

## Productive Ward Highlight Report

<b>TITLE: Productive Ward</b>		
Author:	Owner:	Report no: 10
Date:	Period covered:	
Progress status: Green		

### Decisions required:

#### Key issues/Red flags:

- Sustainability of programme
- Remeasuring of wards already in project – capacity.
- Identifying & collecting benefits – time spent collecting information.
- Lack of facilities on Frenchay site.

#### Project update/progress against plan:

- Patient status boards up in approx 75% of wards – estates doing this for no charge.
- cohort 4 launched. Baseline measures underway.
- Further working lunch/supper on [ward] regarding missed doses.
- First annual report completed.
- Benefit figures collection – data held in several places. Time consuming compiling all the information. Meetings held with IM&T and Quality synopsis to populate benefits chart.
- Meeting with New Hospital team to develop common approach.
- Meeting with Comms team to roll-out Ticket to Ride.
- Supporting other areas in PW methodology – [wards and areas listed].
- Featured in the Friday 5 – again.
- Article submitted re handover to the *your hospital* magazine
- Shortlisted in the Outstanding Achievement category of the Excellence Awards.

### Products completed:

#### Critical tasks for coming period:

Task	Owner	Due date	% complete	Forecast due date
To run Admissions & Discharge module across Surgical Directorate			50%	Dec 2012
To run Handover module across Neurosurgery		Mid Jan	90%	Feb 2013
Training in Activity Follows for Matrons & HoN			Ongoing	
To run Meals module across MSK wards			10%	Feb 2013

### Budget update:

#### Risk update:

REF	Risk	Owner	Due date	Counter measures	Prb'ty/ Impact
001	Progress of the Well Organised Ward module will be delayed if complete minor works not completed by estates department in reasonable time period. Minor works will be less justifiable as New Hospital opening approaches.		Ongoing	XX has arranged a contact in Estates to monitor	Med risk
002	Reorganisation of xxx wards		Closed	XX HoN has now confirmed moves	No Impact on PW

002	Reorganisation of xxx wards		Closed	XX HoN has now confirmed moves within xxx	No Impact on PW
003	<i>Knowing How we are doing</i> Module requires a Trust focus approach with consistency. xx and xx to decide Trust approach across all issues and "gatekeep" on new issues to prevent monitoring overload.		Closed	KHWD agreed in principle. XX and XX to work together to roll out	NO Impact on PW
004	Disappointing attendance from GMs, AGMs and Matrons at PW Workshop on 13 September 2011. Escalated by CMD/KS to MNO.		Ongoing	XXX to continue to reinforce PW message at all meetings	High risk to PW if engagement not gained from this level.
005	Pharmacy decisions are being made around stock changes which are directly impacting on direct nursing time. One small change in medicines management can lead to the delay in meals being distributed and the need for extra staff to support the drug round. Perhaps we need to process map changes?		On Going	XX/XX to help liaise in flash point areas. Good examples on T ward. SMH	Med risk if any large directorate does not engage with PW process and make decisions in isolation without process mapping
006	The supply of linen remains an ongoing issue on Monday mornings for the majority of wards. Does anyone have an update on this issue?		Closed	XX presentation to PW group which show predicted work plan.	Low Risk to PW as process is being redesigned to be more LEAN
007	Extra wards brought on eg Ward 12, RDU, BRCU training. Further training identified on NICU, Gynae, Burden, pathology.		Closed	XXX & HoN aware. Increase in workload.	High on project but good practice for whole hospital.
008	PSAG board graphics erasing. Returned to suppliers for comment. Revised boards now arrived.		Closed		Will delay roll out of PSAG module
009	Remeasuring of wards once changes undertaken. Who is responsible and undertakes the activity & how often does this need to be done.		Ongoing		Benefits not realisable unless measuring redone.