

# North Staffordshire Combined Healthcare NHS Trust

## Productive Mental Health Ward

### The story so far

In September 2007, the director of nursing at North Staffordshire Combined Healthcare NHS Trust heard about The Productive Ward. The Strategic Health Authority was looking for local partners to implement the original Productive Ward and Rob Grant, who was a matron at the time at Harplands Hospital, was asked to apply. The organisation was extremely busy and Rob's initial reaction was that 'we are too busy already, but go on then'.



*Rob Grant  
Productive Ward Lead  
North Staffordshire  
Combined Healthcare*

The SHA was looking for organisations to be their first wave of local partners and North Staffordshire Combined Healthcare NHS Trust were the only mental health organisation to apply.

The trust is a provider of mental health, specialist learning disability and related services for people of all ages across a catchment population of approximately 463,000 people, living in the northern part of the county of Staffordshire. This includes the City of Stoke-on-Trent, the Borough of Newcastle-under-Lyme (including its urban villages) and the Staffordshire Moorlands district. The Trust has an income of c. £88 million and operates from more than 30 different facilities across North Staffordshire. Harplands Hospital was opened in 2001 and has three 20-bed acute wards, which link to community mental health resource centres across North Staffordshire.

In December 2007, Rob attended The Productive Ward Live event, having read up as much as he could about The Productive Ward, ahead of the launch. This came at the end of January 2008 and the modules became available. The 'releasing time to care' strapline really caught Rob's interest – that and the bottom-up approach advocated by The Productive Ward. He liked the idea of treating staff as the experts and working with them to solve problems.

Early in February 2008, when Rob was appointed the Productive Ward Lead, he planned to spend a month preparing the organisation, telling people about the programme and asking for expressions of interest for the showcase ward, as outlined in the Project Leader's Guide, which he used throughout the start-up of the project.

He visited all 8 wards on the trust's Harplands Hospital site to talk about The Productive Ward and 5 of them expressed interest in being the showcase. Rob used

the checklist suggested in The Productive Ward Leaders' Guide and chose Ward 3, an acute mental health ward for women.



*Harlands Hospital  
North Staffordshire  
Combined Healthcare*

Rob started to work with Zoe Barker, the Ward Manager for Ward 3 in mid-February to prepare for implementing The Productive Ward. There was a great deal of debate in the early days about the process they should go through; they were both learning at the same time and had many discussions about how to start and what to do first. They suggested that the showcase ward and project lead needed to work very closely together in this work. It is very different to a standard project; not least in the way it helps you to involve and engage staff. Although it took a while, they now understand their roles very clearly; the project lead (Rob) leads on the methodology, facilitation, overview of the modules and roll-out across the organisation and the ward lead (Zoe), leads on how each module is applied relevant to the clinical setting.

As you may have read in Zoe's letter in The Productive Mental Health Ward Leader's Guide [see page 4 of the Guide], the timing of the announcement that the ward was going to be a showcase ward was unfortunate, which meant that it took time to engage the ward team with the work. Their advice to you is to think carefully about when you talk to staff about doing The Productive Ward and to engage them fully in the process.



*Zoe Barker  
Ward Manager  
North Staffordshire  
Combined Healthcare*

Rob and Zoe decided to allow themselves a week to do the creating a vision and baseline data collection. They didn't realise the challenge they had set themselves and learnt a lot. Producing the vision was relatively easy; staff knew what they wanted to deliver in terms of care for patients and they understood the potential of The Productive Ward. They held a session to come up with the words that staff wanted to see in the ward vision, posted the list up on the ward for a week and asked staff to add to it. Following this they drew up a statement and posted it up for another

week and consulted staff. You will see the resulting document in The Productive Mental Health Ward module materials [see page 37 of the Ward Leader's Guide].



They found that completing the activity follow was more challenging - doing 12 continuous hours proved very difficult on their ward. Other wards at Harplands are now starting the Productive Mental Health Ward and they have a month to do the visioning and baseline data gathering.

In addition to Rob and Zoe working closely together, staff and patients were involved right from the start. Zoe held a weekly meeting for patients to talk them through The Productive Ward and then met with the staff, often later the same day. She explained to everyone what The Productive Ward was all about and asked for views. This process brought its own challenges through inconsistency between patient and staff opinions. Themes quickly emerged from patients relating to the quality and availability of:

- Named nurse time
- Therapeutic interventions
- Diversional activity
- Ward nurse role
- Information on admission
- Care planning

Zoe's approach was to talk staff through the patients perceptions and encourage them to accept that the areas of work were valid, even when staff felt that they had offered the right care.

The first module they tackled was Knowing How We are Doing, which the project team hoped would set them on course of long term sustainable improvement. As this module involves a great deal of data requirements, it was challenging at first. Staff did not have access to performance data, so did not know where to start. Although ward managers were responsible for reporting information such as clinical incidents to the organisation, reports showing overall levels of incidents weren't circulated below general manager level and ward managers could not access the information relating to type and numbers of incident and details about the incidents easily. There are six data systems that service the trust's information needs. Rob had previously

had access to these as a matron, so was able to suggest and initiate some changes to improve access to data.

The team created a key performance data chart and displayed it for staff. Initially, it was meaningless for staff as they were not used to seeing or understanding this type of data. Now, the data is not only displayed for staff, but is discussed regularly in staff meetings. They display the number and type of incidents, the average length of stay, number of admissions, staff sickness, staffing availability and patient workload. At the moment, Zoe accesses the different systems to demonstrate the performance of the clinical area. The trust has agreed to explore if their systems can be simplified by further integration. Staff still tend to focus on the here and now, but that is gradually changing – the process of really knowing how we are doing takes time.



The next module was Well Organised Ward, which really engaged and energised people and captured their imagination. Instantly, staff wanted to redesign the ward and had lots of ideas. As they weren't structural changes, they got started very quickly; for example, moving cupboards to make life easier. The team considered a rapid improvement event, but decided against it. They had a lot of issues to discuss and decided that it would be better to follow the module. They tackled their issues in clusters, for example the store cupboards.

They reviewed everything stored on the ward, asking questions such as how much do we use, how often. Then they clustered inventory into interventions, such as dispensing, taking blood etc. They have started a visual management process – a list of what belongs in each cupboard, and photos of procedure trays. They are still working on creating laminated stock order cards with minimum and maximum stock levels for everything on the inventory.



It took the team 8 weeks to cluster the cupboards and add the visual management onto the doors. Part of the challenge was that it took a long time to get the stock inventory complete. They learned that doing a tally chart as you go along is much easier and are using this learning in their other wards.

The next module was Patient Status at a Glance, which Josey Povey the deputy ward manager and Rob are working on together. They started by thinking through information to support the care pathway and put together a list of potential information. They shared it with the rest of the ward team and asked for feedback on what information each staff member thought would be useful. They have now tested a prototype board which holds key information relating to assessment, care planning and liaison. The ward used to have three boards of information displayed, but when these were reviewed, they did not tell you what you needed to know about a patient.



*Rob and Josey Povey  
Deputy Ward Manager  
North Staffordshire  
Combined Healthcare*

The board is now in use on the ward and is audited regularly by Josey. Ward 7 have also produced their Patient Status at a Glance board. They chose a larger board than ward 3 and a slightly different layout as they have a different client group with different needs.

Ward 3's PSAG board



Ward 7's PSAG board



The other change to the implementation process is that modules are now run in parallel – Ward 7 at Harplands is the latest to start The Productive Mental Health Ward and they are doing all three foundation modules together. They have split their ward team into three, which is working well. However, Rob recommends that you take a flexible approach and decide the best process to fit with the people involved.

The team on Ward 3 have embraced the methods used in The Productive Ward – they 5S'd the nursing office without Rob's facilitation. He said "it just shows that the process works. Things we have changed seem obvious now, but they weren't before we started".

The journey at North Staffordshire Combined Healthcare is ongoing as this major change programme continues. Ward 3 are continuing to work through the modules. The implementation plan for the organisation's other wards is in place and some of them have already started. Rob has a few messages and learning points for you as you start your journey:

When an organisation is planning to start The Productive Mental Health Ward, they need to understand that it needs a lot of time investing in it – project support and executive leadership needs to be in place because this is hard work on top of the everyday work."

"When we as an organisation started this work, as the project leader I was charged with reading the Project Leaders Guide and the Ward Leaders Guide and then the modules. I didn't understand the principles behind what the modules were asking me to do because I didn't read the toolkit. The learning is that you should read the toolkit. The tools in there are really important – we didn't realise that when we started but as project leader I do now."

"We have done a lot of work and done it well, but the ward staff and I know we can't be precious about the changes – someone else will come along with fresh eyes in the future and make more improvements. As a team we welcome this as we will then have real continuous improvement."