The Productive Mental Health Ward (PMHWd) Programme: 
a journey in releasing time to care

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Introduction

The Productive Mental Health Ward (PMHWd): Releasing Time to Care Programme builds upon the success of the Productive Ward programme. Promoted and supported by the NHS Institute for Innovation and Improvement, the PMHWd programme is designed to assist nurses and therapists to increase the quantity and quality of direct care time for service-users in mental health wards, primarily through improving the effectiveness, safety and reliability of mental health wards.

The intention of the programme is to help a team to understand their own issues / problems and to develop their own solutions – importantly, this involves recognising and sharing areas of existing positive practice.

The PMHWd programme focuses specifically upon acute in-patient mental health, and involves working through a programme of three foundation and eight process modules, each focusing upon a specific key activity area:

- Foundation Modules: (1) Knowing how we are doing; (2) Well-Organised Ward; (3) Patient Status at a Glance
- Process Modules: (4) Safe & Supportive Observations; (5) Admissions and Planned Discharge; (6) Shift Handovers; (7) Meals; (8) Medicines; (9) Ward Round; (10) Therapeutic Interventions; (11) Patient Well-being

All participating wards / units are first required to complete the three foundation modules, then selecting and working through the process modules as a more flexible programme.

The progress and outcomes of the PMHWd programme within Bedfordshire and Luton is summarised within this paper.

PMHWd Programme: progress within Bedfordshire & Luton

Though commencing at two pilot sites from Feb 2009, with the aim of developing two showcase wards (Oakley Court and Townsend Court), the PMHWd programme is now being facilitated with nine wards / units within Bedfordshire and Luton and one Crisis Resolution &
Home Treatment Team (CRHT). Nine participating wards / units / teams have now completed the three foundation modules and have either completed or are currently progressing at least two selected process modules, whilst the tenth unit has only recently commenced the programme. Importantly, as wards / units complete a process module, this learning is shared with other wards / units.

The PMHWd programme has been driven and coordinated by a Project Lead and a Programme Facilitator, in supporting and enabling local ward / unit PMHWd teams to own the initiative and to progress through the modular programme (five team-members in each team are identified as PMHWd Champions).

The progress and development of the PMHWd programme within Bedfordshire and Luton has been supported through facilitated PMHWd team progress / review meetings and through a six weekly PMHWd Steering Group, chaired by the Interim Executive Director of Clinical Governance and Quality, or by the Consultant Nurse (PSI).

**PMHWd Programme: monitoring outcomes through measurement**

With the principle aim of releasing time for direct care, it has clearly been important to introduce a measurement method in demonstrating the outcomes of the PMHWd programme, which is a requirement of the first foundation module.

One of the principle methods of evaluating the impact of the PMHWd programme in demonstrating the aim of releasing time for direct care involves the activity shadow, though it must be realised that this method also has a number of limitations. In moving forward, it was agreed to conduct activity-shadows of Band 2/3, Band 5 and Band 6 team-members at each ward / unit at three different stages of the programme: (1) foundation module stage; (2) on completion of 3 – 4 process modules; (3) upon completion of all relevant process modules. Furthermore, % Direct Care Time targets have been set locally for different Bands of staff:
- for Band 2/3 = 60-80% (*refer to Chart 1*);
- for Band 5 = 50-70%;
- for Band 6 = 40-60%.

Of a total of 36 activity shadows conducted across the participating units to date, 14 have met, and in some cases significantly exceeded, these *locally agreed* and challenging targets for direct care time (with a further 4/36 activity shadows being very close to the set target).
Indeed, measurement is an integral feature of the PMHWd programme, being used to drive forward innovation and quality improvement. This has involved the establishment of a number of local patient and staff measures, selected and often designed by the participating wards / teams, as summarised in Table 1.

An important learning point has been the realisation that it is critical to focus upon the use of the findings and not simply upon data collection and analysis, if data completeness is to be achieved. Furthermore, some patterns seem to be emerging: it would appear that staff-reported stress levels are most associated with staff perception of how incidents are managed and with the visibility of the ward manager / senior support, rather than directly with the number of incidents. Though this finding requires further testing, this has interesting implications.

A focus on these local measures is helping to challenge the perception that these units are unsafe, always stressful and un-therapeutic. It is interesting to note that when originally discussing the measure of individual sessions, staff and service-users differed in their perceptions of what constituted a therapeutic intervention: staff identified medication, giving information, and attending therapy as examples of therapeutic interventions; service-users identified meaningful interventions as being enabled to attend to personal hygiene, having access to local amenities with staff support, and being encouraged to become involved in the unit.
Table 1: Summary of Selected Local Measures / Metrics

<table>
<thead>
<tr>
<th>Measure / Metric</th>
<th>What</th>
<th>Why</th>
<th>Use</th>
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<tr>
<td><strong>Safety Cross</strong></td>
<td>use of a simple visual monitoring tool: a RED cross indicates the occurrence of a ‘violent incident’; an AMBER cross indicates a ‘verbal incident’ (adapted for slips, trips and falls); a GREEN cross indicates that there were ‘no incidents’</td>
<td>to test the perception that a lot of violence and aggression occurs at the unit; Is there a relationship with staff stress levels?; What happens as other changes are made (e.g. re-locating the clinic room)?</td>
<td>monthly metrics can be displayed on the PMHWd Information Board; team reflective discussions; influencing decisions</td>
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| **Staff Stress** | an anonymised staff-member view of stress levels for a shift, reported as % no. of good versus bad days per ward for the month | to test the perception that the unit is a difficult place to work; Is there a relationship with incident levels?; What happens as other changes are made? | monthly metrics can be displayed on the PMHWd Information Board; team reflective discussions; influencing decisions |

| **Individual Sessions** | involves recording the number of individual sessions undertaken with service-users, of at least 15-minutes duration | to test staff perceptions, such as: we do it, but no-one acknowledges it; there’s not enough time for this this is recognised as an important indicator of meaningful intervention by unit teams, and a good indicator of ‘Releasing Time to Care’ | monthly metrics can be displayed on the PMHWd Information Board; reflective discussions within team meetings and within the supervision setting |

**Recognising Outcomes**

Some of the key outcomes, thus far, have been summarised in Table 2, in considering the completion of different PMHWd modules.

The PMHWd programme is helping to realise a number of important outcomes in achieving and demonstrating the ‘Releasing Time to Care’ principle:

- an increase in the % time for patient communication by Band 6 team-members;
- an increase in the % time for care planning with the patient and a reduction in the % time for care planning away from the patient;
- at meal-times, an increase in the % direct time with service-users;
- a significant reduction in the time spent walking around the ward / unit, looking / collecting or returning patients or equipment by Band 5 & Band 6 team members;
- a significant reduction in the number of interruptions of Band 2, Band 5 & Band 6 team-members when providing direct care.
Table 2: Summary of Outcomes for Selected Modules

<table>
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<tr>
<th>Knowing how we are doing</th>
<th>Well-Organised Ward (WOW)</th>
<th>Patient Status at a Glance</th>
<th>Medicines</th>
<th>Shift Handovers</th>
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<tr>
<td>o all wards / units have identified a local PMHWd team (champions)</td>
<td>o each ward / unit has ‘WOWed’ a number of rooms / areas within the care setting, in improving their organisation, which has had a demonstrable impact upon releasing time to care – this has involved use of the 6S technique (sort, set in order, shine, safety, standardise &amp; sustain)</td>
<td>o patient information boards have been renewed / re-designed in promoting ease of access to accurate summary information relating to each patient’s care, which is supporting team communication and reinforcing the focus upon risk issues and patient safety</td>
<td>o the re-design of medicines rooms has not only led to a better organised layout, but to a demonstrable reduction in the time taken for completing medicines rounds – this has involved use of the Spaghetti Technique (a simple mapping tool to establish the optimum environmental layout, thus reducing waste)</td>
<td>o the review of the shift handover has led to the introduction of a more focused handover, involving direct reference to the Patient Status at a Glance Board, and minimising interruptions</td>
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<td>o all wards / units have developed and agreed a team vision statement</td>
<td></td>
<td>o in some wards / units, the information board has been structured to reflect the layout of the ward, enhancing communication in the event of safety concerns</td>
<td>o the re-location of the medicines room at Oakley Court has resulted in a significant reduction in verbal and physical aggression related to the medicines round (with no such related incidents since the re-location of the medicines room)</td>
<td>o in some wards / units, there has been a reduction in the time spent within handover, thereby raising the efficiency of this team communication process</td>
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<td>o each ward / unit has agreed and is now monitoring a staff measure (stress levels) and a patient measure (individual sessions with service-users; incidence of aggression / violence)</td>
<td></td>
<td>o units / teams have developed and implemented standards relating to medicine administration, with a demonstrable reduction in interruptions to the medicine round, thereby enhancing safety during the administration of medicines, and the provision of a more personalised service</td>
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<td>o in some wards / units, changes have been made to the timing of the handover to maximise participation and promote access to service-user records / ensure access to an update on the service-user’s care</td>
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- **Well-Organised Ward (WOW)**: Each ward/unit has identified and implemented a number of rooms/areas within the care setting, improving their organisation and releasing time to care. This involves using the 6S technique (sort, set in order, shine, safety, standardise & sustain).

- **Patient Status at a Glance**: Patient information boards have been renewed/re-designed to improve access to summary information about each patient's care, supporting team communication and reinforcing focus on safety.

- **Medicines**: The re-design of medicines rooms has resulted in a more organised layout and reduced time for completing medicines rounds. The re-location of the medicines room at Oakley Court has significantly reduced aggression related to the medicines round. Units/teams have developed standards for medicine administration.

- **Shift Handovers**: The review of the shift handover has led to a more focused handover, involving direct reference to the Patient Status at a Glance Board, and minimizing interruptions. Changes have been made to the timing of the handover to maximize participation and promote access to service-user records.
enhancing team communications, as a consequence of implementing quality practice standards, has been captured through a staff team survey

**Therapeutic Interventions**
- as a consequence of this module, the Townsend Court team have restructured their therapeutic programme, which involved a survey of service-user opinion on the content and timing of the programme, leading to demonstrable changes, thus enhancing access to a more meaningful programme

**Meals**
- as a consequence of this module, the Bedford Mental Health Assessment Unit (MHAU) changed practice in ensuring that service-users now receive meals within the MHAU rather than attending the main Unit dining room, and consideration is now being given to nutritional issues

*Releasing Time to Care*, achieved in part through more efficient and effective processes, is now being demonstrated as shown by the following two local examples:

- **the Medicines Round:**
  - at Townsend Court, the time to prepare the medicines room and administer medicines to one service-user reduced from 14mins : 49secs to 1min : 3secs
  - at Oakley Court, the time for the full medicines round reduced from 57mins : 23secs to 38mins : 13secs

- **the Shift Handover:**
  - at the Luton Crisis Resolution & Home Treatment Team, the time for the Shift Handover reduced from 47mins : 47secs to 30mins
  - at the Luton Mental Health Assessment Unit, the time for the Shift Handover reduced from 16mins to 11mins
  - at Townsend Court, the time for the Shift Handover reduced from 46mins to 30mins

For a number of the modules, the PMHWd programme has involved the design and implementation of brief audit tools with the ward / unit team, in demonstrating compliance with agreed standards for practice, as shown by the following examples:

- Patient Status at a Glance audit – at the two show-case wards / units;
- audit of Safe & Supportive Observations – at 105 London Road (recovery unit);
- audit of Shift Handovers – at several wards / units;
- audit of the Medicines Round – at several wards / units;
- audit of the Ward Round – at Townsend Court.

The design and use of such local audit tools, which are then shared with other wards / units, is assisting in the demonstration of compliance with some standards, and the identification of areas for further improvement, in other cases.
Further outcomes relating to the local PMHWd programme have included:

- the design and implementation of standardised care plans focusing upon aspects of assessment within the Assessment Units, which have recently been positively evaluated (March 2010);
- the design and use of specific zoning tools (a well-known clinical risk management method), which involves a daily review of each service-user’s risk status by the multi-disciplinary team, reinforcing a focus upon risk and patient safety and promoting the specific consideration of criteria that inform clinical decision-making in identifying and responding to risk – the service-user’s zoning status (based upon a traffic light method) now forms part of the information recorded on the Patient Status at a Glance Board, and an evaluation of this tool was recently completed (September 2010).

**PMHWd Programme: sharing learning (December 2009 – July 2010)**

One of the aims of the PMHWd programme is to share positive practice and learning, which has been achieved through contributing to a number of recent events / developments, including:-

1. **December 2009:** two workshops on the Medicines process module were facilitated by the Trust’s PMHWd Project Lead, PMHWd Programme Facilitator and the Unit Manager for Townsend Court at the first National Conference on the PMHWd Initiative, as organised by South London & the Maudsley NHS Foundation Trust.

2. **January 2010:** the Trust’s PMHWd Project Lead contributed to the PMHWd Conference organised by the NHS Institute for Innovation & Improvement.

3. **February 2010:** the Trust’s Acute & Crisis Mental Health Service was short-listed for a National Patient Safety Award 2010, for a submission (‘It’s better in Bedfordshire’) based upon three notable local initiatives: the PMHWd Initiative; the establishment of the Acute Assessment Units; and, delivering same-sex accommodation.

4. **February 2010:** the Townsend Court team were involved in the development of a new PMHWd module, entitled: Privacy & Dignity – delivering same-sex accommodation – this has now been made available as a series of supplementary module guides by the NHS Institute.

5. **March 2010:** the Trust’s PMHWd Programme Facilitator and the Interim Unit Manager for Oakley Court facilitated a series of discussions at a market-place style educational event on the PMHWd Initiative for the SDO Network, as arranged with the NHS Confederation – the local booklet that was prepared to show-case the PMHWd programme in Bedfordshire & Luton is now available through the NHS Confederation.
web-site:  http://www.nhsconfed.org/Networks/SDONet/Events/PastEvents/AcuteMentalHealthWard/Pages/ProductiveMentalHealthWard.aspx

6. March 2010: publicising the progress of the PMHWd programme across the Trust within the NHS Institute PMHWd Series Newsletter (No. 7), with specific reference to the short-listing for the National Patient Safety Awards 2010.

7. April 2010: the NHS Institute for Innovation and Improvement visited Townsend Court in preparing a short film that show-cases the impact of the PMHWd programme – this film is now available from the NHS Institute web-site: http://www.institute.nhs.uk/quality_and_value/productivity_series/delivering_same_sex_accommodation.html

8. May 2010: a number of wards / units prepared and displayed poster presentations to mark and celebrate International Nurses Day, and a poster was displayed in the reception area of the Trust’s Luton-based Offices, incorporating a summary of the local PMHWd Programme.

9. July 2010: International Visit to Townsend Court (show-case ward) by Dr Philip Tune (Executive Director of Psychiatric Services / Acting Chief Medical Officer, Bendigo Health Care Group, Australia).

10. July 2010: a presentation on the Trust’s PMHWd Programme was facilitated at the Trust's Nursing Forum, focusing upon sharing learning and the impact and outcomes of the programme to date. A local PMHWd Information Booklet was produced and made available for this event.

Conclusion

As summarised within this short paper, progressing the PMHWd programme within Bedfordshire and Luton is assisting wards / units to realise and recognise evident service improvement.

The expected benefit of releasing time for direct care is beginning to be realised and though further focused work is still required, this should be considered a credit to the participating teams, the local PMHWd Champions, the Trust’s PMHWd Programme Facilitator and the PMHWd Project Leads.

The PMHWd programme is proving to be a creditable example of implementing the 7 elements of the nursing roadmap for quality, driving forward quality improvement (DH 2010).

Some of the key strengths of the programme appear to be: the involvement of practice teams in implementing their own solutions; the focus upon agreeing practice standards and
implementing simple work-place audits; the focus upon measurement as a critical and integral component of quality improvement; supporting the development of meaningful local measures / metrics; enabling and strengthening the role of the ward sister / charge nurse; and, providing opportunities for the team to widely market and publicise positive practice, thus gaining recognition.

The next phase of work will be to enable the original show-case wards to progress the remaining process modules and then to move back through the service improvement stages independent of facilitation, sharing their knowledge and expertise with other wards / units across the Trust. Furthermore, the PMHWnd programme is now being extended to other wards / units across the Trust.

Reference

For further information
1. http://www.institute.nhs.uk/

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