

The Productive Ward: What do we know about uptake and impact on staff and patients?

'Productive Ward: Releasing Time to Care' is a ward-based quality improvement programme that aims to increase the proportion of time nurses spend in direct patient care, improve experience for staff and patients and to make structural changes to the use of ward spaces. These aims fit well with the widely recognised need to improve efficiency of health services in terms of time, effort and money. Developed by the NHS Institute for Innovation and Improvement in partnership with the National Health Service (NHS), the programme has a high degree of political and service commitment. Drawing primarily on a recent National Nursing Research Unit review² of the programme's impact and learning, here we consider the evidence for whether the promise of the programme is being fulfilled.

Developing and implementing Productive Ward

Since its inception in 2005 there has been substantial interest in supporting the widespread implementation of the Productive Ward programme across the NHS³. Advocates claim the programme is a "phenomenon" which can drive change in the NHS for the benefit of patients and staff⁴. The programme translates principles of 'Lean thinking'⁵ into a programme of 13 modules and a range of tools specifically created to engage frontline staff in the initiation and implementation of service improvement. Learning from four NHS test sites and ten Learning Partner trusts indicates Productive Ward empowers frontline staff to make changes, such as altering patient handover time, reorganising storage facilities or making better use of patient data, and can lead to significant improvements in the reliability, safety and efficiency of care⁶. At the present time, comparable data about implementation and impact is not being consistently collected across the NHS. This leaves the question of whether Productive Ward has 'released time to care' difficult to answer conclusively beyond individual organisations. In order to establish take-up and types of impact so far, the review¹ reported on here made use of a Diffusion of Innovation⁷ framework to draw together evidence from in-depth interviews with national and regional stakeholders (n=15), a national web-based survey of frontline staff (n=150), and five case studies with staff (n=54) within NHS acute trusts.

What has been the uptake of Productive Ward?

At least 140 acute trusts (40% of all those in England) are known to have implemented the programme and many more have downloaded materials from the NHS Institute website (87% in the acute, 92% in the mental health, and 82% in the primary care sectors respectively). NHS staff (60% of 150 web-survey respondents) report that Productive Ward is running on at least six wards in their organisation. The core foundation modules (Well Organised Ward, Knowing How we are Doing, Patient Status at a Glance) are most commonly in use.

What impact does Productive Ward have?

Most staff (64% of 150) agreed 'There have been measurable improvements as a direct result of Productive Ward'. Areas of 'high' impact included: Teamworking (86%), Staff experience (82%), Efficiency (80%), Patient experience (76%), Safety (75%) and Clinical effectiveness (62%). Specific examples of ward-level impact included: more efficient practices/increase in direct care time, improved appearance and organisation of the ward, reduction in patient falls, reduction in staff sickness absence. Five case studies within NHS acute trusts show that creating a strong vision is essential and that Productive Ward can be a mechanism for organisational change, an opportunity to build leadership capacity, and a way of demonstrating commitment to improving patient care. Despite the widespread perception of benefits some senior stakeholders and frontline staff say that more needs to be done to ensure that impact can be demonstrated in quantifiable terms and include patient perspectives.

What factors support successful implementation?

Strategic Health Authority support has been provided in different ways and SHA leads in this review highlighted the importance of working with NHS providers to support vision, planning and learning, for example through regional network meetings. In most trusts (78%) implementation was supported by specific funding. Other facilitators included dedicated project leadership, strong support and enthusiasm from senior staff, visits to other trusts, steering groups, web networks and learning from colleagues.

Case studies showed that key factors supporting implementation are:

- Staff having a 'felt need' for change: seeing Productive Ward as a simple practical solution to real problems.
- Role of NHS Institute: making use of NHS Institute support and resources.
- Going where the energy is: selecting initial wards on the basis of their desire to work on Productive Ward.
- Emphasising local ownership and empowerment of ward staff, rather than using a directive approach.
- Supportive organisational context and resources: having support of executive board and provision of sufficient resources and support, in particular allocated budgets for backfill of staff time.

Conclusions and implications

- NHS managers and frontline staff suggest Productive Ward can achieve improvements in staff skills, more time for better care, improved patient experiences, cost savings and higher staff satisfaction and retention.
- Nursing staff in particular say the programme connects with their need and desire for change. It facilitates dialogue 'ward' to 'board' by giving a shared language and focal point where the interests of different staff groups can converge.
- Productive Ward could be used by NHS organisations to engage frontline staff in better hospital design and inter-departmental working.
- Nurse educators could teach Productive Ward principles to help improve ward-level leadership and the use of evidence in nursing.
- Whilst there are many perceived benefits of Productive Ward there are limitations in being able to demonstrate measurable impact across the NHS or on patient experiences of care.
- Further research could examine the possibility of using routinely collected data for evidence of impact, for example, falls incidence, MRSA rates, pressure sore incidence, staff satisfaction and staff sickness/absence and patient experiences of care.

Key issues for policy

- The Productive Ward programme is perceived positively by frontline staff.
- There is huge potential for nursing staff and their organisations to make use of the programme to improve service delivery, staff skills and patient care.
- Spreading uptake and impact requires continued regional support and enthusiasm from NHS staff to share their learning and insights.
- More research is needed to assess uptake and measure impact across the NHS and on patient care.

References and information

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