



# Implementing Productive Community Services in Health Visiting

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Health Visitor and Practice Teacher

# Aim

- To share our team experience of implementing the Productive Community Services Programme, and discuss the use of this programme in health visiting practice

# Objectives

- To provide an overview of the Productive Community Services Programme
- To provide context for discussion by outlining team structure and functioning
- To discuss module implementation to date and strategies used
- To reflect on the utilisation of leadership skills
- To consider benefits and constraints, and recommendations for future practice

# Productive Community Services Programme

Enabling practitioners to shape work practices and develop own solutions

Improved quality and reliability of care

- Client contact time increased
- Effective team working
- Greater efficiency



# Our Team and Caseload

## Team

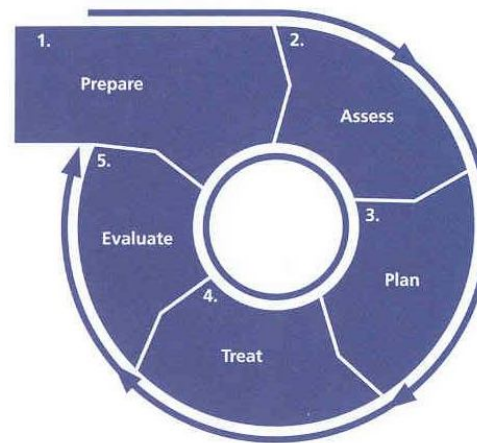
- Merger of 2 health visiting teams December 2010
- 9 health visitors ( WTE= 7)
- 3 staff nurses
- 3 nursery nurses
- 2 administrative staff

## Caseload

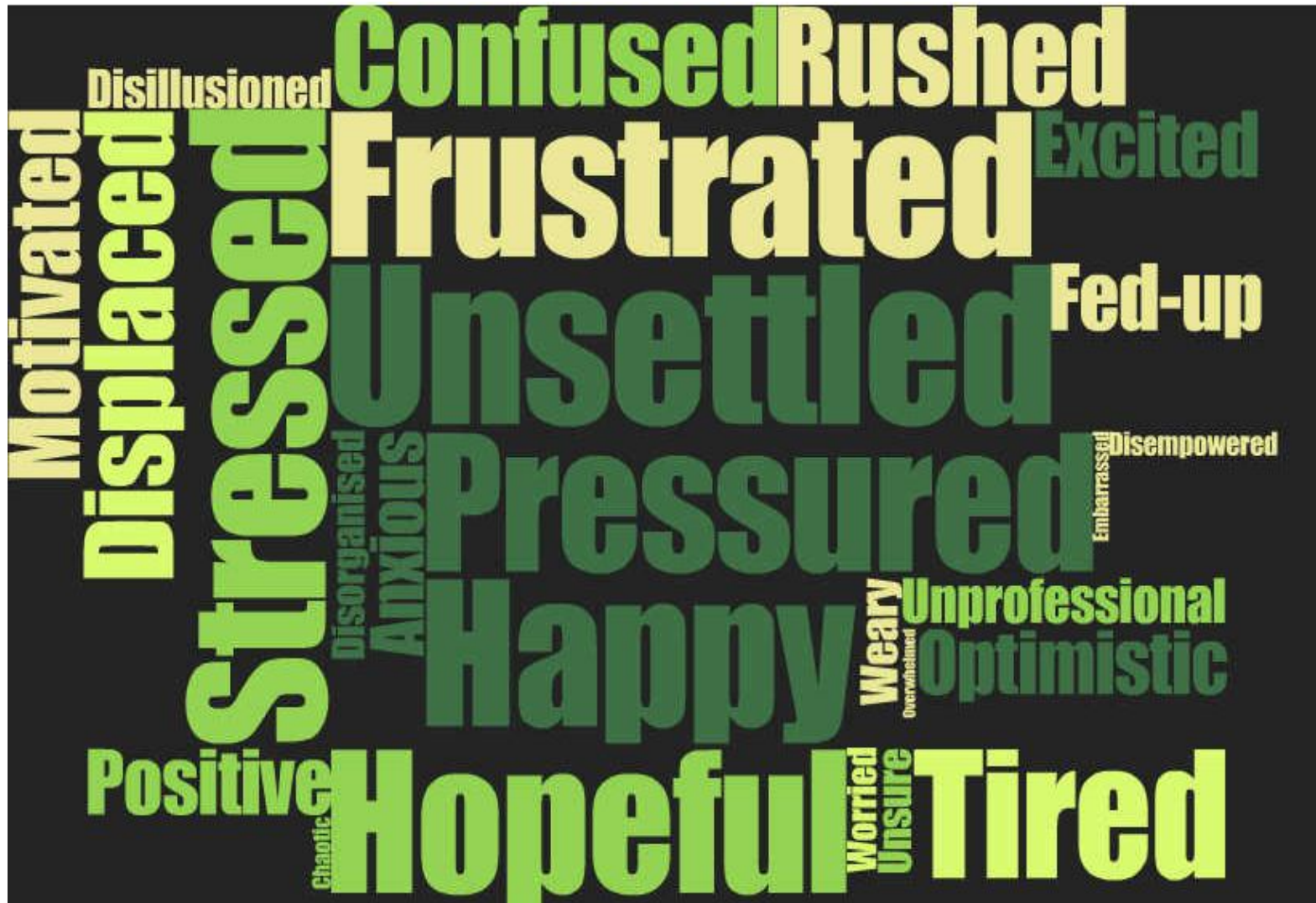
- 1000 children per whole time equivalent health visitor
- 90 – 120 new births per month
- Corporate with geographical boundaries
- Urban and semi-rural, Wokingham, Berkshire

# Implementing Productive Community Services: the process

- Organisational support and appointment of Programme Facilitator
- Team lead for Productive Community Services
- Team meetings and team vision
- Preparation for modules



# Team audit January 2011



The Community Health Services of Berkshire East and Berkshire West are part of Berkshire Healthcare NHS Foundation Trust as of 8th April 2011



# What you are saying about our team

## Jan 2011

Everyone is trying hard to be supportive to colleagues

Good to be working in larger team – more people to ask for advice and offload

Team building is needed

Regular communication should be made priority in form of meetings etc

Some conflict of ideas on working practices in clinic, self-weighting, HV/skill mix intervention

Change is good but it's hard going through process

Goal posts keep changing

# Well Organised Working Environment

- Work areas are organised to increase efficiency
- Visual management techniques used
- Staff will be able to find what they are looking for
- Regular audit based on agreed standards

# The 5S process

1. **Sort** – eliminate non-essential items
2. **Set** – organise necessary equipment and materials. Each object has assigned place
3. **Shine** – clean and maintain
4. **Standardise** – create procedures to maintain clean, orderly work area
5. **Sustain** – implement audits

# Well Organised Working Environment



# Desk Standard

## South East Wokingham Health Visiting Team Desk standard – August 2011

- Phone
- PC
- Penholder/Tidier with:
  - Pen
  - Pencils
  - Treasury tags
  - Rubber
  - Scissors
  - Pencil sharpener
  - Ruler
  - Paper clips
  - Highlighter
- Stapler (on work station)
- Hole punch (on work station)
- Tissues
- Stationary letter rack with:
  - Compliment slips
  - Notebook
  - Post-it notes
  - Yellow A5 contact sheets

### Pedestal Drawers (below desks)

#### Top drawer

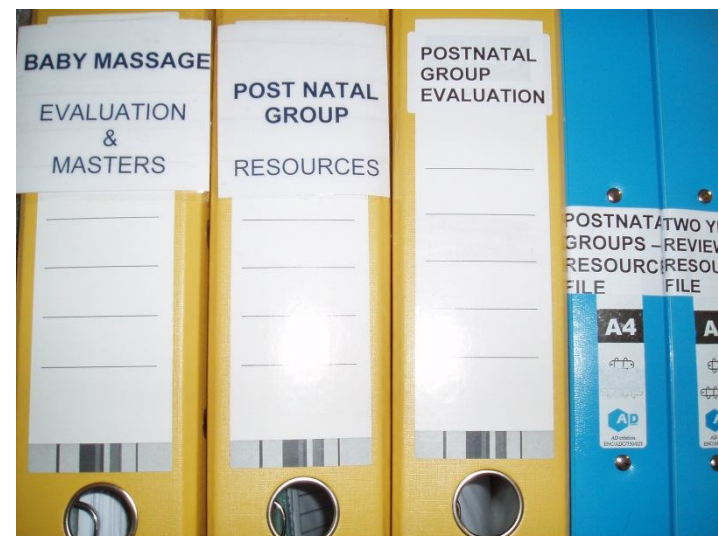
- Stapler
- Hole punch
- Continuation sheets
- Contact sheets (for adult record card)
- Adult record card (pink)
- Laminated guidelines for adult record card (pink)



**PLEASE KEEP OUR DESKS AS  
ORGANISED AS POSSIBLE TO  
ENABLE EVERYONE TO DO THEIR  
JOB EFFECTIVELY.  
THANK YOU**



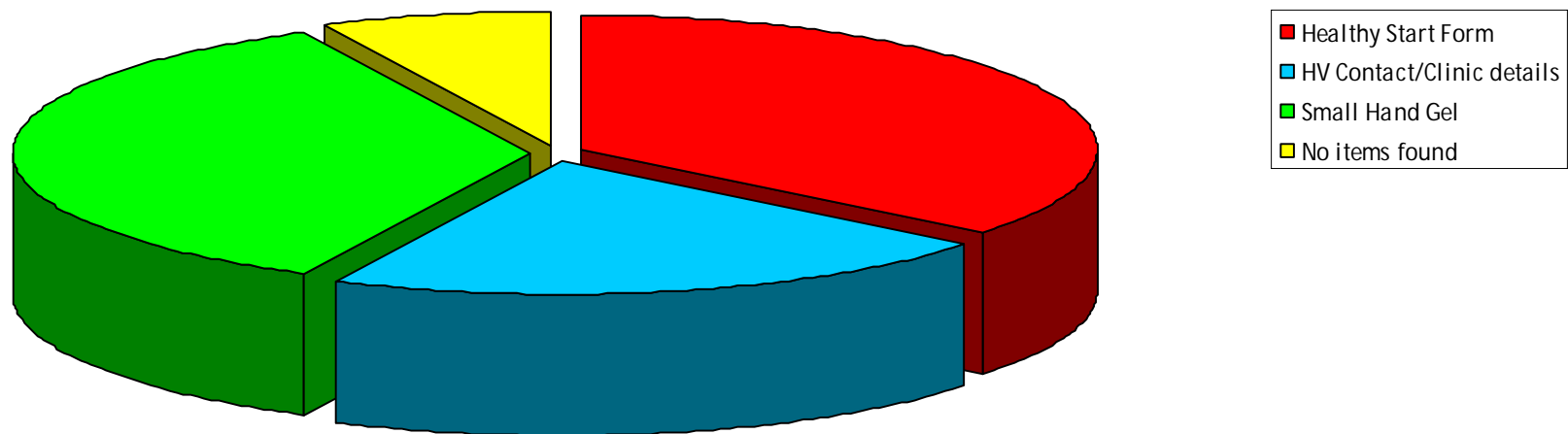
# Well Organised Work Environment



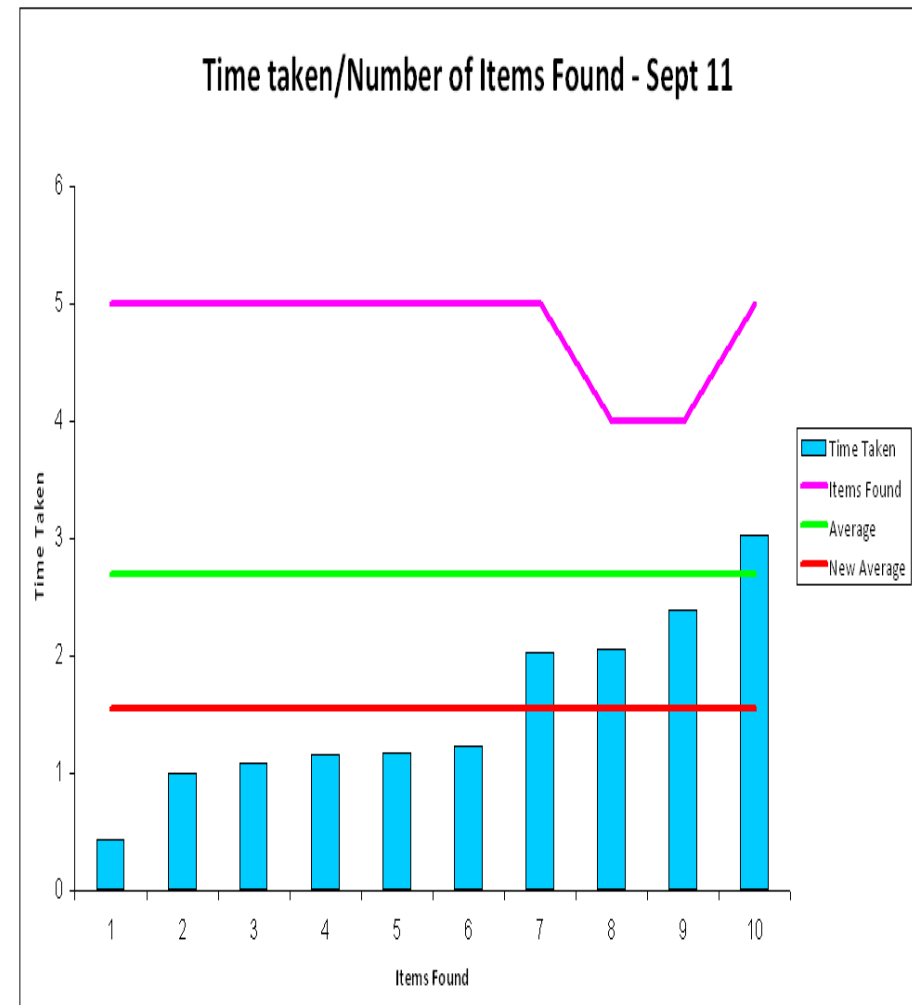
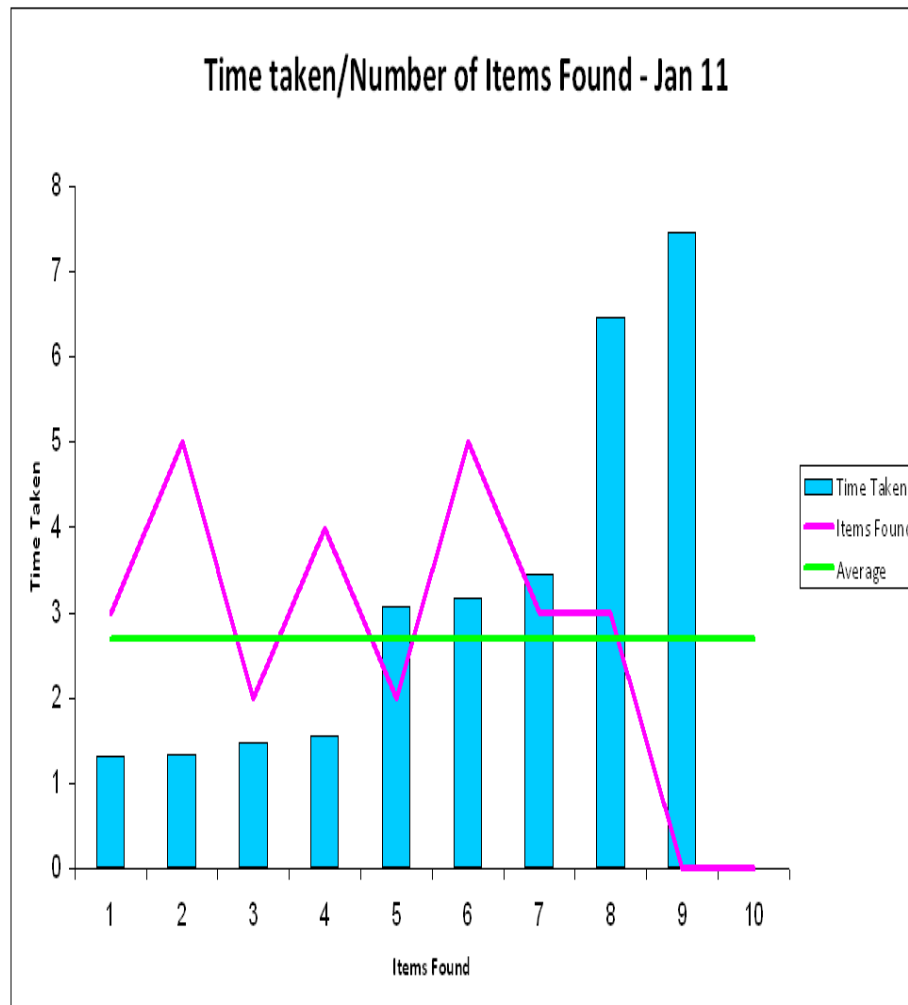
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# Well Organised Work Environment

## Common Items Not Found In Office Space



# Well Organised Work Environment





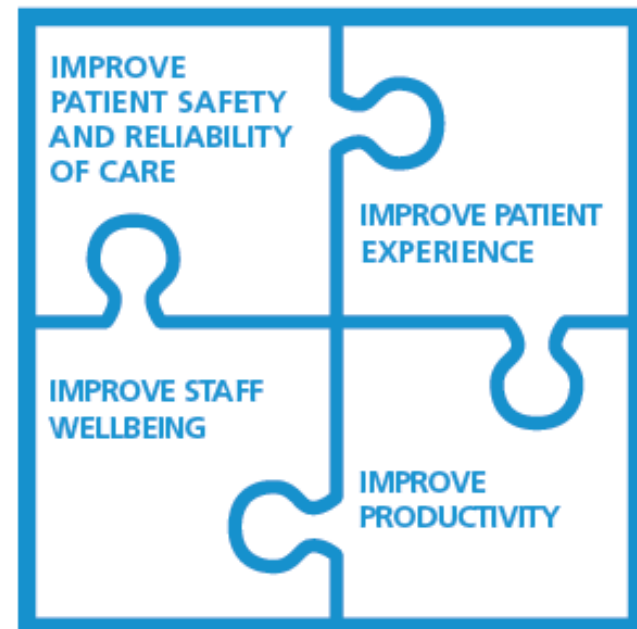
# Best Practice Visit



**Motivation**  
**Team building**

# Knowing How We Are Doing

- Team develops, implements and regularly reviews a set of measures
- Facts and data are used to demonstrate improvements visually



# Knowing How We Are Doing

## Improve Patient Safety and Reliability

Adverse Events (Incidents)

Late New Birth Visits

HV Service Referrals

## Improve Productivity

Face-to-Face

Commissioned Service

## Improve Patient Experience

2 year groups (Evaluation)

Post Natal Groups (Evaluation)

## Improve Staff Wellbeing

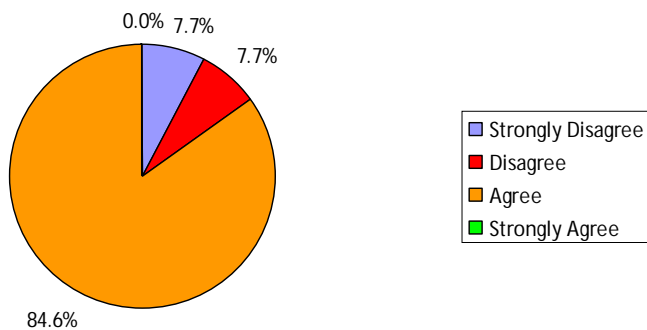
Staff Satisfaction

Service Compliments

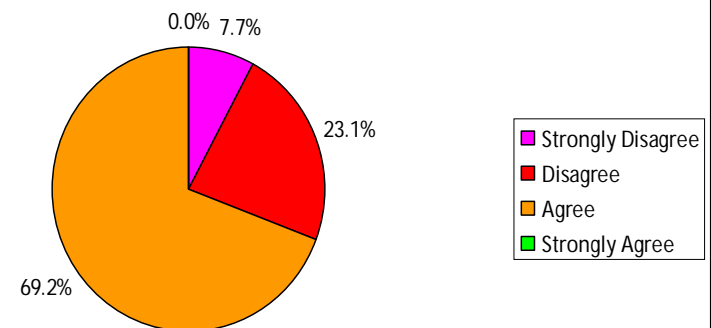
Staff Absence

# Knowing How We Are Doing

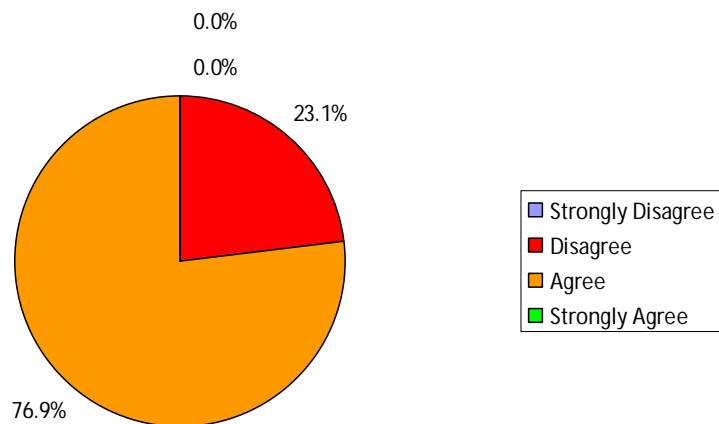
1. I have been able to complete my work to meet the demands of the caseload this month



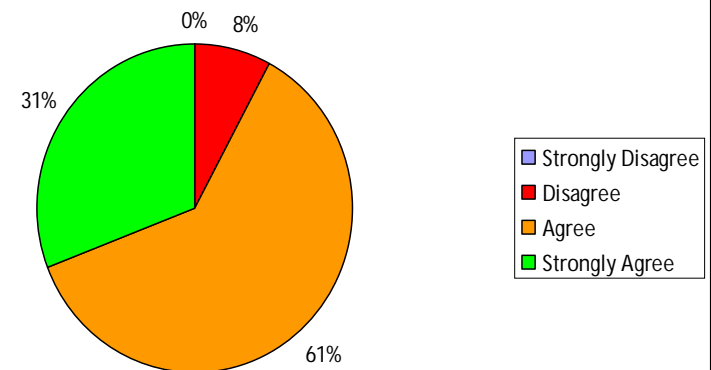
2. This month I have been able to do my job at a standard that I am personally satisfied with



3. I am happy with the hours I have worked this month



4. This month I have felt supported and respected by my colleagues



# Knowing How We Are Doing

## Clinic Questionnaire

### Overall Results

Do you know where to find information  
on how often to weigh your child? 64% Yes 29% No

Are you confident in self-weighing ? 90% Yes 10% No

Are you aware of the recommendations for the  
frequency of weighing babies? 72% Yes 28% No

# Knowing How We Are Doing

## Postnatal Group Evaluation

**"Relaxed – easy to ask questions"**

**Liked – "being able to ask questions, discussion, weaning session useful"**

**"Would like pictures or images of illness to know what to expect – easier to recognise symptoms"**

**Really helpful information, lovely health visitor, good to meet other mums**

**Liked – "meeting other mums"**

**Would like – "maybe more discussion in a group"**

# Knowing How We Are Doing

## South Wokingham – Late New Birth Record

- SMART Goals used in setting measures

Date of Birth of child:

Did visit occur between 10 – 14 days?

Yes/No

If No – please specify:

- SPECIFIC
- MEASURABLE
- ACHIEVABLE
- REALISTIC
- TIME BOUND

- Late notification of birth
- Capacity issues
- Record sent to wrong base
- Transfer in
- Baby born at other hospital
- Prematurity
- Parental choice (eg appt offered but declined)
- Unable to contact (eg wrong address/phone number)
- Other (please specify)



# Knowing How We Are Doing



The Community Health Services of Berkshire East and Berkshire West are part of Berkshire Healthcare NHS Foundation Trust as of 8th April 2011



# Patient Status At A Glance

- Visual management of patients on caseload
- High priority patients identified
- Patient status board
- Effective team meetings based on agreed meeting standard

# Patient Status at a Glance: application to Health Visiting practice

- Interruptions audit
- Questionnaire re: key information (staffing, annual leave, clinics)
- Child protection questionnaire
- Team meetings reviewed

27.6.11

ANNUAL LEAVE:  
Cathy  
Shelagh

STAFF MEETING & DATE:  
THURS. 30<sup>th</sup> 09.15

Sue Perryman  
Tues 28<sup>th</sup> AL 9-12

STUDENTS ON PLACEMENT

SICKNESS:

TIME ONING:

TRAINING:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:
CLINIC BRAMBLES 10-12 (LA, SL, HW)	PN GROUP RIVERDALE 10:30 - 12:30	CLINIC RED KITE 10-12 (NB, KT)  PN GROUP BRAMBLES 10-12 (SL, CT)		CLINIC LODOW VALLEY 9:30 - 12:15 (LB, CT, SC)
AM				
DUTY HV: SP	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:

# Patient Status At A Glance



**THEN:**

**Information in  
several  
places/location**

**On average:**

**2.5 mins to find  
all information**

# Patient Status At A Glance

27.6.11

STAFF MEETING & DATE: THURS. 30 <sup>th</sup> 09.15		ANNUAL LEAVE: Cathy Shelagh		Sue Perryman Tues 28 <sup>th</sup> A/L 9-12	
STUDENTS ON PLACEMENT		SICKNESS:		TIME OUTING:	TRAINING:
MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:
CLINIC BRAMBLES 10-12 (LA, SL, HW)	PN GROUP RIVERDALE 10:30 - 12:30	CLINIC RED KITE 10-12 (NB, KJ)		CLINIC LODDON VALLEY 9:30 - 12:15 (LB, CT, SC)	
AM		PN GROUP BRAMBLES 10-12 (SL, CT)			
DUTY HV: SP	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:	DUTY HV:

**NOW:**

**Information available  
immediately**

**All Information  
clearly set out**

**Visualisation &  
"3 second rule"**

# NHS Leadership Framework (June 2011)



[www.nhsleadershipqualities.nhs.uk](http://www.nhsleadershipqualities.nhs.uk)



# Our team experience of implementing Productive Community Services

- Clear vision and goals
- Increased team cohesion and satisfaction
- Empowering - Skills and ideas of all team members utilised
- Enables change and improvement
- Provides focus and promotes efficiency
- Promotes and develops leadership skills

# Learning from experience:

## Key success factors

- Good levels of staff awareness and knowledge of programme
- High quality leadership
- Organisational support
- Availability of resources
- Linking Productive Community Programme with Trust objectives
- Linking with existing programmes and structures (e.g. reporting and data collection, audit, leadership courses)

# Team views

**Started feeling Why?  
What's the point?**

**[Now] more organised  
and efficient**

**Having order has helped me feel  
less like a headless chicken!!!**

**Made us more time efficient**

**I was sceptical at first but  
actually has been ok – not too  
disruptive**

**Processes and procedures are  
now clarified and much clearer**

**Has had a very positive effect on  
our work area**





# Conclusion and thank you

**Productive Community Services**

[www.institute.nhs.uk/productivecommunityservices](http://www.institute.nhs.uk/productivecommunityservices)