

<b>BOARD SUMMARY SHEET</b>	
<b>Title</b>	'Releasing Time to Care – The Productive Ward' update
<b>Submitted by</b>	Sue Stanley, Director of Service Improvement
<b>Date of meeting</b>	30 <sup>th</sup> June 2010
<b>Corporate Objectives Addressed</b>	
<b>SUMMARY OF CRITICAL POINTS</b>	
<ul style="list-style-type: none"> <li>• 'Releasing Time to Care – The Productive Ward' focuses on improving ward processes to release more time for nurses to spend giving direct patient care. More direct care time should improve the quality, safety and experience of patient care.</li> <li>• The Productive Ward is being implemented on all wards in the hospital at the same time in order to identify, implement and standardise best practice.</li> <li>• We aim to complete implementation on all wards by January 2011</li> </ul>	
<b>PATIENT IMPACT</b>	
The Productive Ward programme aims to:	
<ul style="list-style-type: none"> <li>• Improve safety</li> <li>• Increase patient satisfaction and reduce complaints</li> <li>• Improve patient experience</li> </ul>	
<b>STAFF IMPACT</b>	
The Productive Ward programme aims to:	
<ul style="list-style-type: none"> <li>• Improve staff satisfaction</li> <li>• Reduce sickness absence</li> </ul>	
<b>FINANCIAL IMPACT</b>	
The Productive Ward programme aims to:	
<ul style="list-style-type: none"> <li>• Reduce costs associated with poor quality</li> <li>• Reduce length of stay</li> <li>• Reduce bank and agency nurse usage</li> </ul>	
<b>EQUALITY AND DIVERSITY IMPACT</b>	
N/A	
<b>LEGAL IMPLICATIONS</b>	
N/A	
<b>RISK ASSESSMENT</b>	
N/A	
<b>RECOMMENDATION</b>	
The Board is asked to note the update.	

# ‘Releasing Time to Care – The Productive Ward’ Update for Trust Board

June 2010

## 1.0 Introduction

‘Releasing Time to Care – The Productive Ward’ (Productive Ward) is a national programme designed to focus ward teams on redesigning processes and systems at ward level to release time to spend on direct patient care.

The programme started on 3 pilot wards and is now being implemented on all wards in the hospital including; maternity, children, ITU / HDU and day surgery. The programme consists of foundation modules and 8 ‘process’ modules. During the whole hospital roll out we are working on the same module on every ward at the same time in order to identify, implement and standardise best practice as we go along. Appropriate standardisation not only improves the quality and experience of patient care but also makes it easier for new staff and those who work across a number of ward areas.

## 2.0 Progress and timescales

Wards work through each module over a 10 week period as follows:

Week 1.	Module launch.
Week 2.	Collect baseline data & map current process
Week 3.	Collect baseline data & map current process
Week 4.	Agree ideas for implementing improvement
Week 5.	Implementation
Week 6.	Implementation
Week 7.	
Week 8.	
Week 9.	
Week 10.	Re-measure to identify impact

Prior to the start of the hospital wide roll out groups of wards started the programme at different times so some wards are further through the programme than others. We plan for all wards to have completed the modules by January 2011. The table in appendix 1 shows progress by ward with each module.

Wards have progressed at different rates for a number of different reasons including; staff shortages / sickness, how busy things are on the wards and how enthusiastic members of the ward team are to take part in and implement the programme.

## 3.0 Continuous improvement

We recently evaluated Productive Ward with ward teams to see how things were going and what we could do to improve the programme and provide more support for them in implementing improvements on their wards. As a result of the feedback we have made a number of changes including; allowing more time for each module (increasing time per module from 8 to 10 weeks in total), changing the timings for our regular workshops and arranging regular catch ups between the named Service Improvement Team members per ward and the ward lead.

#### **4.0 Going further than Productive Ward**

We have been adapting the programme as we go along to try and make it as relevant and useful to the situation at NGH as possible. In a number of modules we have gone further than the material developed by the NHS Institute. For example; the observations module only focuses on taking and recording observations rather than then looking at what actions are taken as a result of abnormal observations. For this we have worked closely with Mary Burt to incorporate recording and acting on the Early Warning Score.

We have had to adapt the modules for the more specialist ward environments such as day case units, paediatrics, maternity etc. as the programme was designed for more general inpatient ward areas.

#### **5.0 Impact**

For each module we have developed a series of 'module metrics' which are measured as a baseline and again after changes are made to identify the impact. Impacts so far include:

- 41% reduction in interruptions to nurses doing the medicine round
- 22% reduction in medicines missing from the medicine trolley
- 16% reduction in medicines not in ward stock
- 94% improvement in the quality of information handed over between shifts

#### **6.0 Next steps**

Continue implementation of all relevant modules on all wards including:

- Collection of appropriate baseline and programme measures
- Monitoring the impact of the programme
- Feedback outcomes, progress and issues to DHN and Directorate Managers

**Sue Stanley**  
**Director of Service Improvement**

**June 2010**

## Appendix 1 'Releasing Time to Care – The Productive Ward' - Progress with Modules (June 2010)

Wards	Well Organised Ward	Patient Status at a Glance	Admission & discharge	Meals	Observations	Medicines	Handover	Nursing procedures	Ward rounds	Patient hygiene
Hawthorn Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Rowan Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Alibone Ward (Eleanor)			Awaiting policy					Jul-10	Aug-10	Sep-10
Bentham Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Dryden Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
EAU			Awaiting policy					Jul-10	Aug-10	Sep-10
Finedon Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Compton Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Victoria Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Althorp Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Brampton Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Holcot Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Cedar Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Becket Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Creation Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
ITU/HDU			Awaiting policy					Jul-10	Aug-10	Sep-10
Knightley Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Spencer Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Robert Watson Ward			Awaiting policy					Jul-10	Aug-10	Sep-10
Willow Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Collingtree Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Abington Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Talbot Butler Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Gossett Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Paddington Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Disney Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Sturridge (Sturridge)			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Balmoral Ward			Awaiting policy	Oct-10				Jul-10	Aug-10	Sep-10
Day Surgery Unit			Awaiting policy	N/A				Jul-10	Aug-10	Sep-10
MDSU	N/A		Awaiting policy	N/A				Jul-10	Aug-10	Sep-10
Gynae Day Surgery	N/A		Awaiting policy	N/A				Jul-10	Aug-10	Sep-10
Singlehurst		N/A	Awaiting policy	N/A		N/A		Jul-10	Aug-10	Sep-10