

EFFICIENCY

SPECIAL REPORT

STEVE BOAM ON PRODUCTIVE LESSONS



“ The productive series has been a force for achieving great things in the NHS over the past six years. It has been welcomed and well adopted, empowering frontline staff to redesign processes, reduce waste and improve discipline and behaviours.

The most well known and best adopted has been Productive Ward, yet all of the productives share the theme of simple, easy to manage change that is effective and sustainable. While the tool itself is designed to be accessible, enabling teams to self-direct their progress, we know that key factors for success include time, senior commitment and, often, a leap of faith.

Implemented well, the series has empowered staff, improved care and delivered other quantifiable benefits through some basic, common sense tools adapted from industry.

In wards, theatres, clinics and practices, good leadership has been critical in underpinning successful adoption. It has led to stronger results and implementation gains that go way beyond confident use of tools through to reported changes in organisational culture. Successful implementation of productives is actively sponsored at the top of the organisation and owned and led by frontline or local staff who improve safety, quality and performance while reducing costs. Without senior support and visible ownership and commitment the results are poor.

Some NHS organisations are using their experience of the productives as a baseline for further initiatives or integration of change programmes to drive patient safety, infection control and patient care standards. These initiatives also include discharge and length of stay improvements through board round and patient care planning. We have many case studies of the reported widespread adoption of the series, with clinical areas transforming their everyday work processes and practices. Then there are those who have extended this further to consider behaviours, a shared focus on performance, and the importance of sustainability of change.

We want to hear more about your successes and learning. Both KM&T and Shaping Health International want to continue to support the productive products. We are keen to gather further information and data, as well as ideas on how to improve the products. To that end, we will be hosting a series of productive workshops across the UK from April. To get involved or to find out more, email us at productives@kmandt.com.

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SERVICE IMPROVEMENT

LEAN FORWARD

It's a notable NHS success story – and has been sold to 16 countries – but those behind the 'productive' series say this is just the beginning. By Claire Read

There are many refrains about service improvement in the NHS. Among the most common are that the health service fails to learn lessons from industry on efficiency, that too few projects are driven from the bottom up and that, when initiatives are successful, they fail to spread within and beyond individual organisations. Yet in the form of the “productive” series, the NHS has service improvement programmes against which it would be difficult to level any of those criticisms.

Launched in 2008 with Productive Ward – and since expanded to include Productive Mental Health Ward, Productive Community Hospital, Productive Leader, Productive Operating Theatre, Productive Community Services and Productive General Practice – the series aims to empower frontline staff to review, redesign and streamline the way they work. Its genesis? The idea that “lean” methodology from industry might be applicable to healthcare and could resolve one of the biggest concerns frontline staff had about their daily working lives.

“There was a feeling that, if lean could be used in industry, why couldn't it be used in healthcare? Because really it's all about processes,” recalls the NHS Institute for Innovation and Improvement's Lynn Callard, who has led the productive programme more or less since its inception, latterly as interim director of quality and productivity.

“At the same time, we did a questionnaire via *Nursing Times* which asked nurses what they would like to be able to do more of. Overwhelmingly, the response came back: spend more time with patients.”

“A problem reported by ward nursing staff is that they don't feel able to spend enough time on the direct care of patients,” explains

Steve Boam, chief executive and founder of business consultancy KM&T, which supported the NHS Institute in developing the productive series and which – along with Shaping Health International – is a new national delivery partner for the series. “Often, too much time is spent chasing paper, chasing other staff or departments, chasing supplies and chasing decisions. All this is a frustrating distraction that takes nurses away from care of patients.”

It is this situation which Productive Ward aimed to remedy. Over an 18 month period, the NHS Institute developed the programme in consultation with frontline staff. Similar collaborations were established for the subsequent programmes in the series. “It was a co-production with the people who were going to use it, and I think that's one of the reasons it's been so successful,” reflects Ms Callard.

Another reason, she believes, is the clear approach taken by the series and its emphasis on putting the power of change into the hands of those on the frontline. Productive Ward, for instance, is divided into 15 modules focusing on common issues including meals, admissions, stock organisation, handovers and ward rounds. Each module has an accompanying booklet which suggests ways to assess current performance – mapping the journey staff take to gather the equipment required for common procedures, for example – and which then suggests ways the process might be improved.

“The whole approach of Productive Ward is that management doesn't do anything – it's owned and led by the ward,” explains Ms Callard. “What often happens is that if things aren't working well, or could be improved, frontline staff say things like:





‘Management came to us and told us we had to do this.’ And immediately there’s a barrier in place. [With the productive series] we encourage everyone on the ward, from healthcare assistants through to the staff nurses, to take a lead on a different module. And it doesn’t need anybody to tell them that you’ve spent a lot of time doing x, y and z because they can look at the results. And then they think of the solutions. That’s the whole philosophy of it. It’s about staff owning and driving the changes and making those changes for themselves.”

According to Kerry Bloodworth, assistant nursing director at Nottingham University Hospitals Trust, which has implemented the programme across the organisation, this approach gives frontline healthcare staff a whole new set of abilities. “Nurses aren’t taught any service improvement skills in their education,” she points out. “We don’t actively teach them how to look after the environment or change the environment. So this has given them a different set of tools and a different language and perspective from which to look at the way they work.”

A significant proportion of staff has now been given those tools. Some 78 per cent of English NHS wards have implemented Productive Ward, while 68 per cent of mental health wards have adopted the equivalent. More notably still, the programme has been sold to 16 other countries, meaning nurses in nations from New Zealand to Holland are using Productive Ward – with the licensing fee benefiting the NHS.

That international success is something

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on which Ms Callard is keen to reflect as the series moves into a new phase. The institute has appointed two delivery partners for the productive series, KM&T and Shaping Health International, and she strongly believes this change is a start and not an end. “In some ways I almost think that productives is now a detrimental title because people say things to me like, ‘Oh, we’ve done productives’, and they see it as something they’ve done and put back on the shelf,” she says.

“So what I’m encouraging people to do is just stop and think and don’t think about this as productives but think about it as knowledge and skills. Think about those skills and then think about how you can use them to solve other problems.”

It is a view shared by Lynne Young, director of Shaping Health International. Asked to sum up where the series goes now, her response is simple: “We want to continue the great work being carried out through the productive series, as well as help deliver the programmes to new healthcare organisations.”

Steve Boam agrees. “The productive series is a baseline. A lot of things can be evolved and put on top once you’ve got that foundation and discipline. It should be the start of something and not the end of it.

“I believe the NHS has really recognised the productive series and fully embraced it. The question is what we do with it now. We could just leave it as it is – those who want it, great. But I think it’s too valuable for that because it quickly evolves to the next level of service improvement.” ●

IN ASSOCIATION WITH



SERVICE IMPROVEMENT: CASE STUDIES

‘SUSTAINING IT IS THE DIFFICULT BIT’

How three trusts responded to the opportunities offered by the ‘productive’ series – and how they are trying to ensure that they continue to reap the benefits

KENT COMMUNITY HEALTH TRUST

If proof were needed that the “productive” series can be beneficial and tailored to a range of healthcare environments and services, the experience of Kent Community Health Trust provides it. Some 220 separate teams at the organisation are working through the Productive Community Services programme and using its lean methodology to make changes to their working practices.

“That’s across both the operational directorates we have – adults and children’s,” explains Sarah Heley, the trust’s project manager for the productive series. “So as well as district nursing and community nursing, we also have health visitors involved, school nurses, and lots of specialist services as well. And some of those are clinic-based, some are clinic- and home-based and some are purely home-based.”

While Productive Community Services uses the same methodology as the acute-based productive programmes, its nine modules focus on the specific challenges faced in community settings – small teams working across large areas, for instance.

At Kent, the changes made as a result of the programme are as diverse at the teams themselves. For Herne Bay and Canterbury intermediate care teams – led by Tiffany Bird and Luisa Scantlebury respectively – improvements have included rearranging offices to ensure staff can easily find what they need, replacing a whiteboard of patient details with an electronic waiting list accessible to all staff, and establishing regular, formal joint meetings with local healthcare partners.

The benefits have been numerous. Regular audits have shown an 8 per cent increase in direct patient contact following the implementation of the programme. “Productive Community Services helped

support a lot of [the team’s] arguments about how much paperwork they have to do and how much time spent doing it,” reflects Ms Scantlebury. “I think they could see that it was supporting them.”

Ms Scantlebury’s team is one of those at Kent to have now completed the programme, and so the challenge moves to sustaining the changes made. “Once you’ve put it in, that’s the easy bit,” comments Steve Boam, chief executive of productives partner KM&T. “The difficult bit is sustaining it, using it to improve, and then really bolting on other things.”

“It would be very easy – with the working environment particularly – for things just to slip back and become a complete mess again,” admits Ms Scantlebury. “So we put things in place as we went through the modules – rotas, for instance, to make sure people maintained the office as we wanted it to be.

“And then for the things like the electronic waiting list, that’s going to be an ongoing thing and a lot of the meetings we’ve implemented are going to be long term and ongoing.

“I think it’s just for me and the other team leads to have an awareness as well. As changes do happen, we need to make sure that there are clear operating protocols in place – we’re more aware of that now and determined that we won’t slip back again.”

NOTTINGHAM UNIVERSITY HOSPITALS TRUST

For Robin Binks and his colleagues at Nottingham University Hospitals Trust, the story of the productive series was a story of being given the chance to make changes.

Mr Binks took up the role of charge nurse on one of the urology wards in January 2010, replacing a ward manager who had been in



post for more than 30 years. Productive Ward began just a few months later and, he says, “made it easier to challenge things, to ask questions. It gave me a chance to ask why are we doing this and a way of actually changing the way the ward ran”.

Those changes were intensely practical. “I’d always felt we didn’t have enough or efficient storage space, so we went around the ward, took pictures and did a little bit of process mapping. So saying when you’re





Nottingham University Hospitals Trust: staff say Productive Ward has been a 'huge enabler of change'

"About a year after it opened, we were looking at how we were going to implement and take forward Productive Ward, because some specialties had merged, other clinical areas had combined, and some staff were working in a completely new environment."

It meant that some wards which had already implemented the programme no longer existed, and others had new teams. The upheaval was being compounded by the introduction of other quality initiatives, including high impact actions and the relaunch of the essence of care programme.

The result was that Ms Dyson and her colleagues became concerned that the frequency of new initiatives and other changes was undermining their potential impact. "We'd been to a couple of sharing events where facilitators were talking about change fatigue and how their teams were getting tired of different implementation teams coming in," she remembers.

And so the trust practice transformation team came up with a solution: a "bundle" which took the framework of Productive Ward – its modular approach and its lean methodology – and incorporated other improvement initiatives, local and national.

"By bundling you're doing a job once and doing it well rather than doing it many times under many different names," explains Caroline Churcher, also a practice transformation senior sister. "We've always used Productive Ward as the enabler and then added on to it."

In so doing, the trust is addressing the challenge of sustaining the productive programme. By using it as the driver for other improvements, there is optimism that the impact of the Productive Ward will continue. It is a view backed up by data being collected by the practice transformation team. "Within the bundle, we've created some measurement tools and we meet with our managers and our matrons every 30 days to go through those outcomes so we can measure the sustainability," explains Ms Dyson.

For the practice transformation team, one of the most revealing pieces of data is on direct care times – the time frontline staff are actually spending with patients. "Since we started the rollout of Productive Ward, we have seen an increase in those times both for the registered nurse and the healthcare support worker," reports Ms Churcher.

"And we've seen that increase over not only the Productive Ward implementation, but for the last two years where we've been working through the bundle," adds Ms Dyson. "It's a 10 per cent increase that's been sustained and is an average across the whole trust." ●

doing a male catheterisation, you've got to go here, here and here to get everything and how good would it be to not have to do that any more," explains Mr Binks.

"We reviewed our storage levels and there was stuff that we never used but was being ordered every week. So we created minimum and maximum stock levels, which created a lot of space for us, and grouped all our products together so that when a staff member was going to do a male catheterisation, for instance, the equipment was grouped together."

The process gave staff the confidence to make their own decisions. "Eventually, people would just say, actually we don't need this [piece of stock] rather than leaving it on my desk and me asking why they had left it there and finding they wanted to check that what they thought was OK."

"The programme really gets that ownership, that self belief, that faith that, actually, I can make a difference to my own work environment and my own work," says assistant director of nursing Kerry Bloodworth. "It has been a huge enabler of change."

Mr Binks feels that his involvement helped him enhance his abilities. "I think it helped me with my coaching skills," he says. "It helped me develop them further and learn skills in how to engage people. And it

'There was change fatigue and teams were getting tired of different implementation teams coming in'

helped me develop my skills in sustaining improvements, too."

They are abilities which are proving helpful in his current role as project lead for a new electronic bed management system across the trust. "My experience in Productive Ward has then resulted in me doing other projects," he explains.

PORTSMOUTH HOSPITALS TRUST

Portsmouth was one of the pilot sites for Productive Ward, working with the NHS Institute for Innovation and Improvement from 2007 to fine tune the product before its official launch. But by 2009, the trust had reached a crossroads with its own full implementation of the programme.

"Our PFI opened in 2009 and it brought three hospital sites on to one main site at Queen Alexandra Hospital," says practice transformation senior sister Claire Dyson.