Valuing and empowering staff
Some staff said they felt more valued by managers and leaders. They also talked of the value of learning new skills, of having leadership development at all levels within the team and of a sense that they could bring about change and improve quality.

The bottom up approach is regarded as having empowered staff to take ownership of problems with their systems and processes, rather than being told what to do.

Bridging the board to ward gap
The audit visits, which are conducted by senior leaders and managers from across the trust, provided an opportunity for them to walk the floor, which helped to bridge the gap between the board and the ward.

It made leaders and managers more visible. They were able to hear from firsthand about the staff experience of delivering care and the patient experience of receiving care on the ward, as well as dealing with issues affecting the implementation of modules.

CHALLENGES
As with any management of change, there were challenges to implementing this initiative.

Sustainability
The biggest challenge was sustaining improvements in the context of constant organisational changes and competing demands.

The vision of the trust is that PMHW should not be seen as yet another service improvement initiative that will run its course, but rather that it becomes a way of working that is firmly embedded into practice.

Approaches being used to ensure sustainability include:
- NHS Institute for Innovation and Improvement sustainability model;
- Regular audit visits by senior leaders;
- Attendance at project implementation team meetings and project board meetings (the project board is chaired by the chief executive and attended by the executive director of nursing and representatives from across clinical services);
- Ward audits of standards set in each module;
- Brief periods of focused intensive support from improvement facilitators;
- Communication from the project team and trust that the initiative is a way of working rather than a project with a start and end date.

Working on multiple sites
The trust is spread across a wide geographical area that can be difficult to get around. However, sound planning skills and mobile working using laptops has reduced unnecessary travelling back to the office to complete administrative work.

It has also been a challenge to get teams together for project implementation meetings, but rotating venues has helped with sharing practice, showcasing achievements and giving a better insight into work being carried out in other clinical services.

Data collection and analysis
Despite systems and processes being set up for collecting and submitting ward performance data, achieving this in a timely manner remains a challenge for ward teams. The improvement facilitators still have to chase teams for their monthly data.

In response to this, further training has been offered to ward administrators on the data requirements for the project because they have a key role in gathering other data for the wards. This is beginning to make a difference.

Teams are also encouraged to use the resources of team members who are more confident in using software packages.

CONCLUSION
An evaluation commissioned by NHS London and conducted by Deloitte in March 2009 identified several key ingredients to the successful implementation of the PMHW initiative.

These included the robust governance arrangements that were set up, the support the scheme received from senior managers and leaders within the trust and the emphasis and commitment to a bottom up approach.

Collaborative working towards quality improvement, the resources allocated and the training and coaching of ward teams by the improvement facilitators have also helped to ensure the scheme was able to benefit both patients and staff.

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