KING'S College LONDON

NHS
Institute for Innovation and Improvement

The Productive Ward:
Releasing time to care™
Learning and Impact Review

Executive summary

Foreword

from Dame Christine Beasley

I recognised at an early stage in The Productive Ward programme's development that it was going to have a significant impact on the nursing profession and the direct care that nurses give to patients. I was, therefore, delighted to be asked to personally launch the programme at the Royal College of Nursing conference in 2007.

Subsequently, I have met with many ward teams implementing The Productive Ward and have seen first hand the transformation of their working lives and the increase in the quality of care delivered. This report highlights many of the successes achieved that have improved the patient experience and safety of care, whilst putting frontline staff in control of improving their working practices.

The Productive Ward has demonstrated it is a programme that improves the leadership skills of clinical staff at a time when enhancing their skills and competencies will be critical in helping us drive quality improvement at scale across the NHS. The work that the NHS Institute for Innovation and Improvement is doing focusing on developing a Return on Investment model is critical as organisations are looking to improve their productivity whilst increasing efficiency. I would encourage all ward staff to implement The Productive Ward as a way of helping them engage with this important national agenda.

Dame Christine Beasley
Chief nursing officer for England

Introduction by Helen Bevan

What does this research tell us and what are we doing about it?

I am delighted to introduce The Productive Ward: *Releasing time to care™ Learning and Impact Review* which was commissioned by the NHS Institute for Innovation and Improvement (NHS Institute) from the National Nursing Research Unit (NNRU), Kings College London.

The report goes right back to the beginning - how the idea of The Productive Ward came about, through development, testing and piloting to today, when The Productive Ward is helping to improve care in hundreds of inpatient wards across the NHS. The NHS Institute is immensely proud of this flagship programme and the difference it is making for patients and staff. This report indicates that we are right to feel that way. The report is also immensely helpful in the challenges that it presents. The Productive Ward has the potential to act as a catalyst for improvements in quality and use of resources in all 40,000 inpatient wards across the NHS. However, in order for this to happen some key issues need to be addressed. It is important that you know how this is happening and so this is the core topic for my introduction to the research report.

This report is being published at a time when the NHS is being challenged as never before to deliver improvements at scale in quality and productivity. Research on large-scale change shows us that if cost and quality outcomes are to improve dramatically, it will be through the engaged improvement efforts of frontline clinical teams that do the work, effectively supported by their leaders. Cost and quality improvement needs to be "hard-wired" into the day-to-day practice of our staff, the only people who really know where the problems are in the services they provide and who, with support and encouragement, can deliver dramatic results.

This is the power of The Productive Ward, a programme that puts frontline clinical staff back in control of the care that they give to their patients, encouraging them to question how they work and giving them simple tools and skills development to support them, on the job. Findings from the report indicate that The Productive Ward appeals to the intrinsic values of frontline staff, harnessing a social movement approach and mobilising their personal energies and drivers for change.

The Productive Ward is a way that you can engage your frontline staff to learn and directly apply improvement techniques to their day-to-day work. The NHS Institute is actively working with over 60% of NHS organisations, helping them to implement The Productive Ward. This report shows that in these organisations there is a minority but significant proportion of wards that are well on their way towards implementation. Even though the numbers are small, they are growing and a conservative estimate of the number of clinicians actively using techniques within the programme is 50,000. Imagine that, 50,000 frontline staff, trained in evidence based improvement techniques and actively working to improve the care they give to their patients every day! In some hospital systems, over 50% of wards have now adopted the programme. We anticipate that several NHS Trusts will achieve 100% coverage during 2010.

This report also tells us that the single most important factor for the success of The Productive Ward is that clinicians need to be supported and encouraged by the senior leaders in their organisations. This is critical learning as we seek to embed radical change throughout the NHS at a time of challenge and opportunity. The findings also show that having a full-time or substantive time improvement facilitator, with the skills and resources to support frontline clinical teams to make change, is also crucial. You need to be thinking about who these people are in your organisation. You will need to be growing and developing them now if you want to meet the challenges that lie ahead.

This report recognises that whilst there are many perceived benefits of The Productive Ward, there are currently limitations to being able to demonstrate measurable impact. This is a challenge to the NHS Institute and one that we are actively addressing. The Productive Ward is a strategic imperative for an organisation, not a short term change programme. Consequently, some of the high level impact

measures currently being collected may not show significant positive change until the programme has had the opportunity to be fully embedded.
In addition, in the early days of The Productive Ward, the focus was very much about increasing patient facing time, hence – *Releasing time to care*™.

In the current economic era, The Productive Ward is being rightly challenged to demonstrate a Return on Investment and the opportunity to make tangible savings. Since February 2009, the NHS Institute has been working with the original Productive Ward whole organisation test sites to develop a mechanism to collect module level impact measures. The aim is to support sites in their efforts to show the Return on Investment of The Productive Ward implementation. The main objective of this work is to provide staff with real tangible evidence of positive change for their everyday improvement efforts from implementing each module.

The model being developed and tested measures the impact of each Productive Ward module on a number of different levels. The objective of the model is to cumulatively calculate benefits from the information that is already being collected, both quantitative and qualitative. Organisations will be able to demonstrate not only time saved, but also quantify the savings into a return on investment. A further impact area that we are continuing to develop is training and staff development benefits, linking skill development to the NHS Knowledge and Skills Framework. Finally, the model will allow staff to capture their stories of improvement in areas of safety, quality, improved patient and staff satisfaction, to provide powerful qualitative evidence to sit alongside the quantified outcome measures.

I have a very positive view of this development.
My sense, having spoken to many leaders across the country who are implementing The Productive Ward is that the problem is not that the programme is failing to achieve cumulative benefits but rather that we have lacked the means to measure them on a systematic basis. The new model will provide senior leaders with the confidence that The Productive Ward makes a positive return on investment. The outputs from this work will be available to the NHS by the beginning of 2010.

Whilst the support provided by the NHS Institute was found to be valued by many of those interviewed, this report recommends that we consider increasing implementation support and ensure that all the support offered is delivered in a more systematic way. The NHS Institute accepts these findings and we have recently re-designed our service delivery unit in order to respond more effectively to the requests for support. In addition, we have developed a number of new approaches to accelerating the adoption of The Productive Ward. This has been done in response to demand from some organisations who have managed to implement The Productive Ward in many of their wards but now want to spread in to areas such as the maternity unit and emergency department. The NHS Institute is also providing additional training in some aspects of tools and techniques for The Productive Ward, such as managing demand and capacity and running accelerated improvement events.

This research found that the most typical stage of development reported by organisations implementing The Productive Ward was to have the programme active on six wards with a further ten planned in the next roll out. Whilst starting on a few showcase wards is seen as important for the successful embedding of the programme within an organisation, the challenge to us all will be how we speed up the pace of implementation to meet the requirement to drastically improve productivity.
I believe that the implementation approaches described above will help to achieve this challenge.

Findings indicate that not all organisations are actively working with the NHS Institute to support them in their implementation. Our own figures show that whilst there are a small number of organisations who have not yet engaged with The Productive Ward, there are some who have managed successful implementation without any external support. These are organisations with a strong history of improving services and a well developed service improvement culture.

This report demonstrates that The Productive Ward is a programme you cannot afford to overlook if you are serious about embedding improvement capability into everyday work, harnessing the support of senior leaders whilst driving change from the frontline. We look forward to continuing to work with the majority of NHS organisations with wards to help to make it happen and to deliver the proven benefits to many more hundreds of thousands of patients.

Helen Bevan
Chief of Service Transformation
NHS Institute for Innovation and Improvement

Acknowledgements

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We thank all those who contributed to this study whether by participating in interviews (those listed in Appendix 2), facilitating access to National Health Service (NHS) organisations or providing other information. Their insights and experiences informed us as we undertook this review to support their work.

We would particularly like to thank NHS staff working at the five case study sites that participated in the review for sharing their experiences of The Productive Ward: *Releasing time to care*™.

Research partnership

The NHS Institute supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership. **Helen Bevan** at the NHS Institute commissioned the review presented here. **Lizzie Cunningham** and **Lynn Callard** provided data about the uptake of The Productive Ward programme and supported liaison with NHS staff.

The National Nursing Research Unit, based at King's College London undertakes research about the configuration and effectiveness of the UK nursing workforce. The NNRU is an established unit with 30-years experience of contributing to policy and practice development. **Elizabeth Morrow** (nee Smith) was lead researcher for the project and was responsible for the design of research instruments, coordinating the analysis and writing. **Simon Jones** was responsible for project management, plotting diffusion graphs and collation of information about metrics used in case study sites. **Jill Maben** and **Peter Griffiths** provided guidance on the design of research tools, undertook stakeholder interviews, and participated in the analysis. **Glenn Robert** provided advice on the application of the Diffusion of Innovation framework, qualitative data collection and analysis. **Victoria Wood** undertook interviews with NHS staff in case study sites and provided support for the research team with their analysis and writing up of case study interview data. **Rebecca Blackwell** provided administrative support to the team.

The review team liaised with researchers who were undertaking a review of The Productive Ward programme for NHS London at the same time as the present review, and researchers working on The Productive Ward benchmarking study at the NHS Institute to share learning about impact metrics.

The review did not involve the collection of any personal or sensitive information, either from staff or patients. All participants gave their time voluntarily and were free to decline or withdraw at anytime. Each person was asked for permission for their views to be recorded, transcribed and selected quotations to be used in this report. Some participants preferred to remain anonymous and we have respected this request in this report by only using participant's job titles or a reference code. We sought the opinion of the National Research Ethics Service who classified the work as service evaluation and, therefore, not requiring further scrutiny.

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Executive summary

The NHS Institute for Innovation and Improvement's (NHS Institute) The Productive Ward: *Releasing time to care*™ 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 review (undertaken February-June 2009) set out to establish the overall learning from and impact of The Productive Ward programme since its conception in 2005, and to suggest how this can be spread and sustained. The review applies an evidence-based Diffusion of Innovation framework[1] to The Productive Ward programme to examine multi-level perspectives (national, regional, local) of learning and impact. The findings are informed by in-depth interviews with national and regional stakeholders, a national web-survey of frontline staff, and case studies of implementation within five NHS acute Trusts.

Developing The Productive Ward – views of national stakeholders

- The Productive Ward programme draws on principles of 'Lean thinking' (Lean) to help tackle previously neglected everyday issues facing frontline NHS staff. Lean aims to reduce activities that do not add value. In the case of health care this could mean releasing more staff time for work that actually meets patient needs. The programme is distinctive in that it provides tools specifically created to engage frontline staff in the initiation and implementation of service improvement at ward level.
- The programme originated through partnership working between the NHS Institute, national nurse leaders, and industry partners. It was further developed through a planned design process that included drawing on social movement theory to work with NHS test sites and Learning Partners, before wider rollout to the NHS.
- The explicit promise of 'The Productive Ward: *Releasing time to care*™' is framed to appeal both to service managers and ward staff: it suggests that there is room for efficiencies in organisational systems and that staff can take a lead in improving the delivery of patient care.
- The common opinion amongst senior stakeholders (Strategic Health Authority leads) is that the programme appeals to the intrinsic values of frontline (particularly nursing) staff and has had a positive impact. Key benefits were: equipping staff with new skills, more time for better care, improved patient experiences, cost savings, and higher staff satisfaction and retention. In terms of its overall potential reach across the NHS The Productive Ward is still in its early stages of roll-out and the full-impact may not yet have been felt, or fully understood, even at a ward or organisational level.
- The extent to which the programme enables patient-focused service improvement and supports local approaches to leadership development are important emerging questions. The early successes of The Productive Ward programme raise questions about the type of incentives and mandates that should be put in place to encourage still wider adoption. Spreading the programme needs a careful balance between both dissemination (formal and planned through Strategic Health Authorities (SHAs) and diffusion (informal and unplanned) through social networks and opinion leaders).

Formal dissemination – SHA support for local adoption and implementation

- Different SHAs have used different approaches to implement and support The Productive Ward programme. For example, comparing across the 10 SHAs, there is a large variation in terms of whether Trusts have purchased either of the NHS Institute's Accelerated or Standard support packages, or purchased neither. As of February 2009, in three of the SHAs over 20 Trusts have purchased one of the packages (in some cases directly supported by their SHA) whereas in three other SHAs less than five trusts have done so (and in one of these SHAs none at all).
- Applying a narrow measure of a 'decision to adopt' (the percentage of trusts that have

1. Greenhalgh, T., Robert, G., Bate, P., Macfarlane, F. and Kyriakidou, O. (2005) Diffusion of Innovations in Health Service Organisations. A systematic literature review. Oxford: Blackwell Publishing.

purchased a support package) shows that since its official launch in May 2008, 140 acute trusts, 40% of all those in England, have adopted the programme (up to March 2009). Using a much broader measure of 'adoption' (that includes all Trusts that have just downloaded Productive Ward materials from the website) shows uptake of The Productive Ward programme by NHS trusts has been very high: 87% in the acute sector and 92% in the mental health sector.

- SHA leads highlighted the importance of supporting vision, planning and learning in order to engage staff at all levels. Working with trust-leads to align the programme with organisational targets was also seen as a key success factor. Several potential barriers to formal dissemination were identified, including the challenges of winning the hearts and minds of all staff, accessing training and support, rolling the programme out in a planned and measurable way, keeping the programme 'live', and linking it with the transformation of services, existing programmes and evidence of best practice.
- Key areas of impact that SHA leads identified were: improvements in staff skills, more time for better care, improved patient experiences, cost savings, and greater staff satisfaction and retention.

Informal diffusion and perceived impact across the NHS - national web-based survey of frontline staff

- A web-survey was developed and distributed nationally through NHS Institute email contacts and the professional press to target those with experience of The Productive Ward programme. Data from 150 respondents shows that the majority of staff heard about The Productive Ward programme through the professional press or in meetings at work (20.8% for both). In most organisations, (60% of participants) The Productive Ward programme was running on up to six wards. The most common number of wards for the next phase of roll-out was ten. Staff reported that over half (59%) of implementing wards are Medical, Surgical or Care of the elderly.
- *External resources and support:* The majority of respondents said that within their organisations specific funding has been made available to help implement The Productive Ward (78%, 89 of 114 respondents). Respondents also gained support through visiting other trusts, steering groups or web-networks and learning from colleagues.
- *Internal trust context:* Nearly all respondents agree that 'The Productive Ward fits well with what we want to do in this organisation' (92.3%, 102 of 114 respondents) and that '*Releasing time to care*™ is a cause that I strongly identify with' (96.5%, 109 of 113 respondents). The majority of respondents said that staff in their organisation are familiar with working to improve services and can apply these skills to new projects like The Productive Ward. In the main, respondents (more than two-thirds) agreed that leadership and support from senior staff in their trust was generally good. Relatively fewer respondents (just over a half) felt that middle management relationships and communication were generally good in their trust.
- *Internal resources and support:* The majority of respondent's organisations have a clear champion for Productive Ward and there is a strong clinical leader backing the programme. The majority of respondents (70 or more per cent in each case) agreed that inter-organisational learning, communications and project management of Productive Ward in their organisations is good. Relatively fewer respondents (37.7%) felt that there was good patient and carer involvement in the implementation of the programme in their trust.
- *Facilitators and barriers:* By far the most commonly reported facilitating factor for The Productive Ward implementation is having dedicated project leadership (identified by 47 of 150 respondents). Strong support and enthusiasm from senior staff is also important. The most common barrier to Productive Ward implementation was staffing pressures (n=55), as well as generating enthusiasm, finding time and resources, and inter-departmental relationships.
- *Usage and impact of modules and tools:* The Productive Ward foundation modules were most commonly used and this was reflected in the high impact perceived to be associated with these modules (Well Organised Ward, Knowing How we are Doing, Patient Status at a Glance). Several of the process modules had been used by only a minority of respondents (Admissions and Planned Discharge, Ward Round, Nursing Procedures and Patient Hygiene) but this may reflect the early stage of implementation of the programme and the majority of those who had used the modules

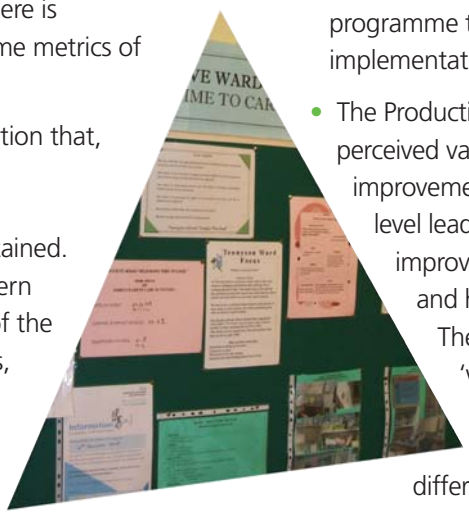
found them effective. The most commonly used tools were Activity Follow, Your vision, Meetings, Photographs and 5S Game. Activity Follow and Photographs were rated as having the highest impact. Again, several of the tools had only been used by a relatively small number of respondents (Cost Benefit Analysis and Time Benefit Quantification).

- *Perceived impact and trust-level outcomes:* Although a few respondents said it was too soon to comment about the impact of The Productive Ward the majority (64%) agree 'There have been measurable improvements as a direct result of Productive Ward'. Respondents said The Productive Ward had given staff more time to provide direct care to patients, it had led to better teamworking, well-organised and calmer working environments and that staff felt less stressed. The most tangible outcomes for staff were time savings (more efficient practices) and time investment (increase in direct care time). Other common outcomes were improved physical environment and organisation of wards, reduction in patient falls, reduction in staff sickness absence, cost savings, and an increase in staff morale/job satisfaction.

Local stories of implementation and impact - case studies in five NHS acute trusts

- Five case study sites (NHS acute trusts) were selected on the basis of timing of adoption of the programme, willingness to participate in the review, size and type (Foundation/non-Foundation Trust) of organisation, and approach to implementation of The Productive Ward programme (Learning partner/standard and accelerated NHS Institute support package/whole hospital site). Overall the case studies showed that key drivers for adoption are specific to each organisation and its strategic goals. For example, The Productive Ward can be seen as a mechanism for organisational change, an opportunity to build leadership capacity, or a way of demonstrating commitment to improving patient care.
- Trusts have devised their own approaches to implementation of The Productive Ward programme. Some trusts have focused implementation on selected wards, some have devised an overall organisational plan for implementation and have rolled-out the programme in stages or phases, and others have undertaken immediate whole-organisation implementation.
- Resourcing of the programme has been managed in different ways. Original Learning Partner trusts received support from the NHS Institute. Some organisations have set up a dedicated Productive Ward team or made use of the skills of existing service development teams with support from lead executives and clinical staff leads.
- Key organisational factors that influenced success at the case study sites were:
  - *Staff having a 'felt need' for change:* seeing The Productive Ward as a simple practical solution to real problems.
  - *Role of NHS Institute:* valuing the NHS Institute and The Productive Ward modules and resources.
  - *Going where the energy is:* selecting initial wards on the basis of their desire to work on The Productive Ward.
  - *Local ownership and real empowerment:* emphasising local ownership of the programme and empowerment of ward staff, rather than using a directive approach.
  - *Supportive organisational context and resources:* providing sufficient resources and support, in particular allocated budgets for backfill of staff time.
- While there are many perceived benefits of The Productive Ward there are currently limitations in being able to demonstrate measurable impact. 'High end' measures (for example number of full-time equivalent staffing hours saved) are not always obvious or of interest to those immersed in The Productive Ward work. Detailed assessment of locally available data at our case study sites shows that often only routine clinical or administrative measures are available. Potential comparable data across the five sites included: falls incidence, MRSA rates, pressure sore incidence, staff satisfaction surveys and staff sickness/absence.

- Typically, data was collated over a relatively short period of time, and only from the start of implementation of The Productive Ward, and so it is not possible to show longer-term trends such as changes in clinical indicators or staff outcomes. Comparative statistical analysis between wards and trusts is problematic because data is not collected frequently or consistently enough. However, for some wards there is longitudinal evidence on some metrics of improvements.
- Staff express a strong conviction that, unlike many other service improvement initiatives, The Productive Ward can be sustained. However, two areas of concern are how to show evidence of the promised greater efficiencies, and that the measures are insensitive to improvements being observed at ward-level.



Applying the Diffusion of Innovation framework to The Productive Ward

By applying key aspects of the Diffusion of Innovation framework to The Productive Ward programme it is possible to identify important interactions that have contributed to the rapid diffusion of The Productive Ward programme in NHS acute trusts.

- The Productive Ward (the innovation) offers a powerful way of engaging, supporting and acknowledging staff for improving the services they provide (the hospital context).
- A carefully balanced combination of programme 'push' (wider NHS and societal context) with professional 'pull' (the hospital context) has a powerful effect.
- External support (linkages) is crucial in some trusts (hospital context) at different phases of the adoption and implementation process; other trusts are a more receptive context for this particular innovation and require little external support.
- The Productive Ward has huge potential impact - but the range and extent of measurable outcomes remain unclear.

Conclusions and recommendations

- Overall, this review finds that The Productive Ward programme has been successfully framed and communicated in a way that connects with frontline NHS staffs' need and will for change, and that it thrives where local leadership and ownership are strong. The review suggests 15 'top tips', that comprise of key lessons from the programme to date that will assist trusts in local implementation in the future.
- The Productive Ward programme has a huge perceived value and local impact including improvements in staff skills (in particular ward-level leadership), more time for better care, improved patient experiences, cost savings, and higher staff satisfaction and retention. The programme itself facilitates dialogue 'ward' to 'board' by giving a shared language and focal point where the interests and values of these different staff groups can converge.
- There is considerable potential for the ongoing spread and impact of The Productive Ward programme throughout the NHS. Further research and nationally consistent measures are required to monitor service-wide improvements and to examine longer-term effects of programme diffusion. Current practice in using metrics is not sufficient to support this. However, pushing for consistency in selection and use of measures runs the risk of undermining local ownership and failing to capture the full range of outcomes that are observed. At a more general level, The Productive Ward has a range of impacts, which may or may not be derived from local measures.
- Locally determined and standardised metrics should be recognised as serving useful purposes in their own right. Guidance on deploying routinely collected data (already being collected from all hospital wards, for example staffing, sickness/absence and emerging national metrics such as pressure sore rates) that does not make an additional burden on wards that are running The Productive Ward can provide a way forward for resolving this dilemma.

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