Releasing Time to Care
The Productive Ward Programme
Proposed Implementation Paper

March 23rd 2009
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### Attachments

Activity Follow
- Ward 1 South
- Ward 6 Lurgan
- Silverwood Ward

Gantt Chart
INTRODUCTION

The purpose of this paper is to provide an overview of the Releasing Time to Care Productive Programme and present an implementation plan which would support the roll out of this initiative across acute and non acute sites within the Southern Trust.

BACKGROUND

‘Releasing Time to Care – the Productive Ward’ initiative is part of a UK programme launched by the NHS Institute of Innovation and Improvement over 2007 / 2008. This began with a pilot of the programme on single wards on four acute sites in England. The programme was adapted and developed following these pilots and since September 2007 has been in the process of implementation across two English NHS Trusts on a system wide basis, led by executive teams at both these organizations. The programme was launched in NHS England in 2008 and in February 2008 the NHS Institute for Innovation and Improvement (NHSIII) reports that 100 out of a possible 106 NHS Trusts in England are in the process of implementing the programme.

The Releasing Time to Care programme provides a structured framework for the use of continuous improvement methodologies based on evidence based information which explains how to structure the delivery of ward-based care with an aim to:

- Increase the proportion of time staff spend on direct patient care;
- Improve productivity resulting in reduced costs and all forms of waste;
- Improve safety;
- Engage and empower staff to redesign ward processes and environment.

Some have suggested that ward based nurses spend less than 40% of their time on direct patient care - direct patient care time is described as care provided at the patient’s bedside. Appendix one details for each of the three pilot wards the current percentage of direct nursing care time given to patients over a twelve hour snapshot, (an eight hour time frame for one ward). The findings of the three pilot wards are between 25% Silverwood Ward and, 39% Ward 6 Lurgan and Ward 1 South Craigavon. This is largely due to many processes and tasks having evolved in everyday ward practice which conspire against nurses’ best efforts to deliver the direct patient care they aspire to provide. The fundamentals of dignified care, medicines management, ward rounds, visiting hours, meal rounds, admissions, discharges, infection control and paperwork are all competing priorities which consume considerable amounts of time on a ward. Valuable time
is spent looking for equipment, people, keys, linen, medicines, meals and dealing with or handling information in addition to providing direct patient care.

**BENEFITS OF RELEASING TIME TO CARE**

The ‘Releasing Time to Care – the Productive Ward’ initiative has been designed to focus on ward teams and associated processes and systems. It uses a multi-disciplinary approach and works with teams so that they can understand and plan the most effective ways of delivering on and meeting ward priorities. The programme achieves this by equipping staff at ward level with a range of comparatively simple improvement skills and methodologies which will enable the ward team to move towards better designed systems and processes that will release time for nursing staff to focus on the aspects of care that impact on the patient’s experience and that in turn support improved patient safety and staff morale.

The productive ward focuses on the clinical processes at the heart of service delivery. The approach seeks to transform the patient experience, eliminate waits and waste, enhance clinical quality and efficiency by reducing variation and managing patient flow through the system. The NHS Institute has found that there are many processes and tasks happening on a ward, often concurrently, which are repetitive and done because of ‘custom and practice’ but which may actually add little value to the patient’s experience. Releasing time to care – The Productive Ward, as the title suggests aims to empower ward teams change this situation. Whilst hospital wide improvement is valid, much can be done by ward staff to improve their own environment, without having to wait for improvements by other departments. The Productive Ward programme is based on a proven body of knowledge from systems engineering, psychology and other traditions that have been utilised in manufacturing and service sectors for more than 50 years. Although its introduction to healthcare is recent the impact has been significant in increasing direct patient care time on wards.

In Shrewsbury and Telford Hospital the introduction of the Releasing Time to Care programme has resulted in:

- Increased direct patient care time by nursing staff on the ward by 15%. This has been achieved by addressing a number of areas identified in the observation of care audit.
- Reducing the number of times nurses have to walk around the ward to search for patient records, equipment and other resources by 10%.
- Reviewing current stock levels, redesigning the location and storage of equipment and supplies and redirecting the time saved into direct patient care.
In University Hospital North Staffordshire the introduction of Releasing Time to Care has resulted in:

- Increased direct patient care time from 39% to 59%;
- Increased patient observation compliance from 25% to 60%;
- Released savings of £280 from the ward medicine trolleys, and each ward Pharmacy Budget credited on average £1000 as a result of return of overstock of medicines;
- Reduced time spent by nurses walking around the ward searching for or locating equipment, patient records etc by on average a mile a nurse per shift.

The predicted benefits of implementation of Releasing Time to Care are based on actual benefits seen in pilot wards in other UK Trusts which have participated in the programme. It should be noted that although the Releasing Time to Care programme may deliver some short term cost savings, it has a greater potential to provide the foundations for stability and efficiency in how wards are managed in the long term. In Scotland there is sufficient evidence available from Releasing Time to Care implementation sites to support the hypothesis of a natural reduction in overall stock levels and one off savings as a result of reviewing current stock usage - £700 - £3700 NHS Scotland. As similar findings to these are replicated across UK Trusts implementing the Releasing Time to Care initiative it is assumed that roll out of this programme across acute and non acute wards in Southern Trust would enable similar outcomes to be achieved and as a result, enable an increase in direct patient care time as a result of reinvesting time released from other activities.

The Releasing Time to Care programme focuses on three contributory factors to create an environment which enables an increase in direct patient care time:

- Knowledge of high leverage healthcare systems improvement;
- The talents and knowledge of staff ;
- Modern operations management – in particular lean methodologies.

Southern Trust has a strong focus on ensuring staff have the capability and capacity to provide high quality patient care which is safe, effective, patient centred, timely efficient and equitable. This programme provides a supportive framework for the delivery of the Trust corporate objectives in addition to supporting a number of ongoing projects including:

- Safer Patients Initiative;
- “Get Your 10 a Day the Nursing Care Standards for Patients Food in hospital”;
- The Action Plan Implementation of Nursing Care Standards for Food in Hospital 2008 (SHSST);
- Medicines management;
• Hospital Acquired Infections;
• Essence of care;
• Acute Quality Care Projects;
• PFA target for delayed discharges.

As the Trust currently is undergoing a major reconfiguration of both wards and services on all acute and non acute sites the adoption of this model would be particularly useful to ensure maximization of all available resources from the outset.

CURRENT STATE

To date in Southern Trust the show case wards / pilot wards have undertaken the first 3 modules which have provided a baseline measure of current status. We now need to move forward and identify areas for improvement and progress this actively via other process modules within the programme. However, already after only four months there are several examples of positive changes on the wards including:

Ward 1 South

• Introduction of protected meal times from March 2009. This will ensure that patients get the correct nutritional assessment and that staff have time to assist with feeding patients who require support;
• Planned introduction of patient / relative information leaflet detailing contact telephone number for the area the patient is located on i.e. Ward 1 South Male or Female side to direct queries from the multidisciplinary team (MDT) and family to the most appropriate nurse. This will reduce staff interruptions and improve communication with members of the MDT. On average nurses are interrupted 10 times per hour (NHS III) on ward on 1 South it was noted that nursing staff were being interrupted on average 14 times per hour by some one else as shown in the observation reliability scores;
• Display of a nursing dashboard in public area including Infection control, ALOS, complaints, sickness and absenteeism. Measures include the C DIFF infection rate which is supported by the hand hygiene audits scores. This allows the team track progress and to identify areas that may require a focus and improvement;
• Introduction of Patient Status at a Glance board to include patients name, location on the ward, EDD and a symbol to illustrate infection control status. This will reduce interruptions as a result of staff trying to locate patients, equipment, patient status, EDD, or to determine today’s priorities. Patient status at a glance boards seeks to make patient status clear to those who need it. As a result it reduces the number of interruptions to staff and increases time available for direct patient care.
Ward 6 Lurgan

- Introduction of protected time for the delivery and supervision of patient meals. Staff have prioritised patient meal times and have been freed up to assist with delivery of meals;
- Revised staff break times to support delivery and supervision of patient;
- Improved communication with Hotel Service Staff resulting in improved working practices for all staff on Ward 6;
- Improved patient experience at meal times
- Introduction of a ‘Patient Status at a Glance’ Board in an effort to minimise interruptions particularly during medicine rounds.
- Staff are using a more structured approach to advise relatives about telephone contact with the ward. Over time it is anticipated that specific material will be further developed to support this. It is also anticipated that the introduction of a new dedicated ward based clerical resource will assist efforts to reduce nursing time spent dealing with interruptions.

Silverwood Ward

The first activity follow was completed using generic Releasing Time to Care materials. The team completed an activity audit and analysis over an eight hour time frame. More recently specific mental health materials have been received by the Trust and the ward manager has reviewed these and is currently using these resources.

- Improved use of nursing time spent in the administration of medicines, through an identification of ‘waste’ in the clinical room and a reorganisation of the room. This is coinciding with a measured risk managed approach to the introduction of integrated medicines management as part of wider Trust work in this implementation;
- Improved use of nursing time through a reorganisation of the staff base to try to improve efficiency;
- Reduction in interruptions through the use of a “Patient Status at a Glance” Board.

The Releasing Time to Care programme is still in the early stages of development within Southern Trust and therefore its potential impact is as yet not fully measurable. However the implementation of this programme with the Trust based upon the outcomes realised from other UK Trusts would include:

Increased nursing time spent on direct patient care;
- Safer reliable delivery of care, supporting better patient outcomes;
- Improved patient experience;
- Empowered and confident ward staff working within a continual improvement ethos;
• Better organised, more efficient wards which results in increased direct patient care time.
## SUMMARY OF IMPLEMENTATION PROGRAMME AND RESOURCES TO SUPPORT RELEASING TIME TO CARE

### Phase One

<table>
<thead>
<tr>
<th>Role</th>
<th>Time required</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Releasing Time to Care Train the Trainer Programme</td>
<td>Provided by Lean Healthcare Academy</td>
<td>£6,400</td>
</tr>
<tr>
<td>Delivery of Lean Master Classes and RTTC foundation modular training programme</td>
<td>3 days Lean Master Class 4 days foundation modular training programme</td>
<td>£ Cost Neutral This could be provided by Head of Reform</td>
</tr>
<tr>
<td>Executive Lead Support</td>
<td>0.5 days per month</td>
<td>£ Cost neutral If this can continue to be provided by Acting Director of Acute Services or alternate Director</td>
</tr>
<tr>
<td>Project Lead / Project Management support</td>
<td>Up to a maximum of 4 days per week</td>
<td>£ Cost neutral If provided by Head of Reform</td>
</tr>
<tr>
<td>Senior Nurse Lead</td>
<td>0.5 days per week per acute / non acute wards</td>
<td>£ Cost neutral If this could be provided by the lead nurse for the allocated site as per pilot projects Alternatively £18,579 0.4 WTE Band 8A backfill if this continues to be provided by Assistant Director Nursing Workforce Development &amp; Training Nursing Governance</td>
</tr>
<tr>
<td>Project Facilitator/s</td>
<td>0.5 days per ward per week</td>
<td>£ Cost neutral If this could continue to be provided in house by Practice development Facilitators as per pilot wards.</td>
</tr>
<tr>
<td>Project teams release to attend RTTC training and implement the programme</td>
<td>Week One 3 days Lean Skills  Foundation Modules 4 days  Total 7 days over a 15 week period</td>
<td>£ Cost neutral  No backfill to date has been provided on pilot wards*</td>
</tr>
<tr>
<td>Training Resources</td>
<td></td>
<td>£ Cost neutral  Utilisation of Trust existing training facilities</td>
</tr>
<tr>
<td>Purchase of digital camera and camcorder</td>
<td>Shared resource across all wards</td>
<td>£600</td>
</tr>
<tr>
<td>Involvement of Support Services</td>
<td>Support service involvement including Estates Services  Hotel Services  Pharmacy Supplies &amp; Stores  Information Team</td>
<td>Ward budget to be agreed in keeping with ward reconfiguration programme</td>
</tr>
<tr>
<td>Total Costs</td>
<td>Train the Trainer £6,400  Backfill Nurse Lead Band 8a £18,579  Backfill Practice Development Facilitators £16,776  Digital Camera and Camcorder £600  Ward budget to support Estates</td>
<td></td>
</tr>
<tr>
<td>Total Costs</td>
<td>improvement work</td>
<td>£TBA</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>Excluding Backfill Costs</td>
<td>£7,000</td>
</tr>
<tr>
<td></td>
<td>Including Backfill Costs</td>
<td>£42,355</td>
</tr>
</tbody>
</table>

* Contact with other UK Trusts supports the assumption that nursing backfill is not the norm when undertaking the Releasing Time to Care Programme.
PROJECT STRUCTURE TO SUPPORT IMPLEMENTATION OF RELEASING TIME TO CARE PRODUCTIVE WARD

The following resources would be necessary to support delivery of a trust wide implementation of the Releasing Time to Care programme and to maximise the potential benefits of this model.

Executive Leadership

Active involvement of the Executive Lead for Releasing Time to care coupled with senior management team support is proven to make a significant difference to the success of the programme. This includes:

- Being an advocate for Releasing Time to Care;
- Chairing the steering group;
- Visiting wards;
- Providing the project lead with direct access to their time;
- Unblocking any issues that may arise.

Senior Nurse Leadership

The senior nurse role provides immediate nursing leadership to support the implementation/roll out programme. During the pilot period this has been provided by the Assistant Director Nursing Workforce Development & Training Nursing Governance supported by the Nurse Managers in both OPPC and Medicine and Unscheduled Care.

In particular the senior nurse:

- Ensures that the work complements and connects with other regional and national initiatives;
- Provides advice to ward teams, project manager and others as appropriate;
- Visits ward teams;
- Works with the project manager to develop approaches to manage and deal with issues that might arise including challenges;
- Supports the delivery of an information and communication strategy;
- Supports the identification and selection of wards to participate in the planned programme;
- Liaises with external organisations as appropriate;
- Supports the Executive lead and Project Lead / Project Manager;
- Acts on behalf of the Executive Director of Nursing, ensuring that Senior Nurse Midwifery Governance Forum and associated nursing governance forums are regularly updated.
Experience thus far suggests that dedicated time, circa two days per working week, is required to effectively deliver this role. This could be a shared role by the Lead Nurse / Nurse Manager from each of the acute and non acute ward sites. It is suggested that 0.5 days per RTTC ward.

**Project Lead / Project Management**

The role of the project manager would include the operational management of the project ensuring timescales were met, managing expectations, enabling ward staff, tracking progress and quality, managing information requirements, briefing the executive lead and ensuring the smooth roll out of the programme across all wards. Based on the learning of other UK Trusts is that dedicated project manager is required to lead the operational delivery of the programme and support a four ward phased implementation plan every 15 weeks. This would enable the implementation of 36 wards over a two year period.

Experience thus far suggests that dedicated project management / leadership time of a minimum of 4 days per working week is required to effectively deliver this role. The Head of Reform could potentially deliver this role.

**Project Facilitation**

The roll out of releasing time to care programme would be supported by Improvement Facilitators based on the learning of other UK Trusts. This role would offer practical support to ward teams including guiding and coaching, offer practical guidance on the implementation of lean tools and techniques, support ward leaders in developing facilitation skills and assist ward leaders in planning and setting ward based objectives. Experience to date from the pilot wards would suggest that this role could be supported by practice development facilitators who have been actively involved in the Releasing Time to Care Programme. Experience to date suggests that each facilitator would offer 0.5 days support per RTTC implementation ward per week.

**Involvement of Support Services**

Key to the implementation of the Releasing Time to Care programme is agreed support from support services to assist in areas such as:

- Estates services to advise / assist in ward redesign;
- Information Team support to provide the baseline metrics;
- Hotel services to be actively involved in the review of patient meals;
- Pharmacy to advise on medicine management;
- Stores to support the review of current stock level versus usage.
Project Plan

The Releasing Time to Care Programme could ultimately cover all acute, mental health and non acute hospital sites. However, Senior Management Team agreement on how best to approach the implementation plan would be necessary.

Based on the SHSCT learning to date from the three pilot wards it may be best to consider a separate implementation plan for mental health acute hospital wards. The III NHS has piloted and adopted a mental health Releasing Time to Care Productive Ward Series prepared to specifically support mental health teams.

Please see attached Gantt chart for proposed implementation plan.

Overview of Wards

Table One Ward by Site:

<table>
<thead>
<tr>
<th>Acute Sites</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craigavon Area Hospital*</td>
<td>21 wards</td>
</tr>
<tr>
<td>Daisy Hill Hospital*</td>
<td>10 wards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Acute Sites</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyrone</td>
<td>2 wards</td>
</tr>
<tr>
<td>Lurgan Hospital</td>
<td>4 wards</td>
</tr>
<tr>
<td>Mullinure Hospital</td>
<td>1 ward</td>
</tr>
</tbody>
</table>

Total Wards Acute and Non Acute Sites 38 Wards

<table>
<thead>
<tr>
<th>Mental Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluestone Unit</td>
<td>**4 wards</td>
</tr>
</tbody>
</table>

**Learning Disability Longstone Hospital ***

- * including paediatric and maternity wards on both acute sites;
- ** Mental Health Releasing Time to Care Productive Ward is now available as a stand alone training programme;
- *** a potential roll out to Longstone Hospital would require further consideration with the relevant Director
Options and Models for Spread

Option One Basic Model Start Small and Expand Rapidly

<table>
<thead>
<tr>
<th>Phase One</th>
<th>Number of Wards</th>
<th>Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showcase wards</td>
<td>15 Weeks</td>
<td></td>
</tr>
<tr>
<td>Phase Two</td>
<td>4 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Three</td>
<td>6 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Four</td>
<td>8 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Five</td>
<td>8 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Six</td>
<td>8 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Seven</td>
<td>2 Wards</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Total</td>
<td>36 Wards</td>
<td>2 Year implementation plan</td>
</tr>
</tbody>
</table>

Spread Aims

36 wards in two years

Resource Requirements

- 1 WTE Project Leader / Project Manager
- 2 WTE Improvement Facilitators

Basic Approach

Intensive support invested in showcase wards building up 7 phases introduced every 15 weeks to enable implementation of RTTC in 36 wards over 2 years.

Advantages

- This option would support the implementation of Releasing Time to Care Productive Ward programme in the Trust;
- This option would provide enable the 3 foundation modules to be delivered;
- This option would provide intensive support to the showcase wards and subsequently to the implementation wards for each phase of the programme;
- This option would enable implementation of the programme over a two year period on both acute and non acute hospital sites.
Disadvantages

- This option would be resource intensive as a result of the proposed number of wards participating in the implementation programme at any one time.

Option Two Start Medium and Expand in a Linear Fashion

<table>
<thead>
<tr>
<th>Phase One</th>
<th>Number of Wards</th>
<th>4 Wards</th>
<th>Time Line</th>
<th>15 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase Two</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Three</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Four</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Five</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Six</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Seven</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Eight</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
<tr>
<td>Phase Nine</td>
<td>Number of Wards</td>
<td>4 Wards</td>
<td>Time Line</td>
<td>15 Weeks</td>
</tr>
</tbody>
</table>

Total: 36 Wards 2.6 years implementation plan

Spread Aims

36 wards in two years and 7 months

Resource Requirements

0.8 WTE Project Leader / Project Manager
0.4 WTE Improvement Facilitators

Advantages

- This option would support the implementation of Releasing Time to Care Productive Ward programme in the Trust;
- This option would provide enable the 3 foundation modules to be delivered;
- This option would provide intensive support in the showcase wards and subsequently in the implementation wards for the each phase;
- This option would enable implementation of the programme over a two year period on both acute and non acute hospital sites.
Disadvantages

- This option would take a longer timeframe to complete implementation across acute and non acute sites.

CONCLUSION

In conclusion;

- Formal evaluation of the Releasing Time to Care programme has been completed in Scotland in 2008 and a similar evaluation is being undertaken in England by The National Nursing Research Unit Kings College London, is planned to be completed in Summer 2009. Informal evaluation by Trusts within the England and formal evaluation in Scotland agree that the implementation of RTTC.

  - Increases the amount of time available for staff to spend directly caring for patients
  - Offers ward teams the opportunity to develop skills to focus on ward processes, thereby improving efficiency;
  - Contributes to improving staff morale and team working;

- RTTC supports the implementation of other national and regional programmes including reducing hospital acquired infection, the National Patient Safety Programme, Safer Patients Initiative and “Get Your 10 a Day the Nursing Care Standards for Patients Food in hospital”.

- The Releasing Time to Care programme has the potential to equip frontline staff with the necessary skills and confidence to redesign and improve the way wards are run by analysing current working practices. The small improvements realised from reviewing current work practices when added together can result in a significant gain in time which can be redirected to patient care.

- As each phase of the RTTC implementation plan is completed and it may be possible to reconsider some of the options for integrating and resourcing the programme as it ceases it be the Releasing Time to Care Productive Ward Programme and becomes the way we do business in this organisation.

- The roles of the Ward Manager and Lead Nurse are vital to the success of this programme. Ward Managers need to be highly motivated and enthusiastic to ensure team participation, ensure spread and sustainability of this programme and to support the development of a continuous improvement culture at ward level.
• Experience to date would suggest that wards should not be selected unless they have expressed an interest in implementing the RTTC programme on their ward. The selection of wards within close proximity helps to stimulate the sharing of experiences and can also bring forward possible benefits around staff flexibility between wards due to consistent standards and working procedures. Focusing on wards with one Nurse Leader can maximise implementation as there can be greater communication and benefits around staff flexibility.

• The pace of implementation is dependent on the ability of the Trust to source the necessary internal and external resources to enable the implementation of Releasing Time to Care. A one week reflection period after each implementation phase offers an opportunity to adjust the project plan as necessary to ensure the original aims and objectives of the programme are being met and to build on learning from implementation wards.

• Equipping Ward Managers with the appropriate skills required to lead their teams through Releasing Time to Care will involve a number of approaches including “on the job coaching”, experience based learning, action learning sets and class room teaching. Ongoing peer support and peer challenge will enable and support shared learning and development during this programme.
APPENDIX ONE
TRAINING PROGRAMME OVERVIEW

Lean Master Class

This ‘master class’ would be aimed at implementation / senior staff who would be involved in the Realising Time to Care including Executive lead, Project Manager, Project Facilitators and project teams. This would be delivered as a detailed “hands on” three day workshop covering:

- Lean Healthcare overview
- Capacity and Demand
- Visual Management
- Problem solving
- Process flow analysis
- 6S Workplace Organisation

On completion of the lean continuous improvement three day programme ward managers and their teams would embark on the Releasing Time to Care - The Productive Ward programme. The modular programme would be offered one day per month over a four month period. There are three foundation modules which are designed for delivery through workshops and self directed learning which can be followed up by picking from any of the 8 process modules.

The three foundation modules are:

- **Knowing How We are Doing**
  
  This module is based on developing measures to assist the ward team make informed decisions, monitor progress and focus their efforts on areas that require attention.

- **Well Organised ward**
  
  This module focuses the ward team’s attention on making the ward areas work for the staff. The ward team will define standardised processes and understand how they can save time, understand visual management tools and how they can sustain agreed changes.

- **Patient Status at a Glance**
  
  This module supports creating patient information boards that improve communication, the patient experience and patient flow.
Process Modules

There are an additional eight process modules which are tailored at supporting the ward team progress identified areas that require further improvement.

The process modules are designed to be flexible. After implementing the three foundation modules they can be accessed separately, in parallel or in sequence depending on the needs of the ward. These are designed to build on the three foundation modules and could be offered over a series of 1 day workshops. Each process module could be delivered over a morning or an afternoon session and be subsequently linked to a second follow up half day problem solving and evaluation session. These modules would require the support of the project facilitators.

- **Meals**

  This module enables the team to review the current provision of patient meals on the ward including reducing the time the team spends physically delivering meals and allow more time for the team to assist with feeding and ensure proactive nutritional assessment for the patients in their care.

- **Medicines**

  This module focuses on medicine rounds and ensuring they do not clash with other ward processes. Reducing interruptions on staff and ensuring the safe delivery of medicines to patients.

- **Admission and Planned Discharge**

  This module looks at removing the rush from admissions and discharges by making the process planned. Ensure the team focus on timely and supported discharge processes liaising with colleagues in both primary and community care services to aid discharge, at the correct point in the patient journey.

- **Shift Handovers**

  This module aims to reduce the time the team spends on handovers, while making the information handed over more appropriate, easier to remember and easier to understand.

- **Patient Hygiene**

  This module aims to ensure the dignity of the patients by delivering safe, clean and responsive care.

- **Patient Observation**
This module supports the ward team in increasing the standard of patient observations being carried out. Ensure they are accurate and that appropriate action is taken on the results.

- **Nursing Procedures**

  This module aims to improve the supporting processes for nursing procedures so they are consistent, a better patient experience and achieve the standards the Trust aspires to.

- **Ward Round**

  This module reviews ward round processes to ensure clarity of outcome and clear planning from ward rounds while making the ward round quicker and more consistent.