THE PRODUCTIVE SERIES

Releasing time to care – the phenomenal impact of a programme for efficiency in the NHS
Welcome to the *Nursing Times* special supplement on The Productive Series

"The Productive Series empowers staff to drive forward improvements in the health service on the front line, rather than having change imposed on them." — Bernard Crump

The Productive programmes demonstrate how much difference can be made for patients and staff when we create a powerful partnership between the NHS Institute for Innovation and Improvement and its NHS customers. The ‘Productives’ were conceived as a result of feedback from frontline NHS staff about immediate priorities for change and learning from the rest of the world about the greatest opportunities for change.

This series is a flagship programme for the NHS Institute and a powerful symbol of its future course. We embarked on our own change programme in January 2008. This has involved listening to hundreds of our health service customers and reflecting on our direction and priorities. We want to be in the best possible position to support the growing demand for improvement ideas and skills. As we move to the implementation phase of the next stage review, there is a clear sense about what the NHS wants to do to improve health and health care but much less clarity about how to achieve the improvements we seek. The core of the NHS Institute in future will focus on three interconnected activities:

1. Supporting health service leaders to lead improvement;
2. Great ideas for innovation and improvement; and,
3. Building capability for improvement.

These activities will involve the NHS Institute continuing to listen to and work with frontline staff to develop improvement programmes, such as The Productive Series.

Empowering staff to drive forward improvements in the health service on the front line, rather than having change imposed on them, is a cornerstone of Lord Darzi’s review of the NHS. Essentially, what we aim to continue doing is to show how to implement change for the better, rather than presenting staff with a list of ideas to implement.

We are ambitious in our aims for populations and patients and also about the contribution the NHS Institute can make. We want to work with the entire NHS and the wider health and social care system to help deliver great outcomes.

*Bernard Crump is chief executive of the NHS Institute for Innovation and Improvement.*
I have been involved with The Productive Ward, designed by the NHS Institute for Innovation and Improvement, from the very beginning of its development, and personally launched the initiative at the RCN conference in 2007. Since then, I have kept a keen interest in its progress.

I am well aware of the frustrations experienced by staff who are dedicated to the care of patients but are prevented from spending time with them because working practices are inefficient or outdated. The Productive Ward offers a practical and common-sense approach, which empowers ward teams to redesign their own processes and enables them to deliver better care.

Since The Productive Ward was piloted and rolled out to hospitals all over the country, I have met and spoken to a number of nurses who have found their working lives transformed by its ethos and have benefited from having access to the practical improvement tools.

They have told me that by involving the whole team in looking at their systems and finding ways of reducing the time spent on activities such as paperwork, handovers and searching for equipment, they have significantly increased the amount of time available for patient care.

Health ministers have taken a great interest in this work, visiting hospital sites running The Productive Ward regularly. They have been impressed not only by the difference this programme made to working practices but also by the enthusiasm of the staff implementing the changes.

As a result, in 2007 the health secretary, Alan Johnson, set aside £50m for trusts across the country to take advantage of The Productive Ward programme.

The changing needs and expectations of patients has led to different approaches to delivering health care and nurses have played a pivotal role in these changes. As their role evolves, the day-to-day organisation of wards must change to ensure that they are able to spend as much time as possible on patient care.

We are now seeing the principles on which The Productive Ward is based being translated into other areas of the health service: across mental health and community services, for example. It is even being taken into the boardroom, through The Productive Series. Empowering staff to drive forward improvements in the health service on the front line is a cornerstone of health minister Lord Darzi’s review of the NHS. The Productive Ward demonstrates the benefits of this approach to health reform: clinically driven and locally led.

Dame Christine Beasley is chief nursing officer for England.
The Productive Ward stands out among NHS initiatives for the enthusiasm it provokes and the way it is being developed from the bottom up. By Stuart Shepherd

Time to Care: The Productive Ward. It has also attracted international interest.

But what are the particular features of The Productive Ward that have given it almost universal appeal? How has the approach developed to be more responsive to both ward and organisational needs? And how has its success helped to shape thinking around creation of the new Productives?

‘The Productive Ward is about applying known best practice improvement techniques from industry. We contextualise them for the setting and the people using them and make them entirely focused on the safety, reliability and dignity of care,’ says Nick Downham, one of the people behind the concept at the NHS Institute.

Self-directed learning

One of the most important features of the approach is the design of the self-directed learning modules. They support frontline leaders in facilitating the introduction of improvement thinking and principles without being loaded with academic argument or lean terminology.

Written in a straightforward and practical language, and with a strong visual identity, they contain a mix of tools and techniques that can be adapted to clinical areas. These bring standardisation, not only to practice but also to the way in which people think about and approach the issues they identify. It helps them find their own solutions and set standards for actions that can be sustained with reliability.

For me, that’s what makes the improvement sustainable. Staff can see on the measures board how our performance compares with standards for things like patient observations. ‘The treatment room used to be a complete mess but now people really take notice. Not once have we had to go back in there and do a major tidy-up. ‘There are knock-on effects. People can enjoy being at work and with the patients more, and sickness levels are down. It’s really positive and I don’t see why it shouldn’t continue.’

Spreading rapidly

As of December 2008, 123 hospitals representing over 68% of the acute hospital base were known to be using Releasing NT 10 March 2009 Vol 105 No 9 www.nursingtimes.net

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‘This is about giving nurse leaders methods for leadership,’ says Mr Downham. ‘Far from being simple, the processes going on in a ward are incredibly complex. The Productive Ward gives ward teams the structure to take those processes apart and put them back together again in a form that is safer, more efficient and gives them more time for direct care.’

Ward teams can only get so far by themselves. But with consistent, visible, high-level organisational commitment, The Productive Ward can provide a real shift in process reliability.
The Productive Ward has a different feel about it and represents a new way of working for the NHS Institute. Its development has been far from typical, too, as Ms Morgan-Cooke explains: ‘The NHS Institute normally works systematically to produce and then release finished products, seeking to encourage NHS organisations to take them up. In this case, we were seeing some dramatic improvements in the initial field test sites that we went on to share and collaborate on with the Royal College of Nursing. The chief nursing officer championed it from early on and this helped to raise a widespread level of awareness.

‘This has contributed to making it essentially a leadership development programme for nurses,’ Mr Downham continues. ‘Where the right mix of frontline motivation and senior leadership commitment and support exists, ward teams can implement The Productive Ward themselves. The modules have been written to give nursing staff the know-how to make a change they can own. They tell us that having the means and the capability to drive up standards is something they enjoy.’

Productive membership
The NHS Institute launched The Productive Ward membership scheme in January 2008. The institute typically provides high impact solutions to big challenges within the NHS. However, a number of hospitals asked whether they could also provide direct training and implementation guidance to support the modules. As an experiment, the institute set up a pilot membership scheme where trusts could pay for extra support. Any money raised would be reinvested in improvement support for the NHS.

‘Executive support can be in the form of a briefing, perhaps along with additional
IMPLEMENTING THE PRODUCTIVE WARD

The Productive Ward has given me the direction and structure that I have been searching for. It covers the key aspects that ensure your service runs effectively and efficiently but also enables you to make real and lasting changes to your ward, and the morale and motivation of your team. Most importantly, it does make a difference to the patients’ experience and recovery process.

When introducing The Productive Ward:
- Think carefully about your current team, their stress levels and morale before you introduce The Productive Ward;
- Don’t assume your ward has to be well resourced before it can be introduced;
- Be sure to have meetings, meetings, meetings – it keeps the momentum going and really connects you as a team. Weekly meetings with inpatients are a rewarding and valuable way to check and recheck that you and your team are making the right changes to improve patients’ experience;
- Don’t get overwhelmed by all the booklets you receive – they are the perfect reference tools.

Most of all enjoy The Productive Ward, it will fast become a hobby of yours.

coaching for the sponsoring director, who is frequently the director of nursing,’ says Ms Morgan-Cooke. ‘We try to help executives make helpful linkages between The Productive Ward principles and their own strategic goals. This is an important message for frontline staff and will impact on matters of standardisation and sustainability. When they are trying to deliver services, staff want consistency from above. They don’t want to feel as if directives are coming at them from all angles.’

Showcase wards

A set of guides for the executive lead, the project lead and the ward leader includes pointers as to how a trust might choose its showcase wards. They set out the required qualities for the project leader and the ward leader. Learning from The Productive Ward shows that prior knowledge of improvement techniques is not a priority. Improvement skills can be acquired from the modules. Energy, motivation and a good leadership style in the clinical area are much more important initially. ‘We provide two days of leadership training for people in these roles,’ says Ms Morgan-Cooke. ‘There are breaks built in to encourage project leads to apply their learning.’

Module implementation training runs along similar lines. Up to 10 ward staff and project leaders get together in a team about once every five weeks. They have an opportunity to practise skills they are about to apply in their own wards. This is successful because the number of staff involved supports the rapid development of skills transfer into an organisation.

The accelerated scheme also brings in ongoing clinical facilitator support. These are senior nurses working on secondment to the NHS Institute who have already successfully implemented The Productive Ward in their own area.

‘We created The Productive Ward with frontline nurses,’ says Mr Downham. ‘We have learnt you can spread improvement methods across the country and beyond without any mandate or push. The lessons are: engage with staff; get them to stamp their values on the programme; use plain language; and, make it simple to use.’

Taking that learning forward was important when it came to creating The Productive Mental Health programme. Mr Downham acknowledges that at first he expected that it would just be a ‘variation on a theme’.

It soon became clear that mental health operates in a very different context and style. The mental health ward staff who helped to develop the modules placed a much greater emphasis on therapeutic interventions and dialogues. This, as with all the programmes still in development in The Productive Series, was not a simple rebranding exercise. It required the same close and thoughtful partnership working so that staff could see themselves in the documents and tools they would be working with.

‘Before I joined the NHS,’ says Mr Downham, ‘my background was in manufacturing as a lean specialist. It’s an industry where you would not assume that safe processes and quality teamwork just happen – they require time and effort. When I started observing ward-based care, what I saw was everybody working flat out just to maintain the status quo. The expectation was that the teamwork and the safety would just happen.

‘With The Productive Ward, we are now acknowledging frontline staff as the best people to design the processes and giving them the headroom to do it in. The time it frees up is reinvested in quality – quality mealtimes, quality medicine rounds and quality handovers.’

To find out more about the series, go to www.institute.nhs.uk, click on ‘The Productive Series’ box on the home page, then click on the Products programme you would like to visit such as The Productive Mental Health Ward or The Productive Community Hospital.

Zoe Barker is ward manager, North Staffordshire Combined Healthcare NHS Trust
This is my 11th year as a national improvement leader in the NHS. During this time, I have led or supported more than 70 major national improvement initiatives. Yet I have never experienced a phenomenon like The Productive Ward. It has spread more quickly, made a difference to more staff and patients, and created more energy for change than anything previously. All the indications are that the other ‘Productives’ are going to follow a similar pattern.

The Productive experience made me reflect deeply on the process of implementing change. What can it teach other major improvement initiatives, such as the implementation strategy arising from Lord Darzi’s next stage review?

These are my top six lessons.

Get everyone at every level playing their role to make a difference for patients
The Productive Ward depends on the energy and talent of ward teams and managers, supported by matrons and executive nurse leaders. It is probably the best example I have seen of the magic that happens when senior leaders get firmly behind changes at the front line. It is also an excellent example of the positive role that strategic health authorities can play in supporting local change.

The Productive Ward represents the NHS Institute at its most impactful, making powerful improvement ideas and skills available to NHS organisations.

Base it on the real world, not Disneyland
The Productive Ward is not a ‘magic bullet’; it requires leadership will, resources and staying power. The executive training makes clear the resources and time commitments that will be required at every level of the organisation. Contrast that with many local change initiatives, where we start taking action without really thinking through the resource implications.

Work with improvement methods such as lean, but keep them in the background
All the Productive programmes are firmly based on lean improvement principles. However, you will rarely hear the word ‘lean’ mentioned. That is because improvement methods work best in health care when we keep them in the background and focus on the results we want for patients and staff. If The Productive Ward had been called ‘The Lean Ward’ rather than ‘Releasing Time to Care’, I doubt we would have had anything like the take-up.

Create pilots with pace
We learnt early that it is more effective for trusts to start their Productive Ward programmes with just one or two wards, use this as an opportunity to really learn what is required, then systematically spread the approach to the rest of the organisation. We have a tendency in the health service to start pilot schemes that are much too large. If you start The Productive Ward with six or eight pilot wards, rather than one or two, it is much harder to manage and learn. The paradox is that by starting smaller, we can go faster in the longer term.

Work with ‘identity groups’
People are much more likely to embrace change when the message comes from someone in their own identity group – people who share the same values, beliefs and life experiences. A big factor in the rapid spread of The Productive Ward is the impact and power of nurse identity groups. We will be much more effective in our communication if we work with identity groups, rather than trying to push messages down through hierarchical structures.

Enable staff to bring their whole selves to work
The best thing about The Productive Ward is seeing just how much energy can be unleashed by encouraging frontline teams to question how they work and providing simple tools and skills to do this. It is also a tragedy that it takes an improvement initiative to unleash the natural vitality and creativity of our staff.

If we could replicate the best of The Productive Ward spirit in every care delivery environment we could transform the system

If we could replicate the best of The Productive Ward spirit in every care delivery environment in the NHS we could transform the system. Let’s focus less on plans, strategies and controls and concentrate on enlivening and emboldening our staff to put all their energies, flair and talent into work and making a difference for patients.

Helen Bevan is chief of service transformation, NHS Institute for Innovation and Improvement.
There are three areas of work in the community hospital package (inpatient, day hospital and minor injuries units) and 13 modules. They were tested at Chippenham Community Hospital (Wiltshire PCT), Farnham Hospital and Centre for Health (Surrey PCT), Queen Mary’s Hospital, Roehampton (Wandsworth PCT) and Grindon Lane Primary Care Centre and St Benedict’s Day Hospital (Sunderland PCT).

The programme has cut patient handover times while improving their quality; increased the number of professionals per patient case in day hospitals by 20%, meaning more direct care time; made referral management more efficient; and increased patient and staff satisfaction.

At Chippenham Hospital, staff chose to look at goal setting, handovers and reducing waste. The work on goal setting took place on Beech Ward (a stroke ward) and was focused on a weekly meeting for planning patient care. Process mapping was used to identify the key steps in the planning, conduct and outcome of the meeting and unnecessary steps taken out.

Madelyn Griffiths, clinical improvement services manager for Wiltshire Community Services, says: ‘We didn’t need as many people around the table as we thought we did. What we were able to do was reduce the length of the meeting, agree which clinicians should be there to discuss patient care and who was going to feed that back to the patient in terms of goal planning.’

This increased the meeting’s value-added time from 48–82%, improved integrated...
working and made care more patient centred. Staff found the meeting more relevant and that it added to efficiency. ‘They are able to be much more succinct about the patients they are talking about,’ says Ms Griffiths. ‘The meeting is much more structured, there is not so much paper and one person, who heads up the meeting, does all the preparation.’

**REDUCING WASTE**

In the minor injuries unit, redesigning the patient journey has reduced the average patient wait from 67–41 minutes. The unit has moved from ‘see and treat’ to triage, repositioning rooms and nursing staff to cut down on patient movements.

“We were able to demonstrate how this would improve quality of care for patients: they were more appropriately seen and we were able to give earlier analgesia.”

We have also been able to rationalise equipment in the treatment rooms. By stripping down the equipment so each room holds only what is required for its specific function, patient service has been improved, items can be found faster and there is less walking time for staff. The minor injuries unit is now performing well against national targets.

‘We have probably doubled our patient throughput, which is now at 97% within two hours, compared with the government target of 70%;’ says Ms Griffiths.

The hospital is now undertaking work through handovers, discharge planning and the Productive Day to reduce delayed discharges.

Ms Griffiths says The Productive Community Hospital's tools have proved very useful because they provide strong evidence of releasing time for patient care in areas where it can be difficult to quantify the improvement.

**MENTAL HEALTH MODULES**

‘We were not planning to do a set of modules especially for mental health wards,’ Ms Morgan-Cooke says, ‘but we did a scooping study and recognised that there was a real pull from mental health colleagues for a set of bespoke modules.’

Two organisations have acted as test sites for the development of The Productive Mental Health Ward package: North Staffordshire Combined Healthcare Trust and the Oakwell Centre, Kendray Hospital, run by Barnsley PCT. Early results show that time spent by staff on direct patient care has increased, therapeutic engagement with patients has gone up, patient handover times have been cut by a third and their quality improved.

Rob Grant, programme lead for The Productive Ward at North Staffordshire Combined Healthcare NHS Trust, explains that while over the past 12 months the emphasis with The Productive Ward was on acute trusts, NHS West Midlands allowed the mental health trust to be involved.

The initial plan was to limit the process just to acute mental health services, but Mr Grant decided to apply it across the board, including rehabilitation and older persons' mental health services. A female acute admissions ward was chosen as a showcase ward using three modules: the Well-Organised Ward; Knowing How We Are Doing; and Patient Status at a Glance.

The programme has cut patient handover times while improving their quality, made referral management more efficient, and increased patient and staff satisfaction

**TRANSFERABLE SKILLS**

As a result of Knowing How We Are Doing, performance information for the ward – including clinical incidents, staffing levels and absence, length of stay, number of admissions and action points – are displayed in the corridor. Staff sickness levels have fallen but the number of clinical incidents has gone up. This was predicted and is believed to be due to improved reporting as a consequence of the focus on performance data.

The patient information board in the nursing office has been redesigned through the Patient Status at a Glance module. ‘It now mirrors our patient care pathway, so all the key stage interventions, liaison assessment and discharge planning that we need to go through are up there,’ says Mr Grant. ‘We have got a traffic-light system, which means staff can see fairly quickly individual patients and where they are within that journey.’

Red denotes high risk or that something has not been started as a process; amber that the risk is reducing or that a process is not complete; green that there is a low risk or that the process has finished.

The care pathway is now being process-mapped to streamline it and the board will be revised once that is complete. At present, 45% of direct care time is spent with patients and it is hoped to increase this to well over 50%.

Mr Grant points out that the ease with which North Staffordshire has applied the acute setting version of The Productive Ward, which is geared towards bay wards, demonstrates they are key transferable skills and processes. However, he believes the dedicated mental health package with its recognisable visuals and methodology will help engage mental health services.

‘It is important that we get the roll-out of the mental health programme right and encourage mental health trusts to apply it,’ he says. ‘It has been a really valuable experience for us.’
**PUTTING IT INTO PRACTICE**

Liz Ward and Kim Parish describe how testing the Productives impacted on their working environment

**LIZ’S EXPERIENCE**

I was approached by my general manager to get involved with The Productive Ward in 2006. At the time I was a case manager at Barnsley Hospital NHS Foundation Trust, where I had been working for 15 years. My role involved patient flow management in the medical unit. I would manage patient cases that were complex, which would often prevent them being discharged in a timely manner. I worked across 10 wards and managed a team of discharge coordinators. My role also involved liaising with both internal and external professionals, patients and relatives.

A typical day would consist of crisis management of bed shortages, running multidisciplinary case conferences, and helping ward staff with advice, education and problem solving. A major part of my role consisted of managing a project for reducing length of stay in the medical division. Most of my day was taken up with crisis management, which was frustrating as most problems arose due to poor or complex processes, not because staff failed to try implementing them. I worked long, hard hours to provide quality care for my patients but was often left wishing I had more time to give them; I hoped The Productive Ward would help me do this.

I started a 12-week secondment with the NHS Institute, with Barnsley becoming the first test site for The Productive Ward. I felt excited and inspired about the way the programme could transform my role as a nurse. But I couldn’t help thinking: ‘I don’t need to be taught how to do my job.’

But The Productive Ward was not about making me a productive nurse, it was about helping the ward become more productive.

Once we started testing the modules I saw what a difference The Productive Ward could make: our test ward became more organised and things were where they needed to be so they were more easily accessible. There were fewer interruptions in our day-to-day work, noticeboards were clearer with more relevant information, and shift handovers were more effective. Staff morale was at an all-time high and we could see how The Productive Ward was giving us what we wanted most: more time delivering direct care to our patients.

The Productive Ward looked at typical daily ward processes that frustrated ward staff. Some of the most significant improvements I saw were in meal-time delivery, which can cause a lot of issues on wards and be a source of complaints. What we found was that it was the system and process that were at fault, not the staff. If we have to manage our staff to achieve quality standards, then the process and systems need to be in place to enable them to do this.

To motivate staff ‘staff need to understand what performance is required to deliver this’ and ‘how will we do this’; willingness to do the job will follow. What The Productive Ward does is develop the skills, knowledge and tools to empower ward staff to redesign their own systems. It supports optimal performance by removing wastes and frustrations, as well as the constraints that cause apathy and lack of motivation.

My biggest issue as a nurse was that a change in processes often came via top-down control, with no consideration for how frontline staff were supposed to implement it. The Productive Ward empowers nurses to challenge that mindset and culture. It gives them belief to take control of what they do.

I won’t put you under any illusions: The Productive Ward starts off hard but it will get easier. It’s a matter of taking those small steps, which often appear common sense, to help you take that giant leap for a change for the better.

My enthusiasm and passion for the programme hasn’t waned. My initial 12-week secondment is now a national role for the NHS Institute, where I am an associate lead for The Productive Mental Health Ward. This has enabled me to go into mental health development sites and engage with a new audience. It has been humbling to see so many staff with the...
motivation to change and improve the way they work, so patient outcomes improve. I feel I am a different nurse now to the one I was before. The Productives have put a great deal of confidence back into our profession and helped nurses feel valued within the NHS. It has empowered NHS nurses and given us back what we want most: more time to provide direct patient care. I hope that every nurse has the opportunity to experience a Productive programme – it is a journey they will never forget.

Liz Ward is NHS Institute associate lead for The Productive Mental Health Ward.

KIM’S EXPERIENCE

I was head of inpatient care at Queen Mary’s Hospital in Roehampton when I was asked to be the site lead for The Productive Community Hospital. We were selected because we had been through recent change and the teams demonstrated they were receptive to further improvement work. Having moved into a new-build hospital we were still working through the issues and challenges that this brought – for example, going from four wards to two, which involved considerable work on team integration and new ways of working. I was concerned that we were going to struggle to find the capacity to commit to The Productive Community Hospital. I was also anxious about how the programme was going to help me and my nursing team increase the time we spent delivering direct patient care. I felt I was being asked to support a process, the control was in our hands, which was a big culture shift. It was recognised that the clinical team were the experts in their clinical services and should be empowered to lead the programme. The chance to change areas of practice and procedure that acted as a barrier was hugely motivating.

Soon we were having to be held back because we wanted to jump straight to the solution! We found it hard to wait and do the baseline measures first. Looking back, we should have taken more photographs and videos to show the ‘before’ and ‘after’ effects. We started to see quick wins and realised how the programme was going to help us make significant changes in areas we had moaned about for years.

We had our share of embarrassing moments, but even those had positive outcomes. For example, we were process mapping our handover process and I was stunned to find we had seven handovers in a 24-hour period. I found this hard to believe as we only had two shifts! It became apparent it was a process staff had inherited from an old shift pattern. The staff stopped these ‘extra’ handovers because they could see it was a waste of time and had no added value for the patient. This saved an hour of every staff member’s time per day, which was a significant change.

Our biggest change came out of a Rapid Improvement Event (RIE), held to address the admission criteria for our Older People’s Rehabilitation Service. We invited all our stakeholders, including commissioners, patient representatives, community teams, acute hospital discharge coordinators, all levels of the interprofessional team, heads of service and so on. After diagnosing the current state of our process, staff felt they had little control over the admissions to our beds and felt put out by this. We identified multiple routes of access to our inpatient service and staff often believed the patients were inappropriate for the services we were able to provide. There was little or no discussion with the interprofessional team members and staff felt isolated and unable to make decisions. Over the three days we developed a five-step questionnaire, which identified if the patient would benefit from admission to our inpatient service.

Some of the outcomes of the event were that it:

● Led to significant change in an area that was a major challenge;

● Gave control back to the clinical team and helped them to identify who they were, what the service was about and the care they were able to provide to patients;

● Ensured patients and carers understood the service they could expect.

One of the most significant changes was the improvement in team relationships. Barriers were removed and the team began to understand each other’s roles and responsibilities. By the end of day three the team was energised and motivated; it felt positively different and still does.

As a nurse, The Productive Community Hospital has been an enriching experience; my personal growth, along with the team’s, was significant. Staff who would never have had the confidence to challenge practice and decisions were empowered and confident in what they achieved and wanted to communicate this widely. Teams were identifying other areas that they wanted to continue to develop now they had the tools, knowledge and techniques to do it.

I have worked in the NHS for over 25 years and, without a doubt, the Productives are the biggest change for improvement that I have experienced, not only for nursing and the rest of the interprofessional team but also for the organisation as a whole.

The benefits far out-weigh the time and effort put into the implementation and roll-out of it, and the results will speak for themselves. Once you have implemented a Productive programme you’ll wonder how you managed without it.

Kim Parish is NHS Institute associate lead for The Productive Community Hospital.
Trusts in Nottingham and Manchester have succeeded on individual wards, but are they up to the bigger challenge of transforming whole hospitals?
Stuart Shepherd reports

In September 2007, following the success of The Productive Ward field test sites, the NHS Institute invited two NHS trusts to implement The Productive Ward across their entire hospital systems.

Nottingham University Hospitals NHS Trust and Central Manchester and Manchester Children’s University Hospitals NHS Trust were enthusiastic about the programme and confident of the potential of The Productive Ward to increase the nursing time available for direct patient care.

Over a year in, their learning is informing vital further developments in the national roll-out of The Productive Ward and how its impact will be measured. Their progress has contributed significantly to the continuing growth of The Productive Series.

THE NOTTINGHAM STORY

Having familiarised itself with The Productive Ward on two pilot wards, Nottingham began whole hospital roll-out in November 2007. Eight new teams from NHS England’s fourth largest trust join the programme every 10 weeks approximately and, to date, The Productive Ward is being implemented in 34 wards and the emergency department.

‘Two years from the start of roll-out, our aim is to have The Productive Ward on 74 from a total of more than 90 wards,’ explains Kerry Bloodworth, assistant director of nursing and The Productive Ward project lead. ‘The most advanced wards have completed the foundation modules and are moving on to their fifth process module. Their Productive Ward “house” is almost complete.

‘We have a team of four senior project nurses – all former ward sisters with good communication skills but little in the way of a background in improvement skills – to meet the demands those aspirations place on us.’

Trust chief executive Peter Homa chairs the project’s monthly steering group, which is also attended by directors from estates and informatics alongside representatives from the different ward cohorts in the implementation phase.

‘The fact that he has not missed a single meeting is a clear indication of the commitment our chief executive gives to The Productive Ward,’ says Ms Bloodworth. ‘It also means there is somebody there who can quickly unblock any issues or resource needs that might otherwise get in the way.’

Performance measurement boards on the wards running The Productive Ward show improvements to which the programme is contributing. These go up during the Knowing How We Are Doing foundation module and indicators on them include patient and staff satisfaction, healthcare-associated infection (HCAI) rates, falls and staff sickness. Where negative measures are recorded, the boards show which actions staff are taking to reduce or eliminate them.

Patients and visitors are responding positively to the data, Ms Bloodworth notes: ‘All our inpatients are given the opportunity to fill out a modified PICA survey. This provides instant feedback to the staff teams about what patients think of their experience. The response varies across wards but overall the satisfaction rating is above 80%.

As with many other trusts, there has been a huge drive to cut HCAIs. MRSA rates, for instance, are down by 68% and Clostridium difficile by 54%. While other contributing initiatives, such as deep clean, need to be considered, a part of those outcomes, it seems fair to say, The Productive Ward has played a key role in the reduction.

‘If you speak to a Productive Ward ward sister, she will tell you that up until having performance data, she would know where she could find the MRSA infection rate for her ward,’ says Ms Bloodworth. ‘Now, with infection-control data in public view, it is much more of a live issue for her and the clinical team and it reassures patients and families, who can see what is being done to tackle it and how it is coming down.

Anecdotal evidence arising from the trust’s experience of implementing the Well Organised Ward module suggests savings of between £5,000 and £10,000 can be made by returning excess stock to stores.

At Nottingham, one area that has improved unequivocally with The Productive Ward is...
ROLLING OUT THE PRODUCTIVE WARD

direct care time. ‘Across the trust, the proportion of total working time available to nurses to spend with patients has gone up from 38% to 52%,’ reports Ms Bloodworth.

‘Data is now driving performance on the wards. When it starts to influence things like patient flow in the emergency department, the impact of The Productive Ward leads us further to where we need to be, to what our chief executive describes as “the Productive Hospital”.’

THE MANCHESTER STORY

‘For us, The Productive Ward came at just the right time,’ says Gill Heaton, director of patient services and chief nurse at Central Manchester. ‘We have been able to use it as a single vehicle for delivering three distinct service development initiatives. Now all our aspirations for the patient experience, patient safety, and productivity and efficiency can be pulled together in this one programme.’

Central Manchester wants to use The Productive Ward on 82 wards or departments and bring the skill sets into the clinical team.

‘We plan to complete by 2010, using a 12-week roll-out that brings in between six and eight new areas at a time,’ says Dawn Pike, assistant director of nursing. ‘We believe that we can bring service improvement to all of these areas.’

Every quarter the trust has been using an ‘activity follow’ process to measure the time available to give to direct patient care. Across all wards that figure has gone up by 8% – an extra 57 minutes across a 12-hour shift.

Those figures and others from a range of 12 quality indicators arrive as ‘performance dashboard data’ on The Productive Ward wards each month in a bar graph. The data is also on public display.

‘The data tells the team how they are doing and where the issues lie, as well as informing the improvement process. If the number of falls is going up, for instance, they might use process mapping and some of the other tools and techniques they have learnt to better understand what’s happening and what to do about it. We know it’s an approach that works. Before The Productive Ward programme started, one of our first-phase wards used to average 12 falls a month. Now that is down to between three and four,’ says Ms Pike.

Evidence shows that Productive Wards at Central Manchester have improved how they identify nutritional risk. The trust is collating information from its first-phase wards that should also show a reduction in food waste. An early briefing to the catering team about the programme, and their involvement in the process-mapping of meal delivery from kitchen to patient, has helped to develop partnership working beyond the clinical area.

‘It might be because we are still early in the journey, but it is hard to articulate, to capture the impact that The Productive Ward might have in other departments, out across our trust and in the wider health economy,’ says Ms Pike. ‘We are talking with the institute about how we progress our data evaluation across the whole hospital, about what measures we can put in place to be clearer about what, in terms of impact, The Productive Ward is responsible for.’

PRODUCTIVE LEADERSHIP

The Productive Leader programme was launched in October 2008 by the NHS Institute for Innovation and Improvement. It is a facilitated modular programme aimed at improving personal productivity in areas such as email, workload and meetings management. As with the other Productives, it is about releasing time – in this case to lead – and is aimed at chief executives, their executive team and personal and executive assistants.

It stems from senior leaders in the NHS wondering how they could manage a growing agenda without more time. Also, successful implementation of the other Productives, such as The Productive Ward, require involvement from the executive team. Dr Chris Burke, chief executive of Stockport NHS Foundation Trust, took part in the testing of The Productive Leader.

‘One of the biggest benefits we brought in was a review of all our meeting structures,’ Dr Burke says. ‘That has produced good results in terms of better time-keeping and better-focused outcomes.’ Dr Burke now uses this time to visit the wards more often and to regularly meet with senior clinical staff.

Sarah Watson-Fisher, chief nurse and director of patient standards at Buckinghamshire Hospitals NHS Trust, says: ‘By adopting this approach, I have been able to schedule diary time for clinical visits and now spend a day each week in uniform in the clinical areas on one of our three trust sites, which enables me to spend time with patients and frontline staff.’

Once established in the executive team, the best practice is then spread throughout the organisation to ensure quality care.
A programme targeted at nurses, surgeons and anaesthetists aims to ensure consistently excellent practice in operating theatres, says Jennifer Taylor

Operating theatres bring together some of the highest technical expertise and most intensive use of resources in a hospital. So why do patients have bad experiences, why are quality and costs so variable between NHS hospitals and why to some patients suffer harm? To answer these questions, the NHS Institute for Innovation and Improvement is developing The Productive Operating Theatre, the first to target nurses, surgeons, anaesthetists and the trust board. According to Amanda Fegan, who leads the programme, the areas about which clinicians hold strong views will be the focus of any improvement programme. The NHS Institute plans to launch a series of evidence-based Productive Operating Theatre modules late summer this year. The modules are being developed and tested at three health service field test sites.

The team at the institute has defined four dimensions of quality to work on: safety and reliability of care; team working and leadership; patient flow, logistics and resources; and, patient and staff well-being outcomes. The programme will be based on global best practice. It will be about eliminating errors, having systems for briefing and debriefing so that everyone in the theatre team understands what is going on, and learning from near misses.

It is also about standardising elements of care so patients receive what the evidence shows they should. Improving team dynamics also makes care safer and more reliable.

FINDING SOLUTIONS

‘What we saw in The Productive Ward was just how dramatic it was when the nurses were given the opportunity to point out what the problems were in their daily work and we could then help them find solutions to make life better for them,’ says consultant surgeon Hugh Rogers, the national clinical leader of The Productive Operating Theatre programme. He believes the same can be done in the operating theatre if theatre nurses, operating department practitioners (ODPs), surgeons and anaesthetists think about the problems that regularly confront them and the institute then gives them the tools to resolve them, such as assertiveness tools and tools to ‘flatten the hierarchy’ so the whole team feel able to confront poor practice. ‘We hope The Productive Operating Theatre will encourage nurses and all theatre staff to speak up when they suspect a mistake is being made or they spot an opportunity to improve patient experience through process changes,’ says Janet Henry, theatre manager at West Middlesex University Hospital and associate for The Productive Operating Theatre. ‘Theatre teams and their patients will benefit from the surgeon, anaesthetist, nursing team and ODPs working closer together.’

STRATEGIC POSITION

The programme will also ask about where theatres are strategically positioned in a trust. Some, for example, do not have a clinical director for operating theatres. It will not tell trusts they need a stronger focus on operating theatres at senior management level, it will highlight that it could help them make the most of the tools on the ground. But what will make this programme a success, says Ms Fegan, is the pull from the staff to do the work rather than a push from senior leaders to get them to do it. Mr Rogers points to the field test at West Middlesex University Hospital trust, where there is ‘great enthusiasm’ and ‘huge energy’ to take this to the next level. Straightforward changes are making a big difference, such as Knowing How We Are Doing boards outside every theatre, team briefings before every procedure and the 5S process (a structured method to change your work area) to better organise stock cupboards and offices.

‘People are beginning to believe that we will help them to make the changes that they think are a priority,’ says Mr Rogers. ‘If the theatre team have identified the problems to work on, and they’ve implemented the solutions, then not only is it going to be much more relevant to them but it’s also more likely to be sustained.’
Later this summer we launch Productive Community Services – the biggest opportunity and biggest challenge so far in the development of The Productive Series. Developing an approach for local providers of community services to improve care to their patients has the potential to make a difference to tens of thousands of people. Motivating and mobilising a new improvement community of staff across England could be revolutionary.

But Productive Community Services will not be a tweaked version of The Productive Ward. It requires a different approach; community services are often geographically dispersed and more complex in organisation and delivery. They have interdependent relationships with acute-care providers, social services and third sector delivery organisations.

**COMMUNITY PARTNERS**

Working in partnership with a range of community service providers – particularly frontline service delivery organisations and strategic health authorities – the tools and modules we produce will be instantly recognisable as Productives. Simple and accessible, they will be designed for frontline staff to develop team working and leadership skills that release time to care.

It is important that clinical staff lead and own the service improvements in their area, so our aim is to develop an approach that will help teams improve the delivery of care in a wide range of community settings. The programme will be co-developed with community service providers, and we are working with nursing and therapy teams to ensure the modules represent frontline experience. Four community services providers – two in the north of England and two in the south – are helping develop and test the modules. In April, we commence work with two whole organisation sites to ensure the modules achieve high-quality results across a range of teams.

**DISTINCT WORK STREAMS**

The NHS Institute has identified some distinct but related streams of work that will come together to form the modules.

- **The Productive Community team:** we are working to find out what it takes to create a consistently great service for every patient. Often our staff work hard to provide good care in spite of the system. We want to help teams remove activities that get in the way and to create new systems that make it easy to provide reliable care, all the time.

- **Leadership development:** great local teams depend on great local leaders. We want to build on the existing leadership talent in community services and equip these leaders with the skills, tools and support to transform their services.

- **Delivery of care:** we want to develop an evidence-based approach that can be adapted for use across the widest range of community teams and will resonate with frontline staff. We are looking at how and where care is delivered and if there are alternative delivery models that we should focus on. Understanding demand and capacity in the community is a challenge and we want to be sure we are providing care for the right patients in the right way.

Our initial intention had been to focus on three ‘high volume’ pathways of care: wound care; stroke care; and continence care. But we found nearly 80% of the issues raised were generic to all three areas. We are now developing a more generic approach focusing on standardised care procedures.

Much current improvement effort is designed to increase patient contact time. But we do not have evidence that increased contact time is leading to better clinical outcomes and enhanced patient experience. Our aim is not just to release time to care but time for effective care.

Lynn Callard is interim head of The Productive Series at the NHS Institute for Innovation and Improvement.
The Productive Series
from the NHS Institute for Innovation and Improvement

Helping the NHS to fulfil its potential

NHS staff want to spend their time providing or enabling patient care. They want to be liberated from unproductive uses of their time so they can spend more time with patients and more time improving standards of care.

The Productive Series from the NHS Institute helps us to do just that. Improvement principles and techniques are applied to a number of key challenges, achieving great results for patients and staff. Making the most of time and resources.

Releasing Time to Care
**The Productive Ward**
*Now Available*

Releasing Time to Care
**The Productive Community Hospital**
*Now available*

Releasing Time to Lead
**The NHS Productive Leader Programme**
*Now available*

**The Productive Operating Theatre**
*In co-production - Estimated completion Summer 2009*

**Productive Community Services**
*Being Developed - Estimated completion Summer 2009*

**The Productive Improvement Agent**
*Concept being developed*

For more information on **The Productive Series** email: productives@institute.nhs.uk
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