The Productive Ward: encouraging teambuilding and innovation

A dementia care unit that adopted the Productive Ward programme improved its organisation and empowered its staff to make changes, report Claire Armitage and Pauline Higham

Summary

The aim of the NHS Institute for Innovation and Improvement’s Productive Ward series is to remove wasteful activities from ward processes and reinvest the time saved in making care more interactive, stimulating, reliable and safe. This article describes how the introduction of Productive Ward on one unit in a mental health trust has delivered improvements in general ward organisation and a range of ward processes, and has motivated and empowered team members to make changes and innovate. The article also describes leadership and teamworking lessons that the ward matron and project facilitator have learnt.

Keywords

Productive ward, releasing time to care, leadership, teamworking

THE NHS Institute for Innovation and Improvement launched the Productive Ward: Releasing Time to Care (2007), followed by the Productive Mental Health Ward (2008). The Productive Ward is an improvement programme delivered as a package of modules to guide teams in reviewing how activities are carried out on their wards. The aim is to identify and minimise wasteful activities and interruptions to free up time for activities that benefit patients directly.

The process is based on ‘lean’ principles that were initially developed in manufacturing and are increasingly adopted as methods of service improvement in healthcare organisations. Rather than adding extra resources to solve problems, lean principles suggest that existing resources can be used more effectively by identifying activities that add value and by eliminating wasteful processes that add cost without value (Eason 2008).

To date, uptake of the Productive Ward has been high, and the National Nursing Research Unit (2010) notes that 92 per cent of NHS mental health services have downloaded or purchased copies of the package. The programme involves some groundwork to gather data about the ward and users’ and staff experience, and making some initial improvements to the ward’s organisation by working through three foundation modules:

- Knowing how we are doing.
- Well-organised ward.
- Patient status at a glance.

The ward team then progresses through the remaining modules, called process modules, in whatever order fits in with the identified key areas for improvement (Figure 1).

In practice

Clarendon ward is a 20-bed dementia care unit in Leicestershire Partnership NHS Trust in the East Midlands region. One of the authors, ward matron Pauline Higham (PH) (2009) completed an independent systematic literature review of healthcare support workers’ (HCSWs) perceptions of quality care on inpatient wards that provide assessment for people with dementia.

PH discovered that HCSWs were more than able to describe the constituents of quality care and could describe the reasons why quality care is not always possible and what can be done about it, and this positively affected her approach to leadership. The literature search identified the following points as pivotal to the ward team’s ability to provide quality care:

- Team leaders need to be genuinely interested, listening, connected and involved with the team and care giving.
- HCSWs value support through meaningful opportunities for practice reflection, clinical supervision and discussions about their own personal and professional development. Training is also important.
■ Staffing and stock resources need to be adequate. Working with staffing shortages causes staff to ‘collapse’ care into depersonalised tasks to get through the workload.

■ Reciprocal relationships between team members are ‘good’ relationships and provide a therapeutic cultural context for the patients and the staff group. Shared affective states – for example, trust, respect and affection – are the context for care delivery. Reciprocation in relationships leads to increased energy.

■ The input of all stakeholders in the environment needs to be valued and heard.

The understanding PH gained from the project changed her approach to professional practice and leadership. She realised that the team had the answers to any problem or question about how to provide quality care. She began to listen to, and take seriously, the concerns of the team. In May 2009, against this backdrop of learning and readiness for change, the ward team had the opportunity to participate in the Productive Ward programme.

Module one: knowing how we are doing

The first module helped the team to focus on learning about the principles of Productive Ward and develop ward-based measures to make informed decisions. The success of Productive Ward depends on involvement of the whole team, so the first stage included development of a vision for the ward and identification of simple measures to provide evidence of the project’s effect as it progressed.

An ‘activity follow’ was carried out to allow the team to gain baseline information about how the ward worked. This involved observing a nurse working on the ward for a 12-hour period to understand how nurses’ time was split and to identify barriers to spending time with patients. To raise awareness of the project and to keep people involved and informed at every stage, weekly half-hour project meetings were held. These have become a regular feature of the ward routine.

In the first few months of the project there was a reduction in staff stress and short-term sickness, and improved morale. We believe this was a result of staff feeling that their experience mattered and they were being listened to. Being asked about what frustrated them about their working environment and getting involved in implementing the ideas they had for improving was empowering.

Another successful, and early, outcome was a project initiated and implemented by an HCSCW that reduced the number of absconding-related incidents from several each day to an average of two per month.

Module two: well-organised ward

At the start of the second module staff engaged and the project took off. The aim of this module is to simplify and standardise the workplace and reduce waste by ensuring that everything the team needs is in the right place and ready to use.

A group of nursing, occupational therapy and housekeeping staff volunteered to form the ‘WOW (well-organised ward) task team’ and was given a small budget and empowered to make changes to the environment. The team organised the workplace so that nurses could work more efficiently and looked at environmental changes that improved the patient, carer and staff experience. A natural leader emerged in the WOW team, and other team members joined in as the potential benefits of the task were better understood and interest grew. Despite workforce shortages, staff were supported through supernumerary WOW days when possible, so that they could implement their ideas. Invariably, these days were spent productively.

As part of their WOW work, staff redesigned the nursing office, with the result that observation was improved. Staff were now more likely to spot potential problems and intervene to prevent incidents such as falls or aggression, reducing the risk of harm to staff from service users. The office redesign also made the space more appropriate for meeting and greeting visitors.

The clinic room was reorganised to improve access to frequently used items and ensure speedy emergency access. Better orientation and sign-posting on the ward, thoughtfully organised...
feature

Filings systems and improved storage for stock items ensured that the effects of Wow were felt by patients, visitors and staff.

Although the ward team is now working on other modules, Wow days are still held to support the range of improvements identified in the Wow action plan. Data from ‘activity follows’ show the practical effect of Wow – for example, work as motion (walking around the ward, looking for and collecting things) has decreased from 14.4 to 10 per cent, and interruptions in care to look for equipment and information have decreased from 13 to 3 per cent.

Module three: patient status at a glance

The final foundation module guided the team through a process to improve visual management tools, such as the patient status whiteboard in the nursing office. The aim of this module is to reduce time spent looking for patient information – for example, searching repeatedly in clinical records – and to reduce disruptions from visiting multidisciplinary team (MDT) staff and other team members who need patient information.

The team identified the type of information that was regularly looked for and asked MDT members what information they regularly needed on the ward. After a review of this information, the patient status whiteboard in the ward office was extended to a more comprehensive resource, supporting the patient journey from admission to discharge. The team also introduced a printed handover sheet to reflect the information on the patient status board. The handover sheet is updated daily and given to each team member at handover. It aims to improve communication, reduce risk of information about each patient being missed, and saving time by removing the need to walk to the office every time patient status information is required.

Whiteboards that display other important information for colleagues and visitors were also developed. These include a ‘visitors’ welcome board’, which says who is on duty and where they are on the ward, and a ‘dietary needs at a glance’ board in the dining room. Data from the activity follows have shown the practical effect of this work, as patient status interruptions have decreased from 12 to 5 per cent during the first year of the project.

Process modules

Less than six months into the project the team had completed the three foundation modules and was ready to move to the process modules. The ward felt like a different place – staff were enthusiastic and it began to feel as if the team was steering the project, rather than us leading the way. There was also a lot of supportive feedback from carers, who were noticing that the ward was improving.

The programme took on new momentum, with fresh projects emerging all the time. For example, one of the HCSWs, who had been thinking about patient wellbeing and how to value one another, asked staff to share their hobbies and interests so that they could step outside the professional facade to see each other as people with interests and lives outside the workplace. Another HCSW produced postcards for each team member with a picture of the staff member’s choice and words to describe their hobbies and interests. The postcards were displayed on the wall for all to see.

This project led to an idea for a ‘thank you tree’ on which to display thank-you cards. A tree was painted on a corridor wall and many staff members contributed, increasing staff morale and making their involvement in the project more tangible. It felt as though the project had become defined by the creativity of the staff, and this made it easier for everyone to contribute and get involved in whichever area was of interest to them.

The process modules are ongoing and the variety of projects means staff have a range of opportunities to get involved. The workload is being shared by all team members and all grades of staff are feeling more confident about taking on leadership roles. The team is engaged in developing new and improved ways of working, and measurement data enable it to evaluate the success of the work. For example, handover time has decreased from 12.9 per cent of the nurses’ day to 6 per cent, giving them protected documentation time.

Other results include the team’s increased ability to provide protected mealtimes, and improvements to the clinic and medicines trolleys mean time spent administering medication has reduced from 34.3 to 23 per cent of a nurse’s day.

Reflecting on change

In common with other trusts that have been through this process, the team has found that making changes is not always easy, not least because of the dual challenge of convincing staff that change is needed and getting them involved in making or allowing changes to take place (Blakemore 2009).

As the project progressed the team faced a number of challenges: the shift system can make communication and teamworking difficult. The challenge, therefore, is to find ways of enabling a disparate team to work as one and ensure that information reaches all members.

Sabotaging can happen, such as a tidied cupboard becoming untidy or information being wiped off a
whiteboard. As a leader, it is important to show you are going to keep going, but to also express your disappointment and to show your humanity.

It is natural that interest in the project will ebb and flow. The core team decided it was important to accept this and ride with the highs and lows of ward life. Staff sickness and shortages can be a problem, but the solution is to regard the programme as open ended and accept that projects will continue when staffing levels allow. Leading this project on Clarendon ward has resulted in many learning points that might be helpful to colleagues involved in a change process (Box 1).

**Conclusion**
The National Nursing Research Unit’s Learning and Impact Review (2010) found that the greatest effect of the Productive Ward programme was on teamworking and staff experience. The review acknowledged this was a broader outcome than those defined in the programme’s aims, and suggested its potential to ‘grow leadership skills’ at ward level could be an unexpected benefit. This matches the authors’ experience of implementing Productive Ward and a small study to evaluate its effect on areas such as leadership, teambuilding and innovation is being conducted.

The authors’ beliefs that the team would embrace innovation and improvement, and know what was needed in each of the modules, strengthened as the project progressed. One of the implications of our learning points is that careful leadership and project management as a collaboration between the ward leader, the facilitator and the ward team is required. Input by staff members into decision making is fundamental to quality improvement (Scott-Cawiezell et al 2004) and our experience has reinforced the need for:

- Involved, connected leadership.
- Reciprocal communication.
- Adequate staffing levels.
- Knowledge that relationships provide the context for care.
- Valuing all contributions, from informal carers to hotel services staff, and being mindful that the exclusion or alienation of any of them will affect the care context.

This project has affected the authors’ practice in major ways and sparked a series of changes in the professional understanding and approaches that continue to evolve with the project. Due to recent changes in the nursing structure PH now works in the care environment as ward matron, rather than from an office at a distance. She focuses on listening to staff and empowering them to act on ideas generated from the ward whenever feasible. She views leadership as a balance between listening, valuing, steering a course, resourcing, empowering, believing in and being with.

### Box 1 Learning for leading change

- As a leader, believe in the value of the project and make it a priority to be actively involved in co-ordinating, leading and supporting change, and empowering others to take leadership roles.
- Do not do the work – the team needs to work through the project while the leader steers the course.
- Get everyone involved: patients, visitors, housekeepers and managers will have different perspectives.
- Develop a robust approach to involving service users and carers; think about how they can be involved at every stage of the project.
- Expect to encounter disinterest and cynicism. Begin by working with whoever shows interest in getting involved or supporting the project, then try to get other staff on board by focusing on issues important to them.
- Be open about the challenges the ward faces: it can feel risky to expose ward difficulties to patients, carers and colleagues, but it shows that you are measuring and tackling problems. You might be surprised by the support you receive.
- Delegate specific roles to interested staff to encourage ownership and develop leadership potential.
- Don’t be too hard on yourself. There will be times when staffing difficulties, lack of motivation and limited effects will make you question the value of the work. Give yourself and the team a break occasionally.
- Make time for frequent discussion on the ward to keep momentum going and everyone informed. Regular time with patients and carers is also vital, and allows them to drive changes.
- Celebrate and share successes inside and outside the team through meetings, noticeboards, intranet, posters, awards and newsletters.
- Sustained assistance of facilitators helps ward leaders to keep on track. There are many demands on time and resources at ward level, and without the encouraging input of facilitators the project is at risk of being overtaken by other concerns. Facilitators need to be external to the ward so they can bring a reminder of the direction and a freshness of purpose when the going gets tough.

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### References