

**Improving healthcare quality at
scale and pace**
Lessons from The Productive Ward:
Releasing time to care™
programme
Executive Summary



Executive Summary

The NHS Institute for Innovation and Improvement's (NHS Institute) Productive Ward: *Releasing time to care*[™] (The Productive Ward) programme aims to empower ward teams to identify areas for improvement by giving staff the information, skills and time they need to regain control of their ward and the care they provide.

This research builds on the insights provided by the NHS Institute's The Productive Ward: *Releasing time to care*[™] Learning and Impact Review (undertaken February-June 2009), undertaken by the National Nursing Research Unit, Kings College London.

This study (undertaken April-June 2010 by the same research team) aims to inform efforts to maintain momentum of The Productive Ward, to support NHS staff going forward, and to discuss mechanisms and arguments for continued commitment and investment. Broader objectives include; generalising the benefits from this learning, creating a set of hypotheses about the spread of large-scale change that can be tested in future change interventions, theorising about some of the implications for the spread of The Productive Ward and other large-scale change programmes across different sectors of the NHS (eg, mental health, community sectors).

What were the aims of the research, what does it tell us and what are we doing about it?

It is no secret that the NHS is facing the biggest challenge in its history and that £15-20bn in cash savings have to be found by 2014. There are countless examples of money saved and quality improved through using the tools and techniques provided by the NHS Institute's Productive Series. Some of these can be found at www.institute.nhs.uk/productives. However, we are currently finding that, although The Productive Ward has proved to be extremely successful in the NHS, so far it has been implemented in less than half of the wards in NHS England. This has to represent a huge missed opportunity – and one which needs to be addressed urgently.

It is critical that improvement programmes like The Productive Ward which have the potential to have a significant impact on cost and quality are implemented on a large scale and as quickly as possible.

To achieve this it is important to understand what is needed to support 'spread' and what actions can be taken to overcome potential barriers to widespread adoption, implementation and assimilation of such initiatives into routine practice.

The research provides significant insight into a number of questions:

1. What makes some organisations successful and others not in terms of take up?
2. Why do some organisations spread quickly and others do not?
3. What are the timescales that organisations take to spread?
4. Are there organisations that spread quickly and sustain well? What are the characteristics of these organisations?
5. What is the process that is used in organisations that have spread and sustained well?
6. For organisations that struggle, do they share specific factors?
7. Is it possible to identify specific actions that could overcome barriers?

It also explores how learning from NHS staff experience of implementing The Productive Ward can inform the spread and sustainability of other large scale change initiatives and provides insight into a broader challenge; whether it is possible to take the lessons learnt from The Productive Ward implementation and move from a reactive to proactive understanding of the spread of large-scale change initiatives in a healthcare context.

Methodology

The research applied a two phase methodology. Phase one comprised of three elements:

- a focussed review of the theory related to spread of innovations within health care
- application of this theory to our knowledge of The Productive Ward
- identification of beneficial areas for future research to inform phase two of the research.

Phase two comprised of in depth case study interviews with NHS staff implementing The Productive Ward. These focussed on the three areas identified in phase one as being most significant for the future development of the programme:

- *Discontinuation* - People (or organisations) decide to reject an innovation after adopting it, possibly due to shifts in context which make work methods and goals obsolete, or because sustaining one approach may inhibit staff development and the implementation of other new ideas.
- *Islands of improvement* - Pockets of excellence remain isolated and unknown to others; there is a lack of spread or only isolated uptake of innovations.
- *Improvement evaporation* - A situation where change is not sustained. The decay of organisational change may be influenced by a wide range of factors including staff commitment, managerial and leadership approach, as well as organisational, financial, political, cultural, contextual and temporal factors.

In the case study sites, multiple participant accounts were used to establish a near as possible insiders' perspective of context, history, current activity, staff energy, organisational energy, facilitators and barriers, and future plans.

Insights from the literature review of the theory related to spread of innovations within health care

- *The report helpfully defines and clarifies the terms dissemination, diffusion, adoption, spread, assimilation and sustained change.*
- *The case studies in phase two of the research are particularly exciting as they provide evidence on a topic which has not been widely researched previously; non spread.*
- *The report looks at the assumptions and observations about core innovation concepts. It goes onto categorise, giving examples of a wide range of indicators which could be studied to assist spread of an innovation in the context of healthcare organisations, eg, identifying and mapping opportunities and constraints (ideas), reviewing organisations impact (context), assessing the capacity for beneficial change/effectiveness (outcomes).*
- *Specific challenges to spreading improvement programmes in health care are identified and described within the report. Examples range from a lack of receptive organisational context or human receptivity to an absence of communities of practice or an inconsistent organisational /professional group vision.*
- *The research explores these factors in relation to spread of The Productive Ward and helpfully summarises critical success factors required to spread improvement programmes at scale and at pace eg, awareness raising of the potential for change, emotional connection to unleash energies for change, learning about benefits to self, belief that change can succeed, seeking and forming supportive relationships, restructuring the environment to support change.*

What lessons can be learned from the literature review?

- Spread cannot be driven by 'top-down' plans and motivation alone, it needs to also focus on unleashing change from the system itself by moving people to change themselves and each other.
- Spread has to be user-focused, to meet the needs and requirements of different groups of potential adopters.
- The rapid spread of 'good' ideas can be damaging in the longer-term if there is not adequate time for staff to learn new skills or wider impact (for example, on patients) is not considered.

- There are different types of barriers to spread, including lack of receptive context, inconsistent vision, self-sealing groups, sticky knowledge flow, issues of scaling-up, and inward-looking innovation. Positive actions are needed to address specific types of problems.
- Spread can be perceived as 'grounding' innovation within systems – in other words confirming the mutual knowledge, beliefs and assumptions related to the innovation. It includes the formation of groups of people, personal investment and local control as well as technical systems such as plans and measures.
- Spread involves exchange and mutual learning – this means taking on board the human aspects of change and recognising that people influence people eg, local 'change champions', strong leadership support and great project management.

As leaders of improvement is it possible to influence spread and adoption?

The research indicates that leaders of improvement programmes like The Productive Ward can learn from the above lessons and take positive actions to overcome barriers to innovation and spread:

1. *Connecting with wider social and political agendas (including national policy imperatives)*, particularly to secure resources and negotiate incentives.
2. *Understanding the needs and characteristics of potential adopters*, ensure the meaning of the innovation is clear to them and the adoption decision is made as simple as possible.
3. *Engaging potential adopters at all stages*: for example, in development and end-user testing to target the innovation appropriately, enable ease of access to the innovation, provide support for implementation, and promote positive relationships and client-centeredness.
4. *Engaging respected individuals* to champion the initiative, publicise the work of 'leading' organisations, identify change agents and networks to connect and spread clear information and learning about the innovation.
5. *Providing clear information about the benefits of the innovation* in terms of the potential for: advantage, compatibility with organisational goals, straightforward implementation, trial and adaptation to local contexts, and observable improvement.
6. *Providing clear information about the operational attributes of the innovation* in terms of operational goals, usefulness, feasibility and stages of implementation, and what type of knowledge is required.
7. *Supporting adopting organisations to examine their organisational context* to identify facilitating factors such as resourcing, leadership, skills, knowledge-base, transferable know-how, ability to evaluate the innovation and receptivity in terms of vision, values and goals, as well as critical success factors for organisational spread.

Review of the four previous Productive Ward evaluation studies (listed below) also reveals characteristics which may have hindered the spread of the programme.

- The Productive Ward: *Releasing time to care*™ Learning and Impact Review (NNRU 2010)
- NHS London (2009) *Evaluation of Releasing time to care*™
- NHS Scotland (2008) *Releasing time to care*™ Evaluation
- Belfast Health and Social Care Trust *Productive Ward - Releasing time to care*™ Evaluation Report (BHSCP 2009)

For easy access we have compiled lessons from the focused review of the wider literature and insights from case study interviews and in a separate set of 'top tips' for practitioners who are leading Productive Ward implementation (**Top Tips for spreading the Productive Ward within NHS Trusts**, available at www.institute.nhs.uk/productiveward).

Discussion and recommendations for maintaining momentum of The Productive Ward

- The research confirms that there are numerous frameworks and models relating to spread and adoption and indicates that this can be confusing for practitioners. The three-fold model (Determinants, Processes and Measures) developed within the report aims to provide a helpful framework within which to reflect upon and plan locally for spread.
- A deeper awareness of the different determinants of spread (individual, organisational and contextual) could help practitioners to improve readiness for spread by identifying facilitators and challenges for individual staff, different ward-based teams and whole organisations. Key factors include staff receptivity, staff energy, engagement, organisational commitment, collective capability, historical context and the way in which organisations function.
- The study has focused on three selected processes of spread (discontinuation, islands of improvement and improvement evaporation) and it shows that one or more of these processes can be in operation in any one organisation at the same time. A greater awareness of the nature of these processes, and why they may occur within an organisation, could help practitioners to channel resources and energies into areas where it will have the greatest impact. For example, looking to continuity of organisational commitment and collective capability in order to avoid discontinuation, or looking to improve communication and shared learning in the case of islands of improvement. Finally, organisations might look to invest resources in maintaining staff energy and engagement if they wish to avoid improvement evaporation.
- Practitioners are likely to find it useful to know more about how to measure (and explain) the spread of The Productive Ward. Such measures could help to address variation in how spread is judged and assessed, as well as opening up a dialogue between different stakeholders to reach a more useful and objective agreement about what a 'successful' rate of progress is. The findings of this study provide insights into how organisations can spread learning and embed improvement (by for example, helping ward leaders to manage time and resources to release staff, and supporting shared learning through local adaptation and then local standardisation of tools and techniques).

Conclusions for The Productive Ward and Large Scale Change


- The progress of any organisation implementing a programme like The Productive Ward can be judged in different ways. Successful implementation and assimilation means spreading programmes at scale and as quickly as possible. It can also mean making sure the right changes happen, at the right pace, and that these are embedded in organisational working. External observers, executives, managers and frontline staff make different types of judgements about how well the organisation is doing. The three-fold way of explaining spread developed here (Determinants, Processes and Measures) provides a framework within which to reflect upon and plan locally for spread.
- Organisational energy is influenced by levels of visible executive support, resources for programme leadership and facilitation, and building resilience to times of pressure and change. Continuity of organisational energy helps to avoid discontinuation. Sometimes the decision to temporarily halt implementation can be beneficial for ensuring the work is picked up at a defined time in the future, rather than struggling on while organisational energy wanes and contextual issues escalate.
- Staff energy drives programme spread, but staff need to know about the programme, feel they are backed by organisational energy and have time and space to participate in ways that are meaningful and beneficial to them. In implementing organisations there will naturally be islands of improvement because of patterns of staff energy and approaches to implementation. Communication is essential to spread of the programme and the improvements made. It involves promoting the programme through existing structures such as induction programmes, education and training; maintaining interest on wards using informal interactions and reflection time; and linking monitoring and reporting into organisation-wide improvement meetings.

- In a context of shrinking budgets and the challenge of scaling up to whole organisation roll-out, programme leads and facilitators are now focusing more on managing staff expectations about what type of work can be done and delivering support in more efficient ways. Where The Productive Ward has been able to demonstrate cost savings, such evidence can be used to make the case for organisational roll-out even in a challenging financial context. However, assessment of progress and impact is complicated by the fact that there is no agreed end point to implementation or completion of the programme. Nonetheless, it should be noted that aspects of The Productive Ward have been sustained even when wider implementation and spread has seemingly halted; this includes embedding improvements (such as standard procedures and guidelines) into working practices and leaving a lasting structure (theory base and staff knowledge) for future organisational improvement.

Closing comments from the NHS Institute

The NHS Institute continues to work closely with key partners at all levels of the health system to maintain momentum of The Productive Ward programme and support NHS staff going forward with other large scale change programmes. While discussions regarding the mechanisms and arguments for continued commitment and investment are ongoing, the report indicates that continued investment in facilitators will be critical in order to sustain and build on improvements which have already taken place in many organisations. The research also indicates that robust evidence of impact measures would be extremely beneficial to support continued investment. The NHS Institute has recently undertaken Rapid Impact Assessments for The Productive Ward in ten organisations, the results of which will be communicated to the wider NHS shortly. We look forward to continuing our support of NHS organisations on their Productive journey.





National Nursing Research Unit
King's College London
James Clerk Maxwell Building
57 Waterloo Road
London SE1 8WA
nnru@kcl.ac.uk



NHS Institute for Innovation and Improvement
Coventry House
University Road
University of Warwick Campus
Coventry
CV4 7AL
Tel: 024 7647 5800
Website: www.institute.nhs.uk

To find out more about The Productive Series visit:
www.institute.nhs.uk/productives

© Copyright NHS Institute for Innovation and Improvement 2010