

Releasing Time to Care

The Productive Community Hospital™

Project Leader's Guide

Version 1

This document is for project leaders, improvement facilitators,
site leaders and matron



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ISBN: 978-1-906535-37-7

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Introduction



What does The Productive Community Hospital have to offer you?

The Productive Community Hospital is a modular improvement programme with practical tools to help you and your clinical teams maximise the potential of the services provided in a community hospital setting. It focuses on three clinical areas; inpatients, day hospitals and minor injuries units (MIU).

The sites which have implemented The Productive Community Hospital have improved safety, reliability and have evidence of being more productive.

Staff have been motivated and enthusiastic to make changes

to the way they work and gain service improvement skills.

Early results show:

- 50% increase in throughput, number of discharges increased by 86%, time on waiting list and non-attender rate reduced in day hospitals
- 90% reduction in repetitive documentation within the multidisciplinary team
- increase in available hours to admit patients by as much as eight hours per day
- reduced time and frequency of handovers
- 50% less time to admit a patient
- positive patient feedback 'more time with nurses'
- real time information about the cost and quality of services
- significant reduction in non pay costs in MIU



What will it mean?

The Productive Community Hospital:

- offers a systematic way of measuring quality and patient outcomes
- provides real-time information to demonstrate the effectiveness of services in the community hospital
- equips frontline staff with known improvement methods
- develops staff capability for improvement and productivity
- supports staff to create the opportunity to maximise the care potential of the community hospital to address the wellbeing agenda and required NHS reforms
- increases the reliability and safety of care by the implementation of known care interventions
- ensures that every patient has a good experience
- provides evidence of improvements to patient safety and clinical outcomes
- reduces variations in practice in core procedures
- potentially reduces length of stay

Feedback from sites which have implemented The Productive Community Hospital so far is that their expectations were exceeded.

They saw their staff empowered and enthused to make challenging changes to the way they worked.





Aim of this guide

This good practice guide will help you consider and put together a practical, open and realistic plan for starting the Productive Community Hospital. It is not a how to guide for project management, rather it's a simple and quick reference of key points to combine with your experience, knowledge and existing project leadership.

The project leader should also read the Executive Leader's Guide.

Advice from project leaders

During 2007/8 four community hospitals in NHS England developed and tested The Productive Community Hospital concept.

The modules developed by these hospitals were then tested by community hospitals in eight other primary care trusts. Here, two project leaders give their advice.





Dear Colleague

Some words of encouragement for you as you embark on the Productive Community Hospital programme.

Having participated in the pilot project I wanted to share some of our experiences with you. At Farnham Hospital & Centre for Health we focused on two clinical areas: inpatients and the day hospital.

We did not know what to expect or how much work we had let ourselves in for! I have to be honest, it was a huge amount of work. But the changes we have been able to implement, the sense of achievement and pride experienced by the teams have

been worth all the effort. It has changed their way of thinking, they now have a 'can do' attitude and are looking for ways to improve their services further.

I would like to give you two tips: firstly, find a way to get as many of your team as possible, from all levels, involved right from the start. This will pay dividends later as your team will have ownership of the work with total team 'buy-in'. Secondly, the discipline of working methodically through the process and strict deadlines kept us on track and helped to maintain the momentum of the work.

You may find that once you have mapped your service and identified areas for improvement you are

keen to jump straight in with implementing changes. Don't forget to do your pre improvement measures – this caused some frustration for us as everyone was keen to get started and champing at the bit but remember – you can only demonstrate change if you have a baseline measure. Being able to demonstrate changes however small is great motivation for the team and boosts patient and carer confidence in the service you provide.

Good luck

Sue Deane
Community Hospital Matron,
Farnham Hospital & Centre
for Health



Dear Colleague

So, you are going to lead your team in the implementation of this exciting programme for Community Hospitals! When I was in your position it felt like a mammoth task. Although we were ready for it and knew it was going to help us address key areas we have spent so many years trying to tackle, or never had the time to get around to doing, I was still very sceptical. However, I was wrong!

We were supported by our director and associate director. It is vital that you are able to prioritise your workload with support from your director so that you are comfortable in saying 'no' to other people's demands and agendas. Do not underestimate the time you

will need to invest. Be realistic in what you are able to achieve and make sure you engage with your staff. I would recommend that you identify a project team which is representative of all levels of staff and professional groups. Identify leads for each area and hold weekly meetings, producing a workplan for the week's activities.

The greatest demand on your time will be supporting the staff in achieving the objectives - the week flies by so quickly! And remember, 'measure, measure, measure'. This will become your weekly mantra! Start with a module that is likely to give some 'quick wins' so the staff identify benefits early on. Many of the modules support changes to

areas of practice that staff want to change or improve. Ensure you communicate regularly with the staff so they feel involved and valued for their contribution. Celebrate achievements and report back to your director/executive lead.

We have made some real changes which are sustained. The inter-professional teamwork has greatly improved and staff at all levels are empowered and engaged in driving forward change.

Kim Parish

Head of Inpatient Care
Queen Mary's Hospital



Context



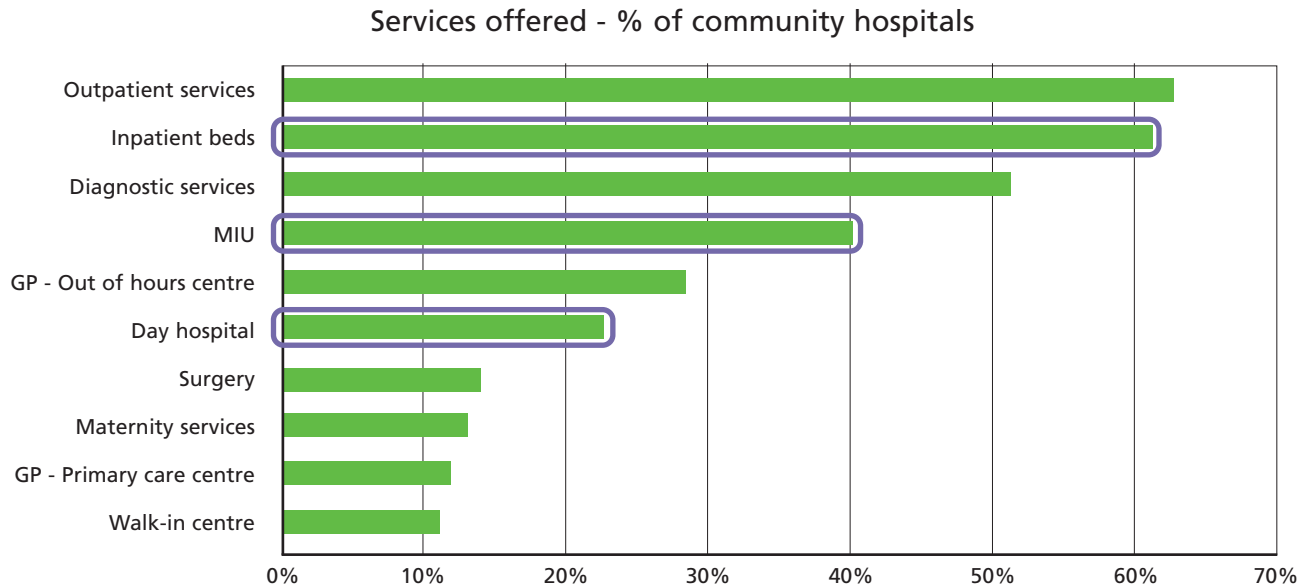
Releasing time to care - the benefits of The Productive Community Hospital

The Productive Community Hospital is an effective way of empowering and involving staff in the delivery of quality, patient-focused care. It puts them back in control of their clinical area, making the decisions that affect them and their patients on a day-to-day basis.

As with all improvement work, The Productive Community Hospital creates opportunities and strategic choices. Time saved can be used in many different ways, you need to be thinking and planning now about what you will do with this time.

Why focus on these three clinical areas?

The NHS Institute's research showed that a large number of community hospitals provide Inpatient beds, Day Hospital and MIUs. Although outpatient and diagnostic services are available in most community hospitals, they tend to host visiting clinical teams and so were excluded from this programme.



The Productive Community Hospital will help you address core objectives

Developing the capability of your existing staff and utilising service improvement and lean techniques can mean that it is possible to deliver these priorities within your existing resources.

It will provide evidence to promote yourself to commissioners and the public alike while standardising practice and measurement across the hospital, moving to a performance improvement culture.



The modules

Aim of the modules

The modules are designed to provide a no-nonsense structure for implementing The Productive Community Hospital.

All of these modules, other than the Executive and Project Leaders' Guides are designed for a self-directed learning at the clinical area level.

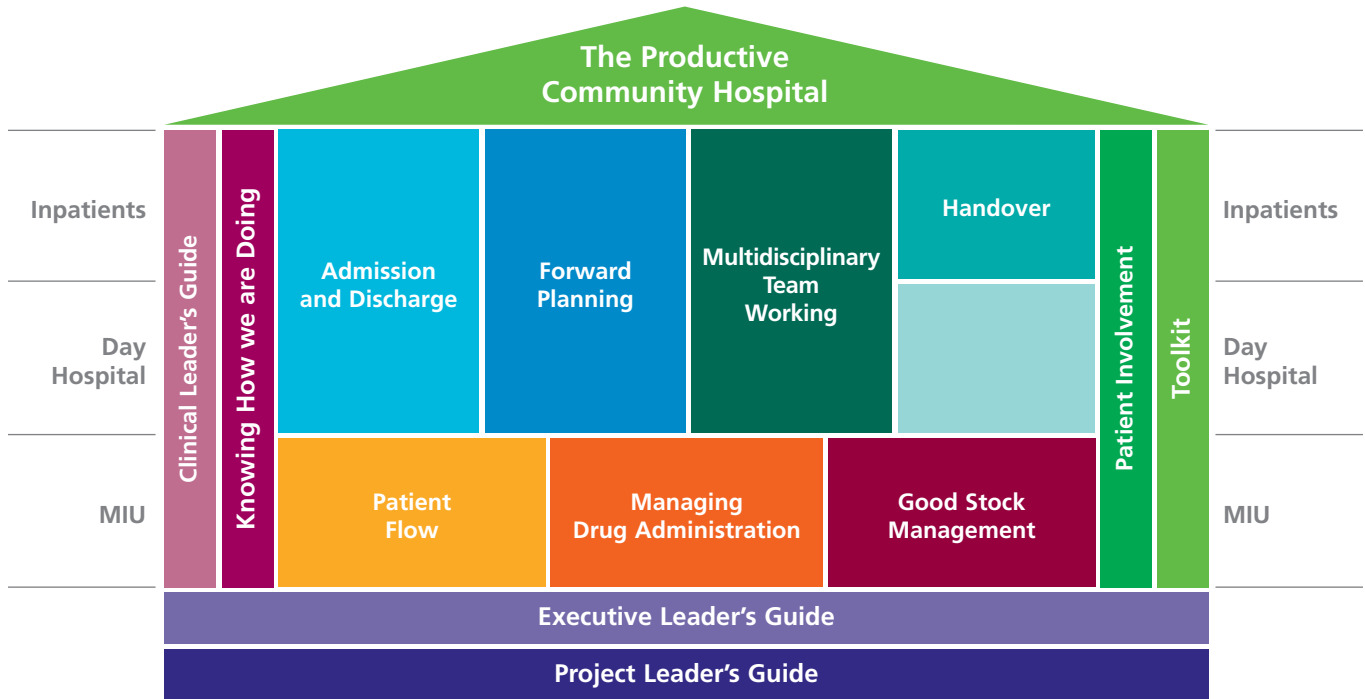
A clinical leader implementing The Productive Community Hospital will start with the Clinical Leader's Guide and then work through Knowing How we are Doing which covers the use of baseline measurements and data which provides information for improvement. It also poses the improvement question: Where are we now? and Where do we want to be as a Productive Community Hospital?

The Toolkit should be used with each module. It gives step-by-step guidance on the improvement tools required during implementation of all of the modules.

The modules are designed to be used when facilitating a team. Whether this facilitator is the clinical leader, other clinical staff member or someone external to the clinical area is dependent on the competencies of the clinical leader and the internal improvement capability of the trust.



These modules create The Productive Community Hospital



Overview of the modules

Executive Leader's Guide

What your organisation needs to commit, get started, ensure sustainability and build capability for spread.

Project Leader's Guide

Managing project resource, choosing where to start, governance, ensuring high quality implementation and planning for spread.

Clinical Leader's Guide

Key principles of The Productive Community Hospital, leading the clinical team, sustaining gains.

Knowing How we are Doing

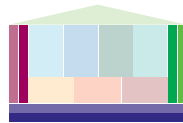
Developing measures to help teams make informed decisions in their clinical area.

Patient Involvement

Assists teams in the engagement of patients and the public in the review and development of services.

Toolkit

A step-by-step guide to all of The Productive Community Hospital tools. For teams to use in conjunction with the modules.



Minor Injuries Unit

Patient Flow

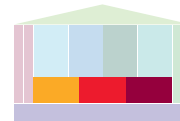
Ensure that the flow through your MIU is most efficient for the patient and staff.

Managing Drug Administration

Gives guidance for use and decision-making around Patient Group Directions (PGD) in MIU.

Good Stock Management

Makes sure the department is organised in the most productive way to improve space and reduce waste.





Inpatients and Day Hospital

Admission and Discharge

Introduce the most efficient admission and discharge practices throughout the wards and day hospital. Reduce duplication between organisations and staff members and provide a smooth patient journey through the community hospital.

Forward Planning

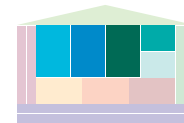
Ensure that the multidisciplinary team understand what time they have available to see and treat the patients. It will also ensure that they are able to predict and manage the flow of patients matched to the staffing resource available.

Multidisciplinary Team Working

Working as a co-ordinated and effective team in the management of the patient's journey through the ward or day hospital. Establishes effective team processes and joint working.

Handover

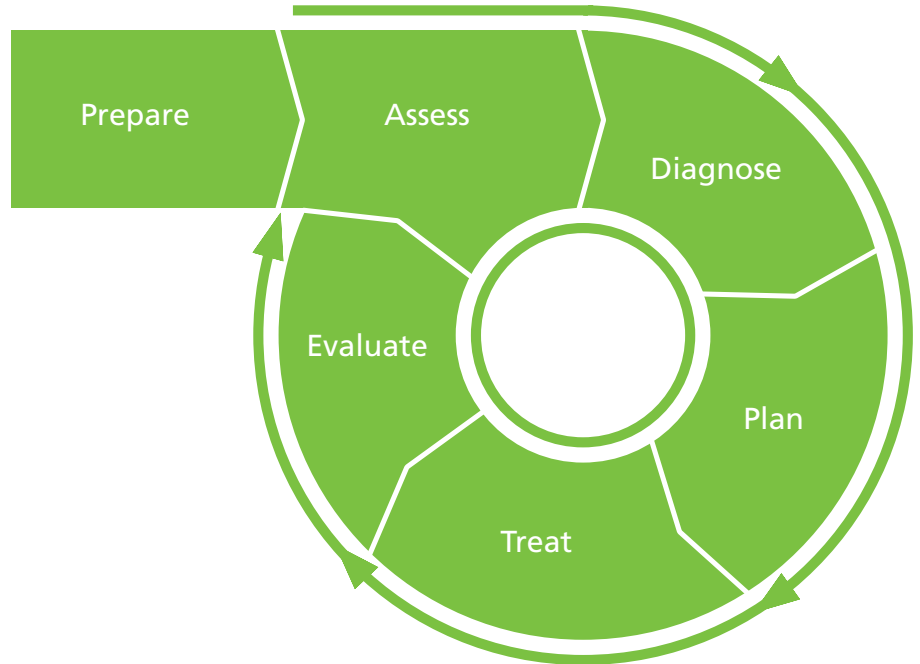
Reduce the time the team spends on handovers, while making the information handed over more appropriate, easier to remember and easier to understand.



General structure of each module: the 6 phase process

While illustrated using a patient care cycle, the six phase process is the same as the generic improvement cycle, Plan, Do, Study, Act, and gives clinical staff a structured approach to improving clinical processes that is very similar to the care cycle they are used to.

At the end of each phase a milestone checklist should be completed. Don't move on to the next section until you have done this. At the end of each module there is a module checklist. When this is completed you should move on to another module.



Your role



Your role is... is not

As project leader consider the following guidelines:

IS	IS NOT
<ul style="list-style-type: none">• planning• education• managing expectations• setting board meetings• securing resource• leading improvement facilitators• tracking progress• tracking quality• enabling clinical area staff• reflection and strategic learning• ensuring executive leader is up to date	<ul style="list-style-type: none">• micro managing clinical areas• taking responsibility for individual clinical area implementation



Skills you will need to build

You will already have all or the majority of the skills required to be a project leader. To highlight any training or development needs, consider the short list opposite. Discuss any gaps with your executive leader to ensure your needs are met.

- leading teams
- influencing skills
- resource and process planning
- managing contractors
- knowledge of the modules
- lean improvement knowledge



Reading list

The list below is a small selection of the literature available on Lean, change and basic industrial engineering techniques of the types used in the Productive Community Hospital.



The Machine that Changed the World: The Story of Lean Production

A detailed description of the Toyota Production System by researchers from MIT. The book that coined and popularised the term 'Lean'.

James P Womack, Daniel T Jones, Daniel Roos, Jan 2003, Harper Business, ISBN 0060974176



The Toyota Way: 14 Management Principles from the World's Greatest Manufacturer

Thoroughly researched account of what drives Toyota's success which restores some of the balance between the production system and the management and people systems.

Jeffrey Liker, Jan 2004, McGraw-Hill Professional, ISBN: 0071392319



Lean Thinking: Banish Waste and Create Wealth in your Corporation

Popular description of Lean and why it is a powerful methodology, backed up by examples from different sectors. Written by authors of "The Machine that Changed the World".

James P Womack, Daniel T Jones, 2003, Simon & Schuster Uk Ltd, ISBN 0743231643





The New Lean Toolbox: To Fast, Flexible Flow

Quick general reference guide to Lean and Industrial Engineering Techniques. Provides reference to many other good Lean texts and background to some of the Productive Community Hospital tools.

John Bicheno, Jan 2004, Picsie Books, ISBN: 00954124413



Freedom from Command and Control: a Better Way to Make the Work Work

Thoughtful and considerate on how to apply systems thinking and Lean principles to the world of call centres and services and the radical implications for how work is designed and managed.

John Seddon, Oct 2003, Vanguard Consulting, ISBN:0954618300



The Leaders Handbook: Making things Happen, Getting Things Done

Easy to use handbook linking world-class leadership with knowledge and practical understanding of quality systems, variation and behavioural competencies.

Peter R. Scholtes, Feb 1998, McGraw-Hill Professional, ISBN: 0070580286





Project start-up

Assessing organisational capacity and capability



It is important to assess your baseline in terms of organisational readiness and commitment to implement and sustain service improvement. A Capability Development Tool has been created for this purpose. This can be found in the Toolkit, Executive Leader's Guide Tool 1.

The Capability Development Tool requires an honest assessment of:

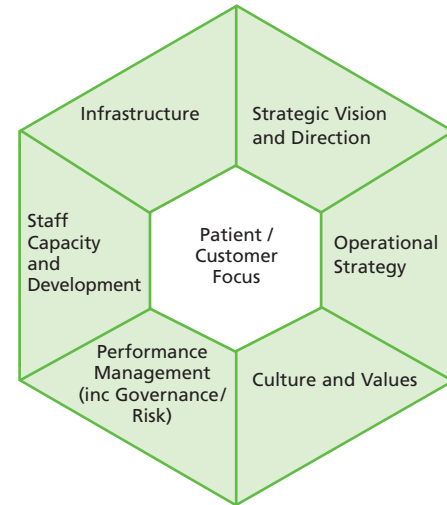
- Strategic Vision and Direction** - do you have a clear aim as a community hospital which is clearly articulated to staff, commissioners and the public alike?
- Operational Strategy** - how is this vision linked to operational practice across the hospital?
- Culture and Values** - is the strategy reflected in what people say and do across the hospital?

Performance Management - what mechanisms do you currently have in place to measure and ensure performance and manage risk?

Staff Capacity and Development - what understanding and support do staff currently have in terms of making systematic performance improvements within and across the hospital?

Infrastructure - do you have access to appropriate support in terms of information, improvement support?

Patient and Customer Focus - what mechanisms do you already have in place to routinely gather and monitor the views of patients and others about the hospital? How does this information inform the business planning/annual commissioning process?



Start-up checklist

The following checklist is designed to help you decide when your organisation is ready to physically start Productive Community Hospital implementation.

Good preparation is vital to success. Rushing into implementation can often cause difficulties later in the process. Photocopy and complete this checklist after you have read the whole document.



Communications plan	Completed?
1. Article explaining The Productive Community Hospital, and how it fits with your organisation's strategy, has been published in your organisation's internal newsletters	
2. Newsletter article mentions you and your leadership team's personal aspirations about The Productive Community Hospital	
3. The board's support, including sign off, has been communicated via internal newsletter	
4. All members of senior and middle management have been personally briefed (to include general managers, clinical leaders and support services)	
5. Union representatives briefed	
7. Briefing other stakeholders. eg. League of Friends, patient forums	



Vision	Completed?
1. The team has created and communicated their vision	
Measurement	Completed?
1. Collect your baseline measures using the Knowing How We Are Doing module	
Project management	Completed?
1. Improvement support in place	
2. Analytical support in place	
3. Project time frame mapped out	
4. Key measures are included in your senior leadership team meetings, on a monthly basis	
5. Steering group meetings planned and put in diaries for the next year	
6. Steering group meetings terms of reference completed and circulated (to include schedule, attendees and board reporting structure)	



Equipment	Completed?
1. Equipment supplied	
2. Facilities supplied	





Developing skills within your organisation

The pace of implementation is dependent on the internal capability of the trust to demonstrate the competencies required for The Productive Community Hospital implementation. While buying in external resource could be an appropriate short term solution, many trusts consider the building of internal capability a priority.

Equipping clinical leaders with the skills required to lead teams through The Productive Community Hospital could involve:

- on-the-job coaching the expert helps me learn which will be provided one day/week per clinical area during implementation
- field-and-forum ('I learn the principles then do it, with support') which might be provided through a number of academy sessions to build a core underpinning skill set through experience-based learning
- action-learning sets ('we get together to learn from each other') which might be half a day per month for all clinical area/unit leaders, facilitated by an expert coach
- classroom training ('the expert tells us how') which might work well for briefing people on specific Productive Community Hospital modules



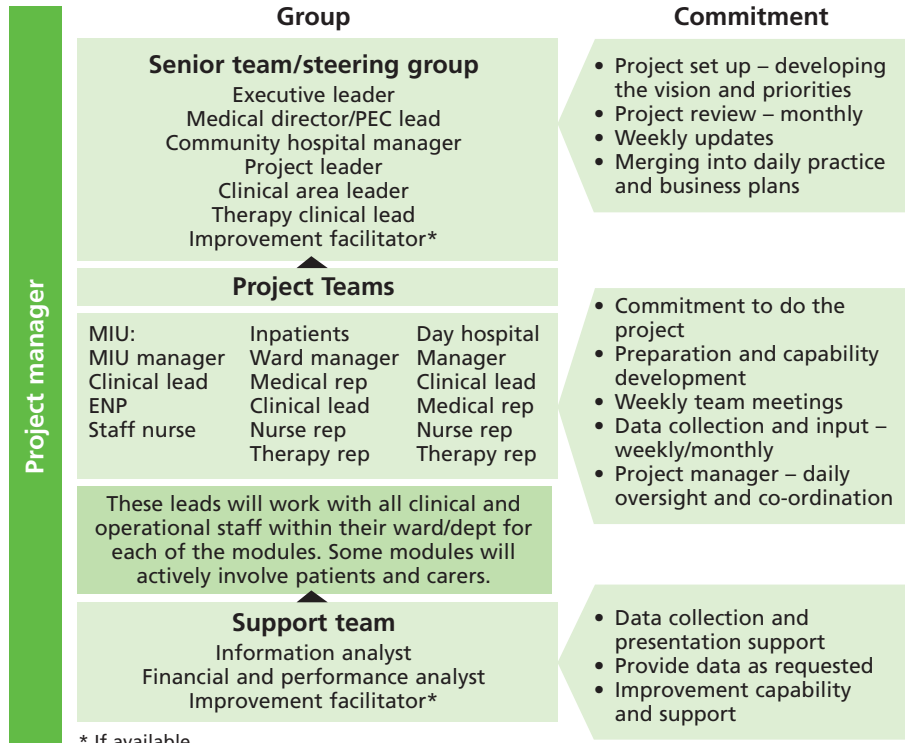
You may wish to consider an academy model based around a series of experience-based interventions (eg, three day-long workshops for clinical leaders) to:

- set out the core methodology and practice which they will need to apply, based on The Productive Community Hospital modules and tools
 - agree the nature of support that clinical staff are looking for from the expert coaches to implement the modules and apply the tools
 - set aside time during the session for clinical leaders to share learning and challenge each other
- in all capability building models, put the emphasis on practical exercises to build the confidence of participants (eg, practicing a performance conversation based on the weekly data whilst standing around the communication board and then receiving feedback from peers)
 - link Productive Community Hospital capability building into other programmes for clinical staff (eg, leadership programmes) to help participants make the connections
 - invite members of the executive team and relevant stakeholders (eg, communications, information) to capability building workshops to raise awareness and work on hospital-wide issues
 - develop mechanisms to share best practices within the hospital (eg, visual standards for store cupboards available to download from a shared drive) to avoid inconsistency and wasted time



The implementation team

The diagram details the support structure required to implement The Productive Community Hospital.



Developing the project plan

Once the practicalities of The Productive Community Hospital are understood, you and your team should develop a project plan to guide implementation. A good plan will:

- provide a mechanism for communicating 'how to' to the team and stakeholders
- help set the executive leader's expectations on timing and implementation
- highlight whether actions can actually be performed
- allow the team to track and assure progress to implementation



Approaches to creating your project plan

There are many project management techniques and guidance.

There are also a multitude of tools to support project management. Whatever method you choose, ensure that the plan you create includes the following areas:

- resource planning
- process/activity planning
- outcome planning
- milestones

Resource planning

This should include the people required when and where, as well as any budget.

Process/activity planning

What needs to be done by when. Include the tasks that relate to each section of the module that you are working on. Add in briefings, networking events and preparation.

Outcome planning

This is the most important part of any plan. It sets the standards. For each of the sections you will need an output to check to see if the element has been achieved.

You can use the milestone checklists to ensure completion of each step and to monitor progress, as shown on the next page.

Create a flash report for clinical areas to report progress to you and your executive leader on a weekly basis. An example appears on page 38.



Example - prepare milestone checklist

Move on to *Assess* only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Decide who will be involved	
Talk to staff	
Talk to patients	
Gather information from patient complaints	
Gather information from incident reports	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were challenging questions discussed and agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	



Flash report

Site and area:

Activities - last 2 weeks

Empty space for reporting activities from the last 2 weeks.

Learning points

Empty space for reporting learning points.

Date and reporter

Activities - next 2 weeks

Empty space for reporting activities for the next 2 weeks.

Activities - issues and risks

Empty space for reporting activities, issues, and risks.

Communication and engagement



Work with your communications manager to develop your communication plan.

At clinical area level take time to guide your clinical leader in the importance of good communication:

- nothing beats face to face communication
- this is a real opportunity to bridge the gap between senior leaders and frontline clinical teams

Communication will be aided by the strategic fit of the project being very clear.

Also consider the following:

Internal communication

- who should you communicate with? Remember all your hospital and trust board will want to know what is going on
- what are you going to tell them? They will want to know how it is going to affect them
- why are you communicating with them? You may want their assistance or may just feel they should know what is happening around them
- remember to tell them why your hospital is involved with The Productive Community Hospital and how it will help achieve the objectives of the hospital
- some groups may need to know because they may have an indirect role to play - such as union representatives

- ensure everybody knows what is happening in the clinical areas. You can do this by using an established system of team meetings or a regular newsletter and communication boards
- regular channels for communicating progress on The Productive Community Hospital (in hospital newsletter, intranet site etc.) and be careful to avoid jargon (eg, many clinical staff will not understand LoS)
- clinical leaders implementing The Productive Community Hospital to attend project reviews and give them a role in the meeting (eg, share stories, examples, posters, photos of what they have been doing)



First project team meeting

The first project team meeting should have the following objectives, to:

- set out the requirements of the project that have been set by the executive leader
- present the need for the project as established in the project plan
- provide the project team with a mandate to establish The Productive Community Hospital
- ensure the project team is familiar with The Productive Community Hospital process
- confirm membership of the project team and governance arrangements

Working with support services

Implementing The Productive Community Hospital will have an impact throughout your hospital, in particular in the departments that supply you with services which enable you to deliver care.

For example:

- estates/facilities
- finance
- pharmacy
- supplies
- information
- radiology
- pathology
- communications

Depending on the module you are implementing, you may need to involve different departments. Appreciate that they are also busy and agree timescales for actions to be completed.





Sustain

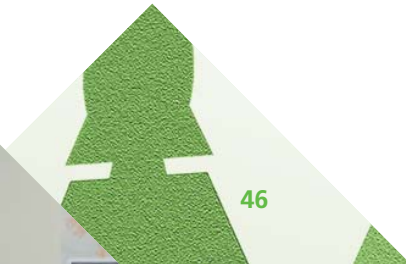
Managing upwards

A key element to sustaining your Productive Community Hospital implementation is your organisations senior leadership (executive and non executive):

- consistency of message
- approachability
- visibility
- support of clinical areas
- efforts to quickly remove barriers

Think carefully about how you communicate, manage and influence senior leaders in order to deliver the above outcomes. Talk this challenge over with your executive leader.

The Executive Leaders' Guide provides communications guidance.



Sustain

Clinical area visits demonstrate the organisation's commitment to sustain

It is vital that the executive and non-executive directors (and other senior leadership team members), spend time on the clinical areas.

Executive and leadership team visits should be planned and tracked. It is vital they are timely and consistent.

Quality control and the milestone checklists

As project leader, you are key to ensuring progress is being made.

Collect the completed module checklist featured in the back of each module. This will help you answer two questions:

- is the clinical area ready to move on to the next module?
- is the clinical area sustaining its changes and self-sufficient to carry on implementing the Productive Community Hospital?





Knowing How we are Doing

Performance is tracked against the four core objectives:

KEY MEASURE	CORE OBJECTIVES	KEY MEASURE
<ul style="list-style-type: none">• Rate of pressure sores• Rate of falls• Rate of Healthcare Associated Infections	<p>Improved patient safety and reliability of care</p> <p>Improved appropriateness of care</p>	<ul style="list-style-type: none">• Rate of Functional Improvement (FI)<ul style="list-style-type: none">• Rate of inappropriate admission / attendance• Rate of direct care to OBD*/attendance<ul style="list-style-type: none">• Referral on to other care
<ul style="list-style-type: none">• Patient satisfaction survey	<p>Improved patient experience</p> <p>Improved efficiency of care delivery</p>	<ul style="list-style-type: none">• Rates of pay costs to OBDs/attendance• Rate of non pay costs to OBD/attendance<ul style="list-style-type: none">• Average LoS*/no. of attendances• OBDs from delayed discharges

This provides you and your community hospital team with a balanced scorecard.

*OBD - Occupied bed days

*LoS - Length-of-stay

Capturing patient stories and staff testimonies

Alongside the Knowing How we are Doing measures and The Productive Community Hospital module checklists, capturing stories provides high impact evidence of change that is vital for spread.

Staff and patient stories, good or bad, help to focus the project meetings. Actively encourage clinical staff to attend, to relay patient stories and staff experience.



Recognition and reward

Plan for celebration at key milestones - the beginning, middle and/or end of each module. The celebrations should involve your staff and senior leaders.

Planning to celebrate keeps the positive energy moving. The test sites have found different ways to keep staff informed and recognised for their participation and contributions.

Internal newsletters, personal thank you notes from the chief executive or nurse director, performance appraisal recognition, are all ways to reward clinicians and thank staff for their input.



Coaching clinical teams

The quality of coaching and facilitation is very important. This is regardless of whether the facilitator is a clinical leader or a third party external facilitator.

The modules are designed in the language that clinical staff use everyday. Nurses, therapists and support staff approach patient care in a similar way. They will care for the patient...assess the patient...diagnose the problem...treat the problem then evaluate the care. The modules work in the same way, and so are easy to just pick up and start using. Instead of treating a patient, staff will be treating a process that needs changing.

Leading a staff member through this change requires you to have the ability to manage an empowered staff. You will refine your skills and fine tune your ability to know when to let the team get on with the treatments and when your negotiating and management skills are needed to provide guidance.

You will need to use a high degree of delegation skills. Often, clinical area leaders need periodic refresher courses or seminars to sharpen these skills. Be sure to take advantage of every opportunity you find to keep your own management skills as sharp as you can. Look for opportunities with the Royal College of Nursing (RCN), professional bodies, conferences and meetings/shadowing opportunities both inside and outside your organisation.

Preparing clinical leaders for steering group meetings

Steering group meetings can be a daunting experience for those not used to such an environment:

- discuss ways of making this as inclusive as possible with your executive leader
- talk personally with the clinical leaders about what to expect
- rotate clinical leaders in each steering group meeting so that as many as possible get exposure to the senior leaders of the trust

A useful way of structuring the involvement of clinical leaders is to invite them to produce a poster detailing their progress and experiences.



Sustainability

The NHS Institute has developed an easy to use Sustainability Model and Guide. You may find this useful to provide more information on sustainability across the organisation as a whole.

The Sustainability Model and Guide is available from www.institute.nhs.uk/sustainability





Spread



Standards across organisation

Once The Productive Community Hospital is underway, perhaps the greatest strategic challenge you will face will be spreading standardised processes across clinical areas and departments while still retaining the learning, knowledge and buy-in associated with teams developing the standards themselves.

Standards provide consistency of approach

Consistency of approach is vital for uniformly high standards of patient care and for workforce flexibility.

Standards are widely used in The Productive Community Hospital to build this consistency of approach.

The Productive Community Hospital leads staff in clinical areas to develop standards for workplace organisation, key clinical area processes and the management of information. This ensures best practice for the patient and also familiarity of working practice from clinical area to clinical area, allowing staff to move with ease.

Standards for key clinical area processes should always be based on best practice. The Productive Community Hospital concentrates on the process delivering the end standard, not the end standard itself.



Spread

Discuss with your executive leader, how the organisation will roll out The Productive Community Hospital.

Resource for spread

As the programme matures you can consider some of the possibilities for integrating and resourcing The Productive Community Hospital so that the methodology becomes 'The way we do business'.

The key to this is the realisation that The Productive Community Hospital is not a standard in itself, but actually a robust process for delivering the standards you specify.



Engagement/Spread

Engaged staff in multiple clinical areas does not necessarily mean a successful spread of The Productive Community Hospital.

The Productive Community Hospital is a balance between engaged staff and robust processes.

Be sure to assess the quality and robustness of your implementation by using the following:

- Knowing How we are Doing measurements routinely updated at clinical level
- robust clinical processes
- Productive Community Hospital milestones completed in each module
- measures collated using the scorecard
- learning objectives completed in each module



Reflection and learning from each phase

It is very easy to get caught up in the pace and challenges of getting your Productive Community Hospital implementation off the ground.

Time to reflect on current progress and time to adjust the project plan is vital. You need to see any issues coming rather than be surprised by them.

Ensure, that at intervals, the current status of The Productive Community Hospital is checked against the aims defined at the outset.





Acknowledgements

Thank you to all staff at:

Chippenham Community Hospital, Wiltshire PCT
Farnham Hospital and Centre for Health, Surrey PCT
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Maggie Morgan-Cooke, Head of Productive Ward/Productive Community Hospital, NHS Institute for Innovation and Improvement
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**ISBN: 978-1-906535-37-7
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