NHS Institute Worldwide

Promoting Healthcare Excellence Globally
Our Vision

To meet the international market need for improvement in healthcare services, the NHS Institute established a separate division, NHS Institute Worldwide.

“Our vision is to create a vibrant and sustainable business which builds energy and enthusiasm for evidence based change and promotes improvement learning from and to the NHS worldwide.”
Our Approach

Worldwide provides something both distinctive and proven to address a range of international healthcare issues.

Healthcare systems and organisations across the world have the common aim of continually improving the quality of care they provide to patients, whilst at the same time increasing productivity and efficiency.

NHS Institute Worldwide brings **tried and tested products** from the NHS Institute for Innovation & Improvement, to international healthcare providers, **enabling them to make a difference to hundreds of thousands of patients across the globe.** At the same time we bring back best practice from around the world for the benefit of the NHS.
What is the work of the NHS Institute?

The purpose of the NHS Institute for Innovation and Improvement is to support the transformation of the NHS, through *innovation, improvement and the adoption of best practice*

We are the *NHS' own improvement agency*, pioneers in effective innovation, continually learning and translating great ideas from other sectors

The NHS Institute is currently in the process of transforming into a new organisation that will have a stronger commercial edge and will continue to support the quality and efficiency challenges facing the NHS
Some facts about the NHS Institute?

- Established in 2005
- Headcount of 280 staff
- Working with 80% of NHS trusts to deliver products, services, assistance with implementation and training to help organisations increase productivity and efficiency and improve care.
- 300+ products and services
- Focusing on Return on Investment and Measurement
- In five years we have developed proven and effective products in critical clinical areas which could save the NHS £6bn
Our Engagements
Worldwide has developed a global engagement capability
How we work

Worldwide has an engagement approach which focuses upon adapting NHS learning and evidence to the international environment.

NHS Institute Worldwide engages with its international partners by drawing together three core elements:

- Licensed access to NHS materials and its supporting evidence base
- Training and support packages designed assist in the delivery of the licensed materials
- System-wide thought leadership in service improvement

NHS Institute Worldwide draws upon the extensive experience of the NHS Institute in implementing products and services within the NHS and the wider internationally community.
Our Portfolio

Worldwide has a small portfolio of products which have been delivered in the international market

<table>
<thead>
<tr>
<th>Licenses and Services / 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productive Ward (Releasing Time to Care)</td>
</tr>
<tr>
<td>The Productive Operating Theatre</td>
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<tr>
<td>Productive Leader</td>
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<tr>
<td>Productive Community Services</td>
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<td>Productive Community Hospital</td>
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<tr>
<td>Sustainability Tool</td>
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<tr>
<td>Productive General Practice</td>
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</tbody>
</table>

*Note: The image contains a table that outlines the product portfolio and associated services.*
“The Productive Series is probably the strongest product in the world for driving change in providers (of healthcare).”

Jim Easton –
Director of Quality, Innovation, Productivity and Prevention, Department of Health
What is the Productive Series?

The Productive Series is a set of improvement programmes, aimed at driving up both the quality and efficiency of care, by streamlining the way they work, eliminating time-wasting and releasing capacity, to ensure that we get better outcomes for patients.

Implementing the programmes involves all grades of staff to make changes that improve the quality, reliability and safety of patient care.

As part of the Department of Health’s Quality, Innovation, Productivity and Prevention (QIPP) programme, the NHS Institute is aiming to get all trusts in NHS England delivering productive care by 2013.
Delivered in a modular context, The Productive Ward is having a significant impact all over the NHS. Ward and service teams are developing the skills and capacity to drive their own continuous improvements.
Releasing Time To Care

“Everything I need to do my job is conveniently located”

“The paperwork is easy to understand and quick to complete”

“I am not interrupted by people requesting information or looking for things”

“Handovers are concise, timely and provide all the information I need”

“We have the information we need to solve our own problems, and find out if we were successful”

Opportunity to increase safety and reliability of care

Role Time (e.g. nurse)

Total Time

Motion

Admin

Discussion

Handovers

Roles

Information

Direct Care Time

© NHS Institute for Innovation and Improvement, 2012
What can The Productives do for patients?

- Increase direct care time
  - Its about treating the person holistically and empowering them to take control of their conditions
    - Coventry Community Health Services
  - It gives the patients something back that they may have lost - control
    - Salford Royal Foundation Trust

- Reduce patient complaints
  - (St George’s Healthcare NHS Trust)
  - Patient experience and direct feedback means that we can act on and address issues immediately
    - Hinchingbrooke Health Care NHS Trust

- Staff survey indicated that 100% of staff felt they had more time to spend with patients and involve them in their own care
  - Salford Royal Foundation Trust
Can be transferable to different health/specialist care settings across integrated services

- Maternity
- Cleaning
- Rehabilitation and Recovery
- Human Resources
- Forensic
- Paediatrics
- Emergency care
The benefits of Productive Ward

By becoming more productive and reducing waste, a number of key benefits are being realised:

**Quality benefits** – better patient experience, more direct patient facing time, reduced harm events, reduced infection rates.

**Productivity benefits** – time freed for other priorities, streamlined discharge processes and reduced harm resulting in reduced length of stay and reduced excess bed days, increasing the volume of activity.

**Financial benefit** – better utilisation of resources, staff and capacity, improved stock control, reduced agency and bank staff usage, reduced overtime, reduced cost from harmful events, reduced readmissions.

**Staff benefits** – empowered staff with improvement skills, improved morale and satisfaction, development of leadership capacity, reduced sickness absence.
What you can do…

By implementing simple things like:
• protecting meal times
• working with patients individually on their care plan
• protecting drug rounds
• preventing interruptions at staff handovers
• streamlining discharge processes

Trusts have:
• reduced errors
• improved safety
• helped patients to get the care they need in a timely way with the right support.
On average staff have **freed up to 20-30%** of additional time. This extra time can be used to focus on important improvements including:

- safety and infection control
- improving nutrition and hydration
- better co-ordinated care across departments
- more focused time with patients and their families
- improving ward and medicine rounds
- using theatres better to reduce waiting lists.
Evidence

“The Productive Ward has the potential to deliver £270m (€33,306,120) in productivity and efficiency savings across 139 acute trusts in NHS England by March 2014.”

Rapid Impact Assessment of The Productive Ward
NHS Institute for Innovation and Improvement, 2011

The Productive Ward can help organisations make significant improvements in their productivity and efficiency.

Improving healthcare quality at scale and pace - Lessons from The Productive Ward: Releasing time to care™ programme
National Nursing Research Unit at King’s College
Airedale NHS Foundation Trust has intentionally invested the time released through implementation of The Productive Ward in several patient safety initiatives, including a focus on reducing infections.

Between 2008/09 and 2009/10 they reduced their C. Difficile incidents by 91% and MRSA by 75%.

The Trust has attributed a year on year cost saving of £177,300 (€218,710) to the avoidance of MRSA and £98,100 (€121,012) to the avoidance of C. Difficile.

These figures are based on avoided bed day costs.
This year we also looked at Unplanned Absences. Trialling on Ward 2 and in August rolled out to all the wards.

RIA findings in relation to Staff Absence: 50% attributable to PW with a year on year financial saving of £184,748 (€ 227,897)

Source: Airedale NHS Foundation Trust
Impact example

Countess Mountbatten House at University Hospital Southampton NHS Foundation Trust used The Productive Ward to focus on reducing patient falls (achieving a 52% decrease), reducing harm events and the corresponding length of stay.

University Hospitals of Leicester NHS Trust reported a 23% increase in the amount of time available for direct patient care as a result of efficiency savings achieved through The Productive Ward.
Recent Case Studies evidencing impact

The Productive Operating Theatre

£2m saved in first 12 months

Since implementing The Productive Operating Theatre programme, University Hospitals Bristol NHS Foundation Trust has achieved a £2 million saving as a result of reductions in waiting lists. The Trust started the programme in 2009 having already reaped the benefits and learning of implementing The Productive Ward programme.

In the first 12 months of implementing The Productive Operating Theatre programme, University Hospitals Bristol NHS Foundation Trust (UH Bristol) has saved £2 million through reducing waiting lists.

Sarah Nadler, Deputy Director of Nursing, Surgery Head & Nick Denson says: “We have focused on using the capacity we have to effectively reduce waiting lists, which has led to a saving across the trust of £2 million.”

The saving was achieved by the trust stopping waiting list initiatives requiring additional payments to staff by ensuring:

- Each funded consultant PA was allocated to a fixed theatre session. A small, but nonetheless significant number, were not allocated to a fixed theatre slot.
- Team job planning had a robust mechanism to ensure that if a session is dropped it is picked up by another member of the team.

A six-week look ahead, which tracks sessions that were dropped and whether they have been picked up and that lists are full.

The trust is looking at other parts of the programme that may help generate further savings, including finding ways to reduce the number of last minute cancellations and improving list utilisation. Head of Surgery - Head & Nick Denson, Dr Mike Niven says: “Productive theatre is a programme that supports improving patient experience and safety and at the same time, through strong clinical leadership, drives and improves the efficiency and cost effectiveness of the clinical services we provide for our patients. Well done to all the theatres staff and their colleagues for the energy and commitment they have shown to the programme, and I encourage and support its continuation into 2011/12.”

Theatre staff at Queen's Day Unit, Bristol Royal Infirmary, who have been involved in The Productive Operating Theatre programme.

Productive Community Services

£134,000 saved on smarter stock management

Community teams at Leicestershire County and Rutland Community Health Services have saved over £134,000 by improving the way they order and manage stock. The improvements result from work introduced as part of the Productive Community Service’s programme, Well Organised Working Environment module.

“Before we started the Well Organised Working Environment module, teams thought that their stock levels were normal” says Emma Camp - Releasing time to care™ Project Lead. “Teams didn’t realise how expensive certain items were and there were some who used to have more than one person ordering, which could lead to duplicate orders.” It became apparent that one of the areas where savings could be achieved was through the number and type of dressings being used.

With the help of Tissue Viability nurses, the District Nursing team carried out a dressing audit for one week, monitoring each of the different dressings that were being used each day. “The results of the audit found that stock levels were far too great” says Emma.

“The team only needed a quarter of what they had in stock. We also found £20,000 worth of expired stock that could no longer be used.”

The team saved £46,500 by reducing the stock ordered each week and by using up surplus stock.

“We deal with 13 teams and the volume of stock each team held varied” says Ruth Moore - Project Facilitator.
Evidence of other benefits

- 15% reduction in length of stay
- 50% reduction in staff interruptions
- Patient complaints reduced by 64%
- £40k stock savings in one ward
- 400% increase in early discharges
- Medical errors reduced by 87%

Note: In some cases The Productive Ward has attributed to the above benefits (Improving healthcare quality at scale and pace - Lessons from The Productive Ward: Releasing time to care™ programme National Nursing Research Unit at King’s College)
National data collection on Productive Ward coverage:

8 out of 10 Strategic Health Authorities (SHAs) achieved The Productive Ward target.

• The average number of wards implementing the foundation modules of The Productive Ward across the NHS is now 67%.

• The average number of wards implementing the foundation modules of The Productive Mental Health Ward across the NHS is now 46%.

• 32% of theatres in the NHS in England have started the implementation of The Productive Operating theatre. Eight out of the ten SHAs achieved their target level.

• All SHAs achieved the target set for organisations trained in Productive Community Services.
It was found that by implementing The Productive Ward, an average NHS trust could generate an overall return on investment of £1.3m over a four year time period.

When implementing The Productive Ward, it is important that staff responsible for implementation understand the linkages between their actions and the required financial outcomes.

Throughout the implementation staff need to be able to:
1. Track progress in terms of financial savings
2. Take timely action to maximise the financial return.
Productive Ward internationally
Antwerp University Hospital (UZA) and AZ Monica
Antwerp University Hospital (UZA) and AZ Monica

- Trained in PW May 2011 – in UK
- Visits in
  - Feb 2012
  - April 2012
  - Dec 2012
12 hospitals across the Netherlands have signed up to Productive Ward and Productive Mental Health Ward, via a cooperative of 4 local companies.

Through them, the Productive Ward boxset has been translated into Dutch
Swedish Association of Local Authorities and Regions (SALAR) piloted The Productive Mental Health Ward within 5 wards/units at hospitals in Stockholm and Skåne/Lund regions in 2010.

Since then, work has increased on this programme and is now run throughout the whole of Stockholm, with the pilot wards being evaluated by the Medical Management Centre (MMC) at Karolinska Institute in Stockholm.
Denmark

Hvidovre hospital was the first hospital in Denmark to implement the Productive Ward: Releasing Time to Care programme.

Eighteen months on, the team were invited to present a series of posters at a major quality and safety conference held in Denmark in 2012.

One of the wards involved was a Gastroenterology ward; using the ‘Meals’ module the team were able to make many improvements including improving the efficiency of the meals process.

As a result patients reported increased satisfaction with the food and their nutritional status improved as a result.
A transformation opportunity for nursing

CareOregon is the convener of The Productive Ward: Releasing time to care™ collaborative in the state of Oregon. As the state’s largest Medicaid managed care organization, CareOregon invests in promising initiatives, such as Releasing time to care™, that improve population health, improve the experience of care and lower costs.

CareOregon brought Releasing time to care™ first to Oregon and we now have hospitals implementing the programme around our state and beyond. The programme has been a journey of almost two years into our releasing time to care™ journey and why its time taking. The high level of enthusiasm across the country for the programme has prompted its growth and it is now growing Releasing time to care™ in the region.

The Productive Ward: Releasing time to care™ on a mental health ward in Saskatchewan, Canada

Health Service and Clinical Innovation Division
Patient Safety Unit

Releasing Time to Care - The Productive Series of Programs

The Releasing Time to Care Programs are a suite of products developed by the United Kingdom’s NHS Institute for Innovation and Improvement (NHSI). Queensland Health purchased the licence (June 2011) to a suite of ‘Productive’ programs including the:

- Productive Ward (launched February 2010)
- Mental Health (launched March 2011)
- Community Services (launched July 2011)
- Operating Theatre (launched February 2012); and
- Leader (to be launched June 2012)

Engagement in these programs will be escalated over the next 12 months.

- The Productive Operating Theatre Program is being managed through the Access Improvement Service (ph 3131 6797).
- The Productive Leader is managed by the Healthcare Culture and Leadership Service (ph 3646 2047).
- All other programs are managed through the Patient Safety and Quality Improvement Service.
The importance of Executive support
Strong, visible support from the senior leadership team is essential for successful implementation.

Where the Productive programmes are concerned, seeing is believing.
### Core preparation

<table>
<thead>
<tr>
<th><strong>Project Team</strong></th>
<th><strong>The Steering Group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Sponsor(s)</td>
<td>Inclusive</td>
</tr>
<tr>
<td>Project Leader</td>
<td>Strong nurse representation</td>
</tr>
<tr>
<td>Improvement Facilitators</td>
<td>Objectivity</td>
</tr>
<tr>
<td>Ward Team</td>
<td>‘Reality checking leadership understanding’</td>
</tr>
</tbody>
</table>

Inclusive

Strong nurse representation

Objectivity

‘Reality checking leadership understanding’
Core preparation

**Team time commitment**

The table below details the time commitment you will need to make available to implement the Productive Ward on one ward. You will need to increase your commitment when multiples of wards are involved. You will need to maintain this commitment for at least six months.

<table>
<thead>
<tr>
<th>Team</th>
<th>Role</th>
<th>Time Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Committee</td>
<td>CEO</td>
<td>1 Hr / Month</td>
</tr>
<tr>
<td></td>
<td>Director of Operations</td>
<td>1 Hr / Month</td>
</tr>
<tr>
<td></td>
<td>Director of Nursing</td>
<td>2 Hrs / Month</td>
</tr>
<tr>
<td></td>
<td>Medical Director</td>
<td>1 Hr / Month</td>
</tr>
<tr>
<td></td>
<td>Finance Director</td>
<td>1 Hr / Month</td>
</tr>
<tr>
<td>Ward Team</td>
<td>Ward Leader</td>
<td>50% total time</td>
</tr>
<tr>
<td></td>
<td>Matron</td>
<td>20% total time</td>
</tr>
<tr>
<td>Support Team</td>
<td>Information Analyst</td>
<td>1 Day / Month</td>
</tr>
<tr>
<td></td>
<td>Finance Analyst</td>
<td>½ Day / Month</td>
</tr>
<tr>
<td>Project Team</td>
<td>Project Leader</td>
<td>50% total time</td>
</tr>
<tr>
<td></td>
<td>Project Improvement Facilitator</td>
<td>100% total time</td>
</tr>
</tbody>
</table>
Core preparation

**Briefing support services**

Before the Showcase Wards start, spend time briefing the support services about the Productive Ward concept and the likely areas of interaction with wards implementing the Productive Ward. Take them through the project plan so the support services can see when areas may require extra input.

<table>
<thead>
<tr>
<th>Support Department</th>
<th>Module</th>
<th>Likely Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates</td>
<td>WOW, PSAG</td>
<td>Painting, Floor Marking, Shelves, Display Boards, Cleaning</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Meds, APD</td>
<td>Stocking, labelling, Drug request process</td>
</tr>
<tr>
<td>Imaging</td>
<td>APD, Ward Round</td>
<td>Request process, Service Level Agreement (SLA) clarity</td>
</tr>
<tr>
<td>Catering</td>
<td>Meals</td>
<td>Delivery Process, Menus, Presentation, Equipment, Timing</td>
</tr>
</tbody>
</table>
Core preparation

**Strategic goals and alignment checklist**

The grid below is designed to help you consider the relationships between your current strategy and the Productive Ward:

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>How does the Productive Ward fit?*</th>
<th>What challenges does it pose to the current corporate strategy?</th>
<th>How do we address these challenges?</th>
<th>Can our staff see a clear link between the Productive Ward and the organisation’s strategic goals?</th>
<th>How do we measure the Productive Ward’s contribution to delivering this strategy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Strategy</td>
<td>* ensure ward managers develop leadership, and systems management competencies, to compliment clinical competencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>* develop consistent operating standards across multiple wards – enabling staff flexibility and consistent quality</td>
<td></td>
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</tr>
<tr>
<td>Corporate Governance</td>
<td>* develop ward measurement systems that provide foundations for performance management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Information Strategy</td>
<td>* provide blueprint for ward-based measurement. Drive informed decision making</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Performance Strategy</td>
<td>* ensure ward leadership make informed decisions considering financial implications</td>
<td>* LOS and staff flexibility contributes to increased productivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Strategy</td>
<td>* ensure measurement systems developed to give timely and actionable safety information to ward staff</td>
<td>* safety and reliability systems developed</td>
<td>* collaborative approach to patient safety developed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Week Wait</td>
<td>* ward-based patient journey planned from admission to discharge</td>
<td>* expectations for discharge visible from admission</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Core preparation

How will we select our showcase ward/s?

<table>
<thead>
<tr>
<th>High Will</th>
<th>Low Will</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Desperate to be rescued”</td>
<td>“Raring to go”</td>
</tr>
<tr>
<td>“No sense of urgency”</td>
<td>“Reluctant to engage”</td>
</tr>
</tbody>
</table>

Skill - capability to implement

Your showcase ward/s should look like this
Are you connected with your frontline staff?

‘opportunity to have systematic conversations with ward staff.’

the Productive series ‘joins the board room to the ward floor. Productive Ward is my way, with my senior team, of making sure that we are in touch with the frontline delivery of care.’

David Astley, formally CEO St Georges Healthcare Trust
Where we are trying to get to…

Is your organisation at a stage where the people who do the work, control and improve the work?
NHS Institute Worldwide

Contact/Information

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