Safe and Productive Care for Older People programme
Contents

1. What promoted the work? 3
2. Safe and Productive Care for Older People programme and the Change Model 7
3. Case studies 14
4. Trusts who have completed the programme 21
1. What prompted the work?

“The NHS Institute for Innovation and Improvement responded to the challenge of improving older peoples’ care within the NHS by creating the Safe and Productive Care for Older People programme. The programme brought together two of the Institute’s most respected work streams – The Productive Series and Safer Care - for the very first time. The two teams pooled their expertise and insights to create a unique and tailored improvement programme, specifically targeting older peoples’ care. The programme also linked with Energising for Excellence and Harm Free Care.”

Lynn Callard, Interim Director of Productivity and Quality, National Lead for The Productive Care QIPP work stream

Benefits of the Safe and Productive Care for Older People programme

The organisations said taking part in the pilot programme:

- raised the profile of care for older people at senior level
- provided an opportunity to take a step back and reassess practice
- was a useful opportunity to network, share and learn
- provided valuable facilitator training, particularly the focus on measurement for improvement.

NHS Care of Older People – Press and public concern …
NHS Care of Older People - Why is it important?

- The number of admissions for the 75 plus age group is rising faster than any other age group.
- In the last 25 years, over 85s in the UK have more than doubled to 1.4 million.
- According to the 2011 census, 430,000 people were aged 90 and over. The census shows 16.4% of the population is over the age of 65.
- At any one time, around 60% of the people in hospital will be over the age of 65.
- Around a quarter of elderly people on acute wards are estimated to have dementia. Half of the people with dementia by 2021 will be undiagnosed.

“We need an NHS which ensures that every patient is cared for with compassion and dignity in a clean environment.”

David Cameron, January 2012

And...against this background...what did we do?......

Eighteen trusts from across England were recruited to the pilot programme via the SHAs. The aim of the programme was to achieve demonstrable and sustained improvements in the care of older people through a rapid programme implementation. The pilot was also a learning opportunity for the NHS Institute, to help it to test and refine a programme specifically focused on the care of older people, in line with national priorities. Feedback from the pilot programme has formed the basis of this report.

Each trust decided on the area they wished to improve, based on their data, information and experience. Most worked on areas such as falls, pressure ulcer, and nutrition – which linked with the aims of the Harm Free Care programme. (www.harmfreecare.org). For some the programme was the start of their improvement journey. For others, it was just a part of an ongoing journey and an
opportunity to brush up on existing skills, For all, it was a opportunity to reflect, network and learn how to manage their individual challenges using proven improvement methodologies.

“The Safe and Productive Care for Older People programme helped me with all the things I wanted to do but didn’t know how to start.”
Marion Bulley, Lead Matron for Productive Wards, Surrey and Sussex Healthcare NHS Trust

“We wouldn’t have been able to put this project in place without the support of the Safe and Productive Care for Older People programme.”
Liam Edwards, Senior Nurse – Executive Nursing Preceptorship and Energise for Excellence Trust Lead, Kings College Hospital NHS Foundation Trust

“This was an excellent opportunity to be involved in a national work stream and [it] provided a great opportunity to share and assess current practice.”
Executive Survey Respondent

All trusts attended two national meetings and received targeted support which included three days expert improvement skills development for project facilitators. The Safe and Productive Care for Older People team also visited participating Trusts to see how they were doing in implementing their plans. The NHS Institute team offered coaching, advice and signposting to useful resources, as well as answering specific questions and putting organisations in touch with others undertaking similar work. At all times during the pilot, the NHS Institute team was available to offer guidance and encouragement.

Improvement skills covered included:

- measurement
- driver diagrams
- safety improvement concepts of reliability and human factors
- Model for Improvement and PDSAs (plan do study act cycles)
- NHS Sustainability Guide
- Productive Module Impact Framework
- Experience Based Design.

Facilitators also heard from Nicky Hayes, Older People’s Advisor RCN – ‘Policy and Practice: Promoting and influencing dignified care of older people in hospital settings’ and Professor Tony Elliott, Consultant Psychiatrist at Shrewsbury and Stafford – AIQS Dementia and Falls Project.
“…. an incredible learning experience”
Adrian Culligan, Dartford and Gravesham NHS Trust

“…. EBD very inspiring as was Tony Elliott. Overall day was very interesting and I think we will change as a result.”
Delegate evaluation from day 3 facilitator training

“One of the sessions that really stood out for me was Human Factors, because we know we need to do things, so why don’t we do them? Staff know what they are doing is not as effective as it could be, yet they still do it. This session fed into some of the issues around staff engagement that I had with my improvement project.”
Maggie Pratt, Practice Development Nurse for Medicine Whittington Health NHS Trust
2. Safe and Productive Care for Older People programme and the Change Model

The NHS Change Model is a framework for change to help NHS commissioners and providers improve how they go about improvement and deliver NHS goals for quality and value through a common language for change. There are eight components in the change model based upon evidence and experience of change that need to feature in our improvements.

The information below has been provided by the participating Trust and demonstrates how the programme fits with the Change Model. Details of the Change Model can be found at [www.changemodel.nhs.uk](http://www.changemodel.nhs.uk)

Shared Purpose

There is a real drive and passion within the NHS to improve the care of vulnerable older people, as evidenced by the response from organisations to the programme and the improvement work that is underway as a result.

At Guy’s and St. Thomas’ NHS Foundation Trust, there was a strong link between the senior team and the Safe and Productive Care for Older People project team. This meant that everyone was clear about how the team’s improvement project (to achieve a consistent discharge rate of over 40% of patients before 12 noon) linked to the Trust’s strategy and aligned with new work streams and initiatives.

Some trusts used driver diagrams to show how their improvement project connected with the aims of the wider trust. The idea was to engage staff so that they could see what poor care actually meant to them and their patients.
Leadership for Change

Many trusts on the programme provided evidence of senior level support, with regular review meetings with senior managers, positive links with the executive team and alignment to trust-wide groups.

“The programme has reported through a board committee and has therefore had a high profile. It has helped senior leaders focus on the nub of issues.”
Executive survey respondent

Maggie Pratt, Practice Development Nurse for Medicine, Whittington NHS Health Trust, is focusing on improving communications on the ward – particularly handovers – with the aim of reducing patient safety incidents. She has encountered difficulties in engaging some of the staff, and she regards consistent senior level support as a crucial factor in helping her to maintain focus and motivation: “I meet with the Assistant Director or Nursing every six weeks to discuss progress. It has been a challenge to keep going with this during turbulent times, but her support has helped.”

Genette Edmonds from Worcestershire Acute Hospitals NHS Trust, whose work to reduce falls encompasses three sites, Worcestershire Royal Hospital, The Alexandra Hospital and Kidderminster Hospital, met with Chief Nursing Officer, Helen Blanchard, fortnightly throughout the improvement project. “She is fully engaged with the project and pivotal to making this happen. The Matrons are signed up to it, as well.”

Marion Bulley, Lead Matron for Productive Wards, Surrey and Sussex Healthcare NHS Trust, who led a project to ensure wards provided patient-focused mealtimes, said: “Protected mealtimes have been a priority across the Trust with discussion and development of the project led by the matrons, chief divisional nurses and the ward teams. Protected mealtimes are now becoming the norm and it has been great to see what we have been preparing for actually happen in practice.”
Sharing and Spreading Innovation

Sharing and learning was a theme throughout the programme and one of the highlights of the two national events was “pinch with pride” – an opportunity for Trusts to see which tools and techniques had worked well for other organisations and to consider how they could be adapted for their own organisation. For example, Kings College Hospital NHS Foundation Trust showed how they used slipper socks to help prevent falls – an idea that was adopted by Dartford and Gravesham NHS Trust.

Blackpool Teaching Hospitals NHS Foundation Trust wanted to reduce the number of hospital-acquired pressure ulcers. It adopted a skin bundle, developed by Wightington, Wigan and Leigh NHS Foundation Trust, and a skin and safety walk round tool developed by University Hospitals of Morecambe Bay NHS Foundation Trust. A Ward Manager who uses the walk round tool commented: “I find it a very in depth tool, easy to use and it also gives you the ability to fully document any problems which may occur.” Blackpool also added its own new improved turning chart.

Ideas can be shared by different departments within an organisation, as well as adopted from external organisations. Surrey and Sussex Healthcare NHS Trust worked with its Infection Control team, as part of a project to provide patient-centred mealtimes. As a result, it has introduced hand wipes to all food trays. It also worked closely with the Food and Drink Group to ensure that the needs of older people are considered and met.

“One of the best parts of the Safe and Productive Care for Older People programme has been the networking. It has been great to network with other organisations and hear their ideas and what they’ve done. I am still in touch with Marion from Surrey and Sussex, Maggie from Whittington and Sandie from the Isle of Wight.”
Amanda Adams, Productive Clinical Facilitator for Senior Health, St Georges Healthcare Trust

Maggie Pratt, Practice Development Nurse for Medicine, Whittington Health NHS Trust, commented: “The networking on the Safe and Productive Care for Older People programme was a huge benefit. I am in regular contact with St. George’s in Tooting. We are doing similar projects so we have been sharing some of what we’ve learned. I’ve also shared information with the team in Blackpool. It is reassuring to know we are all in a similar boat, facing similar issues.”
Improvement Methodology

Surrey and Sussex Healthcare NHS Trust used PDSA cycles and The Productive Ward Meals module to introduce placemats, posters, wipes on trays and patient information leaflets, all of which have improved the patients’ experience.

Georges Healthcare Trust has used the SBAR (Situation Background Assessment Recommendation) tool to improve its handover processes. Amanda Adams, Productive Clinical Facilitator for Senior Health, who led the project, liaised with colleagues in ITU who were already using the tool and recognised its benefits. The SBAR form has been tailored for each of the three wards that are using it, but all of the forms are laid out in the same way. Amanda comments: “The SBAR tool has enabled us to reduce the amount of time staff spend on handovers and to ensure that the information recorded is consistent and freely available to the multi-disciplinary team. On one ward, handovers now take 10 minutes instead of half an hour. This has enabled staff to get patients ready for breakfast earlier, which means that the medication round can begin earlier.”

Maggie Pratt at Whittington NHS Health Trust, who is aiming to improve the way handovers are conducted in order to improve patient safety, has already made use of the 15 Step Challenge on one ward and believes that it will be an important service improvement tool for the entire trust. “I’ve shared the 15 Step Challenge at every opportunity. I did a presentation to the Nurses’ Executive Committee in July and there was lots of interest in it. The Trust wants to incorporate the 15 Step Challenge into safety walkabouts. They would like it to become routine with non-executive directors at ward level.” She is also using methodology adopted from The Productive Ward. Maggie adds: “I found a lot of the project management skills that I learned on the programme really useful, as well as the sessions on data management. I have learned something from every part of the programme. I’ve never done anything like this before.”

Genette Edmonds, Lead Nurse, Dementia and Older People, Worcestershire Acute Hospitals NHS Trust is using PDSA (Plan Do Study Act) cycles to improve falls risk assessments across two sites. She explains: “We went to different areas and asked staff to explain the falls risk assessment process to us. This helped us to identify where the gaps were. We have since done training with staff on the pilot wards to help them to understand the right way to complete a falls risk assessment. It was important to do this root cause analysis so that we could see what was being missed. We could then set about taking actions to change practice. On the pilot wards, we have also implemented parts of the Falls Safe Care Bundle, decluttered clinical areas and improved the signage.”

The facilitator sessions on measurement, the use of small tests of change and Experience Based Design were especially valued by Trusts on the programme. Several have also used the 15 Step Challenge. For example, the Isle of Wight used...
it to gain a fresh eyes perspective on mealtimes on Newchurch Ward. It has introduced a number of small but significant improvements as a result.

**Rigorous Delivery**

The improvement project undertaken by Kings College Hospital NHS Foundation Trust as part of the Safe and Productive Care for Older People was to reduce falls and pressure sores on two wards caring for older people – an elderly care ward and an orthopaedic ward. The Trust is taking a rigorous approach to delivery, covering all angles in its efforts to bring about effective and sustained change.

Kings embarked on a four-week training programme for staff on the two wards, with all nurses taking part in the training for half an hour each day. Back-up support was provided by Kumal Rajpaul, Lead TVN and Loretta Anthony, Falls Nurse Practitioner and project lead, Liam Edwards who offered to come onto the ward whenever he was required to free up staff to attend the training. In addition, four nurses from each ward and ward sisters participated in externally-facilitated action learning. The aim was to encourage staff who may not normally be proactive in suggesting improvements to brainstorm their ideas. It is also about building a sense of ownership of the problem and planning for improvement.

At the same time, Liam worked with staff to develop new risk assessment documentation. “We have pared the form back to just the essentials, with supplementary forms for people who staff believe are at particular risk of falls or pressure sores. The reason for this is that we want the form to act as a trigger and make staff think who might really be at risk. If you are doing the same risk assessments all the time, there is a danger that staff become reliant on a tool rather than clinical judgement and therefore might not assess appropriately.”

Liam is also looking at data relating to falls and adverse indicators. He has worked with staff to revise the intentional rounding tool, reducing the requirement for all older patients to have hourly observations in favour of targeting people most at need of hourly observations. “As with the risk assessment process, we have changed the process to target people who really need hourly observations, as opposed to just doing it for everyone. This is all about encouraging staff to take ownership of the problem and to move away from it being a problem towards it becoming an opportunity for improvement.”

This project is still in the testing phase, although there are early indications that it is succeeding. Liam said: “I want six months of data showing improvement before I can say it is working, however, we do know that risk assessments are now taking half the time that they were taking before. I am currently undertaking a Trust-wide audit of risk assessment documentation so we can roll the improvements out more widely and share what we have learned across the organisation.”
Transparent Measurement

There has been a reduction in the number of falls reported at a number of the Trusts that participated in the pilot programme. Early data supports this but a longer period of time will be required to demonstrate sustained improvements.

Most Trusts have established regular reporting and monitoring since taking part in the programme, which is now part of their governance and performance reporting arrangements. Marion Bulley, Lead Matron for Productive Wards, Surrey and Sussex Healthcare NHS Trust points out: “You need to get the measures right. The audit we did at the start of our improvement project was too ambitious, there was too much information. We have adapted it into a more usable tool. You need to keep things simple when you are working with older people’s wards, which are very busy. You don’t want to give staff too much work to do.”

“The outcomes we are measuring are embedded as part of Clinical Governance and Performance, regularly measured and reported on.”
Programme lead/facilitators survey respondent

System Drivers
Engagement to Mobilise

Hull and East Yorkshire NHS Trust organised a conference on the back of its improvement work, which helped to launch the initiative and engage consultant clinicians and senior nurses across the Trust.

Surrey and Sussex Healthcare NHS Trust took an innovative approach to the problem when on a particular day there was not enough staff to assist at mealtimes. It recruited office-based staff via the Communications Department who would be willing to help feeding patients. Training sessions were provided by the Nutritional Nurse and ward staff can now call on this bank of trained volunteers whenever they need them. This is a good example of engaging staff from other parts of the organisation to assist in tackling a particular problem.

Lincolnshire Community Health Service Trust used a quiz as a way of engaging staff and establishing how much they knew about the prevention of pressure ulcers. “It was a good way of getting staff involved and engaged in the improvement work we were doing. We also involved them in experience-based design. For many, that proved a light bulb moment,” says Teresa McNally, Senior Project Manager.

Blackpool Teaching Hospitals NHS Foundation Trust wanted to reduce the number of night time falls on two of its wards by 75%. It was keen to engage with staff so it could really understand what was happening. Staff put forward a range of suggestions to improve patient safety, including more dementia training, locating all high risk patients in the same bay, leaving lights on and making regular checks on patients. As a result, the Trust has formalised its night time routine, a new safety nurse/twilight nurse is awaiting executive approval and Knowing How We Are Doing boards have been introduced to keep staff updated regarding the impact of their changes.

Liam Edwards Senior Nurse – Executive Nursing Preceptorship and Energise for Excellence Trust Lead, at Kings College Hospital NHS Foundation Trust comments: “Getting staff engaged in improvement work at ward level is a challenge. We have tried to get them to think “why is this a priority for us?” Meeting with staff regularly and getting their opinions is key and so, too, is education. It is all about getting them to identify the solutions to the problems for themselves. Our work was about falls and pressure sores. We asked staff “is it inevitable that this person will get pressure sores or will fall? What is within your control to change?” That way, they come up with the answers for themselves and feel a sense of ownership.”
3. Case Studies

Each organisation participating on the programme was asked to undertake an improvement project, based on their individual priorities and challenges. These are two examples of this improvement work.

NHS Isle of Wright – Learning to start at the beginning

The Improvement Project

NHS Isle of Wight wanted to understand the different factors that affect the nutritional needs of vulnerable older patients on Newchurch* Ward over a six month period. Its Safe and Productive Care for Older People improvement project set out to discover: whether the MUST tool was being used to measure all patients on admission; the weight and BMI of patients on admission and discharge to check for weight loss; any complaints or incidents relating to food and drink on the ward; and the eating and drinking experience of patients on the ward, as evidenced by surveys and photographs.

What They Did

They began by creating a Driver Diagram, explaining the primary drivers for the work (which included national concerns regarding malnourishment in the NHS from organisations such as Age Concern and the CQC, and a desire to achieve compliance with assessment tools), the secondary drivers and the change projects they intended to implement.

Sandie Paice is Practice Development Co-ordinator for NHS Isle of Wight and led the project on Newchurch* Ward. She explains: “The Trust is focusing on safety and we recognised that nutrition could be a contributory factor to patients falling or failing to heal properly. Across the Trust, there was a drive to introduce protected mealtimes. We thought this was a good idea, but the facilitator from the NHS Institute pointed out to us that patients and their relatives might feel differently. He said they might prefer to see the doctor at that time and to have their meal slightly later.

“This set us thinking that we really needed to know what patients thought, rather than imposing a solution that we thought would work. This was important learning for us throughout the project. We are so used to providing solutions in the NHS that it is really quite a barrier for us in moving forward with improvements.”

At the start of the improvement process, the team used the 15 Step Challenge to get a fresh eyes perspective on the experience of mealtimes on the ward. They took photographs that demonstrated both good practice and poor practice. Sandie comments: “We found the 15 Steps tool very inspiring. It gives you the opportunity to start from the door of the ward and look in at what is under your nose. It was a great way of involving staff and getting a different perspective on things.”
The team was keen to weigh people on admission to the ward and on discharge. However, they quickly realised that this would be too time-consuming for every single patient and so they adapted their approach to weigh a sample of 25 patients per month. Using the PDSA (Plan Do Study Act) tool helped them to assess and refine their processes in this way, rather than persisting with an approach that wasn’t working effectively or producing the results that they wanted. Sandie says: “We used the idea of having a representative sample of 25 patients across our improvement work. It was more manageable than trying to involve every patient on the ward. This came out of using the PDSA tool.”

A survey was developed to record the patients’ feelings about the food and drink on the ward, however, Sandie admits that the timing of this was wrong, as changes had already been introduced when the survey was carried out. Consequently, it did not provide the baseline data that the team had hoped for.

What Difference Has It Made?

The photographs taken for the 15 Step Challenge were a real eye-opener for staff on Newchurch* Ward.

They have been able to make many small improvements to mealtimes as a result of really seeing what was happening. For example, one photograph showed a urine bottle left on a tray next to cutlery set out for a meal. Another showed how a new food trolley was blocking the entrance to the ward. These small changes are contributing to an improved patient experience and the team has just repeated the photographic exercise so they can see the difference for themselves and identify further improvements, if necessary.

A new menu has been developed as a result of feedback from patients and carers, which is simpler to understand and has a V mark for vegetarian options. A new survey has also been developed, which took place in September 2012, and the team added nutrition-based questions to the annual and weekly Getting it Right’ patient satisfaction survey. The new survey is now revealing much more information on the patient perspective on meals.

The ward now uses tidy baskets to ensure a clear bed table for meals and it has an insert which welcomes the patients to the ward and tells them meals and mealtimes and that hand wipes are provided for them to use prior to meals. Instead of introducing protected mealtimes the ward has worked on ensuring that patients are ready for meals and have any care that they may need to ensure that mealtimes are as relaxed as possible. Staff know that they must all be available to assist patients at mealtimes wherever possible. The Nutritional Nurse Specialist now calls this patient focused mealtimes.

One of the biggest benefits of doing the project, as far as Sandie is concerned, is that it has taught her how to run an improvement project and she is now taking this learning forward into other parts of the Trust. “Not knowing what I didn’t know was a real challenge for me at the beginning. I now understand about getting a clear picture of the problem before trying to implement a solution. I am taking this learning forward into another part of the hospital as we have begun working with an orthopaedic ward.
to look at nutrition. The ward is now doing baseline observations so we can find out about the issues before we try and make any improvements.”

Critical Success Factors

NHS Isle of Wight regards staff involvement as something that is critical for success in an improvement project of this type. The matron and ward sister communicated the aims of the project and why they were doing it to staff as they wanted them to own the improvement work and feel passionately about it. As a result, there was a great deal of enthusiasm for the project from all staff, including housekeeping staff.

Obtaining baseline data is critical in order both to understand the problem and to measure the impact of any improvement work. This understanding is now been taken forward into other parts of the Trust.

Engaged senior leaders who are passionate about the improvement work are crucial. Sandie says: “Our Acting Executive Nursing Director” is passionate about this work and wants us to take it forward across the organisation. We have to report monthly on our progress via the quality account and the work also goes before the Board.”

Key Learning

The key learning from NHS Isle of Wight is: begin by finding out what the problem is before you start implementing a solution. “It took us ages to get to grips with what our aims were,” says Sandie. “I was trying to find an aim that we could achieve within the time available to us, rather than trying to find out what the problem was and what we needed to achieve to address it. It was back to front.”

What They Thought of the Safe and Productive Care for Older People programme

“The Safe and Productive Care for Older People programme has changed my approach to improvement. I have learned a lot,” says Sandie. “We needed the hand-holding that this programme gave us and the support from our NHS Institute facilitator.”

* Newchurch ward has been renamed Appleby
This patient was one of two patients who were Nil By Mouth. They were both in four bedded bays. This raised the difficult question of what it must be like to be nil by mouth when other people around you are eating their meals.
Guys & St Thomas NHS Foundation Trust - Reducing delays in discharges

The Improvement Project
As its improvement project for the Safe and Productive Care for Older People programme, Guy’s and St Thomas’ NHS Foundation Trust Department of Ageing and Health wanted to achieve a discharge rate of more than 40% of its patients before 12 noon. It decided to focus, initially, on two out of three wards caring for older patients (keeping one ward as comparison site) and to use PDSA (Plan Do Study Act) cycles to develop and refine its improvement tools. The project team was led by Matron Darlene Romero and her team, with support from Elisabeth Pullar, Productive Facilitator.

What They Did
The team began by auditing the data on pre-noon discharges on the two wards in question and identifying some of the issues from the weekly ward dashboard, annual ward accreditation audits and patient and staff surveys. They found:

- assessments on admission were sometimes incomplete
- patients were not as involved in the discharge process as they could have been
- different patients need to be communicated with in different ways
- discharge planning didn’t always begin as soon as the patient was admitted to the ward
- transfer forms were not sufficiently focused on individual patients.

The team developed a Patient Safety Assessment and Action Standard for ward staff to use to ensure the complete and accurate assessment of patients on admission. The checklist helps staff receive handover of patients from transferring wards. It covers everything that will need to be in place to ensure the patient receives individualised care and their discharge planning begins on admission. “The checklist acts as a prompt to ensure that as much as possible has been done in advance to minimise delays in the discharge process,” explains Elisabeth.

The team used PDSA cycles to help it test and refine the checklist within the two pilot wards, before rolling the approach out across the Directorate. Elisabeth believes this will have a significant effect on sustainability: “I have seen previous improvement initiatives not be sustained because we haven’t got the implementation right. This team has followed the PDSA change cycle and I believe this will make a real difference to the improvement’s sustainability. “

The project team recently presented to the Senior Nurse’s Forum about their experiences and learning from the project. The checklist is now being sent to heads of nursing to see how it could be used and adapted for the rest of the Trust. At multidisciplinary team meetings, there is now a focus on communicating together in a more timely way to smooth the discharge process and on using the checklist.
What Difference Has It Made?
Communication between multi-disciplinary teams is now much better within the Directorate and with Primary Care teams. Teams begin talking to one another much earlier in the patient’s journey and staff like having the checklist to refer to as it provides a useful structure.

Critical Success Factors
Guy’s and St Thomas’ believe that a number of factors are critical for a project of this kind to succeed:

- **senior level support** – “We have a very forward-thinking nursing and medical team here,” says Elisabeth. “Ultimately, everything we do is about the patients. This pervades the whole organisation.”
- **an organisational improvement culture** – the older peoples’ wards were recently closed for refurbishment. During this time, staff received intensive development training as a way of reinforcing to them how much they are valued and preparing them to return to work reinvigorated and up-to-date with the latest developments and approaches. “The payback for this kind of investment in staff is their loyalty and a better experience for patients.” says Elisabeth.
- **an integrated approach** – this work ties in with improvement work going on across the Trust, including The Productive Ward, patient experience and team building.

Key Learning
The team at Guy’s and St Thomas’ has found this improvement project to be a useful learning experience. In particular, the team has learned to focus on understanding the problem in the first instance, rather than jumping in with an immediate solution and then working out how to implement it.

“What we thought was happening didn’t always turn out to be the case,” explains Elisabeth. “For example, the team believed that the majority of the delays in discharge were due to external rather than internal factors. In fact, it turned out to be both. This sort of information was crucial to know as it meant the team implemented the improvements they actually needed to implement, rather than what they thought was needed. This is key to effective and sustainable improvement. “

The team also learned to focus their improvement efforts on achievable goals. “At first, we wanted to achieve 100% patient satisfaction levels. We quickly realised that this was not a realistic ambition and set a goal to increase the number of patients discharged before 12 noon. The discussions and development of the driver diagram really helped to focus on elements of the project,” says Elisabeth.

What They Thought of the Safe and Productive Care for Older People programme
“The Safe and Productive Care for Older People programme had excellent content and was appropriate for people with a mix of different knowledge levels. Some of the information I was already familiar with from the Institute’s Organising for Quality and
Value programme, but it is good to refresh yourself. I would have liked to hear more from some of the speakers as their level of expertise was so great,” concludes Elisabeth.
4. Trusts who completed the programme

Blackpool Teaching Hospitals NHS FT
Bradford District NHS Care Trust
Dartford and Gravesham NHS Trust
Guys and St Thomas' NHS FT Guys and St Thomas' NHS FT
Hull and East Yorkshire NHS Trust
King's College Hospital NHS Foundation Trust
Lincolnshire Community Health Services
NHS Isle of Wight
North Tees and Hartlepool NHS Foundation Trust
Oxford Radcliffe University Hospitals NHS Trust
St Georges Healthcare Trust
Surrey and Sussex Healthcare NHS Trust
United Hospitals of Lincolnshire
University Hospitals of North Staffs
Whittington Health NHS Trust
Worcestershire Acute Hospitals NHS Trust