Progress of the Productive Ward

The progress of the Productive Ward programme has been variable. This article outlines a study that investigated the experience of implementing the programme in different hospitals and the lessons that can be learnt.

The Productive Ward: Releasing Time to Care programme was introduced in 2005. It was developed through a partnership between the NHS Institute for Innovation and Improvement, nurse leaders and industry representatives. It was refined through a process that included working with four test sites in 2006, and with 10 learning partners during 2007-08.

Productive Ward aims to provide tools to engage frontline staff in initiating and implementing change at ward level. Modules and toolkits are available free to NHS organisations and accelerated support packages can be purchased.

Since the formal launch of Productive Ward in January 2008, staff in approximately 85% of acute hospitals have downloaded materials from the NHS Institute website (www.institute.nhs.uk/productiveward). By March 2009, 40% (140) of all NHS hospitals had purchased support package, albeit with large variations between geographical regions (Robert et al, 2011). NHS hospitals in England have used a variety of methods to implement the programme, which is likely to have implications for its successful assimilation into routine nursing practice. Recent studies have looked at adoption and spread of Productive Ward (National Nursing Research Unit, 2010a, 2010b).

We need to know more about the experiences and perspectives of organisations and frontline staff who have not yet participated in the programme. These perspectives have the potential to support strategies to deliver its benefits more widely.

For leaders of Productive Ward, the study aimed to investigate what they could do to help spread the approach, how they could assess whether their organisation was ready to participate in Productive Ward and what actions they should take to overcome barriers to its widespread take-up.

Study findings
The study was conducted in two phases. Phase 1 comprised: a review of theory about the spread of innovations in healthcare, its application to knowledge of Productive Ward, and identification of beneficial areas for future research to inform phase 2. Phase 2 comprised in-depth case studies in eight purposively sampled NHS organisations already implementing Productive Ward to ascertain the progress they had made by 2010.

Hospital 1
This hospital purchased a standard Productive Ward package in October 2008. It received strategic health authority money to implement the programme, which it used to employ two facilitators and to allocate a budget for Productive Ward work.

Progress: Two full-time Productive Ward facilitators are now working with two original wards to re-energise them. A further four wards have come on board. Each ward will be supported for a 12-14-week period.

Hospital 2
This hospital purchased an accelerated Productive Ward package and appointed a Productive Ward lead and a support officer.

Progress: Seven wards have done the foundation modules and are beginning to move on to the process modules. The support officer visits wards weekly to remind staff to complete charts and reporting.

Hospital 3
Having purchased an accelerated package, this hospital arranged for the Productive Ward lead and eight matrons to attend NHS Institute implementation training. They then helped the wards to go through the foundation modules.

Progress: The modules have been implemented on 19 wards, while six wards have started the process modules. A Productive Ward steering group meets monthly to discuss roll-out.

Hospital 4
This hospital received funding to purchase an accelerated Productive Ward package. From March 2009, there was no funding left for the Productive Ward facilitator.

Progress: Six wards had completed the
three Productive Ward foundation modules. Two had done half of the foundation module training when the facilitation stopped. A relaunch day was planned for later in 2010 to involve all levels of staff.

Hospital 5
This hospital acquired an accelerated Productive Ward package. Three pilot wards started the programme and the hospital received funding from the SHA. This paid for a full-time practice development nurse for 18 months, and administrative support.

Progress: Productive Ward foundation modules had been implemented on 23 wards, and 16 had started putting the process modules into practice. The priority is for all the wards to receive some form of support as it was uncertain whether the facilitator posts will continue. Wards are expected to do the foundation modules within six months, then are encouraged to start at least two process modules, spending six weeks on each.

Hospital 6
This hospital obtained an accelerated Productive Ward package. Two matrons implemented the programme across the hospital on top of their existing duties.

Progress: Productive Ward foundation modules are in place on 11 wards and the process modules have been implemented to some extent on a small number of wards. However, implementation has come to a standstill on wards that started the foundation modules. The hospital has appointed new matrons and one is to take on the Productive Ward lead role.

Hospital 7
After purchasing an accelerated Productive Ward package, this hospital had a two-year time frame for rollout across the whole hospital. In 2009, the hospital employed a Productive Ward facilitator and a Productive Ward lead to roll out the programme across the hospital.

Progress: Two showcase wards have implemented foundation modules and are being left to develop their own way of working. Two other wards have started to implement the foundation modules and are collecting baseline data. The work is monitored and quarterly reports are provided to the programme board and the steering group by the facilitator.

Hospital 8
This hospital obtained an accelerated Productive Ward package. From January 2009, five staff worked full time on the programme for 12 months.

Progress: The Productive Ward foundation modules have been implemented on all 37 wards and the process modules are in place on six wards.

In the case study sites, multiple participant interviews were used to establish as near as possible an “insider’s” perspective of the context, history, activity, staff and organisational energy, facilitators and barriers, and plans for Productive Ward.

Learning from experience
I put together a checklist (Box 1) in collaboration with staff from the case study sites in order to help those leading on the Productive Ward in their hospitals to maintain momentum with its implementation. The suggestions are based on factors found to be most important in the research.

Details of tried and tested tips from healthcare professionals are available from the NHS Institute for Innovation and Improvement: www.institute.nhs.uk/productiveward

For further information about the evidence supporting this article, see Morrow et al (2010) Improving Healthcare Quality at Scale and Pace. Lessons from The Productive Ward: Releasing Time to Care. An executive summary and the full report can be accessed at www.institute.nhs.uk/productiveward

References