalation of problems where a blockage to progress occurs. The steering group visits to the ward will offer a powerful message to ward teams, but it is important that they go ahead as planned, a gap on the visit pyramid can be a powerful (if unwanted) message. Realistic planning is key.

Joanne Dawson 194.176.105.185
joanne.dawson@institute.nhs.uk
NHS Institute

Note 2

Dear Colleague

The proper management of plan, communications and expectations are, in my view, vital for the successful, sustained, implementation of the Productive Ward. For the project leader, this is more important than the technical skill or knowledge of the modules.

In no particular order I have listed some of my key learning below:
- *Get work started on the measures straight away. This can take a really long time and is vital in order to show improvement and to align wards directly to your organisation's goals.*
- *Spend time allowing for training of some basic improvement principles up front. It can help staff understand the Productive Ward quicker. Ensure the training and terminology fits with that of the Productive Ward though, otherwise staff will get confused.*
- *Ward staff seem to like weekly task lists. Especially in the first month. The start up and each module can be broken down into a task list. Use the milestone checklist at the back of each module as a start.*
- *The Productive Ward is a really big piece of work for ward staff. You need to constantly manage expectations for spread. This is not something a hospital can roll out in six months...or even a year...*
- *When you get good results on a process in ward, be aware of blanket rolling the specific intervention out to another ward. You could lose the buy in from other staff if you are not certain that the intervention has universal impact.*

Joanne Dawson 194.176.105.195
joanne.dawson@institute.nhs.uk
NHS Institute

- *While it is fairly obvious that you have to manage up and down, take care not to forget the middle and general management structure. They are very influential and need to be kept informed and have their expectations managed! Encourage everyone to take an active interest.*
- *While it seems trivial at the outset, putting time into getting equipment in place before you start can save a lot of frustration when the implementation is underway. Figuring out how to import film from a camcorder onto a computer can be more difficult than it seems!*

One last thing to remember. Productive Ward will not work unless it is owned and led by individual ward leaders. Give them the correct support, information, facilities and leadership as they are the ones responsible for implementation. Leave them to implement and you stick to making sure all the pieces are in place so they can. You have enough to do without getting involved in the detail of each ward's implementation.

Hope this helps and good luck!

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Contents

At the back of this booklet is a short 10 minute introductory DVD entitled 'Releasing Time to Care' which you should view before reading this guide.

The Productive Mental Health Ward Project Leader's Guide

WEEK TWO MEETING WITH THE PATIENTS

Context

Why focus on a ward?

The temptation we face is to look elsewhere in the unit for sources of improvement. While organisational improvement is valid, much can be done by ward staff to improve their own environment without having to wait for other improvements by other departments.

For example, a ward may take the view the delay in pharmacy, such as waiting for home leave medication, delays the leave process. This may be true to an extent, but ward staff can negate some of the impact by ensuring leave medication requests are not left handing around and are sent to pharmacy.

ARE YOU C[...]
BOILING POIN[...]
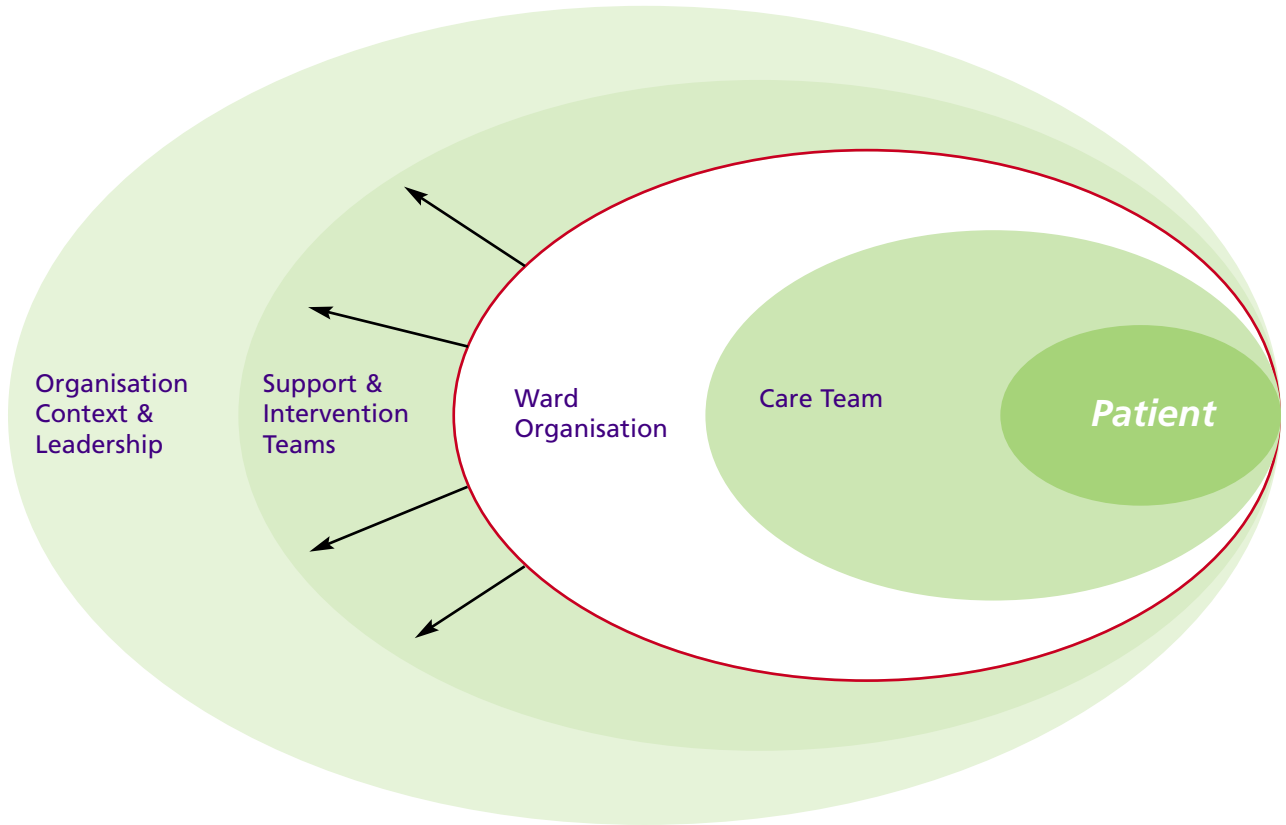
The Productive Mental Health Ward looks inwards at ward level, to understand the impact on other departments.

Direct care time is the focus

By releasing time your teams will be able to concentrate on delivering best praciss that are safer, more reliable. Patients who receive safer, more reliable care, respond to interventions better and then spend shorter time as in-patients.

100%

a single nurse's shift

| 24 | 11 | 10 | 5 | 5 | 3 | 2 | | 37* |

First area of opportunity to remove wasteful activities

We should focus on improving efficiency of direct patient care activities as a second step

Available time | Motion | Paperwork and admin | Handovers | Medicines management and preparation (away from patient) | Discussion with others | Other | Personal hygiene | Direct patient care

* Approximately equivalent to time spent within patients bedside area Source: ward observations, admissions and general medicine (~13 hours total); team analysis

These modules create a Productive Mental Health Ward

The modules (see diagram overleaf) are designed to provide a no nonsense structure for implementing the Productive Mental Health Ward.

All of the modules, other than this Project Leader's Guide and the Executive Leader's Guide, are designed for self directed learning at ward level.

A ward leader implementing the Productive Mental Health Ward will start with the Ward Leader's Guide and then, with the ward team, start to implement the foundation modules (as highlighted). These provide both a solid foundation for the more challenging process modules (as highlighted) and a grounding in basic improvement principles. The modules are designed to be used by a facilitator leading a team.

Whether this facilitator is the ward leader, other ward staff member or someone external to the ward is dependent on the competencies of the ward leader and the internal improvement capability of your organisation.

As project leader, you should be familiar, not expert, with the modules.

These modules create a Productive Mental Health Ward

Productive Mental Health Ward

Process modules

Patient Wellbeing	Therapeutic Interventions	Ward Round

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

Toolkit

Foundation modules

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

Ward Leader's Guide

Project Leader's Guide

Executive Leader's Guide

General structure of each module

Each module undertaken by a ward follows the basic stages illustrated here:
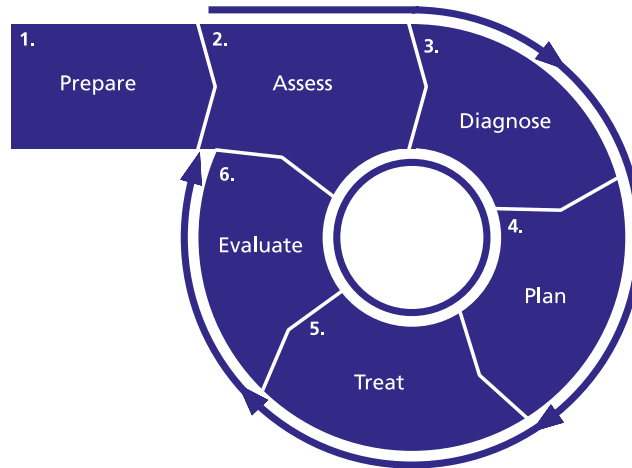
While illustrated using a patient care cycle, the cycle is the same as the generic improvement cycle Plan, Do, Study, Act, and gives ward staff a structured approach to improving ward processes that is very similar to the care cycle they are used to.

Module summaries

Executive Leader's Guide
What your organisation needs to commit, getting started, how to ensure sustainability and build capability for spread.

Project Leader's Guide
Defining and managing project resources, choosing where to start, governance, ensuring high quality implementation and planning for spread.

Ward Leader's Guide
Key principles of the Productive Mental Health Ward, leading the ward team, sustaining gains.

Knowing How we are Doing
Developing ward based measures to help ward teams make informed decisions.

Well Organised Ward
Making ward areas work for staff instead of hinder them in the delivery of care.

Patient Status at a Glance
Ward teams developing visual patient information that improves communication, patient experience and patient pathway.

Meals
Reducing the time teams spend physically delivering meals and allowing more time for teams to interact during meal time. Ensuring proactive nutritional assessment for patients.

Medicines
Your team ensures medication times are patient centred and the self administration of medicines is safe and reliable.

Admissions and Planned Discharge
Ward teams ensure quick, purposeful, standardised and prompt admission process that immediately plans for the patient's discharge.

Shift Handovers
Reducing the time teams spends on handovers, while making the information handed over more appropriate, easier to remember and easier to understand.

Safe and Supportive Observations
Increasing the standard of patient observations carried out by ward teams. Ensuring they are accurate and that appropriate action is taken with the results.

Patient Wellbeing
Ward teams improve the supporting processes for patient wellbeing focused procedures so they are consistent, maintain a high standard, offer a better patient experience and achieve the standards the organisation aspires to.

Therapeutic Interventions
Ward teams improve the supporting processes for therapeutic interventions so they are consistent, a better patient experience and achieve the standards the organisation aspires to.

Ward Round
Ward teams work with their consultants' team members to ensure clarity of outcome and clear planning from their ward rounds while making the ward round quicker and more consistent.

Toolkit
A step by step guide to all of the Productive Mental Health Ward tools. For ward teams to use in conjunction with the modules.
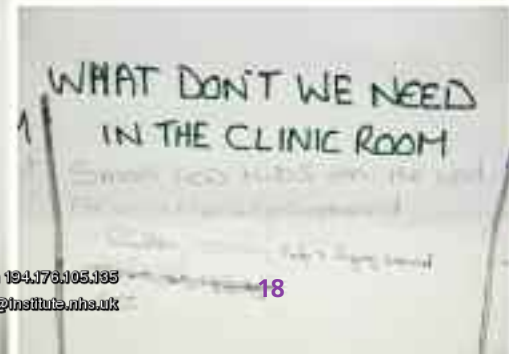
Joanne Dawson 194.176.105.185
joanne.dawson@institute.nhs.uk
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DON'T LET ANGER GET THE BETTER OF YOU
Mental Health

This booklet aims to provide you with information about local mental health services and support groups.

We're here to help
Local services that support
mental well-being

WHAT DON'T WE NEED
IN THE CLINIC ROOM

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Status of the modules

All of the Productive Mental Health Ward modules originate from comprehensive testing in general healthcare settings accross 16 different hospitals.

These mental health specific versions of the modules have been tested, on a small scale, in an additional three test sites. All of which are mental health organisations.

This should be acknowledged before implementing these modules and the facilitator (whether ward leader or improvement facilitator) should consider this while planning for these modules.

As always, feedback on these modules, and others, is greatly appreciated by the Productive Mental Health Ward. This feedback will be used to influence further versions of The Productive Mental Health Ward modules.

Your role is… is not

As project leader consider the following guidelines:

IS	IS NOT
• planning • education • managing expectations • setting board meetings • securing resource • leading improvement facilitators • tracking progress • tracking quality • enabling ward staff • reflection and strategic learning • ensuring executive leader is up to date	• micro managing wards • taking responsibility for individual ward's implementation

Your improvement facilitator's role is… is not

It is probable that you will have one or more improvement facilitators in your project team. The competencies required in an improvement facilitator are explained in the Executive Leader's Guide. Listed opposite is a role list for you to consider when leading the improvement facilitators working for you.

This role definition is especially important as, due to the proximity of their work to ward teams and their probable recent transition from ward work, the way they work is a fine balance to keep.

IS	IS NOT
• supporting wards • guiding ward leaders • explaining and coaching in the modules • explaining core Productive Mental Health Ward principles • showing ward staff Productive Mental Health Ward techniques • track individual process progress at ward level • help ward leaders plan and set objectives • create task lists with ward leaders • support ward leaders in building facilitation skills	• to do • undermining ward leader by leading change on the ward • ignore ward leader's wishes • set objectives and tasks not agreed by ward leader • instruct ward team without consent of ward leader

Skills you will need to build

You will already have all or the majority of the skills required to be project leader. To highlight if any gaps exist consider the short list below. Discuss any gaps with your executive leader to bridge the gaps through personal development.

- leading teams
- influencing skills
- resource and process planning
- managing contractors
- knowledge of the modules
- Lean improvement knowledge
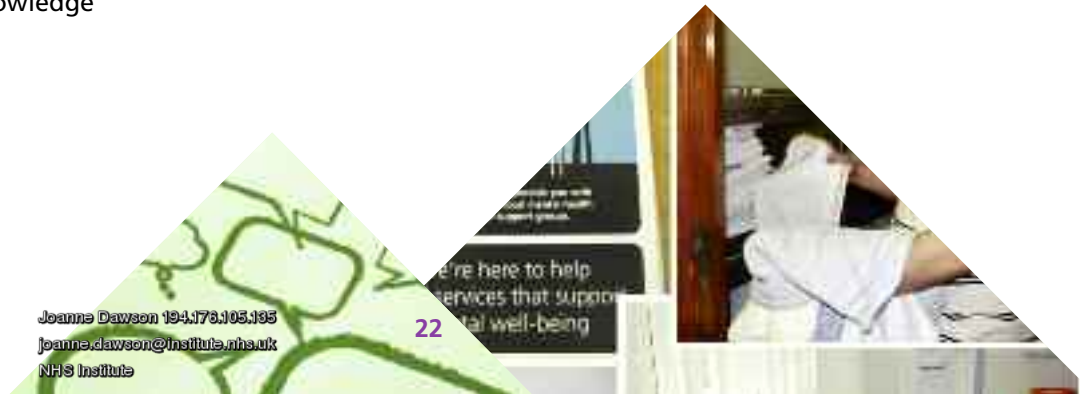
Reading list

The list below is a small selection of the literature available on lean, change and basic industrial engineering techniques of the types used in the Productive Ward.

Recommended Reading:

The Machine That Changed the World: The Story of Lean Production
A detailed description of the Toyota Production System by some researchers from MIT. The book that coined and popularised the term 'lean'

*James P Womack,
Daniel T Jones, Daniel Roos,
Jan 2003, Harper Business,
ISBN: 0060974176*

The Toyota Way: 14 Management Principles from the World's Greatest Manufacturer
Thoroughly researched account of what drives Toyota's success which restores some of the balance between the production system and the management and people systems

*Jeffrey Liker, Jan 2004,
McGraw-Hill Professional,
ISBN: 0071392319*

Lean Thinking: Banish Waste and Create Wealth in Your Corporation
Popular description of Lean and why it is a powerful methodology, backed up by examples from different sectors. Written by authors of "The Machine that changed the World"

*James P Womack,
Daniel T Jones, 2003,
Simon & Schuster UK Ltd,
ISBN: 0743231643*

**The New Lean Toolbox:
Towards Fast, Flexible Flow**
Quick reference guide
to Lean and Industrial
Engineering techniques.
Provides reference to many
other good Lean texts and
background to some of the
Productive Ward tools.

*John Bicheno,
Jan 2004, Picsie Books,
ISBN: 0954124413*

**Freedom from Command
and Control: A Better Way
to Make the Work**
Thoughtful consideration
on how to apply systems
thinking and Lean principles
to the world of call centres
and services, and the radical
implications for how work
is designed and managed.

*John Seddon, Oct 2003,
Vanguard Consulting,
ISBN: 0954618300*

**The Leader's Handbook:
Making Things Happen,
Getting Things Done**
Easy to use handbook
linking world class
leadership with knowledge
and practical understanding
of quality systems, variation
and behavioural
competencies.

*Peter R. Scholtes, Feb 1998,
McGraw-Hill Professional,
ISBN: 0070580286*

**Getting Things Done:
The Art of Stress-Free
Productivity**
Simple and very effective
framework for ensuring
personal impact on your
organisation is maximised
through greater personal
organisation.

*David Allen,
Jan 2003, Penguin Books,
ISBN: 0142000280*

Standards across organisation

Once the Productive Mental Health Ward is underway, perhaps the greatest strategic challenge you will face will be spreading standardised processes across wards while still retaining the learning, knowledge and buy in associated with wards developing the standards themselves.

Standards provide consistency of approach:
Consistency of approach is vital for uniformly high standards of patient care and for workforce flexibility.

Standards are widely used in the Productive Mental Health Ward to build this consistency of approach.

The Productive Mental Health Ward leads staff towards developing standards for workplace organisation, key ward processes and the management of information. This ensures best practice for the patient and also familiarity of working practice from ward to ward, allowing staff to move with ease.

Standards for key ward processes are always based on the most up to date organisation best practise. The Productive Mental Health Ward concentrates on the process delivering the end standard, not the end standard itself.

Managing upwards

A key element to sustaining your Productive Mental Health Ward implementation is your organisation's senior leadership (executive and non executive) teams:
• consistency of message
• approachability
• visibility
• support of wards
• efforts to quickly remove barriers

Think carefully about how you communicate, manage and influence senior leaders in order to deliver the above outcomes. Talk this challenge over with your executive leader.

The Executive Leader's Guide provides communications guidance.

Managing functions and support services

The Productive Mental Health Ward has a strong emphasis on a ward doing what it can to improve its own internal processes, without waiting for external departments to improve.

One exclusion to this is the role of estates departments. Minor works are vital for the Well Organised Ward module, the module that is one of the most important for the swift engagement of ward staff.

Discuss with your ward leader about how to ensure wards get a timely response from estates when requesting minor works. Below are

some of the things test sites have agreed / confirmed with their estates departments:
- allocation of individual estates workers to individual words
- wards own their own small minor works budget to avoid authorisation loops
- estates ward relevant service level agreement (SLA) is communicated simply and clearly to ward teams before the start of the Productive Mental Health Ward
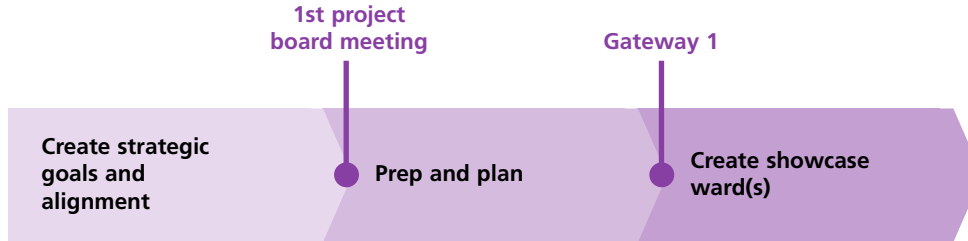- catering
- pharmacy
- support services

Personally spend at least an hour with the leaders of these support services to explain the aims and strategic fit of the Productive Mental Health Ward and the likely influence on their departments. Repeat this engagement with support services on a regular basis (see section later in this guide).

MAPLANDS HOSPITAL

HOSPITAL

FRIENDS

SPRINGFIELD

This booklet aims to provide you with information about local mental health services and support groups.

We're here to help
Local services that support
mental well-being

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Project start-up

Project start-up workplan

1st project board meeting

Gateway 1

Create strategic goals and alignment

Prep and plan

Create showcase ward(s)

Description

- define clear goals
- align project with current strategy
- gear up whole organisation to support ambitions
- sign off with board
- project governance

- brief support services
- define improvement facilitators
- engage nursing hierarchy
- create project plan
- resource
- process
- outcomes
- gateways
- create communications plan

- communicate to organisation and invite applications
- assess applications
- visit all applicants
- select showcase(s)
- showcase startup workplan

Create strategic goals and alignment

Defining and aligning your vision, goals, resulting strategies and measures throughout your organisation will:

1. Test if the Productive Mental Health Ward is really for you.
2. Ensure the Productive Mental Health Ward is spread and sustained in your organisation in the most efficient manner.

While the Productive Mental Health Ward is a 'bottom up' methodology, its success depends on clear and visible links to your organisation's strategy.

Strategic goals and alignment checklist

The grid below is designed to help you consider the relationships between your current strategy and the Productive Mental Health Ward:

Strategic priority	How does the Productive Mental Health Ward fit?*	What challenges does it pose to the current corporate strategy?	How do we address these challenges?	Can our staff see a clear link between the Productive Mental Health Ward and the organisation's strategic goals?	How do we measure the Productive Mental Health Ward's contribution to delivering this strategy?	What existing improvement capacity and infrastructure is already committed to this strategy?
Improvement strategy	• ensures there is complete alignment with organisational strategy and objectives					
HR strategy	• ensure ward managers develop leadership, and systems management competencies, to complement clinical competencies					
Clinical governance	• develop consistent operating standards across multiple wards – enabling staff flexibility and consistent quality					
Corporate governance	• develop ward measurement systems that provide foundations for performance management					
Information strategy	• provide blueprint for ward-based measurement • drive informed decision making					
Performance strategy	• ensure ward leadership make informed decisions considering financial implications • LOS and staff flexibility contributes to increased productivity					
Safety strategy	• ensure measurement systems developed to give timely and actionable safety information to ward staff • safety and reliability systems developed • collaborative approach to patient safety developed					

* a selection of the many benefits of the Productive Mental Health Ward

Prep and plan

Executive leader		
Steering group	**Project implementation team**	**Ward teams**
• CEO • executive leader • project leader • project improvement facilitator • clinical director • finance and systems director • general managers • nursing managers	• executive leader • project leader • project improvement facilitator	• ward leader • line manager • representation of all staff eg, nurses, junior doctors, ward clerks, support workers, porters, physiotherapists etc.

The Productive Mental Health Ward Project Leader's Guide

Project leader:
- governance
- communications plan
- measures
- facilities and equipment
- support services
- planning
- engagement
- reflection and learning

Improvement facilitator:
- skills
- modules
- planning
- showcase engagement
- measures

Analytical support:
- measures

Of course the result is dependent on the individual competencies of the improvement facilitators.

It is important to manage the aspirations and expectations surrounding the project. Unless you have a small army of improvement facilitators at your disposal the trust will not be spreading the Productive Mental Health Ward to all of it's wards in six months…

Spread the message that the Productive Mental Health Ward is about taking apart and putting back together ward processes so that they deliver the very highest best practises in mental health with the existing resource. If it was that easy, it would have been done before…

Governance

Example governance chart for the Productive Metal Health Ward:

Project board

Set priorities and reviews progress

External support

• NHS Institute
• 3rd party improvement providers

Input on approach capability building strategic and operational monitoring

PCT

• Director of commissioning
• Director of provider services

Link to world class commissioning agenda, networking, link to other community services

Project team

• Project leader
• Improvement facilitators
• Analyst

Pace, planning, resourcing, budget, coaching, project implementation facilitation

Individual ward teams

• Ward leader
• Senior staff

Physical implementation
Leadership of teams
Ward measurement

SHA

• Improvement director
• Nursing development

Networking
Input on approach

Improvement facilitator support

Testing has shown that the Productive Ward is a long journey. Even the most mature test sites, testing for over 18 months are, in reality, at just the beginning of their Productive Ward journey.

Testing has shown that a ward requires three to four months to become self sufficient in it's continuing Productive Ward implementation.

Until a ward becomes self sufficient, it will require improvement facilitator support, a resource that is not inexhaustible.

Plan to skill up and develop your own improvement facilitator support for each wave.

Developing the project plan

Once the practicalities of the Productive Mental Health Ward are understood you and your team should develop a project plan to guide implementation. A good plan will help you achieve a number of objectives:

- it provides a mechanism for communicating 'how to' to the team and stakeholders
- it can help to set the executive leader's expectations on timing and implementation
- it should help highlight feasibility in terms of whether actions can actually be performed
- it will allow the team to track and assure progress towards implementation

Approaches to creating your project plan

There are many, sources of project management techniques and guidance.

There are also a multitude of tools to support project management such as MS Project, MS Excel, elements of Prince II and good old fashioned pen and paper. Whatever method you choose, ensure that the plan you create includes the following areas:
• resource planning
• process / activity planning
• outcome planning
• gateways

Project plan element - resource

When spreading out from your showcase ward(s) even the simplest task of ensuring the project team know where they need to be has to be planned for. This should be as quick and visual as possible. As can be seen in the example opposite the project team each have a colour and can see in advance which wards they are supposed to be on at a glance.

This ensures wards are not forgotten and is a very quick test of how thin your team has to spread itself to cover the wards you have starting the Productive Mental Health Ward.
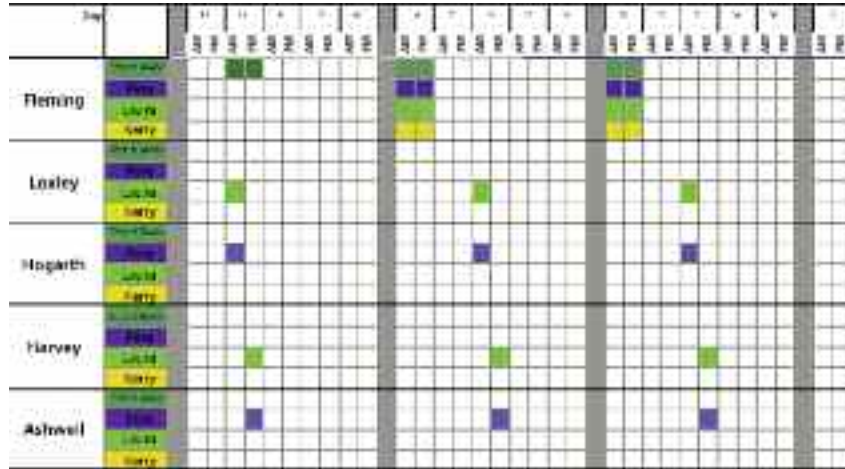
Process

What needs to be done by when. Breaking down the modular structure into sections and, especially in a ward's first few weeks, tasks. Combine modular tasks with tasks such as briefings, networking events and preparation. Depending on the level of plan, this can be very, to not very, detailed.

See an example of the process elements of a high level plan on the next page. The example shows the different elements of preparation and then each module by week.

The Productive Mental Health Ward Project Leader's Guide

Example of process planning
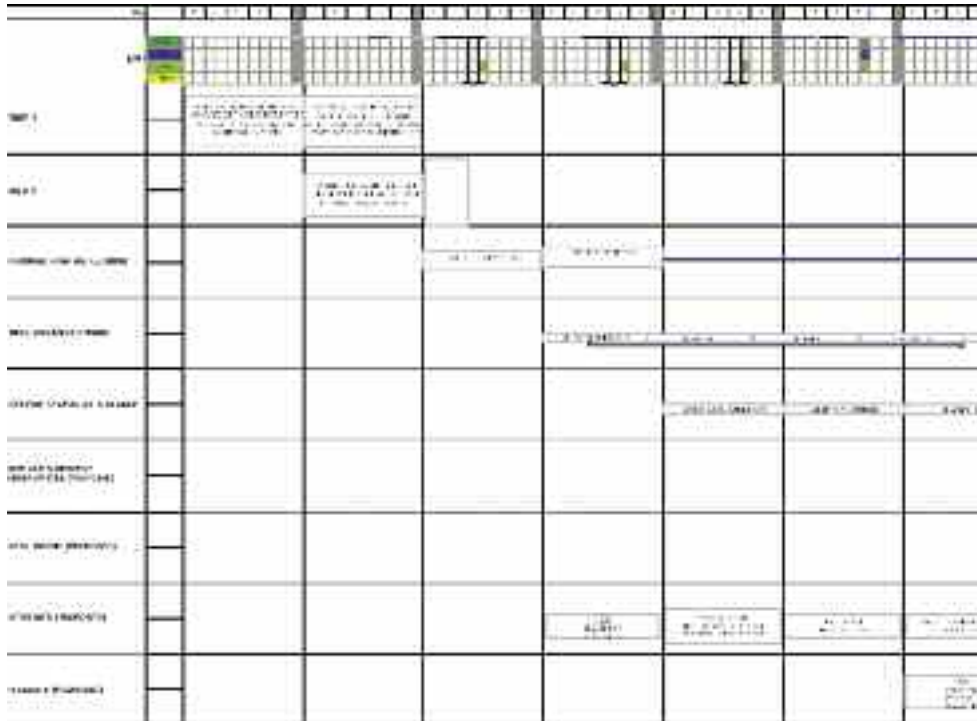
Outcomes

The most important part of any plan and yet the part that is often not included. Resource and process (task) planning are not that useful unless you can assess if they have been achieved to a standard. These standards are often called process outputs in project planning.

For each process element in the project plan you need an output to check against to see if the process element has been achieved.

You can use the milestone checklists in each module to help you create outputs.

Example of a module's milestone checklist:

The Productive Mental Health Ward Project Leader's Guide

Example process outputs per module per week

High level plan

Week	Week 1	Week 2	Week 3	Week 4	Week 5
MODULE FOCUS	KHWD	KHWD	WOW	WOW	PSAG
INPUT	• train team on activity follow • introduce measures as key driver for change on ward • talk to ward leader through self audit	• train team on activity follow • introduce measures as key driver for change on ward • talk to ward leader through self audit	• introduce 5Ss • advise on selection of pilot area • use inventory to capture baseline • drive for function of area	• challenge stock levels • coach techniques to Set equipment • introduce Shine as a way of restoring pride in an area	• review of patient status updates • introduce concept of ward visualisation
WARD TASKS	• complete 12 x AFs • complete measures assessment • identify board locations	• complete 12 x AFs • complete measures assessment • identify board locations	• select an area • begin inventory • display board installed and populated	• complete inventory • agree as team best location and quantity for all items • clean area • hold first measures review meeting	• review visual management • identify opportunities • deploy technique across ward, creating a standard
WARD RESOURCES	• ward leader • nurse/support worker time (flexible)	• 2+ ward staff	• 2+ ward staff	• 2+ ward staff	• ward leader • 1+ staff

Gateways

Gateways, or gate reviews are used to ensure that each step is completed properly before the project moves on to the next one. Gate reviews ensure that each step is carried out fully, with all the relevant issues addressed, and in the right order. Gate reviews are usually held in the project board meetings.

Criteria for the first two gateways is suggested opposite, as is a reminder of the possible stages for the gateways in the project leader's workplan.

Gateway 1:
• all factors in start-up checklist on page 58 complete

Gateway 2:
• healthcheck survey results for all modules started (usually foundations modules plus three) on green
• senior leadership visits consistent and tracked
• audit system on each ward up and running
• ward leaders attending project board

The Productive Mental Health Ward Project Leader's Guide
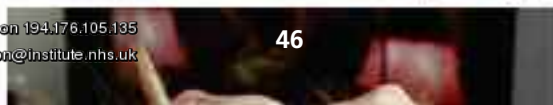
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**WEEK TWO
MEETING WITH THE
PATIENTS**

WELL ORGANISE WARD

Putting it together

Again a reminder. Regardless of the examples shown the important message is to include resource, process, outcomes and gateways in your plan, regardless of format and method. The plan does not have to look like the examples shown.

Example of complete plan:

Create showcase ward(s)

The key to selecting showcase wards, and wards for each stage of rollout is PULL not PUSH. You should not mandate the Productive Mental Health Ward to anyone. Use this process in addition to guidance and templates in the Executive Leader's Guide.

Communicate widely with all staff

Use the included DVD and presentations available on the NHS Institute website.

During ward leaders away day, or similar, invite applications

A simple application form could include the two questions:
- why do you want to implement the Productive Mental Health Ward?
- how are you going to release the time for you and your staff to get the Productive Mental Health Ward off the ground?

Meet and interview all ward leaders who apply. Assess suitability, manage expectations

Measure against 'showcase template' and select ward. Ensure other wards kept involved and interested

Try to interview everyone 1 on 1. For those who have made the effort to apply spend time with them to explain the Productive Mental Health Ward in detail (use the Ward Leader's Guide as a prompt).

Some of the information required may not be easy to come by. You may have to hunt and ask a number of members of staff. Take time to do this though. Collect as many facts as possible. Try to make a fact based decision using the template and ensure you give feedback to those who were not successful to be a showcase.

Making sure the showcase is sustained

The NHS Institute has developed an easy to use Sustainability Model and Guide. Use this to test the readiness of the ward you are considering.

Once you have short-listed a ward, before making the final decsion, ask the ward leader, matron and project leader to each complete the scoring section of the Sustainability Model.

Act upon it's results. If the Model raises warning signals about your proposed showcase, then you need to reconsider.

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The Sustainability Model and Guide
will help you or your ward identify
areas of strength and opportunities
for improvement in the areas
detailed in the diagram opposite. It
then provides guidance, tools and
techniques to maximise your / a
ward's potential to sustain the
Productive Mental Health Ward

The Sustainability Model and Guide can also be used to baseline
and to track development of your improvement culture. Use it
at the beginning, middle and end of your project.

The Sustainability Model and Guide is available, free of charge, from:
www.institute.nhs.uk

Communication and engagement

Refer to the communications guidance included in the Executive Leader's Guide.

At ward level take time to guide your project facilitator in the importance of good communication:
- nothing beats face to face communication
- this is a real opportunity to bridge the gap between senior leaders and the shop floor

Communication will be aided by the strategic fit of the project being very clear.

With an effective communications plan you should never have to consider mandating the Productive Mental Health Ward. You need to create pull so you have a steady stream of wards wanting to start.

ARE YOU CLO
BOILING POINT

1st board meeting - kick-off meeting

The kick off meeting should follow a slightly different structure to the board meeting elements suggested in the Executive Leader's Guide.

Specifically, the kick-off meeting should have the following objectives:
- to set out the requirements of the project that have been set by the executive leader
- to present the need for the project as established in the strategic alignment process

- to provide the project team with a mandate to establish the Productive Mental Health Ward
- to ensure the project team is familiar with the Productive Mental Health Ward process
- to confirm membership of the project team, project board and governance arrangements

Visually communicating the Productive Mental Health Ward vision

Staff learn in different ways and some will struggle to understand the potential and vision for The Productive Mental Health Ward. Especially in the early stages of your implementation.

A 'cartoon' visualisation of a 'Productive Mental Health Ward' has been created as an alternative way of communicating the vision, principles and methods of The Productive Mental Health Ward.

The cartoon is designed to be used as a storytelling prompt, to be printed as a large poster and its individual elements used as prompts for talking through the important messages and principles of the Productive Mental Health Ward.

This, and a further version of the cartoon is available on the NHS Institute Productive Mental Health Ward web pages, along with guidance notes on how to turn the cartoon into a 45 minute informal teaching session to staff.

Details of how to access this cartoon is available on the NHS Institute website.

Welcome to the Psychotherapy and Liaison Department

Briefing support services

Before the showcase wards start, spend time briefing the support services about the Productive Mental Health Ward concept and the likely areas of interaction with wards implementing the Productive Mental Health Ward. Take them through the project plan so the support services can see when areas may require extra input.

Support Department	Module	Likely Activity
Estates	WOW, PSAG	Painting, floor marking, shelves, display boards, cleaning
Pharmacy	Meds, APD	Stocking, labelling, drug request process
Therapy services	APD, ward round	Request process, service level agreement (SLA) clarity
Catering	Meals	Delivery process, menus, presentation, equipment, timing

Building the capability to start a showcase ward

The role of the improvement facilitator is designed to provide close, on-the-ground expert coaching to ward leaders implementing the Productive Mental Health Ward.

Expert coaches should be credible with ward staff (eg, former high performing ward leaders, experienced mental health nurses). They also should be masters of the Productive Mental Health Ward materials and have the core skills (e.g, lean methodology and coaching) to bring the materials to life and to be successful in the role.

If finding staff with these competencies within your trust is a challenge….

Consider training your selected improvement facilitators alongside external experts, with lean coaching and Productive Mental Health Ward knowledge.

They should work with internal staff on a part time basis over a four month period, at first leading the facilitation of the modules and then, as confidence builds, taking a back seat and acting as mentors to improvement facilitators.

When looking for external support to build your improvement capability consider the following points when negotiating with third party providers:
• be clear in your expectations
• have outcomes and timings defined. Use the criteria from learning objectives, and healthcheck scores from each modules as outputs and create timing criteria from your project plan

• ensure the provider will use the same terminology as the modules. While the tools and techniques are similar to some used in industry, they have been specially designed for a ward audience and so any new terminology and tools may confuse ward staff
• ensure that providers' staff will not chop and change. Ward staff need to gain trust and changes in facilitator will not help
• concentrate on the interpersonal skills of the provider. To ensure this, consider asking any prospective provider to facilitate on a ward for an hour. Ask your ward staff for feedback

The Productive Mental Health Ward Project Leader's Guide

Start-up checklist

The following checklist is designed to help you decide when your organisation is ready to physically start Productive Mental Health Ward implementation on your showcase ward.

Good preparation is vital to success. Rushing into the showcase implementation can often cause difficulties later in the process.

Use this checklist after you have read this whole document.

Strategic Fit	Completed ✓
1. Strategic goals and alignment checklist completed and communicated.	☐
2. Simple articulation of your organisation's strategy and alignment with the Productive Mental Health Ward produced and circulated.	☐
3. Test of strategic understanding carried out.* (see page 61)	☐

Senior leadership team visibility	Completed ✓
1. Visit pyramid signed off and scheduled by your senior team.	☐
2. Board and senior team commit to providing common front in regard to the Productive Mental Health Ward.	☐

Communications Plan	Completed	✓
1. Article explaining the Productive Mental Health Ward, and how it fits with your organisation's strategy, has been published in your organisation's internal newsletters.		☐
2. Newsletter article mentions you and your leadership team's personal aspirations about the Productive Mental Health Ward.		☐
3. The board's support, including sign off, has been communicated via internal newsletter.		☐
4. All members of senior and middle management have been personally briefed (to include general managers, clinical leaders and estates in particular).		☐
5. Union representatives personally briefed.		☐
6. A contingency plan, for an struggling ward leader / line managers has been created.		☐

Ward Vision	Completed	✓
1. The showcase ward leader has created and communicated their vision for their ward.		☐

Showcase Ward Choice	Completed	✓
1. Your showcase ward has been chosen using the relevant grid in the Executive Leader's Guide.		☐
2. Showcase ward leader has discussed Executive Leader's Guide with their line managers, general manager and nursing director.		☐

Measrement	Completed ✓
You can demonstrate showcase ward specific data on:	
1. Safe and supportive observations (if chosen)	☐
2. Serious untoward incidents (if chosen)	☐
3. Self harm (if chosen)	☐
4. Absconding (if chosen)	☐
5. Violence & aggression (if chosen)	☐
6. Medication errors (if chosen)	☐
7. Unplanned absence rates	☐
8. Patient satisfaction	☐
9. Carer satisfaction	☐
10. The Sustainability Model and Guide has been completed for your showcase ward	☐
11. Your showcase ward has completed the 10 point healthcheck	☐
12. Direct care time	☐
13. % of patients with a proposed discharge plan on admission	☐
14. Ward cost per patient spell	☐
15. Length of stay	☐

Project management	Completed	✓
1. Improvement support in place.		☐
2. Analytical support in place.		☐
3. Project time frame mapped out.		☐
4. Key measures, for showcase, are included in your senior leadership team meetings, on a monthly basis.		☐
5. Steering committee meetings planned and put in diaries for the next year.		☐
6. Steering committee meetings 'terms of reference' completed and circulated (to include schedule, attendees and board reporting structure).		☐

Equipment	Completed	✓
1. Equipment supplied.		☐
2. Facilities supplied.		☐

* Strategic understanding test

It is important your showcase ward staff understand why the Productive Mental Health Ward is being implemented. To test their understanding, and thus success of your communications and policy deployment, pick five members of staff. Ask them to informally tell you about the organisation's strategy and how the Productive Mental Health Ward fits.

Repeat the communications process and the quick test until four out of the five staff randomly questioned can describe your organisation's strategy and the role Productive Mental Health Ward takes.

On the ward - starting on a showcase ward

The below showcase start-up work plan details the stages to get a showcase ward up and running.

Facilities and equipment	Your vision	1st meeting	Ward baseline	Foundation modules	Key ward processes
2 weeks	**1 week**	**2 weeks**		**3 months**	**Own pace**

	Facilities and equipment	Your vision	1st meeting	Ward baseline	Foundation modules	Key ward processes
Description	• ensure unhindered start	• making your ambitions for your ward clear and easy to understand	• set the tone for the Productive Mental Health Ward • define direction	• find out where you are starting from	• create a stable, calm and efficient foundation from which to improve your key ward processes	• re-design key ward processes • increase quality, reduce waste time
Pre-requisite	• defined team space with generous clear wall space • camcorder • television • white boards	• vision statement up in ward office • vision discussed openly with all team members inc line managers and general manager	• to be continued every week • to be held around the measures board in the team area • start and finish on time	• 10 point Productive Ward health check • generate your ward's direct care time value	MODULES • Knowing How we are Doing • Well Organised Ward • Patient Status at a Glance	• ensure new ward processes are designed in a collaborative fashion

The modules:

Don't give the module box set straight to the wards implementing the Productive Mental Health Ward. It will overwhelm staff. Keep the box sets back and give out the modules one at a time until the ward leader is comfortable with the Productive Mental Health Ward concept and methods.

Sustain

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

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The Productive Mental Health Ward *Project Leader's Guide*

Ward visits give visible commitment to sustain

The habit of executive and non executive directors (and other senior leadership team members for that matter) spending time on the wards is vital.

Executive and leadership team visits should be planned and tracked. It is vital they are timely and consistent. To ensure this a visit pyramid and accompanying visit guidance sheets are used. Feedback the level of visits in the project board meetings using the master visit pyramid to track visits visually in your project office.

Monthly visit pyramid

Area _____

Role		Frequency
CEO	ND	Months
Clinical director	GM	Half months
Nursing director	ND	Weeks
Line manager	m m	Weeks
Ward leader	wm wm wm	Half weeks
Senior staff	s s s s	Days

Once the process is underway, each visit will carry out a short award created by the ward staff themselves.

* You can find a blank copy of this visit pyramid on the NHS Institute's web pages.

BEFORE

Communicate to the ward leader before hand:
- intentions
- timing / duration
- availability of ward leader or deputy

Understand the organisations objectives for the Productive Mental Health Ward:
- talk to the project team
- re-familiarise yourself with the organisation role out plan and supporting literature if required

ON THE WARD

People first, ward second:
- engage staff in casual conversation, ask general questions about the ward and project status
- ask the ward leader / deputy about the Productive Mental Health Ward and explore the support the ward leader has been given

Talk to a patient:
- engage patient in casual conversation
- ask patient about their experience on the ward and the hospital generally
- ask the patient about:
  - o what have we done well?
  - o what have we done less well?
  - o what should we continue to do?
  - o what should we stop doing today?
  - o what is next during their stay (planned leave, if appropriate treatment lined up?, next OT visit etc)?
  - o their plans to go home (planned discharge date etc - if appropriate)?

Visit the ward performance board:
- is it up to date?
- ask a member of staff to talk you through the performance board and recent performance
- discuss the link between the measures and the organisations strategy

Actions from last visit:
- follow up actions from last month's visit (both the ward's (ie, from the audit) and actions external)

Conduct an audit:
- conduct the appropriate PINK audit as per the ward's audit plan

Communicate:
- your view on the ward's improvements efforts
- current direction / issues from the organisation leadership
- link the Productive Mental Health Ward to the nursing strategy for the PW

Sign the visit pyramid:
- record your visit to the ward to illustrate your, and the organisations, commitment to the ward

Wrap up the visit with the ward leader or deputy:
- give and ask for feedback
- agree on a max of 2 priority next steps (1 yours / 1 theirs)

AFTER

Reflect on the visit:
- what was going well?
- what needs support / direction?
- what would the ward team think was important to me?

Follow up with the ward leader and the project team:
- what you were impressed by?
- actions for the organisation
- actions highlighted by the audit

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Keeping visits consistent

Example of visit guidance sheet for use by executive leadership teams.

More information on the visit guidance sheets, and visit pyramids is available in the Toolkit.

Tracking visits across multiple wards

Use the visit pyramid master V2 spreadsheet featured on the NHS Institute Website. Guidance can be found in the Toolkit. The sheet is designed to be printed large and put up in the project office. On feedback from the wards the relevant coloured boxes are ticked off as visits take place, creating a quick, visual method of tracking visits across multiple wards.
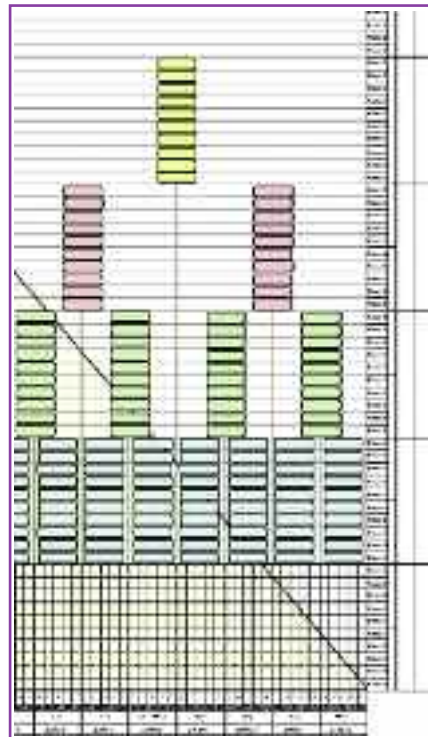
Quality control and the 10 point Productive Mental Health Ward healthcheck

For every ward you should collect their starting 10 point healthcheck survey. This is available in the NHS Institute website.

The specific healthcheck questions for each module are featured in the back of each module.

The 10 point healthcheck, in the modules and on the website in full form should be used to check the quality of implementation at ward level. This will help you answer two questions:
• is the ward ready to move on to the next module?
• is the ward sustaining its changes and self sufficient to carry on implementing the Productive Mental Health Ward after its intensive period?

Ward 6
Behavioural Wa...

W...
Psychi...
Liaison De...

68
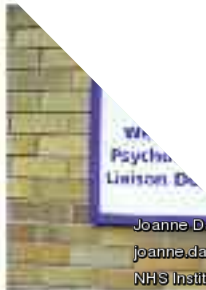
Effective implementation - is the ward ready to move on to the next module?

Ensure wards are assessing their processes with the Productive Mental Health Ward 10 point healthcheck in the back of each module they are implementing.

If a 'status' is green then you are good for the next module!

10 point checklist Well Organised Ward	Before starting	After 2 weeks	After 4 weeks	After 8 weeks
All the items in the area have a clear purpose and reason for being there	🟥	🟩	🟩	🟩
There are specific locations for everything	🟥	🟥	🟩	🟩
The locations for these items are clearly marked	🟥	🟥	🟥	🟩
It's easy to see if something is missing, in the wrong place, or needs to be re-stocked	🟥	🟥	🟩	🟩
All the equipment is regularly maintained and kept ready-to-go	🟥	🟩	🟩	🟩
There are standard operating procedures on the use of the area and all staff are aware of how things should be done	🟥	🟩	🟩	🟩
Regular and random audits are conducted against the standard operating procedures to make sure the changes are maintained	🟥	🟥	🟩	🟩
A new member of staff can easily find things and understand how things are done	🟥	🟥	🟩	🟩
Quantities of stock are based on usage	🟥	🟥	🟥	🟩
The replenishment of stock matches demand	🟥	🟩	🟩	🟩

Ward not in position to move to another module — Before starting, After 2 weeks, After 4 weeks

Ward OK to move to another module — After 8 weeks

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

The Productive Mental Health Ward Project Leader's Guide

Effective implementation

Is the ward sustaining its changes and self sufficient to carry on implementing the Productive Mental Health Ward after its intensive period?

By looking at all of the 10 point healthcheck checklists, from the modules the ward is implementing, a decision can be made about whether the ward can cope with a reduced facilitation support level. Or whether the ward has fully adopted Productive Mental Health Ward methods and principles.

KHWD — Module not complete / changes not sustained

Meals — OK

WOW — OK

SSO — OK

PSAG — Module not complete / changes not sustained

Meds — Module not complete / changes not sustained

Ward not yet self sustaining
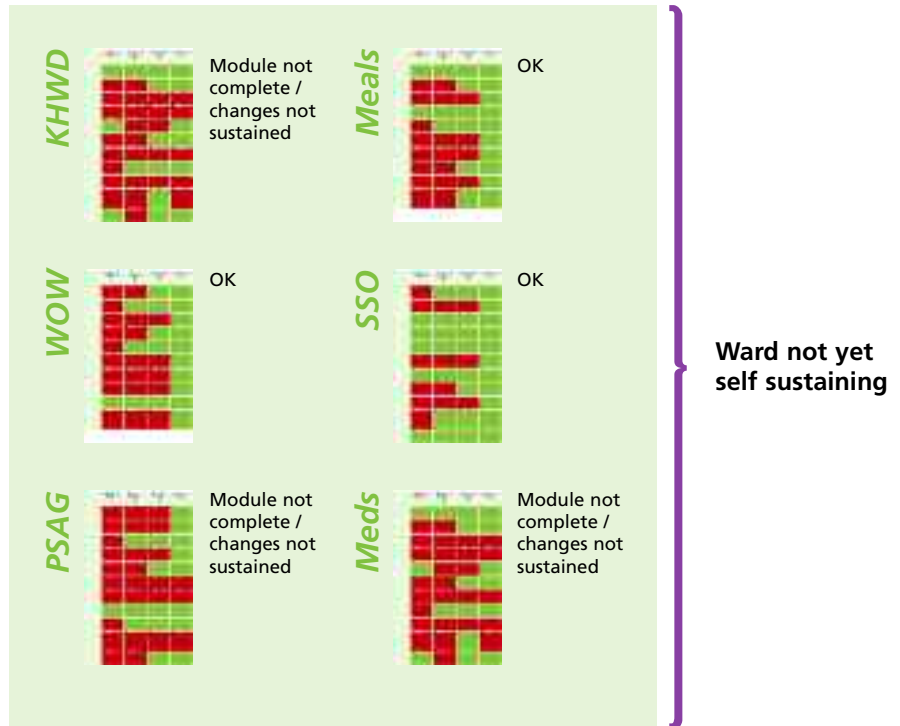
Audits that drive towards consistently high standards

The audit process is a key responsibility for the project team. Audits are one of the most important parts of sustaining any change and also one of the most resisted tools on initial implementation.

Audits should be simple, practical and continuous. Resist the temptation to develop complex processes to manage audits.

Forget your previous audit experience. Productive Mental Health Ward audits are designed by ward staff, based on the standards defined by ward staff and predominantly carried out by ward staff.

Experience from Productive Mental Health Ward testing tells us that the temptation for ward teams is to stop auditing when the standard seems to be sustained. You should ensure this does not happen. Audits never stop. They are the glue that stick the improvements together.

The Toolkit contains a tool for a ward to plan and track its audits. This should be combined with the visit pyramids and guidance sheets so that your leadership team contribute to the audit process.

Audits are for life, not just for Christmas!

Example of audit planner

Snapshot of visit sheet

follow up actions from last week's visit (both the ward's (i.e. from

Conduct an audit:
- conduct the appropriate BLUE audit as per the ward's audit plan
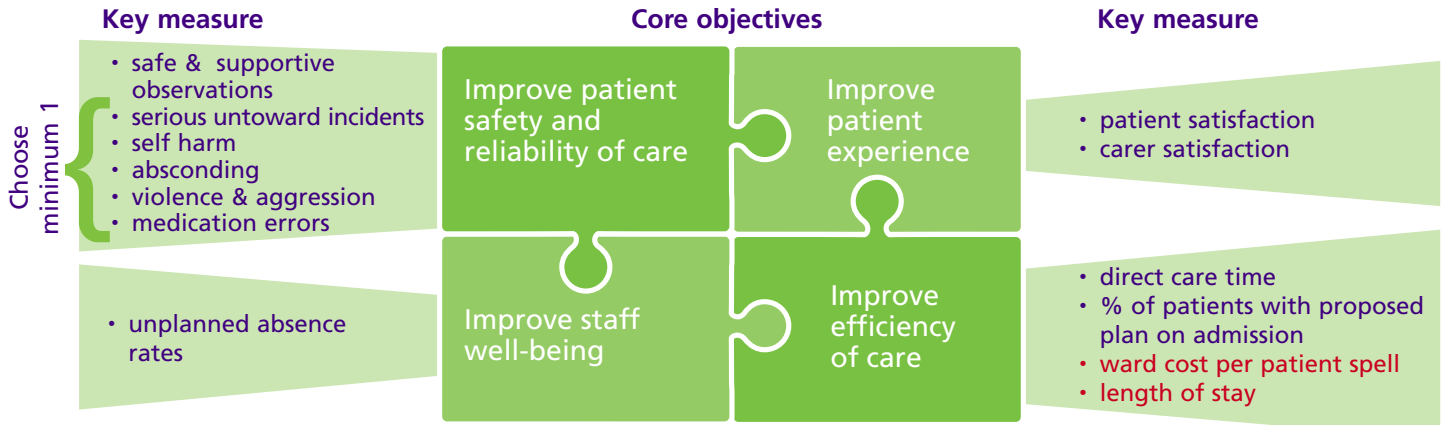
Communicate:
- your view on the ward's improvements efforts
- changes to trust policy

Knowing How we are Doing

The Productive Mental Health Ward will help improve four key dimensions of care you provide

Performance is tracked against the four basic objectives

Key measure   **Core objectives**   **Key measure**

Choose minimum 1

- safe & supportive observations
- serious untoward incidents
- self harm
- absconding
- violence & aggression
- medication errors

| Improve patient safety and reliability of care | Improve patient experience |

- patient satisfaction
- carer satisfaction

- unplanned absence rates

| Improve staff well-being | Improve efficiency of care |

- direct care time
- % of patients with proposed plan on admission
- ward cost per patient spell
- length of stay

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

This provides you and your ward team with a balanced set of measures

Our learning so far is that it can be difficult to obtain this baseline data. Your responsibility is to support the project leader and influence throughout the organisation to ensure that as much data as possible is made available.

If you are unable to obtain the exact measure suggested, use the **closest existing data**.

Detail on these measures is available in the Knowing How we are Doing module.

KPI tracking

As the Productive Mental Health Ward matures then, with the aim of consistent standards across the organisation, consider standardised performance boards across wards that have implemented the Productive Mental Health Ward.

Resist the temptation to do this early on. Testing experience tells us that it takes a long time to get to a performance board that really works for the organisation.
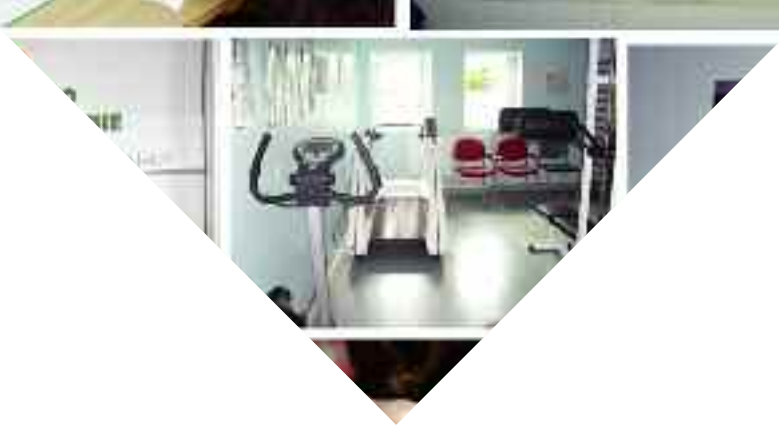
Quality of facilitation - learning objectives

As mentioned previously, quality of coaching and facilitation is very important. This is regardless of whether the facilitator is:
- the ward leader
- improvement facilitator
- 3rd party external facilitator

To provide a mechanism to assess the effectiveness of facilitation at ward level, and provide support if necessary, each module has a set of learning objectives.

Each module's learning objectives are set at the beginning of the module. A framework for assessing the facilitation of the module against those learning objectives is provided at the back of each module as illustrated in the next two pages.

The learning objectives are based around improvement techniques, not specific interventions. This is so that the ward staff learn improvement techniques, thus building the organisation's improvement capability.

The facilitator can assess the effectiveness of their facilitation by asking the questions in the assessment criteria and assessing the responses against the listed criteria.

Example of learning objectives found at the start of each module

Learning objectives

The team will:

- understand that reliable safe and supportive observations require frequent, simple measurement against a team defined and clearly communicated standard
- understand how auditing observation charts frequently gives direction to improvement
- be able to define how clear roles and responsibilities on a ward can reduce errors and omissions
- define standardised work and how it increases quality
- develop audits as a positive activity that helps sustain the safe and supportive observations

Example of learning objectives assessment criteria found at the back of each module

Question (ask the team member)	Answers for outcome achieved
Describe the important things to have in place so that safe and supportive observations become more reliable	Amongst other factors: • frequent (weekly) measurement • factors to be measured decided by team • factors being measured put into a standard.
Describe how frequent safe and supportive observations audits make improving easier	• highlights the exact parts of the audit the team has room to improve on • need to have more than one reliability score, need the detail so that the team can improve • even if the composite (total) score is low, the team can still see where it is improving and where it can improve more.
How do you ensure tasks and activities on the ward do not clash?	• ensure roles and responsibilities are clear during handovers • ensure someone takes the supervisory role on the ward; that person needs to be aware of all activities and then ensure tasks are scheduled so they do not clash.
How do standards support the new safe and supportive observations process?	• important tool for communicating • key to sustaining safe and supportive observations process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for safe and supportive observations process.
Where do audits fit into the safe and supportive observations module and how are they used?	• ensures people are carrying out the new safe and supportive observations process • should be quick • based on the standard created by the team • never stop using audits.

Capturing patient stories and staff testimonies

Alongside the Knowing How we are Doing measures and productive Mental Health Ward 10 point healthcheck, capturing stories provides high impact evidence of change that is vital for spread.

Capturing stories is vital for the Productive Mental Health Wards PULL spread mechanism. You need to make of wards WANT the Productive Ward.

Staff and patient stories, good or bad, help to focus the project board meeting. Actively encourage ward leaders to attend the project board to relay patient stories and staff experience.

A mechanism to help ward staff could be to provide staff with a learning log. Check on its use when you or your team visit the ward.

Alternatively you could consider involving some of your patients in your weekly Productive Mental Health Ward meetings.

Preparing ward leaders for project boards

Project board meetings can be a daunting experience for those not used to such an environment:

• discuss ways of making the project board as inclusive as possible with your executive leader

• talk personally with the showcase ward leaders about what to expect. Turn it into an opportunity

• rotate ward leaders in each board meeting so that as many as possible get exposure to the senior leaders of the organisation

Productive Mental Health Ward leaders for project boards - ward leader's posters

As mentioned in the project board section of the Executive Leader's Guide, a useful way of structuring the involvement of ward leaders is to invite them to produce a poster detailing their progress and experiences. It is a great communication tool and also provides a catalyst for ward leaders to progress the implementation on their ward.
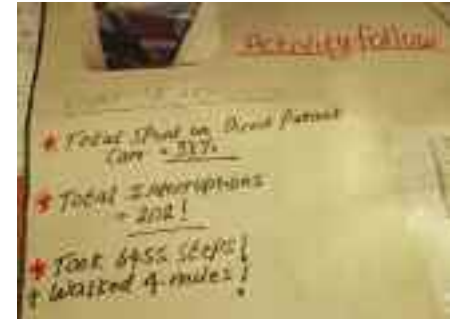
Recognition and reward

Plan for celebration at the beginning, middle and end of either the implementation of each module or during key milestones that your team sets. The celebrations can be low key and involve your staff and senior leaders.

As this can be hard going at times, planning to celebrate keeps the positive energy moving. Our test sites have found different ways to keep staff informed and recognised for their participation and contributions.

Internal newsletters, personal thank you notes from the chief executive or chief nurse, performance appraisal recognition are all ways to reward and thank staff for their outcomes.

Coaching ward leaders

The modules are designed in the language that ward staff use every day. Nurses, therapists and support staff approach patient care in a common way. They will:
• prepare for the patient
• assess the patient
• formulate findings
• plan interventions
• carry out interventions
• evaluate the care

The modules work in the same way, and so are easy to just pick up and start using. Instead of treating a patient, staff will be treating a process that needs changing.

Leading a staff member through this change requires you to have the ability to manage an empowered staff.

You will refine your skills and fine tune your ability to know when to let the team get on with the treatments and when your negotiating and management skills are needed to provide guidance.

You will need to use a high dose of delegation skills. Often, ward leaders need periodic refresher courses or seminars to sharpen these skills.

Be sure to take advantage of every opportunity you find to keep your own management skills as sharp as you can. Look for opportunities with the RCN, conferences and meetings both inside and outside your organisation.
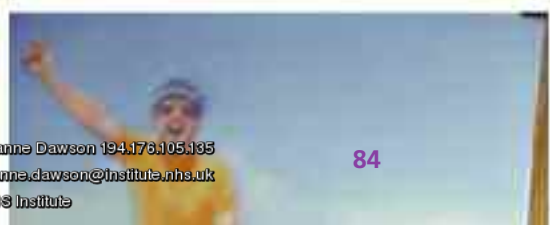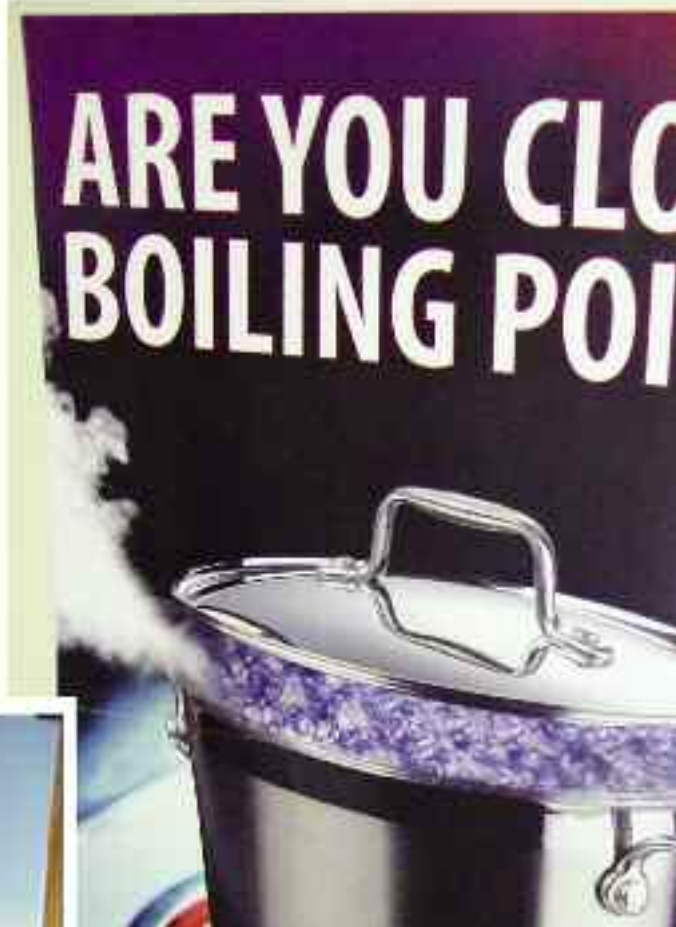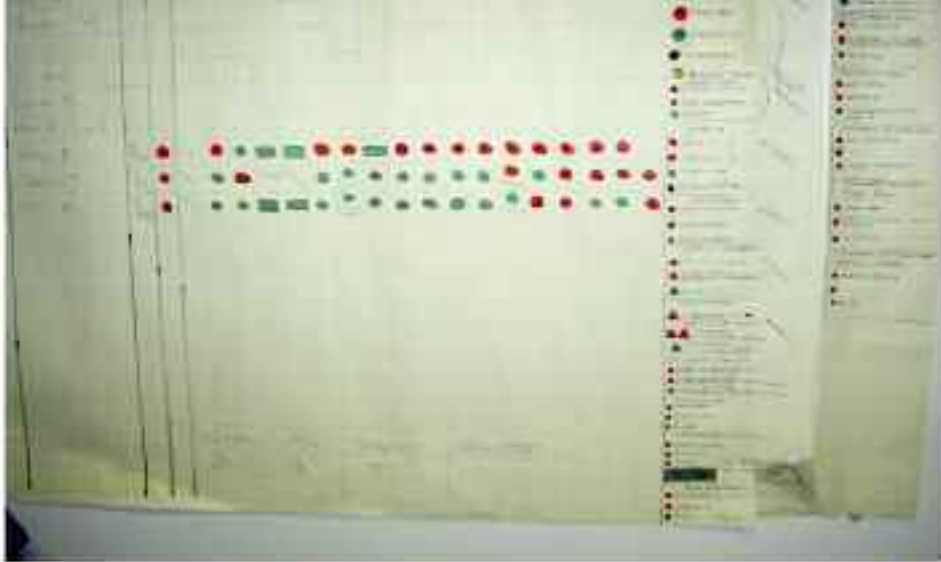
WELL ORGANISED
WARD
CLINIC ROOM

ARE YOU CLO
BOILING POI

Spread
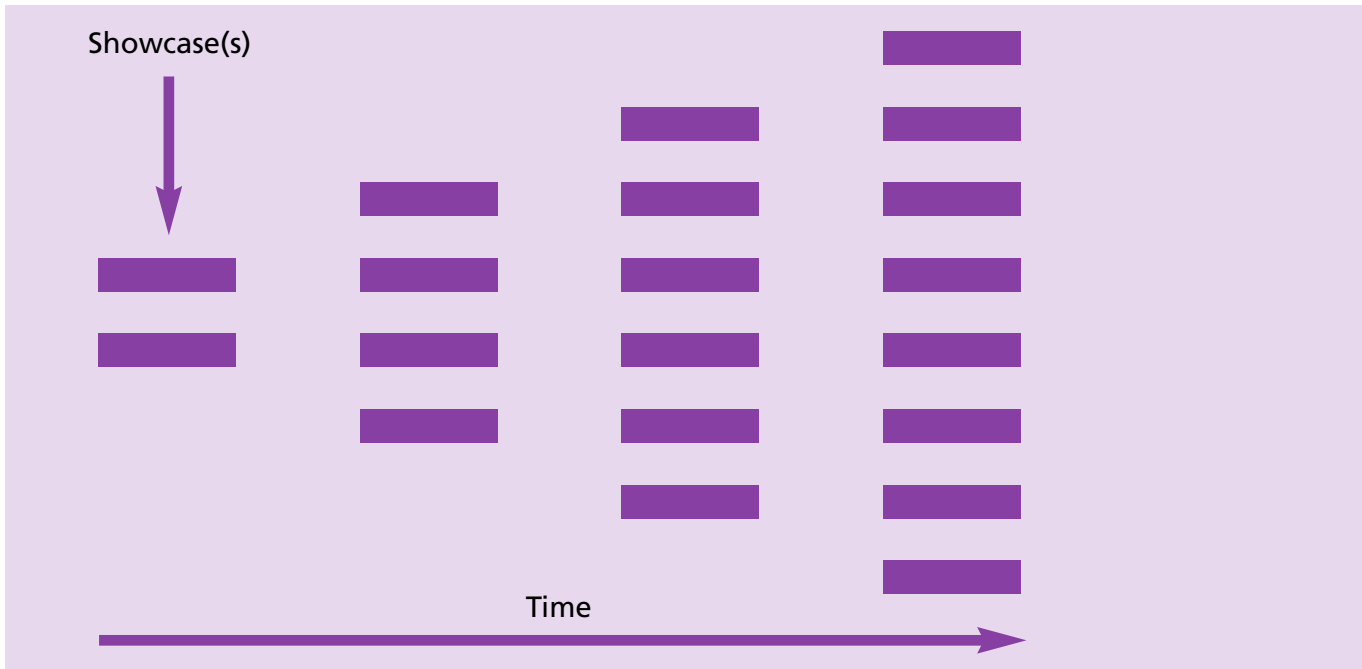## *(moving from the showcase wards)*

Options and models for spread

The Executive Leader's Guide
contains information on a number
of options for spread. Following
is more detail on two of them.
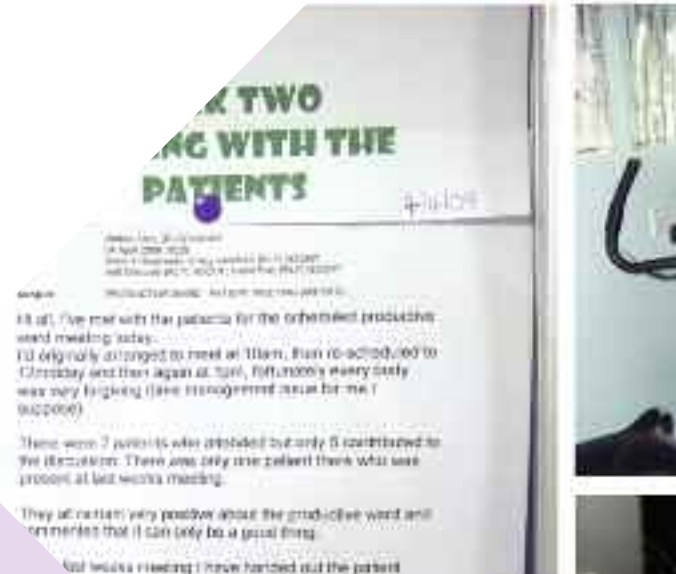
1 - start small and expand rapidly

Basic model

Showcase(s)

Time

Spread aims

• 20 wards in 2 years

Resource

• 0.5 FTE project leader
• 1 FTE improvement facilitators
• 0.5 FTE analyst
• 2 days a week external improvement resource for four months

Starting Up

• senior management team briefed by nursing director
• nursing director briefs all ward leaders at quarterly ward leaders day and invites applications
• applications assessed
• showcase wards selected using template
• all wards who applied visited
• showcase wards started up
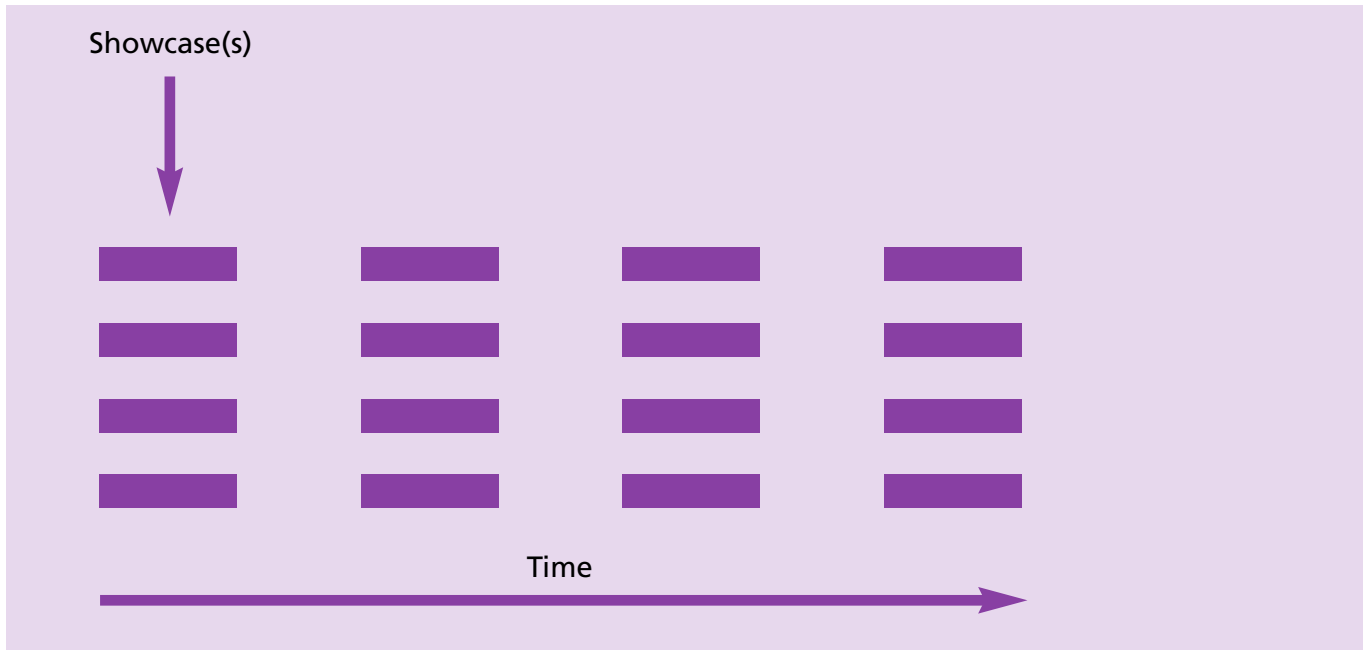
Basic approach

- intensive support invested in the showcase wards
- building up to four wards introduced every 20 weeks
- after two months the wave one of wards have first 'network' event where they receive an interactive afternoon on the principles of the Productive Ward
- after three months the wave one wards have their next 'network' event where they are given practical advice and training and a preparation task list, split over the next two weeks (prep one and prep two as detailed below)
  - network event lead by improvement facilitators and showcase ward leaders
- reflection time built into start of wave two wards

PREP 1	PREP 2
WARD VISION	ACTIVITY FOLLOW DIRECT CARE TIME BASELINE
MEASURES BRIEFING	OBSERVATIONS AUDIT
MEASURES SELF ASSESSMENT	PATIENT SATISFACTION QUESTIONNAIRE
PATIENTS AND STAFF LEAFLETS DISTRIBUTED	5S GAME PLAYED WITH ALL STAFF
WASTE WALK VIDEOED	SENIOR WARD STAFF ALL VISIT SHOWCASE WARD

2 wards showcase

4 months | 4 months

KHWD → Ongoing improvement
WOW → Ongoing improvement
PSAG
1 | 2 | 3 — Process modules

4 to 6 wards wave 1

Network Event 1 | Network Event 2 | PREP 1 | PREP 2 | KHWD → Ongoing improvement
WOW → Ongoing improvement
PSAG
1 | 2 | 3 — Process modules

8 wards wave 2

Network Event 1 | Network Event 2 | Reflection & Learning | PREP 1 | PREP 2 | KHWD →
WOW
PSAG
1

The Productive Mental Health Ward Project Leader's Guide

2 - start medium and expand in a linear fashion

Basic model

Showcase(s)

Time

Spread aims

• 20 wards in two years

Resource

• 0.5 FTE project leader
• 1 FTE improvement facilitators (one full time plus five full time)
• 0.1 FTE analyst
• 2 days a week external improvement resource for four months split half a day per showcase ward

Starting up

• senior management team briefed by nursing director
• project team selects showcase wards
• one day ward brief given to each showcase ward
• showcase ward started up

The Productive Mental Health Ward Project Leader's Guide

Basic approach

- intensive support invested in the showcase wards for three months
- after three months PW launched in large scale nursing staff launch
- four ward waves introduced in 12-16 week blocks
- ward's 12-16 week block contains three weeks of reflection and consolidation
- wards receive four hours of facilitation support per week
- wards in waves after showcase have the following start criteria
  – some wards have not met this so start up delayed
  ○ 75% of all staff attend briefing
  ○ activity follow
  ○ waste walk video
  ○ ward vision
  ○ patient satisfaction
  ○ before photos taken

Whole site
launch of PW

| 12 weeks | 1 week | 1 week | 1 week | 3 weeks |

4 wards Showcase

SHOWCASE

4 wards wave 1

6x Ward Briefs | PREP | KHWD | WOW | PSAG | Review & Consolidation

SSO

Meals

4 wards wave 2

6x Ward Briefs | PREP | KHWD

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

The Productive Mental Health Ward Project Leader's Guide
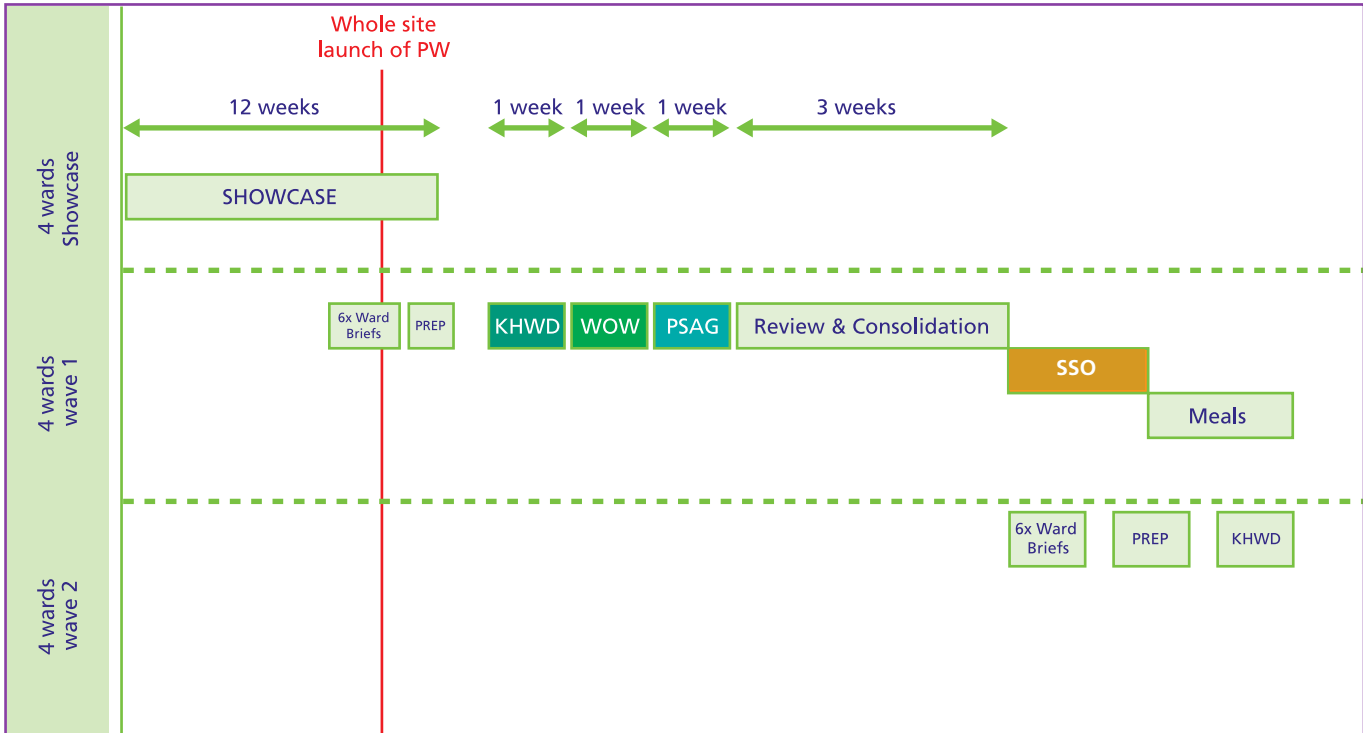
Resources for spread

Learn from your showcase to create your own model for spread. Adjust you project plan given what you know following your experience with your showcase wards.

Calculate the resource you have employed on your showcase(s), test this against your spread aspirations. Does your plan exceed the available resource sooner or later than you had originally planned for? Feedback your findings to the project board.

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

DEALING WITH
WORRIES THAT
WONT GO AWAY

DON'T LET ANGER GET THE BETTER O

Mental Health

97
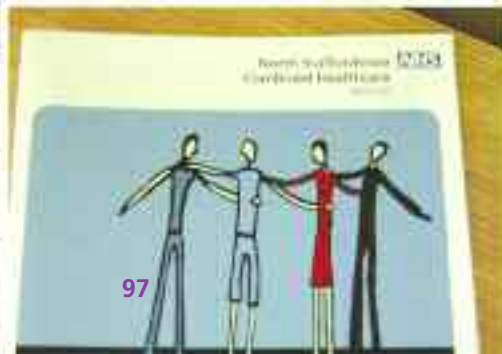
Resources for spread in the future

As the Productive Mental Health Ward matures you can consider some of the possibilities for integrating and resourcing the Productive Mental Health Ward so that the methodology ceases to be the Productive Mental Health Ward and becomes 'the way we do business'.

The key to this is the realisation that the Productive Mental Health Ward is not a standard in itself, but actually a robust process for delivering the standards you specify.

Current Improvement Structure

Psychologist Team

Central Projects

Productive Ward Team

Ward

Infection Control Team

Practice Development

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute
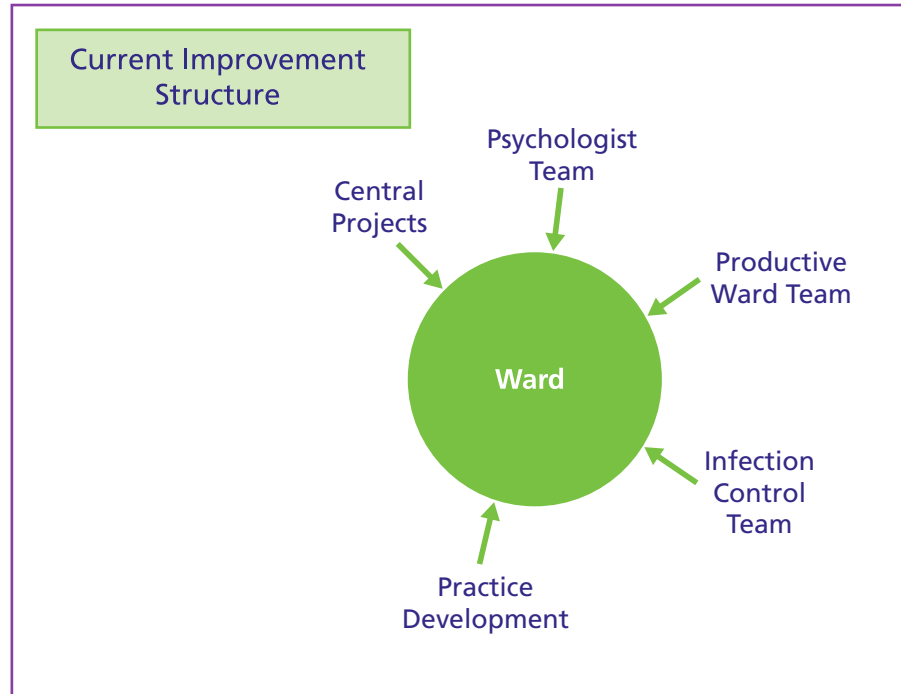
- central improvement teams interface with team separately
- central improvement teams now used to coach/facilitate Productive Ward (PW)
- ward team use new Productive Mental Health Ward improvement skills to implement new best practice even when outside current PW modules
- ward teams empowered & process thinking

Productive Mental Health Ward as Delivery Vehicle

PW Support

Infection Control Best Practice

Psychologist Teams Best Practice

PW Support

Ward Team with Productive Mental Health Ward Approach

Strategic Direction & Best Practice

Practice Development Standards

PW Support

PW Support

Crisis Team Best Practice

PW - Productive Ward
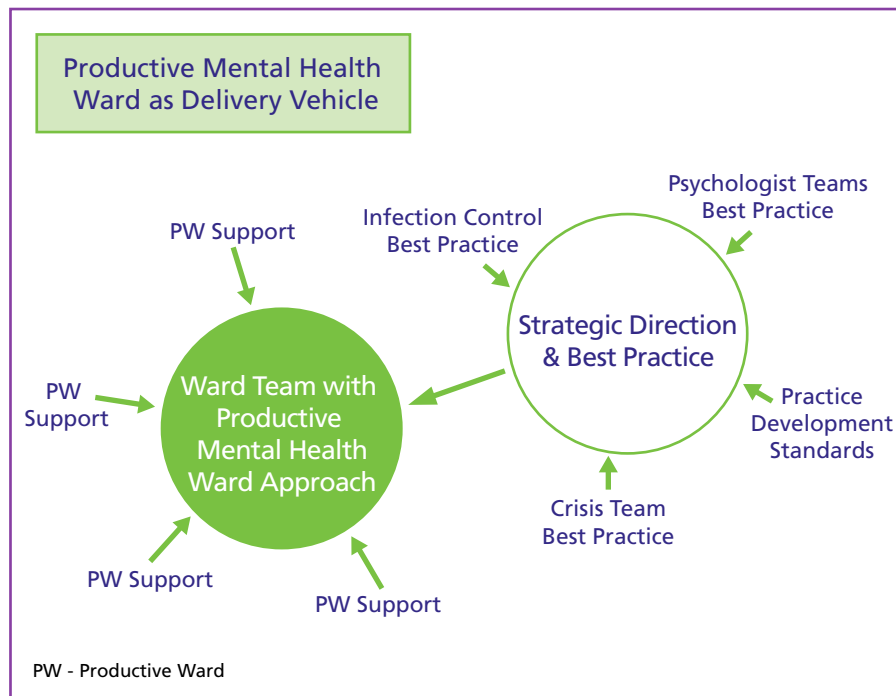
Skill building capacity and academy - developing skills within your organisation

The job roles and competencies of the project leader and project improvement facilitator have already been described.

The role of the ward leader and line manager are also vital to the success of implementation.

Capability building is highly context dependent as organisations start from very different positions. Organisations vary greatly in size (ie, number of wards), complexity (ie, range of clinical service, number of sites) and maturity of service improvement (ie, whether or not they have an experienced, full-time improvement team).

Clearly the core project team and expert coaches are the primary mechanism for providing coaching and support to ward-based staff (especially ward leaders) during implementation.

The pace of implementation is dependent on the internal capability of the organisation to demonstrate the competencies required for Productive Mental Health Ward implementation. While buying in external resource could be an appropriate short term solution, many organisations consider the building of internal capability a priority.

- equipping ward leaders with the skills required to lead their teams through the Productive Mental Health Ward could involve:
  - on-the-job coaching ('the expert helps me learn') which will be provided one day/week per ward during implementation
  - field-and-forum ('I learn the principles and then do it, with support') which might be provided through a number of 'academy' sessions to build a core underpinning skill set through experience-based learning
  - action learning sets ('we get together to learn from each other') which might be half a day per month for all ward leaders within an implementation wave, facilitated by an expert coach
  - classroom training ('the expert tells us how') which might work well for briefing people on specific Productive Mental Health Ward modules

- for larger organisations, consider an academy model based around a series of experience-based interventions (eg, four day-long workshops for waves of ward leaders) to:
  - set out the core methodology and practice which they will need to apply within the next month based on the Productive Mental Health Ward modules and tools
  - agree the nature of support that ward leaders and staff are looking for from the expert coaches in the month ahead to implement the modules and apply the tools

- set aside time during the session for ward leaders to share learning and challenge each other
- in all capability building models, put the emphasis on practical exercises to build the confidence of participants (eg, practising a performance conversation based on the weekly data whilst standing around the Knowing How we are Doing board and then receiving feedback from peers)
- link Productive Mental Health Ward capability building into other programmes for nurses (eg, RCN leadership programme) to help participants make the connections

- invite members of the executive team and relevant stakeholders (eg, head of catering, materials management supplier, cleaning contractor) to capability building workshops to raise awareness and work on organisationals issues
- develop mechanisms to share best practices within the organisation (eg, visual standards for linen cupboard available to download from a shared drive) to avoid inconsistency and wasted time

Selection and sequencing of wards

Pull, not push
Wards should not be selected unless they have expressed interest previously.

Landings
Implementing on a 'landing' or other close proximity helps to stimulate the sharing of experiences between wards. It can also bring forward possible benefits around staff flexibility between wards due to consistent standards and working procedures.

Line manager blocks
As with landings, focusing on wards under one leader can speed up implementation as there can be greater communication and benefits around staff flexibility.

Pathway work
Is there any cross functional initiatives that require robust ward processes to deliver consistent performance?

Communicating for spread

Making the Productive Mental Health Ward your own.

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Engagement / spread

Engaged staff in multiple wards does not mean a successful spread of the Productive Mental Health Ward. The Productive Mental Health Ward is a balance between engaged staff and robust processes. Engaged staff alone will not bring the gains.

Be sure to assess the quality and robustness of your implementation by using the tools available:
- KHWD measurement set routinely updated at ward level
- robust ward processes: Productive Mental Health Ward healthcheck in each module
- audit schedule results: Toolkit
- feedback from senior leader visits: visit guidance sheets in Toolkit
- learning objectives complete: in each module

Reflection and learning from each phase

It is very, easy to get caught
up in the pace and challenges
of getting your Productive Mental
Health Ward implementation
off the ground.

Time to reflect on current progress,
and time to adjust the project
plan is vital. You need to see
any issues coming rather than
be surprised by them.

Ensure, at intervals, to check the
current status of the Productive
Mental Health Ward against the
aims and strategic fit defined
at the outset.

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Acknowledgements

Please view the enclosed:
Releasing Time to Care -
A short 10 minute introductory
DVD before reading this
module.

Your copy missing?
Or would you like to request
another copy?

Further copies of the DVD are
available from the NHS Institute
Productive Mental Health website
www.institute.nhs.uk/productive
mentalhealthward

Watch the DVD at
least twice... you
will pick out new
things each time
you view it

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute

Joanne Dawson 194.176.105.135
joanne.dawson@institute.nhs.uk
NHS Institute