Welcome to the South Central Productive Care Newsletter.

Congratulations to the South Central teams who have contributed to the first South Central Productive Care newsletter where we aim to showcase examples of productive improvements which are making a difference for patients in our region. I have seen for myself the impact of Productive Care for both patients and staff: improving quality and safety, increasing time to care and providing the capacity in our teams to continually improve clinical practice. Productive improvements have also reduced patients’ time in hospital, ensuring that patients are in the right place for their ongoing care.

If your team is not implementing the Productives, find out who in your organisation or region, talk to them about it and ask how you can get involved.

If on the other hand, your organisation is already implementing Productive programmes and you would like to share your great results with colleagues both inside and outside your organisation… or you need support implementing Productive programmes as it spreads to all our wards, theatres, community teams and GP Practices.

Contact the Productive Care Team at South Central SHA at productivecare@southcentral.nhs.uk . We look forward to hearing from you.

Best wishes

Ursula Ward
Chief Executive of Portsmouth Hospitals Trust and Chair of the South Central Productivity Steering Group

Productive Care News

The Productive Series

The Productive Series was developed by the NHS Institute for Innovation and Improvement, and supports NHS teams to redesign and streamline the way they manage and work. This helps achieve significant and lasting improvements – predominately in the extra time that they give to patients, as well as improving the quality of care delivered whilst reducing costs.

The Productive Series has adopted efficiency techniques previously used in car manufacturing and safety techniques learned in the aviation industry.

By working with NHS teams we have adapted them for the NHS in a practical and innovative way.

The key to the success of The Productive Series is that improvements are driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work.

The process promotes a continuous improvement culture leading to real savings in materials, reducing waste and vastly improving staff morale.

The Project Team at SCSHA

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8 out of 10 SHAs achieved The Productive Ward target.

The average number of wards implementing the foundation modules of The Productive Ward across the NHS is now 67%. The highest achievement is 82%.

The average number of wards who have completed the implementation of the foundation modules of The Productive Ward across the NHS is now 43%. The highest achievement is 78%.

The average number of wards implementing the foundation modules of The Productive Mental Health Ward across the NHS is now 46%. The highest achievement is 84%.

The average number of wards who have completed the implementation of the foundation modules of The Productive Mental Health Ward across the NHS is now 23%. The highest achievement is 43%.

32% of theatres in the NHS in England have started the implementation of The Productive Operating theatre. Eight out of the ten SHAs achieved their target level. The highest implementation level was 52%.

All SHAs achieved the target set for organisations trained in Productive Community Services.
The information gathered from the participants has identified the top five items for a perfect list and the five top issues that prevent this from happening. These also gave the Trust their TPOT ‘vision statement’ (CLARITY):

**Communication between teams**

**Lists the right length**

**Available beds**

**Recovery capacity**

**Inspected equipment**

**Team all present**

**You**
The first step was finding volunteers, nursing staff willing to learn new ways of working on top of their day to day clinical roles. Staff nurses Abigail Jones and Laura MacConnell took on responsibility for implementation of a lean handover as part of the Productive Mental Health Ward Programme.

“As nurses we instinctively jump straight to a solution for a problem without taking a step back and seeing things from another perspective. It quickly became apparent that the challenge wouldn’t be on changing handover, but on improving it.” – Laura

Abi and Laura gathered a baseline measure, interviewed staff, patients and carers, used film and photographs and investigated accidents and errors related to handover.

“From the baseline activity follow we found that we spent 8% of a shift in handover and zoning meetings. We wanted to reduce this time to more like 5%.”

“Each member of staff was given 5 votes, it quickly became clear that some of the information we were handing over was actually irrelevant or unimportant.”

“We started working on a value stream map to capture all the information in a systematic fashion.”

The next challenge was ensuring the whole team understood the feedback Laura and Abi had gathered.

“We started with mapping the “current state”. I was surprised at how visualising the system like this enabled everyone to contribute and soon suggestions for improvements were flooding in.” - Abi

After interviewing the key stakeholders, Abi & Laura summarised their findings. In general the handover worked ok, but there were many things to improve.

“Time was wasted because things were not handed over properly. Handover was usually timely, but the accuracy of information was highly variable. We pinpointed how the wrong 3 letters in handover could lead to a loss of hours of nursing time.” – Laura

In order to get the whole team involved in the work, Abi and Laura facilitated a half hour teaching slot to the team presenting their work and discussions were held about what the ideal handover would look like.

“We used the activity room wall to display all our findings.”

Working through the Productive Ward module has been a huge challenge. Dealing not only with issues around shift patterns, a turbulent acute ward and a full time nursing position, simply finding the time to complete this work looked like an uphill battle.

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We calculated that if we could save five minutes from every handover we could, as a team, make £32,760 in efficiency savings, reinvesting 2730 hours over a year into direct patient contact.” - Abi

This figure doesn’t take into account time saved outside of handover.

“The realisation that we could save this much time by working smarter really raised morale. Currently our unit is under review but this work has helped us to maintain high quality of care under difficult circumstances.” - Abi
The Productive Operating Theatre Programme

Portsmouth Hospitals NHS Trust opened a newly built hospital in June 2009. The Pre-Operative Assessment, Day Surgery Unit, Theatre Admissions Suite and Operating Theatres combined in to one large, modern 27 operating theatre complex.

TPOT was launched in a cross-specialty, multi-disciplinary visioning day in January 2011 with a pilot group of 5 theatres. Initially some members of the team were a little sceptical of the benefits of the programme, and it became apparent fairly soon after the launch that staff engagement would be one of the most crucial factors but may be a challenge without the appropriate support both internally and externally.

The Well Organised Theatre (WOT) Module has proven an important motivator for staff to facilitate the ownership of the changes to their own environment. Allowing time out within the normal working week for this piece of work was difficult to provide without compromising patient services, but some keen members of the team were employed over and above their hours to spend a Saturday morning cleaning, sorting and labelling items and soon these staff members became converts and totally addicted to the 5S principles.

How We Are Sustaining The Changes

This is best achieved when embedded into the daily routine and this can only be successful when it happens from the frontline. To achieve this it is absolutely essential to have a management team at all levels who champion the programme and allow the team to experiment and develop their ideas and to allow them some freedom and support to do this.

The theatre pilot team undertook all the 5S work themselves, which led to them having a sense of ownership and achievement. Other methods of supporting the improvements have included poster presentations, discussions at Clinical Manager meetings, regular inspections and audit with the Head of Nursing and other members of the Clinical Service Centre (CSC) Management Team (Chief of Service and General Manager) and written letters of thanks and recognition of progress and praise. Additionally the CSC has welcomed and encouraged visits from Executive Directors to thank the teams face-to-face and in CEO messages of congratulations.

Examples Of Positive Comments Received From The Staff

HCSW

“I feel less anxious now because I can find things straight away.”

“As all the rooms are tidy it encourages me to put things straight back in their place” “The place-holder pictures help me to see what should not be in the room and to get rid of it”

Theatre Practitioner

“We want to continue to make improvements-we have lots more ideas.”

“Even the anaesthetists have noticed the changes!”

“It makes it a much nicer environment to work in”

“When I work in other areas that have not been 5S’d I really appreciate how easy it is to find things in my own Theatre”

Clinical Manager

“I feel proud of my team and my department”

Facilitator

Before the pilot team began the WOT module it was expected that the primary outcome would be a tidy and efficient working environment using 5S principles; however the most beneficial and exciting part of the module has been the additional benefits of the notable improvement in staff attitudes and team working, morale and pride in the environment.
Thus, enhancing the patient’s experience whilst on the ward and increasing their 1:1 time with a qualified member of staff. It also allows for a reduction in the number of interruptions to the medication round.

The staff also noted that time was wasted looking for medications and restocking the trolley whilst they were trying to dispense medication. A system was devised where the staff restock the trolley immediately after the medication round. They then complete a form stating that the trolley has been restocked ready for the next day but only for that time e.g. an early shift will sign stating the trolley is stocked for the next early shift and so on.

The ward staff also have a system where they check whether the prescription charts have been signed before the end of each shift. They use a simple form to do this. This is a quick system which ensures prescription cards are correctly signed etc thus reducing the opportunities for errors to occur.

**Using the new systems for dispensing medications and checking their work Rowan have reduced their errors to zero for the past 7 months.**

**News From Productive Community Services**

A Productive Community Services (PCS) Celebration Lunch was held on April 6th at Brendon Care in Chandlers Ford to thank the show-case teams, and enable them to present their achievements to Jude Diggins (Exec Lead for PCS)

Staff from community care teams from all over Hampshire attended and the Team Leads were presented with an award by Nicki Rogers- Project Lead. Senior staff from Gosport War Memorial hospital and Fordingbridge Community hospital also attended along with mental health and learning disability Productive Community Project and team leads- Chris Woodfine, Jayne Jazz and Belinda Macklin- Improvement Facilitator.

Inspirational Leadership from Christine Cartwright – community sister at Overton Surgery Basingstoke

The photo shows Christine Cartwright- Community Sister from the Ash team based at Overton surgery Basingstoke with Nicki Rogers- Project Lead showing their boot stock before and after the 5’S’ process Christine is one of the Integrated Community Services team leads from the newly merged Southern Health.

By undertaking the Well Organised Working Environment module in their office, store cupboards and boot supplies, the team have saved 17 hours of time to be re-invested into patient care.

This time has been reinvested in patient care and staff training. She has shown inspirational leadership in leading her team to implement the Productive Community Programme and they are now on the third module. Christine has been nominated by Gail Glew the Productive Lead Facilitator for a Trust ‘Star Award’ for Inspirational Leadership.

Prior to the medication module Rowan Ward was having anything from 6 to 11 medication errors each month. All the errors were being identified and monitored by the Trust’s incident procedure and by the safety crosses, as the ward team had decided early on they wanted to address this issue. All the errors consisted of prescription charts not being either signed or the use of an appropriate code to give further explanation e.g. refused.

The lead on this module, Staff Nurse Killian Hynes set about looking at how these errors could be minimised and also improve the process of the medication rounds for the patient and the nurse.

Timings were done when staff were dispensing medication and also a note of interruptions. It was noted that the nurses were doing the medication rounds outside the dining room and other communal areas, this was a historical action. Staff found that they were frequently interrupted during the drug rounds.

It was decided that as the ward promotes patient’s independence that they would try and do the main rounds from the clinic room. This has provided a confidential space for patients not only to receive their medication but also provides somewhere to discuss their medication, possible side effects etc.
The meals module is aimed at reducing time spent delivering meals, improving the patient experience and ensuring time is available to provide nutritional assessment and support.

Kemp Welch and Shawford wards have recently completed this module led by Nicky Bennett and Tracy Price from Shawford and Lisa Rippon and Bel McGregor from Kemp Welch working closely with the Catering Department in particular Andrew Bennett, Head Chef.

Simple initiatives introduced have included: ensuring menu cards are sent to the kitchen and returned to the ward on the meal trolley in bed order to help staff identify trays quickly, agreeing a set delivery time for the meal trolley with the kitchen staff, the use of a nutritional status board to identify patients on restricted diets, a meals co-ordinator to ensure patients are prepared for their meal and to co-ordinate the meals delivery process, and using a tray to clear patients’ belongings from the bed table in preparation for their meal.

Prior to the changes being introduced the meal round had taken on average approximately 50 minutes to complete, from arrival of the meal trolley on the ward to delivery of a meal to all patients. This has been reduced to between 10 and 30 minutes. Requests for extra meal orders have also decreased and staff feel that they are now working more effectively together as a team.

Extremely positive feedback has been received from both patients and staff as a result of this work: in a questionnaire completed by a sample of patients on Kemp Welch ward one patient commented on finally receiving a hot meal on time since their admission. Both wards have found that the delivery of meals now follows a much more organised and efficient process, improving patient satisfaction and experience.

The Releasing Time to Care (RTtC) project highlighted that staff expend valuable time and interrupt colleagues in the pursuit of the drug keys. A key safe was highlighted as an option to saving time and eliminating interruptions.

A pilot was initiated on 4 wards, one ward in each Division and the pilot has highlighted that nurses and pharmacists time can be dramatically saved when not looking for keys - reducing interruptions by 58% and saving staff 46 minutes per shift. The overarching theme from the pilot was that the key safe saved the staff valuable time in locating the keys and reducing interruptions which had a direct effect in increasing the Direct Care Time.

This in turn had a positive influence on:
- Patients receiving their medication in a timely manner.
- Improving patient experience.
- Reducing staff frustration.
- Reinvesting time to support other essential ward activities
  - Keys not being lost / accidentally taken home by the nurse.

Key safes have now been installed in 62 clinical areas.

F1 orthopaedic ward has recently introduced a protected mealtimes scheme for patients. A member of staff wears a green tabard and is protected for one hour purely to assist patients at mealtimes. This allocated person works closely with the ward hostess’ to fill in the diet grid and highlight patients that have special diets/red tray requirements.

Also due to the high turnover of patients on the ward they communicate any bed moves, transfers and expected patients to the ward hostess to ensure everyone receives the correct meal. They prepare patients for mealtimes such as sitting patients up, positioning tables and offering hand wipes.

They then check that everyone has received their meals and assist anyone that needs help with feeding. Lastly they ensure that fluid/food charts are filled out appropriately. Implementing the green tabard system has improved communication and the relationship with domestic staff. It has improved compliance with documentation and most important of all improved patient experience when it comes to meal times.

We have also received many positive comments from patient’s relatives, this demonstrates that we have helped to improve their perception of what we are doing to meet the nutritional needs of patients.
On 26th November 2010 our Chief Nurse Nigel Davies hosted the Royal Berkshire NHS Foundation Trust’s first Productive Ward Sharing Success event. This allowed the Productive Ward teams to update staff across the Trust on their activities, top-tips and future plans. Our Trust launched the ‘Releasing time to care’ initiative in February 2009 across four showcase wards, and 16 further areas have since joined the programme. So far the Productive Wards has saved us over £13,000 just in returned stock and materials. More importantly, however, the event revealed that patient experience has been greatly improved, and the patient focussed approach was evident throughout the presentations.

Teams showed creativity and initiative in the ways they have been making their wards more productive. Kamila Macleod, Senior Staff Nurse in Chesterman Admissions Unit, explained how she is using the ‘patient status at a glance’ module to improve patient experience and safety. Staff Nurses Debra Ngondonga and Samuel Gleed (Trueta & Heygroves Wards) presented their progress on the meals and medicines modules. Debra said: “At the moment we do things to suit us and not our patients and this needs to change. Many of the tasks we need to do during a shift are based around how it works best for us - handover times, mealtimes, drug rounds, observations, patient hygiene. We need to think more about what our patients want and consider changing things to suit them.” Ward Sisters Karen Linger and Claire Thatcher (Hopkins Ward) shared their project start-up which included their ward vision (see box).

The Productive Ward project is also being used for education, training and leadership development. Glenis Hawkins, Service Improvement Manager, explains: “Staff who want to personally develop can use the sound methodology of the Productive Ward modules to successfully engage their teams and make changes with expert support.” Holly Wakefield, Staff Nurse on Hurley Ward, agrees: “I have been using the patient observations module for my further education. I have been looking into ways to improve how observations are performed and documented on the ward. I have also learnt how to implement a change on a ward, involving everyone in this process, so that all members of the team feel that their voice has been heard.”

‘Efficiency without quality is unthinkable, quality without efficiency is unsustainable’ - a quote from Dame Christine Beasley, Chief Nursing Officer for England - came up several times during the presentations as did our Trust’s aims to offer the best patient experience, best health care, best value healthcare, and best place to work, train and learn. Our Chief Executive Ed Donald, who was present at the event, congratulated the presenters for their remarkable achievements and encouraged them to continue their great work.

**Hopkins Ward Vision**

We aim to provide our patients with the greatest standard of care possible:

- **H**olistic care to patients in a well...
- **O**rganised setting, where our staff act in a wholly...
- **P**rofessional manner which includes...
- **K**indness and respect. We aim to integrate our knowledge and skills to treat patients...
- **I**ndividually and to cater for the personalised...
- **N**eeds of each patient while providing clinical and emotional...
- **S**upport to patients and their families.
The specific programme training will include some teaching on specific modules. Organisations are invited to give a short presentation on their progress within specific programmes in order to share best practice. For the afternoon on each day we will develop some Action Learning Sets. Delegates will be invited to bring along a specific issue to discuss and create an action plan to take away with them. These Action Learning Sets should then continue to run independently in order to ensure that networking and sharing continues beyond the life of the SHA.

The Introduction to Productive Care day is a generic training session for those who are new to Productive Care and will include teaching on the foundation modules.

Leading Productive Care Locally is for leads and facilitators and will be designed to meet the needs of those attending – it will also include an Action Learning Set.

The celebratory conference is open to staff at all levels across South Central SHA. There will be speakers from organisations at all stages in their implementation and also the SHA and the NHS Institute will share the latest news and opportunities. This highly motivational event was run very successfully last year.

In order to book a place, please contact the events team - productivecare@southcentral.nhs.uk

Places will be strictly limited to 50 per training session and 200 for the conference – so book early to avoid disappointment.

If you would like the opportunity to showcase your work in the form of a presentation at the conference please contact Julie Slevin. Julie.slevin@southcentral.nhs.uk