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Releasing Time to Care: The Productive Mental Health Ward - Toolkit is published by the NHS Institute for Innovation and Improvement, Coventry House, University of Warwick Campus, Coventry, CV4 7AL

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ISBN: 978-1-906535-65-0

The Productive Mental Health Ward Toolkit - introduction

Tools are the easy and fun bit but these alone will rarely get you results. They will help you get results only as part of a radical change in thinking on your ward. The real challenge will be leading your team towards your defined vision of a safer, more timely and more dignified experience for your patients.

It is very tempting to jump straight for the Toolkit when starting the Productive Mental Health Ward. You need to remember that tools are just a means to an end. In the same way as having a set of wrenches and spanners does not necessarily mean you can fix a car, just possessing the Productive Mental Health Ward toolkit is not enough for successful implementation.

Start to use these tools only after you are confident you have prepared to the level the Ward Leader's Guide module recommends.

It will help you implement the Productive Mental Health Ward on your ward and overcome specific problems.

Have this toolkit to hand when implementing the Productive Mental Health Ward modules.



What is the Toolkit?

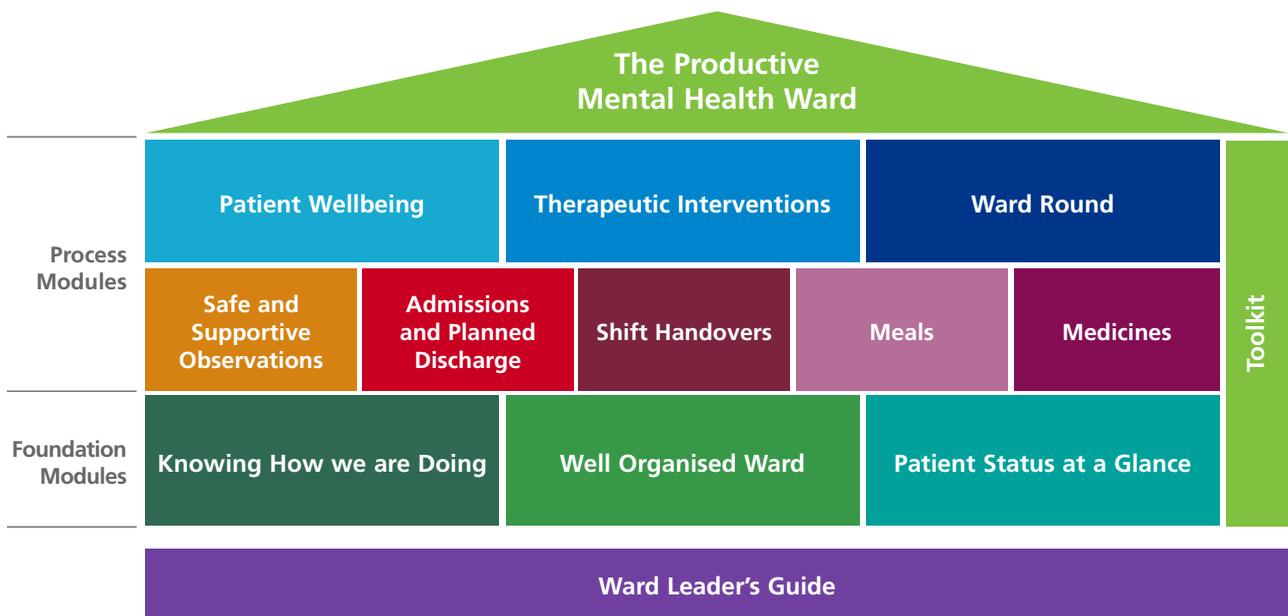
A reference manual for all the tools mentioned in the Productive Mental Health Ward modules:

- each tool is clearly and simply explained
- use the index, opposite

The tools are not designed to be used in a stand alone fashion.

They should be used as you implement the other modules in the Productive Mental Health Ward series.

The Productive Mental Health Ward modular structure is detailed below:



Toolkit Index

- 1. Your Vision***
- 2. Meetings***
- 3. Activity Follow***
- 4. Video Waste Walk***
- 5. Interviews***
- 6. Photographs***
- 7. Video***
- 8. Timing Processes***
- 9. Calculating Related Incidents***
- 10. Process Mapping***
- 11. Cost/Benefit Analysis***
- 12. Module Action Planner***
- 13. 5-Why Analysis***
- 14. Spaghetti Diagrams***
- 15. Audit Planning***
- 16. Visit Pyramid***
- 17. 5S Game***
- 18. Time Benefit Quantification***
- 19. Dot Voting***





SS INVENTORY SHEET

Item	Quantity	Remarks
1. Full-time employees		
2. Part-time employees		
3. Contractors		
4. Other staff		
5. Total		



North Staffordshire
Combined Healthcare

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**



Measure

PROBLEM & COUNTERMEASURE

Problem	Countermeasure



1. Your Vision

What is a ward vision?

A compelling statement that tells everyone your ambition for your ward.

Why spend time creating one?

- it sets the bar for what you would like to achieve
- it provides a context to set your improvement activities against, ie, 'we're doing x because it will help us achieve y taking us closer to z'
- an exciting ward vision can galvanise your team towards reaching it
- it helps those outside the ward to understand your aspirations and provide support - or even join in!

Where to begin?

- talk to your team, convince them of the benefits in creating a vision
- encourage them to give some thought to what they want for the ward

How to create your own

- developing your own ward vision is very much a creative process. The steps detailed below are intended to provide a loose structure to help you move forward
- arrange 5-10 minutes to spend with the ward team (try to find a quiet place where you are unlikely to be disturbed)
- try to visualise the perfect ward:
 - what would it look like?
 - how would it feel to work in?
 - what would patients say about it?
 - what would carers say about it?
 - how would clinicians and managers describe it?
- ask yourselves these questions and jot down all your thoughts on sticky notes. Attach these to a poster or wall – they may inspire other ideas from your team members
- try to describe your perfect ward in terms of quality, safety, efficiency and cost
- decide what are the most important elements to you as a team from what you have created so far
- draw some of these together to form a sentence or statement that best sums up these ideas – keep it descriptive and try to use dynamic terms

What to do once you've created your own vision

- display it in a prominent place in your ward, eg, on your measures board, at the entrance to your ward, in your nursing office
- use it to help you choose what to improve first when you're unsure of your priorities
- work hard to make it happen!

Keep it simple!
No essays, no jargon
and no buzz words!
Keep it real



Welcome to
The Department of Psychological Medicine



IS INVENTORY SHEET

ITEM	QUANTITY	REMARKS
...



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

are here to help services that support mental well-being

Measure

PROBLEM & COUNTERMEASURE

PROBLEM	COUNTERMEASURE
...	...



Ward 3
Our Vision

Ward 3 has introduced...

2. Meetings

Having a meeting can be a useful tool to generate discussion and ideas

What is it?

A structured gathering to discuss and set actions on specified subjects.

Why do it?

- discussing issues and coming to solutions is often better with several people
- coming together in a huddle at regular intervals keeps everyone feeling part of the team and ensures ideas are not missed
- people involved in finding the solution believe in it more

*Always be prepared.
Don't leave staff waiting
- whether it's for a
weekly meeting, a
handover or to work
on a module*

When to use?

- weekly to review ward level measures
- when issues are simmering, but need to be identified
- when specific issues need to be resolved
- to communicate decisions

Material required

- flipchart
- marker
- other materials depending on the type of meeting, eg, a measures display board for the weekly review

Top 12 tips!

1. Understand the objective of the meeting - decide accordingly who needs to be present.
2. Make sure all present know the objectives.
3. Have a set agenda.
4. For every item on the agenda - ask the question: is this best discussed with everyone present?
5. Decide who will take notes.
6. Always start the meeting with an explanation of the objectives and agenda.
7. Pause, and ask for questions/clarifications.
8. Capture next steps (actions) as they arise through the meeting on a flipchart.
9. For every next step, mark the responsible person and deadline.
10. Start the next meeting by reviewing next steps from the last one.
11. Ensure all participants prepare for the meeting.

If you are not prepared then it gives staff an excuse to bring up things like 'releasing time to care.... this meeting is taking me away from patients...'

12. More practical guidance and advice on making meetings productive and guidance on how to make things like email less of a burden, can be found by exploring the NHS Institute for Innovation and Improvement's Productive Leader programme. Visit www.institute.nhs.uk/productiveleader.

The four Ps of productive meetings are underpinned by golden rules for each stage of the meetings process



You have a responsibility to yourself and others to run productive meetings, maximising your own and their time

<i>The 4 Ps of productive meetings</i>		
Plan	<p>Top tips Think about the following:</p> <ul style="list-style-type: none"> • do you need a meeting? • what do you want to achieve? • who needs to be there? • is this a formal or informal meeting? • where should you hold the meeting? 	<p>Agenda An effective agenda is vital:</p> <ul style="list-style-type: none"> • don't leave important items until the end • assign people to items • assign timings to items • schedule breaks if meeting is over an hour
Prepare	<p>Top tips You need to have given thought to:</p> <ul style="list-style-type: none"> • why you are attending the meeting? • what your contribution will be • do you need to do pre-reading? • have you done actions from previous meetings? 	<p>Venue Choosing the right venue for your meeting is really important. Make sure everybody can:</p> <ul style="list-style-type: none"> • see • hear <p>It is also important that you limit distractions</p>
Participate	<p>Top tips for participants:</p> <ul style="list-style-type: none"> • know why you are there • be there on time • stay on subject • don't cause problems for the chair • be open to the ideas of others • help the chair control the meeting • share your thoughts and ideas 	<p>The role of the chair:</p> <ul style="list-style-type: none"> • agree note/actions taker who uses the actions/decision sheet • start and finish on time even if people are late • be clear about the purpose of the meeting • keep the meeting to time • keep track of agreed actions • review actions with agreed timescales • confirm date and time of next meeting
Pursue	<ul style="list-style-type: none"> • ensure that any lessons learned are communicated to all the team • make sure that the actions and decisions sheet is circulated to everybody within 48 hours • read the actions and decisions sheet and allocate time to follow through on your actions • prepare for next meeting 	

A good agenda should look like this

Items	Who	Time
1. Objectives for today.	AB	5 mins
2. Next steps from last week – where are we now.	AB	10 mins
3. Content topic one.	EF	15 mins
4. Content topic two.	GH	15 mins
5. Next steps and responsibilities.	AB	10 mins
6. Any other business.	All	5 mins

What is the role of the meeting chairperson?

This	Not this
<ul style="list-style-type: none"> • agree an agenda – and ensure all topics are covered • set the context for discussion - and hear the opinions of others • encourage brainstorming to reach a collective decision • reflect on the experience of others, to bring in all points of view • ensure no meeting ends until next steps, with responsibilities and deadlines, are defined 	<ul style="list-style-type: none"> • discuss what seems interesting at that point • state own opinions as context • decide oneself and then convince others • treat what they've seen as the right way to do things • end meetings with a few words of summary

If your staff don't like the word 'agenda' then approach the meeting by stating 'this is what we are going to cover today'

When you are chairing a meeting you need to make sure everyone has had an opportunity to contribute. Ask people directly

3. Activity Follow

What is it?

One hour detailed recording of the activity of a staff member.

Capturing task (such as medicine round), activity (such as looking for something) and location (such as room four).

These three areas of information are captured each and every minute during the one hour Activity Follow.

Why do it?

To understand how much time staff spend on direct care time and other ward activities.

When to use?

During the ward baseline stage of your start-up work plan, as featured in the Ward Leader's Guide.

As prescribed in the Knowing How we are Doing module.

Material required

- Activity Follow sheet
- pencil with eraser on the end
- A3 clipboard
- watch with second hand
- pedometer

Activity Follow - sounds like time and motion?

Your staff will draw the comparisons between time and motion and the Activity Follow.

After all, just like time and motion, the Activity Follow, studies the activities staff are doing in time intervals. This is where the similarity ends. The key difference is that time and motion tends to be done to staff by outsiders.

The Activity Follow is done by ward staff following their ward colleagues. The Activity Follow is all about staff learning about how they work themselves, not about an outsider telling them.

1Hr Activity Follow Sheet V1

MHS
Institute for Innovation and Improvement

NIGHT SHIFT MANAGER							
DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME
1	00:00	1	00:00	1	00:00	1	00:00
2	00:15	2	00:15	2	00:15	2	00:15
3	00:30	3	00:30	3	00:30	3	00:30
4	00:45	4	00:45	4	00:45	4	00:45
5	01:00	5	01:00	5	01:00	5	01:00
6	01:15	6	01:15	6	01:15	6	01:15
7	01:30	7	01:30	7	01:30	7	01:30
8	01:45	8	01:45	8	01:45	8	01:45
9	02:00	9	02:00	9	02:00	9	02:00
10	02:15	10	02:15	10	02:15	10	02:15
11	02:30	11	02:30	11	02:30	11	02:30
12	02:45	12	02:45	12	02:45	12	02:45
13	03:00	13	03:00	13	03:00	13	03:00
14	03:15	14	03:15	14	03:15	14	03:15
15	03:30	15	03:30	15	03:30	15	03:30
16	03:45	16	03:45	16	03:45	16	03:45
17	04:00	17	04:00	17	04:00	17	04:00
18	04:15	18	04:15	18	04:15	18	04:15
19	04:30	19	04:30	19	04:30	19	04:30
20	04:45	20	04:45	20	04:45	20	04:45
21	05:00	21	05:00	21	05:00	21	05:00
22	05:15	22	05:15	22	05:15	22	05:15
23	05:30	23	05:30	23	05:30	23	05:30
24	05:45	24	05:45	24	05:45	24	05:45
25	06:00	25	06:00	25	06:00	25	06:00
26	06:15	26	06:15	26	06:15	26	06:15
27	06:30	27	06:30	27	06:30	27	06:30
28	06:45	28	06:45	28	06:45	28	06:45
29	07:00	29	07:00	29	07:00	29	07:00
30	07:15	30	07:15	30	07:15	30	07:15
31	07:30	31	07:30	31	07:30	31	07:30
32	07:45	32	07:45	32	07:45	32	07:45
33	08:00	33	08:00	33	08:00	33	08:00
34	08:15	34	08:15	34	08:15	34	08:15
35	08:30	35	08:30	35	08:30	35	08:30
36	08:45	36	08:45	36	08:45	36	08:45
37	09:00	37	09:00	37	09:00	37	09:00
38	09:15	38	09:15	38	09:15	38	09:15
39	09:30	39	09:30	39	09:30	39	09:30
40	09:45	40	09:45	40	09:45	40	09:45
41	10:00	41	10:00	41	10:00	41	10:00
42	10:15	42	10:15	42	10:15	42	10:15
43	10:30	43	10:30	43	10:30	43	10:30
44	10:45	44	10:45	44	10:45	44	10:45
45	11:00	45	11:00	45	11:00	45	11:00
46	11:15	46	11:15	46	11:15	46	11:15
47	11:30	47	11:30	47	11:30	47	11:30
48	11:45	48	11:45	48	11:45	48	11:45
49	12:00	49	12:00	49	12:00	49	12:00
50	12:15	50	12:15	50	12:15	50	12:15
51	12:30	51	12:30	51	12:30	51	12:30
52	12:45	52	12:45	52	12:45	52	12:45
53	13:00	53	13:00	53	13:00	53	13:00
54	13:15	54	13:15	54	13:15	54	13:15
55	13:30	55	13:30	55	13:30	55	13:30
56	13:45	56	13:45	56	13:45	56	13:45
57	14:00	57	14:00	57	14:00	57	14:00
58	14:15	58	14:15	58	14:15	58	14:15
59	14:30	59	14:30	59	14:30	59	14:30
60	14:45	60	14:45	60	14:45	60	14:45
61	15:00	61	15:00	61	15:00	61	15:00
62	15:15	62	15:15	62	15:15	62	15:15
63	15:30	63	15:30	63	15:30	63	15:30
64	15:45	64	15:45	64	15:45	64	15:45
65	16:00	65	16:00	65	16:00	65	16:00
66	16:15	66	16:15	66	16:15	66	16:15
67	16:30	67	16:30	67	16:30	67	16:30
68	16:45	68	16:45	68	16:45	68	16:45
69	17:00	69	17:00	69	17:00	69	17:00
70	17:15	70	17:15	70	17:15	70	17:15
71	17:30	71	17:30	71	17:30	71	17:30
72	17:45	72	17:45	72	17:45	72	17:45
73	18:00	73	18:00	73	18:00	73	18:00
74	18:15	74	18:15	74	18:15	74	18:15
75	18:30	75	18:30	75	18:30	75	18:30
76	18:45	76	18:45	76	18:45	76	18:45
77	19:00	77	19:00	77	19:00	77	19:00
78	19:15	78	19:15	78	19:15	78	19:15
79	19:30	79	19:30	79	19:30	79	19:30
80	19:45	80	19:45	80	19:45	80	19:45
81	20:00	81	20:00	81	20:00	81	20:00
82	20:15	82	20:15	82	20:15	82	20:15
83	20:30	83	20:30	83	20:30	83	20:30
84	20:45	84	20:45	84	20:45	84	20:45
85	21:00	85	21:00	85	21:00	85	21:00
86	21:15	86	21:15	86	21:15	86	21:15
87	21:30	87	21:30	87	21:30	87	21:30
88	21:45	88	21:45	88	21:45	88	21:45
89	22:00	89	22:00	89	22:00	89	22:00
90	22:15	90	22:15	90	22:15	90	22:15
91	22:30	91	22:30	91	22:30	91	22:30
92	22:45	92	22:45	92	22:45	92	22:45
93	23:00	93	23:00	93	23:00	93	23:00
94	23:15	94	23:15	94	23:15	94	23:15
95	23:30	95	23:30	95	23:30	95	23:30
96	23:45	96	23:45	96	23:45	96	23:45
97	00:00	97	00:00	97	00:00	97	00:00
98	00:15	98	00:15	98	00:15	98	00:15
99	00:30	99	00:30	99	00:30	99	00:30
100	00:45	100	00:45	100	00:45	100	00:45

Practice for 30 minutes before doing your first Activity Follow



Using the Activity Follow sheet

The Activity Follow sheet captures a one hour snap shot of ward staff member activity.

Five steps to a detailed snap shot of ward staff time -

Preparation:

1. The observer should be a member of ward staff, not an outsider.
 2. Choose a staff member that is representative of your ward and ask their permission to conduct an Activity Follow.
 3. You should wear a watch with a second hand or digital second count display. Try to avoid using a stop watch.
 4. Clip a pedometer onto the staff member you are observing. The pedometer should not be clipped onto a pocket. It ideally should be clipped onto a trouser waist band or belt. Wherever the pedometer is mounted, ensure it is working by testing it with a quick walk around the ward.
 5. Fill in the date, start time, ward name, person, role, observer name and signature sections of the Activity Follow sheet.
- 



Conducting the Activity Follow

The Activity Follow sheet is split into three distinct sections.

RED

The observations in the three RED sections are collected once a minute. One column per minute, working across the page.

For the observation for all three RED sections it is vital that the observation is right on the minute. Record what the person being observed is doing exactly on the minute, not what the person observed was doing just before or just after. For each red section you select the most accurate description of what the observed staff member is doing / where they are. Only one choice per RED section.

Each column running down the page should have a dot marked in each of the three RED areas once a minute.

In the bottom RED section, join each dot together with a line.

GREEN

The observations in the GREEN sections are carried out as and when they happen. Not just on the minute intervals like the RED sections.

In the interruption counter GREEN section you should record every incident, during the one hour, when the person being observed is interrupted by someone else, or when the person observed interrupts someone else. Record each interruption using a 'gate tally'.

BLUE

The BLUE sections of the Activity Follow are filled in at the end of the one hour observation. These are the calculations to work out how much direct care time your staff have.

Draw up a rota of people if you are conducting a number of hours of Activity follow. It can be tiring!

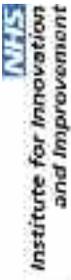


Releasing Time to Care

The Productive Mental Health Ward

1Hr Activity Follow Sheet V1

Date: _____
 Time: _____
 Unit: _____
 Staff: _____
 Location: _____



Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Direct Care Time Assessment																									
Attending Team Talk																									
Outpatient																									

Responsible Clinician Name: _____ Title: _____ Signature: _____ Date: _____	Responsible Counter Name: _____ Title: _____ Signature: _____ Date: _____
--	--

Responsible Counter Name: _____ Title: _____ Signature: _____ Date: _____	Responsible Counter Name: _____ Title: _____ Signature: _____ Date: _____
--	--

The Activity Follow in action - three minute snapshot

Minute 1:



On the turn of minute one, the staff member was collecting the trolley from the corridor in order to carry out a procedure.

Minute 2:

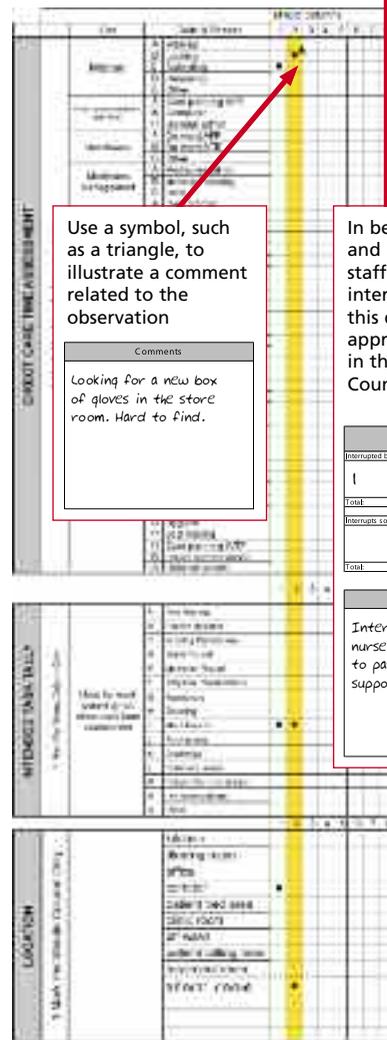


On the turn of minute two, the staff member was in the store cupboard looking for supplies that were missing from the trolley.

Minute 3:



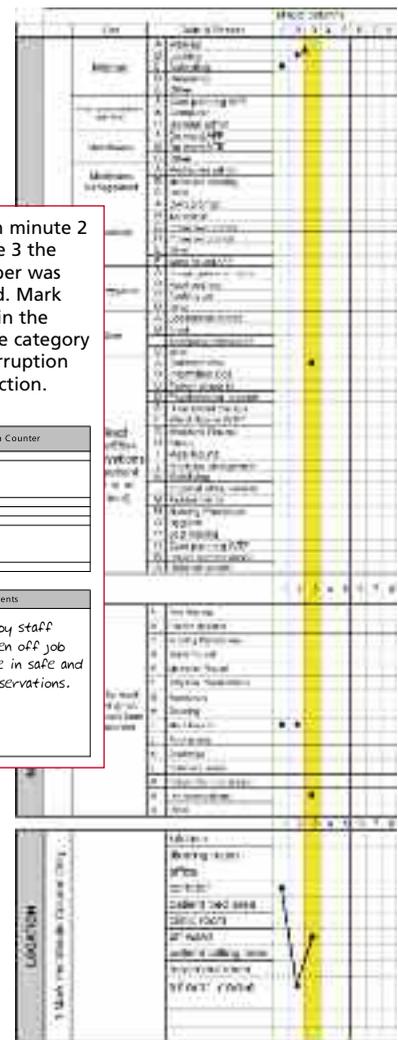
On the turn of minute three, the staff member was observing a patient during safe and supportive observations.



Use a symbol, such as a triangle, to illustrate a comment related to the observation

Comments

Looking for a new box of gloves in the store room. Hard to find.



In between minute 2 and minute 3 the staff member was interrupted. Mark this down in the appropriate category in the Interruption Counter section.

Interruption Counter

Interrupted by someone else

1

Task

Interrupts someone else

Task

Comments

Interrupted by staff nurse and taken off job to participate in safe and supportive observations.

How much direct care time (DC)?

Once the one hour observation sheet has been filled in, you can work out how much direct care time the observed staff member had.

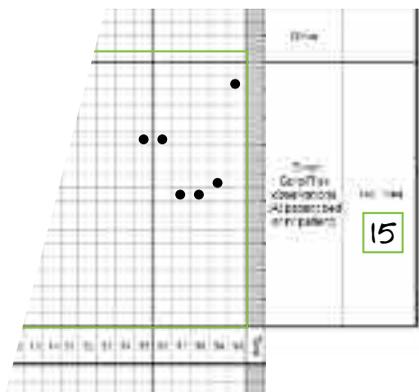
To do this:

- count the number of dots in direct care time area (illustrated by the GREEN rectangle below). Write the total in the DC TOTAL column. In this case the count was 15
- divide the DC TOTAL figure by 60. Then multiply the answer by 100 to give the % direct care time the observed staff member had for the hour he or she was observed. For example:

$15 \div 60 = 0.25$
 $0.25 \times 100 = 25$
 direct care time = 25%



MARK FOR THE	Time	Activity
		1. Direct Care
		2. Indirect Care
		3. Patient Care
		4. Psychiatric Support
		5. Occupational Therapy
		6. Rehabilitation
		7. Education/Training
		8. Administration
		9. Research
		10. Other
		11. Unrecorded
		12. Unrecorded
		13. Unrecorded
		14. Unrecorded
		15. Unrecorded
		16. Unrecorded
		17. Unrecorded
		18. Unrecorded
		19. Unrecorded
		20. Unrecorded
		21. Unrecorded
		22. Unrecorded
		23. Unrecorded
		24. Unrecorded
		25. Unrecorded
		26. Unrecorded
		27. Unrecorded
		28. Unrecorded
		29. Unrecorded
		30. Unrecorded



DC TOTAL	% DC
15	25

What else is the Activity Follow telling me?

DIRECT CARE TIME ASSESSMENT Tasks Per Minute Charge Duty		Total	Module(s)	Year	Subtotal Total
Direct Care/Time observational data (At patient, head in room, outside)	Medics	15	Medics		15
	Handovers	0	Handovers		0
	Admissions Management	0	Admissions Management		0
	Discussion	10	Discussion		10
	Shift Handovers	5	Shift Handovers		5
	Other	5	Other		5
	Direct Care/Time observational data (At patient, head in room, outside)	15	Direct Care/Time observational data (At patient, head in room, outside)		15

High motion total. Is everything located conveniently for staff to do their jobs? Are they looking for things or information and going back and forward all the time? Consider the *Patient Status at a Glance* and the *Well Organised Ward* modules.

High admin total. Are many forms duplicated? Are they easy to find? Is the correct admin launched at patient admission? Consider *Admissions and Planned Discharge* and *Well Organised Ward* modules.

High discussion total. Do staff have the information and equipment they need to do their jobs? Consider *Patient Status at a Glance*, *Well Organised Ward* and *Shift Handovers* modules.

Totals in this section should add up to 60

INTENDED TASK TALLY Tasks Per Minute Charge Duty		Total
Other	3	3
Other	5	5
Other	4	4
Other	0	0
Other	0	0
Other	0	0
Other	1	1
Other	7	7
Other	6	6
Other	4	4
Other	0	0
Other	0	0
Other	3	3
Other	7	7
Other	0	0
Other	2	2
Other	0	0
Other	10	10

The intended task tally tells you what tasks the staff member is spending the most time doing. When choosing which modules to start, after the Foundation modules, consider starting the modules that have the largest totals. For example the ones the ward staff are spending the most time doing. The totals in this section should add up to 60.

Interruption type	Related module(s)
Patient status	Patient Status at a Glance
Advice	Handovers / Knowing How we are Doing / Therapeutic Interventions / Patient Wellbeing
Location of equipment	Well Organised Ward
Location of information	Well Organised Ward / Patient Status at a Glance / Knowing How we are Doing
Relatives	Admissions and Planned Discharge / Well Organised Ward / Patient Status at a Glance
General staff query	Well Organised Ward / Shift Handovers
Patient	Patient Status at a Glance / Shift Handovers / Admissions and Planned Discharge

A large number of interruptions means you should look at how easy it is to find items, equipment, people and information. Consider this breakdown (left):



5S INVENTORY SHEET **NHS**
Institute for Innovation
and Improvement

DEPARTMENT	AREA	CURRENT		PROPOSED		
		QTY	UNIT	NEW LOCATION	QTY	UNIT
Production Dept	LOCATION			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		
Box of paper	ECB			Production		

Consolidating multiple Activity Follow sheets - finding out how much Direct Care time your staff have over a shift:

As detailed in the Ward Leader's Guide, direct care time is a measure you should be obtaining once every month for the first six months and then once every quarter from then on.

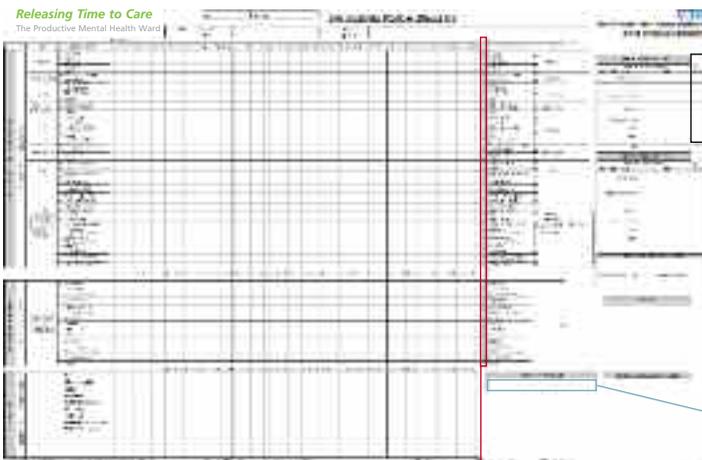
The first month should feature a 12 hour observation of one trained nurse (between 6am and 6pm). The next five months and subsequent quarterly direct care time assessments should be an 8 hour observation between 7am and 3pm. All assessments should be on one complete weekday not

featuring a ward round. The weekday should remain constant and ideally it should feature the same nurse.

Use the Totaliser spreadsheet (which can be found on the NHS Institute Productive Mental Health Ward web pages at www.institute.nhs.uk/productive-mentalhealthward) to summarise the 8 to 12 Activity Follow sheets you will have collected (dependent on whether it is the first month or subsequent). The orange sections are for you to fill

in from the completed Activity Follow sheets. The green sections will self complete, giving you the direct care value for the period you are assessing (6am to 6pm or 7am to 3pm).

If your organisation is implementing the Productive Mental Health Ward on more than one ward, then talk to your nursing director about using your IT function to make a centralised spreadsheet using the same principles as the Totaliser.



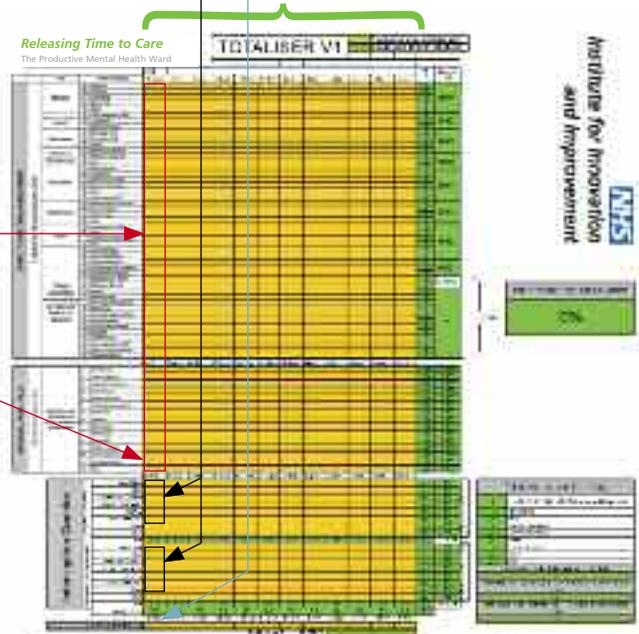
You need 12 completed Activity Follow sheets to complete the 12 hour direct care time assessment and eight completed sheets for the 8hr assessment.

Each Activity Follow sheet fills one column in the Totaliser.

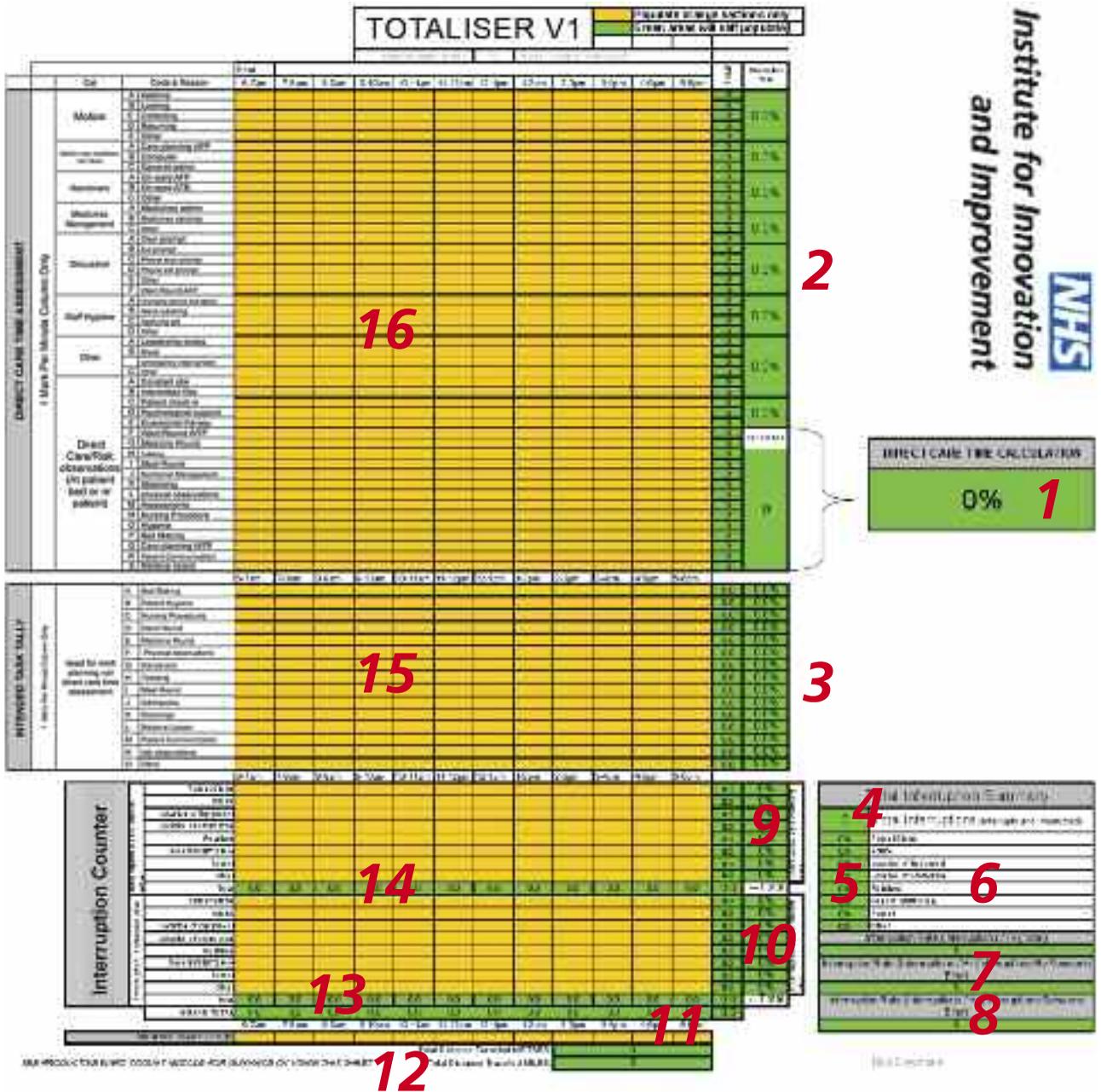
Type the totals from the 'Totals' column on the Activity Follow sheet into the appropriate column in Totaliser spreadsheet.

If you are carrying out less than a 12 hour Activity Follow (for example on your second month onwards) you will need to change the middle box directly under the 'Totaliser' title.

The default is 12 hours. By changing the number of hours in this box to match the number hours Activity Follow you have carried out (after the first month this will need to change to eight), you will ensure the results of the Totaliser are correct.



What is the Totaliser telling me?



See page 24 for corresponding table for marker descriptions

Marker	Description	Related Module
1	% of direct care time	ALL
2	% of the time period that is spent in each activity (ie, in motion)	ALL
3	% of the time period spent intending to carry out a ward task (ie, bed making)	ALL
4	Total number of interruptions	PSAG, WOW, SH, KHWD, APD
5	% of total interruptions by interruption type (ie, % of interruptions caused by staff asking for location of equipment)	PSAG, WOW, SH, KHWD, APD
6	Number of interruptions per hour	PSAG, WOW, SH, KHWD, APD
7	Number of times per hour the staff member was interrupted by someone else	PSAG, WOW, SH, KHWD, APD
8	Number of times per hour the staff member interrupted someone else	PSAG, WOW, SH, KHWD, APD
9	% of all times the staff member was interrupted by someone else, by interruption type	PSAG, WOW, SH, KHWD, APD
10	% of all times the staff member interrupted someone else, by interruption type	PSAG, WOW, SH, KHWD, APD
11	Total distance the staff member travelled (in metres and miles)	WOW
12	Distance travelled by the staff member each hour	WOW
13	Total number of interruptions (total and by someone else only) each hour	PSAG, WOW, SH, KHWD, APD
14	Total number of times the staff member interrupted someone else each hour	PSAG, WOW, SH, KHWD, APD
15	Number of minutes each hour that the staff member intended to carry out a particular task (ie, minutes that the staff member intended to carry out observations between 10am and 11am)	ALL
16	Number of minutes each hour by activity carried out (ie, minutes of motion between 3pm and 4pm)	ALL



4. Video Waste Walk

What is it?

Using video to walk through the ward to identify causes of waste - waste of space, equipment, consumables, resources and above all time.

Why do it?

It is a straightforward way to identify areas to get started with in terms of reorganising the ward (5S)

When to use?

A waste video is essential to prepare for the Well Organised Ward module.

It is worth doing a waste video as often as you can - it does not have to be a whole ward every time - and there is never a bad time to detect waste!

Material required

- a sharp eye!
- notebook to take notes
- video camera
- camera, if possible (also refer to tool no. 6 and 7 taking photographs and/or video)



11 point process

1. Read guidelines in the Video section of this Toolkit and obtain the appropriate consent from anyone who may feature, however briefly, in a video walk of the ward.
2. Get someone who does not spend much time on the ward to walk with you.
3. Assume the waste you find is waste worth noting.
4. Ask yourself some common sense questions - do I see any space underutilised, do I see use of anything that would waste time, are there too many consumables being stocked, is the stock storage unit too large, is there equipment sitting idle etc.
5. Walk through the ward with the video camera turned on. Look out for examples of the seven wastes (see next page) and also video from the perspective of the patient. Take your time. Film up, down and around. Film staff and facilities. A video Waste Walk can take 25 minutes.
6. Watch the video back as a group - take guidance from the Video section of the Toolkit.
7. As the team watches the video back, ask them to write down any issues they see onto sticky notes as they see them. Remind them of the seven wastes (next page) and the patient experience.
8. Put the sticky notes onto a flipchart and, with the team, categorise them into the seven wastes. Include any miscellaneous into an 'other' category. You will find many environmental issues you pick up fit into this latter category.
9. Ask the team to generate ideas on how these things can be made better. These ideas should be listed against each waste.
10. You should have finished with a completed waste video sheet, either on a big flipchart or copied onto A4.
11. For environmental issues, copy these issues onto a Cost/Benefit sheet and generate ideas using the guidance in the Tool no. 11 section.

Ensure the group discussion stays on systems and processes, not individuals and 'fault'

There are be seven types of waste

1. Defects and rework
- eg, patient display board not comprehensive, so shift handover requires repeat verbal updates.
2. Motion - eg, sluice designed inappropriately, so that the commode chair, the pans, the wipes, the apron dispenser and glove dispenser are at different corners of the room.
3. Over production
- eg, doing unnecessary tests or observations.
4. Transport - eg, an item is not stocked in your own ward, staff need to walk to another to collect the item every time it is required.
5. Waiting - eg, meal delivery interrupted because nurse is waiting for the patient, unaware that it is meal time.
6. Stock - eg, excess stock
- no space to keep it.
7. Over processing
- eg, excess documentation.



Example of a completed Waste Walk sheet -

A blank waste walk sheet can be found on the NHS Institute Productive Mental Health Ward web pages at www.institute.nhs.uk/productivementalhealthward

Lean improvements on _____ Ward

How can we improve the ward and eliminate waste?

Type of waste	Please describe an example of this waste in your work environment	Please describe your ideas about what we can do to reduce or eliminate it
<p>1. Defects. Rework, work done because of errors in a previous process.</p> <p>Example of waste: Repeating things because correct information was not provided in the first place.</p>	<ul style="list-style-type: none"> • patient on wrong observation level due to information not being passed on during handover • not reading bed signs • correct blood tests not always taken as not indicated when investigations have been requested and booked to avoid duplication • have had to rewrite prescription cards when misplaced • ineffective handover of information • recommendations left and not being carried out as per instructions 	<ul style="list-style-type: none"> • handover board used in the nurses' office, updated every handover or when things change. Report on any changes in patient status and special instructions or information for physio or OT
<p>2. Motion. Unnecessary people movements and journeys, travel, walking, searching.</p> <p>Example of waste: Staff walking to other end of ward to pick up notes.</p>	<ul style="list-style-type: none"> • trying to find a nurse for handover • searching for equipment/laundry • searching for medical notes • taking blood samples to labs due to transfer system not working • searching for prescription cards never there when needed • looking for patients somewhere on the ward, not communicated on leave 	<ul style="list-style-type: none"> • improve delivery system • inform medical staff about returning prescription cards • have sufficient stock on ward • should be in a designated area all the time
<p>3. Overproduction. Making or processing more than is necessary or making things faster than is necessary.</p> <p>Example of waste: Requesting unnecessary tests from pathology that are not required.</p>	<ul style="list-style-type: none"> • some specific blood test requests by doctors • repeat referrals of patients when already seen and documentation in medical notes 	<ul style="list-style-type: none"> • improve knowledge of when blood tests should be done. Lower cost of samples • staff to check medical notes to see what was last written

Type of Waste	Please describe an example of this waste in your work environment	Please describe your ideas about what we can do to reduce or eliminate it
<p>4. Transport of products or materials. Unnecessary handoffs, transfers, distances of material and information.</p> <p>Example of waste: Moving notes around the organisation.</p>	<ul style="list-style-type: none"> • sample delivery system rarely works • we have to take written referrals ourselves 	<ul style="list-style-type: none"> • develop reliable system
<p>5. Unnecessary waiting. People waiting for things or information to arrive. Information waiting on people to arrive.</p> <p>Example of waste: Waiting for patients, waiting for multidisciplinary team staff, waiting for results, drugs, waiting for doctors and social service referrals</p>	<ul style="list-style-type: none"> • waiting to see patient • clinician having to contact pharmacist to dose patient medication • interrupted on computer when doing care plans • waiting for results • waiting for take-home drugs • waiting for social services • inadequate handover when patients transferred from ward to ward, therefore, delays in picking up on pending jobs • waiting community services • waiting for patients • waiting for tests 	<ul style="list-style-type: none"> • handover board used in the nurses office, updated every handover or when things change. Report on any changes in patient condition and special instructions or information for physio, OT or risk assessments • clinician should be able to use same computer system as the pharmacist • dedicated time slots for care planning • another place to do nursing care planning (not in office)
<p>6. Inventory. Information on people or things, eg, patients or specimens waiting in a queue.</p> <p>Example of waste: Excess stock in store rooms that is not being used, patients waiting to be discharged.</p>	<ul style="list-style-type: none"> • lack of storage space • clinic space not appropriate 	<ul style="list-style-type: none"> • notice in pharmacy to contact clinic for medical patients
<p>7. Processing. Redundant or unnecessary processing. Things we do that don't add any value but add cost.</p> <p>Example of waste: Duplicate information, requesting tests that are not required, asking for patient details several times.</p>	<ul style="list-style-type: none"> • nurse specialist assesses patient then doctor asks the same questions • phoning pharmacy to get ward supplies 	<ul style="list-style-type: none"> • nurse specialist to take over all low-risk patients



5. Interviews

What is it?

Talking to colleagues to get information - facts and opinions.

Why do it?

Knowing what people think and feel before looking at facts puts a different spin on the facts.

Sometimes that is all you have to go on.

When to use?

Before starting a module, to understand how staff feel about:

- the way the process runs currently
- what needs to change
- the possibilities of change

After running a module to understand how they feel about the new way:

- is it an improvement?
- are they excited and willing to participate?
- are there any issues?

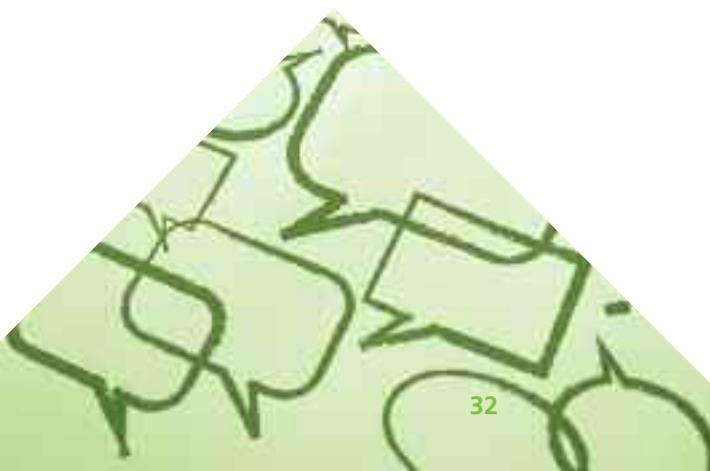
Material required

- notepad
- pen
- some people prefer to use a dictaphone but it is not essential

Always carry a notebook. When you hear a useful comment, write it down

Interviewing - top tips

1. Make sure the interviewee has sufficient time for the interview.
2. Always have an interview guide prepared before you start talking - this is simply a list of questions to ask, and information you require.
3. When coming up with the questions, keep the interviewees' perspective in mind - how will they feel about being interviewed, what are their priorities, are they in a position to answer your questions honestly.
4. Start the interview by explaining the purpose for the interview, and what you will do with the information you gather.
5. Make it explicit whether what is said will be attributed back to the interviewee or not.
6. Before starting, ask if the interviewee has any questions.
7. Run through your questions list - but listen to the answers - sometimes they may take you down another path. Feel free to abandon your scripted questions if more valuable information is forthcoming.
8. Take notes or use a dictaphone - if using a dictaphone, make sure the interviewee is comfortable with it.
9. Convert the notes to a formal record as soon as possible - this is essential to capture the detail if the written notes have missed it.
10. Ideally, share the interview notes with the interviewee to make sure you have captured it right.
11. Use open questions ie, questions that don't inadvertently lead to pre defined answers (see next page).



Interviewing - using open questions

Informal conversations with staff, patients and stakeholders can be a valuable and efficient research method.

When you are working on a particular project you may be looking for a particular type of answer or seeking a particular result. Usually this will influence the way that you ask your questions.

The fundamental thing about open language is being aware of where you are leading people with your questions.

Using, open questions will help you to minimise your influence on your interviewee.

Open questioning can help you find out what your interviewee really thinks.

Open questions are questions that do not direct people to give particular answers and they do not have any major presumptions.

For example, after running a project you might ask:

'What do you think of the improvements on this ward?'

This question is problematic in numerous ways:

1. It presumes that the person has noticed that some changes have been made.
2. It presumes that a project has produced improvements.
3. The framing of the question forces the person to answer in the positive. They could be seen as rude if they answer negatively.

An open version of the same question might be:

'What is your experience of this project?'

No question is entirely open and you will always inject your own interests and motivations into a conversation. However if you can become aware of how you are directing the conversation you can begin to gather more detailed and honest information.

Try to think about the category of information that you want to collect information under. For example, staff satisfaction. You may want to think of a few open questions under this category such as:

- how long have you worked here?
- has it changed?
- what is it like to work here?
- how do you feel about your work?

You may find it useful to rephrase a question and ask it again if you think an interviewee has more to say on this subject.

If you are getting useful results and you want the interviewee to continue speaking in the same vein, you may find it useful to repeat back to people what they have just said to you. This can encourage them to keep speaking and often they will go deeper into their thoughts on a particular issue.

For example:

Interviewee

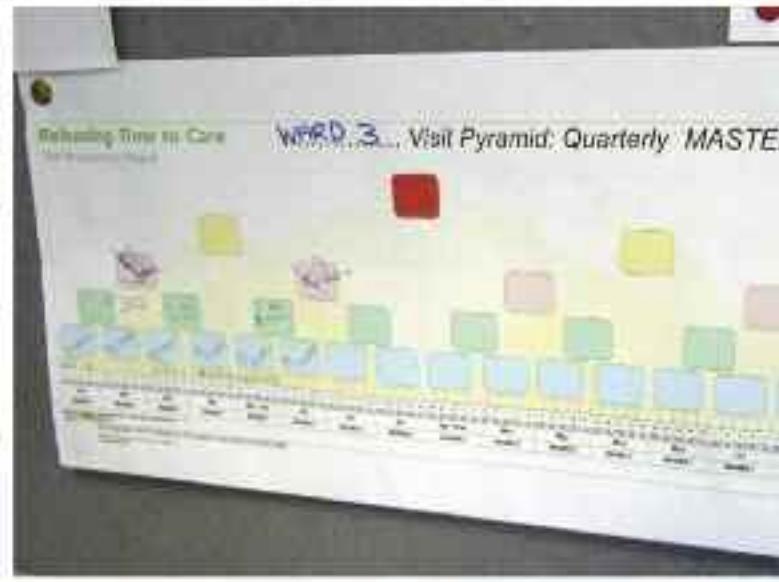
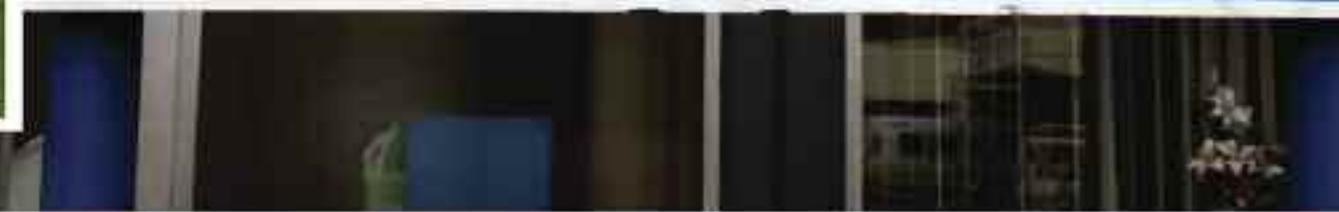
"I feel we could have gone much further with the improvements if we had involved more people."

"if you had involved more people..."

"if we had involved more people the project would have happened much more quickly, it seemed... it seemed that people who weren't told about it at the beginning started to slow the whole thing down."

Practising these techniques can help you become more aware of the way that you are asking questions and get more useful results. You can also practice by listening to the way that other people ask questions.

Welcome to
**The Department of
Psychological Medicine**



6. Photographs

What is it?

Taking photographs is a good way to collect data that also doubles as a presentation tool.

Why do it?

- captures perishable evidence such as meetings and unfilled charts
- avoids hearsay
- is a very good communications tool

When to use?

Photographs should be used to capture:

- events (meetings and workshops)
- displays (boards, signs)
- situations that change (eg, unattended drug trolley, unmade beds)

Especially useful to demonstrate the difference before and after a change

Material required

- a camera (digital preferred, ideally more than two mega pixels)
communication departments often have these cameras

Capture your story!
You can easily forget
how far you have come
- use pictures to tell
your story to others



Photographs - top tips

1. Use a digital camera – photos can then be transferred to a computer, mailed, printed, and included in presentations.
2. Ask staff and patients for permission to photograph: **get written consent (see below)** - If patients are unable to give informed consent assume you do not have their permission and do not photograph them.
3. Ensure the area being photographed is well lit.
4. Always keep your back to the light source.
5. Determine exactly what is needed in the photo.
6. Steady yourself, and the camera.
7. Allow a few seconds for the camera to focus.
8. If photographing text, ensure you take photographs with and without the flash - different surfaces react differently.
9. If using a digital camera (usually with a large memory), click two photographs every time – one as back-up.
10. If people are photographed, show the photograph to them before using it in a presentation/meeting.

Photographs - written consent

Under no circumstances should you take photographs or videos without the consent of those involved.

Ask your communications department for your organisation's photography consent form.

Ensure one has been filled out by everyone involved in your photographs.

Be extra careful when photographing patients. If a patient is unable to give informed consent then make the presumption that consent has not been given.



7. Video

make sure the video is representative of real life! Avoid the temptation to put on a good show for the camera

What is it?

Using video is a good tool to collect data that doubles as a powerful presentation tool.

Why do it?

- very powerful communications tool
- captures 'perishable evidence' such as meetings and unfilled charts

When to use?

Video should be used to capture:

- entire processes
- situations that change (unattended drugs trolleys, unmade beds)
- waste walks
- demonstrating the difference before and after a change

Asking junior staff to do the videoing is less intimidating for the staff being filmed

Material required

- camcorder (digital or mini DV camcorder recommended)
communication departments often have these cameras



Video - top tips

1. Practise using the camcorder before you record anything:
 - find out how to start and stop recording
 - practise how to hold the camera to avoid shaking and jerky movements
2. Ask staff and patients for consent to video: get written consent - if patients are in a confused state then assume you do not have their consent and do not video them.
3. Give staff members at least one day's notice of the intention to video.
4. Choose someone who has used the camcorder before to do the recording if possible.
5. Make sure the camera is charged and that you have an empty tape.
6. Use the DVD clips included in the ward start-up kit to show staff what to expect and what other staff in other hospitals thought about being recorded.
7. Ask staff to behave exactly how they would normally.
8. Try to stand back and film from a distance to allow staff to work unhindered.
9. Pick one member of staff to follow.
10. Before sharing the video with the ward team, watch the video back to make sure the video has recorded properly, to iron out any technical playback problems and to begin to understand the issues presented by the video.

Watch the video with the team before sharing with a wider spread of colleagues. Some of the video you capture could be emotional and upsetting

Watching the video back

Involve all relevant parties

Follow simple ground rules

- observe, do not judge or comment (just yet)
- note everything you see
- it is OK to be uncomfortable - if you are on the video, do not defend yourself - this is an opportunity to see what can be improved and learn together



Example of the staff that might be involved nurse, support worker, domestic, external staff and Ward leader

Advanced tips for shooting video

After you have done a few videos, you should consider some of the advanced tips below. They will help you produce better quality videos that are easier for the team to use.

Use the widest lens setting possible

A wide lens means the camera is fully zoomed out. If you are holding the camera always use the widest lens setting that you can. This will minimise any shaking and make it much less apparent to the viewer. You will get a cleaner and sharper image too. Set the lens to the widest or something close to the widest setting and leave it there.

Avoid zooms

Zooming in and out can be very distracting for the viewer. If you are holding the camera it is often better to physically move rather than zoom. In general you should find your shot and stick to it. If you do zoom (for instance, to show some detail or to emphasise something or to gently change the frame because there is something you want to include or exclude) do it deliberately and smoothly, but in most cases it is best avoided.

Keep steady / hold the frame

Avoid unnecessary movement - let the subject move rather than the camera. Be confident - keep the frame steady and allow action to come in and out of it rather than trying to follow everything. Don't cut or move to another shot too quickly - allow the action to unfold.

Don't make your shots too short

Some video cameras take a little time to come to speed so never shoot less than five seconds and preferably at least 10. Those few extra seconds will also make editing much easier.

Try to avoid filming people against the light

Often the most dramatic shots are filmed against the light, but film someone against a window and they will be a silhouette. Most video cameras don't cope very well with contrast and if you are doing an interview try to make sure that they are lit brighter than the background behind them.

Look at the overall frame, not just through the viewfinder

Be aware of what is in the background of the shot. Good material can be rendered unusable if the activity or images in the background are distracting or inappropriate.

Compose the shot - mentally step back and look at it as a frame with objects positioned in it. Most people can recognise what a good shot is when they see it on a monitor or look at a photograph but the untrained eye can forget this when looking at the world through the camera viewfinder.





55 INVENTORY SHEET NHS
Available for download
and printout

Item	Quantity	Value
1. Stationery		
2. Printing		
3. Telephone		
4. Fax		
5. Postage		
6. Transport		
7. Fuel		
8. Maintenance		
9. Repairs		
10. Cleaning		
11. Security		
12. Insurance		
13. Legal		
14. Medical		
15. Other		
16. Total		



North Staffordshire **NHS**
Combined Healthcare

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**



Measure

PROBLEM & COUNTERMEASURE

No	Problem	Countermeasure	Who	When	How
1	Staff Shortage	Recruitment	HR	2023	...
2
3
4
5



8. Timing Processes

What is it?

Using a simple format to record timings of processes - to allow analysis afterwards. Important in modules such as Meals and Medicines so that you can see how much time you have saved.

Why do it?

Release time for direct care. This can be achieved by making sure you are saving time in routine processes.

When to use?

- timing of processes before and after the changes is a simple and highly effective way to demonstrate time saved
- you can use it for all 'process' modules like meals, medicines round, ward rounds etc

Material required

- pen
- the table (see overleaf), printed
- a watch - or a clock, easily visible on the ward

What should I do?

- agree what the start and end of the process is:
 - choose the same start point every time (eg, entering the clinic room to start preparing for medicines administration)
 - choose the same finish point every time (eg, leaving the clinic room after dispensing medicines to patients)
- use a watch or a clock on the wall, to time the whole process from start to finish
- time the round for at least five days
- use the template on the next page to record results

Timing Processes Sheet

Don't round up or round down. Some improvements only save seconds, but they soon mount up!

XX Round start time	Date:	Date:	Date:	Date:	Date:	Range*	Average time	Comments
	Time 1	Time 2	Time 3	Time 4	Time 5			

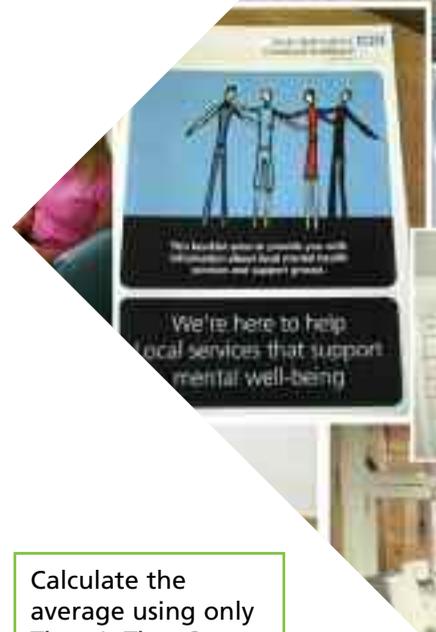
* range is the difference between the longest time (X) and the shortest time (Y) taken: range = X - Y

It helps with accuracy and consistency if one person is doing the timing



Timing Processes example

- average the times for all similar rounds (eg, the medicines round):
 - eg, what is the average duration of a 10am medicines round?
 - disregard times that may have been influenced by special circumstances
- discuss and understand why some rounds are faster than others



Example - all times in minutes

XX Round start time	Date:	Date:	Date:	Date:	Date:	Range*	Average time	Comments
	Time 1	Time 2	Time 3	Time 4	Time 5			
10am	118	100	98	141	112	43	107	Emergency situation during medicines round on the 13/02

The range is large

Calculate the average using only Time 1, Time 2, Time 3 and Time 5

This round took significantly longer than the other rounds

Understand why this round took so long

* range is the difference between the longest time (X) and the shortest time (Y) taken: range = X - Y

9. Calculating Related Incidents

What is it?

A simple guide to using existing incident reports to understand how many incidents are related to a particular activity or process (eg, Meals, Medicines).

Why do it?

- reducing errors/incidents is a key measure improving all important processes
- understanding how to analyse retrospective data is crucial

When to use?

- at the beginning of any change in a process, to establish a baseline of related incidents

Material required

- last two months' incident reports
- pen
- paper

How many errors are made?

- look at clinical incidents data to understand how many are related to a process (eg, the medicines round):
 - collect all clinical incident reports over a specified time period
 - sort the incidents into those relating to this and other processes
 - calculate the number of incidents per time period
- hold an informal discussion with staff:
 - what are the risks associated with conducting the process (eg, the medicines round?)
 - are there more incidents which do not get reported?
 - how can we prevent these incidents?

Medicines round example

Investigation found:

- 56 incidents reported on the ward in three months
- seven related to medicines management

seven Incidents divided by three months
= 2.3 incidents per month

10. Process Mapping

It is very easy to think that everyone involved in ward work has a common view of what is going on in our wards. This is often not the case. The value of getting everyone to agree on how things currently work and what the future should look like should not be underestimated. Process Mapping sets out to do just that.

What is it?

A tool to map current status of a process (eg, meals, ward rounds).

Why do it?

To allow representation of a process as a picture, making it open to debate and change.

When to use?

- when mapping existing processes
- to identify issues
- to brainstorm solutions for the identified issue

Material required

- flipchart
- marker
- sticky notes
- big piece of paper

Productive Mental Health Ward Process Mapping originates from a technique used in industry - value stream mapping. The aim of process mapping is to provide a framework in order to redesign processes, so that the steps of the process deliver greater levels of value. Value in our case is a safer, more dignified and more timely patient journey.

The technique:

1. Collect data and understand the process.
2. Create the current state map.
3. Analyse the current state map.
4. Look for areas of improvement.
5. Create a future state map.

6. List change items and create a plan.
7. Implement the changes and confirm results.
8. Future state = current state.

The Process Mapping tool is often used in conjunction with Video, Module Action Planner and Cost/Benefit tools.

Example: map how we currently do our meal delivery

1.

Collect data and understand the process

If possible video your process from start to end. If this is not possible then it is important that you go and see to observe and make notes of what actually happens. Try to gather any data that can be used to show the true picture (these can be found in the preparation stage of your process module).



2.

Create the current state map

Use a large roll of paper to allow you to stick sticky notes representing each step of your process. It is important to involve all of the relevant staff at this stage. So if your process involves external resources then these should be included now.



If you do not have enough room on one wall, you can bend the paper round a corner.



Start to map out your process using one sticky note for each step. If watching the video, start/stop the video at each step, note the time elapsed and place onto the paper roll sequentially.

Actively involve all present to identify concerns or activities that should not be happening

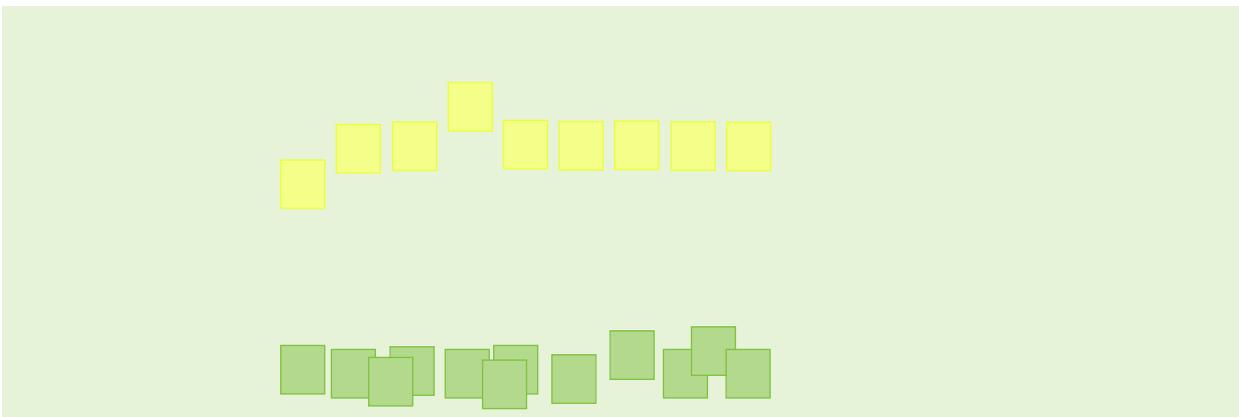
(remember this is not about blame, more about highlighting areas that can be improved).



Continue to do this until you have reached your end point. Now agree that what you have created is a true representation of what actually happens. Have you captured all of the concerns viewed as well as known concerns?

Add all of the concerns to the map under each step relating to that concern. If any documentation is used within the process add it to your map.

Example of process steps with related concerns in a line of sticky notes underneath.



Key Point: Don't try to make your map look like ones you may have seen elsewhere. As long as you have enough detail and the map is a true representation of the process then this is your current state map.

The level of detail is important. The diagram below illustrates the level of detail required.





3.

Analyse the current state map

Now ask some key questions:

- what waste is there (refer to Toolkit tool no. 4 Waste Walk)?
- what are the slowest parts of the process, that keep other parts waiting?
- are the right resources used?
- what drives the process?

4.

Look for areas of improvement

Now together look for ideas or suggestions on how to improve. Add these suggestions to a flipchart using sticky notes. All ideas no matter how big or small, should be captured.

5.

Create a future state map

At this point it is important to aim for the ideal process. By aiming for this it will push you beyond just putting right all of your current concerns. Your ideal future state map should have no concerns. Remove yourself from the constraints within your current process; what would be the safest, most dignified process for the patient?

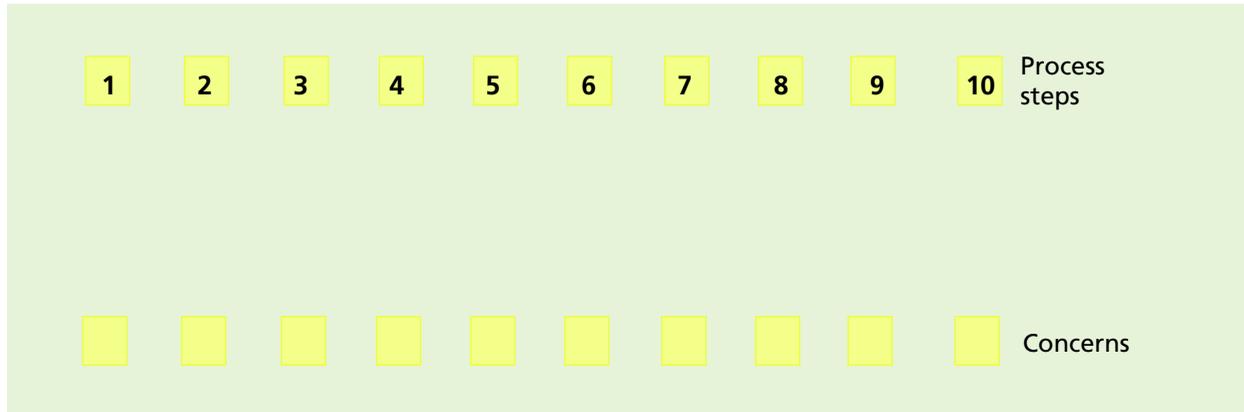
Build your future state map in the same way as before only this time use a sticky note for each of your new steps. At each step write down the action needed to achieve it.

Continue this method until you have reached your end point. Now you can cross reference back to your current state map to ensure that the actions will eliminate all of the concerns raised within your current process.

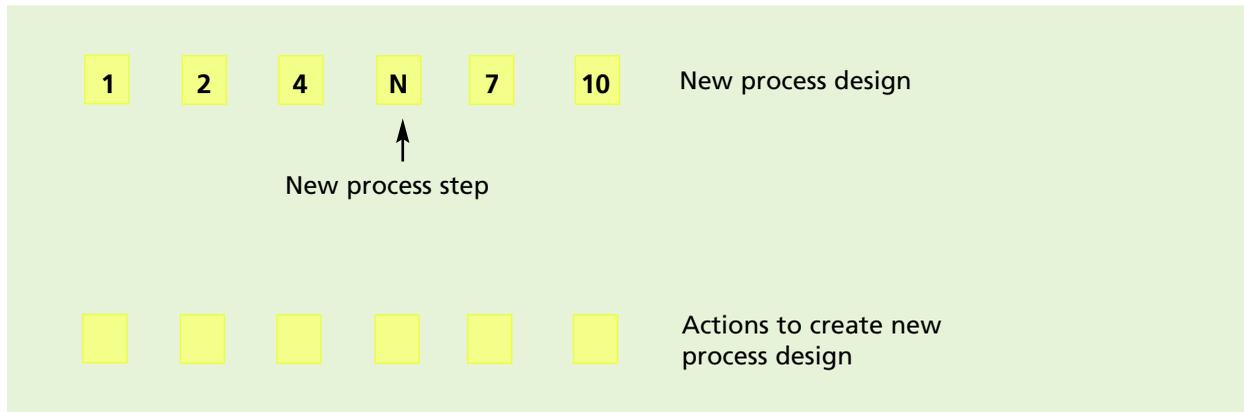




Current state:



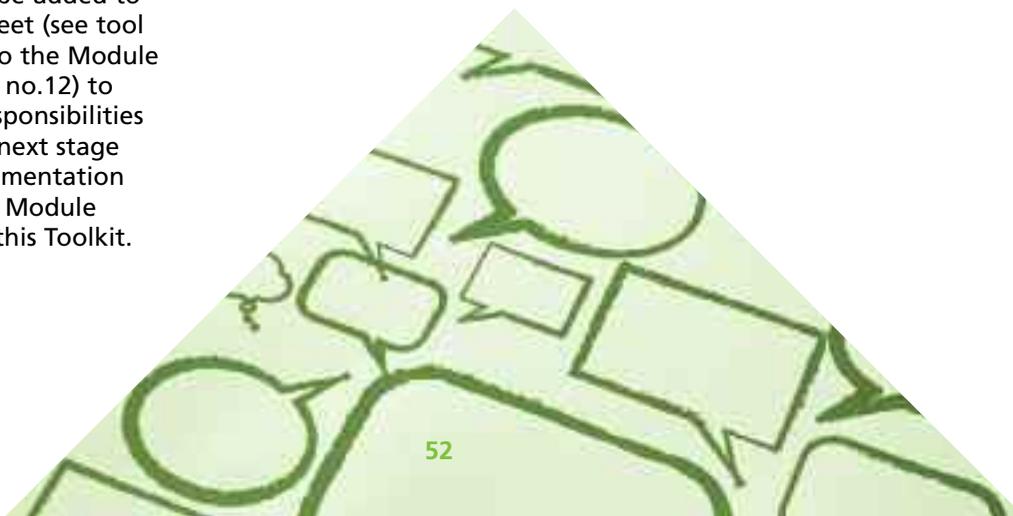
Future state:



6.

List change items and create a plan

Using your actions sticky notes on your future state map use the cost benefit matrix to help you prioritise your actions. Once complete these can be added to your Cost/Benefit sheet (see tool no.11) and then onto the Module Action Planner (tool no.12) to allow timing and responsibilities to be assigned. The next stage is to create an implementation plan. Please refer to Module Planning section of this Toolkit.



7.

Implement the changes and confirm results

Use the Project Leader's Guide to implement the changes. Monitor your key performance indicators (KPI) to understand impact of changes made. Try to quantify improvements made where possible or collect quotes from staff/patients to help raise awareness and enthusiasm as you progress. Confirm your results and feed back to all involved.

Summary

Process maps allow processes to be broken down into smaller sized chunks which can be analysed and understood at a glance by everybody.

Process maps help engage the attention of all participants, whereby their contribution and knowledge is fundamental in making the process maps what they are.

Process maps help identify the current state of a process and when changes and modifications are made they can also illustrate the future state process with all the waste and inefficient processes removed.

8.

Future state = current state

Once you have created and implemented your future state map, you have effectively set a new standard and so the future state map now becomes the current state from which you can continually improve.

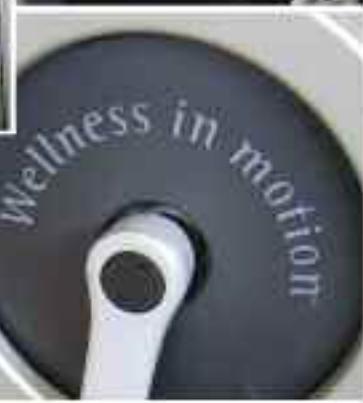


Welcome to
The Department of Psychological Medicine



ISS INVENTORY SHEET

ISS	ISS No.	ISS Description	ISS Location	ISS Status
1	10000001	10000001	10000001	10000001
2	10000002	10000002	10000002	10000002
3	10000003	10000003	10000003	10000003
4	10000004	10000004	10000004	10000004
5	10000005	10000005	10000005	10000005
6	10000006	10000006	10000006	10000006
7	10000007	10000007	10000007	10000007
8	10000008	10000008	10000008	10000008
9	10000009	10000009	10000009	10000009
10	10000010	10000010	10000010	10000010



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

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

Measure

PROBLEM & COUNTERMEASURE

Problem	Measure	Countermeasure	Due	By
1	10000001	10000001	10000001	10000001
2	10000002	10000002	10000002	10000002
3	10000003	10000003	10000003	10000003
4	10000004	10000004	10000004	10000004
5	10000005	10000005	10000005	10000005
6	10000006	10000006	10000006	10000006
7	10000007	10000007	10000007	10000007
8	10000008	10000008	10000008	10000008
9	10000009	10000009	10000009	10000009
10	10000010	10000010	10000010	10000010



Ward 3
Our Vision

Ward 3 is a specialist ward for patients with mental health problems. We provide a safe and secure environment for our patients, with a focus on recovery and well-being. We are committed to providing the highest quality of care and support to our patients, and to working in partnership with our community. We are also committed to providing a safe and secure environment for our patients, with a focus on recovery and well-being.

11. Cost/Benefit Analysis

What is it?

A tool to list and prioritise your issues and their solutions.

Why do it?

- usually there is not enough time or money to implement all solutions at once
- it is therefore important to do the bits that are easier and have more impact first

When to use?

- in any discussion that requires several issues to be tackled at once
- a good time would be after Process Mapping and the 5-Why Analysis

Material required

- flipchart
- marker
- Cost/Benefit chart

Using a quick Cost/Benefit gets the team to understand how much is within their control and what can be implemented quickly



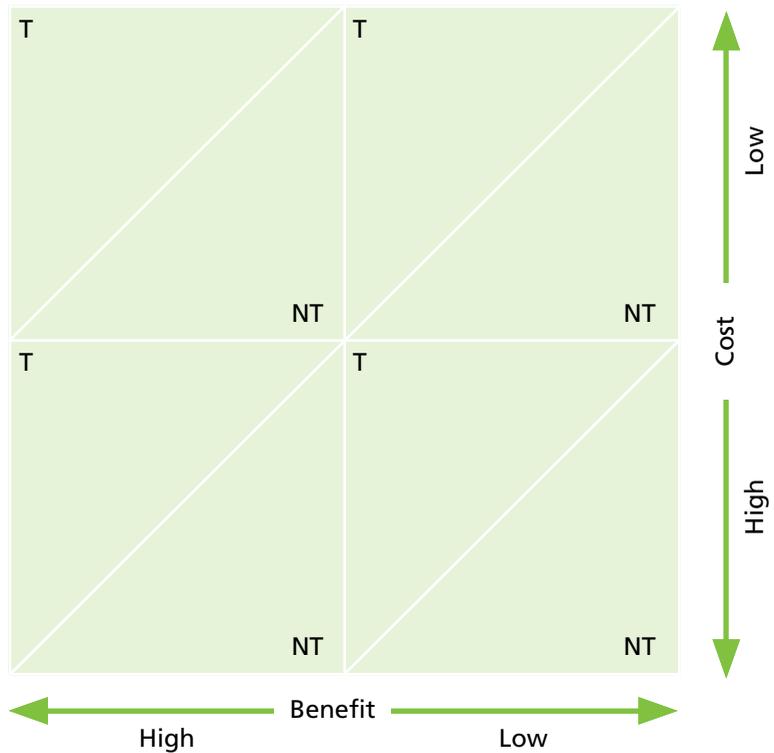
How to prioritise issues using a Cost/Benefit sheet

Low impact ideas are also worth implementing as they make a difference in the bigger picture

1

Make a copy of all of the issue/problem sticky notes created when mapping your future (eg, the meal delivery process) onto new sticky notes.

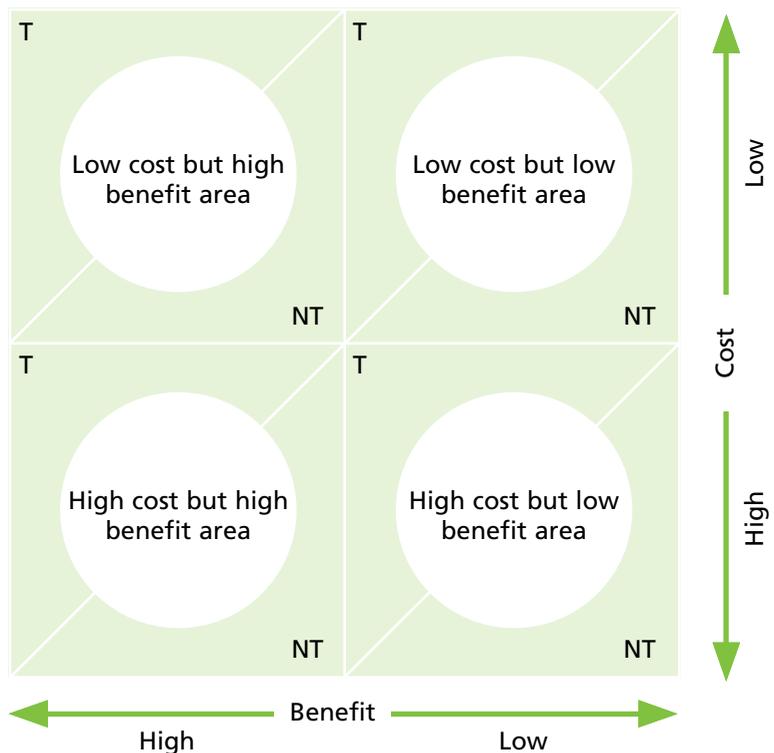
Copy out the grid (right) onto a flipchart making it as big as possible on the paper.



2

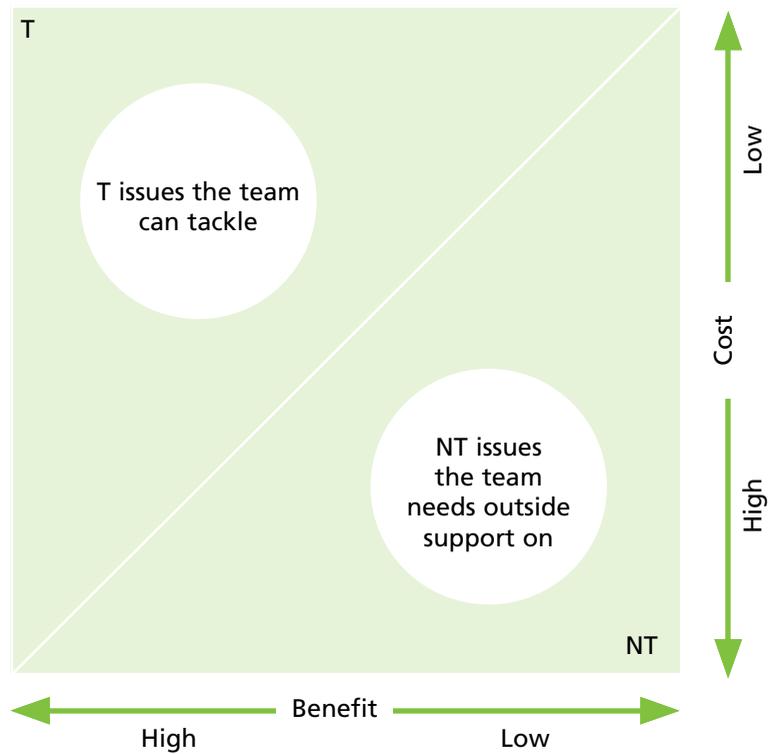
To prioritise the issues stick the sticky notes onto the flipchart. The areas of the flipchart are explained, right.

Each area refers to the cost involved to solve the issue and the benefits once solved.



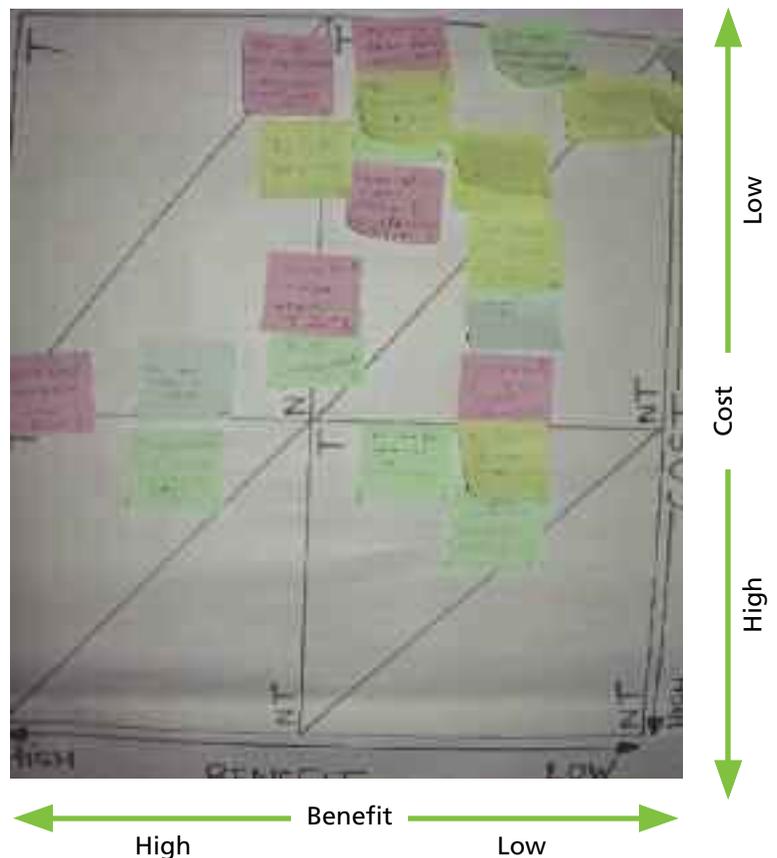
3

Each quarter of the sheet is sub-divided to split the issues up further to decide which issues can be solved by the ward team and which issues need outside support (T = team, NT = non-team).



4

Your finished sheet should look something like the image on the right.



12. Module Action Planner

What is it?

A sheet that helps clearly plan and track actions from the modules.

Why do it?

By putting responsibilities and deadlines on the board, it can be a great project management tool.

When to use?

After Cost/Benefit Analysis has been done and priority issues are clear.

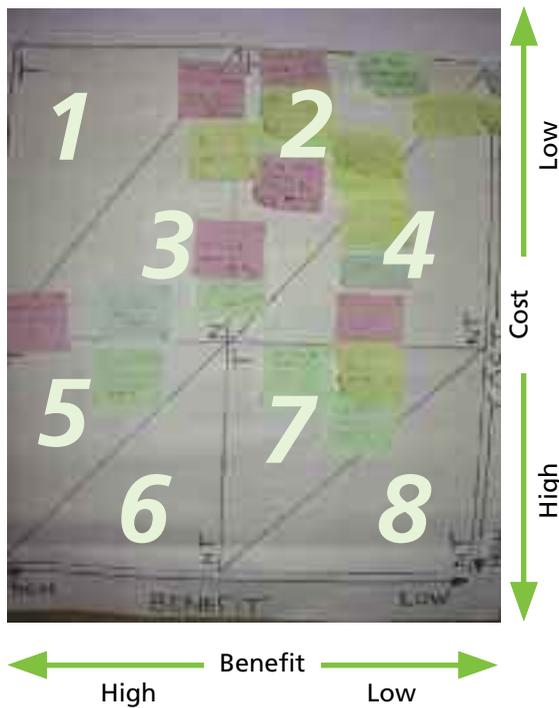
Material required

- Module Action Planner sheet (available from the NHS Institute Productive Mental Health Ward web pages at www.institute.nhs.uk/productivementalhealthward)
- marker pens



Using the completed Cost/Benefit sheet to produce your team's schedule of work

The order you should tackle the issues on cost/benefit is depicted below. Issues in triangle 1 first, through to the issues in triangle eight last.



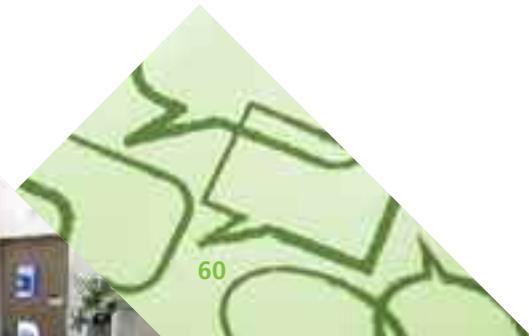
Use your judgement to prioritise within each triangle and then list the problems.

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				⊕	



Module Action Planner sheet

Planning the implementation of your modules is vital. While it is important it is done in detail, planning does not have to be a complex, IT heavy exercise. The Module Action Planner is a quick, easy tool that keeps the module implementation plan, clear and easy for everyone to see and contribute to.

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				⊕	

1. List the actions in order of priority from the Cost/Benefit analysis.

2. Decide who is responsible for each action.

3. Agree a deadline.

4. Monitor status regularly - shade one quadrant each for:

- responsibility identified
- trial done
- discussion had
- implementation completed


Institute for Innovation
and Improvement

Use a Module Action Planner sheet for each module to keep track of planned changes



Top 9 tips

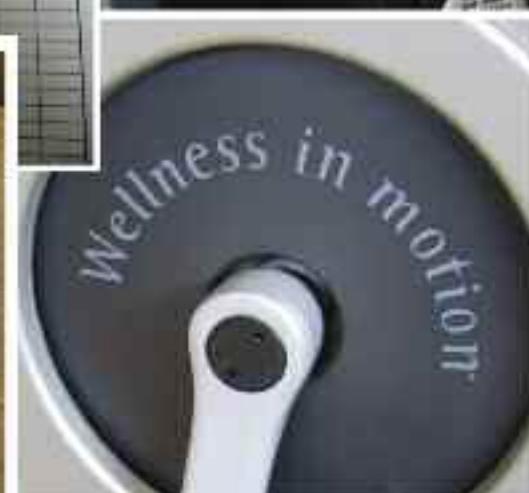
1. Feel free to draw out your own sheet on a flipchart or get some printed out. A3 size is OK but using A2 size makes the actions clear to everyone. A local printing firm will be able to print out copies in A2 cheaply.
2. Look at your list of issues from the Cost/Benefit Analysis to ensure it is complete and nothing has been missed out.
3. Always fill in the who column and the deadline.
4. Keep the sheet displayed in an area where everyone has access.
5. Get the responsible person to fill in the status column as the status changes.
6. For each problem - fill in the circle of quadrants - start in the top left and work your way clockwise. One quadrant each for four status steps (described on previous page).
7. Take actions first, for the biggest problems, with the highest likelihood of resolution.
8. Keep the list updated on a weekly basis - return to it periodically to assess progress.
9. Use it wherever you may find it useful in everyday ward functioning, and not just in project-related matters.





ACTIVITY SHEET NHS
 Evidence for innovation and improvement

DATE	ISSUE	REVISION
10/10/11
11/10/11
12/10/11
13/10/11
14/10/11
15/10/11
16/10/11
17/10/11
18/10/11
19/10/11
20/10/11
21/10/11
22/10/11
23/10/11
24/10/11
25/10/11
26/10/11
27/10/11
28/10/11
29/10/11
30/10/11
31/10/11



Measure

PROBLEM & COUNTERMEASURE

NO.	DESCRIPTION	MEASURE	COMPLETION DATE	BY	STATUS
1	Staff Group	...	...	...	...
2
3
4
5
6
7
8
9
10



13. 5-Why Analysis

What is it?

A tool to identify the root cause of process issues. Revolves around by asking why.

Why do it?

Addressing the root cause rather than the symptom provides a permanent and complete solution.

When to use?

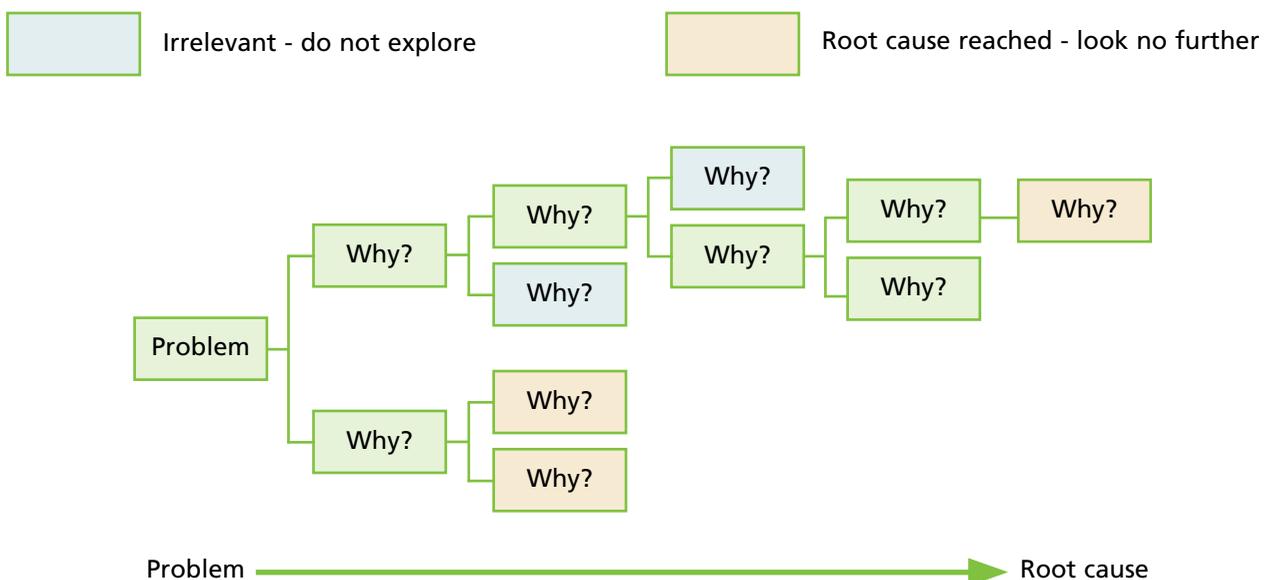
- to understand reasons for a particular measure getting worse (eg, increasing length of stay)
- to resolve any issue with unclear solutions

Material required

- flipchart
- marker

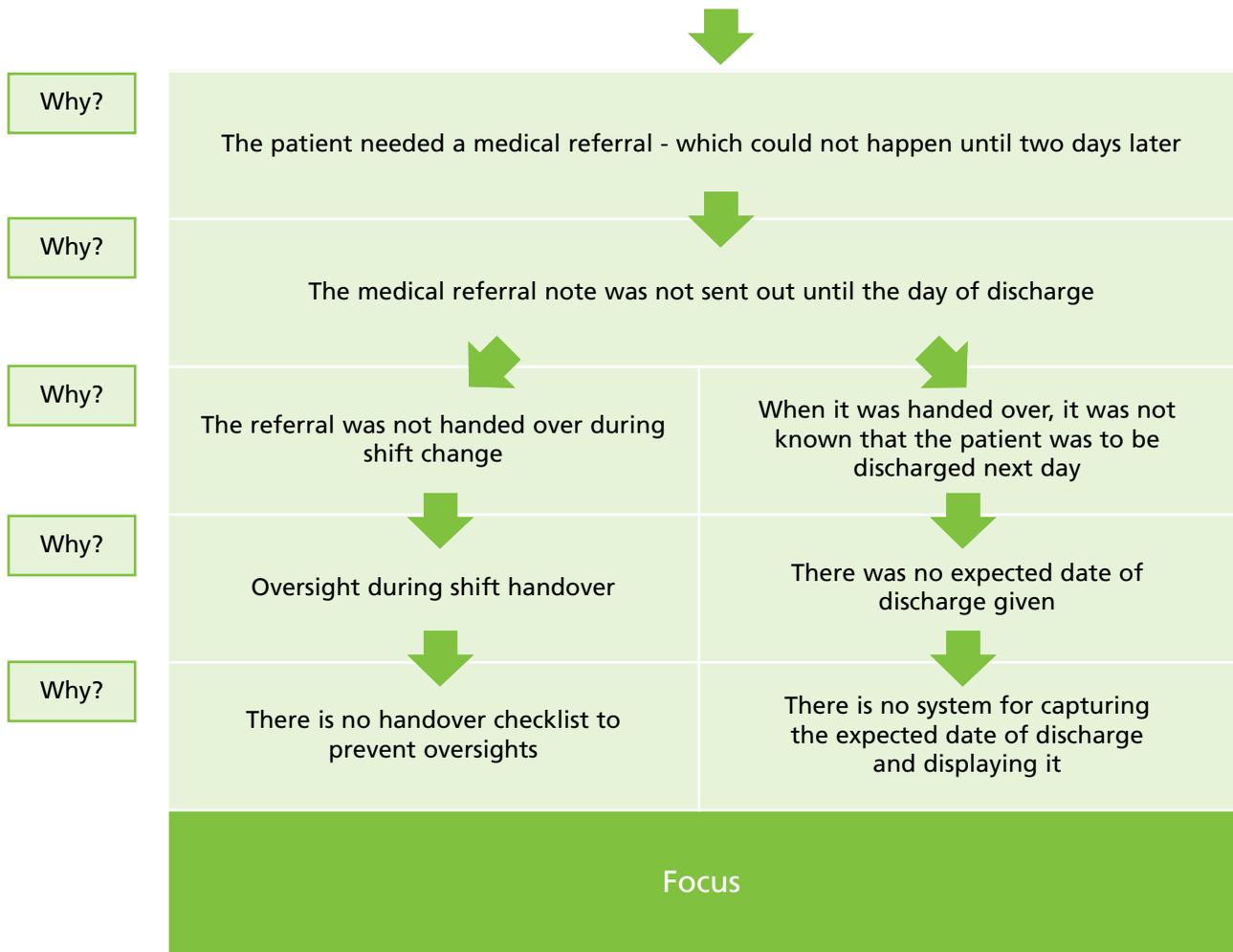
Characteristics of good 5-Why Analysis

- start with a specific measurable problem
- draw a 'tree of solutions', giving multiple possible answers (branches) for each 'why'
- ignore the irrelevant branches and focuses on the right ones based on impact



Statement of problem

The discharge was delayed by two days



When exploring clinical incidents and other safety-related incidents it is important to keep in line with your organisation's policy on incident investigations. Many organisations use the NPSA guidelines and these should not be compromised.

14. Spaghetti Diagrams

What is it?

- a tool to track the physical motion of people or material in a particular location
- decide to track a person/material as it enters an area
- draw the path taken on the blueprint of the area

Why do it?

- it reveals where unnecessary motion is being caused due to the location of equipment and materials

When to use?

- after a Waste Walk, to confirm hypotheses
- before running the Well Organised Ward on an area
- whenever you suspect a particular area of the ward is not laid out properly, leading to excessive walking, or moving of equipment/materials

Material required

- blueprint/map of the relevant area
- a board to hang the blueprint/map
- a pen



Spaghetti Diagrams

Where will you get all this information from?



1. The video - see tool no. 7, Video.



2. Interviewing staff in order to understand their movement - see tool no. 5, Interviews.



3. Obtain a copy of your ward layout (if you cannot get one draw one out on a sheet of paper).





4. Use a photocopier to enlarge the area you are working on (room or larger area).



5. Plot the movement of the staff member onto the plan.

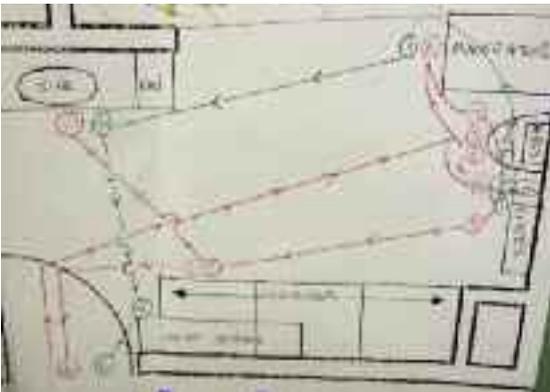
Detailing typical movement for a staff member undertaking a process - in this case disposing of dirty linen (generated from videoing the patient hygiene process).



Example detailing a staff member undertaking general ward duties (generated from an Activity Follow)



6. With your team, discuss how the area could be arranged and/or the process can be redesigned so that the movement is reduced and time saved.



7. Plot the newly designed process route onto the plan in a different colour.

8. Often the changes to process route will coincide with changes your team is making using the Well Organised Ward module.

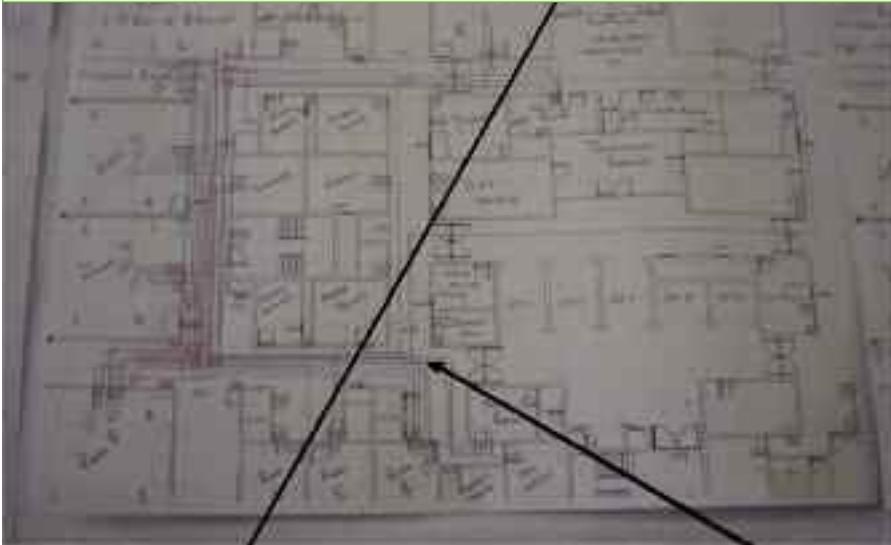
9. Quantify the time you could save to reinvest in direct patient care by walking the new route and timing it.

11. Use Toolkit tool no.18 (Time Benefit Quantification) to translate that time saving to a powerful message to the wider team.



Spaghetti Diagrams

Staff nurse - Spaghetti Diagram - 1.9 km in an hour
(Movement across ward marked with red pen in the example pictured)



15. Audit Planning

As described in the Ward Leader's Guide, audits are central to the sustainability of improvements made on your ward.

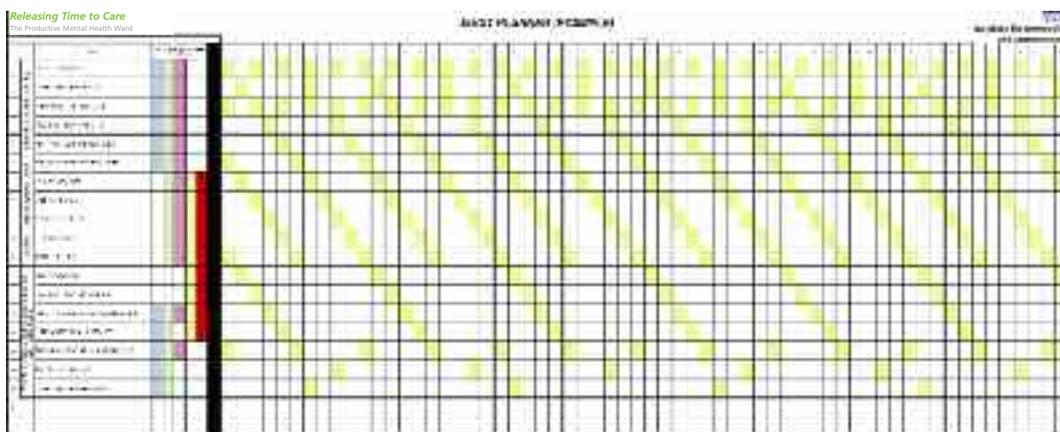
Productive Mental Health Ward sourced audits are quick, to the point and they never stop. Even if

the changes are being sustained, the audits continue.

You can see an example of an Audit Planner on the NHS Institute Productive Mental Health Ward web pages (www.institute.nhs.uk/productivementalhealthward).

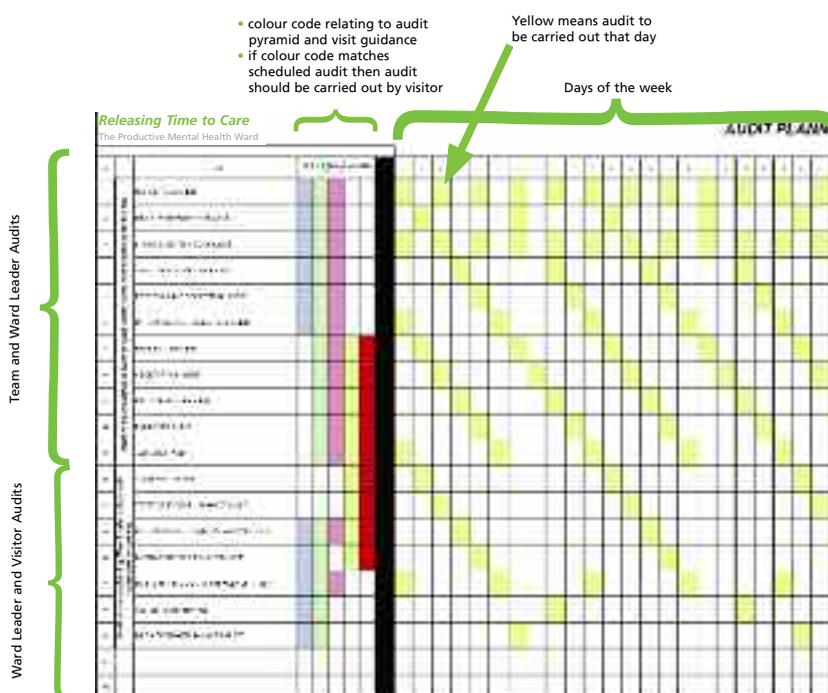
The example illustrates a typical selection of audits and how they can be planned and tracked to ensure they are being completed.

Example of an Audit Planner



The example planner also colour codes each audit so, when the leadership team visit the ward, they know which audit to carry out. See tool no. 16 (Visit Pyramids and Visit Guidance).

Detail of the example audit planner



Are your audits going to plan?

Use the planner to identify problem areas with your ward audit system.

Use the principles of the example audit planner to create your own audit plan.

Weak audit adherence
- check responsibilities

Missed audits Today

Releasing Time to Care
The Productive Mental Health Ward

AUDIT PLANNER (EXAMPLE)

NO.	TASK	V	P	A	M	S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
1	SLUICE TEAM AUDIT	✓					✓		✓		✓		✓		✓																		
2	LINEN CUPBOARD TEAM AUDIT							✓																									
3	NURSING STATION TEAM AUDIT						✓																										
4	TREATMENT ROOM TEAM AUDIT																																
5	PERFORMANCE BOARD TEAM AUDIT																																
6	PATIENT STATUS BOARD TEAM AUDIT						✓																										
7	MEAL ROUND AUDIT							✓																									
8	OBSERVATION AUDIT								✓																								
9	MEDICINE ROUND AUDIT																																
10	HANDOVER AUDIT																																
11	ADMISSION AUDIT						✓																										
12	AUDIT SYSTEM AUDIT							✓																									
13	TREATMENT ROOM MANAGER AUDIT								✓																								
14	PATIENT STATUS BOARD MANAGEMENT AUDIT																																
15	NURSING STATION MANAGER AUDIT																																
16	PERFORMANCE BOARD MANAGEMENT AUDIT						✓																										
17	SLUICE - MANAGER AUDIT																																
18	LINEN CUPBOARD MANAGER AUDIT																																
19																																	
20																																	

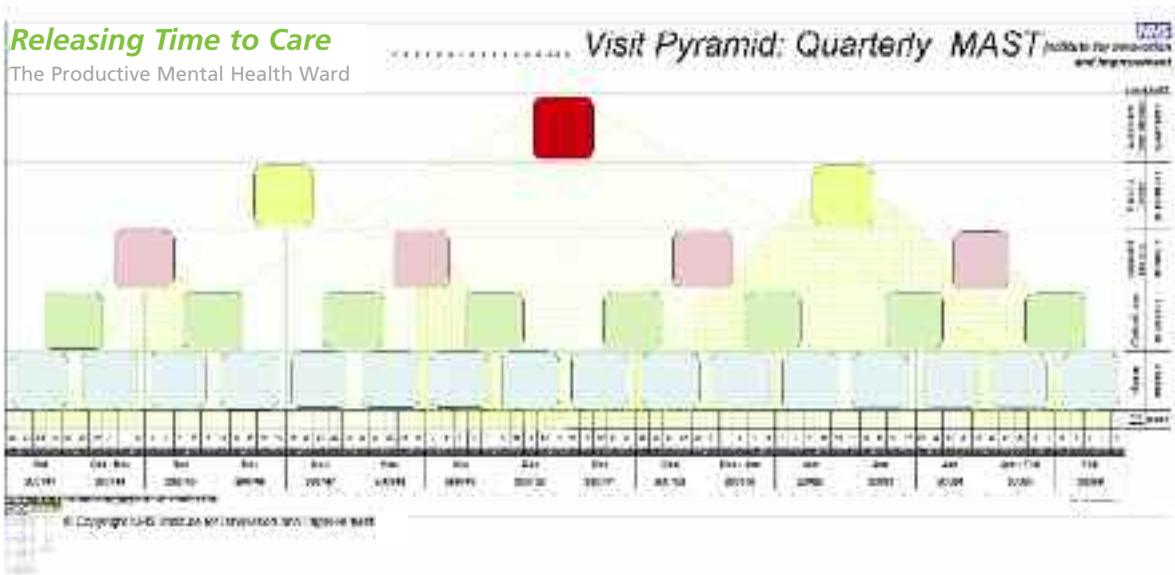


16. Visit Pyramid and Visit Guidance

The Visit Pyramid is a visual system to ensure visibility of all levels of the organisation leadership team. Frequent visits to wards implementing the Productive Mental Health Ward is vital for sustainability. Visits are also a great way of showing off the team's hard work!

Each level of the pyramid refers to a level of the leadership team, from ward leader through to executive team.

Ward Visit Pyramid (to be displayed on the ward) - visually manages a quarter of a year of visits



On every visit, the leadership team member signs on the appropriate box. This provides a visual record of the visit.

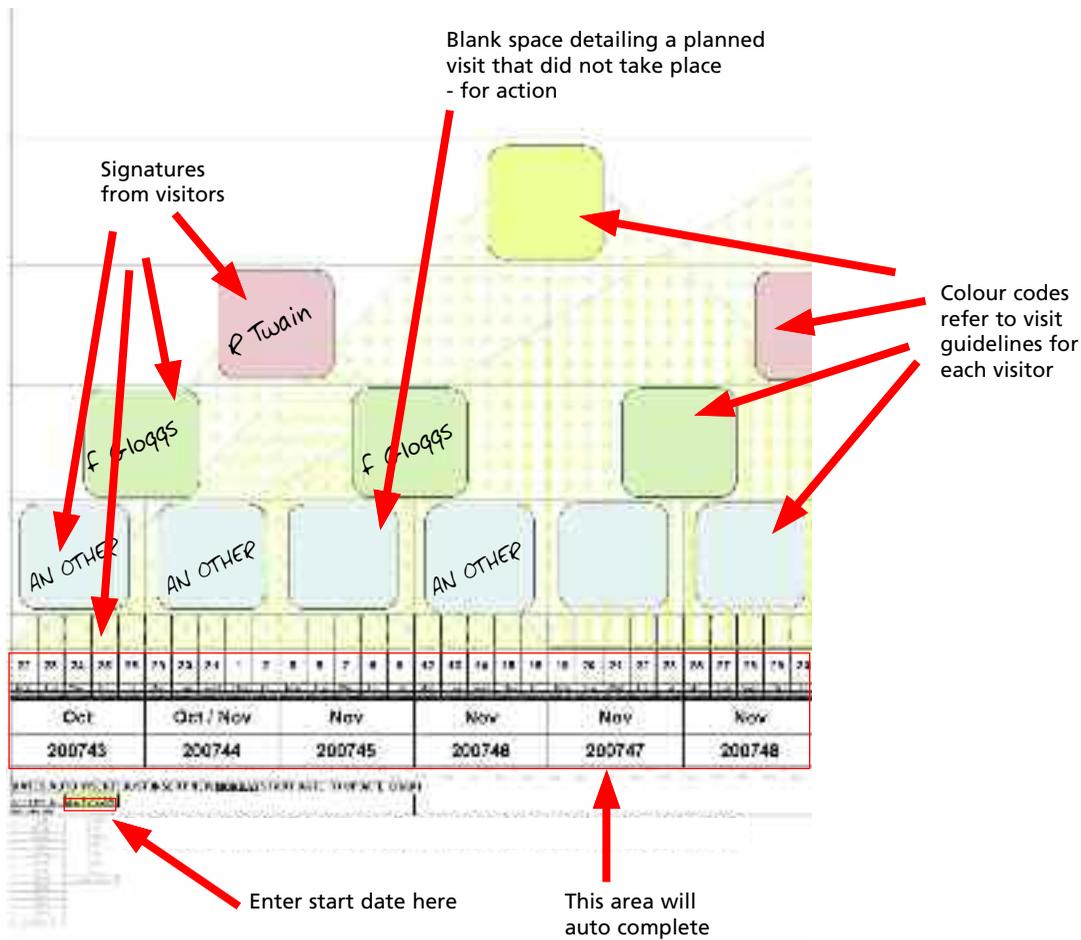


The Visit Pyramid is available from the NHS Institute Productive Mental Health Ward web pages at www.institute.nhs.uk/productivementalhealthward. The titles for each level of leadership (on the right of the pyramid) are for example only. Change them to suit your

organisation's structure. The days, weeks and months on the pyramid can be easily altered to suit the date you start to use the pyramid. Just enter a new start date in the yellow box in the bottom left of the pyramid and the appropriate dates will auto complete.

Releasing Time to Care

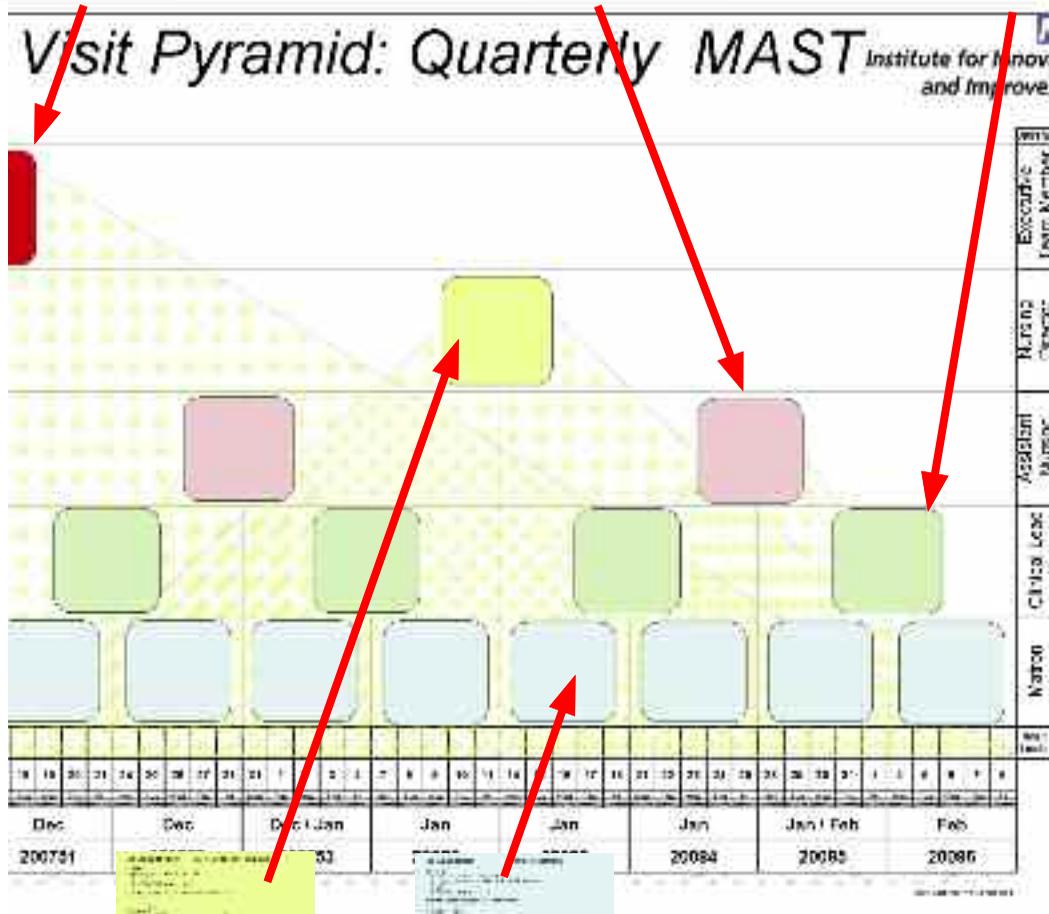
The Productive Mental Health Ward





To ensure the best appropriate outcome for the wide ranging members of the leadership team visiting the ward, colour coded guidance sheets are also available on the Productive Mental Health Ward website.

These are for the visitor and designed to provide an efficient framework for the visit.



- Executive team member
- Nursing director
- Assistant nursing director
- Clinical lead
- Matron
- Ward leader



Guidance notes colour coded for level of visitor

Example of visit guidelines for executive team members:

VISIT GUIDELINES RED	EXECUTIVE TEAM OR EQUIVALENT
BEFORE	
Communicate to the ward leader before hand:	
<ul style="list-style-type: none">• intentions• timing / duration• availability of ward leader or deputy	
Current status of the Productive Mental Health Ward:	
<ul style="list-style-type: none">• talk to the project team	
<hr/>	
ON THE WARD	
People first, ward second:	
<ul style="list-style-type: none">• 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:	
<ul style="list-style-type: none">• engage patient in casual conversation• ask patient about their experience on the ward and the unit generally• ask the patient about:<ul style="list-style-type: none">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:	
<ul style="list-style-type: none">• 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 organisation's strategy	
Conduct an audit:	
<ul style="list-style-type: none">• conduct the appropriate RED audit as per the ward's audit plan	
Communicate:	
<ul style="list-style-type: none">• your view on the ward's improvements efforts• your vision for patient care• organisation priorities for the coming year• organisation priorities for nursing• organisation long term strategy	
Sign the visit pyramid:	
<ul style="list-style-type: none">• record your visit to the ward to illustrate your, and the organisation's, commitment to the ward	
Wrap up the visit with the ward leader or deputy:	
<ul style="list-style-type: none">• give and ask for feedback• agree on a max of two priority next steps (one yours / one theirs)	
<hr/>	
AFTER	
Reflect on the visit:	
<ul style="list-style-type: none">• 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:	
<ul style="list-style-type: none">• what you were impressed by?• actions for the organisation• actions highlighted by the audit	

Each visit guidance sheet contains a prompt for the visitor to conduct an audit. The audits in the Audit Planner

(See Toolkit tool no.15) are colour coded to match the colour of the visit guidance sheets and the visit pyramids.

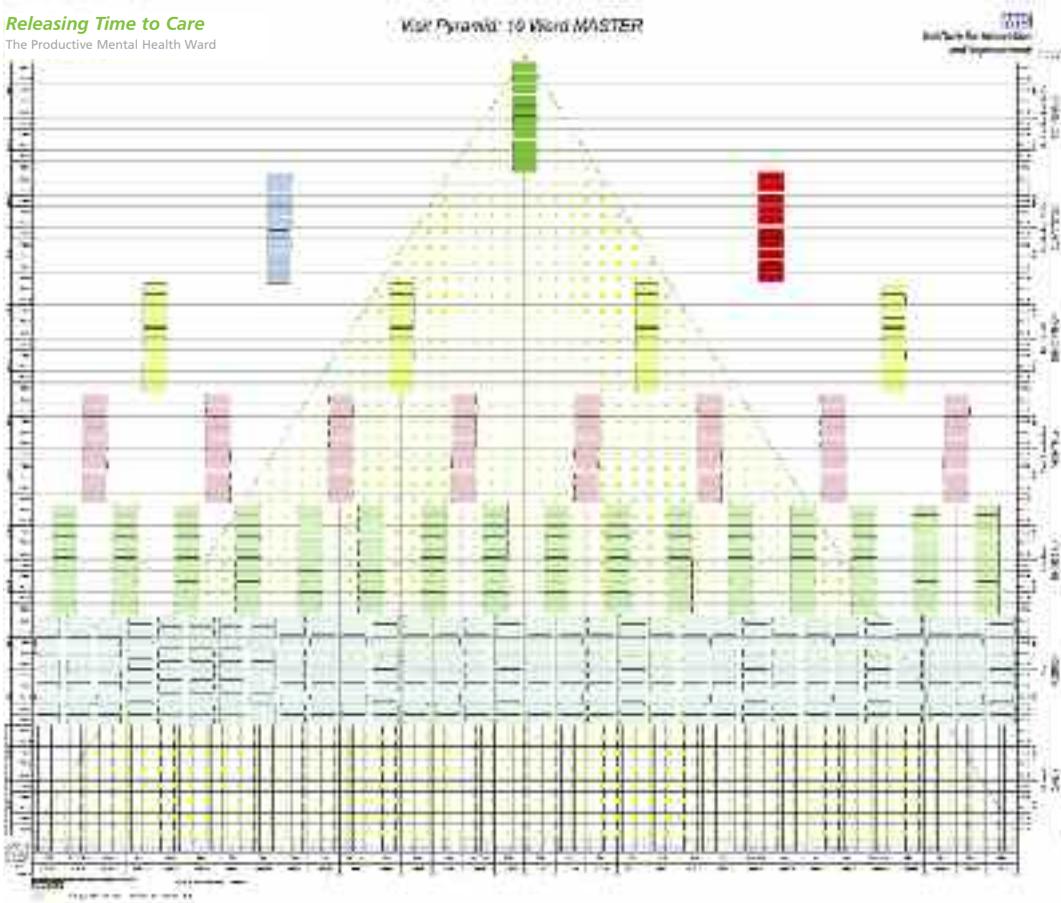
Visit Pyramid 10 Ward Master

The Visit Pyramid Master is a pyramid for the project team to visually manage the visits of up to 10 wards for half a year. It is designed for the project team office. When each visit has taken place on each ward, the appropriate box should be ticked.

not getting any visibility from the leadership team.

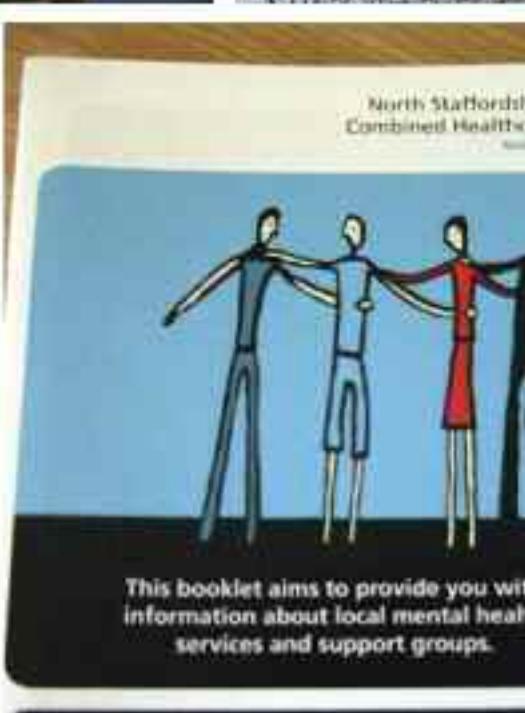
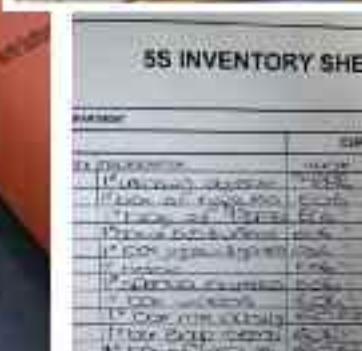
This will highlight wards that are

Releasing Time to Care
The Productive Mental Health Ward



Just like the Ward Visit Pyramid, by entering a start date in the box at the bottom right of the pyramid the dates will change to suit the date you are starting

from. By entering the names of the wards you are tracking into the left hand side, the right hand side will also auto-complete.



17. 5S Drawer Game

A quick simple game to illustrate the concept and principles of 5S

PREPARATION :

Find a box/container and fill with items that could be found in a typical ward clerk's drawer on a ward environment.

For example:
Pens, sticky tack, highlighter pens, rubber bands, correction fluid, ruler, hole punch, stapler and staples. Vary the amount and don't forget the paper clips loose in the drawer.

Then add the other items that you know you could also find: old Christmas cards, sugar, tea bags, loose change, gloves,

syringes, tube of lubricant jelly, tissues, packets of sugar, sticky notes, scissors, calculator, screws, hand cream etc.

Don't forget the one item that is always found in the drawer.....something that no one knows what it is..... a piece of broken equipment or broken bit of plastic. Add a teaspoon or two.....

Prepare areas/boxes to replicate where items should be stored, ie, kitchen, store room, bin. Also include an area / box for

items where the team are undecided.

Collect your staff (do not use a ward clerk). The minimum number of staff required for this game is two but it is better if played with more.

A 5S numbers game is available on the NHS Institute's Productive Mental Health Ward web pages at www.institute.nhs.uk/productive-mentalhealthward.

PLAYING THE GAME:

STAGE 1

- run through a short presentation on the principles of 5S (use the Well Organised Ward module as a guideline)

STAGE 2

- ask your staff to use the 5S process and sort, set, shine, standardise and use the general rule of audit to sustain the improvement
- staff should ask for an inventory sheet. If not requested then suggest that they may need one and hand it out
- explain they can write on the box and mark the box in any way
- when using the inventory sheet, ask the team to estimate the cost of each item
- the group will need between 10 and 15 minutes to complete this

STAGE 3

- if more than one team is playing, ask the teams to audit each other's work and feedback comments. If just one team is playing, the facilitator should audit the drawer
- encourage the team to talk through the exercise
- ask them to highlight any savings made
- ask the staff what their rationale was for setting the stock levels?
- what items did they return and bin?
- what visual management did they use?
- ask the teams who they felt should be involved in the process?
- ask the team what they would need to do in order to sustain the changes?
- explore with them how they would do this

STAGE 4

- ask the team how the ward clerk felt about his/her new well organised drawer?
- did any one in the group pick up that the exercise was completed without engagement from the ward clerk?
- how did you decide the stock levels of their equipment?

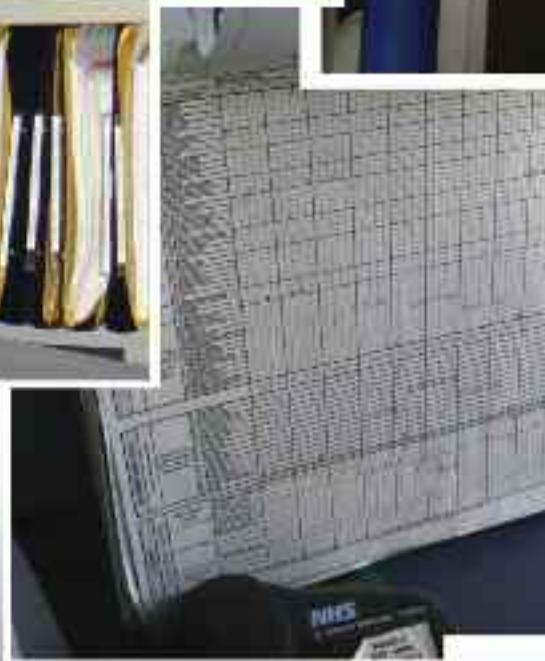


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55 INVENTORY SHEET NHS
 includes for evaluation and improvement

DESCRIPTION	DATE	PROVIDER
1. Patient assessment	1/1/2018	Dr. Smith
2. Patient education	1/1/2018	Dr. Jones
3. Patient support	1/1/2018	Dr. Brown
4. Patient follow-up	1/1/2018	Dr. White
5. Patient satisfaction	1/1/2018	Dr. Green
6. Patient compliance	1/1/2018	Dr. Black
7. Patient adherence	1/1/2018	Dr. Grey
8. Patient engagement	1/1/2018	Dr. Blue
9. Patient participation	1/1/2018	Dr. Yellow
10. Patient involvement	1/1/2018	Dr. Purple



North Staffordshire NHS
 Combined Healthcare

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



Measure

PROBLEM & COUNTERMEASURE

NO	PROBLEM	CAUSE	COUNTERMEASURE	DATE	STATUS
1	Staff Shortage	...	...	...	...
2	...	...	...	...	...

18. Time Benefit Quantification

When releasing small quantities of time in multiple areas, it is sometimes difficult for some members of staff to see the benefits.

A good way of explaining to people the impact of these small time savings is to work out what the small savings look like over time.

The example below from a Productive Ward test site shows how a small time saving ends up being valuable over time.

A great example of how small saving can be very considerable over time.

To turn this into something useful the team must capitalise

on this saving. Where should the team invest its equivalent of 10 extra shifts per year? In better nutritional management or more comprehensive patient admission risk assessment?

This is an example from Productive Ward testing

TIME SAVED COLLECTING COMMODORES FROM THE SLUICE

Prior to the sluice being sorted, to collect a commode took 43 steps, following sorting it now takes 18 steps a saving of 25 steps per each collection. In an average day commodes are collected 31 times. For the purpose of this evaluation each step will be equated to 1 second of time, therefore for each time collected there is a saving of 25 seconds.

Period of time	Time saved
Day	13 minutes
Week	1 1/2 hours
Month	4 1/2 hours (approx. 1 shift)
Year	78 hours (approx. 10 shifts)

These results are based on a 25 second savings per commode collection with an average of 31 collections in one day.

Therefore over a period of one year this simple task saves an amount of time equivalent to over 10 shifts for one nurse!

Fleming Ward, NCHT 2007

19. Dot Voting

What do you mean by Dot Voting?

In dot voting, you and your team simply vote for some pre-determined ideas from the list that you feel best meet the criteria to bring forward for further development and test.

To use the tool:

1. Prepare flipcharts with the list of ideas that were previously generated. Clarify the ideas as needed as you write them down, and eliminate or combine duplicates. Make sure the ideas are written out in a full sentence or paragraph rather than a couple of words, which might not mean very much to most people.
2. Review the list of ideas to ensure that everyone understands each idea.

If you are bringing in new people who were not involved in the idea generation (as we strongly recommend!) you might do some of this briefing prior to the harvesting session

3. Agree on the number of ideas that you would like to see come out of this harvesting process for further development. Stress that you will always have the full list to go back to later; no ideas are being thrown away.
4. Discuss and agree the criteria that you will use to select the ideas to take forward.
5. Give each member of the team a number of votes roughly equal to twice as many ideas as you have agreed you want to see come out of this process. votes can be coloured dots, small sticky notes, marks with coloured pens or anything that is small and will stick to the flipchart easily.
6. Ask team members to place their votes next to the ideas that they feel best meet the agreed criteria.
7. Identify ideas that received votes from half or more of the group.

8. If this does not yield the desired number of ideas, repeat the vote. But this time only consider ideas that got at least two to three votes in the first round; disregard the rest. Continue this process until a consensus emerges.

The physical interaction of doing this is part of the consensus building process. You will find clarifying questions being asked and some "lobbying" for ideas going on. That is good!

9. If the first round yielded more items than were desired, discuss whether to take all the ideas forward, or which ones to hold back for now.





Variations on this tool

There are many different ways to use the basic concept of Dot Voting. You may have your own experience and a method that you prefer. Do whatever works for you. Some popular variations, with tips, are given below:

- *assign each team member a different colour dot so that you can see who voted for which idea.* This can be helpful if you want to ensure that the team see at least one of the ideas that they support make it through for further development. If you have invited someone to the harvesting meeting, but none of the ideas that they voted for make it through, that might be something that you want to discuss
- *give everyone fewer votes, but anticipate several rounds of voting as you eliminate items that got no (or few) votes each time.* This takes longer, but can build better consensus. As you proceed into later rounds of voting, the list to choose from gets smaller and the chances that everyone can see at least one of the ideas that they voted for at some point make it through increases

- *allow a team member to give an idea multiple votes.* Multiple votes allow people to express strong preferences, but has the downside that you may end up with an item that got lots of votes, but only because one or two people gave it all of their votes. You could use a restriction, such as no more than three of your votes on one item. Another way is to simply ask for a show of hands of who voted for each of the winning items and see the distribution across the group

No matter how you do it, keep these goals in mind:

- you want the process to yield a few ideas that best fit the agreed criteria
- you want to build consensus and support among the team that will be needed as you face the challenge of taking these ideas forward and implementing them



Acknowledgements

Thank you to all staff at:

The Oakwell Centre, Kendray Hospital, Barnsley PCT
North Staffordshire Combined Mental Health Trust
Oxleas NHS Foundation Trust
Birmingham and Solihull Mental Health NHS Foundation Trust
Basingstoke and North Hampshire NHS Foundation Trust
Barnsley Hospital NHS Foundation Trust
Royal Liverpool and Broadgreen University NHS Trust
Luton and Dunstable Hospital NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Central Manchester and Manchester Children's University Hospitals NHS Trust
NHS Institute for Innovation and Improvement, and staff from our improvement partners, who have had an input into this document

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ISBN: 978-1-906535-65-0

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