



Releasing Time to Care

The Productive Ward

Project Leader's Guide

Version 2

This document is for Project Leader & Executive Leader



Project Leader's Guide

PLG

Releasing Time to Care
The Productive Ward

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Aim of this guide

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

The Project Leader should also read the Executive Leader's Guide.

Through 2006 and 2007, 16 NHS England hospitals have been testing the Productive Ward concept. Following are two short notes, from Project Leaders, from two of those hospitals, detailing their view on the Productive Ward and guidance they would give to other Project Leaders following their experiences.



Note 1:

Dear Colleague

The role of the project leader is essential to the successful implementation of the project and should not be underestimated! Following are what I think are the key components for the successful implementation of the Productive Ward (in no particular priority!).

Communication

You can never communicate enough!!! You need to communicate in as many forms as possible about the project, its ethos and its outcomes. Communication with the ward teams needs to open and honest as possible, to take on board ward staffs' views and comments and amend plans as you go along.

Briefings need to give a clear message and a portion of the session needs to be given by the DNS (our executive leader to the project) about what he or she expects from the ward managers e.g. that they commit time and energy to the project and the emphasise that the ward manager owns the project.

Project plan

The project plan is a practical means for the project team to establish a coherent, aligned and resourced project. This plan has been used as a guide to achieve outcomes and to monitor progress of the project.

Executive support (board meetings)

The executive support is required in 2 roles. One is to chair the steering group e.g. CEO and the second is to direct and support the project lead e.g. DNS. The champion does not 'do' the project (that is the role of the project lead). The champion needs to work cross boundaries with the support of other colleagues to unblock or release 'issues' within the organisation.

The steering group needs to consist of executive members who will also make valuable contributions to the project. They will also be involved in 'activity follow' and the visiting of the ward areas to assess progress.

Learn the skills - start small and develop a showcase ward and modelling for roll out

Following learning of the tools for the Productive Ward e.g. lean methodology and process mapping etc., and in order to consolidate the learning, start on your pilot wards and give yourself more time as these wards will become your 'showcase wards' and will need to shine and sparkle to the rest of the organisation. Visit other organisations who have implemented the Productive Ward and learn from their experiences.

Following this learning process on the showcase wards you will need to develop a full-scale implementation plan. How are you going to phase in the wards? What

resources are you going to need? How will you maintain quality and consistency of approach? When the project team leaves how is the ward team going to sustain this approach?

Ward Leaders

Ward leaders need to be engaged from the start of the process and the programme of work is theirs (the ward team) to own and does not belong to the project team. This ensures they do not feel done unto. You could argue this is what the ward leader should be doing now in their current role and that they are now being given a new set of tools in order to facilitate this process.



Note 2:

Dear Colleague

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

In no particular order I have listed some of my key learning below:

- Get work started on the measures straight away. This can take a really long time and is vital in order to show improvement and to align wards directly to your trust's goals.*
- Spend time allowing for training of some basic improvement principles up front. It can help staff understand the Productive Ward quicker. Ensure the training and terminology fits with that of the Productive Ward though, otherwise staff will get confused.*
- Ward staff seem to like weekly task lists. Especially in the first month. The start up and each module can be broken down into a task list. Use the milestone checklist at the back of each module as a start.*
- The Productive Ward is a really big piece of work for ward staff. You need to constantly manage expectations for spread. This is not something a hospital can roll out in six months...or even a year....*
- When you get good results on a process in ward, be aware of blanket rolling the specific intervention out to another ward. You could lose the buy in from other staff if you are not certain that the intervention has universal impact.*

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

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

Hope this helps and good luck!



Contents

Page	Contents
10	Context
30	Project Start-Up
64	Sustain
86	Spread (moving from the Showcase wards)

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



Context

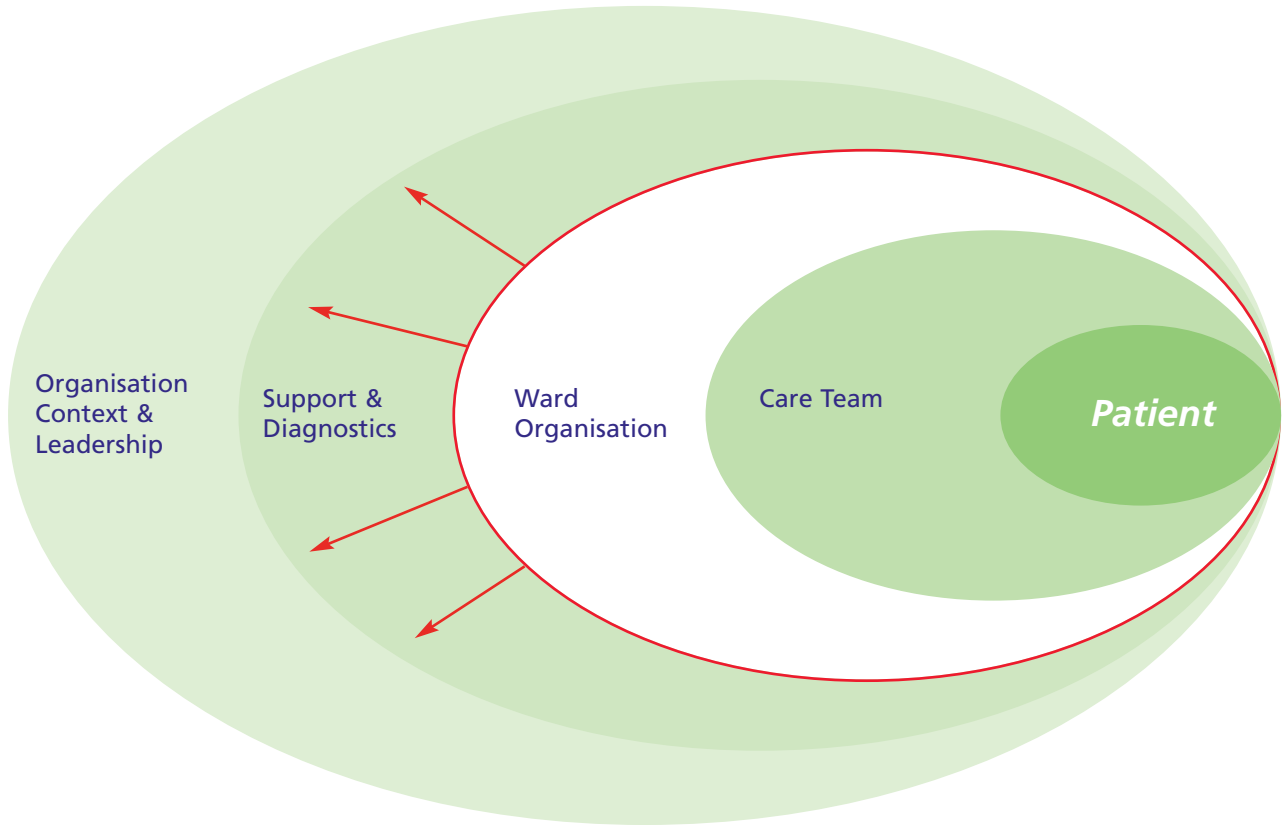


Why focus on a ward?

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.

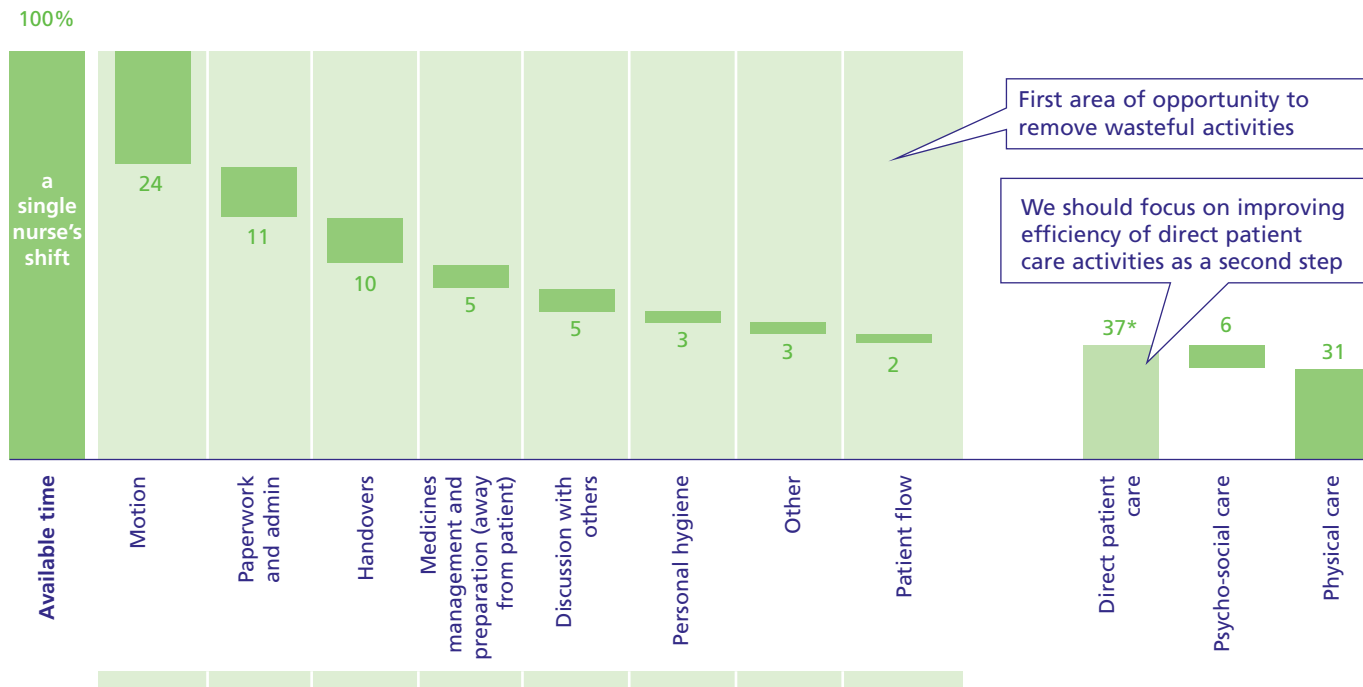




The Productive Ward looks inwards at ward level, to understand the impact on other departments.

Direct care time is the focus

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



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

These modules create a Productive Ward

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

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

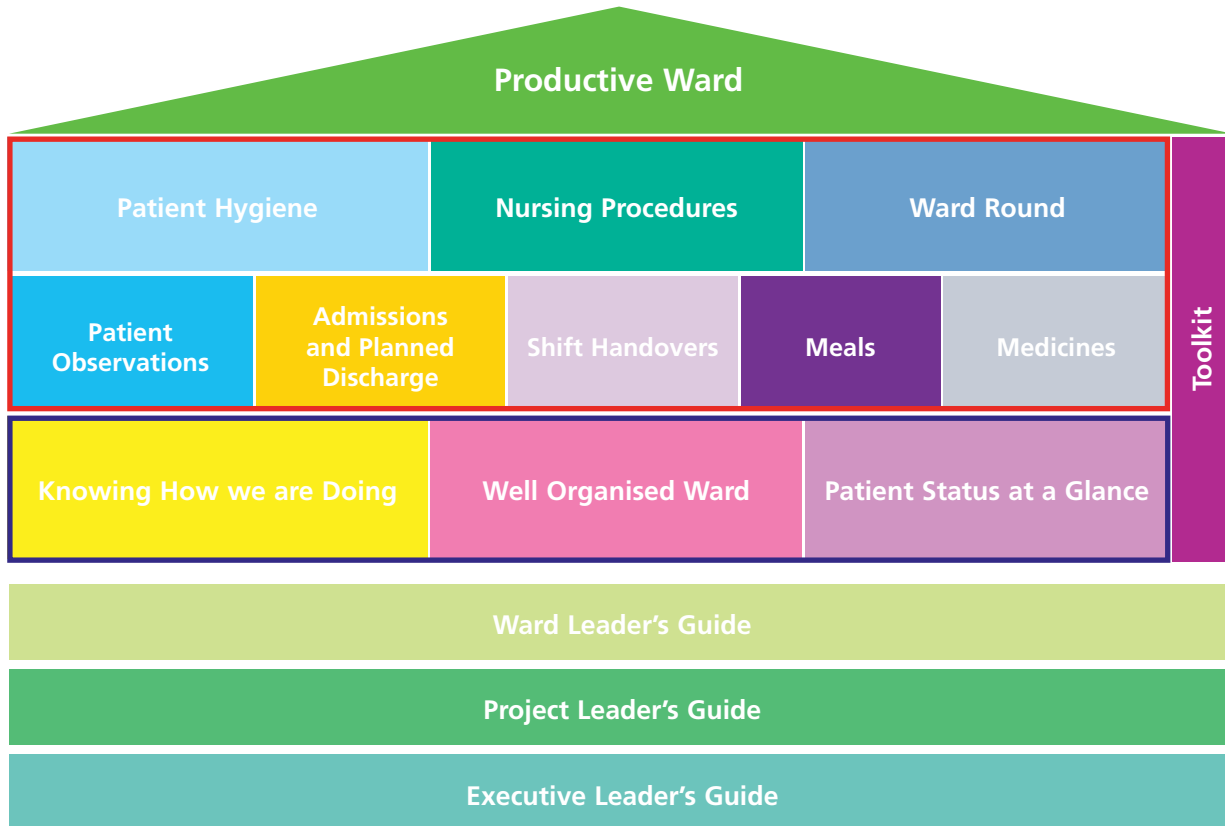
A ward leader implementing the Productive Ward will start with the Ward Leader's Guide and then, with the ward team, start to implement the foundation modules (highlighted in **BLUE**). These provide both a solid foundation for the more challenging 'process' modules (highlighted in **RED**) and a grounding 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.

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

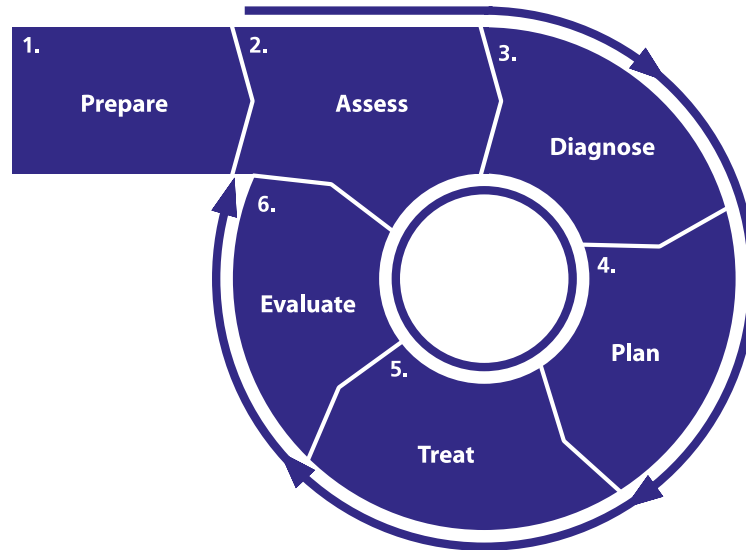


These modules create a Productive Ward



General structure of each module:

Each module undertaken by a ward follows the basic stages illustrated here:



While illustrated using a patient care cycle, the cycle is the same as the generic improvement cycle 'Plan, do, study, act', and gives ward

staff a structured approach to improving ward processes that is very similar to the care cycle they are used to.

Module Summaries

Executive Leader's Guide

What your organisation needs to commit, getting started, how to ensure sustainability and build capability for spread.

Project Leader's Guide

Managing project resource, 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 focussed 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 consultant 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.



Your role is... is not

As Project Leader consider the following guidelines:

IS	IS NOT
<ul style="list-style-type: none">• planning• education• managing expectations• setting board meetings• securing resource• leading improvement facilitators• tracking progress• tracking quality• enabling ward staff• reflection and strategic learning• ensuring executive leader is up to date	<ul style="list-style-type: none">• micro managing wards• taking responsibility for individual ward's implementation

Your Improvement Facilitator's role is... is not

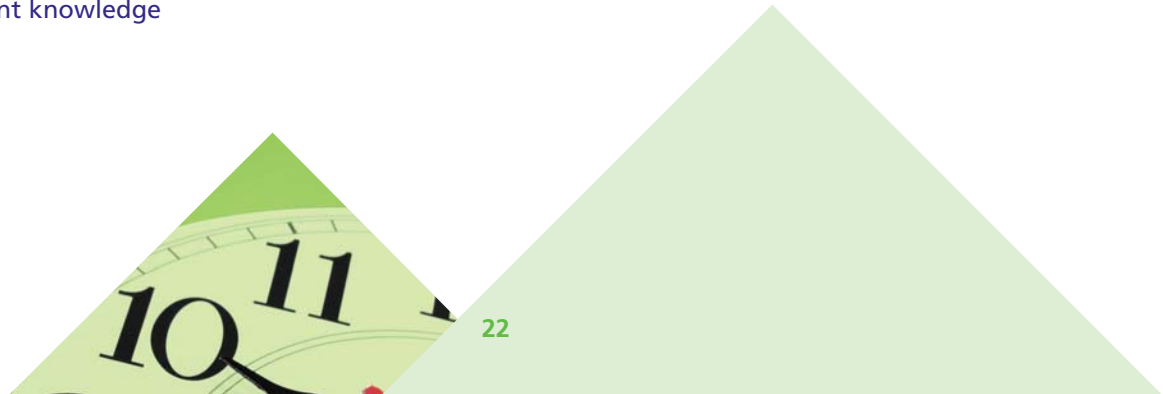
It is probable that you will have one or more Improvement Facilitators in your project team. The competencies required in an Improvement Facilitator are explained in the Executive Leader's Guide. Listed opposite is a role list for you to consider when leading the Improvement Facilitators working for you. This role definition is especially important as, due to the proximity of their work to ward teams and their probable recent transition from ward work, the way they work is a fine balance to keep.

IS	IS NOT
<ul style="list-style-type: none">• supporting wards• guiding ward leaders• explaining and coaching in the modules• explaining core Productive Ward principles• showing ward staff Productive Ward techniques• track individual process progress at ward level• help ward leaders plan and set objectives• create task lists with ward leaders• support ward leaders in building facilitation skills	<ul style="list-style-type: none">• to do• undermining ward leader by leading change on the ward• ignore ward leader's wishes• set objectives and tasks not agreed by ward leader• instruct ward team without consent of ward leader

Skills you will need to build

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

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



Reading List

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

Recommended Reading:



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

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

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



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

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

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



Lean Thinking: Banish Waste and Create Wealth in Your Corporation

Popular description of Lean and why it is a powerful methodology, backed up by examples from different sectors.

Written by authors of "The Machine that changed the World"

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



The New Lean Toolbox: Towards Fast, Flexible Flow

Quick reference guide to Lean and Industrial Engineering techniques. Provides reference to many other good Lean texts and background to some of the Productive Ward tools.

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



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

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

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



The Leader's Handbook: Making Things Happen, Getting Things Done

Easy to use handbook linking world class leadership with knowledge and practical understanding of quality systems, variation and behavioural competencies.

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



Getting Things Done: The Art of Stress-Free Productivity

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

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

Standards across trust

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

Standards provide consistency of approach:

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

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

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

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

Managing upwards

A key element to sustaining your Productive Ward implementation is your trust's senior leadership (executive and non executive) teams:

- consistency of message
- approachability
- visibility
- support of wards
- efforts to quickly remove barriers

Think carefully about how you communicate, manage and influence senior leaders in order to deliver the above outcomes.

Talk this challenge over with your executive leader.

The Executive Leader's Guide provides communications guidance.



Managing functions and support services

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

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

Discuss with your ward leader about how to ensure wards get a timely response from estates when requesting minor works. Below are some of the things test sites have

agreed / confirmed with their estates departments:

- allocation of individual estates workers to individual wards
- wards own their own small minor works budget to avoid authorisation loops
- estates ward relevant service level agreement (SLA) is communicated simply and clearly to ward teams before the start of the Productive Ward
- catering
- pharmacy
- diagnostics departments

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

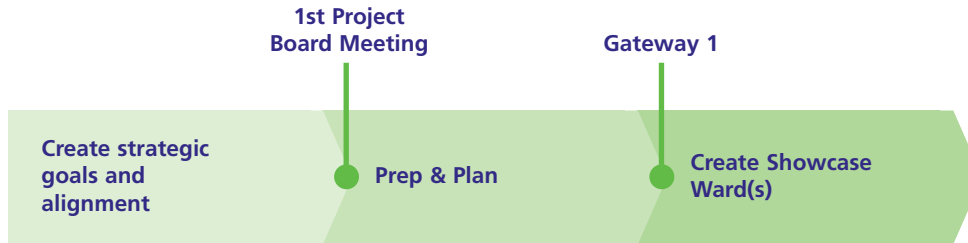




Project Start-Up



Project Start-Up Workplan



Description

- define clear goals
 - align project with current strategy
 - gear up whole organisation to support ambitions
 - sign off with board
 - project governance
- brief support services
 - define improvement facilitators
 - engage nursing hierarchy
 - create project plan
 - resource
 - process
 - outcomes
 - gateways
 - create communications plan
- communicate to hospital and invite applications
 - assess applications
 - visit all applicants
 - select showcase(s)
 - showcase startup workplan

Create strategic goals and alignment

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

1. Test if the Productive 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	<ul style="list-style-type: none"> ensures there is complete alignment with organisational strategy and objectives 				
HR Strategy	<ul style="list-style-type: none"> ensure ward managers develop leadership, and systems management competencies, to complement clinical competencies 				
Clinical Governance	<ul style="list-style-type: none"> develop consistent operating standards across multiple wards – enabling staff flexibility and consistent quality 				
Corporate Governance	<ul style="list-style-type: none"> develop ward measurement systems that provide foundations for performance management 				
Information Strategy	<ul style="list-style-type: none"> provide blueprint for ward-based measurement drive informed decision making 				
Performance Strategy	<ul style="list-style-type: none"> ensure ward leadership make informed decisions considering financial implications LOS and staff flexibility contributes to increased productivity 				
Safety Strategy	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> ward-based patient journey planned from admission to discharge expectations for discharge visible from admission 				

* a selection of the many benefits of the Productive Ward

Prep & Plan



Project Leader:

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

Improvement Facilitator:

- skills
- modules
- planning
- showcase engagement
- measures

Analytical Support:

- measures



Of course the result is dependent on the individual competencies of the Improvement Facilitators.

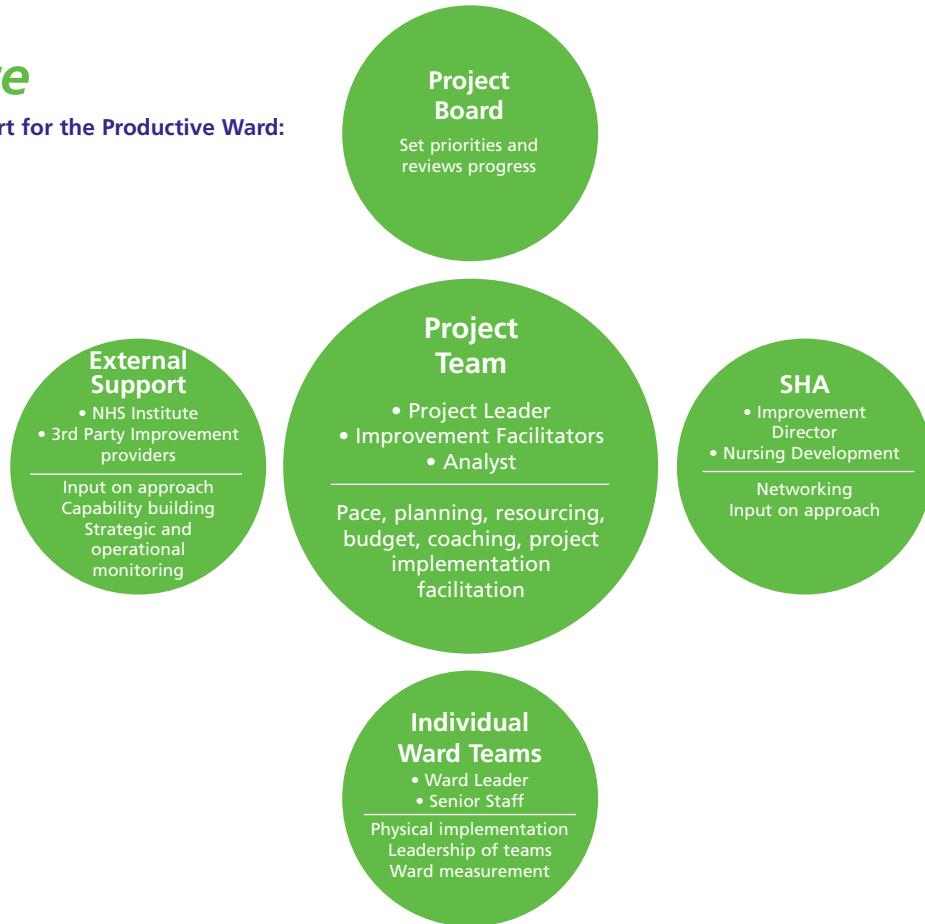
It is important to manage the aspirations and expectations surrounding the project. Unless you have a small army of Improvement Facilitators at your disposal the trust will not be spreading the Productive Ward to all of its wards in 6 months.....

Spread the message that the Productive Ward is about taking apart and putting back together ward processes so that they deliver the very highest standards of nursing care with the existing resource. If it was that easy, it would have been done before....



Governance

Example governance chart for the Productive Ward:



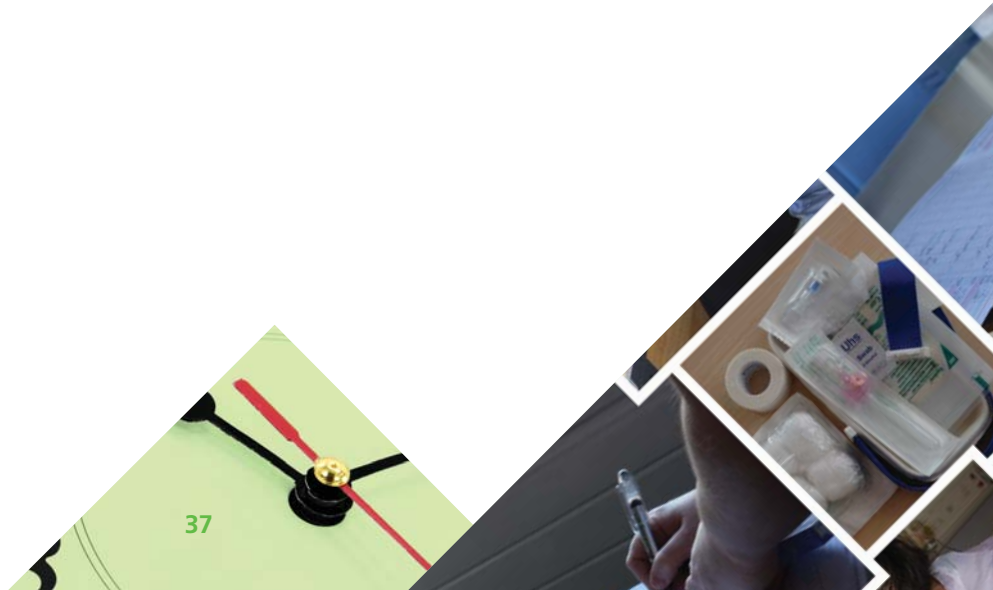
Improvement Facilitator Support

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

Testing has shown that a ward required three to four months to become self sufficient in its continuing Productive Ward implementation.

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

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



Developing the project plan

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

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



Approaches to creating your project plan

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

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

- resource planning
- process / activity planning
- outcome planning
- gateways



Project Plan Element - Resource:

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

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

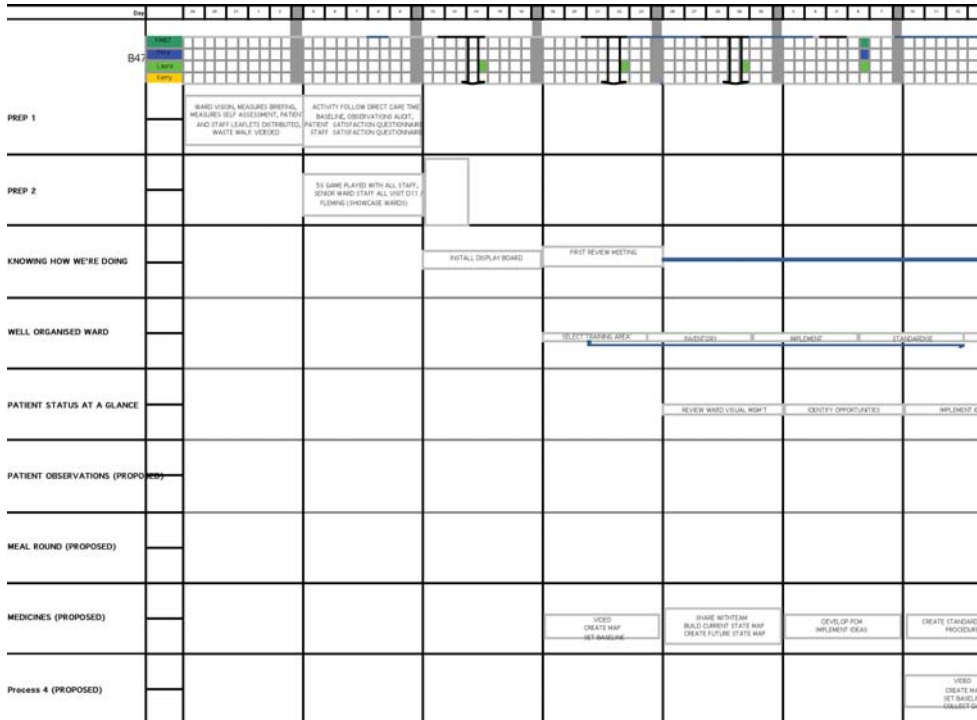
Day		12		13		14		15		16		19		20		21		22		23		26		27		28		29		30		3	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Fleming	External Support																																
	Pete																																
	Laura																																
	Kerry																																
Loxley	External Support																																
	Pete																																
	Laura																																
	Kerry																																
Hogarth	External Support																																
	Pete																																
	Laura																																
	Kerry																																
Harvey	External Support																																
	Pete																																
	Laura																																
	Kerry																																
Ashwell	External Support																																
	Pete																																
	Laura																																
	Kerry																																

Process

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

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

Example of process planning



Outcomes

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

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

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

Example of a module's Milestone Checklist:

Prepare – Milestone Checklist

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

	Completed <input checked="" type="checkbox"/>
1. Team decided (record team members)	<input type="checkbox"/>
2. Spoken to staff and patients and comments recorded	<input type="checkbox"/>
3. Photographs taken and labelled (location of monitoring equipment)	<input type="checkbox"/>
4. Video taken	<input type="checkbox"/>
5. Find out if trust has an existing patient observations reliability scoring system	<input type="checkbox"/>
6. Obtain copy of trust policy on staff competencies for ward based clinical observations	<input type="checkbox"/>
7. Obtain copy of observation result escalation procedure	<input type="checkbox"/>
8. Obtain patient observation information policy	<input type="checkbox"/>

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

Example process outputs per module per week

(each column is a week) - high level plan

MODULE FOCUS	KHWD	KHWD	WOW	WOW	PSAG
INPUT	<ul style="list-style-type: none"> • train team on activity follow • introduce measures as key driver for change on ward • talk to ward leader through self audit 	<ul style="list-style-type: none"> • train team on activity follow • introduce measures as key driver for change on ward • talk to ward leader through self audit 	<ul style="list-style-type: none"> • introduce 5Ss • advise on selection of pilot area • use inventory to capture baseline • drive for function of area 	<ul style="list-style-type: none"> • challenge stock levels • coach techniques to Set equipment • introduce Shine as a way of restoring pride in an area 	<ul style="list-style-type: none"> • instigate review of patient status updates • introduce concept of ward visualisation
WARD TASKS	<ul style="list-style-type: none"> • complete 12 x AFs • complete measures assessment • identify board locations 	<ul style="list-style-type: none"> • complete 12 x AFs • complete measures assessment • identify board locations 	<ul style="list-style-type: none"> • select an area • begin inventory • display board installed and populated 	<ul style="list-style-type: none"> • complete inventory • agree as team best location and quantity for all items • clean area • hold first measures review meeting 	<ul style="list-style-type: none"> • review visual management • identify opportunities • deploy technique across ward, creating a standard
WARD RESOURCES	<ul style="list-style-type: none"> • ward leader • nurse/HCA time (flexible) 	<ul style="list-style-type: none"> • 2+ ward staff 	<ul style="list-style-type: none"> • 2+ ward staff 	<ul style="list-style-type: none"> • 2+ ward staff 	<ul style="list-style-type: none"> • ward leader • 1+ staff

Gateways

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

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

Gateway 1:

- all factors in start-up checklist on page 58 complete

Gateway 2:

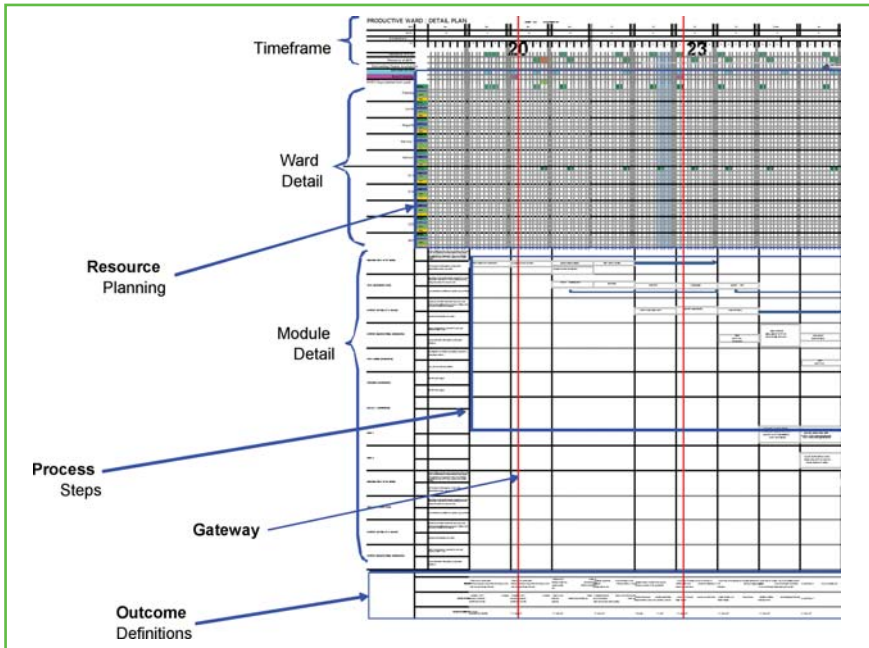
- healthcheck survey results for all modules started (usually foundations modules plus three) on green
- senior leadership visits consistent and tracked
- audit system on each ward up and running
- ward leaders attending project board



Putting it together

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

Example of complete plan:



Create Showcase Ward(s)

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

***Communicate widely
with all staff***

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

***During ward leaders
away day, or similar,
invite applications***

A simple application form could include the two questions:

- why do you want to implement the Productive Ward?
- how are you going to release the time for you and your staff to get the Productive Ward off the ground?

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

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

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

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

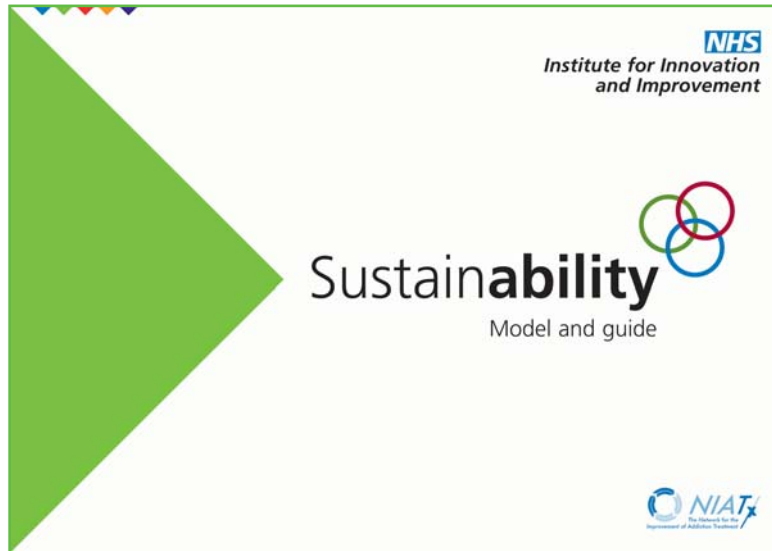


Making sure the showcase is sustained

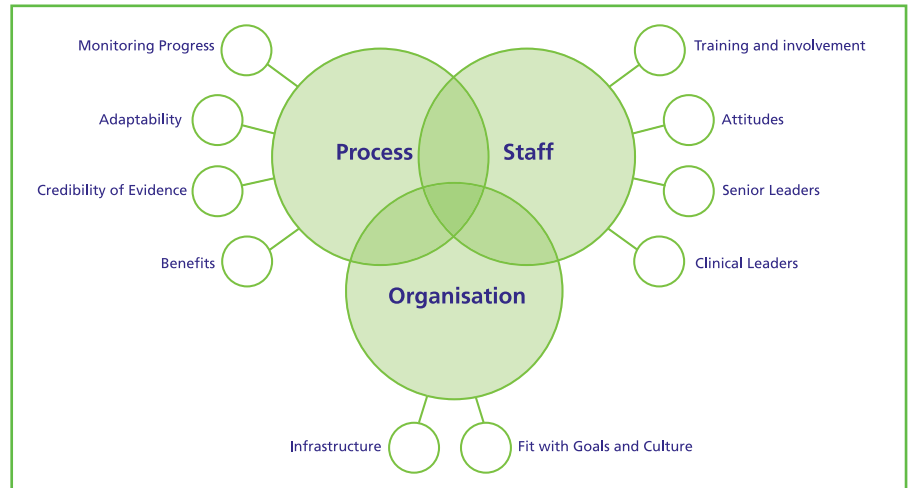
The NHS Institute has developed an easy to use Sustainability Model and Guide. Use this to test the readiness of the ward to start and sustain any improvements they make.

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



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.

Communication and engagement

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

At ward level take time to guide your project facilitator in the importance of good communication:

- nothing beats face to face communication
- this is a real opportunity to bridge the gap between senior leaders and the shop floor

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



1st Board Meeting: Kick Off Meeting

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

Specifically, the kick-off meeting should have the following objectives:

- to set out the requirements of the project that have been set by the executive leader
- to present the need for the project as established in the Strategic Alignment process
- to provide the project team with a mandate to establish the Productive Ward
- to ensure the project team is familiar with the Productive Ward process
- to confirm membership of the Project Team, project board and governance arrangements



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"



Briefing support services

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

Support Department	Module	Likely Activity
Estates	WOW, PSAG	Painting, Floor Marking, Shelves, Display Boards, Cleaning
Pharmacy	Meds, APD	Stocking, labelling, Drug request process
Imaging	APD, Ward Round	Request process, Service Level Agreement (SLA) clarity
Catering	Meals	Delivery Process, Menus, Presentation, Equipment, Timing

Building the capability to start a Showcase ward

The role of the Improvement Facilitator is designed to provide close, on-the-ground expert coaching to ward leaders implementing the Productive Ward.

Expert coaches should be credible with ward staff (e.g., former high performing ward managers, 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.

When looking for external support to build your improvement capability consider the following points when negotiating with third party providers:

- be clear in your expectations
- have outcomes and timings defined. Use the criteria from Learning Objectives, and Healthcheck scores from each module as outputs and create timing criteria from your project plan

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

Start Up Checklist

The following checklist is designed to help you decide when your trust is ready to physically start Productive Ward implementation on your Showcase ward.

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

Use this checklist after you have read this whole document.

<i>Strategic Fit</i>	Completed <input checked="" type="checkbox"/>
1. Strategic goals and alignment checklist completed and communicated.	<input type="checkbox"/>
2. Simple articulation of your trust's strategy and alignment with the Productive Ward produced and circulated.	<input type="checkbox"/>
3. Test of strategic understanding carried out.*	<input type="checkbox"/>
<i>Senior leadership team visibility</i>	Completed <input checked="" type="checkbox"/>
1. Visit pyramid signed off and scheduled by your senior team.	<input type="checkbox"/>
2. Board and senior team commit to providing common front in regard to the Productive Ward.	<input type="checkbox"/>

Communications Plan	Completed <input checked="" type="checkbox"/>
1. Article explaining the Productive Ward, and how it fits with your trust's strategy, has been published in your trust's internal newsletters.	<input type="checkbox"/>
2. Newsletter article mentions you and your leadership team's personal aspirations about the Productive Ward.	<input type="checkbox"/>
3. The board's support, including sign off, has been communicated via internal newsletter.	<input type="checkbox"/>
4. All members of senior and middle management have been personally briefed (to include general managers, clinical leaders and estates in particular).	<input type="checkbox"/>
5. Union representatives personally briefed.	<input type="checkbox"/>
6. A contingency plan, for an underperforming ward leader / matron has been created.	<input type="checkbox"/>
Ward Vision	Completed <input checked="" type="checkbox"/>
1. The Showcase ward leader has created and communicated their vision for their ward.	<input type="checkbox"/>
Showcase Ward Choice	Completed <input checked="" type="checkbox"/>
1. Your showcase ward has been chosen using the relevant grid in the Executive Leader's Guide.	<input type="checkbox"/>
2. Showcase ward leader has discussed Executive Leader's Guide with their matron, general manager and Nursing Director.	<input type="checkbox"/>

<i>Measurement</i>	Completed <input checked="" type="checkbox"/>
<i>You can demonstrate Showcase ward specific data on:</i>	
1. Patient observation chart audits.	<input type="checkbox"/>
2. Falls (if chosen).	<input type="checkbox"/>
3. Pressure sores (if chosen).	<input type="checkbox"/>
4. MRSA (if chosen).	<input type="checkbox"/>
5. CDiff (if chosen).	<input type="checkbox"/>
6. Proportion of direct care time.	<input type="checkbox"/>
7. Patient satisfaction.	<input type="checkbox"/>
8. Un-planned absence.	<input type="checkbox"/>
9. % Patients with EDD.	<input type="checkbox"/>
10. The Sustainability Model and Guide has been completed for your Showcase ward.	<input type="checkbox"/>
11. Your Showcase ward has completed the 10 Point Healthcheck.	<input type="checkbox"/>

<i>Project Management</i>	Completed <input checked="" type="checkbox"/>
1. Improvement support in place.	<input type="checkbox"/>
2. Analytical support in place.	<input type="checkbox"/>
3. Project time frame mapped out.	<input type="checkbox"/>
4. Key measures, for Showcase, are included in your senior leadership team meetings, on a monthly basis.	<input type="checkbox"/>
5. Steering committee meetings planned and put in diaries for the next year.	<input type="checkbox"/>
6. Steering committee meetings 'terms of reference' completed and circulated (to include schedule, attendees and board reporting structure).	<input type="checkbox"/>

<i>Equipment</i>	Completed <input checked="" type="checkbox"/>
1. Equipment supplied.	<input type="checkbox"/>
2. Facilities supplied.	<input type="checkbox"/>

*** Strategic understanding test**

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

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

On the ward – Starting on a Showcase Ward

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

	Facilities and equipment	Your vision	1st Meeting	Ward Baseline	Foundation Modules	Key Ward Processes
	2 Weeks	1 Week	2 Weeks	2 Weeks	3 Months	Own Pace
Description	<ul style="list-style-type: none"> ensure unhindered start 	<ul style="list-style-type: none"> making your ambitions for your ward clear and easy to understand 	<ul style="list-style-type: none"> set the tone for the Productive Ward define direction 	<ul style="list-style-type: none"> find out where you are starting from 	<ul style="list-style-type: none"> create a stable, calm and efficient foundation from which to improve your key ward processes 	<ul style="list-style-type: none"> re-design key ward processes increase quality, reduce waste time
Pre-requisite	<ul style="list-style-type: none"> defined team space with generous clear wall space camcorder television white boards 	<ul style="list-style-type: none"> vision statement up in ward office or nursing station vision discussed openly with all team members inc matron and general manager 	<ul style="list-style-type: none"> to be continued every week to be held around the measures board in the team area start and finish on time 	<ul style="list-style-type: none"> 10 point Productive Ward health check generate your ward's direct care time value 	MODULES <ul style="list-style-type: none"> Knowing How we are Doing Well Organised Ward Patient Status at a Glance 	<ul style="list-style-type: none"> ensure new ward processes are designed in a collaborative fashion

The Modules:

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

Sustain



Ward Visits give visible commitment to sustain

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

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



Monthly Visit Pyramid

Area _____

CEO

ND

Months

Medical Director

G-M

○

Half Months

Nursing Director

ND

○

○

Weeks

Matron

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Weeks

Ward Manager

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Half Weeks

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Days

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

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

Keeping visits consistent

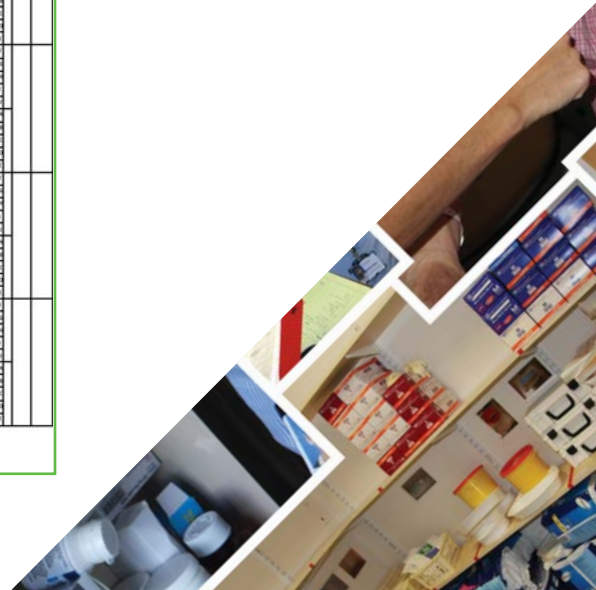
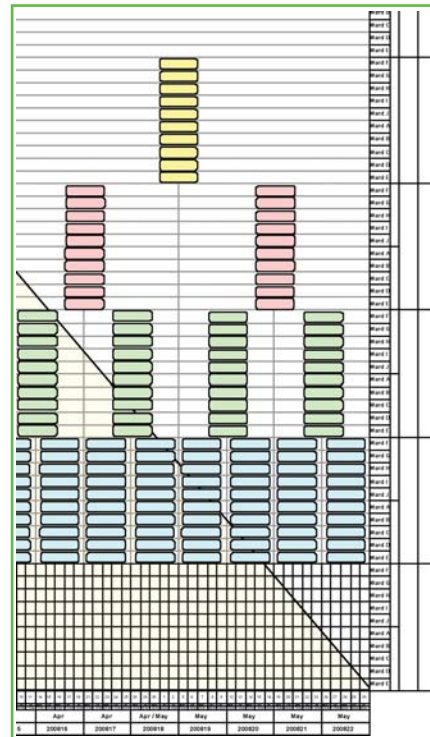
Example of Visit Guidance Sheet for use by Executive Leadership teams.

More information on the Visit Guidance Sheets, and visit pyramids is available in the Toolkit.

VISIT GUIDELINES PINK	ASSISTANT NURSING DIRECTOR 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 Understand the trust's objectives for the Productive Ward: <ul style="list-style-type: none">• understand project lead's role• re-familiarise yourself with the trust's role out plan and supporting literature if required	
ON THE WARD People first, ward second: <ul style="list-style-type: none">• ask the ward leader / deputy about the Productive 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 hospital (generally)<ul style="list-style-type: none">◦ 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: <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 trust's strategy	
Actions from last visit: <ul style="list-style-type: none">• follow up actions from last month's visit (both the ward's (i.e. from the audit) and actions external)	
Conduct an audit: <ul style="list-style-type: none">• conduct the appropriate PINK audit as per the ward's audit plan	
Communicate: <ul style="list-style-type: none">• your view on the ward's improvements efforts• current direction / issues from the trust leadership• link the Productive Ward to the nursing strategy for the PW	
Sign the visit pyramid: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• give and ask for feedback• agree on a max of 2 priority next steps (1 yours / 1 theirs)	
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 trust• actions highlighted by the audit	
Releasing Time to Care: The Productive Ward <small>© Copyright NHS Institute for Innovation and Improvement, 2008 Note: To print in full background colour, select 'background print' in 'options' section of 'print' menu</small>	

Tracking visits across multiple wards

Use the Visit Pyramid Master V2 spreadsheet featured on the NHS Institute Website. Guidance can be found in the Toolkit. The sheet is designed to be printed large and put up in the project office. On feedback from the wards the relevant coloured boxes are ticked off as visits take place, creating a quick, visual method of tracking visits across multiple wards.



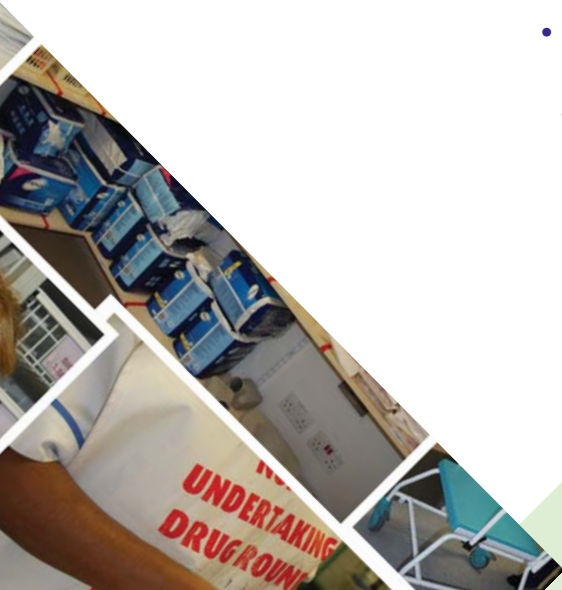
Quality Control and the 10 Point Productive Ward Healthcheck

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

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

The 10 Point Healthcheck, in the modules and on the Website in full form should be used to check the quality of implementation at ward level. This will help you answer two questions:

- is the ward ready to move on to the next module?
- is the ward sustaining its changes and self sufficient to carry on implementing the Productive Ward after its intensive period?



Effective Implementation: Is the ward ready to move on to the next module?

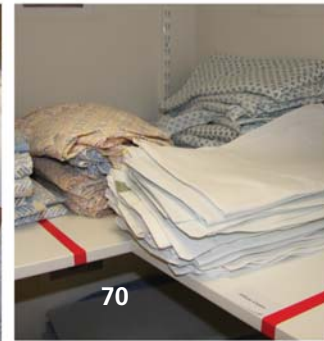
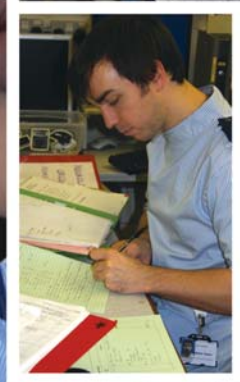
Ensure wards are assessing their processes with the Productive Ward 10 Point Healthcheck in the back of the module they are implementing.

Suggested 'status' intervals are featured, for example:

Status 1: Before module is implemented
Status 2: After 2 weeks of implementation
Status 3: After 4 weeks of implementation
Status 4: After 8 weeks of implementation

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

10 Point Check List Patient Status at a Glance	Ward not in position to move to another module				Ward OK to move to another module
	Status 1	Status 2	Status 3	Status 4	
The patient board is in a location central to staff	Red	Green	Green	Green	
The patient board is used in shift handovers and discharge management	Red	Red	Red	Green	
Information on the bed boards feeds easily into the patient board	Red	Red	Red	Green	
Bed boards have information helpful to the patient (e.g. consultant name, EDD)	Red	Green	Green	Green	
Patient confidentiality issues have been considered	Green	Green	Green	Green	
Staff understand where information on the board is coming from	Green	Green	Green	Green	
The frequency of updates and the person responsible is agreed	Red	Red	Green	Green	
The board is always up-to-date	Red	Red	Green	Green	
Staff can quickly understand patient status by reviewing the board	Red	Green	Green	Green	
Regular and random audits are conducted on how complete and up-to-date the board is and whether it is being used for its designated purpose	Red	Red	Red	Green	
Staff spend less time searching for information	Red	Green	Green	Green	



Effective Implementation:

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

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



Audits that drive towards consistently high standards

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

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

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

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

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



Example of audit planner

Releasing Time to Care
The Proactive Ward

AUDIT PLA.

Audit Type	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	
BLICE TEAM AUDIT																					
DELEGATED TEAM AUDIT																					
URGENT STATICAL TEAM AUDIT																					
TREATMENT ROOM TEAM AUDIT																					
PERFORMANCE BOARD TEAM AUDIT																					
PATIENT STATUS BOARD TEAM AUDIT																					
DELEGATED AUDIT																					
OBSERVATION AUDIT																					
WEEKLY ROLL-OUT AUDIT																					
WALKOVER AUDIT																					
EMERGENCY AUDIT																					
AUDIT SYSTEM AUDIT																					
TREATMENT ROOM MANAGEMENT AUDIT																					
PATIENT STATUS BOARD MANAGEMENT AUDIT																					
URGENT STATICAL MANAGEMENT AUDIT																					
DELEGATED BOARD MANAGEMENT AUDIT																					
WALKOVER MANAGEMENT AUDIT																					
DELEGATED MANAGEMENT AUDIT																					

Snapshot of visit sheet

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

Conduct an audit:

- conduct the appropriate BLUE audit as per the ward's audit plan

Communicate:

- your view on the ward's improvements efforts
- changes to trust policy



Knowing How we are Doing

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

Performance is tracked against the four basic objectives:



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.

KPI Tracking

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

Resist the temptation to do this early on. Testing experience tells us that it takes a long time to get to a performance board that really works for the trust.

Quality of facilitation – Learning Objectives

As mentioned previously, quality of coaching and facilitation is very important. This is regardless of whether the facilitator is:

- the ward leader
- improvement facilitator
- 3rd party external facilitator

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

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

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

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



Example of Learning Objectives found at the start of each module:

Learning objectives

The team will:

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

08



Example of Learning Objectives assessment criteria found at the back of each module:

Question (ask the team member)	Answers for outcome achieved
Describe the important things to have in place so that Patient Observations become more reliable	<p>Amongst other factors:</p> <ul style="list-style-type: none"> • frequent (weekly) measurement • factors to be measured decided by team • factors being measured put into a standard
Describe how frequent patient observation audits make improving easier	<ul style="list-style-type: none"> • highlights the exact parts of the audit the team has room to improve on • need to have more than one reliability score, need the detail so that the team can improve • even if the composite (total) score is low, the team can still see where it is improving and where it can improve more
How do you ensure tasks and activities on the ward do not clash?	<ul style="list-style-type: none"> • ensure roles and responsibilities are clear during handovers • ensure someone takes the supervisory role on the ward; that person needs to be aware of all activities and then ensure tasks are scheduled so they do not clash
How do standards support the new patient observations process?	<ul style="list-style-type: none"> • important tool for communicating • key to sustaining patient observations process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for patient observations process
Where do audits fit into the patient observations module and how are they used?	<ul style="list-style-type: none"> • ensures people are carrying out the new observations process • should be quick • based on the standard created by the team • never stop using audits

Capturing patient stories and staff testimonies

Alongside the Knowing How we are Doing measures and Productive Ward 10 Point Healthcheck, capturing stories provides high impact evidence of change that is vital for spread.

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

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

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



Preparing Ward Leaders for Project Boards

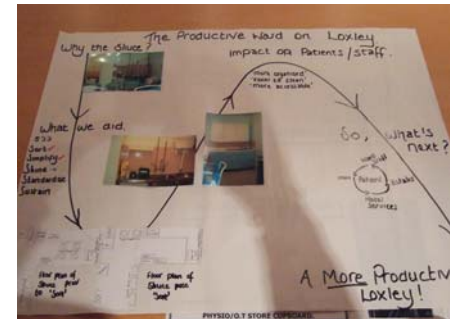
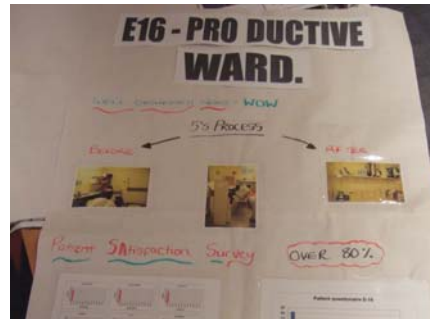
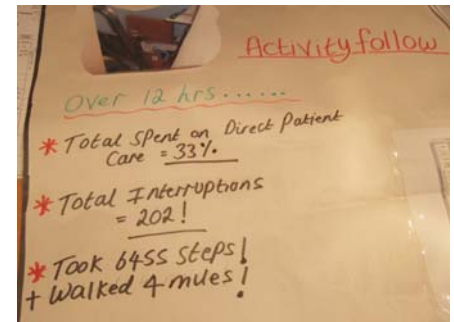
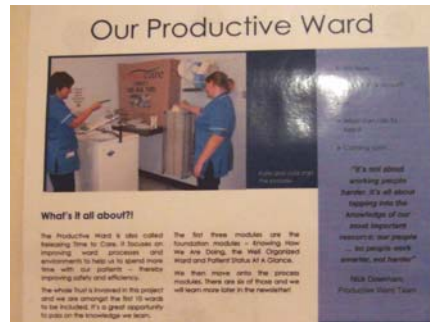
Project Board meetings can be a daunting experience for those not used to such an environment:

- discuss ways of making the Project Board as inclusive as possible with your executive leader
- talk personally with the Showcase ward leaders about what to expect. Turn it into an opportunity
- rotate ward leaders in each board meeting so that as many as possible get exposure to the senior leaders of the trust



Preparing Ward Leaders for Project Boards - Ward Leader's Posters

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



Recognition and Reward

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

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

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

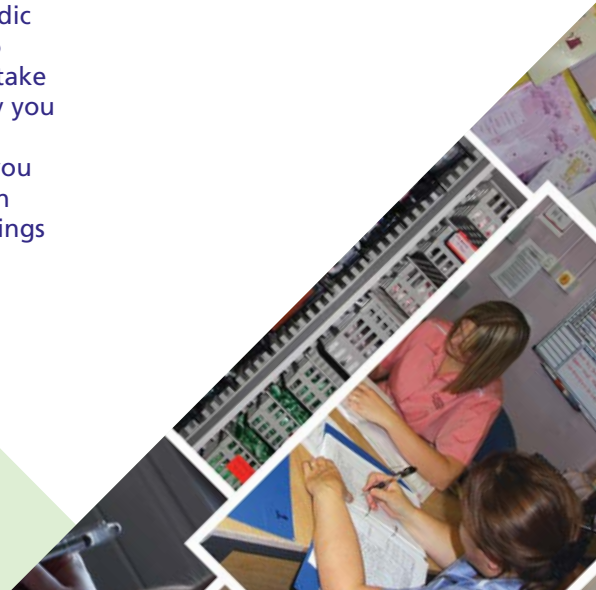


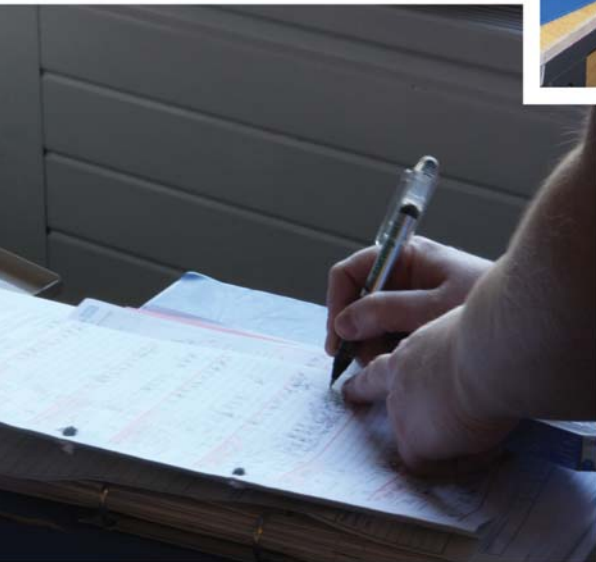
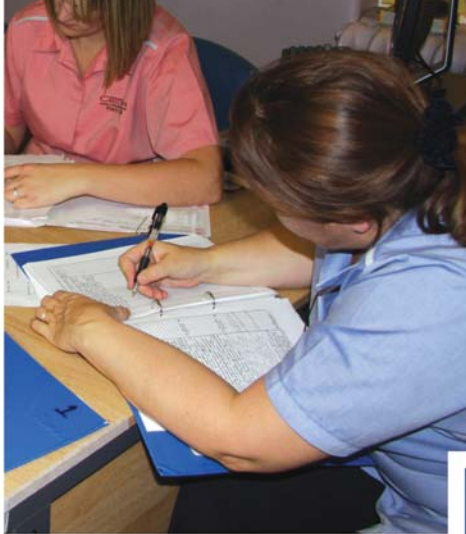
Coaching Ward Leaders

The modules are designed in the language that ward staff use every day. Nurses, therapists and support staff approach patient care in a common way. They will prepare for the patient....assess the patient....diagnose the problem....treat the problem and then evaluate the care. The modules work in the same way, and so are easy to just pick up and start using. Instead of treating a patient, staff will be treating a process that needs changing.

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

empowered staff. You will refine your skills and fine tune your ability to know when to let the team get on with the treatments and when your negotiating and management skills are needed to provide guidance. You will need to use a high dose of delegation skills. Often, ward leaders need periodic refresher courses or seminars to sharpen these skills. Be sure to take advantage of every opportunity you find to keep your own management skills as sharp as you can. Look for opportunities with the RCN, conferences and meetings both inside and outside your organisation.





Spread

(moving from the Showcase Wards)



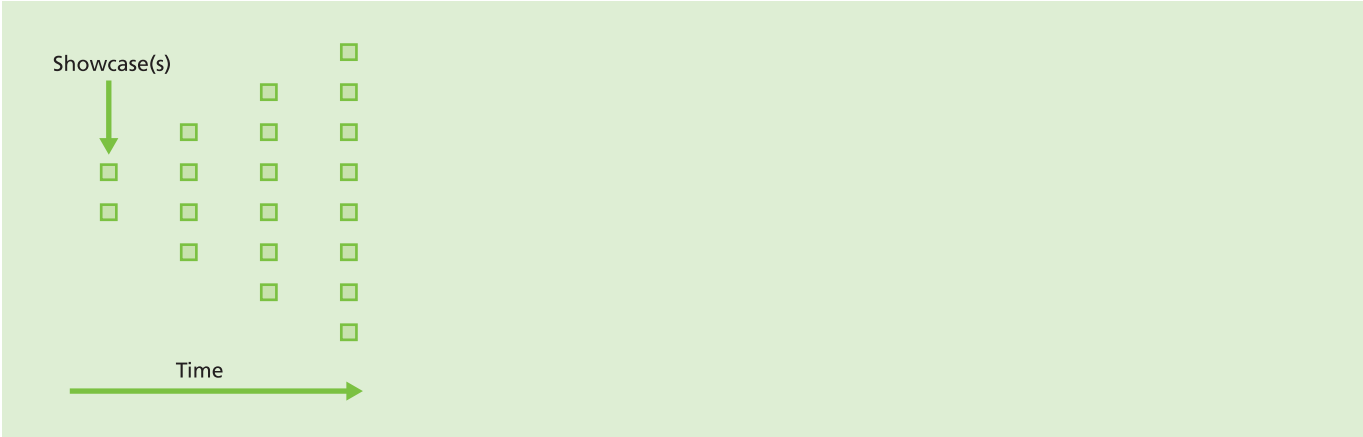
Options and Models for Spread

The Executive Leader's Guide contains information on a number of options for spread. Following is more detail on two methods.



Start small and expand rapidly

Basic Model



Spread Aims

- 50 wards in 2 years

Resource

- 0.5 FTE Project Leader
- 2 FTE Improvement Facilitators
- 1 FTE Analyst
- 2 days a week external improvement resource for four months

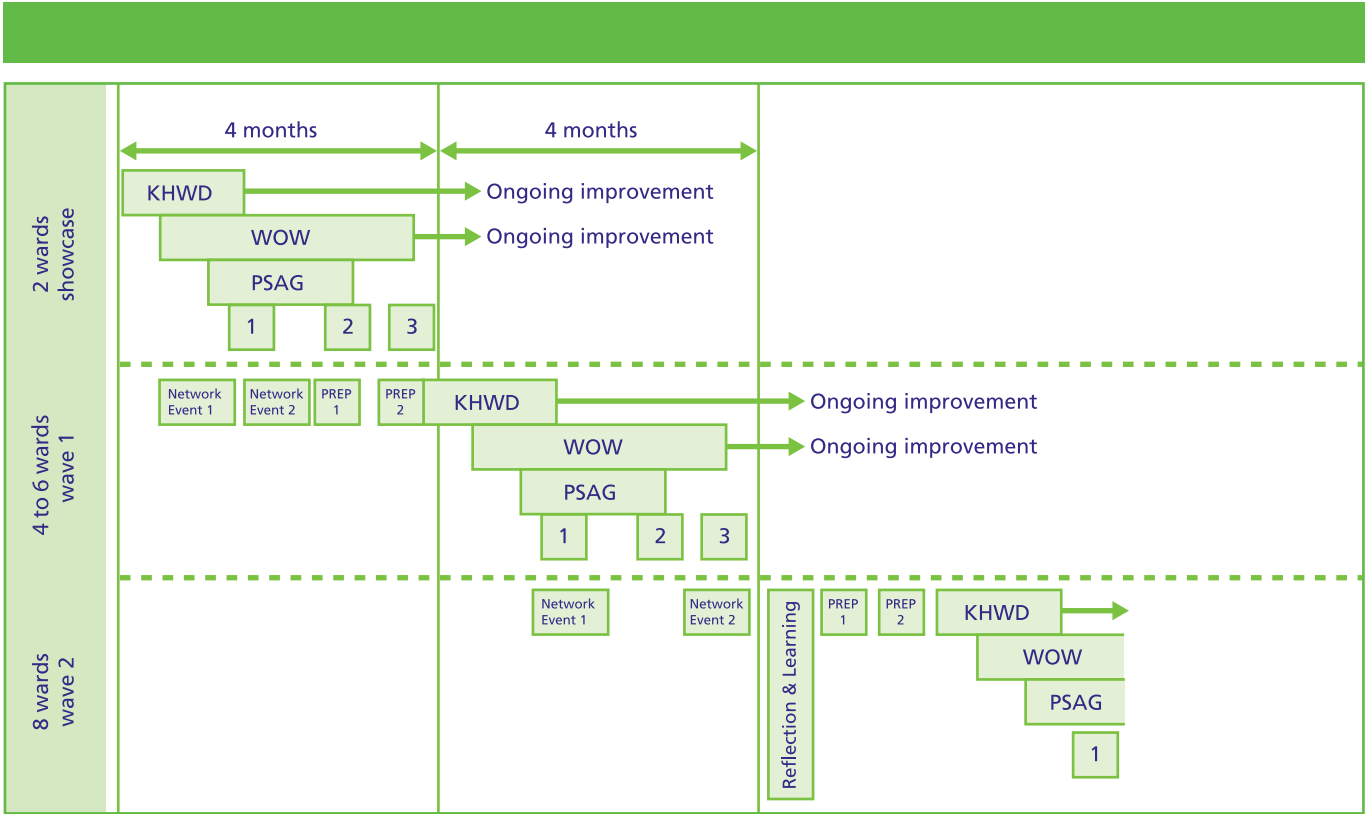
Starting Up

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

Basic Approach

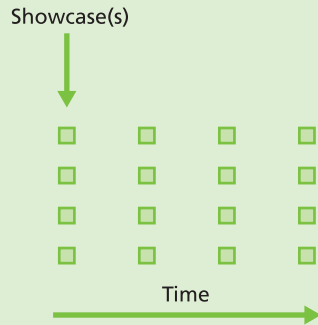
- intensive support invested in the showcase wards
- building up to 8 waves introduced every 16 weeks
- after two months the wave 1 of wards have first 'network' event where they receive an interactive afternoon on the principles of the Productive Ward
- after three months the wave 1 wards have their next 'network' event where they are given practical advice and training and a preparation task list, split over the next two weeks (prep 1 and prep 2 as detailed below)
 - network event lead by Improvement Facilitators and Showcase Ward leaders
- reflection time built into start of wave 2 wards

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



Start medium and expand in a linear fashion

Basic Model



Spread Aims

- 36 wards in 2 years

Resource

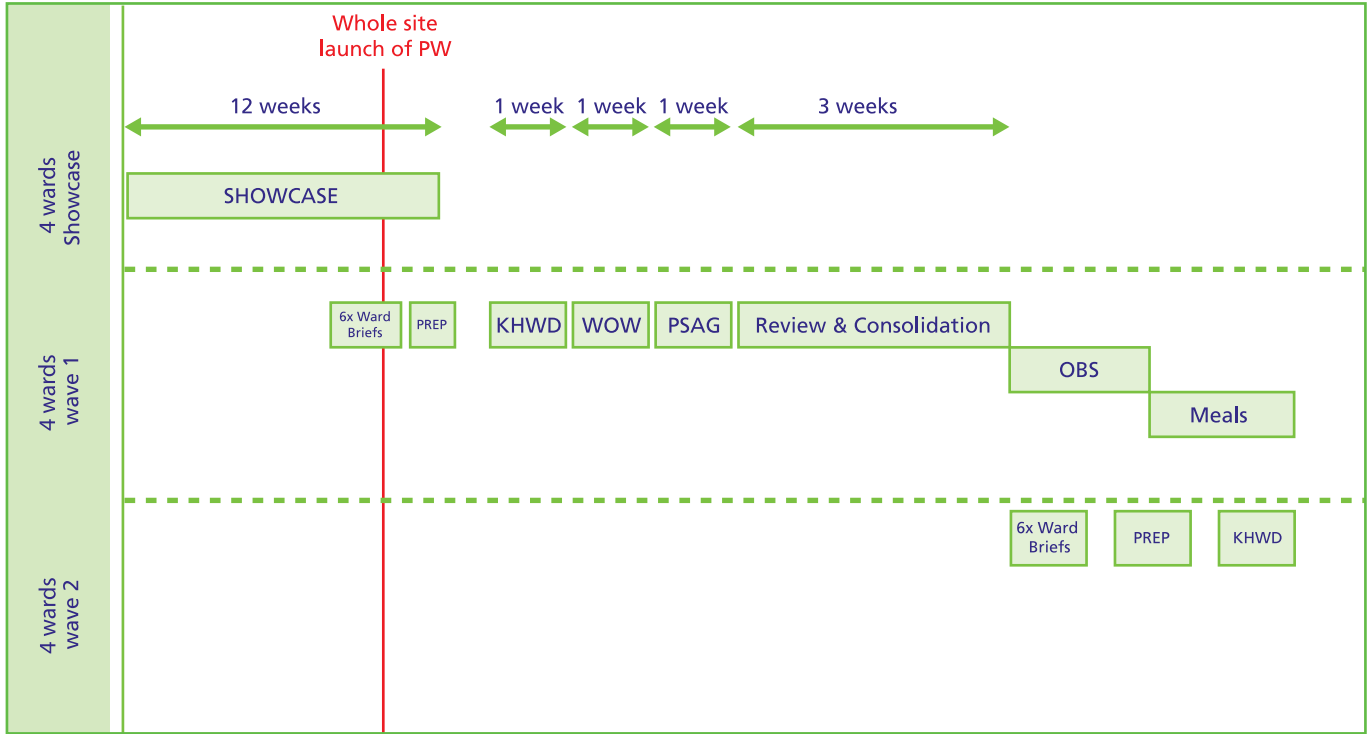
- 0.5 FTE Project Leader
- 2 FTE Improvement Facilitators (1 full time plus 5 full time)
- 1 FTE Analyst
- 2 days a week external improvement resource for four months split _ day per Showcase Ward

Starting Up

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

Basic Approach

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



Resources for Spread

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

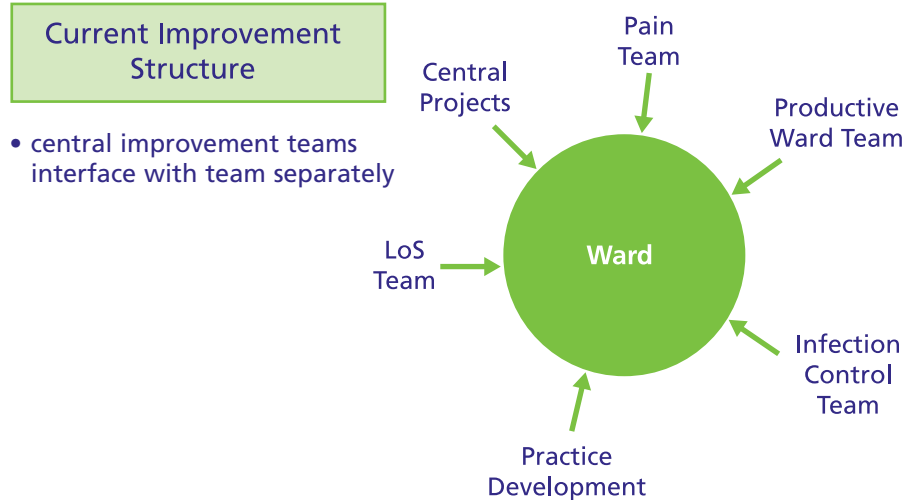
Calculate the resource you have employed on your Showcase(s), test this against your spread aspirations. Does your plan exceed the available resource sooner or later than you had originally planned for? Feedback your findings to the Project Board.



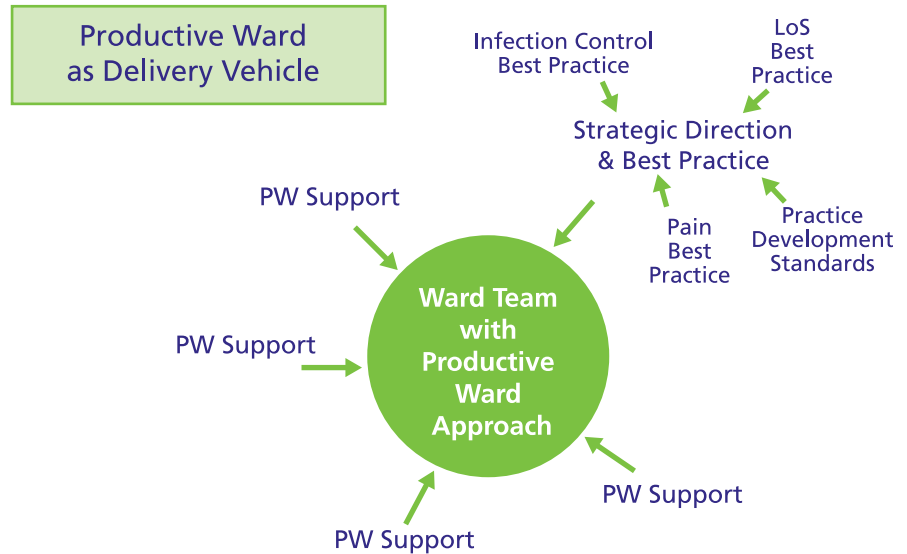
Resources for Spread in the Future

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

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



- central improvement teams now used to coach/facilitate PW
- ward team use new Productive Ward improvement skills to implement new best practice even when outside current PW modules
- ward teams empowered & process thinking



Skill building capacity and academy

Developing skills within your organisation

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

The role of the ward manager 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 service, 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 resource 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 leaders within an implementation wave, facilitated by an expert coach
 - classroom training ('the expert tells us how') which might work well for briefing people on specific Productive 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

Selection and sequencing of wards

Pull, not push

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

Landings

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

Matron Blocks

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

Pathway work

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



Communicating for Spread

Making the Productive Ward your own. Not the NHS Institute's, not even the Productive Ward....



Ward 15 Knowing How We are Doing Module

Releasing Time to Care:
The Productive Ward

Helen Evans
Ward Manager

Knowing how we are doing is a module that shows how performance indicators are important to the core objectives of the productive ward, in order to see how individual ward teams are performing.

The measures help a ward team to understand their individual ward performance and make decisions on what areas require improvement.

The aim of this module is to improve team performance enabling the team to provide reliable, effective and safer care to our patients

Data is displayed publicly on boards outside of this particular ward area as there was no identifiable space within the ward.

The nursing team were initially very apprehensive about this data being displayed so publicly but after explanation of the reasons why this was necessary, the staff have embraced this new concept and the board has generated a lot of discussion around the information displayed.

The ward manager was also very apprehensive about the data being displayed outside of the ward area and received some negative feedback initially from other areas about the information on display and position of the board.

The data on the measures board:

- Staff sickness
- Medication errors
- Falls
- Incidents
- Hand hygiene
- Observations
- Length of stay
- Staff costs
- Must Nutritional scores
- Infection Rates

The ward manager has set targets for the ward to assist in improving their current status which has been indicated by the data graphs.

The ward team are collecting 'Real Time' data using safety crosses which have to be completed every day.

This identifies current status in relation to:

- Pressure sores
- Staff safety
- Infection control
- Patient safety

Each ward team holds a meeting around the data on a weekly basis from the first meeting Ward 15 have decided to concentrate on improving our MUST screening compliance as we are not meeting 100%.

An action plan has been generated which identifies that all patients must have this assessment completed within 24 hours of admission to the ward.

Central Manchester and Manchester Children's University Hospitals NHS
Ward 15

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



Reflection and learning from each phase

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

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

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



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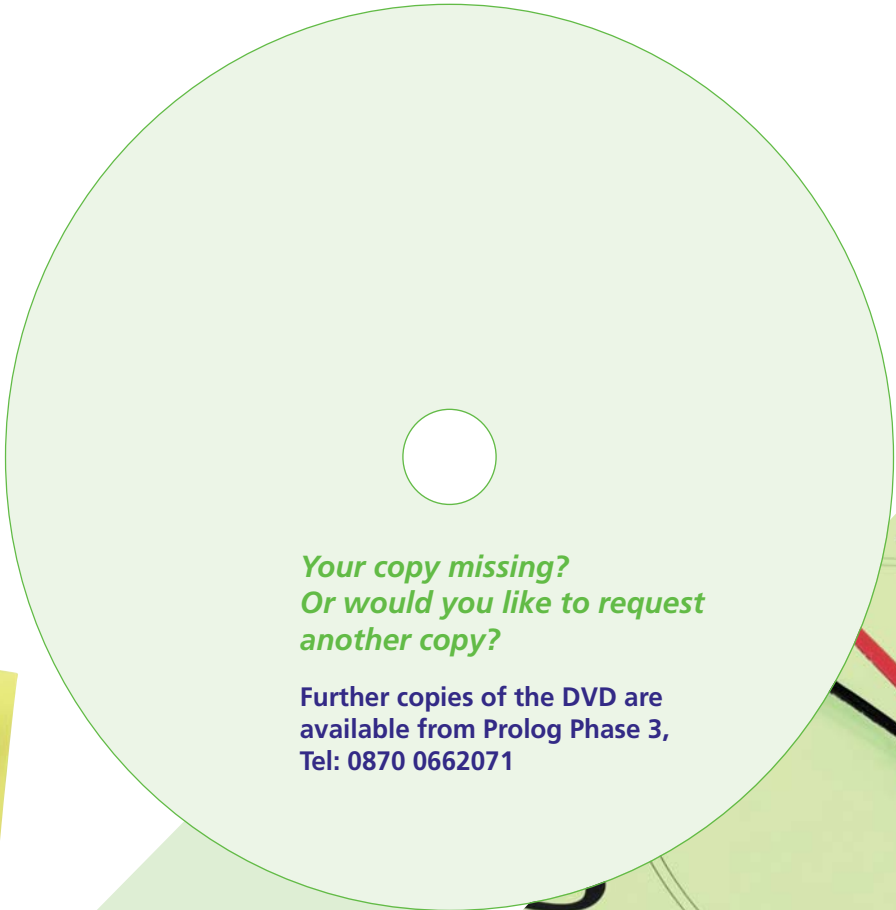
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***Please view the enclosed:
Releasing Time to Care -
A short 10 minute
introductory DVD before
reading this booklet.***

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



***Your copy missing?
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**Further copies of the DVD are
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Website: For more information and to register your interest please visit
www.institute.nhs.uk/productiveward

Contact the Productive Ward team: productiveward@institute.nhs.uk

Further copies of this document can be obtained from:

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