spent on non-patient related activities, and the number of interruptions to intended tasks. This information provided an indicator of the process modules that the teams needed to focus on to increase their direct care time and to reduce the type of associated interruptions to care delivery.

Well Organised Ward
The WOW module generated immense energy from the team members because of its practical approach, the immediacy of improvements and the use of visual management techniques. It uses a variety of Lean tools to make information, resources and equipment easily visible, accessible and organised, which reduces time wasted looking for things, as well as cutting costs associated with over ordering items that might expire before use.

Teams have been able to develop inventories for stock items and to create systems for replenishing these in an efficient manner. Introducing the WOW module resulted in an average saving of £1,500 per ward from unused items in ward store rooms.

Patient Status at a Glance
The PSG module focused on developing patient status information boards to improve communication between team members, reduce interruptions to care related to patient status, and show at a glance risk issues related to mental state and physical health.

Not all wards in the showcase group used whiteboards to display patient information, so this was a challenge for those teams. Confidentiality issues were discussed with service users where appropriate and advice was also sought from the trust’s Caldicott guardian in reaching agreeable solutions.

Relevant standards were set for updating and monitoring the efficiency of the PSG boards through audits.

Feedback from teams indicated that it was now easier to know the whereabouts of service users, leave status and levels of observations and that it was quicker to access information that would normally be held electronically. Interruptions became significantly less frequent.

Process modules
Following the implementation of the foundation modules, the teams selected process modules to implement based on the information from the activity follows and the foundation modules.

The most popular process modules were shift handovers, medicines, ward round, safe and supportive observations and therapeutic engagement. Quantitative data on process modules is still being analysed for impact.

OVERALL BENEFITS
During the initial stages of the PMHWs initiative, most of the benefits were qualitative. However, some quantitative benefits have been emerging.

| TABLE 2. DIRECT CARE TIME FOR WARDS AT SIX MONTH INTERVALS |
|-------------------------|---------|---------|---------|
| Unit                        | 1st DCT | 2nd DCT | 3rd DCT |
| Older adult assessment    | 48%     | 67%     | 43%*    |
| Behavioural disorders unit| 46%     | 64%     | 84%     |
| Community forensic rehabilitation | 11%     | 33%     | 41%     |
| Inpatient forensic rehabilitation | 33%     | 38%     | 43%     |
| Community adult rehabilitation | 23%     | 51%     | 71%     |

*The ward had no leader for six months and staff found it difficult to cope; DCT = direct care time

FIG 2. SICKNESS ABSENCE

Improvement in efficiency of care: direct care time
Direct care time (DCT) has been variable across all the participating wards and has ranged from 11%-48% at baseline to about 41%-84% after 18 months, resulting in an average increase of 24% in 18 months.

Feedback from the service users’ survey indicate an increase of up to 30% in therapeutic time spent with a named nurse and a 40% increase in activities provides on the ward.

Table 2 shows the direct care time for a group of wards. The data are for individual wards recorded at six month intervals.

Staff wellbeing
The strengths of this initiative are that the focus is not only on service users and carers, but also on the wellbeing of staff.

As one service user on one of the showcase wards said, “happy staff makes a happy and productive ward”.

Monitoring staff stress allowed ward leaders to respond to individuals who might be stressed at work.

Fig 2 shows sickness absence levels in the showcase wards.

Reduction in violence and aggression
The initiative is making an impact on violence and aggression. There has been a 50% reduction in violence and aggression on two participating acute wards.

Fig 3 shows the reduction of violence and aggression in the showcase wards over a period of a year.