

## Releasing Time to Care

The Productive Mental Health Ward

# Therapeutic Interventions

## Version 1

This document is for ward leaders, lead nurses, matrons,  
nursing directors and directors with responsibility for improvement



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# Introduction

Therapeutic Interventions are a very frequent part of care delivery on your ward. Your team and other multidisciplinary team members will be delivering some or all of the following example interventions:

- psychosocial interventions
- art
- cognitive behavioural therapy
- stress management
- creative expression

With Therapeutic Interventions you will guide your team to enable and enhance patient recovery, over and above the high standards you already deliver. The effectiveness of your interventions depends on a well functioning multidisciplinary team which has robust communications skills, understanding of therapies and consistent processes in place.

Ensuring adequate clinical and support mechanisms for your services will maximise the time spent by your staff to therapeutically engage with your patients.

Admission to a mental health unit can be a distressing time. By establishing effective coordination of services you will provide a safer, more structured and more therapeutic inpatient experience for your patients. This will result in benefits such as:

- symptom reduction
- enhanced self-management
- reduced need for observations

By leading your team so they contribute to and adhere to their best practice standards, the result will be care delivery that is more focused towards the dignity and needs of your patients.

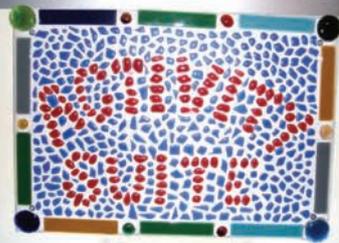
With Therapeutic Interventions you will ensure your services are created as stepping stones to inclusion, not departure points for exclusion.

Physiotherapy

ENGAGED



through ACTIVITY SU



E 04

Sitting & TV Lounge



E

Games Room



Patient Engagement Time (P.E.T)

As a patient on this Ward you are entitled to a minimum of 2 Patient Engagement Times (P.E.T) one to one sessions a week.

If you need more one to one sessions please speak to your primary nurse.



Ward Manager

Well Being

At Woodlands

Friday 11<sup>th</sup> July  
1:30 p.m.

Millbrook conference room

Come along and find out -  
What well being is about.  
What we are doing.  
How it affects you.  
What you need to know.  
How you can help.

Lunch will be provided!

Any queries, speak to Jo, Phil, Charles or John



E 23

Fitness Suite



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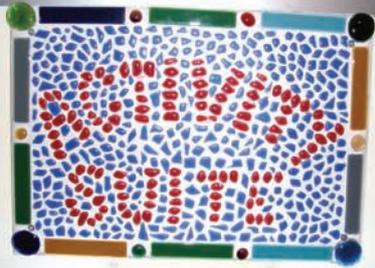
Relaxation Session In Progress!



ENGAGED



through ACTIVITY SUIT



E 04  
Sitting & TV Lounge



E 19  
Games Room

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Ward Manager

**Well Being**  
At Woodlands  
Friday 11<sup>th</sup> July  
1:30 p.m.  
Millbrook conference room  
Come along and find out -

# These modules create a Productive Mental Health Ward





E 04  
Sitting &  
TV Lounge

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Ward Manager

 [Click here to book your P.E.T](#)



Games Room

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E 23  
Fitness Suite



# *What is the Therapeutic Interventions module?*

## *What is it?*

It is a way to improve how therapeutic interventions are planned and delivered on your ward - which will result in a needs-led process, provided by the multidisciplinary team.

## *Why do it?*

Lead the multidisciplinary team to transform your therapeutic interventions so they support the individual's journey towards recovery. Your team will do this by:

- improving the patient experience
- reducing wasted time
- ensuring the right people are engaged
- ensuring the right skills
- ensuring interventions are delivered at the right time
- ensuring interventions are delivered in the right setting



## What it covers

This module will help you determine the very best way to improve therapeutic interventions:

- who should be involved
- how to prepare
- how to narrow the scope
- ideas that have worked
- creating new working practices
- spreading new standards to 'like' procedures

While no explicit reference will be made to specific elements of therapeutic interventions

it can be applied to, among others:

### *Therapeutic interventions*

- psychosocial intervention (PSI)
- cognitive behavioural therapy (CBT)
- solution focus therapy
- dialectic behavioural therapy
- creative expression
- behavioural family therapy
- well-being physical health sessions
- complementary therapy
- goal setting

- anxiety/stress management
- anger management
- relaxation
- information/advice/education sessions
- discharge groups
- psychology
- psychotherapy
- art therapy
- drama therapy
- smoking cessation

### *Diversional activities*

- art
- craft
- knitting
- quiz

- board games
- cards
- reading
- walking
- music
- gym
- badminton
- bowls
- reminiscing
- play station
- gardening
- mosaic
- singing
- TV and DVD
- chatting
- pampering
- cooking
- general exercise



## *What it does not cover*

The module does not address:

- policies and guidelines used
- storage of resources
- the combination or range of therapeutic interventions that will work best for your patient group
- how best to deliver therapeutic interventions on your ward



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If you need more one to one sessions please speak to your primary nurse.



Ward Manager



# Well Being

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## *Learning objectives*

### *The team will:*

- understand why it is important to narrow down the scope of large areas of improvement
- understand how to narrow down the scope of a large improvement area
- understand how to spread solutions to other 'like' processes
- concentrate on one therapeutic intervention so that learning can be transferred across all therapeutic interventions

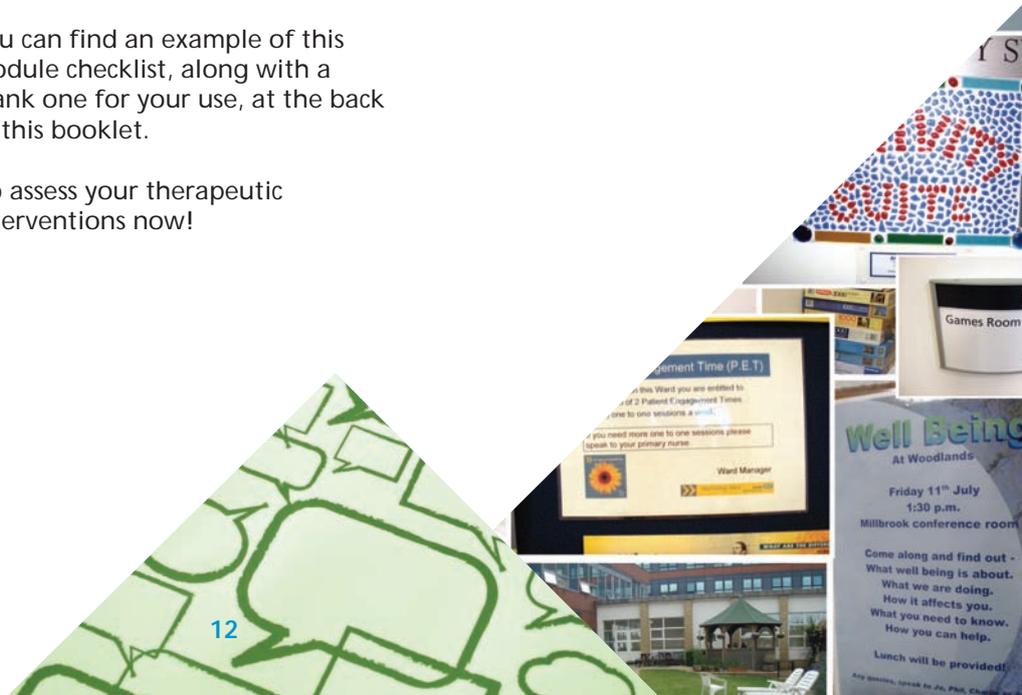
# Creating your module baseline and keeping track of progress

To help you know what your position before you begin the Productive Mental Health Ward, and actually see the progress you are making and maintaining, this module has its own 10 point checklist. These are based on the characteristics of a Productive Mental Health Ward in the area of the module. You will have carried out a complete assessment during your start up as part of the web-based Productive Mental Health Ward healthcheck.

*Remember...* it is important to have your baseline measurement and the regular measurements over a period of time.

You can find an example of this module checklist, along with a blank one for your use, at the back of this booklet.

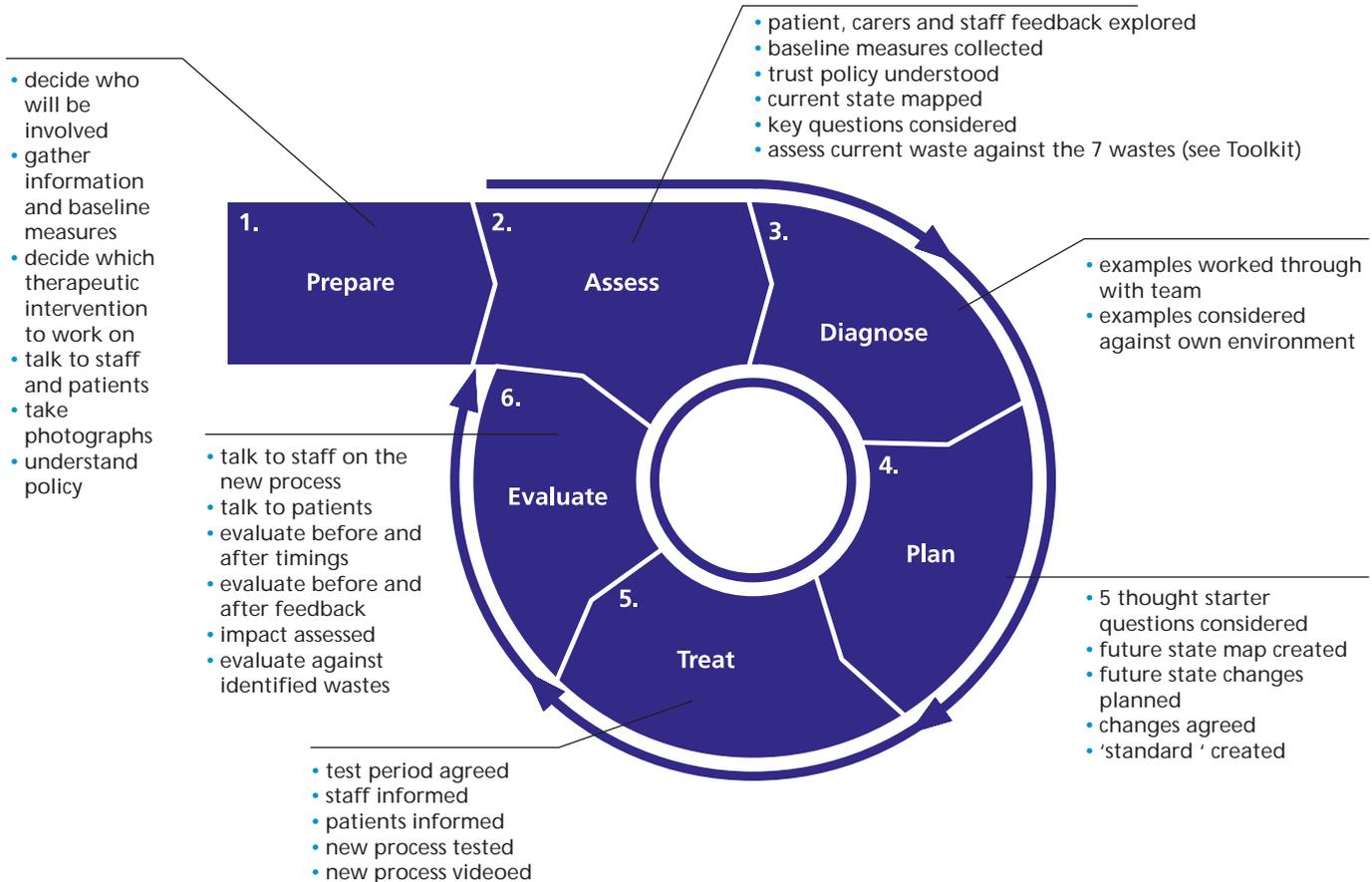
Go assess your therapeutic interventions now!



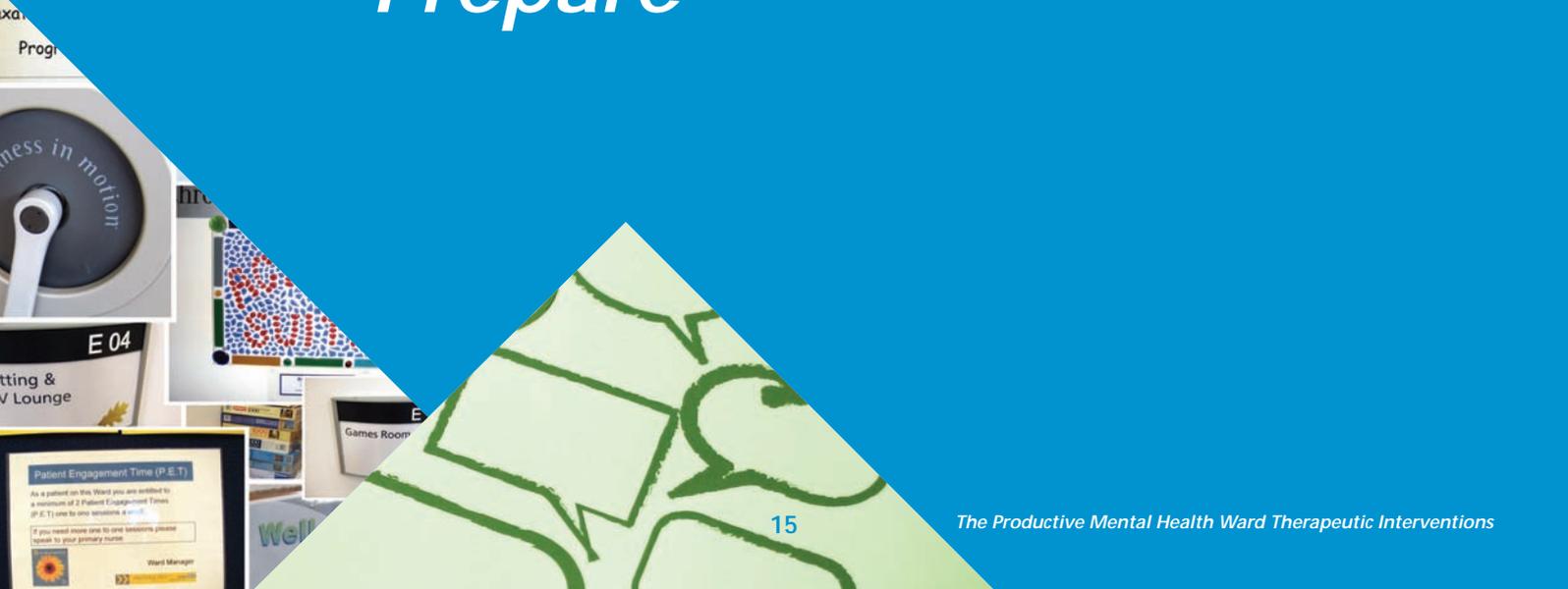
## What tools will I need?

Tool	Toolkit reference number
Photographs	Tool no. 6
Video	Tool no. 7
Interviews	Tool no. 5
Timing Processes	Tool no. 8
Process Mapping	Tool no. 10
Cost/Benefit Analysis	Tool no. 11
Module Action Planner	Tool no. 12
Spaghetti Diagrams	Tool no. 14
Dot Voting	Tool no. 19

# How will we do this on our ward? - the 6 phase process



# Prepare



# Prepare

## Step 1: Who will be involved?

Consider the people you need to get involved. Core team:

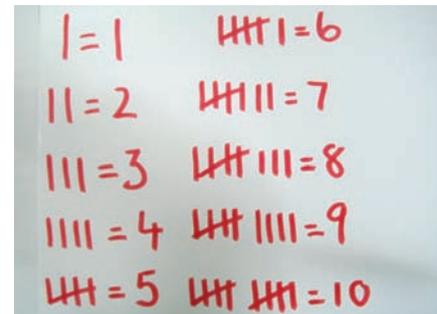
- ward leader
- matron
- clinical staff
- all those who are involved in delivering therapeutic interventions on the ward

Others you may need to get involved at key points:

- domestic staff from the therapies team
- other MDT staff:
  - occupational therapist
  - psychotherapist
  - physiotherapist
  - complimentary therapist
  - therapy coordinator
  - support time recovery worker
  - volunteers

## Step 2: Gather information:

- look retrospectively at any complaints relating to therapeutic interventions
- gather information on session attendance and cancellations
- understood the skill mix available to deliver therapeutic intervention
- gather information on interruptions of the group session
  - use a tally chart or look back at your Activity Follow



### Step 3: Decide which therapeutic intervention to work on

Therapeutic intervention is such a wide subject area it is important to reduce the scope of the module to a manageable size.

From the previous two steps is there an obvious choice of therapeutic intervention that is causing the majority of frustrations, interrupted or cancelled sessions?

If there isn't an obvious choice, then use the method overleaf.

From the information gathered in the previous two steps (complaints, cancellations etc,) use the matrix on page 20 to choose which therapeutic intervention to work through.

### A - Therapeutic intervention/ process prioritisation with the team

List the range of patient needs that are supported by your ward. Some examples from a Productive Mental Health Ward short-stay acute test site are:

- education
- psychological support
- health promotion
- lifestyle support
- spiritual support



**B - With the team brainstorm all therapeutic interventions that are offered on the ward**

By listing out procedures which each type of patient need (generated from stage A) might require.

Two specific examples are:

*A young psychotic person might require:*

- psychosocial intervention (PSI)
- diversional activities
- physical exercise
- education on their condition and its management, eg, medication management, early warning signs

*An older person with dementia might require:*

- reminiscence therapy
- diversion therapy
- functional occupational therapy support
- carer education and/or support

**C - Work with your team to list the therapeutic interventions that are offered on your ward**

Five interventions offered on a female acute ward are:

- goal setting
- relaxation
- pamper session
- individual solution focused approach
- creative expression

This will allow you to get maximum impact on a large number of therapeutic interventions without duplicating work in the next steps.



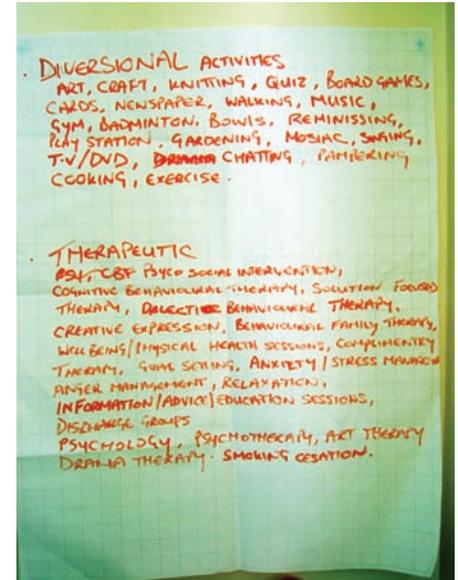
Example of result of stages A, B and C

### Therapeutic interventions

- psychosocial intervention (PSI)
- cognitive behavioural therapy (CBT)
- solution focus therapy
- dialectic behavioural therapy
- creative expression
- behavioural family therapy
- wellbeing physical health sessions
- complementary therapy
- goal setting
- anxiety/stress management
- anger management
- relaxation
- information/advice/education sessions
- discharge groups
- psychology
- psychotherapy
- art therapy
- drama therapy
- smoking cessation

### Diversional activities

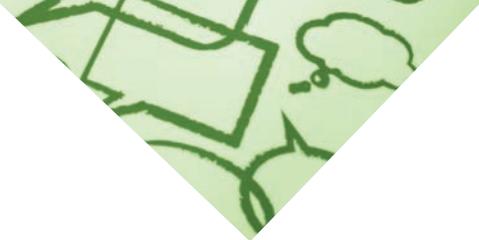
- art
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- play station
- gardening
- mosaic
- singing
- TV and DVD
- chatting
- pampering
- cooking
- exercise



**D - Prioritise which therapeutic interventions to work on by using a prioritisation matrix method as follows**

Use the grid below, keeping the same categories across the top and use your own categories of similar therapeutic interventions you developed in step C, down the side.

10 most frequently offered therapeutic interventions	Frequency carried out	Skills needed to deliver	Preparation time	Duration of therapy (number of sessions)	Reliability (sessions cancelled, patients removed from sessions)	Total	Rank
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



**E - Working down each column, rank each therapeutic intervention against each criteria**

Rank each therapeutic intervention from 1 to 10 against each criteria; 10 reflecting the highest frequency, level of skill, most time taken etc, and 1 the lowest.

Total up the scores. The therapeutic intervention with the highest score is the one you should work on.

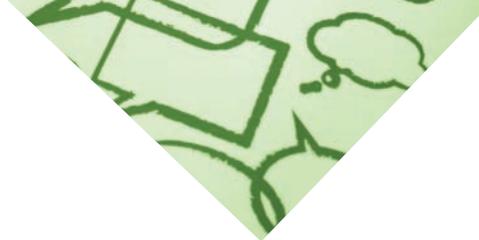
If two interventions meet the judgement criteria equally, they will score the same. In this case, go back to the original questions regarding cancellations and frustrations, for the two jointly ranked therapeutic interventions, and select the one with the most issues on your ward.



## Example of completed prioritisation matrix

10 most frequently offered therapeutic interventions	Frequency carried out	Skills needed to deliver	Preparation time	Duration of therapy (number of sessions)	Reliability (sessions cancelled, patients removed from sessions)	Total	Rank
1. Psychosocial intervention (PSI)							
2. Cognitive behavioural therapy (CBT)							
3. Solution focus therapy							
4. Dialectic behavioural therapy							
5. Relaxation							
6. Information/advice/education sessions							
7. Discharge groups							
8. Psychology							
9. Psychotherapy							
10. Aart therapy							

freq. offered	Frequency Carried out	Preparation Time	Skills needed to deliver	Sessions Cancelled (Reliability)	Total	Rank	Ranking Order and Priority
relaxation	7	3	3	10	23	4	Ranking Order and Priority Therapy meets the scheme most = least =
psychotherapy	5	2	4	5	16	9	
information/advice/education	10	9	1	2	22	5	
discharge groups	9	1	7	9	26	2	
dialectic behavioural therapy	4	10	6	6	26	2	
psychology	2	4	8	7	21	7	
CBT	3	5	5	3	16	9	
relaxation	8	8	2	4	22	5	
psychotherapy	6	6	9	8	29	1	
relaxation	1	7	10	1	19	8	



**AFTER TARGET PROCEDURE HAS BEEN IDENTIFIED - in this case psychosocial interventions (PSI).**

**Step 4: Talk to staff**

Use Toolkit tool no. 5 (Interviews)

- what is the general feeling among staff about the specific therapeutic intervention?
- are there any issues?
- what causes concerns?
- does it take a long time to prepare? If so why is that?
- are the sessions cancelled? If so, why?

- do they know where to find information about the therapeutic intervention?
- is there a organisation policy or guidelines to refer to?
- can they always find the resources they need?
- are resources up-to-date and culturally appropriate?
- where do these therapeutic interventions take place?

**Step 5: Talk to patients**

Use Toolkit tool no. 5 (Interviews)

- what is the patient's experience of undergoing a therapeutic intervention?

**Step 6: Take photographs**

Use Toolkit tool no. 6 (Photographs)

- documentation
- resources and storage
- where intervention takes place

### **Step 7: Take video**

Use Toolkit tool no. 7 (Video)

- film whole process from start to finish
- take guidance from your organisation on consent for videoing patients

### **Step 8: Understand waste**

Use Toolkit tool no. 8 (Timing Processes)

- time the preparation over a period
- understand lost time and waste due to cancelled and/or underutilised sessions

### **Step 9: Obtain organisation and national standards/policy**

- collect best practice information
- look at organisational clinical procedure policy/guidelines on therapeutic interventions
- review any existing ward standards
- look at examples of care pathways

### **Step 10: Understand interruptions during sessions**

- what are the reasons for interruptions?
- use a tally chart to record reasons for interruptions (see an example tally chart on page 16)



# Prepare - milestone checklist

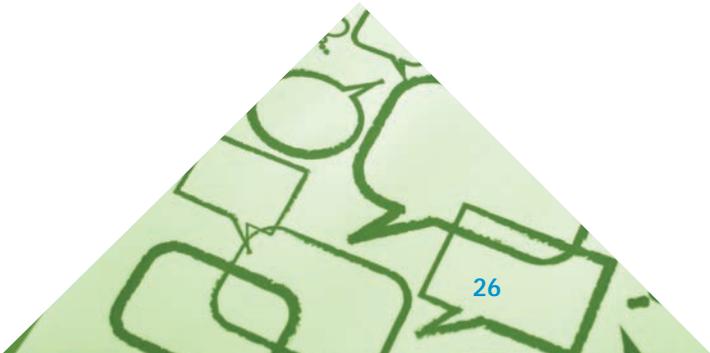
Move on to 'Assess' only if you have completed ALL of the items on these checklists

Checklist	Completed <input checked="" type="checkbox"/>
1. Decide who will be involved.	<input type="checkbox"/>
2. Gather information.	<input type="checkbox"/>
3. Decide what therapeutic intervention to work on.	<input type="checkbox"/>
4. Talk to staff.	<input type="checkbox"/>
5. Talk to patients.	<input type="checkbox"/>
6. Take photographs.	<input type="checkbox"/>
7. Take video.	<input type="checkbox"/>
8. Understand wastes - lost time, sessions etc.	<input type="checkbox"/>
9. Obtain policy/procedures/standards.	<input type="checkbox"/>

Make sure staff working all shifts are aware of progress – discuss this as part of your shift handover



Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



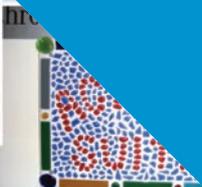
# Assess

Program



E 04

etting &  
V Lounge



Games Room



# Assess

## Understand the feedback

You will have gathered feedback from staff, patients and families in the earlier 'Prepare' stage. In this stage you need to share, discuss and understand this feedback in relation to your chosen therapeutic intervention.

- make sure everyone has had a chance to see and reflect on the feedback
- summarise patient and carer feedback on a flipchart

In particular from staff:

- are there any factors of carrying out therapeutic interventions that frustrate staff?
- is there anything that is not being done currently that should be?
- what is their understanding of therapeutic interventions?

In particular from patients and carers:

- does the patient feel they were adequately prepared?
- were they told what was going to happen?
- does the patient feel they had adequate privacy?
- was their dignity maintained?
- did patients understand the importance of therapeutic interventions for their recovery?
- from the point of admission, were patients aware of the therapeutic intervention sessions available to them?



## Wastes, lost sessions and interruptions

From the audit or tally chart, understand the wastes - reasons for session cancellation etc.

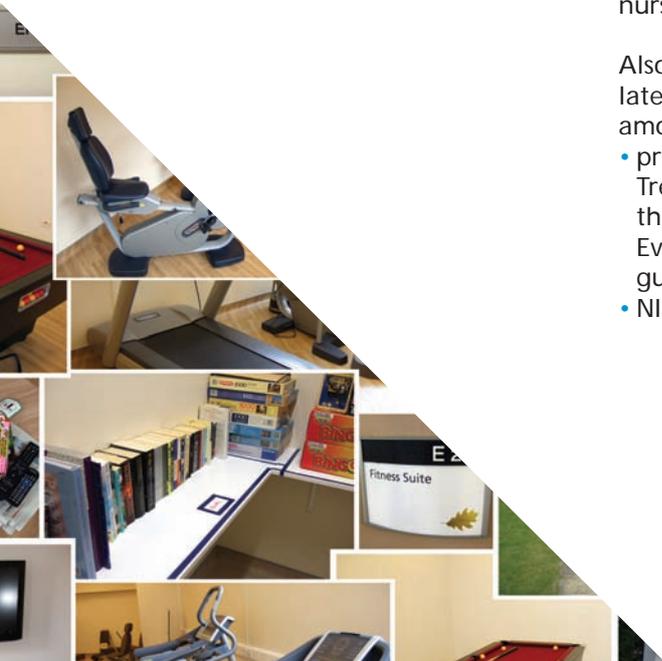
## Policy

Discuss your organisation's policies/guidelines on carrying out therapeutic interventions. Discuss with your matron and director of nursing.

Break down your policy and guidance onto a flip chart so you can work through it with your team when mapping your current state.

Also spend time looking at the latest clinical guidelines from, amongst other sources:

- procedure policies such as Treatment choice in psychological therapies and counselling: Evidence based clinical practice guideline (DH, 2001)
- NICE



# Watch the video back

## Follow guidance in Toolkit tool no. 7

Your video or 'go and see' notes will be crucial in helping you to understand and map the process you are trying to improve.

While you watch, get the team to think about the following and note important points on sticky notes:

- the sequence in which things happen
- are staff following a standard procedure; or does everyone do things differently?
- what good and bad practice can they see?
- are there any particular concerns around therapeutic interventions?



# Map the current process

This is where you capture 'what is happening now' for your chosen process.

Follow Toolkit tool no. 10 to map your 'current state':

- on your map include the results you have from looking at wastes
  - for the therapeutic intervention you are working on, how many sessions were lost due to cancellation?
  - how frequent are interruptions and what causes them? How many happen per session?
  - how long is spent preparing for each session?



- resist the urge to come up with solutions to problems and issues you have identified from examining the way you do your therapeutic interventions – stick to making an accurate map of what is currently happening and recording issues (not solutions) on sticky notes.

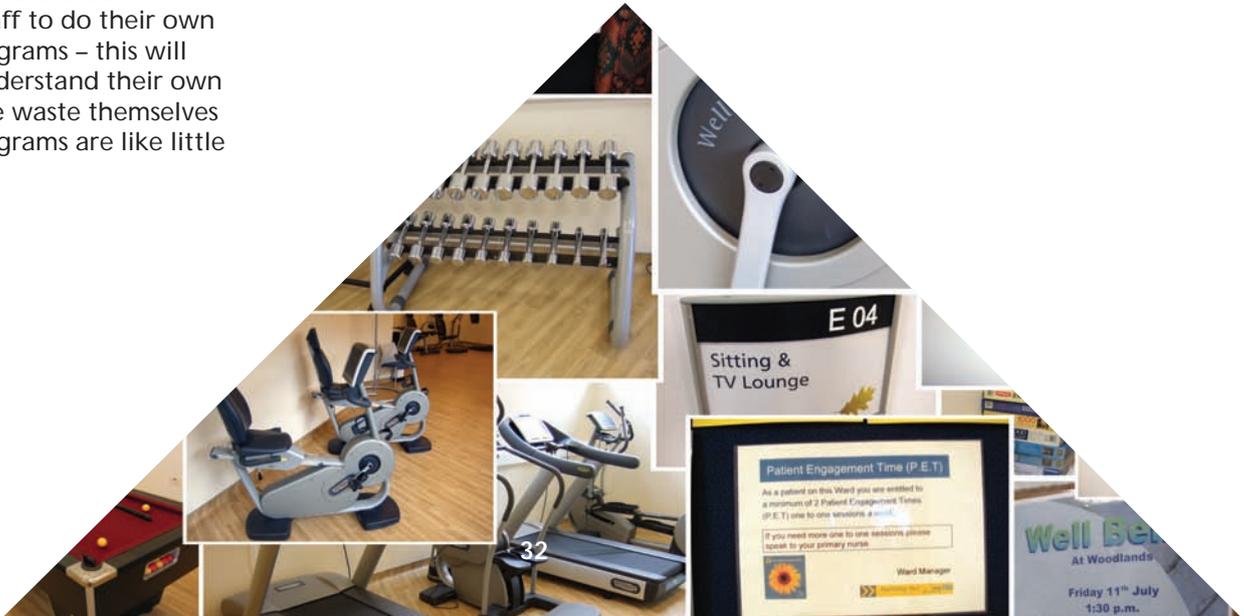


Park any good ideas and suggestions made at this stage to use later

## Use spaghetti diagrams

Use the Activity Follow data to help you to construct a Spaghetti Diagram to see how staff move around the ward when they are preparing for, and carrying out, therapeutic interventions:

- encourage staff to do their own Spaghetti Diagrams – this will help them understand their own habits and see waste themselves
- Spaghetti Diagrams are like little process maps



## Ask the 5 key questions

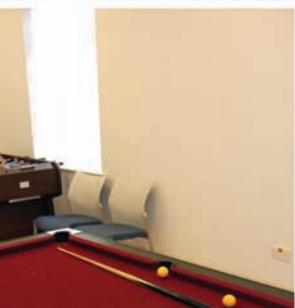
<p>Are we following organisational policy?</p>	<ul style="list-style-type: none"> <li>• what is your organisation's general therapeutic interventions policy?</li> <li>• what guidance exists on the individual delivery of therapeutic interventions?</li> <li>• are all your staff familiar with these policies?</li> <li>• can all staff get access to the policies/guidelines?</li> </ul>
<p>Which MDT members carry out therapeutic interventions?</p>	<ul style="list-style-type: none"> <li>• how many staff are assessed and competent to carry out various procedures? (see the skills matrix on page 44)</li> <li>• can staff deliver all the interventions offered?</li> <li>• how are staff assigned to do therapeutic interventions?</li> </ul>
<p>How do we prepare the resources?</p>	<ul style="list-style-type: none"> <li>• is a room used?</li> <li>• where are all the needed resources stored?</li> <li>• what is needed to prepare the resources/room?</li> <li>• where are the resources prepared?</li> <li>• do you have processes in place to limit interruptions?</li> </ul>
<p>When and how do we prepare the patient?</p>	<ul style="list-style-type: none"> <li>• is the patient prepared?</li> <li>• how are they prepared?</li> <li>• what other activities are happening on the ward when therapeutic interventions are being carried out?</li> <li>• when is each patient prepared for the session?</li> </ul>
<p>Where and when does the therapeutic intervention take place?</p>	<ul style="list-style-type: none"> <li>• what is done to ensure the patient's privacy and dignity is maintained?</li> <li>• how do we ensure that therapeutic interventions are carried out in a timely manner?</li> <li>• is the therapeutic intervention carried out in the appropriate location?</li> </ul>



Quiet Please,  
Relaxation Session In  
Progress!

Physiotherapy

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E 04

Sitting &  
TV Lounge

Patient Engagement Time (P...)

As a patient on this Ward you are entitled to  
a minimum of 2 Patient Engagement Times

# Assess – milestone checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

Checklist	Completed <input checked="" type="checkbox"/>
1. Patient and staff feedback explored in relation to chosen procedure.	<input type="checkbox"/>
2. Assess accidents and errors.	<input type="checkbox"/>
3. Understand the organisation's policy/guidelines related to therapeutic interventions.	<input type="checkbox"/>
4. Watch video.	<input type="checkbox"/>
5. Map current state of chosen intervention.	<input type="checkbox"/>
6. Spaghetti Diagram created.	<input type="checkbox"/>
7. Ask the 5 key questions.	<input type="checkbox"/>

Make sure all shifts are aware of progress – discuss as part of shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed?	<input type="checkbox"/>
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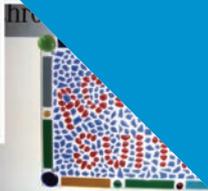
# Diagnose

Progr



E 04

etting &  
V Lounge



Games Room



## Diagnose – what does ‘good’ look like?

Before you move onto the ‘Plan’ stage, where you will discuss and agree the changes you want to make, think about what ‘good’ would look like.

Go through the following examples with your team. They give snapshots of therapeutic intervention improvements made by hospitals implementing the Productive Mental Health Ward.

You can use them to trigger discussions within your team.



# Ideas that have worked - example 1

## **Diversional activity ward coordinator**

The diversional activity coordinator is responsible for delivering a range of therapeutic intervention sessions and uses a variety of resources to do this.

Therapeutic intervention resources and materials had not been seen as a priority, were kept in the corner of a general store cupboard and did not have a designated area.

The resources were frequently difficult to access; adding time and frustration to the preparation of sessions.

The principles of Well Organised Ward were applied in this module to improve the storage. As a result, the importance and profile of diversional activity has been raised and the storage area is now organised and easy to use.



## Ideas that have worked - example 2

### Engaging patients in therapeutic interventions

To increase patient awareness of and engagement in therapeutic interventions, you could use a self-referral matrix. It signals the priority of therapeutic interventions, promotes recovery and maximises social inclusion and functioning.



## Ideas that have worked - example 3

### Weekly master planner

You will find that you need to keep a master planner to show staff the weekly timetable and record the names of patients who have signed up to different therapeutic interventions.

To collate the master planner, ward staff take names from the self-referral board and enter them onto the weekly master planner.

This has enabled visual management of groups and reduced interruptions from therapists asking ward staff who should be attending their sessions.

Use this in your shift handover room/area.

	Community meeting	Art	PSI	Women's skills	Pamper Friday	Walk	
Monday							
Tuesday	Community meeting Back to Club	Church service	Skill gap	Well being	Relaxation	Group or walk	
Wednesday	Community meeting	PSI	Disrup Support	Bethytt Pampering	Relaxation	Walk	
Thursday	Community meeting	Creative Expression	Pamper Friday		Walk		
Friday	Community meeting	Local Seting	Open Group	Pamper Friday	Walk	Ward Manager Pt Group	
Saturday	Community meeting	Quiz	Pamper Friday	Eings	Walk		
Sunday	Community meeting	Wells paper club	Relaxation or Quiz	Pamper Friday	Walk		

## *Ideas that have worked - example 4*

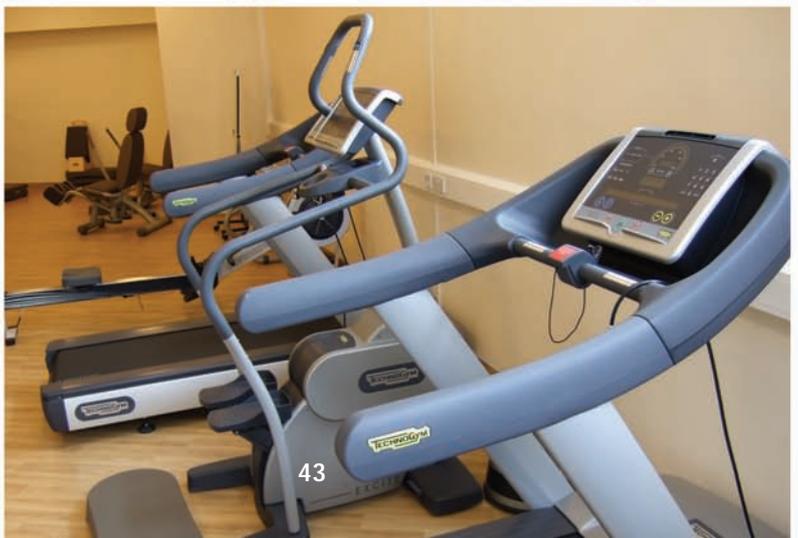
### **Limiting interruptions**

All team members, who are responsible for carrying out therapeutic interventions, can ensure that interruptions are minimised and that patients' privacy is maintained during the session.

This can be done by attaching a simple laminated notice on the door informing people that a session is in progress.

Ensure you include therapeutic interventions in your shift handovers.









## Ideas that have worked - example 6

### Information board

Using an area accessed by patients and their carers to display information about therapeutic interventions can help engage them.

It gives you the chance to share the activity plan schedule and involve family and carers in discussions about the importance of therapy.

It can be used by nurses during 1:1 care planning to reinforce the importance of sessions and also gives responsibility to patients to find out what is available that they might be interested in.

The image shows a grid titled "Therapeutic programme Ward 3". The grid is organized into columns representing different days of the week (Monday to Friday) and rows representing different times of the day (Morning, Afternoon, Evening, Night). Each cell in the grid contains a colored box with text describing a specific activity or session, including the time and location. The colors used are orange, pink, blue, green, and purple.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00
Afternoon	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00
Evening	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00
Night	18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00



# Ideas that have worked - example 7

## Getting patients feedback

As part of your work to improve the processes surrounding therapeutic interventions, you intend to deliver effective interventions that support the individual's journey towards recovery and improves their experience.

To establish patient views on the sessions they attend, you could use a questionnaire. This example was taken from a Productive Mental Health Ward test site who worked on PSI.

QUESTIONNAIRE

Thank you for attending today's group. We hope you will feel able to give a few moments of your time to give your opinion on the session to give us some ideas on how to improve groups in future.

You do not have to write your name unless you particularly want to.

Many thanks.

Date ..... Name of group ..... PSI.....

Please tick the relevant box

1. The group was relevant to my needs  not relevant to my needs
2. I had the opportunity to say what I wanted to say   
I did not have the opportunity to say what I wanted to say   
I did not wish to say anything
3. I enjoyed the session   
I did not enjoy the session   
neither
4. There were too many people in the group   
There were too few people in the group   
The numbers about right
5. The session was too long  too short  about right
6. The room was suitable  not suitable
7. The refreshments provided were appropriate   
The refreshments provided were poor
8. Please feel free to make any other comments in the space below.

# Ideas that have worked - example 8

## Using your process map to develop your standards

Once you have generated your future state map, you can use it to write a standard operating procedure.

This is a good way of pulling together all the work you have done to communicate it to the whole ward team, so that it becomes standard practice.

Make sure that in addition to writing up the standard, you share it with all staff and display it prominently as a visual reminder.



*Detail for each process step required for process standard*

North Staffordshire Combined Healthcare   
NHS Trust

Standard for Engaging Patients in Structured Therapeutic Groups

Admission

1. Admitting Nurse screens patient's suitability for therapies and gives patient verbal information.
  - a. Completion of screening tool

**Standard**

- Identify expectation of participation in therapeutic programme.
- Patients have detailed information about therapeutic programme, both visual and verbal.

Assessment

2. Named nurse devises individual therapeutic programme using information from screening tool.
3. Named nurse updates therapies planner board in office.

**Standard**

- Staff have a full and clear understanding of the group programme, and prepare their patient on the first named nurse session.

Preparation for the Group

4. Therapies planner board is handed over at handover for the day.
5. At the beginning of the shift the named nurse reminds all patients of their programme for that day.
6. Named nurse to check each patient's suitability for that day.
7. The room is prepared.
8. Group facilitator to check numbers on each ward.

**Standard**

- At 09.00 the group facilitator rings each ward to confirm numbers. If too many he will liaise with the ward nurse and prioritise which patients need to attend.
- Therapies Planner board and self-referral board is up-to date and accurate.
- Within 72 hours each patient will have a therapeutic timetable/ programme.
- Each individual patient will be fully aware of the start times for every group.
- At the beginning of the shift all staff on duty will know which patients are going into which groups.
- When arranging other appointments with or for patients, the individual therapeutic programme will be taken into consideration.

Attend Group

9. The Group facilitator introduces themselves to the patients and escorts them to the group.

Review Evaluate

## Diagnose - milestone checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

Checklist	Completed <input checked="" type="checkbox"/>
1. Carefully work through the examples with the team.	<input type="checkbox"/>
2. Openly discuss each example.	<input type="checkbox"/>
3. Consider the examples against your own environment.	<input type="checkbox"/>
4. Ask staff for new ideas, perhaps building on the examples shown.	<input type="checkbox"/>

Make sure all shifts are aware of progress – discuss as a part of shift handover

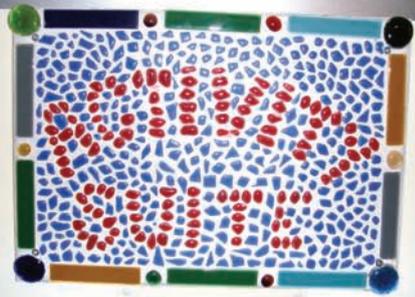
Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



Quiet Please,  
Relaxation Session In  
Progress!



through ACTIVITY SUIT



E 04  
Sitting &  
TV Lounge



E 19  
Games Room

**Patient Engagement Time (P.E.T)**  
As a patient on this Ward you are entitled to a minimum of 2 Patient Engagement Times (P.E.T) one to one sessions a week.  
If you need more one to one sessions please speak to your primary nurse.

50

Well Being  
At Woodlands

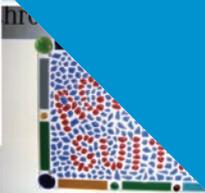
# Plan

Program



E 04

etting &  
V Lounge



Games Room



# Plan - Creating your new therapeutic intervention design

## Thought starter questions:

How can we ensure that we are following organisation policy/guidelines?	<ul style="list-style-type: none"><li>• ensure latest guidelines are displayed in nurses' office area</li><li>• create a standard operating procedure for therapeutic interventions</li></ul>
Who should be carrying out therapeutic interventions?	<ul style="list-style-type: none"><li>• check staff competency in therapeutic interventions</li><li>• could unregistered nurses undertake simple procedures if they were trained and deemed competent to do so?</li><li>• check staff are using their skills in therapeutic interventions</li></ul>
What resources are needed?	<ul style="list-style-type: none"><li>• are the resources in the right place?</li></ul>
When and how should the patient be prepared?	<ul style="list-style-type: none"><li>• re-check that the patient is prepared for their session on the day of the therapeutic intervention</li><li>• nurse's approach</li><li>• patient's dignity and privacy</li></ul>
When should therapeutic interventions take place?	<ul style="list-style-type: none"><li>• what are the environmental factors that affect carrying out therapeutic interventions?</li><li>• what time of day is appropriate?</li></ul>

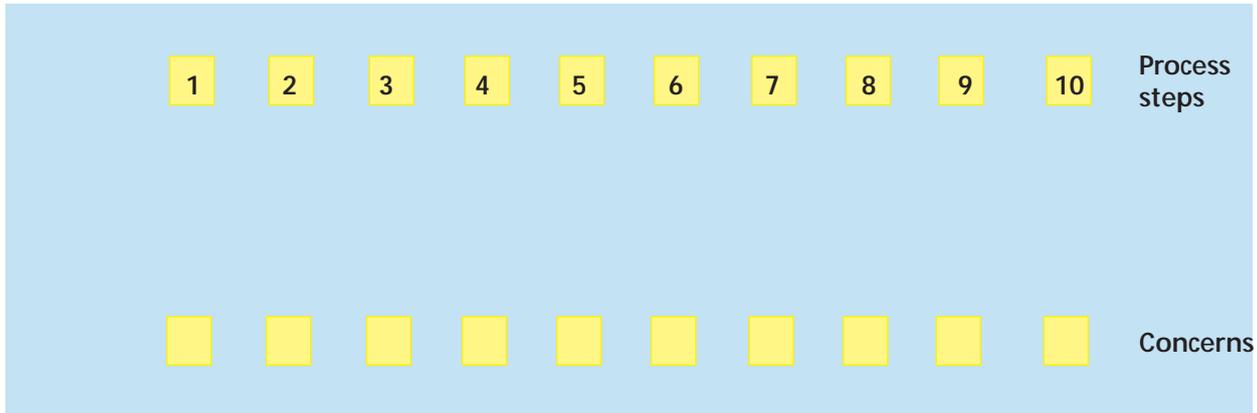
# Step 1 - Create your 'new design'

You have already created your 'current state' map in the 'Assess' stage of this module.

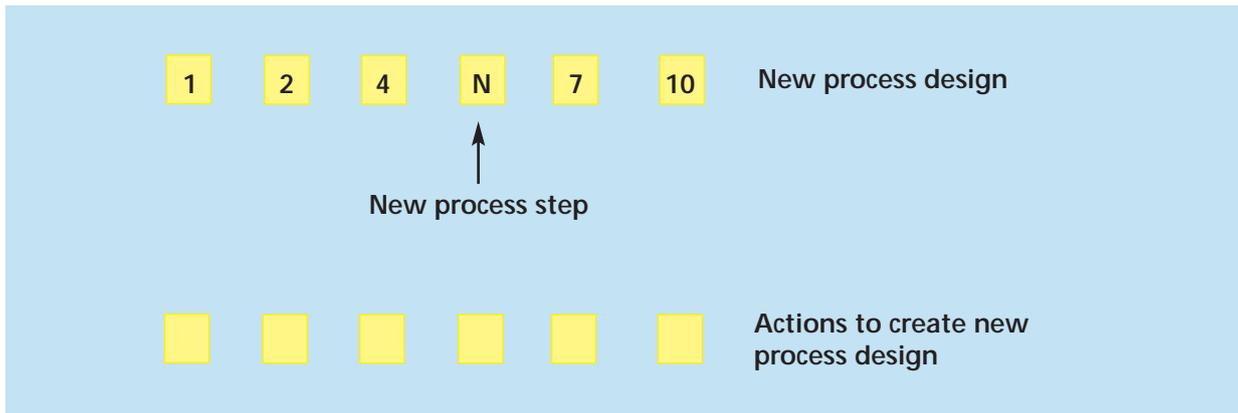
Complete your new 'future state' design process map by continuing to use Toolkit tool no. 10.



Current state:

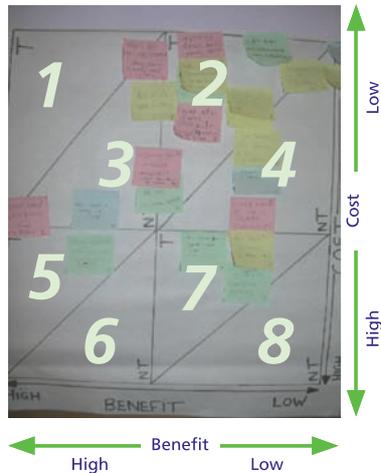


Future state:



# Step 2 - plan how you'll implement the new process

Use Toolkit tools 11 & 12 (Cost/Benefit Analysis, Module Action Planner) to create your implementation plan. Display the plan by putting your completed Module Action Planner sheets in a prominent position on the ward.



Use your judgement to prioritise within each triangle and then list the problems.

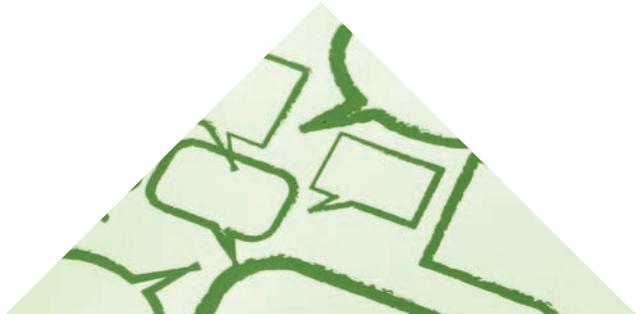


**Module Action Planner**

Understood   
  Underway   
  Complete   
  Sustained

Action	Who	When	Progress	Initial
1			<input checked="" type="checkbox"/>	
2			<input checked="" type="checkbox"/>	
3			<input checked="" type="checkbox"/>	
4			<input checked="" type="checkbox"/>	
5			<input checked="" type="checkbox"/>	
6			<input checked="" type="checkbox"/>	
7			<input checked="" type="checkbox"/>	
8			<input checked="" type="checkbox"/>	
9			<input checked="" type="checkbox"/>	
10			<input checked="" type="checkbox"/>	
11			<input checked="" type="checkbox"/>	
12			<input checked="" type="checkbox"/>	
13			<input checked="" type="checkbox"/>	
14			<input checked="" type="checkbox"/>	

NIYC  
Institute for Innovation  
and Improvement



## Step 3 - agree the changes

As well as agreeing as a team what changes you want to implement, you may need to gain wider agreement from other stakeholders that your changes represent good practice.

Think about whether you need to consult and involve:

- estates management
- therapeutic team
- multidisciplinary team
- housekeeping/domestics
- patients
- essence of care representatives

As well as helping you confirm that your intended changes do represent good practice, other stakeholders may be able to help you come up with new ideas.

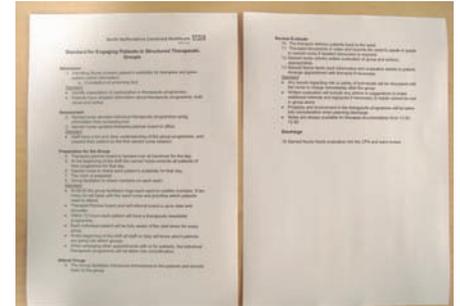


# Create a standard

Your Module Action Planner sheet contains a prioritised list of all the things that need to be done to create your new procedures process.

It is important for the team to define the new working practices into a standard. This is best done in a document format which is then displayed for all staff to see; or you may have other ideas that will be just as effective.

Your standard should clearly communicate the new way of working and has the added benefit of helping to set the standard for any temporary or new staff to your ward.

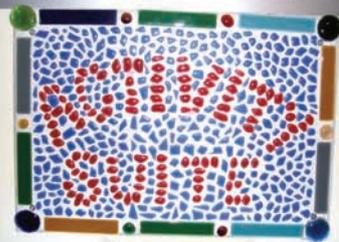


Physiotherapy

ENGAGED



through ACTIVITY SU



E 04

Sitting & TV Lounge

E Games Room



Patient Engagement Time (P.E.T)

As a patient on this Ward you are entitled to a minimum of 2 Patient Engagement Times (P.E.T) one to one sessions a week.

If you need more one to one sessions please speak to your primary nurse.

Ward Manager

Well Being

At Woodlands

Friday 11<sup>th</sup> July  
1:30 p.m.

Millbrook conference room

Come along and find out -  
What well being is about.  
What we are doing.  
How it affects you.  
What you need to know.  
How you can help.

Lunch will be provided!

Any queries, speak to Jo, Phil, Charlene or John



E 23

Fitness Suite



## Plan - milestone checklist

Move on to 'Treat' only if you have completed ALL of the items on these checklists

Checklist	Completed <input checked="" type="checkbox"/>
1. The 5 thought starter questions have been considered.	<input type="checkbox"/>
2. Future state created.	<input type="checkbox"/>
3. Future state implementation planned.	<input type="checkbox"/>
4. Changes agreed.	<input type="checkbox"/>
5. Standard operating procedure created.	<input type="checkbox"/>

Make sure all shifts are aware of progress – discuss as a part of shift handover

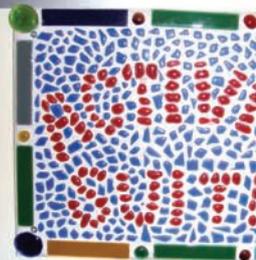
Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

Physiotherapy

ENGAGED

Wellness in motion

through ACTIVIT



E 04  
Sitting &  
TV Lounge



**Patient Engagement Time (P.E.T)**  
As a patient on this Ward you are entitled to a minimum of 2 Patient Engagement Times (P.E.T) one to one sessions a week.  
If you need more one to one sessions please speak to your primary nurse.  
Ward Manager



**Well Be**  
At Woodlan  
Friday 11<sup>th</sup>  
1:30 p.m.  
Millbrook confere  
Come along and  
What well being  
What we are  
How it affects  
What you need t  
How you can  
Lunch will be p  
Any queries, speak to Jo, PH



E 23  
Fitness Suite  
60



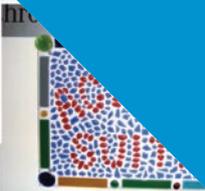
# *Treat - go do it!*

Program



E 04

etting &  
V Lounge



Games Room



# Treat

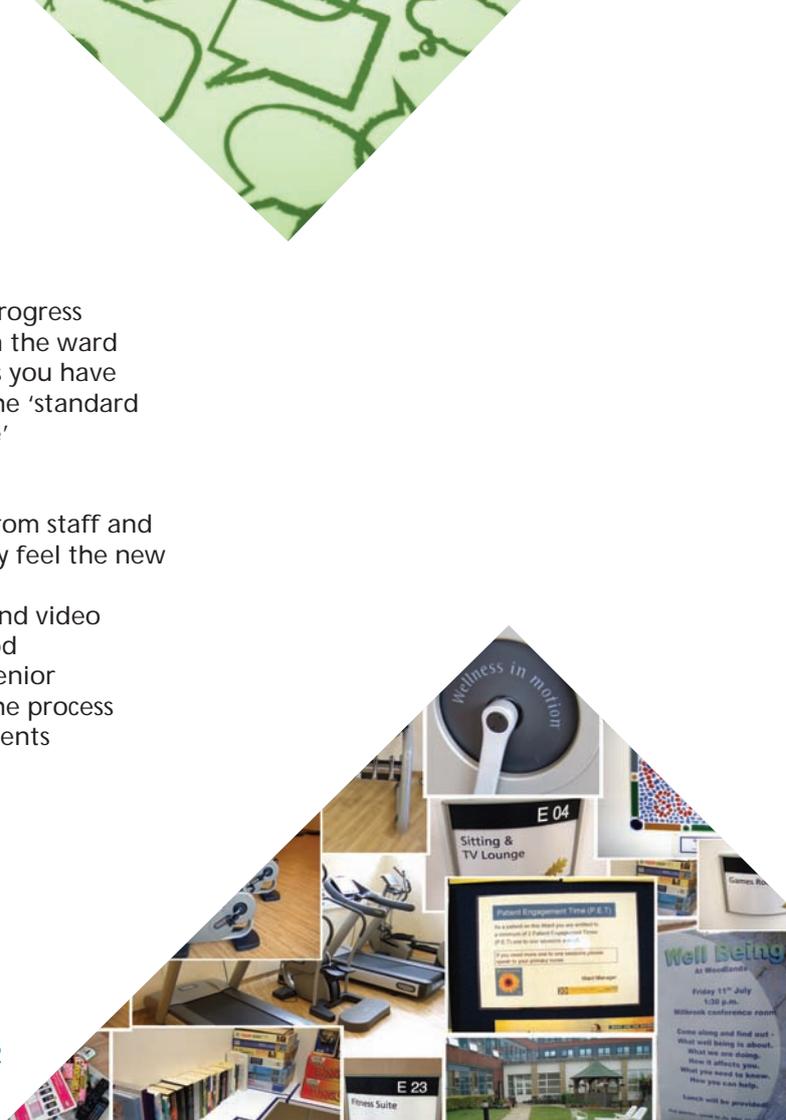
Before the test starts:

- determine period for the test
  - long enough to allow failures
  - short enough to change and retest
- identify additional temporary data collection methods
  - eg, 4 - 5 questions to patients on ward
- agree the time collection method, and who will do it
  - eg, activity follow tool and/or spaghetti diagrams and tally sheets
- video new process for preparation
- set the start and end dates
  - communicate them

- update all staff on progress
- post large notices on the ward detailing the process you have gone through and the 'standard operating procedure'

During the test:

- get daily feedback from staff and patients on how they feel the new process is working
- take 'after' photos and video during the test period
- invite visitors from senior leadership to view the process and give their comments



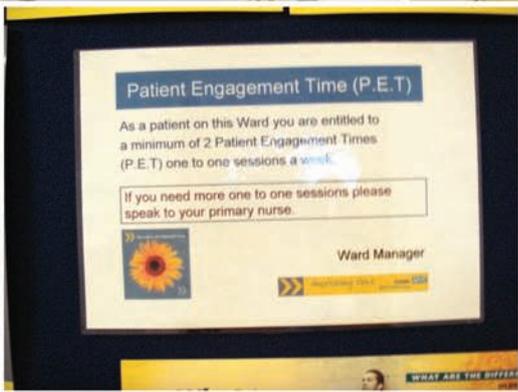
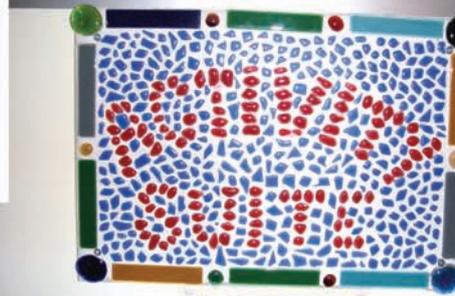
## Treat - Milestone Checklist

Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

Checklist	Completed <input checked="" type="checkbox"/>
1. Test period decided.	<input type="checkbox"/>
2. All staff informed – document.	<input type="checkbox"/>
3. New procedure tested.	<input type="checkbox"/>
4. New process videoed or photographed.	<input type="checkbox"/>

Make sure all shifts are aware of progress – discuss as part of the shift handover

Effective teamwork checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>



# Evaluate



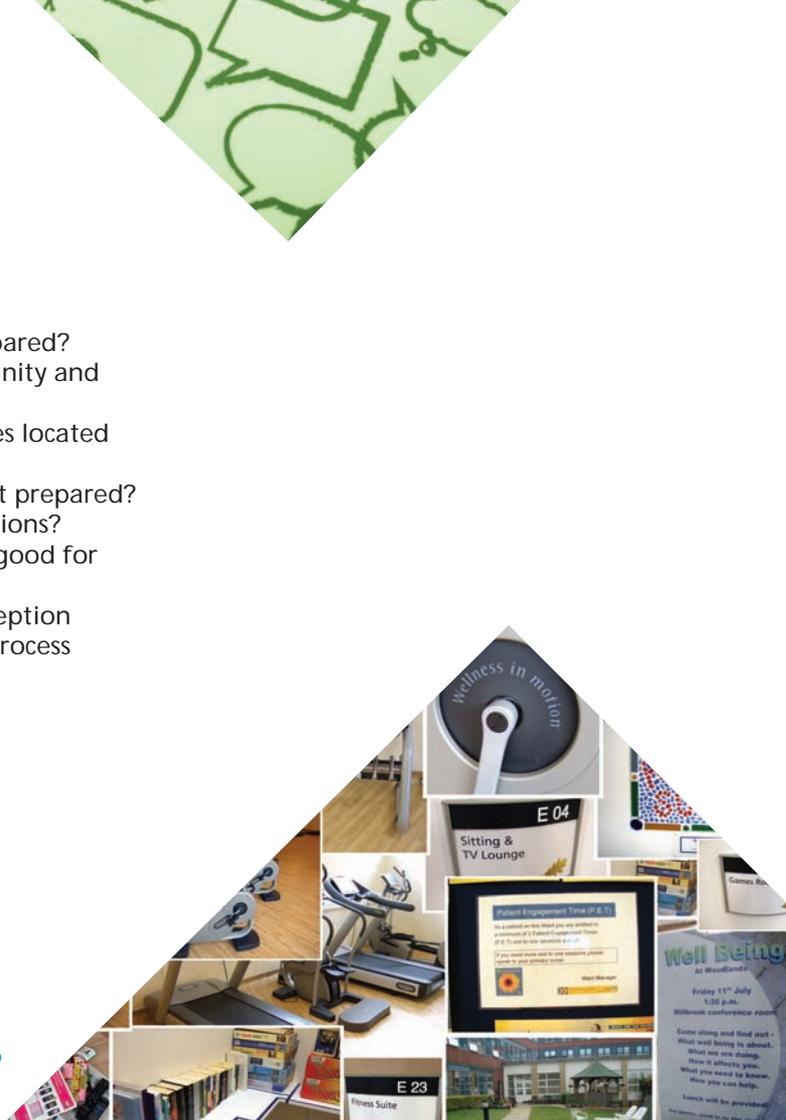
# Evaluate - step 1

## Gather the data:

- how long did preparation take?
- were there any interruptions?
- take the after video and photographs
- did all patients attend their therapeutic intervention group/session?
- did the number of cancelled sessions reduce?

## Talk to staff:

- was the patient prepared?
- was the patient's dignity and privacy protected?
- were all the resources located appropriately?
- was the environment prepared?
- were there interruptions?
- did the process feel good for the patient?
- was the overall perception from staff that the process had improved?

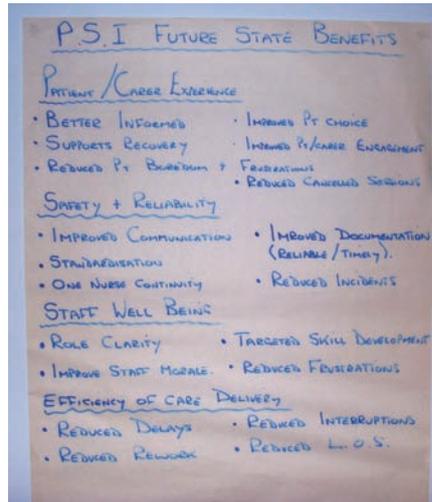


# Evaluate - step 2

## Evaluate information

You are likely to be focusing on the bigger picture - understanding and communicating the overall impact:

- has there been a significant improvement (safety/experience/time/cost)?
- are patients benefiting as expected (and are there other unplanned benefits)?
- are staff positive and engaged in the new processes?





## Evaluate - milestone checklist

Checklist	Completed <input checked="" type="checkbox"/>
1. Talk to staff about the new process.	<input type="checkbox"/>
2. Evaluate before and after timings.	<input type="checkbox"/>
3. Evaluate before and after incidents.	<input type="checkbox"/>

Make sure all staff are aware of progress – discuss as part of the shift handover

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	<input type="checkbox"/>
2. Was the discussion open?	<input type="checkbox"/>
3. Were the hard questions discussed and answers agreed by all?	<input type="checkbox"/>
4. Did the team remain focused on the task?	<input type="checkbox"/>
5. Did the team focus on the area/process, not individuals?	<input type="checkbox"/>

## *How can I make it stick?*

Monitor and audit continually	<ul style="list-style-type: none"><li>• compare the actual process with the new standard at least monthly to ensure that basic changes made are still being followed</li><li>• continue to audit the patient's experience of the process</li></ul>
Ensure leadership attention	<ul style="list-style-type: none"><li>• get the monthly process check completed by the matron or head of nursing</li><li>• ensure you discuss the audit results with staff at least once a month - even if just for five minutes</li><li>• ensure that any changes made and any positive impact is brought to the attention of the senior leadership</li></ul>
Keep improving	<ul style="list-style-type: none"><li>• encourage ward staff to continue to find new and better ways of doing things - it is not about doing this once and then applying a standard - it is about improving that standard continually</li><li>• consider compiling your standard operating instructions into a ward manual</li></ul>

# *Spread (to other therapeutic interventions)*

Prog



E 04

etting &  
V Lounge



Games Room



# Wide, narrow, wide – spreading the standard without repeating

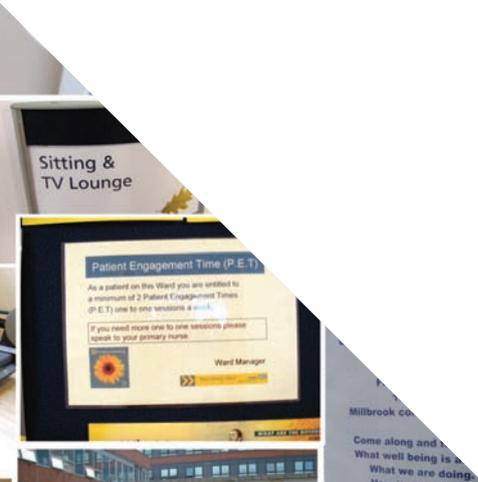
**This module has intentionally:**

- started with a very large subject area - therapeutic interventions
- narrowed the scope down to one specific group of therapeutic interventions
- identified the most frequently carried out individual therapeutic intervention in the procedure group (PSI for example)

- designed that specific group into a radically different future state
- created an implementation plan for the future state
- tested the future state
- evaluated the future state

Given the very large number of interventions that fall under Therapeutic Interventions it would take a very long time (and a lot of effort) to repeat this process for all therapeutic interventions.

To avoid this you can transfer the learning/elements of the new design ('future state') to the other, similar processes within the original group.



## Compare other interventions in the therapeutic interventions group

Ask the team to identify which steps from your future state map (in the example here this would be, which steps from the future state for PSI) are different for arts group.

Ask the team to add new sticky notes below (in parallel) where steps are different. If the step is the same, leave as it is.

**Yellow** - PSI - original procedure  
**Pink** - arts group - new process - steps that are different to the PSI procedures

Following the same process as detailed in the future state design in Toolkit tool no. 10, go through and create an action that allows each of the new (different to the original process) steps to happen or be removed.



Use Toolkit tools no. 11 and 12 (Cost/Benefit Analysis and Module Action Planner) to create a module action plan for the new procedure. Repeat for others in the same group.

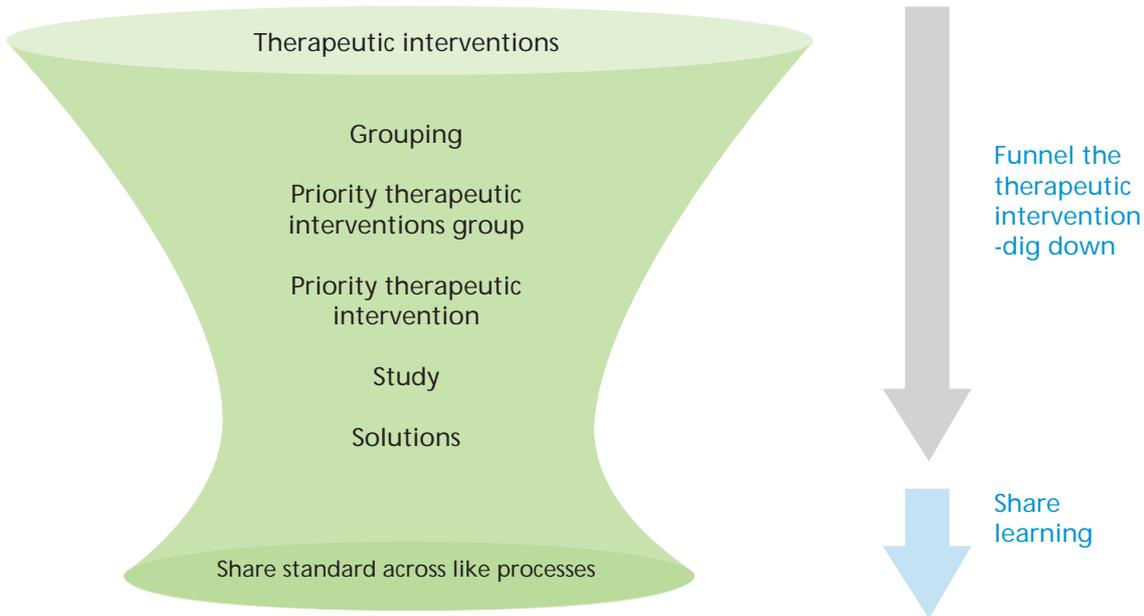
# Experiences from a Productive Mental Health Ward test site

Look at the other groups and again see if there are any similar processes. One of the Productive Mental Health Ward test sites found that the 'PSI' procedure group was actually very similar to relaxation - apart from what you actually perform on the patient.

This saves time over repeating the entire module for the other 30 procedures on ward.



# Wide, narrow, wide – spreading the standard without repeating



# Learning objectives complete?

Three learning objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid opposite. Ask the questions in the first column and make an assessment against the answer guidelines in the second column.

- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met
- note the objectives where the learning has only been partly met and think about how you can change the way you approach the module next time

**Remember:** the results of this assessment are for use in implementing this module and are not in any way a reflection on staff aptitude or performance.





Question (ask the team member)	Answers for outcome achieved
Why make the scope of problem areas smaller?	<ul style="list-style-type: none"><li>• with limited resource, if you try and tackle everything, you end up achieving very little</li><li>• small numbers of processes take disproportionately large amounts of time/create disproportionately large levels of risk</li><li>• one process can have a big effect</li><li>• you can spread the changes from one process to another</li></ul>
How would you reduce the scope of a complex area of processes?	<ul style="list-style-type: none"><li>• group processes by patient</li><li>• group processes by similarity</li><li>• prioritise similar process groups</li><li>• identify high volume process within identified similar process group</li><li>• concentrate on this prioritised individual process</li></ul>
How would you spread solutions to other processes?	<ul style="list-style-type: none"><li>• compare process steps against core process</li><li>• develop solutions to overcome process steps that do not match</li><li>• highlight processes that have similar process steps and spread developed standard</li></ul>

# 10 point checklist

## Example

The grid to follow allows you to measure your performance against the 10 point checklist for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible.

You should continue to monitor monthly.

Before starting	After 2 weeks	After 4 weeks	After 8 weeks
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████
████████	████████	████████	████████

10 point (9 this time!) checklist Therapeutic Interventions	Before starting	After 2 weeks	After 4 weeks	After 8 weeks
The resources needed are in the right place and ready to go				
There is a documented standard for therapeutic interventions that is available for all staff to access				
There is an audit plan, ie, frequency, etc and a tool which has been developed for use				
Audit results are fed back to ward team				
Action is taken when the audit score is less than 100% ie, discussed at staff meeting, notices, posters, additional training, display of results on measures board etc				
There is a sustained improvement in the audit scores				
The roles of staff undertaking therapeutic interventions are clearly defined				
All staff undertaking therapeutic interventions have been trained and are competent				
Temporary and new members of staff can easily find the information about therapeutic interventions to see how things are done				



TV Lounge

### Patient Engagement Time (P.E.T)

As a patient on this Ward you are entitled to a minimum of 2 Patient Engagement Times (P.E.T) one to one sessions a week.

If you need more one to one sessions please speak to your primary nurse.



Ward Manager



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# Acknowledgements

## **Thank you to all staff at:**

The Oakwell Centre, Kendray Hospital, Barnsley PCT  
North Staffordshire Combined Mental Health Trust  
Oxleas NHS Foundation Trust  
Birmingham and Solihull Mental Health NHS Foundation Trust  
Basingstoke and North Hampshire NHS Foundation Trust  
Barnsley Hospital NHS Foundation Trust  
Royal Liverpool and Broadgreen University NHS Trust  
Luton and Dunstable Hospital NHS Foundation Trust  
Nottingham University Hospitals NHS Trust  
Central Manchester and Manchester Children's University Hospitals NHS Trust  
NHS Institute for Innovation and Improvement, and staff from our improvement partners,  
who have had an input into this document

## **This module has been developed by:**

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