Releasing Time to Care

The Productive Ward

Executive Leader's Guide

Version 2
**This document is for the Executive Leader for the Productive Ward,
Project Leader, Nursing Director
(if not above)**

Executive Leader's
Guide

ELG

Releasing Time to Care
The Productive Ward

PATIENT
EXPERIENCE

PATIENT SATISFACTION
SURVEY'S

DH INFORMATION READER BOX

Policy	Estates
HR/Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

|	
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Description This guide gives help specifically to executtive leaders, project leaders and nursing directors to enable them to formulate their own models of organisational success. It gives details of likely opportunities and challenges which arise as part of the Productive Ward 'journey' and gives help to answer common	
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For Recipient's Use	

What does the Productive Ward have to offer you?

The Productive Ward:

- offers a systematic way of delivering safe, high quality care to patients across your hospital
- feedback from all the sites which have implemented the Productive Ward so far say that their expectations were exceeded
- they saw their staff empowered and enthused to make challenging changes to the way they worked

Selected Impact:

- observation frequency increased by 20% (catching people deteriorating early)
- 20 seconds per toileting episode saved (75 per shift)
- medicine round time reduced by 63% (allowing re-investment of time into safer care)
- handover time reduced by 1/3 but quality increased
- typically £400 of stock returned to central stores
- meal wastage rate down from 7% to 1%
- Direct Care Time moved from 25% to 46%
- reduction in patient complaints (from quality of care) (Basingstoke)

- calmer wards
- increased morale
- breaking down of Nurse/Management barriers and Nurse/Doctor barriers
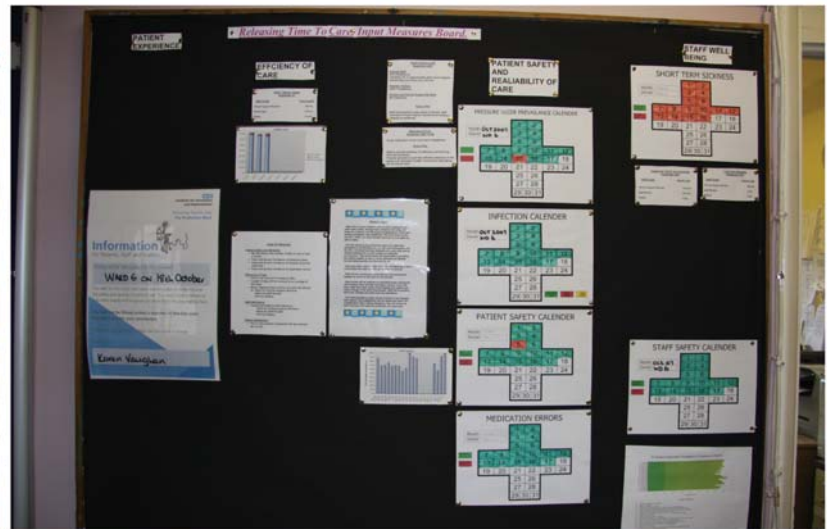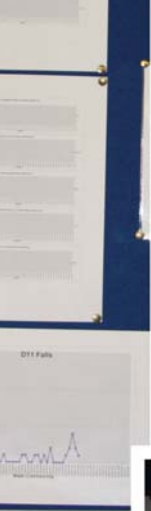
Aim of this guide:

This guide will help you formulate what success would look like in your organisation. It will give you more detail of the exciting opportunities, and challenges, which lie ahead, and will help to answer the questions.

Contents
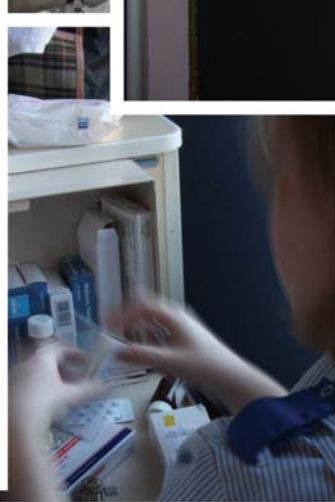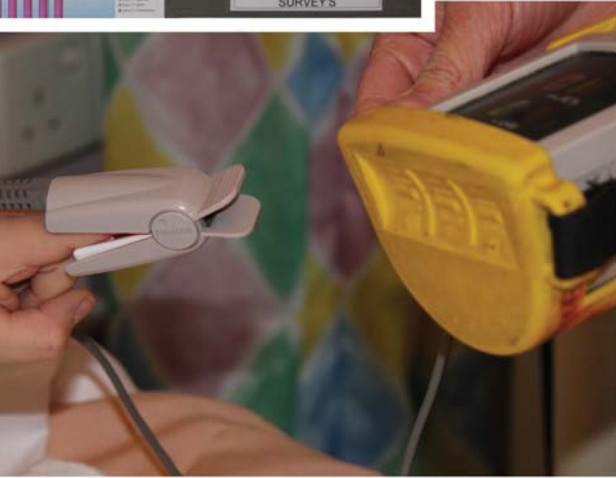
Context

Why focus on a ward?

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

For example, a ward may take the view that the delay for diagnostics, such as imaging, delays the diagnosis process. This may be true to an extent, but the ward staff can negate some of the impact by ensuring imaging requests are not lost and ensure they are sent to imaging every day…not just sitting in a box on a desk.

Organisation Context & Leadership

Support & Diagnostics

Ward Organisation

Care Team

Patient
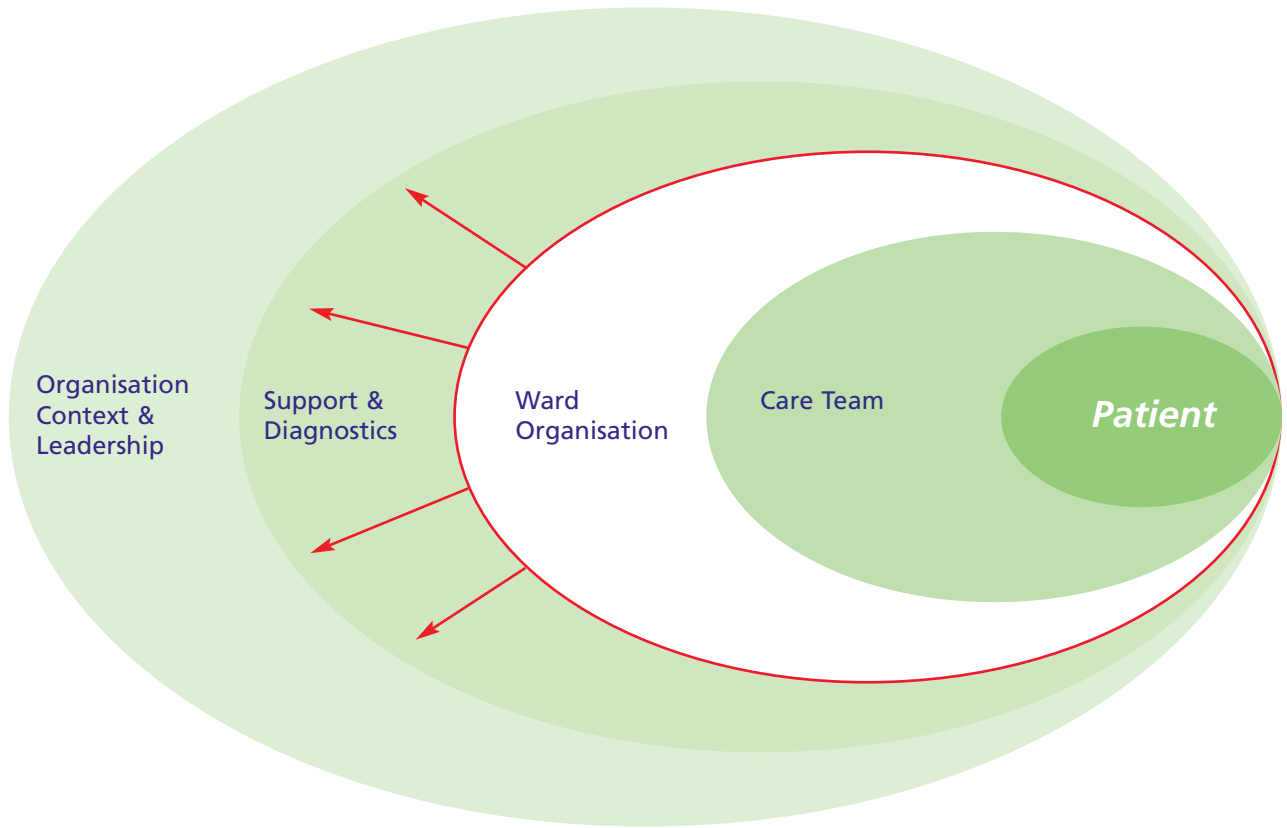
The Productive Ward looks inwards at ward level, to understand the impact on other departments.

The Productive Ward will help you address the pull on your ward leaders' jobs

Meeting performance standards

Improving patient safety

The Productive Ward

Improving patient experience

Balancing the books - financial pressure

The response to these seemingly conflicting priorities, is often to request more resources. i.e. to do more, you need more.

The Productive Ward proves this is not the only way. With the Productive Ward, your teams can deliver these priorities with your existing staff levels.

Direct care time is the focus

By releasing time your teams will be able to concentrate on delivering safer, more reliable care.
Patients who receive safer, more reliable care get better sooner.

100%

| a single nurse's shift | | | | | | | | | | | |

First area of opportunity to remove wasteful activities

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

24 — Motion

11 — Paperwork and admin

10 — Handovers

5 — Medicines management and preparation (away from patient)

5 — Discussion with others

3 — Personal hygiene

3 — Other

2 — Patient flow

37* — Direct patient care

6 — Psycho-social care

31 — Physical care

Available time

* Approximately equivalent to time spent within patients bedside area Source: Ward observations, Admissions and General Medicine (~13 hours total); team analysis

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Your staff direct patient care time affects efficiency, which provides financial benefits

■ Measures impacted by 'TPW'

```
Ward Cost per
patient spell
(£/spell)
    ├── Cost / WTE ward
    │   staff
    │       ├── Cost / WTE by grade
    │       └── Staff Mix Factor (grades)
    │               ├── Bank & agency staff [ratio]
    │               ├── Qualified to trainee nurses ratio
    │               └── Clinical to non clinical staff ratio
    │
    └── WTE ward
        staff/Spell
            ├── LOS per spell
            └── WTE/Occupied bed day
                    ├── WTE/Ward Bed
                    └── Bed Utilisation
```

Proportion of 'direct patient care time' in a nurses' day
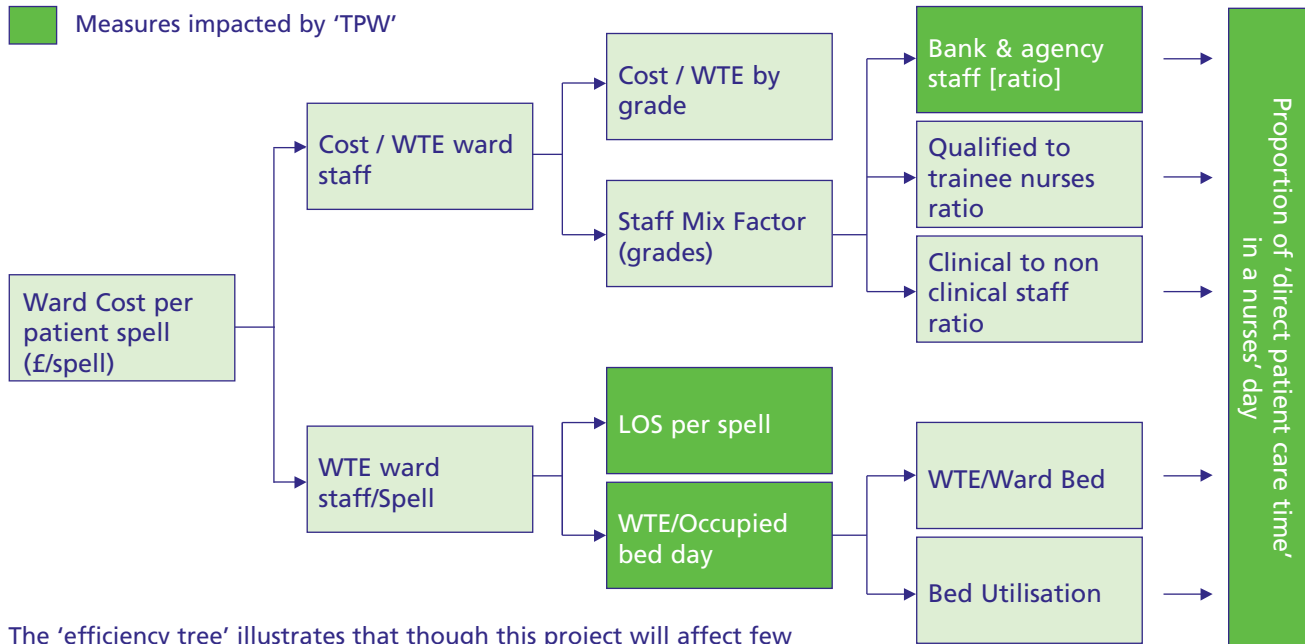
The 'efficiency tree' illustrates that though this project will affect few metrics directly, increasing the proportion of nursing time spent on direct care will eventually reduce ward cost/spell.

Modular Structure

These modules create a Productive Ward

Productive Ward

Patient Hygiene	Nursing Procedures	Ward Round	Toolkit

Patient Observations | Admissions and Planned Discharge | Shift Handovers | Meals | Medicines

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

Ward Leader's Guide

Project Leader's Guide

Executive Leader's Guide
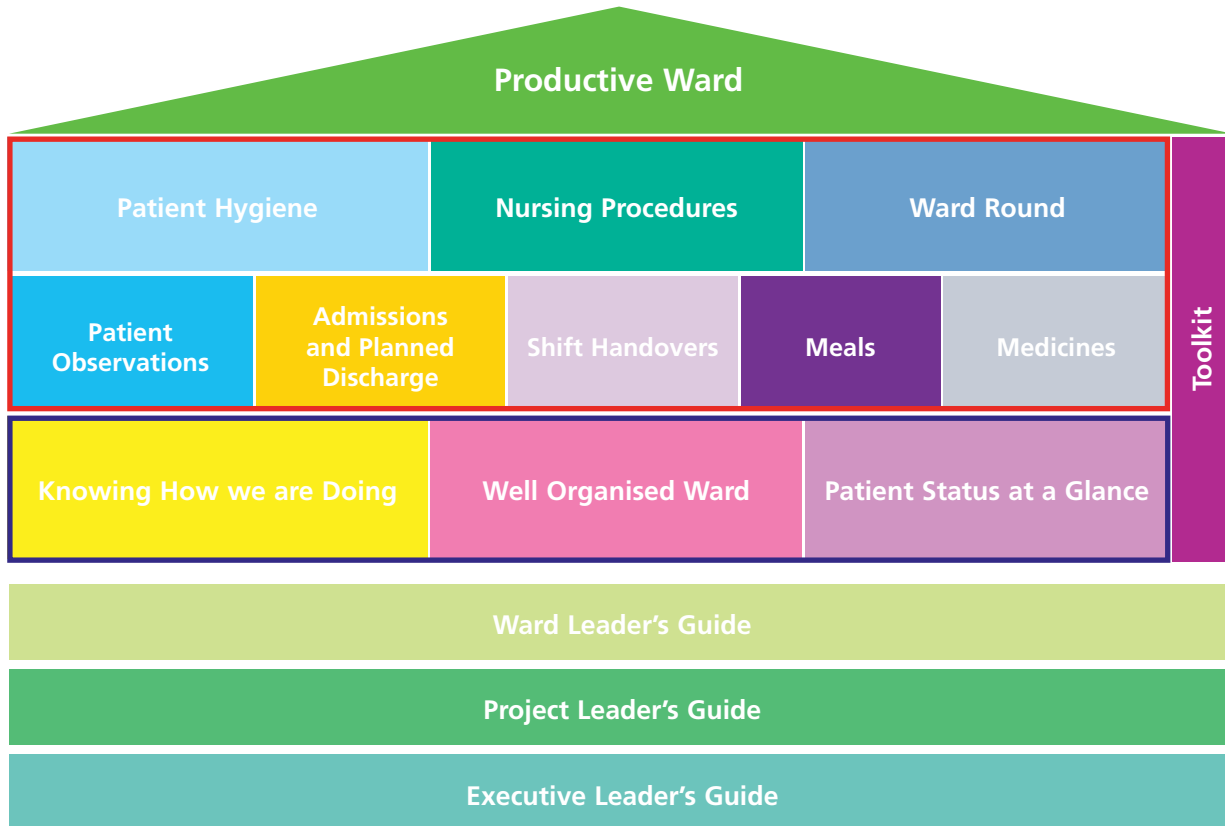
Aim of the Modules:

The modules are designed to provide a no nonsense structure for implementing the Productive Ward.

All of the modules, other than this Executive Leader's Guide and the Project Leader's Guide, are designed for self directed learning at ward level. A ward leader implementing the Productive Ward will start with the Ward Leader's Guide. Then, with the ward team, they will implement the foundation modules (highlighted in **BLUE**). These provide both a solid foundation for the more challenging 'process' modules (highlighted in **RED**) and a grounding in basic improvement principles.

The modules are designed to be used by a facilitator leading a team. Whether this facilitator is the ward leader, other ward staff member or someone external to the ward is dependent on the competencies of the ward leader and the internal improvement capability of your trust.

General structure of each module:

Each module undertaken on a ward follows the basic stages illustrated below:

1. Prepare
2. Assess
3. Diagnose
4. Plan
5. Treat
6. Evaluate
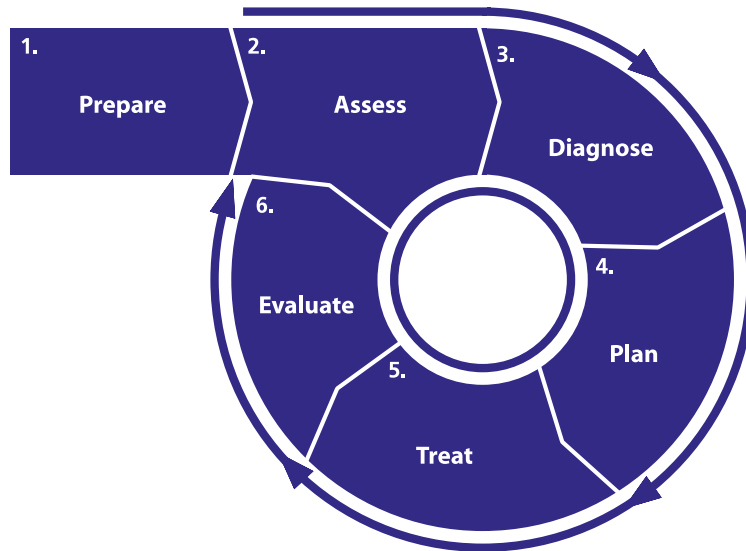
While illustrated using a patient care cycle, the cycle is the same as the generic improvement cycle 'Plan, do, study, act'. Giving ward staff a structured improvement approach to improving ward processes that is very similar to the care cycle they are used to.

Learning objectives

In addition the modules feature guidance and objectives for the facilitator in the form of learning objectives. These objectives are set at the start of each module and assessed at the end. They are based around general improvement techniques with the aim of building internal improvement capability on the ward as soon as possible.

Healthcheck Baseline

Finally, each module contains a baseline section where the robustness of the ward's processes, in relation to the specific module areas, are tested before and after the module's implementation. This allows ward staff to test their processes and follow their own progress in addition to the usual measures based systems.

Module Summaries:

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

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

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

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

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

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

Meals
Reducing the time teams spend physically delivering meals and allowing more time for teams to assist with feeding and ensuring proactive nutritional assessment for patients

Medicines
Ward teams ensure medicine rounds do not clash with other ward processes. Interruptions are reduced and ward teams ensure everything is ready.

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

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

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

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

Nursing Procedures
Ward teams improve the supporting processes for nursing procedures so they are consistent, a better patient experience and achieve the standards the trust aspires to.

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

Toolkit
A step by step guide to all of the Productive Ward tools. For ward teams to use in conjunction with the modules.

Status of the modules:

Of the 15 Productive Ward modules, 10 have been through two test cycles at various test sites. This means they have had a considerable period of testing and refinement. The five remaining (Patient Hygiene, Nursing Procedures, Ward Round, Admissions and Planned Discharge and Shift Handovers), while tested comprehensively on Productive Ward test sites, have not benefited from further testing and refinement.

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

As always, feedback on these modules, and others, is greatly appreciated by the Productive Ward team.

Guidance for the Executive Sponsor

Influencing the behavioural characteristics at ward level

Experience from Productive Ward testing has proved that senior leadership support is vital for sustained implementation. How the Productive Ward is led has a direct impact on the level of improvement achieved.

Experience has shown that the way the Productive Ward is led impacts on the characteristics of not only the ward staff, but also the support services that play a vital role in the delivery of quality services.

Standards across the trust

Consistency of approach is vital for uniformly high standards of patient care and for workforce flexibility.

Standards are widely used in the Productive Ward to build this consistent approach.

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

Standards for key ward processes are always based on the most up to date trust policy. The Productive Ward concentrates on the process delivering the end standard, not the end standard itself.

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Timing

There will never be a time when there are no other initiatives to consider.

In order for you to get the maximum benefit from the Productive Ward, you should consider two workforce issues:

1. Is the establishment stable for the foreseeable future?
• the right people in the right place

2. Are you currently undertaking any workforce reform programmes?
• staff need time and space to focus on the Productive Ward and not be distracted by other workforce issues

The Productive Ward will help you re-design your work processes and improve the quality of care for patients. It is not a tool to help you with your workforce reform issues.

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Realising the benefits of the Productive Ward

The potential of the Productive Ward is that it is a powerful tool that empowers and involves staff to focus on the delivery of quality patient focused care. It puts them back in control of their ward, making the decisions that affect them and their patients on a day to day basis.

Evidence from our test and pilot sites show that a substantial amount of time can be saved. You need to be thinking and planning now about what you will do with this time.

As with all improvement work, the Productive Ward creates opportunities and thus strategic choices. Time saved can be used in many different ways but it is important to remember the core of the Productive Ward – Releasing Time to Care…..

Strong line leadership of Productive Ward

Based on the experience of testing the Productive Ward, it has proved vital that line management of ward-based staff are trained in Productive Ward at an early stage.

Leaders such as matrons, lead nurses, clinical director, general managers all need to be able to role model and coach their staff.

They need to be consistent in message and visibility. Experience has shown that inconsistency of commitment and purpose from line leadership can hamper Productive Ward implementation.

A positive and open minded consultant community goes a long way to ensuring sustained Productive Ward implementation.

Getting Started

Create strategic goals and alignment

Your vision

If the Productive Ward is not one of the trust's top five strategic priorities you should delay implementation.

It will distract you from your other objectives and will eventually fade out.

Set out your vision for the Productive Ward before you start. The Productive Ward should fit with your organisational strategy and vision.

The Productive Ward will be your delivery vehicle for many parts of your organisation's strategy, but only if it is firmly integrated into your strategy.

You and your leadership team must consider how the Productive Ward fits with each element of your strategy. You should consider how the Productive Ward challenges your existing strategies, how to answer these challenges and what policy deployment processes are required.

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

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

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

Strategic goals and alignment checklist

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

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

You can find a larger, blank copy of this grid on the NHS Institute's web pages.

* a selection of the many benefits of the Productive Ward

Board level sign up

As the executive leader of the Productive Ward your role is not only to influence and work with the staff on the wards but also to influence and communicate with senior colleagues and Board members.

What does this mean?

• ensure there is Board sign-up and understanding of the Productive Ward

• be clear what benefits the Productive Ward will have for your organisation

• be clear that there will be challenges for the organisation, not just on the wards but also within other departments

• ensure the Board understands this is a programme focused on improving the quality of care for patients, not an opportunity to reduce costs

• ensure that senior colleagues understand the need to be visible on wards, supporting the staff

Putting the right team together

Despite the focus on the ward, a successful implementation is entirely dependent on the teams that you put in place to guide and support the project.

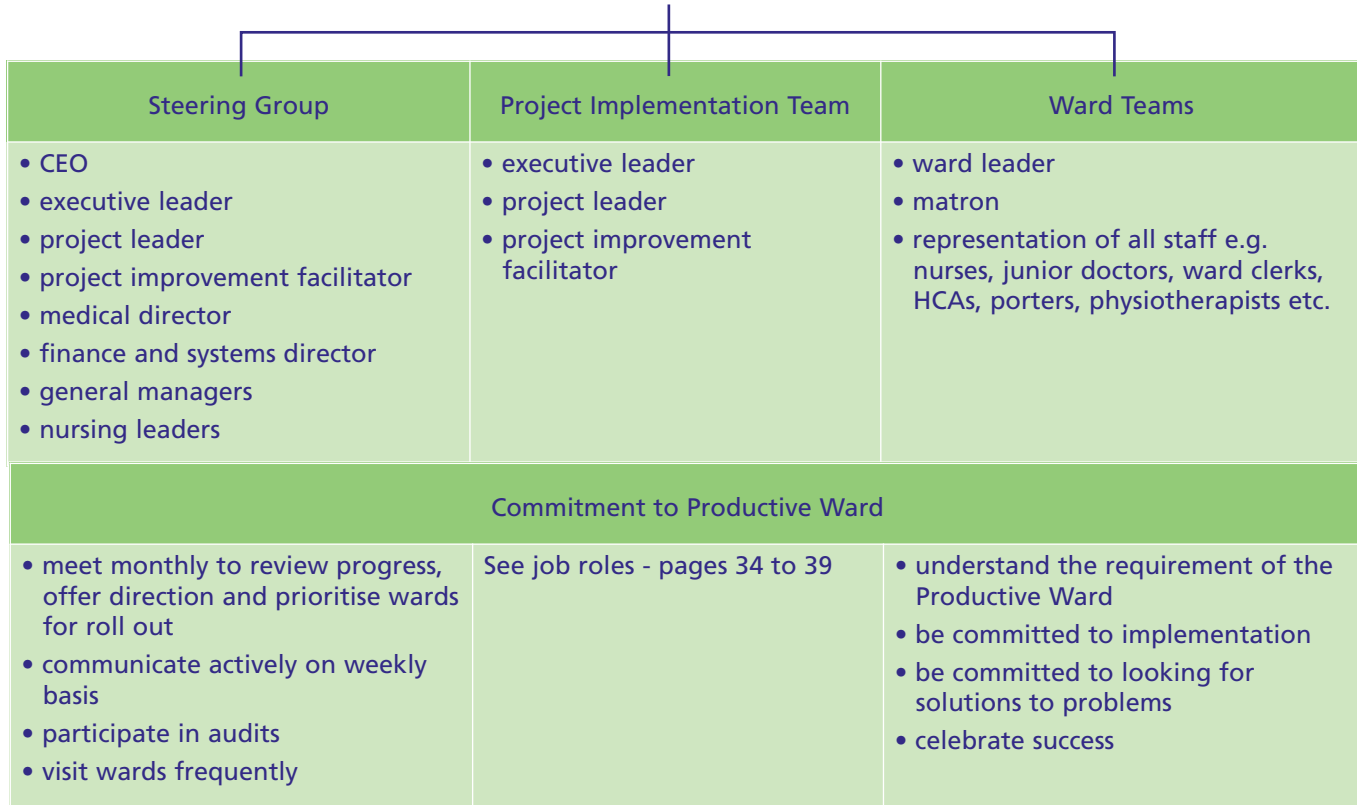In addition to your role, there are two other key roles:

- the project leader – this should be at assistant director level and is often the Assistant Director of Nursing
- the Project Improvement Facilitator – this should be somebody who is experienced in implementing change projects

The implementation also needs to be guided by a Steering Committee comprised of senior staff who are able to influence decision making within the organisation.

Equip the project team with the skills required to play their roles effectively. (e.g., provide project management training, visit a hospital which has already implemented Productive Ward to benefit from their learning etc.)

Executive Leader

Steering Group	Project Implementation Team	Ward Teams
• CEO • executive leader • project leader • project improvement facilitator • medical director • finance and systems director • general managers • nursing leaders	• executive leader • project leader • project improvement facilitator	• ward leader • matron • representation of all staff e.g. nurses, junior doctors, ward clerks, HCAs, porters, physiotherapists etc.
Commitment to Productive Ward		
• meet monthly to review progress, offer direction and prioritise wards for roll out • communicate actively on weekly basis • participate in audits • visit wards frequently	See job roles - pages 34 to 39	• understand the requirement of the Productive Ward • be committed to implementation • be committed to looking for solutions to problems • celebrate success

Support Teams
• information analyst • finance team analyst • supplies • pharmacy • housekeeping

Commitment to Productive Ward
To support implementation of Productive Ward which includes providing data and information as required. To understand that the implementation of the Productive Ward will impact on their department and they will be required to work collaboratively to ensure that systems are working efficiently.

The roles of the Project Leader and Project Improvement Facilitator

You are the executive leader of the Productive Ward and your role is to oversee implementation at an executive level.

Project Leader
• is responsible for the successful planning and implementation of the Productive Ward

Project Improvement Facilitators
• will work on a day to day basis with the ward staff to ensure that improvement techniques are taught, understood and implemented on the wards. They will be committed, on the ground coaches

It is the role of the Improvement Facilitator that generally dictates the pace of spread. The faster you wish to spread, the more Improvement Facilitators you will need. More on this on page 38.

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Team time commitment

The table below details the time commitment you will need to make available to implement the Productive Ward on one ward. You will need to increase your commitment when multiples of wards are involved. You will need to maintain this commitment for at least six months.

Team	Role	Time Commitment
Steering Committee	CEO	1 Hr / Month
	Director of Operations	1 Hr / Month
	Director of Nursing	2 Hrs / Month
	Medical Director	1 Hr / Month
	Finance Director	1 Hr / Month
Ward Team	Ward Leader	50% total time
	Matron	20% total time
Support Team	Information Analyst	1 Day / Month
	Finance Analyst	½ Day / Month
Project Team	Project Leader	50% total time
	Project Improvement Facilitator	100% total time

Project Leader

It is strongly recommended that you have project management resources in place to support your Productive Ward implementation.

The table below details some of the competencies required for such a role:

Role definition and competencies

Role Description	• project management – ensuring the day to day implementation according to the agreed action plan
	• support to both executive leader and project management facilitator
	• stakeholder management – this is required not only within the ward setting but with all departments within the hospital
	• communication – establishing and implementing a communications plan
	• visible involvement - both to the steering group and the ward staff
	• to lead by example – especially when implementing change is difficult
Competencies	• previous experience of leading complex change projects
	• involvement and understanding of strategic and business planning
	• ability to influence at all levels within the organisation
	• excellent communication skills
	• ability to drive forward to achieve the desired outcomes even when there are challenges
	• ability to collaborate with others
Commitment	• one person allowing a minimum of two days a week

Project leadership in detail

The project leader should be able to work as a peer to you as the executive sponsor. They should be well connected to the detail of the project – and ideally someone with proven project management skills and who can build a solid understanding of Productive Ward modules

The project leader should:

• define the standard ward-level implementation plan (i.e., week-by-week plan for core set of modules)
• play the co-ordinating role between the Productive Ward and other, related trust-wide projects occurring in parallel (e.g., ward refurbishment programme, materials supply improvements)

through a rapid escalation mechanism via project manager through to the programme sponsor
• track implementation progress on a ward-by-ward basis (e.g., through red-amber-green status reporting against a matrix of wards and modules using the 10 statements developed for each module in Productive Ward Healthcheck)
• consider holding a small investment budget (e.g., £500-1,000 per ward) at project level to ensure rapid resolution to minor requests for spend (e.g., buying white boards, installing shelves, moving a sluice)

Project Improvement Facilitator

It is strongly recommended you have improvement resources in place to support your Productive Ward implementation. Depending on the internal capability of your organisation you may already have these resources in place. If not then the table below details some of the competencies required for such a role:

Role definition and competencies

Role Description	• to ensure the ward staff are competent in the implementation of improvement techniques • to work on the wards on a day to day basis ensuring that agreed actions are implemented • to ensure the required information is available to measure performance and improvement • to work with other departments within the hospital to improve systems and processes • ensure that all learning is captured and communicated
Competencies	• skilled and knowledgeable in Lean improvement techniques • previous experience of training groups of staff • previous involvement in change management projects • ability to deal with difficult situations • excellent communication skills • thorough knowledge of the Productive Ward modules
Commitment	• one person full time. The number of people will increase as more wards become involved

Building & Managing Improvement Facilitator Capability

The role of the improvement facilitator is to provide on the ground expert coaching to ward leaders implementing the Productive Ward.

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

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

If this is the case then consider training your selected improvement facilitators alongside external experts with Lean, coaching and Productive Ward knowledge. They should work with internal staff on a part time basis over the 4 month period, at first leading the facilitation of the modules and then, as confidence builds, taking a back seat and acting as mentors to improvement facilitators.

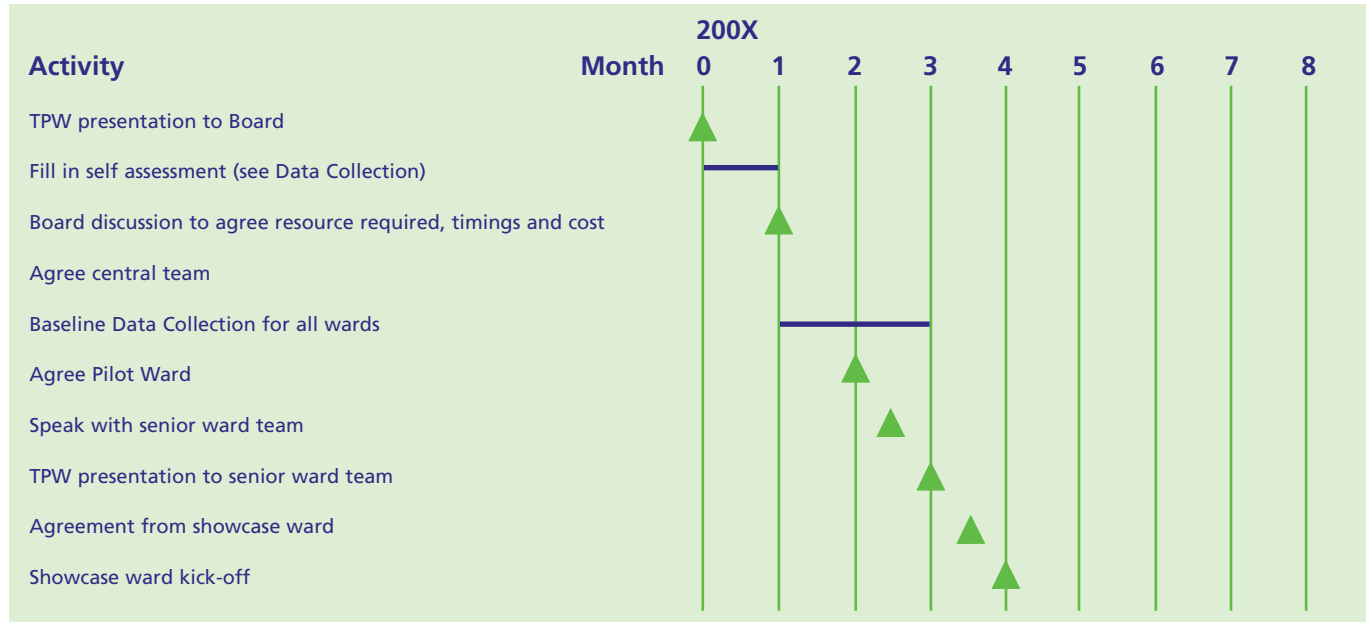Considerations for managing improvement facilitators:

• agree explicitly the roles of the ward leader, ward staff and the expert coaches

• ensure that the executive sponsor and line managers promote the expert coaches as a valuable and scarce resource. This resource must not be wasted. Ensure wards are prepared to accept this resource on the days it is available to them

• track and evaluate the value of the expert coaches' support to the wards – Use the Learning Objectives in each module to assess the effectiveness of module facilitation

• consider the career/development path for the internal improvement facilitators in the expert coach role

Planning for Start-Up

If you are going to implement Productive Ward successfully, you need to have made careful preparation:

• resource planning – what do you need?
• process planning – what will you do?
• outcome measurement – how will you know you have improved?

You will need to plan your preparation phase carefully:

Activity	Month	200X 0	1	2	3	4	5	6	7	8
TPW presentation to Board		▲								
Fill in self assessment (see Data Collection)		▬▬▬								
Board discussion to agree resource required, timings and cost			▲							
Agree central team										
Baseline Data Collection for all wards			▬▬▬▬▬▬							
Agree Pilot Ward				▲						
Speak with senior ward team					▲					
TPW presentation to senior ward team					▲					
Agreement from showcase ward						▲				
Showcase ward kick-off						▲				

A start up checklist is available in the Project Leader's Guide

Planning spread and resource

From the start point of having your Showcase (or showcases) selected you will need to plan what pace you wish to implement the Productive Wards onto other wards. The pace will be dictated by the number of improvement facilitators you have, the level of engagement and the degree to which processes are already standardised.

The example project plan featured details a rolling four month schedule starting with two Showcase wards and then moving to four wards every four months. This model is reliant on one full time, very competent, improvement facilitator as the ground level coach spending a day per week on each ward.

As the wards become more confident to facilitate their own modules, towards the end of the four month block, the improvement facilitator ramps down on those wards and starts to spend time with wards in the next block. If the trust wanted to go any faster then it would have to consider a second improvement facilitator.

Finally – wards involved in your Productive Ward implementation should never be selected without them applying to be part of the Productive Ward. It is vital that this is a PULL not PUSH implementation. For successful implementation wards need to WANT to do the Productive Ward. If you are not getting many applications then perhaps you should consider re-visiting the communications strategy.

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Example Macro Productive Ward Implementation Plan

Nick Downham
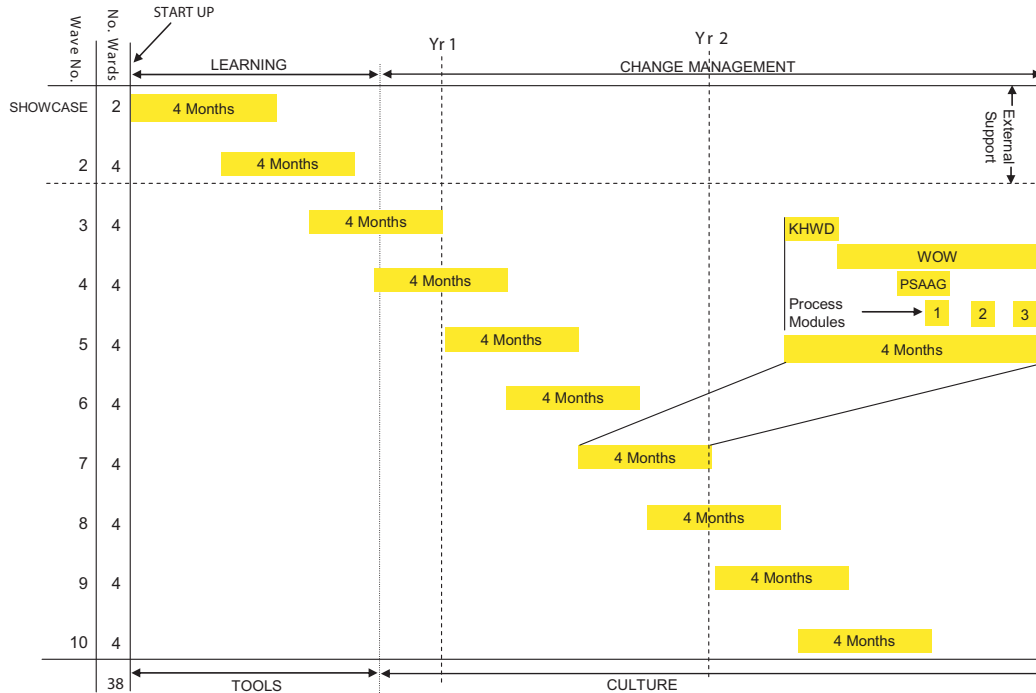
Legend

KHWD	Knowing How we are Doing module
WOW	Well Organised Ward module
PSAG	Patient Status at a Glance module
Process Modules	Non foundation modules such as Meals, Patient Observations etc

The example project schedule shows a rolling model, with the hospital supporting four wards at any one time (and with wards ramping up and ramping down as each yellow block of four wards overlap).

Each ward's four month block is split up as shown, concentrating on transferring improvement techniques in the foundation modules.

This example shows the use of external support to help implement the first six wards. From then on the model relies on internal capability.

Also shown is the transition between learning Productive Ward methods to change management and sustaining the changes. The emphasis on the former being learning tools and the latter about cultural change and supporting systems.

What is your responsibility as the Executive Leader in the planning phase?

Remember, you have already been challenged to consider if it is the right time to be implementing the Productive Ward.

You have been asked to guide and influence the Board's decision making.

You have been given help to identify the project leader and project improvement facilitator.

Now you need to start thinking about how you will get started and how long it will take you. The next pages will help you with this.

The showcase/s

Interest in the Productive Ward will be created, and maintained, using a showcase ward.

Choosing the right ward as your 'showcase' is crucial.

Choosing the right showcase/s will mean...

• early rewards in return for investment

• live proof that the programme works - and a comparison for subsequent ward/s

• a good 'brand' within the hospital for improvement, and change

• an excited body of staff (especially nursing staff) who will welcome the programme to their ward

Choosing the wrong showcase/s will mean...

• no rewards in return for investment early

• live proof that the programme can fail - and no good comparison for subsequent ward/s

• a bad 'brand' within the hospital for improvement, and change

• a disillusioned body of staff (especially nursing staff) who will not welcome the programme to their ward/s

Showcase/s

This table illustrates the characteristics that your showcase ward/s should exhibit. Previous high ward performance is not enough. You cannot afford a 'hearts and minds' exercise with the ward leader of the showcase ward/s. Additionally it is not recommended that an underperforming ward is chosen. Again, this will take valuable time to overcome, slowing down the establishment of the showcase/s.

How will we select our showcase ward/s?

	Low	High
High (Will)	"Desperate to be rescued"	"Raring to go"
Low	"No sense of urgency"	"Reluctant to engage"

Will

Skill - capability to implement

Your showcase ward/s should look like this
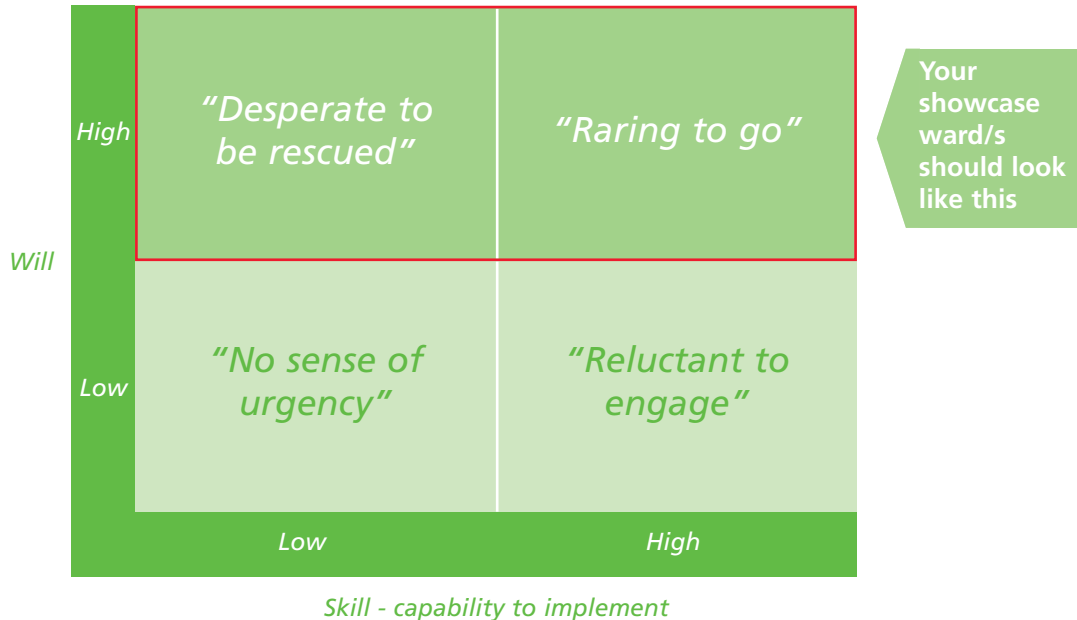
How to select your showcase

It is important that the ward/s want to be involved right at the beginning of implementation. In order to ensure you select the right ward/s, follow the selection process and complete the selection template.

Communicate widely with all staff

During ward leaders away day, or similar, invite applications

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

Measure against 'showcase template' and select ward

Ensure other wards kept involved and interested

Pick your showcase if:

Ward Name:					
It has a long history of performance under the same leader					
It has low levels of personnel complaints and short term absenteeism					
The ward leadership actively want to be the showcase					
The management above the ward are sure of their ability to release their time					
The ward leader perceives their role as that of a leader, rather than a senior nurse					
It is not going to have a major change in the next year • ward move • renovation • staff re-grading • new leader • change of speciality					
The management structure above the ward (matron or general manager) have a history of high performance					
The ward leader is collaborative, not autocratic, in leadership style					
The management structure above the ward (matron or general manager) is collaborative, not autocratic, in leadership style					
The relationship between the ward leader and the ward's consultants is positive					
The ward has a strong history of multi-disciplinary working					
The ward leader, once trained in Productive Ward methods, is willing and able to coach and advise other wards on implementation					
Total					

Pick the ward with the most ticks

Example of completed table

Making sure the showcase is sustained from the start

The NHS Institute has developed an easy to use Sustainability Model and Guide. Use this to test the readiness of the ward to start and sustain any improvements they make.

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

Act upon its results impartially. If the guide raises warning signals about your proposed showcase, then you need to reconsider.

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

The Sustainability Model and Guide is available, free of charge, from:

Prolog Phase 3 Bureau Services: Tel: 08700662071
Quote NHSISUSTAINGUIDE

It is also available on the NHS Institute website as an online tool.

Knowing How we are Doing

The Productive Ward will help improve 4 key dimensions of care you provide

Performance is tracked against the four basic objectives:

Key Measure	Core Objectives	Key Measure

Choose minimum 1 {
- patient observations
- MRSA (optional)
- C Diff infections (optional)
- Pressure Sores (optional)
- Falls (optional)

Improve patient safety and reliability of care

Improve patient experience

- patient satisfaction

- unplanned absence rates

Improve staff well-being

Improve efficiency of care

- direct care time
- % patients going home on agreed date (EDD)

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

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

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

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

Key principles to make measurement part of the course:

- set the expectation from the outset of measurable impact (e.g., through the metrics tracked in *Knowing How we are Doing*) by asking searching questions during programme board reviews

- during ward visits, ensure that execs and senior nurse managers visit the performance board and ask questions about performance to role model the importance of tracking and improving performance – use the featured visit guidance sheets

- develop a ward-to-board integrated set of key performance indicators (KPIs) to evaluate the impact of Productive Ward

- expect ward leaders and staff to develop explicit plans for where to reinvest the time saved through Productive Ward (e.g., by saving x minutes per day on meal rounds we will reinvest that time in supporting patients who need help to eat and maintaining their nutritional assessments)

10 Point Productive Ward healthcheck

It is useful to create an understanding of how your showcase ward's existing processes reflect the Productive Ward vision. This will give you and your steering committee a view on where the showcase is starting out from and what rigorous processes you will need to develop a Productive Ward. To do this, ask your showcase ward leader and matron to use the 10 Point Productive Ward Healthcheck tool available at: www.institute.nhs.uk/productiveward

The tool will give a Healthcheck score which will give you a tangible starting baseline to complement your measures. Re-visit it monthly to help track improvement. Do this along with your monitoring as covered in the previous section.

The first result may well be low. If this is the case support your showcase ward leader in understanding that constructively.

The relevant parts of the Productive Ward Healthcheck are featured in each module, allowing wards to self assess the robustness of their processes before and after Productive Ward implementation.
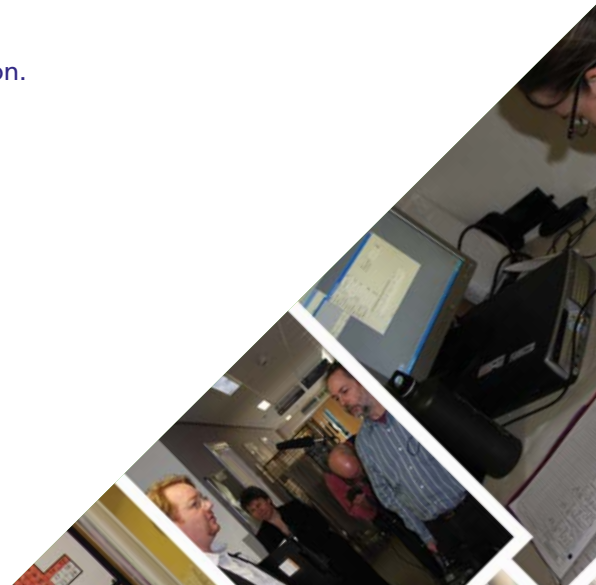
Investment in communication

Using the principles described in the Strategic Alignment (see page 29) section of this document, it is vital to break these strategic links down to a concise and understandable message to staff. Set the Productive Ward in its proper strategic context by developing a 'change story' which links it to hospital strategy (e.g. delivering an excellent patient experience, improving patient safety and stabilising financial situation).

• ensure the 'story' is grounded in the core objective of improving the quality, safety and efficiency of patient care on wards (not cost!)

• invest in the kick-off. Communicating the 'change story' of Productive Ward to all ward leaders and ward staff face-to-face (e.g., via half day kick off workshops or use existing away days) explaining Productive Ward, why the hospital is doing it, what it means in practice, what is expected of ward staff, what ward staff can expect from trust leaders and so on

• you can then build on this to invite applications as per the previous section on picking the showcase ward(s)

• equip ward leaders to be able to re-tell this story consistently and in ways which are relevant to their own teams and local situation. Provide engaging supporting materials to do this (e.g., poster of Productive Ward)

• project manager/team to meet or interview all ward leaders who apply to be a showcase ward, taking the opportunity to assess their suitability, manage expectations and cultivate a broader support base

• book slots in regular, ongoing nursing meetings to provide updates from the pilot wards and ensure ward leaders, matrons, general managers etc. are kept informed

- regular channels for communicating progress on Productive Ward (e.g., in hospital newsletter, intranet site etc.) and be careful to avoid jargon (e.g., many ward staff will not understand 'LOS')

- ward leaders implementing Productive Ward to attend programme board reviews and give them a role in the meeting (e.g., share stories, examples, posters, photos of what they have been doing)

Communications Plan

The Productive Ward will bring you communications challenges inside and outside of your trust.

You will need to consider the following:

Internal communication

- who should you communicate with? –remember all your hospital will want to know what is going on
- what are you going to tell them? – they will want to know how it is going to affect them
- why are you communicating with them? – you may want their assistance or may just feel they should know what is happening around them
- remember to tell them why your hospital is involved with the Productive Ward and how it will help achieve the objectives of the hospital
- some groups may need to know because they may have an indirect role to play – such as union representatives
- ensure everybody knows what is happening on the showcase ward/s. You can do this by using an established system of team meetings or a regular newsletter

External communication

Everybody wants to know about the Productive Ward!

You will find you are frequently contacted and asked about what is happening.

Who might contact you?

• local press
• local commissioning organisations
• other trusts from around the country
• health related publications who may want to do an article on you

In order to manage these requests, you must have a clear communication plan, which everybody is aware of. You should try and get a named person from your communication department to be responsible for the Productive Ward.

This is an exciting opportunity for you to publicise the innovative work you are doing.
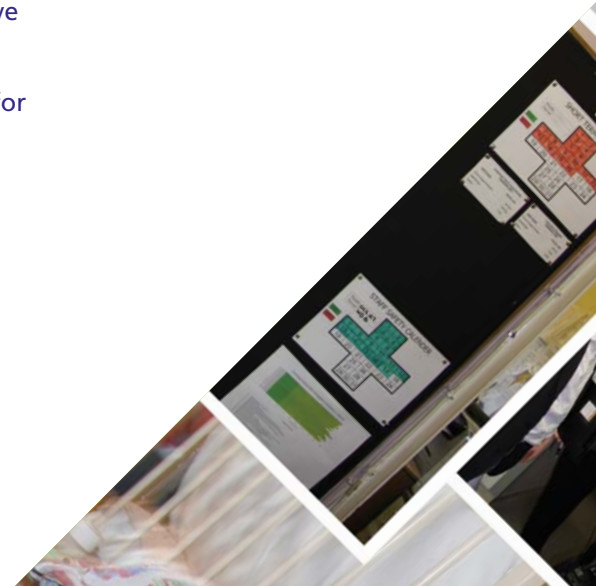
Who	What	When	How	Why
Internal				
Board	Progress	3 monthly	Report	Keep updated
Supplies	How it will affect them	Immediately then weekly until resolved	Meeting or phone calls	Need assistance
External				
GPs	What is happening	Initially then 3 monthly update	Article in local GP magazine	Keep updated
Local paper	Exciting development	Initially then 3 monthly update	Interview	Let local people know what happening

Example of communication plan

The above is a simple framework for considering who you need to communicate with and why.

Visually communicating the Productive Ward vision:

Staff learn in different ways and some will struggle to understand the potential and vision for the Productive Ward, especially in the early stages of your implementation.

A 'cartoon' visualisation of a 'Productive Ward' has been created as an alternative way of communicating the vision, principles and methods of the Productive Ward. The cartoon is designed to be used as a storytelling prompt, to be printed as a large poster and its individual elements used as prompts for talking through the important messages and principles of the Productive Ward.

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

THE PRODUCTIVE WARD: RELEASING TIME TO CARE

"knowing how we're doing as a ward"

"efficient handovers that protect patient safety & provide continuity of care"

"timely observations ensuring patient safety"

"a place for everything & everything in its place"

"a medicine round with fewer errors & less wasted time"

"time saved looking for patient information"

"calm unhurried meals for patients & staff"

Sustain

The Productive Ward drives organisational change

The power of the Productive Ward is that change is initiated from front line staff as they become enthused and empowered by seeing the impact that they can have.

Your role as executive leader is to ensure that the organisation as a whole supports the ward/s and that changes made throughout the hospital to systems and processes are maintained.

Anticipate that structural or systemic weaknesses in hospital-wide support processes will surface during the implementation of Productive Ward and that this is a benefit of the approach. These would include, but not be limited to:

• estates: flexibility and responsiveness to make minor alternations to ward (e.g., moving a sluice, fixing up shelves)

• catering: flexibility of catering to deliver food in a way which minimises time required for clinical staff to prepare and deliver meals for patients

• material supply/linen services: responsiveness and reliability of material suppliers (whether internal or external) to deliver stock in the quantity and at the frequency required in order to minimise unnecessary space and cost committed on the ward

• patient transport: guidelines and budget for patient transport (e.g., taxis, ambulances) and handover process from ward to transport (e.g., via discharge lounge)

Recognise that though Productive Ward is focused on ward-based activities, there will be a knock-on effect on other clinical staff groups and processes (e.g., diagnostics, pharmacy, medical ward rounds).

Communicate expectations of active involvement with these stakeholders at an early stage, and set expectations amongst ward staff that 'Rome will not be built in a day'!

Ensure that Productive Ward aligns with any other hospital-wide improvement projects which may affect or conflict with it (e.g., centrally-driven material supply initiative).

Plan for what will be a significant increase in workload for the informatics/finance team to provide timely and accurate data against which to assess ward performance.

Strengthen this team at the very start by adding a WTE dedicated to Productive Ward and make that person responsible for managing the information flow into the Knowing How we are Doing modules on all wards.

Make your commitment visible

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

The aim of these visits is to:

• speak with staff and patients first-hand

• gather anecdotes and 'stories' to re-tell in other wards

• understand the challenges first hand

• encourage and coach staff, particularly ward leaders

Executive and leadership team visits should be planned and tracked. It is vital they are timely and consistent. To ensure this a Visit Pyramid and accompanying Visit Guidance sheets are used. Feedback the level of visits in the project board meetings.

Monthly Visit Pyramid

Area _____

CEO	Months
Medical Director	Half Months
Nursing Director	Weeks
Matron	Weeks
Ward Manager	Half Weeks
Sister	Days
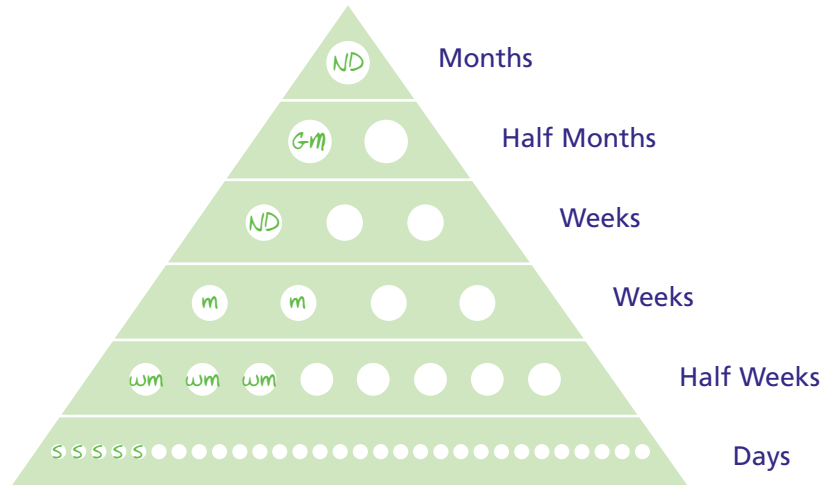
Once the process is underway, each visit will carry out a short award created by the ward staff themselves.

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

Example of Visit Guidance Sheet for use by Executive Leadership teams. More information on the Visit Guidance Sheets, and visit pyramids is available in the Toolkit.

VISIT GUIDELINES RED   EXECUTIVE TEAM OR EQUIVALENT

BEFORE

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

Current status of the Productive Ward:
- talk to the project team

ON THE WARD

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

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

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

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

Communicate:
- your view on the ward's improvements efforts
- your vision for patient care
- trusts priorities for the coming year
- trust priorities for nursing
- trust long term strategy

Sign the visit pyramid:
- record your visit to the ward to illustrate your, and the trust's, commitment to the ward

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

AFTER

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

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

Releasing Time to Care: The Productive Ward
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Note: To print in full background colour, select 'background print in 'options' section of 'print' menu

Consider how you will sustain the Productive Ward within your hospital. The improvement skills being developed at ward level need to be embedded systematically into the trust. Consider using The Agenda for Change Knowledge and Skills Framework to support improvement skills as valid professional development.

The Project Board Meeting:

The project board meeting fulfills two roles:

• maintaining implementation pace and quality
• bridging the gap of understanding between senior leadership and front line staff

Below is an example of what should be included in the agenda of the monthly project board meeting.

Attendees:
• CEO
• executive leader
• project leader
• project improvement facilitator
• medical director
• finance and systems director
• general leaders
• nursing leaders
• 2 to 4 of the ward leaders who are implementing the Productive Ward

Agenda:
• review of minutes from last meeting
• poster presentation from ward leaders currently implementing
• progress against plan – resource, process & outputs
• review of project gateways if appropriate
• trust wide issues influencing implementation
• review of Knowing How we are Doing
• audit schedule adherence
• healthcheck status per ward
• ward visit adherence

Trust Wide Issues

The process of identifying trust wide issues through the Productive Ward, and addressing them in a ward centred manner will embed the Productive Ward and create more interest in wards not yet implementing the Productive Ward. Problems should be addressed promptly and openly.

Systemised standards

As the Productive Ward spreads a key to sustaining the ground made is a robust system of standards and resulting audits. The challenge will be balancing the need for standardised processes across a trust and the requirement for staff to learn to develop their own systems. This challenge needs to be considered and planned for from the beginning of your implementation.
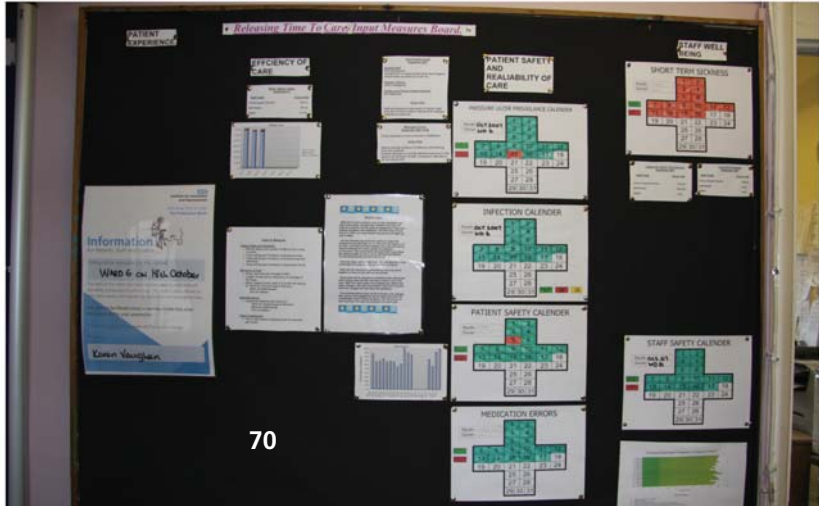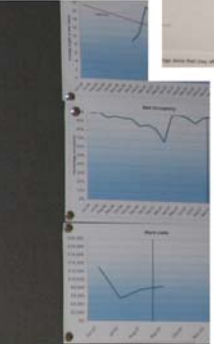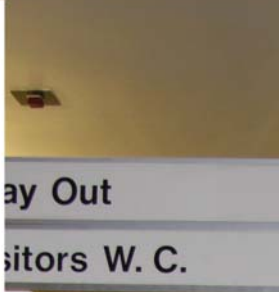
Spread

Developing skills within your organisation

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

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

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

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

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

- equipping ward leaders with the skills required to lead their teams through the Productive Ward could involve:

  ○ on-the-job coaching ('the expert helps me learn') which will be provided 1 day/week per ward during implementation
  ○ field-and-forum ('I learn the principles and then do it, with support') which might be provided through a number of 'academy' sessions to build a core underpinning skill set through experience-based learning
  ○ action learning sets ('We get together to learn from each other') which might be half a day per month for all ward managers within an implementation wave, facilitated by an expert coach
  ○ classroom training ('the expert tells us how') which might work well for briefing people on specific Productive Ward modules

- for larger hospitals, consider an academy model based around a series of experience-based interventions (e.g., four day-long workshops for waves of ward leaders) to:

  - set out the core methodology and practice which they will need to apply within the next month based on the Productive Ward modules and tools
  - agree the nature of support that ward leaders and staff are looking for from the expert coaches in the month ahead to implement the modules and apply the tools

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

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

Options for spread

Having worked out what skills you require, you next need to consider how you are going to spread the Productive Ward throughout your organisation. You will need to consider the following:

• how many wards do you have?

• what is your timeline?

• do you need additional financial resources and if so, what do you need to do to get these?

Start small and expand rapidly

Focusing on the showcase wards to learn Productive Ward methods and allow improvement facilitators to develop Productive Ward skills. Expand rapidly using ward staff from showcase wards to spread methods to next wave wards. Spread is rapid but there is a challenge to ensure quality of implementation.
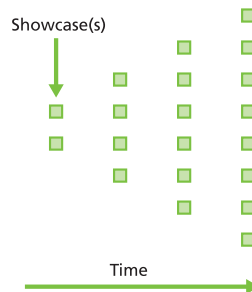
Start medium and expand in a linear fashion

A larger number of Showcase wards are used to learn Productive Ward methods. This is dependent on internal and external capability. Spread is at a restrained pace but control of quality of implementation is easier.
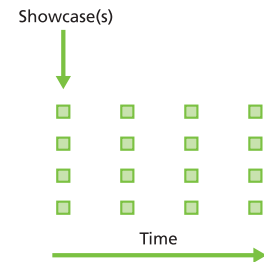
Spread the foundation modules across the trust

All wards do foundations   All wards do process modules

Time
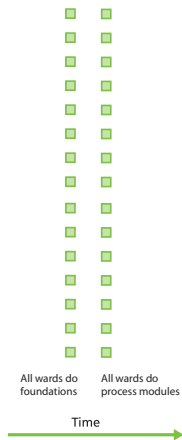
Spread is focused on implementing exactly the same thing across many wards. Working slowly but broadly. Implementing KHWD across all wards for example. This has advantages on consistent standards but challenges with engagement.

Spread sequentially

Showcase(s)

Time

Starting small to allow learning by the Project team and the showcase wards, spread is on a single ward basis. Ensuring quality of implementation but challenges to show impact on measures at a whole hospital level.

Spread planning is important

Clear definition of where you are beginning from, where your end point is and how you will evaluate progress throughout is needed to create a clear plan for spread. This aspiration can then be tested against the available resources.

Executive colleagues and Board members should be challenged to sign up at the beginning to the full scale implementation and then ensure that the plan to achieve this is implemented.

Engagement Spread

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

Be sure to assess the quality and robustness of your implementation by using the tools available:

- KHWD measurement set routinely updated at ward level: KHWD
- robust ward processes: Productive Ward Healthcheck in each module
- audit schedule results: Toolkit
- feedback from Senior Leader Visits: Visit Guidance Sheets in Toolkit
- learning objectives complete: in each module

Actively request this information from the Project Leader.

Recommended Reading:

The Machine That Changed the World: The Story of Lean Production

A detailed description of the Toyota Production System by some researchers from MIT. The book that coined and popularised the term 'lean'

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

The Toyota Way: 14 Management Principles from the World's Greatest Manufacturer

Thoroughly researched account of what drives Toyota's success which restores some of the balance between the production system and the management and people systems

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

Freedom from Command and Control: A Better Way to Make the Work Work

Thoughtful consideration on how to apply systems thinking and lean principles to the world of call centres and services, and the radical implications for how work is designed and managed.

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

Getting Things Done: The Art of Stress-Free Productivity

Simple and very effective framework for ensuring personal impact on your organisation is maximised through greater personal organisation.

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

Acknowledgements

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

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

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

Further copies of the DVD are
available from Prolog Phase 3,
Tel: 0870 0662071